KING EDWARD'S HOSPITAL FUND FOR LONDON

King's Fund Centre

THE EDUCATION AND TRAINING OF SENIOR NURSE MANAGERS IN THE NATIONAL HEALTH SERVICE

A Report of a two day Seminar to study the Thwaites Report held at the King's Fund Centre on 27 and 28 June 1979

King's Fund Centre
126 Albert Street
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INTRODUCTION

A small number of British nurses, representing the nursing services, nursing education, higher education, the General Nursing Council for England and Wales, and the DHSS attended this seminar. (see appendix)

It was opened by Miss Hazel Allen, Assistant Director at the King's Fund Centre. She said that the purpose of the seminar was to further the work of the Thwaites Report on the training of senior managers in the National Health Service which had been published by the King's Fund in 1977. She emphasised that the two day event was to be a 'working seminar'.

She reminded the participants that reports were not self executive. In fact, she added, very little action had followed the publication of the Thwaites Report and she hoped that some recommendations for action would result from the deliberations during the seminar.

She informed the group that the Kellog Foundation in the USA was presently funding a number of graduate courses in management for nurses. 'How to plan to meet the educational requirements of British Nursing Administrators is the key issue with which we should concern ourselves' she concluded.

The three keynote lecturers/preceptors were then introduced:
Dr Shirley Chater, Vice Chancellor of Academic Affairs, University of California USA; Mrs Elinor Leonard, Nursing Consultant, Carolina's Hospitals and Health Service Improvement Programme USA; and Mr Robert Maxwell, Administrator to the Special Trustees, St Thomas' Hospital London (a member of the Thwaites Working Party).

Mr Don K White, senior lecturer in Health Services Management University of Birmingham, also joined the seminar as a contingent resource person.

Mr Robert Maxwell, gave the opening paper, choosing as his theme
'The Curate's Egg' - strengths and weaknesses in nurse management and the National Health Service.

From the outset he stressed that what he had to say was based on 'impressions'. His aim was to promote discussion as a sympathetic outsider. Nurse managment was, he said, very much like a curate's egg for it possessed 'something that's good in parts'.

He said that the three strands in nurse management namely clinical nursing, nursing administration, and nursing education separate at the ward sister level and thereafter may not join particularly well together. Thereafter nurses could join one or the other but, in his view, there was a need to consider possible combinations.

He suggested that there was a need to differentiate between the management functions at different levels of nursing management - first line, middle, senior, and top management. Particular attention should be paid to the ward sister's role, he said. Although the ward sister was often referred to as a first line manager in his view she also had professional responsibilities very similar to those of medical consultants which were not reflected in the label 'first line manager'.

STRENGTHS IN THE SYSTEM

Mr Maxwell then went on to argue that there were great strengths in the British system of nursing management and urged that we build on these. It was also important to recognise that there was a great deal of management content in the organisation and delivery of nursing care at the ward level which was the responsibility of the ward sister.

British nursing had other strengths, he suggested. Whilst recognising that recruitment to nursing in the United Kingdom was not easy or the same in every part of the United Kingdom, he believed that the recruits coming into British nursing were of a high quality and were highly motivated. That quality of motivation was one of British nursing's greatest strengths, he argued.

Another strength was the rich insight obtained by British nurses into the core of personal health care. This was obtained by virtue of nursing training and remained with them throughout their professional lives.

He recognised that as nursing became more technical it became increasingly difficult to become an 'expert'. But, in spite of that, he believed that, among nurses, there remained a 'core of concern about people which does not change'. This was particularly true of senior nurse managers in a way which could not be claimed for other health professionals. Though, he conceded, for historical reasons, the emphasis of this 'core of concern' related to hospital/acute care settings.

There was an urgent need, he said to orientate nurses to a broad community/ social aspects of care and to concern about chronic care.

Another particular strength of British nursing which he identified was the 'acceptance of a framework of discipline and self discipline' among British nurses.

In fact, it was still striking that this persists in the nursing profession. He accepted that it was probably not always easy for nursing administrators to accept changes in the young nurses nowadays and indeed the extreme youth of NHS employees was particularly noteworthy. That required a different application of discipline and self discipline, but nevertheless this discipline appears to persist in nursing.

Health service administrators and members of the medical profession were, however, much less accepting of management authority. Nursing is therefore 'a reservoir of sanity in a turbulent world'.

There was also a great respect for nurses and a marked self respect in nurses. On the other hand, administrators have to earn respect and do not always find it easy to have self respect. But, regrettably, he added that equivalence of salary does not necessarily equate with equivalence of respect. Many of the problems experienced by present day senior nurses, he argued, were associated with the historical role of nursing and the historical role of women.

WEAKNESSES

On the whole the greatest strength was at ward sister level. There were, however, problems in long stay hospital situations but on the whole the ward sister was secure and 'exceedingly skilled in her management'. But there

was a great lack of understanding about what the ward sister's management role is and how it can be 'learned and critiqued'.

The work of the ward sister was concerned with assessment of needs, assignment of work to nurses, and assessment of the progress of nursing care (as documented by Dr Sue Pembrey). These skills, he pointed out, can be related to management theory, even though they are often done instinctively. This was a weakness. The ward sister often learned her role by identifying with another ward sister role model but they perceived no 'theoretical' base for their work. There was a total lack of specific preparation or theoretical base for the ward sister's management role.

There are also weaknesses at the middle management level (senior nursing officer and nursing officer levels), he argued.

There were particular problems at this level related to role definition. One of the strengths of the Salmon Report was that it provided a management career structure for nurses but unfortunately, in his view, it did not go far enough in working out a management role for nurses. He had the distinct impression that a fair number of senior nursing officers and nursing officers were unsure of and insecure in their roles. 'To what extent should these be clinical roles ?' he asked. He also asked whether there might be a need to recognise the need for nurse clinicians who are not managing large groups of people; perhaps clinical and management roles could be combined ? But this may not be sufficiently recognised. It certainly had not been sufficiently thought through, in his view.

There was a particular problem in the way that management training for middle management was carried out in the United Kingdom. 'There has been a great appetite for management courses but I am worried that too much of the material has been theoretical.'

There has been a great deal of instruction but it has not been applied to real life situations. There has also been too much reliance on multi-disciplinary courses, he argued. Multi-disciplinary courses could be absolutely dysfunctional if the participants were not sure of the theoretical base. It may therefore be better to start with nursing management for nurses before moving on to corporate training, he suggested.

It must be made clear, he said, that nursing management is different from other forms of administration in the National Health Service. In nursing management there are elements of professional and general administration and that is not always recognised.

Mr Maxwell then went on to identify the weaknesses at senior nursing management levels.

This group of nurses seemed to lack analytical skills. This was understandable, he conceded, as the motivation of nurses was concerned with human beings - not with numbers. They also lack security when dealing with financial and epidemiological reports and it was especially important to be able to cope with this kind of information in the present systems of corporate management responsibilities. Mr Maxwell argued that everybody is capable of mathematical literacy but being without it created a great deal of insecurity.

Nurses at top management also lack conceptual breadth he believed. Nurse members of management teams tended to be quiet about those areas not directly their concern.

The historical and political and social dimensions were of extreme importance he believed but he suspected that the training of nurses in those respects were singularly lacking. The same could be said about conceptual development. One of the values of early academic training 'is the development of some conceptual breadth' he concluded.

He believed that there was a puzzling lack of confidence among some senior nurses for although they spoke with authority on nursing matters they tended to remain silent on other matters on which they did have a contribution to make.

DISCUSSION

Miss Pamela Grosvenor, District Nursing Officer West Cumberland Hospital, conceded that the 'strengths' Mr Maxwell had identified were indeed strengths in the nursing service - but not in nursing management. Young people enter nursing, she said, to be nurses and do not at that time aspire to be managers. She believed that antipathy developed during nurse training towards nursing management and this militated against nursing managers developing self respect. Mr D Young, senior nursing officer Standish Hospital Gloucestershire, questioned the framework of discipline within nursing and thought that it could well affect nurses' ability to manage.

Both of these contributions were accepted by Mr Maxwell without further comment.

Apologising in advance for the anecdotal nature of his contribution, Mr G A Phalp Secretary King Edward's Hospital Fund for London, asked: 'Where does power lie in the National Health Service ?'

Then years ago, he said power lay unquestionably in the Colleges of Medical Specialist Education such as the Royal College of Surgeons etc and in the ward sisters.

He thought that both have changed now because there have been enormous conceptual changes during the past 10 years.

THE ART AND SCIENCE OF NURSING MANAGEMENT

In a paper on The Art and Science of Nursing Management, Dr Shirley Chater said that conceptions of 'professional' nursing assume an academic and/or general education background. If that were the case then the products of those programmes would have decision making skills.

However if the basic nursing course is a 'technical' programme then a 'conceptual course' will be needed as a first level management course.

If the professional nursing course has included problem solving skills etc, then, she argued, management preparation will already have been covered. For the professional nursing course would have brought an objective and a scientific perspective to particular patient problems, associated with the art of nursing of individual and unique patients. The art of nursing included the social, personal, economic and political dimensions of nursing. This approach, she argued, was not unlike the normal management process and practice.

Dr Chater commended the concept of 'fluid inquiry', starting during the basic nursing programme. This approach, she argued, motivates people to continue and it encourages conceptualisation and the art of inquiry. All this is in direct opposition to the process of 'stable inquiry' where the nursing procedures book is the bible of nursing practice.

If conceptualisation and mental intellectualisation are present in basic nursing programmes then, in her view, management training is taking place at the same time for Katz had pointed out that the processes of management entailed technical, human and conceptual skills.

Technical skills included things such as methods, processes, techniques and were concerned with collecting, storing and retrieving information, cost analysis etc. These skills were very similar to nursing skills.

The human skills of management were related to one's effectiveness as a group member, interpersonal relationships and so on. However, in her view, nurses are far ahead in these respects than many others certainly with regards to attitudes and values.

Conceptual skills entail the ability to see the enterprise as a whole. Referring to the problem solving approach of nurses, Dr Chater pointed out that during this process the possible consequences of the nurses actions have to be considered and in the end the nurse elects what she believes to be the consequences which are best for the patient.

The process is similar in management, she suggested, and the consequences of one's actions and managerial decisions have got to be considered in the political, social and human milieu wherein one functions.

All of her contentions were based on certain assumptions. That nursing management is required, that the nursing process is a skill which is transferrable to management and that management is a carrying over of skills taught in professional nursing programmes.

WHAT IS MANAGEMENT?

Citing the thesis of a Dr Benner, who has suggested that there is no single activity called management, Dr Chater said that Dr Benner had postulated that management is a combination of inter-related and intertwined activities. And that there is an element of management by democracy, management by crisis and management by politics touching on every single management problem.

Management by democracy was 'the usual way' so that people felt involved in the decision making process although it had to be accepted that it was inefficient, takes forever and is time consuming. It did have its good points, however, for everybody shares in the outcome providing 'opportunity for semantic massage'.

She conceded that there were particular problems associated with the trend towards objective setting in management. For in times of crises, which was common in management, management by objectives falls into the background. However objective setting certainly helps in the evaluation process of management strategies.

When managing by politics one uses the political, social and economic milieu that is going to enable the manager to get things done. It is an intriguing management strategy, she conceded, and involves using, among other things,

the 'old boys network'.

She agreed that there were overlaps between nursing and management and that there was no conclusive evidence about the best person for management roles. There was indeed a lot to be said for self selection and for encouraging anyone who wants to be a manager to get there, provided there are opportunities within the organisation to stop at the level of competence or to make a lateral move or to change roles. There was also a need to be very flexible so that people could re-enter the profession or come into management from 'the sides'. It was not always necessary, she argued, to work one's way from the bottom to the top.

EDUCATION FOR MANAGEMENT

Dr Chater felt strongly that the seminar participants did not have the right to set up a curriculum for management education. That is the role of the university, she said, which must follow its own precepts. The seminar participants could only make suggestions about pathways and set guidelines for standards. She emphasised the need for flexibility, maximised experiences, multiple pathways, and consideration of the individual student.

Being flexible required opportunities for students to come and go as they pleased whether they be 20 year olds or 50 year olds.

In maximising experiences it was necessary to use former experiences and to develop on these experiences. 'Give credit where it is due', she said, 'and don't always ask them to start again'.

In referring to the need for multiple pathways, Dr Chater believed that we should not always require senior managers to go back to school for a degree as a 'degree does not equate with good management skills'. Different kinds of programmes were needed for different kinds of people. The different programmes should include facilities for formal programmes which would include reading for certificates and degrees at institutions of higher education. There was also a need for continuing education in single and short programmes. Experience could be maximised by the creation of fellowships and/or internships, based on an apprenticeship type placement of the student with a senior nurse manager. Peer exchange seminars were also very valuable she said. Colleagues and nurse managers holding similar positions could meet together to exchange and share experiences rather like an old boys club. It had certainly been very useful in her own experience she said. These kinds of seminar provide the very best educational experience for nurse managers, she believed, and in her view there was a gap here that needs to be filled especially at the top management level.

In conclusion, Dr Chater said 'nurses know an awful lot more about nursing management strategies than we acknowledge. We should maximise on this and start from where we are'.

DISCUSSION

A former graduate nursing student from St Thomas' Hospital London, Miss H Watson, said that a lot of students come into nursing wanting to be innovative and creative but unfortunately ward sisters did not foster it.

However it was conceded that for the ward sister change causes a great deal of disruption as the systems she knows have been built up over the years. The catalyst however could buffer the effects of change.

The group also considered the combination of management/clinical roles and attempted to identify the level at which responsibilities for direct patient care were undesirable and/or impossible. They had learnt with interest of ongoing experiments with nursing officer roles where the nursing officer was given specific clinical responsibility for a ward and had a coordinating responsibility for the nursing care activities in the other wards of the unit.

The group was particularly critical of student nurse education. This entailed the ward sister having to cope with regular changes of new students going through the ward at frequent eight week intervals. There was an urgent need to identify the appropriate 'mix' of ward nursing staff. The group also recommended radical reduction of the numbers of nursing students. They also recommended that the lengths of allocation of each nursing student to a ward or unit should be increased, for example, to six months instead of eight weeks. This, at least, would enable them to develop better relationships with individuals and teams and provide some stability to the ward team.

The group had also believed that there was a major necessity to look at the organisation and content of basic nursing education and in particular to examine the roles of ward sister and tutor.

As a result of questions following this report, it was noted that in the situation where a nursing officer was able to develop a primary clinical role, there appeared to be much more job satisfaction for the individual and much more respect from other nursing colleagues at ward sister level. Future evaluation may indicate that this is the model for the nursing officer's role of the future but 'only with evolution' said Miss Christine Hancock, Divisional Nursing Officer West Roding Health District, in whose division experiment is taking place.

THE MANAGEMENT ROLE ?

At this point the need for a management role at senior nursing officer level was questioned. There was some general agreement that many of the functions of this role could in fact be carried out by a non-nurse manager. However, Professor McFarlane reiterated the need for flexibility about the appropriate 'model' for the nurse manager, as some roles would be suitable for some people, whilst other roles would appeal to other individuals.

Discussion then followed about proposals for experimental 'unit managers' appointments. On the whole suggestion of experiments was welcomed but it was emphasised that nurses should be involved in the planning, programming and evaluation stages of this experiment.

Certain problems that nurses in management had to accept were clearly stated. Clinical expertise slips very quickly once a nurse leaves the clinical setting. Management expertise may also be lost by the nurse who leaves a management position. 'How long do you have to be out of a management position to lose management expertise ? Such as in second line posts ?'

The process of discipline is not helping these nurses to develop the skills necessary for management, she argued. First you are trained and then suddenly you are a staff nurse and very little help is given to you during the basic programme to help you with the management responsibilities, she said.

Professor Jean McFarlane, Head of the Department of Nursing University of Manchester, focused on the very difficult gap between those nurses belonging to the 'fluid inquiry' generation and those belonging to the 'stable enquiry' generation.

Nursing educators often forget, she added, that they must fill that gap and get out into the clinical areas to fill the gap.

Another gap was identified by Dr Jennifer Wilson Barnett, Lecturer in Nursing Chelsea College. She indicated that communication was hardly ever taught in the basic nursing programmes.

She also agreed that it would be excellent to introduce concepts into the basic nursing programme. 'But how do you fit it all in with all the other subjects that are considered vital ?'.

Mrs Leonard intervened at this point and said that in the American basic nursing programmes innovative and creative skills have been promoted but, as a result, nursing students, once qualified, ended up 'hitting the system'. American nurse teachers had now realised that there was little point in sending students out to change the system unsupported and therefore teachers in America were now going into clinical settings during their students clinical placements. However, she conceded, they were still at the beginning stages of this change.

REFLECTION

The seminar participants were divided into two discussion groups 'to explore the issues and detailed questions and comments for discussion and debate'.

A plenary session followed these discussions when the two groups shared their deliberations. The groups were designated by the letters D and E.

Group D's deliberations were reported by Professor Jean McFarlane. This group believed that the motivation of people coming into nursing was indeed an asset. The particularly strong motivation to care for individuals was an asset for the personnel aspects of the management role of the nurse but was not a particular asset for the other aspects of the role of the manager.

The group emphasised that a major deficit in the training of nurses was in the development of conceptualisation skills.

The group believed that management started at the level of the ward sister but where the ward sister develops a very non 'fluid inquiry' approach to her work she needs a lot of education, especially education to enable her to cope with change. The group conceded that generally it was particularly difficult to educate any manager for change.

Sometimes it may be desirable to provide support people for the ward sister to act as a catalyst during the change process. This person might be a Masters Degree student or the unit nursing officer. Although there was some feeling that nursing officers themselves are often inappropriately prepared.

she moves into a generalists sphere because of the interaction of other factors as well as nursing. But, she added, there was far more opportunity to be involved in the clinical situations than the many senior nurses take. For example tutors could be involved much more if they wanted to.

Mrs M E Ward, Principal Nursing Officer Queen Charlotte's Hospital London, added that midwives at all levels of management have retained links with clinical work whether they are teachers or administrators. Other participants confirmed that the same applied for health visitors and district nurses.

THE AMERICAN EXPERIENCE

In introducing Mrs Elinor Leonard, Mr Maxwell said that the purpose of considering the educational approaches adopted in the USA was so that we could learn from the experience of others without necessarily copying them.
Mrs Leonard then spoke about examples of educational approaches to management responsibilities - USA style.

There is a state of great flux in the USA with regards to Masters programmes for nurses, Mrs Leonard said by way of introduction.

If nursing educators and nursing administrators are the 'controllers of practice' then nurses have a great deal of responsibility and education is necessary for this kind of responsibility, she said.

In recent years nursing administrators have been able to get greater control of practice. Her present role as a nursing consultant illustrates this movement 'to get a real push about the direction in which nursing is going'.

Her present work entails evaluating patient requirements for nursing care, looking at both direct and indirect care given by nurses. She is also looking at nursing organisations, finding out who does what and why.
To help her in this work she has developed a 'component of nursing management' tool. This tool has four components. Component 1 - clinical resource functions; component 2 - coordinating functions (that is on the spot facilitating of patient care activities); component 3 - leadership functions; component 4 - management of resources.

Her findings suggest that head nurses are tied down with component 2.

Mrs Leonard believed that the lack of a powerful voice of nursing administrators in the USA in the past had fostered an industrial model of care related to task assignment. They are now trying to move to total care. She conceded that nursing students have been taught patient centred care for years. But, unfortunately, this has resulted in a great reality shock for them when they go to work as registered nurses. Things are however changing.

A major failure in the past has been that nursing educators in the USA have not realised the importance of nursing administrators as controllers of care. This has to changed she argued.

In her view, in the USA nurses in administration tend to 'fall back into' clinical areas because it is the only place in which they feel competent to function in.

However, it was her contention that until they began to exert their professional influence on the corporate organisation and until the corporate organisation accepts its place as the supporter of resources for the professionals, a state of conflict will persist in North America.

Mr Trevor Clay, Area Nursing Officer Camden and Islington Area Health Authority (Teaching), reported on behalf of group E.

His group wanted to stress the need for flexibility in the selection of candidates for management training and flexibility in the education and training programmes offered.

The group did not believe that nurses started from a good base for the practice of management and the traditional discipline could be a distinct disadvantage.

The group had learned with interest about a new Masters Course in Nursing Administration offered by the University of Edinburgh. There were places for only six students but there were well over a hundred applicants for the first course. The programme included courses on industrial relations, management accounting, organisational psychology, personnel management, economics, administration in the National Health Service, research methods in nursing and nursing and social change.

The group had also considered with concern the education of tutors who were greatly responsible for the education of nursing students. For the kind of training a student had, particularly when it was ritual and methodical, had implications for management. It was, the group argued, very difficult to talk about management without considering these.

The group believed that the present structure of nursing management and nursing education militated against clinical career structures.

The group argued that there was an urgent need to establish the current needs of nurse managers.

During the subsequent discussion it was reported that the salaries of the six students on the Masters Course at Edinburgh University were paid by their employing authorities who had seconded them. The Common Services Agency in Scotland was paying university fees.

Professor McFarlane said that although the University of Manchester offered a Masters Degree with an option in nursing administration, so far no one had taken this particular option.

Miss K H Rowe, the lecturer to the Masters Course at the University of Edinburgh, said that she believed that in due course the present course should be phased out and the students combined with a multi-disciplinary MSc course in Health Service Administration. However this new course had been both necessary and useful. It had been able to demonstrate that non-graduates could cope with work at graduate level. They were entered as diploma students but provided their work was satisfactory after nine months they could convert to a Masters programme which was completed after a total of twelve months.

SUMMATION

Nurses cannot be both specialists and generalists, said Dr Chater. If they want to be a specialist then they need to seek out a professional clinical role.

If a nurse want to be a manager then the nurse must decide to be a generalist, she argued. For when a nurse leaves the specialist clinical area inevitably

Preparation for management should be based on a 'diagnostic service' so that the programme could be geared to the needs of the individual. Often it would need to be compensatory.

The group endorsed the need for Masters level programmes for nurses.

The group believed that, irrespective of the level of the course, there should be a core course on decision making and problem solving in all programmes.

Although extending education was always costly it was generally felt that a lot of money was already being spent perhaps not always wisely.

It was suggested that there was a need for a variety of courses. There was certainly a need for long academic experiences. There was also a need for shorter courses strongly linked with practical experience.

Yes, it was also agreed, it would be useful to establish a body to set standards of excellence. This could also act as a centre for information and for monitoring and accreditation (which would make it easy for students to transfer their courses to other institutions).

A NEED

The group also felt that it was important to synthesise professional and administrative aspects in management courses for nurses.

The group also identified certain research that was necessary.
A descriptive study of all courses, and their aims, presently offered throughout the country should be prepared, in the first instance.

Research was also needed with regards to the crossover point where administrative responsibilities dominated clinical responsibilities.

It was also agreed that the nursing process, the research process and the management process are all very similar. The steps in these processes are identical and therefore the nursing process steps are transferrable to the management process.

It was also recognised that it was extremely important to help people who would have to remain in posts for up to twenty years, even though their functions may change.

Multi-disciplinary courses were also supported. Perhaps lecturers from higher education could work with actual management teams ? At operational level, multi-disciplinary courses should be with people with whom you normally work.

There certainly was a need to foster the development of conceptual skills not least so that nurses would have confidence when training with other colleagues within an academic environment.

The group had been left with the dilemma in attempting to define what nursing management was. There were no difficulties at ward sister level but it was not so clear at top management level except that those nurses bought a nursing perspective to team deliberations.

CLINICAL EMPHASIS

She had recently undertaken an investigation into the emphases and contents of 101 Masters programmes. She had identified that primarily there was a clinical emphasis in these programmes. Only twenty programmes emphasised the administrative components.

Only 18% of nursing administrators in her study possessed higher degrees and less than 50% had a Baccalaurate degree. This, she believed, was due to the heavy emphasis on clinical specialisation in recent years. But, she argued, this was not acceptable and administration needed to be emphasised.

(In another discussion, Mrs Leonard indicated that the emphasis on clinical components of the Masters programmes was a 'compensatory mechanism' for the inadequate amount of clinical experience obtained at Baccalaurate level).

The emphasis on advanced work in Masters programmes was increasing and in the period 1968 to 1977, there had been a swing from 34.1% to 74.4% to advanced clinical practice, and a decrease from 21.6% to 5.8% in administration as the 'area of primary concentration' in Masters level enrolment.

The effect of all this was, she argued, that the role models for nursing students were the clinical nurses and not nursing administrators.

The Kellog Foundation were now funding a number of Masters courses in an attempt to provide more highly educated nursing administrators.

In conclusion she suggested that the delineation of management theory and practice is needed all through the nursing service. Everyone must learn to influence at all levels of management. Programmes for nurses must be applied to nursing in practice not only in theory she said.

It was also useful to consider the possibility of introducing internship of about six to twelve months duration.

Nurses certainly were needed in administration, she argued, so that they could participate in policy formation, and so that they could justify the need for resources for nursing care.

'If the nursing profession is to control its own destiny then in-depth knowledge about administration is needed'.

RESPONSE

The study groups then met to 'consider and prepare proposals for future action'.

In reporting back for group D, Miss Christine Hancock indicated that the group had agreed the need for a group or body who would be responsible for advising and/or monitoring standards of excellence in nursing administration. They had considered a number of possible appropriate bodies but felt strongly that the nursing profession itself should be responsible for the standards of nursing administration. Even though it was conceded that it would be useful if a working group were to be convened to consider this matter further and it was agreed that the King's Fund was an appropriate body to sponsor that development.

Every year groups of doctors, nurses and administrators are sent to North America to observe health care organisations there. In addition bursaries are available for London doctors to pursue studies overseas. Some are available for administrators (including nurses).

The Fund is also concerning itself with management training for doctors.

CONCLUSION

Following discussion of a number of points focused on during the feedback sessions and on points raised during the earlier sessions, Miss Allen concluded that the suggestion of a working group had certain appeal. This could in fact form the basis of a peer exchange group, she said, and she believed that the membership of such a group was represented in the participants of the seminar.

In her view, the workings of such a group may well be 'long term'. Among other things there was the need to rediscover that the 'professional' element in nursing management had been identified. She therefore planned to invite the seminar participants to convene in the near future as a working group to consider the matter further.

Mrs Leonard said that if British nurses were able to do naything about examining the professional and managerial aspects of the nurses' role they would be giving international assistance to all nurses. And on that note the seminar was concluded.

James P Smith BSc(Soc) DER SRN RNT BTA Certificate FRCN FRSH,
District Nursing Officer Brent Health District London,
Editor Journal of Advanced Nursing.

Mr Don White reported for group E. This group considered the area of nursing management to be very amorphous and felt that it was too early to define 'standards' of nursing administration.

But he added that this is in the nature of management which in itself is not definitive.

They felt it was important to encourage a variety of experimentation.

They supported the idea of a steering group. They recommended the model of the JBCNS.

The steering group should collect information about present facilities and endorse and legitimise and stimulate research.

The group supported the creation of part time courses based on a 'credit' system. But it should not be assumed that courses were everything. They supported self development, coaching, secondment and project involvement as a means of educating and training the managers.

It was also important, the group argued, that promising people were released from work so that they could take advantage of opportunities. Maybe specialist workshops for top nurse managers on the topic of 'staff development' were needed.

It was recognised that educational centres need credability. Those training managers should have more nurse managers associated with them for example as fellows who might analyse roles etc.

Curriculum vitae were important selling points for individuals when applying for jobs but this was made too little use of in the United Kingdom. It should be encouraged.

The group also stressed the importance of selection promotion committees in determining whether people have made the best use of their educational opportunities.

KING'S FUND'S CONTRIBUTION

Mr Phalp then commented. He said that the Thwaites Report had recognised that there was a lack of people with the appropriate preparation for top management.

The Fund had visited Harvard University to learn about their techniques and they hoped to set up an experimental course in the near future.

The Fund also recognised that a number of people in very senior management posts were likely to be there for a long time. It was felt very important to give these post holders some regular encouragement. 'Sandwich' courses were being developed in Birmingham for NHS workers for this purpose.

The Fund was also keen to foster the development of peer groups. This had been done on an international basis for hospital administrators and there was no doubt that a particularly good effect of these groups was their morale producing facilities.

Administration students from all health care disciplines had been funded to take a new Masters Degree programme in social policy offered at Bath University under the direction of Professor Klein.

Appendix

S E M I N A R M E M B E R S

Mr G Armour	Area Nurse (Personnel)	Northumberland AHA
Mr T Clay	Area Nursing Officer	Camden and Islington AHA
Miss M Cooper	Chief Education Officer	General Nursing Council
Miss G M Greaves	Divisional Nursing Officer	N W Surrey Health District
Miss P A Grosvenor	District Nursing Officer	West Cumberland Hospital
Miss C M Hancock	Divisional Nursing Officer	West Roding Health District
Miss F Lawton	Senior Inspector of Nurse Training Schools	General Nursing Council
Professor J McFarlane	Head of Department of Nursing	University of Manchester
Mr F Quinn	Tutor	Garnett College of Education
Miss K H Rowe	Lecturer	University of Edinburgh
Mrs B E Scammell	Nursing Officer	D H S S
Mrs R Simpson	MSc/Diploma in Nursing Student	University of Edinburgh
Mr J P Smith	District Nursing Officer Editor Journal of Advanced Nursing	Brent Health District
Miss W W Thomson	Nursing Officer	Scottish Home and Health Dept.
Mr R Tiffany	Director of Nursing	Royal Marsden Hospital
Mrs M E Ward	Principal Nursing Officer	Queen Charlotte's Hospital
Miss H Watson	Formerly Graduate Student	St Thomas' Hospital
Dr J Wilson Barnett	Lecturer in Nursing Studies	Chelsea College
Mr D D S Young	Senior Nursing Officer	Standish Hospital Gloucestershire