Leading from the top

It has been a year of unrest and discontent in the health service. ANTHONY CARR looks at this period of strife. He hopes senior nurse managers will make 1983 a year of opportunity.

THERE has been a marked change of emphasis this year on the way the National Health Service is run.

Signs are that private medicine, supported by the present government, is growing rapidly in some areas. In places, such as London, this trend is threatening recruitment to local NHS hospitals. This movement is masked, in part, by the national unemployment situation, but should that improve in the coming years the gaps in NHS staffing could show significantly.

The government's policy regarding the NHS has been aimed firmly at efficiency. Savings of 0.5 per cent have been required again this year by the health departments and now new restrictions on capital development have been imposed.

Private sector

The word "privatisation" has been introduced into the health service vocabulary. It is predicted that pressure soon will be placed on health service managers to contract out to the private sector for provision of the many support services, at present provided by the NHS. Yet, it has not been forecast that these services include nursing, but who knows in such a situation?

Managers, including nurse managers, have speculated during the past year whether new jobs, or even their old ones, would be obtainable in the reorganised NHS. As an alternative, some officers hoped their regional trades unions would negotiate an early retirement scheme. Notably in regions that have been generous in their interpretation, a large number of senior officers have opted for early retirement. It raises the point that if all officers aged more than 50 are granted the unrestricted right to retire early, would any officer opt to stay in the service? Would this be a check on the morale or commitment situation of senior officers today?

The procrastination of negotiation about jobs and gradings in some regions, by the unions and staff associations, is difficult to understand. Many members have failed to grasp the significance of delaying negotiations by six to nine months when their own future is at stake. The result is that with nearly three-quarters of a year of reorganisation gone, some nurses at second level do not know what future positions, if any, they will hold. It is sad to think that unions have had to spend so much time negotiating protection for staff in the reorganisation of the NHS.

Occasionally a senior nurse has let it be known that she is looking for a new team to work round her. My advice to those wishing to apply for such vacant position is, do not. If a senior manager has failed previously to attract staff of high calibre then there is a real possibility that the major fault in that health authority lies with the senior person. New staff could well receive similar treatment when problems inevitably arise in the working situation. However, reorganisation has given many health authorities the opportunity to review the way they manage their services and make some useful changes. Many management structures in the future will look less like a strict hierarchy and more like the results of an intelligent response to perceived needs.

A critical appraisal of the district's services, with subsequent reduction of staff, will give nurses an opportunity to review the support given to them in the working situation. It seems that for the nursing personnel services, at district or unit level, there will be greater support. No doubt, more attention will be given to manpower planning on a district basis, service planning and development of medical services in particular.

As yet, there is no knowledge of how nursing education is to be organised in the future. NHS reorganisation allows a senior nurse manager to form formal links between education and service both at pre- and postbasic level. These new posts which will link education with service may be the ones that in the future will hold together the two departments in the face of possible division.

Provision will be made for someone to observe critically and clearly the changes in employment situations in the district and the region, and particularly in nursing, the effects of which will need careful monitoring.

Various discussions have taken place both at department and professional level on the changing views of the position and role of the clinical nurse in the patient care areas. Some of the debate is at an early stage but the final decisions may have considerable implications on the way nursing is organised in the future. Basically many nurses wish to develop the expertise of clinical nursing to a higher level. To some there seems to be rivalry between management and clinical posts. There is argument about whether managers should be paid higher salaries for the work they do than the clinicians who are carrying out the major objective of nursing, which is caring for patients.

It seems a naïve view that a ward sister would be responsible for both the treatment and the monitoring of care standards in a defined area without anyone, apart from, say the director of nursing, to monitor staff performance. In a large hospital, that means that nobody but the sister and her immediate colleagues will monitor their own performance.

The health service would be a poor comparison if one thinks of the independence of general practitioners and the impossible task of the family practitioner committee to control the standards of the delivery of care except by agreeing to what is appallingly bad. There seems to be no authority than can monitor and prevent poor performance. Arguments of this kind are likely to occur more often in 1983.

Together with 1975 and 1976, 1982 will be remembered as the year of industrial discontent with many ancillary workers taking action for long periods. The nurse has often found herself in the middle of disruption, trying to temper such action as much as possible so that it would not affect the patient unduly. The non-existence of food for staff, and occasionally patients, the shortage of linen, and limited supplies have all affected patient care.

The results of the Rcn vote on TUC affiliation and abolition of rule 12 in the constitution are now known. Yet again the profession is confirmed in its attitude both to the politically motivated TUC and industrial action. Nurses generally want nothing to do with either

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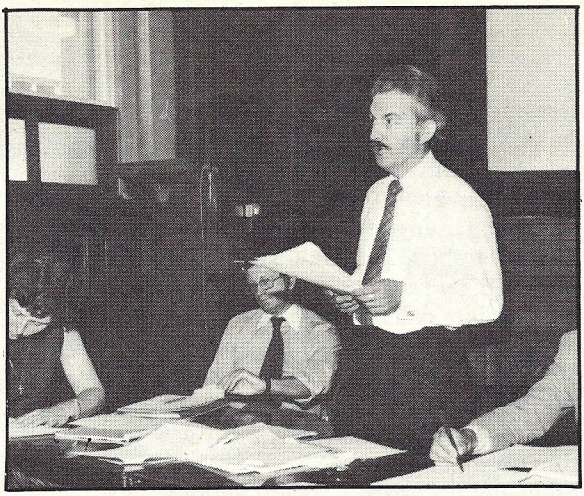

proposal, yet it remains true that very few nurses take time to vote, even when the provisions are made for a postal ballot.

The profession moves into 1983 with a renewed commitment to care for patients irrespective of the government's abuse of this commitment.

The effects of industrial action on some patients has been unfortunate. Apart from delaying treatment for those suffering from hernias, haemorrhoids, varicose veins, crippling orthopaedic conditions and so on, the indignity, pain and suffering placed on these patients is difficult for professional staff to accept.

Patients mainly suffer in silence, grateful that following industrial action they will be placed back onto some sort of active waiting list. We can only hope that following industrial action patients will demand the treatment when required. When patients stop always being grateful and begin to question certain aspects of their care, this often leads to change. I believe that in 1983 patients must demand proper treatment. Whether they will receive it is another matter.

Failure of the government to gauge the feeling and mood of nurses during 1982 has been unfortunate, to say the least. General resignation and to some extent despair has crept into conversations among nurses. Again this takes away a little of the overall commitment generally shown by nurses. The present government treatment of nurses' pay will begin to affect the morale of nurses and consequently the standards of patient care.

Debate has been long and sometimes confusing about the various proposals the UK central council has made during the year. Loud protests about some proposals, for example the phasing out of the enrolled nurse, were enough to send both officers and members of the council running for cover. Explanations that it was a philosophy and that nothing was going to happen, convinced no one, particularly when the original working documents had a phased programme in the appendix. It shows that if the nursing profession ever becomes united about any matter, it becomes totally invincible and achieves everything it sets out to achieve.

Proposals now are being discussed and decided in preparation for the boards and the central council to take over their new responsibilities. It is important for nurses to read the various documents as they become available and comment on them if they are to make an impression on decisions which may fix the profession for the next decade. They will certainly have an increasing effect on the way the service is managed in the future.

What of 1983? At least all the new management structures should be filled. This will prevent promotion for about five years to come so it is important that the right people are appointed to the right posts. The new educational bodies will come into effect following the elections in 1983 for nurses to fill these important positions. These decisions will affect the service during 1983 so it is important to ensure that the right people are elected and appointed to the various bodies concerned.

It should be a year of great opportunity for change in the way patients are cared for, an opportunity to apply knowledge and research, but also it will be a time when money will be scarce, decisions difficult to make and limited choices available.

The future of the profession lies in the ability of its senior managers to manage scarce resources in a proper priority order. This, of course, is not easy but nurses at district and unit level will be paid salaries commensurate with their responsibilities and there is no reason why they should not come to sound decisions in the coming year □