

SINK OR SWIM

Survival Kit for Managers

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ONE way of learning to swim is to get thrown in at the deep end. This is how new nurse managers are expected to pick up unfamiliar techniques. Starting off with virtually no formal management training, they rely on instinct, common sense and innate ability.

Later on, there will be management course—some to develop the skills acquired through experience. And a vast literature has grown up dealing with management subjects in depth. But many new managers feel their initial preparation is woefully inadequate. Too much is left to chance.

Consider the size of the task. Nursing must provide a service, 24 hours a day, to every man, woman and child in the country, plan it and adapt it to constantly changing needs.

To this end, it must recruit, deploy, and motivate a workforce of half a million operating in various settings in hospital and at home, in rural, semi-rural and metropolitan environments.

The workforce is almost as diverse as the population it serves, ranging through the age-groups, from those with no educational qualifications to university graduates, from untrained staff to highly skilled professionals in a growing number of specifications. It is a fluctuating workforce, mainly women, working full-time or half-time or a few hours a week, for a few years or a lifetime, moving in and out of the profession as their family circumstances evolve.

In each setting, management must provide the requirement and create the environment in which nurses can function, and do so within the constraints of a budget. Contrary to popular belief ("to many chiefs and not enough Indians"), nurse management is not top heavy. A relatively small group of nurses manage the service—only 2 per cent of Nursing staff are in positions above Ward Sister level.

In the reorganised health service, more responsibility, and more power, is devolved to the districts and units which will have a greater role in decision making and in monitoring the service provided to the public. How much of this power will be exercised by nurses, and what share of the resources will come to Nursing, will depend on the calibre of the nurse managers. The challenge which faces Nursing now is greater than at any time since the implementation of the Salmon Report, which first gave nurses a place in multi-disciplinary management teams, on a par—at least nominally—with doctors and administrators.

Did nurse managers, in the past, make the most of their opportunities? Nursing is still struggling for recognition; its voice is still comparatively weak in the National Health Service. The result is a service biased towards symptomatic treatment rather than total care, with an emphasis on disease rather than health, where long-term care suffers at the expense of acute specialities. Nurse management must bear some responsibility for this. Could managers do a better job if they were better trained?

The qualities which go to make a good nurse—the very qualities which lead to promotion—are not necessarily the ones that make a good manager. "We are trained for what we were, not for what we are"—trained as nurses, not as managers. "When I was appointed to my present post, I was told the size of my preparation. They said: 'If you have any queries, just ask your secretary. She has been in the post for 10 years and knows the ropes.'" Is this good enough, for a nurse manager who will have to compete with members of the older-established disciplines when resources are being shared out—in particular, with administrators who are trained in management from the word go?

Management education has been widely criticised. It is common knowledge that nurses consider the first-line management course, at Ward Sister level, to be irrelevant to Nursing, modelled on industry and inappropriate to health care. And what about middle and senior management courses? Much excellent work is being done here, in the regions, in colleges and universities; but many managers miss out. With growing financial problems, employers are reluctant to give senior staff prolonged time off for study.

The Royal College of Nursing gets round this problem with its new modular course in health service management. Eight two-week modules, one four-day module and two study weekends are spread out over a period of two years, so that nurses do not have to be absent from their jobs for too long at a time. They even have the option of taking single modules.

But this course, which leads to the Rcn certificate in health service management, is open only to candidates who have already completed at least two years in a middle management post. It improves and refines already existing skills.

This still leaves an important gap in management training: the needs of the nurse who finds herself in a non-clinical post for the first time are

not met. She is left to sink or swim.

Nursing Mirror has resolved to fill that gap. Instead of asking, yet again, "Why don't they provide an intensive management course for beginners?", we decided to put together this "survival Kit". We approached administrators, senior nurses and academics, and put the problems to them. What follows is a series of articles, written by experts, dealing in turn with specific subjects that are of interest to managers at all levels. They set out general management principles and give practical guidance on how to apply them. Singly, each article gives an introduction and overview of a management topic; together, they add up to a basic "teach-yourself management" course.

The series is arranged under the following headings: general administration; data collection and information processing; budgets and financial control; manpower planning; recruitment and selection; implementing research findings; the health authority and its members; monitoring the service.

We asked our contributors to be brief, to make it readable, to keep it simple and practical. A tall order, in a jargon-ridden discipline which

abounds in theories and where the subject matter is highly complex. But our contributors came up trumps every time.

A "Survival Kit" cannot replace a conventional management course, nor obviate the need for further study. But it gives the nurse the tools she needs when faced with the intricacies of administration, finance and negotiation in a multidisciplinary setting.

We believe our Survival Kit will be invaluable to managers newly in post. And to aspiring managers, it provides useful background reading in preparation for a future senior post; indeed, any career-minded nurse will want to collect the articles to keep on file for quick reference. Non-managers, too, will gain from it a fascinating insight into organisational aspects of the Nursing service and its interaction with other groups in the health service.

We would like to thank all those who advised us in preparing the "Survival Kit" in particular, John Wells, deputy director, and Mrs. Billy Sayers, senior tutor, of Rcn's Institute of Advanced Nursing Education, who discussed the project with us and made a host of helpful suggestions.

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ADMISSION NOTICE

B.Sc. (Hons.) Nursing Course

Applications are invited for B.Sc. (Hons.) Nursing Course (4 Years) commencing from 16th July, 1983. Prescribed application forms can be obtained from the Principal, free of cost. Last date for submission of application is 25th June, 1983. In case result is awaited application must reach by 25th June, 1983 and their cases will be considered only if the mark-sheets are submitted before admissions are decided.

ADMISSION REQUIREMENTS:

Senior School Certificate Examination (12 years course) or Indian School Certificate Examination (12 years course) or any other examination recognised as equivalent thereto with 50 per cent or more marks in the aggregate of 4 subjects including English Core/Elective, Physics, Chemistry and Biology provided the student has passed in each subject separately.

Minimum age 17 years by 1st October, 1983. Only women candidates are eligible. Admission will be made strictly in order of merit. Only selected candidates will be intimated by Registered post.