

After Clegg — what next for nurses

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An evaluation of the position of senior nurses following the Clegg Report and some of the anxieties this report has aroused in management.

By the time readers have an opportunity of looking through this March Edition of *Nursing Focus* certain views on the Report No 3 of the Standing Commission on Pay Comparability relating to nurses and midwives pay will have already been expressed and strengthened. The initial reactions, however, as reported by senior managers and nurse educationalists at the present time are ones of extreme disappointment.

Perhaps it has clarified the position of nursing in the minds of managers to an extent that they would state clearly that it is no longer possible to use tried industrial methods to evaluate either the work of a nurse or nursing. Readers will remember that before reference was made to the Standing Commission on nurses pay a previous review had included job evaluation. There were many criticisms from the profession at that time about the use of this method in attempting to reach agreement on salary levels for various grades of nurses. The Standing Commission's Report does nothing to take away those anxieties and reservations. To many it just adds to the anxiety already expressed.

The Commission chose to compare various factors in nursing with those people that work in a variety of other trades and professions outside the health service. Apart from the ward sister's position there seems to be no linking with those factors found in other

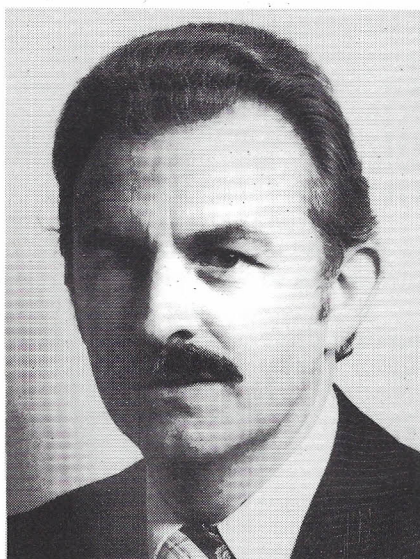
staff working within the National Health Service. So while Professor Clegg could say that as far as his Commission was concerned certain grades seemed to be overpaid, they were overpaid in relation to nursing but not necessarily overpaid in relation to administration, finance, works, dental, medical staff etc etc. Therefore, many nurse managers would argue that the factor analysis exercise should have been continued into these areas. After all, Speakman looked at senior nurse managers in relation to their administrative, financial and works officer colleagues. Having done that Mr Speakman evaluated the nurse's role in senior management quite highly.

By the time this article is read, various judgements will

have been made on the deficiencies or otherwise of the Report and it is not my intention to review these yet again. It is important, however, to consider the effects on the nursing profession if the basis of the Report is used for further salary negotiation. At one stroke of the pen Professor Clegg and his colleagues have taken away any real incentive for a nurse to progress through the management structure. This is in line, of course, with present Government thinking and the earnest desire, backed by medical staff, to return to a matron type of organisation.

My personal belief is that the medical staff, together with some nurses, are looking back into history through rose-coloured spectacles. As one who has worked through the older order of things certainly in my day it was not like what is now described. The fond though, for instance, of the matron of a large hospital being personally responsible for, say, 35 ward sisters, who could make decisions on their behalf at any time of the day or night, does not really stand up to reality; and yet it seems as if the Report is moving the profession back in that direction. If the old system was so good, why was there a demand for the Salmon Committee and its Report and why was the Report accepted with so much enthusiasm by the very matrons who were operating the old order of things? I think that time does play rather pleasant tricks with the memory.

If we look at nursing education then they have fared no better. It is still possible for an area director of nursing to move into higher education and obtain immediately improved conditions of service and receive a considerable increase on her salary. I really must ask the question: What incentive has Professor Clegg given to nurses who are qualified in nursing education to remain in their present posts? Frankly, I see very little incentive at all. We therefore have this very large gap between the divisional nursing officer or area director of nursing and the district and area nursing officer. That in itself, of course, is divisive but should not be used as a tool to lower the higher incomes of senior nurses, but act more as an incentive to make sure that in the new structures in the Health Service



REPORT

— those next in line to district nursing officers — receive considerable recompense for the positions of authority that they will hold. It also seems to me that the 24-hour nature of nursing has been ignored by the Commission although they do indicate that this has been taken into account. Think of the enormous responsibilities of Divisional Nursing Officers who manage either a group of hospitals or a large hospital. Although they delegate part of their responsibility to night staff, nevertheless, they are held generally accountable for all the activities over that period of time.

The situation facing regional and area nurses is serious. Most of the holders were holding responsible positions prior to 1974 when the new area support posts were advertised. It offered further opportunities to exercise present skills and develop new ones. It was therefore the most experienced and able people who moved into these new positions. And what a contribution they have made to the personnel, service planning, capital projects, child health and local authority liaison areas in the NHS over the last 5½ years. For many area nursing officers these loyal colleagues have in fact become the extension of the area nursing officer's role in those areas. It is essential that agreement is reached quickly in Whitley Council so that a proper position in the salary structure can be established for these valuable nurses.

The rewards that are offered under the new pay arrangements are inadequate when matched against the responsibilities of administrators and others in the National Health Service. I think the profession would concede that as the largest single group of employees in the NHS any award made to them is going to be an embarrassment to the government of the day. Therefore, to expect high return for the work they at present do is unrealistic. Nevertheless, the Report has done nothing to remove the difficulties and problems facing nursing and indeed has taken away major incentives for people to progress in the areas of management and nurse education.

Nursing management, like all management in the Health

Services, has come under considerable criticism over the last few years. Criticism that I feel generally is unjust in that the structures we now work through have been proposed by governments and have been implemented often against the advice of the professions concerned. It seems a little hard to some of us managers to then be criticised for implementing the directives of government. The effects of the criticisms of Government, however, backed by the pay situation, will mean that nurses in the future will not be attracted into management. This may well be what the Government of the day wishes, this may be the wish of the medical profession who have felt very uncomfortable as the new nurse management structures have taken away a lot of the decision-making by doctors in nursing matters. But as the criticism continues, and as the pay situation does not afford incentive, then the result is that there will be a weakening of the calibre of nurses applying to go into management.

Who wants to work in a situation where you come under considerable and constant criticism from both Government and those other colleagues that you work with? Of course the final effect of all this is a disintegrated service which then needs careful management, and who better than the medical profession to step in and offer the ultimate solution? This might seem a cynical response but I do believe that the present trends are in this direction.

What can be done? There has never been a greater need than **NOW** for nurse managers to be united and to review with some urgency the career structure in management. The new management arrangements for the Health Service may or may not help in this direction but if nurse managers cannot give the lead then who can?

I believe the time is short for this galvanising of opinion into action to take place.

I do just wonder if the nursing profession has the vigour, enthusiasm, and will to insist on change. If not, then the Clegg Report could well be a document that passes into nursing history indicating the time that the decline of the profession to manage and educate itself took place.