Nursing administration — looking to the future

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Anthony Carr (centre) with his management team. (left to right) Mr R. Hawes, SNO, Psychiatry, Miss J. Anderson, NO, Training, Mrs M. Davidson, DNO, Community, Miss M. Best, Acting DNO, Freeman Hospital, Mrs J. Turner, DNO, Royal Victoria Infirmary, Miss E. Thompson, DNO, Newcastle General Hospital, Mr I. John, PA, Miss M. A. Tatham, Area Director of Nurse Education, Mrs J. Goudie, DNO, Midwifery, Miss W. Morgan, Assistant Area Director of Nurse Education, Mr R. Tantum, Area Nurse.

It is important before looking forward to anticipate future changes in nursing administration, to review briefly its past history. As with many aspects of nursing the origins of nursing administration began with Florence Nightingale. It was she, together with others, who insisted that a lady of good education and background be appointed in each hospital to take charge of not only the nursing staff but all female workers in the hospital.

General domestic duties, preparation of food and feeding patients was an essential part of nursing duties in those days. This pattern remained unchanged for 100 years or more. Of course, assistants were added to the lady superintendent or matron to supervise the domestic work, residential accommodation for nurses and other female staff and catering. It is wrong to assume that these services are only now professionalised. True, techniques have improved but, until the early 1950s nurse training included both the theory and practice of these support services, therefore, all trained nurses were experts in these techniques.

The ward sister, almost within living memory of older retired nurses, lived near, or on the ward, and was technically in charge twenty-four hours of each day for up to forty-eight to fifty weeks in the year. New discoveries of drugs, however, in the 1940s and 1950s and the introduction of advanced medical technology produced changes in the nurse management of patients. Changes in society have also had a great influence on the career development of nurses. In the 1950s, nurses were beginning to marry and have a family which was in direct contrast to the spinster situation of a few years previously. In Southern Ireland, up till 1973 a nurse, by law upon marriage, had to resign from the nursing profession. Even twenty years ago, in this country, to be a married ward sister was a fairly unusual occurrence. Now a reasonable proportion of nurses in training are already married, or married during the training.

To face these new changes, Mr Brian Salmon in 1963, was asked to chair a committee which included nurses with the following terms of reference, "to advise on the senior nursing staffing structure in the hospital service (ward sister and above), the administrative functions of their respective grades and the methods of preparing staff to occupy them." The Report that was published on May 1, 1966 (Florence Nightingale's birthday) has become known as the 'Salmon' Report. There have, over the years, been many criticisms of this report, but many of the critics have not even read it. I would advise all nurses considering moving into nursing administrative positions or who are already in posts of management responsibility, either to read or re-read this report, because the basic philosophy is as true today as when it was published thirteen years ago. Perhaps the major difficulty was that the scheme was introduced too quickly so that persons were not properly prepared to take on their new duties and the many that took on their new responsibilities were not convinced that the profession should be moving in this direction or were not very secure on taking on the new duties and roles.

Be that as it may, this new structure has had a profound effect upon the nursing profession, some in a negative

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way but others have had a positive contribution to make.

Swing of responsibility

Many nurses think that the nursing profession is very conservative. However, the reverse is true in some aspects. This was the age when nurses were demanding to be relieved of non-nursing duties so, together with a new management structured offered by the Salmon committee, domestic services were removed from the nurses' domain and, even housekeeping teams were established in a few of the new hospitals at the time. The swing in about ten years from complete domination by the matron of almost all the support services to her controlling as chief nursing officer, only the professional nursing service, was complete. Gradually, the opposition to this swing has gathered momentum. True or false, the nurse of today complains that the hospital is often dirty and that linen is always in short supply. Control over those services that impinge on the patients at the bedside is negligible, and action to correct a simple difficulty has to be taken to a fairly high level of authority for resolution.

With that background, what of the future of nursing administration, or should it be called nurse management. The word, administration, conveys to the writer an orderly organisation, stable in its operation and working through set systems relatively unchanging. Whereas 'management' suggests much of what is good in administration plus coping with fairly rapid changing situations and tackling the dynamics of the organisation. Further it is looking at the present organisation and estimating future changes so that those working under this structure are not surprised, but, rather prepared for future changes.

Changing ward team structure

Starting at the first level of management, a proportion of ward sisters will continue to be relatively inexperienced and young in age. This suggests that with all the criticisms of management structures at present, a middle manager of nursing officer or senior nursing officer status, will still be required. It is essential, however, for that person of senior grade to be involved in the care of patients and be seen as a nurse first. Perhaps in the future they all will have clinical sessions written into their contracts. Most, if not all, should have clinical teacher qualifications. It is essential, in my opinion, for the service nurse manager to be able to teach and instruct and build a bridge between the school and the point of delivery of care.

"The ward sister . . . lived near, or on the ward."

What I hope for in the middle manager, I wish for the ward sister. Unfortunately, two things are against us. First, the structure of the ward team is changing. With the introduction of a thirty-seven and a half hour week by 1981 and say, thirty-five hours by 1983, many more nurses will be either working overtime or there will be more nurses allocated to the ward with a possible large proportion of staff working on a part-time basis. It may be that more emphasis will be given to pupil nurse training with the result that more state enrolled nurses will take their proper place in the ward team. With more people working less hours, patients will find it even more confusing to know who is caring for them. Will a sister on a thirty-five hour week be able to co-ordinate such a diverse team of nurses when working just under 21 per cent of the total working week of 168 hours?

Secondly, increasing medical technology will add to the difficulty of teaching such a diversity of staff so that maybe the learner will be left behind. This is why the middle manager of the future should know how to make his or her own nursing contribution. The manager must remember that work always has an unhappy knack of expanding to fill all the time available. Time has to be controlled, or rather, what is done has to be planned within the time available. Although there is need for a re-examination of the nursing structure, it must always remain a hierarchy in the sense that each person must have one boss. There will be, no doubt, much more specialist advice on personnel matters, on research, on education and training and clinical nursing, but each level of nursing must be free to receive or reject that advice.

Simplifying structures

What about senior levels of management? Divisional nursing officers, district and area nursing officers? One thing that is almost certain in the future is that the hierarchy will be from the top to the bottom. The present relationship between district and area is not a natural one either in common sense or management structure terms, but what of the responsibilities of the senior nurses?

Here, I would like to be bold and controversial. I believe that most, if not all the support services affecting patients directly, would be better controlled by the nursing management team. The concept of sapiential authority in the Salmon Report does not work, ie the right to be heard by reason of expert knowledge. If there is no authority behind the advice, this information or request can be disregarded. People, I believe, like simple management structures. The nursing managers should be brought back into monitoring and controlling the standards of cleanliness on wards and departments.

Two recent enquiries into the health service, Normansfield and Darlington, criticised nursing offices for their failure to maintain standards of cleanliness on their units. This

is a most unfair criticism. If a person does not manage the staff, they cannot be held responsible for the standards produced. All heads of supporting departments should, I believe, report to, and be accountable to the divisional nursing officer. In turn, district and area support service managers should have the same relationship with district and area nursing officers.

In the future, the qualifications for nurse managers should be higher. I hope many will possess not only basic degrees, but also higher degrees in management by teaching rather than by research, although research should not be excluded. Without hesitation, I would say that the rewards for these staff should be high. I say this because their responsibilities are heavy now, and will be so in the future. Manpower planning with the aid of computers will be necessary to provide the services that are to be planned in the future. Greater knowledge will have to be obtained in the fields of capital and service planning. Local authority co-operation will be essential as the democratic process continues to develop at local commuity level. Despite recent trends, I trust that nursing education at pre and post-basic level will remain under the umbrella of the most senior nurse manager in a district or area. However, that particular senior manager must be totally aware of, and agree with the aims and objectives of the nurse educationalists. There must be a personal involvement and commitment, not known today to education, if this is to succeed. All staff must be trained for the work that they do. I hope it will be common for a nurse of the future, having worked say for five years, being given three months sabbatical leave to follow a tailor-made personal period of re-training and refreshment. This is equally applicable to the ward sister, nurse manager and nurse educationalist.

To sum up, I hope that all **nurse managers in the future** can control all those services that affect directly patient care at the bed-side. They should be educated at appropriate educational and professional levels so that they may take their proper place in the larger management team. In turn, they should be able to give direction, drive and assistance in the field of nursing education. The future is exciting, and I hope that many nurses of high ability and great motivation and professional competence will be attracted into nurse management to make their own contribution to this great service of ours.

"Linen is always in short supply."

Cartoons by Ivana Cooke.