

A word of many meanings . . .

Management means many things to many people. But it's a word that's been around nursing since the days of Florence Nightingale, says **Anthony Carr**, SRN, NDNCert, Queen's Nurse. He says perhaps it's now time to revalue nurse management – and asks if it's an art or a science.

THE word "management" to nurses on the wards – and to senior medical staff in particular – is a word which often causes an extreme emotional reaction. Very few nurses appreciate that Florence Nightingale in her *Notes on Nursing* in 1859, mentioned the word "management" several times. She talked at length about "the management of the case" or "the management of the patient".

Perhaps the time is approaching when a revaluation of nurse management is called for. Certainly, Jim Speakman has enhanced the monetary and status value of nurses at district and area level. His comparability report is worth reading because it defines the work and responsibility of senior nurses more clearly than before.

The word "management" in relation to nursing means many things to different people. To some it indicates an oppressive bureaucracy interfering in the essential task of caring for people. To others, just a useless waste of scarce money. And to others, it is seen as a way of promoting incompetent people out of the firing line of real nursing.

Well, what is nursing management? A dictionary defines the word as "the art or act of managing, manner of directing or of using anything". To "manage" means "to train by exercise, to handle, to wield, to conduct, to control, to administer, to husband, use sparingly, to contrive successfully, to be able to cope with".

Management component

Is there a management component in nursing that needs different levels of management?

Most student nurses in their first two years concentrate their time on performing the technical skills of nursing people. But, by the third year, other tasks intrude into their working time. This occurs particularly on a spell of night duty. It should be evident by this time whether the nurse can begin to demonstrate the human skills of managing people.

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Anthony Carr: Time for a revaluation of nurse management?

It is strange that the more nursing qualifications a nurse gets, the less she seems to use her human skills of managing people and resources. A reaction has set in against training in management at ward level. Yet a ward sister could spend up to 75 per cent of her time in the human skills area. Essentially, this area is management. A manager is only needed if there is so much work to organise that she cannot do it for herself.

Problems relate to people, use of time, and allocation and use of resources. Shortage of one, or more, of these means a person needs to take over and manage.

It is not always difficult to manage with fewer people if:

- they are properly trained to undertake the work
- they are prepared to work over to cover the gaps

This needs resources in the form of overtime pay.

If equipment is short, but the staff are generously provided and time is unimportant, it is often possible to manage successfully. The real problem is when all are in short supply.

Choices

Life seems to be full of choices. Perhaps one of the reasons for a fairly high turnover of ward staff, including ward sisters, is that we are not educated suffi-

ciently to develop our management skills in making choices.

The right sort of information must be available. All choices of action must be known before decisions can be made. There is an assumption among many nurses, that only skills in nursing are needed to run a ward, hospital or division. It is soon obvious to a professional outsider whether the senior nurse possesses those extra skills that lead to the right choices being made.

Decision-making is a subject of its own. Reddin suggests that, from time-to-time, a manager should make a list of decisions to be made. This, he continues, is an unusual thing to do. It is even more unusual to act upon them. To be effective in management, decisions have to be made – and made early enough to be effective. It may mean having to speak to a member of staff about poor performance. My advice is do something about it now and stop decline, both in your morale and that of the staff.

Hard decisions are difficult to come to terms with, but they are usually the important ones and need major attention. The outstanding manager at any level in the organisation is the one who will take on the challenge of making decisions. This is a major criticism of teams within the NHS. They sometimes seem incapable of reaching decisions in reasonable time spans.

List of priorities

Once decisions have been made they cannot always be immediately implemented. This is where a list of priorities is needed. For instance, once a decision has been made to keep a ward open – although staffing is difficult – the decision is open to certain choices, even if they are severely limited.

It has not occurred to many managers, for instance, that a reduced standard of personal care to patients may be a deliberate and right decision to take. But to make that decision, enough information has to be already available so that the consequences of that decision are able to be understood and defended.

A transfer of staff from another department also has implications for both departments. A third choice is to

request that the level of dependency of new patients be reduced by either a careful selection of patients, or, if a surgical ward, choice of less staff-demanding operations. Yes, the choice of priorities is very much a management-orientated task.

All decisions in the management process must be matched against the total operation. This can lead to priorities order being changed.

When a total review of the decisions being made by the nursing staff is made and matched against the medical and administrative decisions, other choices may present themselves or the priorities list may have to be altered. These I have called "after options".

A question of management

Is management an art or a science? Are managers born or made?

"Art" has been defined as "practical skill, or its application guided by principles: human skill and agency", while "science" means "knowledge ascertained by observation and experiment, critically tested, systemised and brought under general principles".

I believe nurse management to be an art and a science. An art because many

nurse managers have an innate natural approach to management problems. Their considerable background of nursing experience has prepared them to have a comprehensive understanding of the problems and complexities of the nursing situation.

Many nurses become nurses because they want to work with people. This is a distinct advantage when moving into a more management orientated type of position.

Nurses generally appear to have the practical skill and the sound principles that are needed. Of course, the outstanding manager must also have a full personality and a successful management style. But this is not enough for today's high technology, high cost, pressurised organisations we work in.

What science there is in management should be applied diligently. For instance, work in manpower planning must be applied to the nursing situation. There is no advantage to the nurse manager guessing how the staff will react to a 37½ hour week. Questionnaires have to be completed and analysed critically. Computers must start being part of the nurse manager's armoury.

The planning system demands a much more nursing scientific approach if nursing is to make its proper contribution in the future.

Future nurse managers are likely to hold graduate qualifications and be able to develop a nursing management science based on knowledge and confirmed by observation and experiment. But they must also have flair, intelligence, integrity, and possess the art of communicating decisions in a lively, dynamic and positive way, lifting those whom they manage to new heights of endeavour. If this occurs, the future of nursing and nurse management will remain secure □

References

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Nightingale, F. (1859) *Notes on Nursing - What it is and what it is not*, Harrison.
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Book reviews

edited by Joan Iveson-Iveson

For the midwife

Human Milk in the Modern World: Psychological, Nutritional and Economic Significance

by D. B. Jelliffe and E. F. Patrice Jelliffe
Oxford University Press, £7.50

I have always taken milk for granted - it's there, either for human or animal consumption. Mothers ought to breast-feed their babies; some do, some don't.

But to write a 500-page book on human milk, the mind more than boggles: But it was no trouble to Drs Jelliffe and Patrice Jelliffe. Only the truly dedicated will read it, but there is no doubt it will prove to be a valuable reference work.

Chapter 12 was of particular interest in dealing with the world consequences of early weaning - and there is much helpful information on the metabolic consequences, necrotising enterocolitis, infections generally and sudden infant death syndrome.

Trends, influences and even the infant food industry are examined in detail. No stone is left unturned in considering the

overwhelming role that breast-feeding is playing in society. Midwives should certainly have access to this book.

Coherent account

Homosexuality in Perspective

by William Masters and Virginia Johnson
Little, Brown & Company, £9.75

Masters and Johnson rank alongside Kinsey and Freud in their attempts to understand, with greater depth and insight, sexual function and dysfunction. They have 20 years' experience in research and clinical observation.

This book is the result of a very long clinical programme of treatment for male and female homosexual patients.

There is no doubt this book will prove invaluable for anyone engaged in sexual counselling. It is a clear, coherent, scientific account of a very delicate and difficult human problem. What is more important, they describe effective therapeutic approaches to the problem, using the term therapy in its real sense.

Books received

Structured Questions and Answers for Student Nurses in the Tropics
Associated Press, Zambia

Written for students specifically studying in the African continent.

Drugs and Pharmacology for Nurses
by S. J. Hopkins

Churchill Livingstone, £3.75

A well-trieed and tested textbook, invaluable for student nurses.

Night Season

by Christiaan Barnard and Siegfried Stander
Arrow Books, 95p

Gives nurses a different slant on a terminal condition.

BMA Book of Executive Health
Times Books, £4.95

For the nurse interested in promoting the concepts of primary health care.

A Nurse's War

by Brenda McBryde

Chatto & Windus, £4.95

A nurse's wartime recollections in the Army.