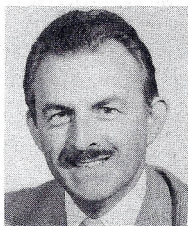


DEMOCRACY IN NURSING

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It is a feature of this generation that everything should be decided democratically. Nursing policies should be arrived at by democratic means. The recent change in policy decision making by the UKCC on the establishment of a Joint Committee on District Nursing is a useful illustration.

Pay agreements negotiated by the Rcn are to have the seal of approval or otherwise by its members as shown by its third ballot in as many months.

Another way some nurses view democracy is shown by the increasing demand by some senior nurses for peer group evaluation of standards of care in hospitals at about Sister level coupled with a reaction against line management authority.

The real meaning of the word 'democracy' is 'a form of government in which the supreme power is vested in the people collectively, and is administered by them or by officers appointed by them', or 'a state of society characterised by recognition of equality of rights and privileges: political, social or legal equality'.

Democracy is not 'everyone doing their own thing' as is so often interpreted. The size of the enterprise has also to be taken into consideration. While it may be possible in a small or single specialty hospital to form a consensus team at a lower level in the organisation, a major hospital could understandably be in total disarray in six months by following such an arrangement.

With the movement towards democracy at lower levels comes the other two important words 'responsibility' and 'authority'. Free the organisation by all means from anything that stifles initiative and development, but at the same time make sure that persons taking on new responsibilities are made accountable for their actions.

Education by itself will not prepare all Ward Sisters to take on major new responsibilities and so allow the abolition of a management hierarchy. Taking to oneself management and professional responsibilities is not always the same. This has to do with personal qualities, skills and talents. Some nurses are extremely good practitioners but poor at co-ordination of resources, for others the reverse is true. This can be seen in the other professions such as law and architecture. There can be exceptionally good practitioners in these professions but some who are rather poor at managing their personal affairs such as organising their office and handling the financial aspects of the business.

The major push to be like consultant medical staff could prove attractive until it is realised that consultants at present do not achieve that status until about 10 to 15 years hard work by (you have guessed it) working through a hierarchy! Sisters, on the other hand, may have been qualified for only two years and learned very little by moving up only one grade in the process. One only has to be engaged at seeing the cumbersome medical decision-making in progress to see why most other countries in the world manage the medical profession in hospital at least, through a hierarchy.

It is unfortunate that nurses in management are coming under attack when so many of them would welcome controlled experiments but are conscious that an excessive use of 'democratic' means would perhaps fail to uncover in some instances the nurse who was failing to perform satisfactorily, becoming ill, or resorting to the illegal use of drugs.

It may well be that society has in some respects moved on since the early days of Moses and the instigation of his hierarchy as shown in Exodus Chapter 18. It should be noted, however, that the only reason it was instigated in the first place was that he was worn out at trying to make all the decisions himself.