

Clinical nursing — is this the future for nursing?

Much interest in recent years has been shown in the concept of developing clinical nursing to a high level in the nursing hierarchy. Discussion has centred round the clinical expertise that should be developed within nursing acknowledging at the same time that much expertise is already in existence. Some would say, however, that it is managed very inappropriately.

There are, of course, extremes in views. One extreme view is that once a nurse has qualified and received the appropriate preparation and education necessary she should be allowed to practise her art uninterrupted by any senior officer in a management hierarchy. Perhaps the difficulty for many nurses to accept such an idea is that as they look round at other health care professionals, and particularly the medical profession, they see varying standards of medicine being practised within peer groups and that peer group pressure does not seem to be able to control an unsatisfactory situation as effectively as a direct management link.

The other extreme is that management of nursing staff is everything and that a very strict form of hierarchy with layer upon layer of nurses reporting to other nurses is the appropriate way to manage the service. The reorganisation of the health service does not allow senior nurses, in discussion with their other nursing colleagues, to devise a more sensitive structure to meet the needs of the patient and the profession in a more effective way.

The Chief Nursing Officer, Dame Phyllis Friend, called together many interested persons to a residential seminar in September 1981 in Harrowgate. A report, 'Professional Development in Clinical Nursing — the 1980's', was published following that seminar with a promise of follow-up with various interested and concerned persons. This follow-up is now taking place.

Almost at the same time, the Royal College of Nursing, in October 1981, published their discussion document 'A Structure for Nursing'. There were radical proposals for change in that document but the emphasis in both the two reports mentioned and from papers read in the nursing journals points to a very real need for the staff to be prepared for the positions that they take up in the health service.

Because of recent changes in nurse training, it is often the view of senior nurses that newly qualified staff are very unsure of their skill in managing the patient care services and will require considerable support the first few months.

It seems to me that nurse managers will be required to look at the delivery of care at the patient care areas very critically indeed over the next one or two years and devise, with the help of the Department of Nursing Education, sensitive educational and training programmes to develop both the potential staff nurse and ward sister into their new roles. Others will want to go much further but I would see the climate as ready in almost every district to start to concentrate thought, energies and resources in developing the professional nurse at the patient level.



ANTHONY CARR