Responsibility- the key word

ANTHONY CARR discusses nurse managers' responsibilities to their staff, patients and society.

THE number of times a word or concept is used in a discussion is proportional to the group's or individual's lack of acceptance of the meaning behind the word. For example, if the word "professional" is used often enough, a feeling of pride and confidence is engendered.

Responsibility is a good wholesome word. According to the *Shorter Oxford English Dictionary,* it means "the state or fact of being responsible; a charge, trust or duty for which one is responsible". Being responsible means "liable to be called to account; answerable to a charge; morally accountable for one's actions".

Nurse managers are responsible to staff (other nursing colleagues), clients and society.

Reorganisation allows reappraisal of nurses' duties and responsibilities. Over the years, ward sisters' responsibilities have changed, although some would say diminished. The reduction in hours of work and an increase in holidays must be taken into consideration, however. In the 1960s, ward sisters worked about 220 full days and a further 52 half-days annually and a 9 per cent longer working week with a split shift system. Unofficially, the 42-hour week was considerably more. Ward sisters seemed to be never "off-duty". Today, however, the ward sister works 204 days annually at 37.5 hours a week, an official time reduction of about 22.5 per cent.

Responsibilities should be clearly defined, of course, but the amount of time devoted to such responsibilities must be considered. Management's responsibility is to define the role and function of the ward's team members. Senior management should be concerned that ward sisters are responsible for appointing their own staff and developing and controlling ward policy for 24 hours.

Attempts are being made to alter night duty arrangements to ensure that the sister's responsibility for ward policy and care plans is acknowledged. This has to be undertaken with the knowledge that to cover one post for 24 hours, seven days a week, would require another 4.5 back-up staff. For senior management to be seen as responsible people, the 35-hour week is unacceptable. Although rotas can be altered, cover given if more nurses are trained and treatment given on time and effectively if staff are available, relationships cannot be adequately maintained between nursing and medical staff and patients will not receive the necessary psychological, emotional and spiritual support.

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Although qualified nursing staff are taught to be responsible initially to their own patients for the care they give, they should not object to their performance being monitored. Medicine would benefit enormously if medical audit was introduced on a wide scale.

Proper delegation of responsibility would remove a management level and change those staff into support roles. Senior management must use what authority it has to persuade new training bodies to radically rethink nurse training and education. Newly-trained staff are not sufficiently experienced to take their place as trained members of the team unaided. Work undertaken by the nursing department of the DHSS, reported in "Professional Development in Clinical Nursing", and the Rcn document "A Structure for Nursing", indicate that considerable added input is required to enable the newly-trained nurse to take her or his proper place in the ward team.

Preparation

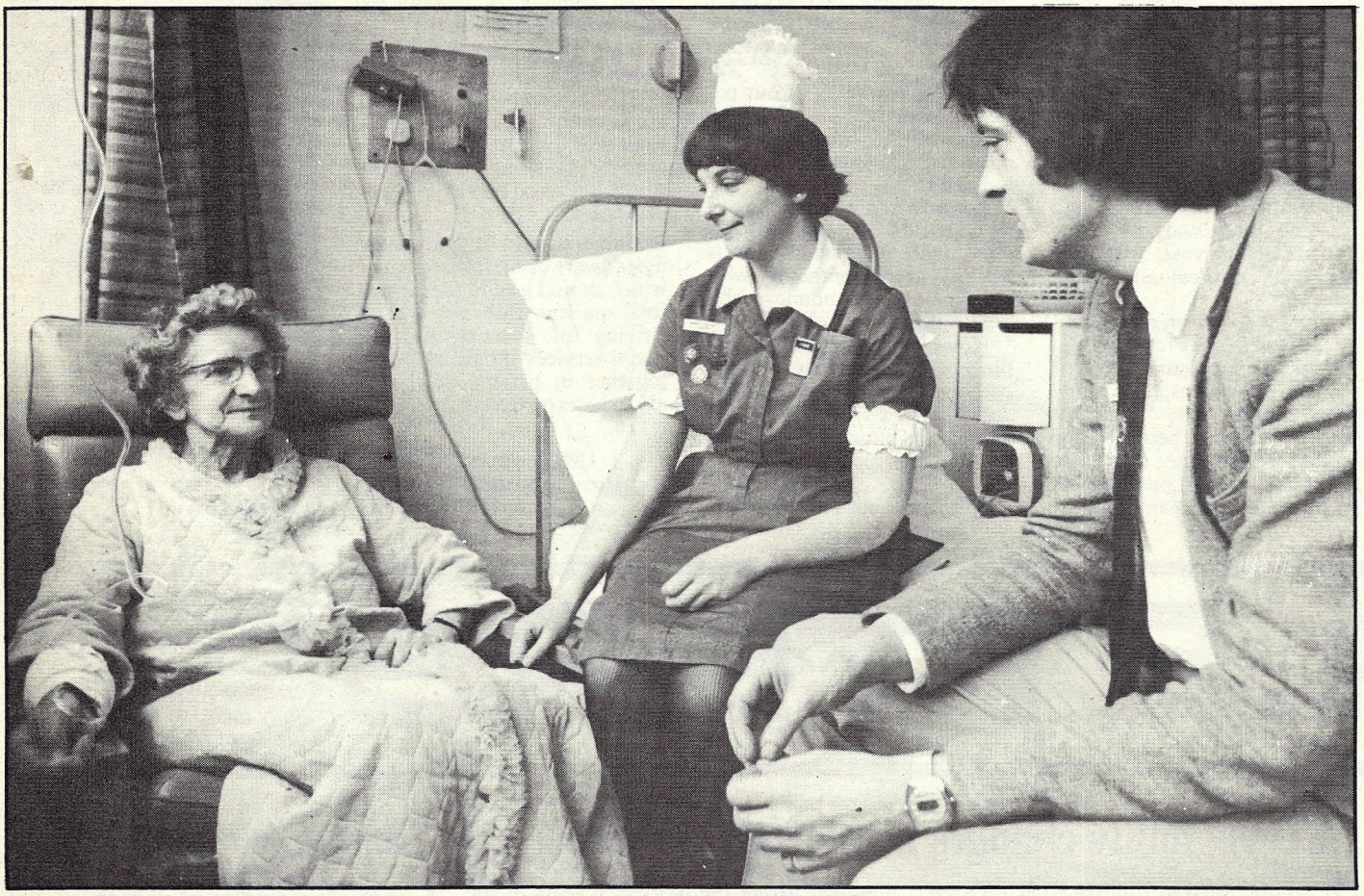
Managers must direct monies into continuous education so that staff are consistently prepared for their new and increasing responsibilities. Nurses' work will continue to expand and extend. Legal implications are sometimes overdone when considering developing duties. When new duties arise, management must ask:

- is the nurse the right member of the caring team to do the work?
- who will take over the nursing work relinquished by those doing the new work?
- how will the nursing care programme be enhanced?
- what benefits can patients expect to receive from the new procedure undertaken by nurses?

"Care" is another important word. It can be treated as "an object of anxiety or watchfulness" or "to provide, look after, watch over". How should nurses care for clients and patients? A critically ill person is an object of anxiety and should be watched over. How should nurses look after, provide for or watch over those recovering from illness? The fact that so many young people wish to come into nursing to care can be seen as an advantage and disadvantage. Can nurses be detached enough at the appropriate stage of a patient's recovery to allow him to become independent of nursing and nurses? Some say it is a matter of education, but I wonder if formal education or others' examples changes a person or his or her feelings of what is right. Some nurses who care too much do their patients a disservice and consequently affect their recovery. On the other hand, some nurses care too little.

Every terminally ill patient must receive the appropriate nursing support and care at the time required, as well as basic nursing care. It is said that there is not enough time in NHS hospitals to care for dying people in the way hospices do, but I do not accept this argument. Senior nursing management are paid high salaries to meet the community's changing needs. While patients die alone, frightened, in despair or resignation in hospitals because of faulty organisation, inappropriate staffing or lack of care, we cannot be satisfied.

Nursing management must influence the use of resources as well as use new monies. It will be interesting to see how nursing management copes with the introduction of the new insulin, U.100. How will it train its staff? How will patients be re-educated and supported? Will schools of nursing have to cope with



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the problem or will chief nurses prepare a plan to revolutionise the care of diabetic patients, using the introduction of U.100 insulin as a means of improving these patients' prospects in the health authority area?

Work in Geneva, Boston and Los Angeles has shown that active supervision of diabetics reduces the incidence of blindness, gangrene of feet and renal and cardiac failure. This is one effective health measure that could be demonstrated to lay members of a health authority.

Many health workers do not consider separate community nursing units and there has been little development in the community in those health authority areas where hospitals were combined with the community services in 1974. With some senior nurse managers so ignorant of the local community's health needs, how can they have any impact on local authority services of housing, education, social and environmental health, particularly when so little attention is paid to this part of their service?

District health authorities and regional health authorities have the opportunities and the Whitley Council criteria to grade community posts high. If this happens, potential future directors of nursing service may consider a career in community care. Failure to grade appropriately will mean another opportunity lost to give the community the leadership it deserves.

Concern must be shown about expectant mothers most at risk. Community, midwifery and health visiting services should be particularly sensitive to the needs of these families. Are there plans for positive discrimination in those areas of most need? Can each community rest knowing that a 24-hour nursing service is offered when it is most needed? Nurses make little impact on society's important health problems. Research is often focused on detailed nursing problems of either a clinical or nurse orientated nature, but what progress is being made to deal with the main illnesses of a civilised, westernised society, of obesity, smoking, alcohol and drug abuse?

When I read of the impact Florence Nightingale made on society, I wonder where we are now. What went wrong and why? Now we are unable to stop nurses smoking, so it may be impossible for us as a profession to make an impact on society because we are part of that problem. We are as much at risk from drugs and alcohol as the rest of society, perhaps at greater risk because of work pressures and opportunities presented to us. Until nursing leaders realise that these modern problems are illnesses that need solutions, are willing to be unpopular and propose action to solve them, nursing will not be seen as an important movement for health.

Of course, no amount of education can make nurses what they are not, but until the basic problems of modern living are identified and some solutions offered, nurses cannot enforce changes. I do not wish to condemn nursing but to awaken it to the fact that numbers can have an impact on positive health.

For nursing to establish a lead in health in the next decade, it must focus some attention on community needs. Those who deliberately face the challenge of changing attitudes of nursing and society should be admired for their work and the results of their efforts □