



# LEADER

## Management structures - the next step

Now that a majority of Chief Nurses are in post the biggest task facing them is to devise new management structures. Some difficulty will be experienced by nurses as they try to arrange services so that they are sensitive to the needs of patients and clients.

At 'unit' level no doubt the administrator would not be able to understand fully why a reasonably sized midwifery unit in a general hospital should be managed separately. The question will arise almost always as to whether the community services should also be a separate unit, and so on. However, the most difficult of all parts of the structure is — what goes in the middle? Directors of Nursing Service are specified in reorganisation documents and the Ward Sister is mentioned, but the advice for the staff between is very vague. No doubt many senior nurses feel that there is sufficient going on to keep them occupied until the Nurses and Midwives Whitley Council finally come up with a structure and pay-scale package.

There is still time to consider seriously what changes have to be made to the structure before details setting out the grading structure grades are finalised and published. After this a rather freezing of the mind from further thought occurs. Change there has to be because a flexible grading arrangement is on the way which will alter the way things are managed.

What are the various ways in which a unit can be managed? The first factor to take into consideration is size. A small 'unit' of 300 beds is a totally different proposition to a 900-bedded acute general hospital with a small hospital added on. Conceivably, a very small unit could have Sisters/Charge Nurses reporting direct to the Director of Nursing Services. Larger units will require middle management input.

Nurses run a 24-hour service and, as such, night duty is as important as day duty. Until recently I had always thought that night duty should be run separately. I have some doubts now about that wisdom. With a proper grading structure it should be possible to make more comprehensive arrangements which would allow proper co-ordination of day with night duty. One way of organising is to identify what I would call natural 'head of departments'. These may be in a large hospital divided into say medicine, surgery, paediatrics, theatres, and so on. In smaller hospitals it may be the whole hospital. In charge of each local specialist unit could be a senior nurse. The main function of this senior nurse would be to co-ordinate the nursing services over the 24 hours. It would be important to identify a Night Sister/Charge Nurse who would carry out the specific night duty role on behalf of the 'senior nurse'. In a large hospital it would be important to have a layer of senior staff above the Night Sister grade. The equivalent of the Night Nursing Officer would in turn have responsibility for part or all of the hospital at night and arrange for cover for wards, supervision of staff, and so on. They would be managed in turn by either the Director of Nursing Services or a senior officer on the Director's staff with a special responsibility for night duty co-ordination.

For many people this will not feel right, yet an opportunity occurs to explore the two difficult aspects of night duty. At the present time a night nurse in charge of a ward reports on her actions to the day nurse in charge and could be seen by some to be accountable to the Day Sister for carrying out her policy and yet, at the same time, be responsible to the Night Sister or Nursing Officer.

Again, in large units other more senior staff or line management officer posts will have to be established. This in turn needs close analysis. When re-reading the 'Salmon' Report recently it showed clearly that Nursing Officers could report direct to Principal Nursing Officers. Perhaps the good arrangement is a mixture of both.

I know of the anxiety felt by nurses holding middle management positions but perhaps they too will think constructively so that when they take up their new responsibilities they will feel more fulfilled and know that they are making an even greater contribution to the patient and the nursing profession.

**Anthony Carr**