THE FUTURE OF NURSE MANAGEMENT

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As the trauma of reorganisation continues to take its toll on many nurse managers the question arises: What of the future for nurse managers?

Shrinking resources in real terms and attempts at introducing private contractors to run the support services means that the NHS we all know is about to undergo a transformation. So what does the future hold?

Nurse managers will have less resources and an increased demand for more nurses. Nurse staffing formulae will be less helpful than knowing the actual minimum numbers of nurses required and available as matched against the money allocated and whether it is sufficient to achieve a reasonable standard of care. Scarcity of money will cause a total review of the services to be made and fundamental questions will be raised and will have to be answered. An extensive review will also have to made of the more expensive patient services such as dialysis. For instance, is the criteria sound which is used to place patients on a programme which possibly commits resources for several years? In some places the decision on criteria have been vague. This has to change. What comes out of this type of thinking is that eventually critical budgets have to be set for all medical specialities and development strictly controlled.

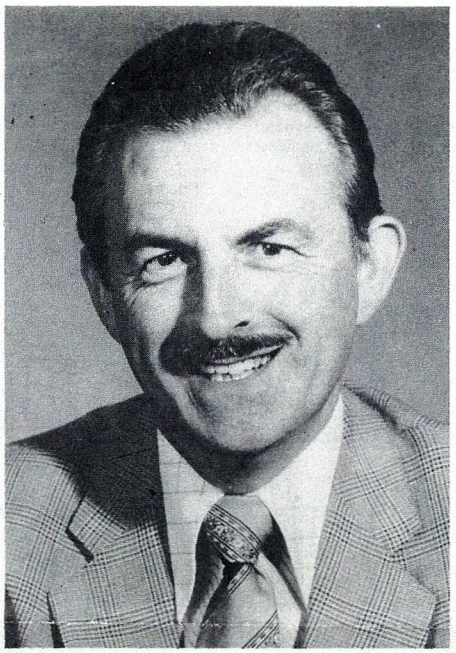
Unfortunately, management cost restrictions do not allow us to employ the staff to produce the information. From this I understand that the days of total clinical freedom from the medical profession are numbered. Should this be so then what can be done for patients will have to be carefully matched with the resources that are made available. Nobody applauds that situation but this has already happened for many years in some specialities. If the number of hospital beds is restricted then only so much work can be undertaken. Choices have to be made which mean larger waiting lists and delays in treatment. What the future may hold is the partial or total closure of wards and departments because of the lack of money to provide staff. This is because the largest cost to any patient intensive area is staffing costs.

The chief nurse of the future must be very skilled in deciding how to use dwindling staff resources to the best advantage. She may be the only person among the district management team who can control through the staff she has the future to the continuence or development or cessation of a particular service. It can be seen that great skill is required in making these types of decision. This is at the very heart of what management is about. Having said all that, my understanding is that the proposals regarding the 'think tank' are far from dead. Sir Geoffrey Howe recently stated that he was looking for a 10 per cent reduction in staff. If nurses are protected, guess who will be asked to do the work left by the reduction of other staff?

We must also ask ourselves, how effective are we really in bringing health care to patients. I have asked the question before, why do the performance figures for a hospital always group deaths and discharges together? A very important lesson may be learned if the immediate death rate of a treatment was easier to find. When this is said a deathly hush normally descends on an audience. In any case a lot more information is required on what the effects are of our treatment on patients.

Structure

Reorganisation allows us to play musical chairs with people and their jobs once again. I think that nurses, of all staff, are very resilient people. Firstly, in the late 60s and 70s there was the Salmon and Mayston proposals, then there was the 1974 reorganisation, now the 1982 reorganisation, and 1983 is the year for an all change in nursing education. It has been said 'change is here to stay'. I suppose the question to ask is, does all this change improve the service and increase the morale of the service? I find it difficult to answer these sort of questions. It is just as difficult to comment on whether standards of patient care have fallen.



Our perceptions of the past are incomplete and biased, shutting out the many deficiencies of the past. The question to ask is: are we using to the very best advantage the resources and people we have now?

New structures may allow different skills to operate but unless there is a real commitment to the actual work to be undertaken all the new structures in the world, backed up by modern technology, will not produce the standards of care that patients require and should demand. It still surprises me how grateful patients are to doctors and nurses for their treatment. Many times I would suggest they are grateful through ignorance.

The professional stance should be that the patient has the right to be treated with sympathy and understanding. His total needs, physiological, emotional, and spiritual, should all be met by the caring team using their different skills as appropriate.

I would like to see in the future the patient challenging standards and attitudes and requiring a high standard of service from all those involved in his care, and be treated as the most important member of the caring team, complete with his own decision-making capability.

Back to structures. A lot of negative things could be said about this subject. Instead, let us be positive. Our management structures have been rather traditional in the past and we now have an opportunity to develop from a traditional hierarchy to a more comprehensive system. It is important to realise as a first step that some work is self contained. In other words, the responsibility for some work need not carry on through the organisation to the top. Once this is accepted new structures take on a different form. This means nothing less than a complete re-appraisal of work at ward sister level. What should a sister be responsible for? It seems obvious that she is responsible for establishing and maintaining nursing policy for 24 hours a day. But is she responsible at present? What happens on night duty, holidays, sickness? What authority does she really have? What type of decision can she make without challenge from above? If these important principles are not clarified in the future the present structures will have to remain unaltered. As an illustration of what I am saying, I believe any nurse in charge of a ward or department has a right to be involved in appointing her own staff and should have the power to exercise the right of veto over those candidates she thinks unsuitable. When that system is in operation staff have to demonstrate how responsible they really are. They can be held accountable for the way their staff work — after all, they appointed them.

Once responsibility and authority have been clearly defined the aim of a management structure is to assisst the staff on the ward or department to achieve safe, correct standards of patient care. Therefore, the grade immediately above has a major monitoring role on behalf of, say, a director of nursing service. This is normally all that is required in a direct line management structure. This is not to say that there are not subject areas that need a major input. These include the personnel function, manpower planning, service planning and development, post-basic and continuous education for all nursing staff, and co-ordination of clinical experience for learners. Budgetry and establishment control are important now but will be essential in the future. The introduction of micro-computers to assist in these procedures will become indispensable tools of management in the future. Input is also required for professional development of staff, nursing research, monitoring of support services, reviewing nursing complaints and incidents, and so on.

Care has to be exercised that staff holding these support positions do not usurp the authority of any line manager. They are there to help, assist and advise. Any executive authority they have should be clearly seen and agreed. This is why every job in the organisation should be clearly described in writing and re-written at regular intervals. The more enterprising staff are, the more they are likely to take on other work. Who then does the mundane duties? The uncontrolled developments of this nature in the past have resulted in nursing auxiliaries eventually undertaking nearly all the basic nursing tasks and then the very same senior nursing staff sit on major committees and criticise what has happened.

Relationships

I cannot stress enough this aspect of our work. In many cases our attitudes to each other must change in the future. Nearly all my contemporaries were taught to give unthinking, unswerving observance to those in a higher grade than ourselves. Eventually, this produced an unthinking, subservient attitude leading to a master/servant relationship. If one is the junior in that sort of relationship then it becomes very difficult to introduce new ideas or get them accepted.

In the future our teaching and example should be that nurses in management are making a different or supporting contribution rather than to be seen as either a superior or inferior one. It is recognising that each nurse has a specific role and function which when combined produces a complete service to the patient.

The Apostle Paul in several places in the scriptures lays great stress on the human body as a model or organisation. In one place he says 'if the hand says it has no need of the eye or the foot no need of the hand, is it really so'. Likewise, can we have in our organisation all feet or hands or eyes? Do we not need all functions being co-ordinated by the head and working with each other. I am learning slowly that what a man or woman is at home is what they really are as people at work. I used to think that what went on in people's lives outside work was entirely private and nothing to do with me. In a real sense that still must be. It remains true that perhaps the most relevant question at interview is not 'what did you do in your last job' or 'how did you develop your career', but rather 'how is your wife or husband', 'where are your children, how are they doing'. If we cannot cope at home with people we know intimately, how on earth are we going to manage people we do not know so well? I have found that those who are most threatened by this type of thinking are those who have not

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had most success in this area of their lives. It has been my experience that deteriorating performance in staff is nearly always connected with difficulties in the personal life rather than a direct consequence of the work situation. Help in these personal areas are likely to improve work performance far more effectively than anything else I know.

It is always a privilege to be let into someone's personal life voluntarily and listen to the real problems people cope with. When this happens I always develop a new understanding and often find a new admiration for that person.

I do so hope that future nurse managers will provide a secure, emotional environment so that the staff can behave as real people in a real world.

You may say 'I do not believe in this approach, my approach is strictly on a job-working relationship'. If this thinking troubles you then do not try and constitute something you cannot do. I would, however, suggest you yourself have personal difficulty if you cannot cope with this concept.

Management Education

I compare practical nursing with nursing management and ask the question, is management like nursing, an art or a science? Is it what you learn or is it who you are as a person? By that I mean your attitudes, behaviour, relationships with people, your personal motivation. I have to say it is both.

Many nurses get angry when seeing their colleagues climbing up a hierarchy while they are staying in a clinical situation. Nurse managers are seen as obtaining the higher rewards without the necessary education and preparation to go with it.

In the future I see much greater preparation for nurse managers in the subject areas of personnel and the behavioural sciences, manpower planning, resource allocation, budgeting, use of computers, establishment control, statistics, and particularly those aspects of sociology that teach nurse managers how to review the real needs of the community they serve.

I would wish to see a general degree established whereby promising nurses could, as it were, dip into subject areas of other degree courses at either a University or Polytechnic and earn credits. After obtaining a number of credits a general degree could be awarded.

For all nurse managers I would want to see developing at Diploma level, a whole range of management options in the form of modules.

If management structures are thought through carefully then it should be possible for say a nursing officer to act-up for a subject area rather than covering the whole or a more senior person's job.

Say, for instance, that a senior assistant director had responsibility for service plannig, budgetry control and investigating complaints, three nursing officers could take a subject each and over a period of time become knowledgeable on that particular aspect of management backed-up by modules of education.

Facilities should also be made available for nurse managers to conduct research into their various subjects.

Having said all that a nurse may have the appropriate education and experience but without flair, imagination, leadership qualities, and a real understanding of and enjoyment for people, it is doubtful if they will be useful at their work. This aspect of the work is what the manager is as a person.

In conclusion, I see the future of nurse management and nurse managers as secure, bright and full of new challenge. Those who think otherwise may be best taking early retirement. Certainly, most nursing staff are looking for and requiring leadership of the highest quality.

I tried to find a fitting quotation on which to end my paper. The one I was most attracted to was the comment made by Walter Lippmann in 1945 on the death of Roosevelt:

"The final test of a leader is that he leaves behind him in other men the conviction and the will to carry on."

This paper was originally given at the annual meeting of the National Association of Theatre Nurses in Harrogate in the autumn of 1982.