

The problems and demands of change

ANTHONY J. CARR

S.R.N., N.D.N. CERT., QUEEN'S NURSE, A.M.B.I.M.

Principal, William Rathbone Staff College

DOCTOR Johnson paints a very gloomy picture of the human reaction to change. Is it not true that as soon as that word is mentioned, immediately there springs to the mind a rush of conflicting emotions. Listen to conversations and it is not long before someone mentions the word change. It may be that they are tired of their work and they wish for a change, which is as good as a rest, they continue. Others wish their boss would be changed but they add quickly that perhaps it is better to have the "devil" you know than the "devil" you do not know. They indicate here that although they desire change they are fearful of the consequences. Many men and women have remained unfulfilled all their lives because of the fear of change.

Many nurses reading this paper may be feeling very fearful because their administration is changing to the "Salmon" structure and shortly a chief nursing officer is to be appointed. In these circumstances change can bring real fear and genuine apprehension.

Change, then, can bring with it many differing fears, joys and emotions. One thing is certain, change there must be both today, tomorrow and in the distant future. Disraeli said "Change is inevitable, in a progressive country change is constant". Browning challenges all thinking people when he demands, "Can thy soul know change?"

How then can this small word that turns private and professional lives into conflict and turmoil be defined? To change means to alter or make different, or to make from one state to another. Yet another meaning is, to suffer change! These definitions mean nothing until surrounded by the individual experience of people and placed into a situation. With this in mind the writer would like to view change from four different aspects.

Changes in society

Nurses, like other people, are subject to the same pressures for change within society today. In almost every aspect of life tremendous change is evident. It is

true to say that this present time has been subjected to more varied change than ever before in the history of mankind. For instance the speed of man has transformed civilisation. For thousands of years man was content to travel at the speed of a good horse. Then came the development of the steam engine. Railways brought good cheap communications with the centres of industrial growth. By this time the steam engine had allowed for production in a big way and so started the industrial revolution in the 1830s.

This changed the way people lived, both in employment and also in housing. Change brought with it problems and demands. Workers banded themselves together to form pressure groups in the form of trades unions. The speed of man continued to increase and allowed him to take to the air. Man now can travel in excess of 18,000 miles per hour. Society is likely to be changed in the future when man can travel anywhere in the world in a matter of minutes.

Other profound changes are taking place within our society today. Unfortunately if nurses do not realise this they are likely to retard and oppose change within their own profession. Changes for instance have already taken place in the field of education. The Education Act of 1944 provided free higher education for those large numbers of young people who because of social position could not afford to pay for it themselves. If the nurse selecting staff does not understand the changes in education she is likely to be opposed to higher standards of entry into the profession and she and her colleagues will feel threatened by such people.

Improvements in living standards and communications by television, radio and telephone have all had their impact on society and on the individual in particular. Many people whose forefathers were devout Christian believers have found that the faith that was so sustaining to their grandparents is of non-effect in this modern world. They feel that the new sciences have taken their place.

"If the changes that we fear be thus irresistible, what remains but to acquiesce with silence, as in the other insurmountable distresses of humanity? It remains that we retard what we cannot repel, that we palliate what we cannot cure".

Samuel Johnson (1709-1784)

With it the seven deadly sins of the mediaeval Church have been redefined and Canon Morley says they have changed them, pride into self-fulfilment, envy into insecurity, anger into stress, avarice into the pursuit of incentives, sloth into constitutional inertia, gluttony into defective metabolism and, lastly, lust into emotional tension. We feel better, he says, but the sins remain.

All these changes bring problems and demands. A problem can be defined as a matter difficult of settlement or solution while a demand means to call into question and to ask for what is due.

This can best be illustrated by the attitudes of some patients in hospital today as against those admitted before the establishment of the National Health Service. Then, most were very grateful for anything that was done for them. But things have changed, as most nurses are ready to admit. The patients are now very much more knowledgeable about their illnesses and may well demand to know their treatment and the reasons for painful procedures. As these demands are made they can create problems for the nursing staff. Nursing staff who are unaware of the reasons of the patients' changed attitudes may try to retreat and speak of "the good old days" when patients were far less demanding. In saying or thinking this they admit failure to recognise change, both in the patient and society, and their own inability to cope with change. Perhaps the

profession has not been quick enough to recognise changes and reflect them in nurse training and so nurses may be in conflict in the working situation.

Changes in working conditions

These changes in working conditions are quickly recognised if a quick look is taken of conditions existing at the turn of this century. A seventy-hour, seven-day week was common practice. Half-a-day a month was allowed for off-duty with two weeks' leave per year. When a nurse was promoted to a ward sister's post she lost her own identity and took the name of the ward. There she lived, worked and slept until she retired. What else could she do, the only work available, apart from nursing, was domestic service or teaching.

What change is to be seen today. It has been estimated that when working a shift system the ward sister may see the student nurse for only a few hours a week. All nurses only work one-quarter of a week within the hospital. Should the nurse dislike her colleagues she can choose from over two hundred trades and professions, most of which are short of candidates. Has discipline and work changed to meet these new circumstances or does the sister still expect to use out of date methods to reprimand staff? These changed attitudes force efficient hospitals to look for more progressive managements to replace "the old school". Even then, thought has to be given for the future because change is constant and present day methods may be out of date tomorrow. Change has to be planned for then the organisation has to implement change continually.

Change in management practice

The name most on nurses lips at this present time is the word "Salmon". Unfortunately not all nurses who talk about it have read it. Perhaps the great tragedy of our time in management terms is that managers are described as ninety per cent dealing with the problems of yesterday, nine per cent dealing with the problems of today and less than one per cent are dealing with the problems of tomorrow. Top managers, of course, should have dealt already with the problems of yesterday and having dealt with today's problems yesterday are free to consider tomorrow's changes, demands and problems, today. The problems and demands of yesterday and today have already happened and there is very little that can be done to change them. Management training to concentrate on tomorrow is the only successful education for the nurse of today.

Perhaps readers at this stage would like to ask themselves whether they are honestly involved in planning, controlling, co-ordinating and motivating things and people with an eye to the future.

Roger Falk has said about change, that the African chief finds himself borne along on a tide of demagoguery; the politician is at the mercy of a "free" press; the managing director is told that the profit motive, a good enough motivation in the old days, is somehow anti-social; the foreman is inhibited by the unions; the headmaster is intimidated by the parent. These are not fanciful assumptions, he continues, we see all around us today in this articulate age a complex of changing values and the manager's dilemma is whether to go on doing what he knows according to the standards he has accepted and understood, or try to meet the distinctive challenges of his rapidly shifting environment.

Surely this describes our own problems of management in nursing. Having been trained to accept certain standards and practices, we see them become obsolete and yet receive inadequate training and encouragement to plan for and anticipate change. This is what causes the feeling of insecurity within the nurse manager.

There is, of course, a difference in managing patients and just production within an industrial organisation. This very fact could be the reason why nurse administrators tend to make very conservative decisions in planning and controlling their services. The nurse in her professional and technical education is taught to take the lesser risk way in treatment. This is right, as the first object of any nurse is to do the patient no harm. Where risk is present the safest way out must be taken.

Is it too much to expect the nurse to take the risks inherent in top management of any enterprise? How many nurses could fulfil Drucker's criteria for top management when he said that he would never promote a man into high level work who had not made mistakes and big ones at that. If this is applied to nursing it is possible that that particular person left nursing long ago. Perhaps with proper preparation for management the nurse can be educated to use her social managerial skills boldly while remembering her technical safe skills.

The inadequate manager has been described as the one burning the midnight oil and focusing attention on problem solving (giving the right answer) instead of looking into the future and finding the right question to ask.

Pressure from the outside is initiating change. But should not there be pressure also within the profession to demand change? Surely without this sign of growth and life the profession is failing in its aims to offer comprehensive care to the community. Although nurses more and more are aware of the lack of development in their social skills of management, many are seeking courses

that will give them the right answers. They are looking for formulae that will allow them to solve their problems and help in their future decision making. Yet many involved in post-certificate management education wish to give the students a background of management education that will allow them to manage confidently, based on sound reasoning and allowing full individual development.

With more nurses having a grasp of understanding of management the hierarchical type of management control is disappearing. Not because it has proved unsuitable but rather because those in post feel uncomfortable in maintaining it but they fail in many cases to substitute another system of control. In these cases staff are confused, ill-managed and despondent. It is true that most of us are confused and depressed by change.

Change in treatment

It is in this area of change that most alarm is felt today. Man up till now has felt himself to be master of his own destiny but MacNeill Dixon has said that the disturbing result has been that man no longer sees himself as master of things. Things once more have become great. Huxley and Orwell, the prophets of the present age, see man reduced to an automaton, twisted and distorted by unfeeling, hounding, eternal forces. Gone, he continues, is the old simple story of man's freedom to choose his own destiny.

Any nurse having worked for fifteen years in the nursing service, has experienced this great change in treatment. Then, young men died in their hundreds from poliomyelitis while doctors and nurses stood by helpless. Others died in general wards from tuberculosis while waiting for beds in sanatoriums. Now a lump of sugar or an injection prevents disease.

A nurse today holds in her hands the power of life and death to an extent that was unknown a few years ago. Then, when a patient collapsed a drug stimulant was administered and oxygen given while the doctor and nurse waited for nature to work. Now hospitals that are short of staff think nothing of placing an eighteen-year-old girl in charge of a ward and expect her to make this decision of whether to resuscitate the patient or not. Perhaps it is because more senior nurses have been unaware of such change that they allow this type of exploitation of young people. The Prices and Incomes Board Report clearly indicated that support for young people was needed in the early stages of their careers.

With the dramatic changes in treatment already taking place, there is facing the profession the question of ethics.

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Suddenly this word has become important again. Simply, ethics is the science of morals. While the meaning of morals is the system of principles and rules of conduct. Distinguishing between right and wrong. Perhaps a point should be made about the part nurses' organisations can play in providing an acceptable system of ethics for the profession. It will become increasingly difficult for them to continue using the phrase "this is primarily a medical decision". History, only a short while ago, proved that it is no defence in law to say that one was only obeying orders. It is society at large that eventually has to decide what is right and wrong. Nursing is part of this society and should welcome its part in this type of decision making.

Professor Bently Glass said recently that stupendous ethical problems will face mankind in the very near future as man begins to apply his knowledge to control his own reproduction and future evolution. Biology is entering the greatest breakthrough of all time. Many

standards that society have accepted as normal will be swept away. What are they to be replaced by? This is difficult to imagine as entrance is made into a world where minds can be controlled, together with intelligence, and, to an even greater extent, life itself. With greater and greater discoveries in surgery and equipment, society will have to decide the criteria for who will live and who will die.

The future can indeed look frightening but it need not be so. If change in all the avenues of life are carefully planned for, if resources keep up with advanced knowledge, if the whole advance of society is co-ordinated, then the future can be challenging and stimulating. Possibly the great moral problems facing mankind may make them turn once more to find the peace and security their fathers knew in trusting in a vital living faith. Perhaps the words of Jesus may carry new significance as he said "I am come that they may have life, and that they may have it more abundantly".