THE EDUCATION AND TRAINING OF SENIOR NURSE MANAGERS IN THE NATIONAL HEALTH SERVICE - A SEMINAR ON 27TH & 28TH JUNE 1979 TO STUDY THE THWAITES REPORT

Contribution to the debate - Dr Shirley Chater, Vice-Chancellor of Academic Affairs, University of California

I want to tell you that this is almost an anniversary. Twenty years ago I had the good fortune to be an exchange student at St Bartholomew's Hospital where, having come fresh from my baccalaureate degree programme knowing and feeling that I was a nurse administrator, manager, leader and all of those other good things that they teach you to be at the end of those four short years, I was informed that, not only could I not work on the ward but, that I couldn't take care of a really sick patient. I was an 'alien' nurse and therefore I could work in the emergency 'thing' called 'the box'. Having spent a year there I got sick so that I could see what really happened behind the closed doors. There I saw first hand the management of the ward sisters, and I was impressed, and have remained so since that time that the ward sister was able to tell the physician that she wasn't ready for him to see the patient - it was inconvenient - I loved it and it has stuck in my mind all these years.

I would like to share with you some views on the art and science of nursing management and I have deliberately selected the title of 'Art and Science' so that I might share with you some of my subjective art kinds of experiences and strategies which go into the whole management process because I'm interested in studying management from the point of view, of course, that I am now one - I feel that I haven't been prepared to be one, despite the fact that I have had extensive course work at the University of California. I like studying what I do to see why I do it, and who taught me how and then of course, in the end there is always the self-analysis of how to do it better the next time. Hence I would like to share with you the art and science of nursing management as I perceive it.

Let me start by making a couple of assumptions. I want to lead us today to some notion of what a curriculum in nursing management might be if we were to consider some of the content areas as well as some of the processes and strategies that one undertakes in management. But before we ever arrive at a curriculum one has to be clear about the assumptions. The first assumption which I think has to bear on selecting a curriculum for nursing management at any level has to do with our conceived impression of what is professional nursing. I differentiate technical nursing from professional nursing as I know all of you do from having read the extensive literature published by you. If technical nursing is simply the standard-isation of procedures and techniques it requires little thought or little conceptualisation because there is little risk involved. There is really little consequence to decide about a particular nursing action. If, however, we are involved in professional nursing which assumes an academic background or, at best, a general education background then we can begin to talk about risk-taking decision-making, even at, especially at, a patient care bedside nursing level. I cannot emphasise this first assumption enough because I think a curriculum in management is going to have to come about because we have professional nursing or because we don't have professional nursing. In other words if the curriculum that a particular person has gone through to become a nurse is technical in nature then clearly a first course in a management curriculum is going to have to be something about problem-solving, conceptualising, decision-

making, consequence thinking and action-taking. If, on the other hand, our professional nursing courses really teach the art and science of nursing, that is the combination of data collection and data analysis and problem solution and thinking through the consequences of ones action, then I believe the first management strategy has been incorporated into the professional practice of nursing. It makes good sense.

One of the reasons I think that our understanding of the professional nursing act of the professional nursing practice lends itself so nicely to nursing management is the unique combination of the art and science of nursing and its influence on the art and science of management. Let me tell you what I mean. The professional characteristic of nursing is that we deal with problems on an individual basis - we say that repeatedly - we take from the basic sciences the subject matter, the science principles that pertain to a particular patient problem. That's objective, it is scientific, it is basic, it is not really arguable. On the other hand we bring to bear on that objective scientific base the art part of nursing, which is to say,despite the objective scientific principles which come to bear on a particular patient problem we know that the patient is a unique person with a set of circumstances surrounding the problem - it sometimes maybe impossible to implement the science principle because we are taking into account the social, the personal, perhaps the economic, sometimes the political dimension of that nursing problem. So we bring together the science of nursing and the art of nursing and we merge them together in a professional, clinical act which, in my experience, is not terribly different from bringing to bear the principles of management science together with the unique art-like subjective feeling about a problem, merging the two together and making the very best decision considering both the art and the science be it management on the one hand or clinical nursing practice on the other.

A professor of education at Harvard named Joseph Schwab talks about the importance of methodology of inquiry by referring to both fluid inquiry and stable inquiry. If our nursing curricula at entry level contains an element of fluid inquiry instead of stable inquiry, that is, fluid inquiry being the motivating factors that makes one continue to want to learn, 'I'm curious about it and wonder how it works', sort of thing as opposed to these are the twelve steps to doing X. You all know the procedures, 58 steps to making a bed, not 57 and not 22 - 58 steps to making a bed. Now that's stable inquiry. If we can turn that around and say make a bed and do it with a fluid inquiry, we are encouraging young men and women to conceptualise in ways that makes research methodology not a tack-on thing in a Masters programme, but a beginning method of inquiry about the art and science of nursing from day one. Suffice it to say then, that if conceptualisation, or to use another word, mental intellectualisation, if that process becomes a part of nursing, at entry level, we need not dwell so much on those strategies in management, because the fluid inquiry, the method of inquiry will have been taught. If that is not present, of course, it means that course one at management level, ought to be something about addressing these problems.

And now for professional nursing. Now - let us take a look at management in terms of it's structure and it's processes. There are lots of books and lots of articles and all of those you've read. Just because it was mentioned in the Thwaites report, let me use the Katz model in which Professor Katz says that the structure and processes of management include three very basically, technical skills, human skills and conceptual skills.

The technical skills of management - and as I relate these to you, recall them to mind, try to keep in mind how they also relate and cross over and duplicate some of the processes that we teach in nursing.

The technical skills, according to Katz, include those methods, processes, procedures and techniques that have to do with, perhaps gathering information, of planning, of cost analysis, certainly something about knowledge storage and retrieval. Think back to patient care situations, where, as a professional nurse one is often responsible for more than one patient. We learn in those nursing curricula about the information processing. We have charts and files and records and information flows and appropriate places to record certain information. We have very basic temperature charts and so on that show comparative data at a glance. This is information storing and information processing. We don't do very much about cost analysis but I think the day is fast coming when nurses will take a much more active role - certainly they are in communities and they will in hospitals, I think, when nurses may be the one to say "doctor are you sure you want to order that test, it costs fifteen dollars (or how many number of pounds that translates into) and for the same kind of test you could do it less expensively". It makes me remember when I did deliberately get sick so that I could make some observations of nursing at St Bartholomew's Hospital. I had a little appendicitis. I asked to have a white blood count taken 'please'. The surgeon asked 'Why, if its high I'm going to take out your appendix and, if its normal I'm going to take out your appendix'. I said 'Oh'!

So the technical skills in management that Katz talks about are not terribly different from those that we learn in managing a unit or certainly in taking care of more than one patient. The human skills that he talks about have to do with effectiveness of group members with some of our perceptions, attitudes, values, and reactions to others. I feel that the whole nursing process is so geared towards interpersonal relationships, especially the interpersonal relationship between nurse and client that we come ahead, we as nurses come far ahead of other health professions having mastered these skills, much much better I feel than some of the colleagues with whom I work. I like teasing my dental school faculty friends because they only ever see a mouth and it is never seen as a patient who has a head and can talk and they carry on conversations without recognising that the patient is unable to talk. So nurses come out far ahead of some of the other health professionals when it comes to attitudes, values and reactions on an interpersonal basis. And I believe that these are skills in human intereactions are superior in many ways to some of the other health professions.

Now the conceptial skills that Katz talks about have to do with the ability to see the enterprise as a whole. Again the art and science of nursing that I described to you earlier plays a role here. The ability to see the enterprise as a whole, conceptually, I feel is terribly much related to problem-solving that we do as professional nurses and the possible consequences of our actions. If one collects data about a particular patient, family, community, makes a decision about solving the nursing problem, knowing that if you carry out solution 'A' to the problem, the consequences of that might be 1, 2 and 3 and, if you carry out solution 'B' the consequences might be 4, 5 and 6 and then it is for each of us as a professional to select these consequences which all things considered, we believe brings you the best for the patient. Well the conceptual ability required of management I think is not terribly different from thinking through the entire context and concept of what the consequences

of ones actions are going to be in regard to the political milieu, the larger organisational structure, the other health professionals with whom you are working and/or alienating and whatever, so I see a carryover there too. We had only last week some examples and I think it is more fun to talk about them, with anecdotes. I had last week a request from a researcher on our campus to advise him what to do about a particular grant - he had written a grant to our Federal Government on the sickle cell anaemia. It was a clinical application grant and the sickle cell anaemia, as you know, is a disease of blacks, it is terribly terribly political right now, coming very close to being able to diagnose and treat sickle cell anaemia and the researcher brought to my office a request for a waiver of rule on our campus which says that any government agency that prohibits the publication of research makes it impossible for us to accept the money for that grant, and the researcher came to say would I please waive that particular policy because he wanted to accept the money, he had people to be employed July 1st, this was now June, he couldn't terminate them and yet in the contract that had come from the Federal Government it had a clause in it which said he could not publish his findings. Ordinarily I believe the policies of the University are there for some good reason, we want to maintain the freedom to publish and I explained that to him but at the same time I had to weigh very carefully the political consequences of turning down a grant that had to do with sickle cell anaemia at a time when the black community in San Francisco was very restless and they're looking to the University for research which is applied in nature and is immediately helpful. On the other hand I had the academic senate, our faculty members, who threaten me every day practically with being sure that I understand the importance of faculty governments on our campus. I do but, I understood the other, and to try to see the whole context and make a decision about which to do is difficult especially when you are the only one you talk to. I decided to make an exception to that and waive for him the right not to publish with the proviso that we wrote a letter to Federal Government and told them to mind their own business.

Therefore we reiterate a few assumptions that I have mentioned to-date. First, I think in nursing management, nursing is required otherwise it isn't nursing management. I think there is no issue there and for us to dwell on whether or not it is required for nurses to be nursing managers is, I think, prolonging the issue, wasting time. I also noted in an assumption that if nursing process is conceptual from the beginning it is therefore a skill transferrable to nursing management and, may indeed, show that we are further ahead than we believe we are. Thirdly, I think that management is a carryover of some of the professional skills that we have been taught in a professional, especially academic programme and, this needs to be acknowledged as a plus or minus as the case may be.

I was interested to read in the Thwaites report the sentence that says (on page 25), because, I've read it so many times I couldn't believe I was reading it! It says in fact - 'There is no single activity called management'. I love the idea that there is no single activity called management. I say this because when I became a manager at the University of California there were no predecessors for me to follow, everyone who held the position I now hold was an MD since the beginning of time which dates back in our case all the way back to the eighteen hundreds. I remember that St Bartholomew's was a modern ediface and was built in 1823 and that was the first time I realised that 1864 was kind of modern. So everyone before me was an MD and it seemed to be an implicit statement in the job description. I didn't have one of those but because we have

an affirmative action programme mandated by the government which requires every physician description to be nationally advertised they found it difficult to write into that job description that the holder of that job had to have an MD because I believe they felt that MDs were not particularly trained in management. So, because it wasn't written down, I became an applicant and though they waited for me to decline, I waited for them to invite me to become a finalist. When I did, I went back to the books to see what I was about to become. I have a library on management tactics, because I have had many courses on management, theories mostly. I couldn't find anything that matched what I was called upon to do every day and it worried me and troubled me a great deal that many of the problems that I had to solve I couldn't find answers to in the volumes on my bookshelf. That's why I like seeing on page 25 'there is no single activity called management'. Lo and behold, however, I came across a doctoral dissertation completed recently by a young man from Stamford University whose name is Richard Benner. His thesis, based on some experiences as a manager is that there is no single activity called management and that what he did in his management position is a set of 3 intertwined, inter-related kinds of activities, all of which go on simultaneously. When I read that I liked his three intertwined activities so much that it stuck in my head, remains there and I find myself constantly going back to it. His thesis is that we manage by democracy, we manage crisis and we manage by politics but all three of these processes go on simultaneously and touch upon every single problem to be solved. Dr Benner talks about the management of democracy, management by democracy as 'the usual'. This is participatory and includes everybody. No surprises for anyone. You spend a long time doing it. Note that it is terribly inefficient, it takes for ever. I suspect that you're responding to the Thwaites report by democracy management which is inefficient, very time consuming and will take a long, long time to come to a resolution. Nevertheless, the good points about management by democracy have to do with the fact that everybody is involved, everybody has shared in the outcome and we all feel good about it. Some people refer to this as an opportunity for semantic massage.

The second management strategy, management by crisis is a favourite of mind because at the University of California it is very popular right now to have something called management by objectives. Everybody is doing an MBO plan of all the great laborious ways, write down all our objectives and the time frame during which to achieve them. My problem is that I never get round to achieving the objectives because I am just too busy working on them and the problems that come up. Nevertheless, because it is considered to be a good management tool I invite the Directors to report to my office to plan for me, what I refer to as an academic plan and a timetable by which they meet their objectives, so that I have something against which to evaluate each manager every June. To illustrate this whole idea of management by crisis my very very best manager who reports to me is a vetinarian who is in charge of our animal care facility which exists for our research enterprise and, as a vetinarian he has been to Harvard to take the case study course and, I'm not sure it's because he went to Harvard, I suspect he would be good anyhow (no offense to Harvard!) he's just very very good and every year he presents for me the very best management by objective programme with a short-range set of objectives and a long range set of objectives. In the middle of this year we had an epidemic on the campus of 'Q' fever - I had never heard of 'Q' fever, once I guess, perhaps in nursing along with the chapter on rickettsial infections perhaps I heard of it. I now know more about 'Q' fever than I ever wanted to. I even know that

it stems from Queensland. It came from Australia, it is a sheep infected disease and it causes an influenzal like disease. At any rate, the entire campus became sick and everybody who had a cold, or sniffles wandered about wanting disability insurance, taking sick leave and saying they had 'Q' fever. Well the truth of the matter is that eight people did, but out of the 20,000 some employees who said they had it we had tremendous crisis because people were taking off sick time and saying they had 'Q' fever but besides that if we did indeed have 'Q' fever we had to do something about the infected sheep and the science tower and so on. Well this is just one very good example of how management by objectives just didn't get anywhere, for the last six months we have been solving the solution of 'Q' fever. We contained the animals we purchased an incubator, we have done a major capital improvement programme, we have been to the state legislature and we have convinced them of the epidemic natures and, indeed, we have gone so far as to trespass into the next area of management strategy and that is management by politics.

I literally sat down with my advisory committee and said 'how can we milk this.' I'm sure that is not a word to use at the King's Fund Centre, how can we milk this for all its worth, how can we make this such an epidemic, how can we make this so serious that our Government will immediately fund a building for research and, indeed, we moved it from 64 on a list of priorities up to number 2, second in priority now to the library on our campus. It wasn't quite that much of an emergency - but don't tell anyone!

So much for management by crisis, management by politics according to Dr Benner has to do with using the political, the social, the economic milieu, in ways that help solve problems more accurately but also in ways that help you get things done that you never quite thought about before. This is the area of management that fascinates me most. A crisis I can take care of because I learnt to do that as a nurse. Management by democracy I feel very comfortable with that also. Actually I get a little impatient with it and like to speed things up. But management by politics intrigues me because I don't quite understand it all. First of all I am not a member of the so called 'old boys' club' and that's a deterrent. When I meet with my Chancellor and I suggest to him a solution to the problem, he sometimes says to me 'well what if, instead of doing it that way, what if we do it the following way' and he, somehow in his head goes from A, B, C, to K and leaves out all of those intermediate steps. I say to him, how did you get from C to K? When I look at the data, one can only go from C to D. And he will say things like 'Well, there is this friend of mine from the Bohemian Club who knows Senator ..... through the Cosmopolitan Club, who when I had dinner last week asked me to see a patient, who I saw, who said that if I ever wanted any help etc...' and by this time, of course we had worked our way through the alphabet to X, Y and Z.

Now, I've learnt one thing more, that when he suggests a solution to a problem it pretty well leads me on to some of the steps I now have learnt from him by modelling his behaviour to say, 'Well I would be pleased for you to do it that way but of course I would like for you to do me a favour. I have this lovely invitation to go to London and I need to have my plane ticket paid, so, I'll do that your way, if you buy me a plane ticket'.

Briefly then, according to the Thwaites report, there is no single activity called management. Perhaps there are not just three activities but I like having shared with you Dr Benner's perception of management because it makes sense to me, because it is more applicable to practical daily situations as far as I can tell and helps me deal with some of the theoretical aspects that I, otherwise, find difficult to put into place.

Let me move ahead now to discuss with you, having now talked a little bit about nursing, a little bit about management, how the two kinds of processes overlap. Let me talk a little bit about who should become a manager. In the view of the literature on who should become a manager, I must say, there seems to be no conclusive evidence about the characteristics of the kind of person who is best selected out as a manager. My only conclusion then to the question 'who should become a manager' is, 'anybody who wants to'. The self-selection process is at work. I think the notion that anybody should have a try, anybody should have a go at it who wants to, is certainly democratic. As long as we look at the other side of the coin, which is to provide a right to fail, or provide a right for people to stop in a management level where they are comfortable. So many times, and there are many references in books to the 'Peter Principle', so many times we allow and indeed encourage people to rise to the level where they feel uncomfortable and therefore they are not good managers. If, on the other hand, we allow people to self-select and also allow them to say 'I've done it for a year or two or three, I want to do something else now, I want to go back to or I want to make a lateral move or, I have decided that now I have been an administrator I want very much to do research or teach'. If we make all these things explicit and put them into the context of 'yes it's alright', I suspect we would be more successful overall.

There are a couple of interesting studies that are going on in Universities which I thought you might be interested in. One, I tried to look for some predictors of who might be very, very excellent students in our very own doctoral programme which leads to a doctorate of nursing science. We say in that programme that we prepare leadership in nursing. Taking all the students who have ever come into our programme and having given each of them a particular test called the omnibus personality inventory, I tried to differentiate between those students who would be good leaders based on some characteristics that a group of leaders themselves came up with and compared those with others who I felt had some characteristics that would make them better clinicians. The reasons I selected the omnibus personality inventory is that it measures a kind of score called leadership which is really a measure of three variables. One is called theoretical orientation, the inclination for one to like theoretical kinds of experiences, conceptualisations etc. The second variable it measures is called impulse expression, to what extent do people leap forward to solve a problem. The third one has to do with complexity, the extent to which people like the complex situation where there are no tried and true answers but enjoy the ambiguity of it all. I have long thought that management was best described by the word ambiguity. So theoretical orientation, impulse expression and complexity are the three variables that a group of nurse leaders selected as being the three that when combined would make for good leadership and good manager. When I gave this test to our 64 enrolled doctorate of nursing science students, the people who scored high on these three scores, the people who scored highest did not finish the doctoral programme, did not become leaders in nursing and, indeed, I believe they're now in antique businesses. I have not published this research. I will, but I have to

search for a broader complex arena. I interviewed the students who had the highest scores on these variables to find out why they didn't finish the programme. They told me things like 'we have to jump through the hoops here, we must pass oral exams, we must learn to tell back to the faculty what they want to hear, we are discouraged from every move, from being creative, from taking risks, our faculty tell us they don't want us to make waves. We don't want to bother with a programme like that'. So, it seems to me, that the very things we say we're doing and the very kind of people we say we're looking for we manage to get and in this case we manage to get them without knowing, without really recruiting but they're not finishing, they're not staying in nursing and somewhere along the line I think, we are not putting our money where our mouths are. We say we want a certain kind of person but we don't obviously in our school have the curriculum which encourages these kinds of people to stay and to make the most of their personality characteristics that some believe contribute to good management. Maybe they don't, maybe we picked the wrong characteristics but they were chosen by people who espouse management theories and management characteristics.

Another interesting study is being conducted now by a student of mine, Helen Hanson, and this I'm sure you will learn more about. It's going to be, I'm sure a good piece of research. She has begun to explore the relationship of self-concept to success in management roles. She's given preliminary tests that find those who have been labelled successful as managers in both low, middle and top-level management and have very very high self-concept scores on a variety of tests. She's now, having done the first step of research which shows the high correlation between self-concept and successful management, going on to the second part of the study which is to differentiate between traditionally masculine and traditionally feminine traits in relation to self-concept. Her hypothesis is that people in management who have a more endogonous picture, more masculine than feminine in traditional ways will have a higher self-concept in, and indeed will be better managers. Unfortunately, her sample is small, she is looking at women managers as well as men managers and finds very few of them. Those in the USA which she has located as a sample are mostly nuns. The saying in America is, if you want to be a top manager you have to first go to the Catholic Church and become a nun. With research like Miss Hanson's on the relationship of self-concept we may find some better clues to the selection of potential managers. To-date I don't think we have much evidence to know who we want. I come back to the conclusion that we should allow for and encourage self-selection, we should on the other hand be aware of those who show signs of good management skills however we define 'good', and encourage those based on that evidence. But, in every regard I believe we should have maximum flexibility about entry into the system of management. I am a little concerned that the reports I've read indicate that if one starts at the bottom one will probably proceed up the management ladder. We don't have much opening for people to come in from the sides or to re-enter into a profession where people do take time out to have families.

These assumptions then, these facts, the incomplete data on selection are considerations that necessarily preceed what kind of curriculum we ought to provide for nurse managers. Now, I need to set forth a couple of my biases about curriculum before I start on this section. First of all I don't think a group such as this has the right to set forth a curriculum for nurse managers. I believe that Universities exist for a series of purposes and the courses they offer in management must be

consistent with the purposes of the university. An organisation such as this has a guiding purpose and the courses in management it offers must be consistent with that purpose. I believe the National Health Service itself has some obligation for in-service education to train and continue to educate the people who are already holding positions within government services. So, my first bias is that a group such as this cannot do more than make suggestions about a variety of pathways for nurse managers, each of which must be consistent with the parent institution from which the courses are derived. Having said that, we could, I suppose set some standards or set some minimal kinds of considerations as long as the guidelines for setting those standards and minimal suggestions contain 1) flexibility, 2) maximise experiences, 3) provide for as many multiple pathways as possible and, finally 4) take into consideration who is the client or who is the student.

Back to the first - any curriculum for nurse management must be so flexible, I think, that people can come and go as their particular experiences demand. Flexible enough to mix 20 year olds with 50 year olds; flexible enough to single out 50 year olds from 20 year olds, depending upon the content.

Secondly I said 'maximise experience'. I think sometimes we forget that the kinds of experiences we learned as student nurses really transfer very elegantly into a management sequence and we minimise therefore, experience and always start over. There's nothing worse than sitting through a seminar and listening to what you already know. The other night when we arrived in London - hot, tired and thirsty we reached into the refrigerator for ice-cubes - there were none. And so I took the metal egg cups and filled them all with water and put them in the freezer because metal freezes faster than plastic. Then in about 30 minutes we had the making of six little ice-cubes and my husband said 'My God, you're a good manager! and I said 'I learned that as a student nurse but it was called being resourceful because we never had enough equipment'. So by all means let us maximise experience and give credit where credit is due.

The third one I mentioned was multiple pathways. I think it is terribly important that we do not require a senior manager to go back to school for a degree. I feel strongly that a degree while it has lots of prestige, gives lots of credibility and is, indeed, a worthwhile acknowledgement of an academic course of instruction but does not equate with good management skills. So I plead that you have multiple pathways to allow senior managers with lots of experience to get some kind of training that doesn't necessitate the admission all over again through an academic programme. I'm being very practical now, but I believe strongly that by forcing some of our senior people with all of their experience into degree programmes we loose and therefore discourage people from staying within. That leads nicely into my fourth bias which was 'keeping in mind the client or student characteristics'. We need different kinds of seminars for different kinds of people and I'm sure you know more about that than we can talk about today.

I've listed then four large areas or educational opportunities that any one of a number of formal agencies may give. I would only caution us that some of these are more appropriate to some agencies than are others but let me share with you the thoughts.

First of all, formal programmes leading to certificates in degrees. These will obviously be the ones associated with the university or polytechnic institute.

Secondly, Continuing Education programmes, these are short-term, may or may not be offered in sequence.

Thirdly, a kind of an educational opportunity could be a fellowship, an internship or something that dealt with and maximised experience almost back to the apprenticeship way of learning.

And fourth, a Peer Exchange Seminar. I've called it the Peer Exchange Seminar but what I really mean is an 'old boys' club'.

In relation to formal programmes, that perhaps we rely too much on multidisciplinary programmes at lower levels of management and that perhaps we need to think carefully about which levels of management we have in multidisciplinary ones.

I think it's great to sit down with a group of people from other disciplines and talk about problems and see how others react to a problem but I also think it's great not to have these other people in the same room as me. I think we over emphasise sometimes the need for multidisciplinarism and what we really need is to sit down with a group of nurses and say 'what did you do in that situation, where's your power base', for example. We can't share these kinds of things with everybody, you don't show your hands when you're playing poker. So for all these reasons I would like to suggest that some of our formal programmes think about programmes for nurses as well as programmes in a multidisciplinary mode.

The second kind of programme I mentioned before has to do with continuing education and some examples of these short-content, specific-issued courses that I think might be worth thinking about, have to do with, perhaps a short course in delegation. We don't read much about delegation and yet I suspect that none of us do very well at delegating. I see a lot of middle and top managers feeling the need to go back and touch a patient; sit on the edge of the bed, chat with the staff nurses. I'm not sure that that's a good use of time. I think delegating is a subject that needs to be explored in management. I put it out just as an example of a single-issue area of content that might do well for a short term continuing education course. Another has to do with something I call 'followership'. If you're going to lead how do you teach people how to follow? We don't dwell too much on the whole notion of following or followership.

Another course that I would someday like to teach, I'm going to call intuitive; how to deal with it? How do you decide when to do what, when you have two things to do at the same time.

The Fellowship/Intern kind of programme based on experience I like best of all because I guess I'm more involved in it. I have a couple of fellows working with me from the American Council on Education which is a National free standing Institute in America where fellows apply for positions elsewhere and if they're interested in health sciences I'm very often invited to have one or two. One is a pharmacist who has decided that he wants to, in mid-career become a health science administrator. The other is a basic scientist, he has a PhD in bio-

chemistry and both of these gentlemen are working with me for a whole year in the fellowship way. I've two requirements - that they stay long enough to feel they have a commitment to the University; long enough to do a project for me.

I want them to be sure to experience the consequences of the decision they finally make about the project they elect to do. So this fellowship experience I design to be helpful to them for a particular purpose but also helpful to me. It enables me also to have an opportunity to talk with somebody. It's lonely where I work and as I said before, you can't always share ones secrets with everybody. The single subject that they elect to talk about most often is POWER. They're intrigued with it and they want to know how to get it and where it is and who defines it and how to spell it. We spend a lot of time talking about POWER; we've come to the conclusion, the three of us this year that power is everywhere, that power is wherever you take it and power is however you make it. And we play with that for a little while and we pretend that today is going to be 'power taking day'; and we come back together at 5 p.m. and talk about where we have found power, how we've used it and what it means in terms of our job. So that I don't leave you sitting on the edge of your seats, the two sources of power that we've identified that we're most comfortable with is - power as knowledge and power as persuasion and when you have knowledge and you give it away it means of course that you generate more knowledge so you maintain your power base. And of course the power of persuasion is always 'can you get other people to do what you want them to do in the first place and have them think it was their idea'.

The last that I mentioned is also a lot of fun and that I've referred to as a 'Peer Exchange Seminar' which is just another word for 'an old boys' club' and I say that exactly that way being fully cognisant of the feminist role these days. I am not a member of the old boys' club on our campus. However I did manage to get myself into a group of my peers. We have nine campuses in the University system, each of which has an academic vice-chancellor. All of them are, of course, men - always have been. And when I became the vice-chancellor I 'phoned up and found out when the meeting was and appeared, and it was interesting because the first meeting was a dinner meeting in the Mens Faculty Club. But I went in, perfectly willing to declare a 'title 9 class action suit' and we only had to change a room to go from one room to another. Women were somehow not allowed in the walnut panelled room and we went into the oak panelled room. I don't understand the inference but from that time on it was O.K. and we had a good time. We exchanged, as a group of peers, problems we'd been solving each month. We literally go around the table like this and talk about our litigations. We talk about our crises. We talk about a particular political scenario that's being enacted in Sacramento and learn from each other and share with each other what we've just done in a particular problem.

I think that a seminar for nurse managers called a Peer Exchange would be one of the very very best educational experiences that could be provided. That we give a group of like people an opportunity to say 'look I'm really having a problem and I need to get your advice, how would you do it or how did you solve a similar one'. It's this kind of 'peer exchange' that is missing, especially at top levels of management.

I think, in summary, that we know, as nurses, an awful lot more about nursing management strategies than we allow ourselves to believe.

I'm married to a Canadian who brings with him a lot of the British philosophy and I tease him - he always sees a cup half empty, I always look at a cup half full - that's what I'm trying to say to you today; That I think nursing prepares managers in much better ways than my counterparts in dentistry, pharmacy and medicine. I think we should maximise those skills. Start from where we are and look at the cup half full.