Nursing in Conflict

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Nursing in Conflict

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List of abbreviations

A & E	Accident and Emergency Department
CNM	Clinical Nurse Manager
CNO	Chief Nursing Officer
CSM	Clinical Service Manager
DGM	District General Manager
DHA	District Health Authority
DMB	District Management Board
DMS	Director of Midwifery Services
DNA	District Nurse Adviser
DNAC	District Nursing Advisory Committee
DNE	Director of Nurse Education
DNS	Director of Nursing Services
D of H	Department of Health
DQA	Director of Quality Assurance
ENB	English National Board for Nursing, Midwifery and Health Visiting
ITU or CCU	Intensive Care Units or Critical Care Units
NWT RHA	North West Thames Regional Health Authority
RGM	Regional General Manager
RNAC	Regional Nursing Advisory Committee
RND	Regional Nursing Director
SM	Service Manager
SNM	Senior Nurse Manager
UGM	Unit General Manager

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Introduction

Time present and time past
Are both perhaps present in time future,
And time future contained in time past.
(T. S. Eliot)

This book is about NHS management and its relationship with the nursing profession. It is in two parts: the first describes the complex organisational, social, historical, political and economic background to the research. The second part is an account of a three-year study of nurse management in one Regional Health Authority in the period 1985–8. The study describes the organisational changes that ensued after the introduction of general management following the Griffiths report (1983).

Nurses, like other health care professionals, are often sceptical about the role of management. The activities of managers are less visible than those in the clinical area. The outcomes are less obvious or immediately experienced than they are when patients are treated on an individual basis. It is not always clear what managers do in relation to the vigorous activity that accompanies patient care at the bedside, in the hospital or out in the community.

The management task of orchestrating financial, ideological and practical elements and moving them towards the same ends is complex, but central to good professional practice. The development of common policies, philosophies and values among health care workers is a necessary part of providing a service with high standards. But, often much that is said about good management seems mere rhetoric. The definitions of what constitutes good

management, good standards and good policies are sometimes vague and incoherent.

Nevertheless, most of us know what we mean by a 'good service', especially if we become patients. Recently, a friend of one of the authors sat with her sister who was dying in a hospital. She was in great pain and begged to be relieved of her suffering. The nurses could not administer the necessary drugs without the doctor's permission, and the doctor was unable to attend. Consequently, this friend's sister died in agony.

Good management is an essential ingredient if the patient's needs are to be adequately met by a health service. Policies about care of the dying and administration of drugs have to be devised to make a service respond with humanity. What happens at the bedside may be the outcome of poor or ineffective management systems, or over-bureaucratic and authoritarian organisation.

Much emphasis in current NHS management is on financial and technical efficiency. To achieve this end, highly-skilled nurses and support workers are necessary. Finding the right balance in nursing care is itself a technical process, and cannot be divorced from issues of standards of care that can be measured and evaluated. This is a major management task.

Personal commitment of individual nurses and motivation at work are more abstract elements. However, these also need to be identified and nurtured. The nurse who is unable to control the pain of a dying patient because of unimaginative management policies will feel a failure. The primary task of managers of nurses is to help them to do their job well, to live up to the goals of the organisation, to care for patients within accepted and acceptable financial and technical parameters.

If management is well structured, and individuals are competent at their work, organisations and those who work in them will be capable of learning and adapting to new situations. We believe this book shows this complex learning process at work in a health service under great stress and undergoing profound changes. It is these positive aspects of high levels of professional and management commitment we should like to emphasise in this study.

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