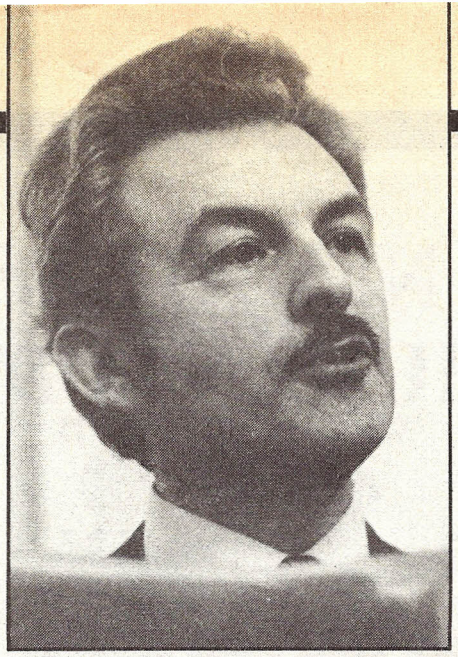
Anthony Carr



Time for a change (again!)

To reorganise is to change jobs, says Anthony Carr, area nursing officer for Newcastle-upon-Tyne. He says some senior nurses will have faced a minimum of three changes of employment since 1970.

FEW ORGANISATIONS can have had so much review and change in its organisational structure than the National Health Service. Perhaps the greatest of all these changes – for nurses at least – was the introduction of the recommendations of the *Report on Senior Nursing Staff Structure* (1966). Those particular changes occurred over not much more than a four-year period – that is, from 1969 to 1972.

A whole series of senior management courses was organised and many existing senior matrons, with newer entrants, gained valuable theoretical knowledge from them. Little did they know at the time that any skills gained either by way of courses or personal experience in selection techniques were to be useful to them to keep themselves in positions of some suitability over the next 13 years.

There was excitement and considerable trauma as chief nursing officer posts were filled. Some successful candidates were well-known matrons, while others obtained their posts not by climbing the traditional hospital hierarchy, but by doing other work, such as health visiting, regional nursing work, planning or management education. At least the variety of experience offered was fascinating to see.

There were, of course, less top jobs for nurses than before, especially after a chief nursing officer took over the management responsibility of anything from one to 12 matrons. Few saw the disadvantage of this at the time. No sooner had the new senior nurses created the new nursing structures, than it was time to consider the NHS reorganisation of 1974. A reasonable amount of movement also occurred at that time.

Again, there seemed to be even fewer senior posts, but this was masked by the fact that area nurse positions were to be created. This allowed senior staff, particularly in smaller hospital groups, the opportunity to specialise in service planning and capital projects, the personnel function, and child care with, in most cases, local authority liaison. Some management structures were radically altered, and at a later date divisional nursing officer positions were established and selection started.

In the space of three to four years in some districts there had been two radical restructures of the nursing services, including the absorption of community nursing and midwifery services. It can be seen why personal skills at being interviewed were so important. The nursing services have now had a period of stability which has lasted about seven years. Now it is proposed to do another reorganisation; this means for any nurse holding a responsible position since 1970, a possible minimum of three changes of employment (it could be more if she deliberately chased promotion).

This government has proposed a policy of "minimum turbulence" for staff. Taking these two words, they mean "the smallest possible" and "violently disturbed, producing commotion, having a disturbing effect", respectively. These two words are incompatible, especially when seeing what the government is really proposing. Do ministers say things they really do not mean, or are they just misled when making these kinds of statements?

It is true that about 40 per cent of the present areas are single-district (minimum turbulence). But what about the 60 per cent that are multi-district (maximum turbulence)? What will happen to upwards of 270 area nurses both in multi-district and single-district areas? How will change affect them in relation to the new director of nursing posts? Ministers say the director posts will be competed for before any remaining district support posts are advertised. This is surely a policy of "All change seats please", leading again to maximum disturbance.

In management terms it must be said that the consequences of this action are almost totally unknown. What *is* known is that staff react adversely to change generally, but it is a certainty at this rate. This change must be matched against any advantage gained by moving seats.

A comment that can cause distress is the senior nurse in an existing area who says to the staff that "We got it wrong last time, we must get it right this time". The obvious response to this statement must be "Why did you wait seven years to put it right?" Perhaps some senior staff should take the opposite stance.

I am willing to be the one who says "We got the basis of our structure right in Newcastle in 1972, improved upon it over the years, and basically we do not want to change it." Is that such an awful thing to say at a time when everything is changing – even the colour of telephone boxes? That was not meant to be funny. We are almost at a stage where if anything is considered stable and working it is a candidate for change. I want the authority to use the vogue word "flexible" in a way that may be upsetting to the change agents.

True, director of nursing posts are new. There are no ready-made solutions for equipping the occupants, but one of senior management's most important functions is to so arrange affairs in its organisation that subordinate staff develop their roles and enlarge their capacity to think and to act more broadly, continuously.

That takes time, and district nursing officers should be willing to help colleagues at divisional nursing officer level to enlarge their vision and competence.

The hurt and upset that will shortly be caused by areas nurses and divisional nursing officers chasing the same jobs is discourteous to them as people who have loyally served their profession, and it treats their present work and the skill they have created almost with contempt □

This is Anthony Carr's last column for *Nursing Mirror*. Our new columnist will be Shirley Goodwin.