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What's wrong with being a ward sister anyway?

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Aunt Marge was my favourite ward sister. Well, everyone called her Aunt Marge, and perhaps I remember her best because she was my first ward sister. She was a character. I can tell you — the scourge of the general medical team.

She had run her ward for nigh on 30 years. She was the sergeant major when she was mad. And how mad she could get if anyone put a foot wrong. She was the colonel-in-charge of her regiment and the lady brigadier of the hospital. And was she formidable? I'll say she was.

But it was her looks that first creased one's face into laughter and then stifled it into awe. For she wore her uniform in a most unfashionable way, even for those times. She was only five foot nothing and about that round, too. Her skirts seemed to hover a little over two inches from remarkably trim ankles and her tiny feet were poured into the very best, sensible Oxford shoes. Those were the days when sisters had a uniform allowance and had their clothes specially tailored for them. So there was no question that her clothes were ill-fitting. Not for Aunt Marge. All in all, I'd say that she made, for me at any rate, the perfect picture of a Crimean matron.

On her head she wore a genuine Sister Dora cap with exquisitely embroidered bows under her many chins but the thing about her hat that caused the urge to smile was that it allowed just six curls of her grey hair to show around it — two on top and two either side. Sometimes, I would think she looked like Widow Twankey from the pantomime, but then her face always stopped me in my tracks. It was, all at the same time, fierce, gentle, intelligent and hard, surrounding the bluest eyes I ever saw. Her face comes into my dreams still. And yet it is a quarter of a century since I last set eyes upon her countenance.

How many of us, I ask myself, will be remembered thus in the year of Our Lord 2005? For make no mistake about it, Aunt Marge was a character. And it showed in her face, in her manner, in her grace, and in her outstanding devotion to her patients and her beloved student nurses.

For although sometimes she bawled us out and abused the medical students, too, she also treated us like her charges and on her split duties she would often go back to her living quarters and bake us cakes if she had given us a tough time in the morning. So that while she was away in the afternoon we would all gang up against her a little and complaint to each other just how badly

we'd been treated, only to feel thoroughly ashamed when she returned laden with goodies.

Her standards of patient care were impeccable, too. She taught me, and many others, just how to make a patient comfortable when he was in pain. Basic care, you understand. And she taught me to recognise the special signs of barbiturate poisoning, an all-too-common event in those days. She had written papers on this too. There was no doubt in my mind that I both loved her and hated her and everyone else felt this too.

But it was her relationship with the consultants and professors which lingers most in my mind. For that was a mutual admiration society in which they both played games. She, for her part, barked at them as much as she barked at us, but we knew that she would lay down her life for them. They pretended to be just as frightened of her as were all of us, but they really looked upon her as the Queen Bee. And that sort of relationship does not grow overnight. It had developed over many, many years of working together. And they knew that if they were to come on her ward, they must first ask her permission. She would make them wait in the duty room until she was satisfied with the state of the ward and then conduct them round, they walking one pace behind like Prince Philip.

She created in her ward an overwhelming sense of security and orderliness so that all of us, patients and staff alike, knew that this was a place for people to get better and that she alone was responsible for getting it right.

Oh, yes, Aunt Marge was a character all right. But in those days she was not alone. Most of the other ward sisters were characters, too. They, too, had been in post for many years and, like Aunt Marge, were going to stay on THEIR WARDS until they retired. You see, the system was that we were trained to be ward sisters, no more and no less. And for most of us that was where we were going. We knew that the road was long and that we would be waiting for 'dead men's shoes' so to speak, but we believed that having one's ward was what nursing was all about. And the navy blue uniform and silver buckle was a symbol of nursing success.

Dilemma

But as L.P. Hartley said, 'The past is a foreign country, they do things different there'. Because the point of telling you about Aunt Marge is that over the past five years or so I have had the privilege of coming into con-

tact with some 1 500 ward sisters and charge nurses through my work at college and one common dilemma facing these folk is 'where do we go from here?'

For it seems that once a nurse has been in charge of her own ward for, let's say four years or so, then pressure is put on her to move on to other pastures. What is more I have received more than a distinct impression that if she is not inclined 'to move on' then often she is regarded by her superiors as lacking in ambition. The dilemma is quite simple. Many ward sisters and charge nurses just want to stay at the patients' bedsides, or to use the posh term, in the clinical area. They simply have no desire or inclination and therefore probably no aptitude to start climbing the administrative ladder and they equally do not wish to undergo further training in order to teach in the school of nursing.

The plaintive cry is so often 'But I just want to nurse'.

Crossroads

The results of successful pressure can be seen in nearly every hospital. Ward sisters and charge nurses are getting younger every day and although such a statement often reflects on the increasing age of the person making it, in this case it happens to be true. On many of my courses I have ward sisters of no more than 26 or 27 years old who have been in post for four years and who now have been made to feel that they have reached a crossroads and have to decide which way to jump. The second result of the pressure is the constant turnover of ward sisters, and that special relationship between the consultants and sister has all but ceased to exist. Now some of you may think that not a bad thing but it had a lot going for it, one way and another.

Another result of this frequent 'moving on' just has to be frustrated tutors who miss, terribly, to contact with the patient, and although there is some solace in the contact with student nurses, it never is quite the same.

And lastly, we have to consider 'the Peter Principle' — which holds that people go on being promoted till they reach a level of incompetency. Apply this principle to nursing administration and see what you come up with ... Quite.

Now, I'm quite prepared to admit that the old system had many faults. Some ward sisters did become over-possessive about their wards, about their patients, about their staff and about their linen cupboards, too.

And, too, there was virtually no in-service training and they were forced to learn to keep abreast through trial and error and experience. Oh, yes, that system was antiquated and left much to be desired. But, as I said, it had a lot going for it.

In the first place, becoming a ward sister was seen as an honour and an achievement, even though the salary did not match the status accorded to the position. As a result of this esteem many ward sisters were fulfilled and satisfied professional folk with a high professional standing that we don't see today.

Second, and this is blatantly obvious, since ward sisters were there to stay, there was a continuity, a consistency that was so strong that each ward developed its own special personality. Because the ward sister had been there to develop a special relationship with the medical staff then one knew the meaning of the term 'teamwork'.

Lastly, although to the young student nurses the ward sister may have seemed positively ancient and old-

fashioned and even perhaps out-of-touch, nevertheless most ward sisters grew with the years and managed to keep themselves surprisingly up-to-date with their profession.

Pressurised

Now, clearly, there were 'career' ward sisters who were unsuitable to a lesser or greater degree and I admit the system was far from perfect ... but we have today many nurses who wish to stay in charge of their chosen wards but who are pressurised into moving on after a few years. Now, I ask myself, why should these good and able folk feel pushed into moving on when they could, and in my opinion should, stay on in post and develop and realise their potential as a career ward sister?

As we all know, being in charge of a ward is no easy option. The responsibilities towards the patients, towards the medical team, towards the training of nurses are quite tremendous and demand very special skills and talents. So why is it that over the past 15 years or so the post has been seen to lose out on status and importance? Why are able ward sisters encouraged to move on simply because someone, who should know better, thinks that because a person is good at one job she will be equally good at another? Is not the profession guilty of undervaluing the role of the ward sister?

Reassessment

I get terribly sad at the number of ward sisters who tell me that they would much rather stay in post but are being moved on. I would like to see a radical reassessment of the role of the ward sister. I would like to see some more meaningful definition of terms like 'staff development' and 'staff appraisal'. I would like to see more nurses getting more job satisfaction by being allowed to continue doing the things they are best at. And furthermore I would like to see the role of the ward sister reappraised and upgraded.

I would like to see a salary structure which reflects the responsibilities and status I feel should be given to the role; and this would mean a minimum salary of £6 000 per year for ward sisters/charge nurses who have been in post for more than four years, rising to £10 000 per year by retirement age. If such changes were implemented, then not only would we be paying these folk what they are worth but we would also be giving them and their role the sort of dignity that the post deserves.

And if I hear any of you say that money should not give a post dignity or status then I probably answer 'cobblers', if you will excuse the expression. Because some of the folk who complain to me simply and honestly tell me that they have to move on, they cannot afford to be a ward sister all their lives, even though they love the work and are good at it. And I believe them and I understand their feelings. It is almost impossible to behave with dignity and assurance if one is poverty stricken. Money does matter and it is not a dirty word.

So there it is. Why are so many ward sisters and charge nurses coming to me for advice and direction on their career development when most of them express the wish to stay put?

And I am left with my original question: what's wrong with being a ward sister anyway?

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