Ward leaders need are to meet their

To launch our Power to Care campaign, Adele Waters analyses the findings from our exclusive survey of ward sisters and charge nurses

Having the authority ‘to make decisions and get things done’ is top of the wish list for today’s ward sisters and charge nurses.

In an exclusive survey of ward managers for Nursing Standard, more than one third (37 per cent) said having more clout was the single factor that would make their job more appealing.

The online poll of 224 ward managers found that more than two thirds do not hold a budget for their ward or unit. If they need an agency nurse, 64 per cent have to arrange one through a line manager.

Similarly, if they need new equipment, such as bed curtains to maintain a patient’s dignity, 77 per cent would have to request it from a more senior member of staff.

The survey found ward managers would value greater authority more highly than a salary increase. One ward sister from Birmingham said: ‘Give the ward sister the authority back.’
A senior sister who works in Berkshire said simply: ‘Give me the authority to go with the responsibility.’

The survey findings paint a picture of a typical ward manager who is female, aged 45-54 and with the job title of ‘ward sister’ (see box). She works in an NHS hospital and typically has more than 20 years’ experience. She manages more than 30 staff, but is paid on NHS band 6.

Pay consistency

Indeed, 56 per cent of ward sisters and charge nurses earn up to £33,436 per year, the equivalent to NHS pay band 6. Just over a third earn up to £39,273 (equivalent to NHS band 7). A far smaller proportion of survey respondents earn above or below that.

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Who is the typical ward manager?

| Gender: | Female |
| Age: | 45 to 54 years |
| Job title: | Ward sister |
| Workplace: | NHS hospital |
| Annual salary: | £33,436 or less |
| Team size: | 30+ people |
| Years in nursing: | 20 |

A supervisory role – to oversee care, teach and support staff.

Authority to match their responsibility – to order equipment or staff without a manager’s approval.

Administrative support, such as a ward clerk.

Housekeeping support.

Managerial support.

Equal status to consultant and specialist nurses.

Access to relevant training for their role.

CAMPAIGN

Nursing Standard’s Power to Care campaign aims to boost the authority and status of ward sisters and charge nurses. We want all ward managers to have:

Work burden

Some 79 per cent described their approach to care as being a clinician with a priority ‘to care for patients myself’. This contrasted with 11 per cent who saw themselves as clinical supervisors, with a remit to carry out direct patient care in the context of teaching or supervising other staff.

Nine per cent identified most strongly with the role of a ‘clinical manager’, who only carried out direct patient care to maintain their skills.

These contrasting descriptions seem to reflect the day-to-day pressures that ward managers face. As a ward manager from Preston argued, her job...
Preparation, training and support: the cornerstones of ward leadership

Dame Chris Beasley talks to Adele Waters about her vision for the future of ward sisters and charge nurses

If patient experience is to be transformed as the government has promised, ward sisters and charge nurses must have greater support.

That is the core message from England's chief nursing officer Dame Chris Beasley this week as Nursing Standard launches its Power to Care campaign to champion ward leaders.

Ward sisters and charge nurses have moved up the political agenda, according to Professor Beasley. 'It is timely that we look at the ward leader role,' she says.

The prime minister's Commission on the Future of Nursing and Midwifery, of which Professor Beasley is a member, will make ward leadership a particular focus, she says. In addition, the newly appointed National Leadership Council will analyse factors hindering good ward leadership.

She told Nursing Standard: 'Good ward leadership is absolutely critical to patient and client experience. Every time care problems arise, for example at Mid Staffordshire NHS Foundation Trust, you find there will have been problems with that role – not necessarily with an individual, but with the support around them and the importance organisations have given that role.'

Professor Beasley's report Framing the Nursing and Midwifery Contribution: Driving Up Quality of Care, published last year, emphasises the importance of nurse leadership in delivering quality care. She calls the ward manager 'pivotal'.

'The role of ward sisters and charge nurses is to provide clinical supervision for all patients in their care and focus on patients and/or staff who might need a specific input in a shift,' she says.

'The ward leaders manage the care environment. All the things that are dubbed non-clinical are important, such as making sure records are accurate, the environment is clean, practice is correct, equipment is available, and that we are as efficient as possible around handovers.

Job satisfaction

Despite the pressures of the role, ward managers are content. The vast majority (90 per cent) enjoy their job consistently or most of the time. An even higher proportion is proud of the job they do. The main reasons are job variety, the people they work with and, most prominently, patients. Some 80 per cent named patients as a reason to stay in their posts. Other factors included job security and the NHS pension.

The survey asked ward leaders to select three main qualities they believed were essential to carry out the role of a ward sister or charge nurse. The most popular selections were 'management skills', 'clinical judgement' and, significantly, 'team working skills'. One third selected 'caring nature'.

However, despite their obvious good nature, ward managers are cautious about encouraging junior staff to step into their shoes. While one fifth would recommend a newly-qualified nurse to become a ward manager, 44 per cent said they were unlikely to, or would not do so.

If the government is serious about its quality reforms, it is time to give ward leaders the power to care.

Factors that curtail ward managers

- Role is too big – includes management, clinical practice, education and teaching.
- Role has no agreed definition and purpose.
- Role lacks formal preparation and skills development.
- Role lacks in-post development support.
- Role carries a high level of responsibility without the accompanying authority.

Source: RCN (http://tinyurl.com/lxabju)
she says. Some organisations provide leadership programmes while others ‘have not put any thought into it’.

Ward managers need support to maintain their skills and competence level by updating in line with their professional development plans, she says. This includes management training: ‘No one is saying we want to turn you into mini-business managers, but many areas have budgets and you do need some business skills.’

The chief nurse would like to see NHS organisations employ support workers to provide practical help, such as ward clerks and housekeepers. ‘They can take away the work that ward sisters and charge nurses do not need to be doing. I meet ward sisters who say they would not be able to do their job as well without practical help.’

However, Professor Beasley believes it is up to organisations to put these support mechanisms in place – and to fund them. Nothing should be mandated from the centre, she adds. ‘We have to be realistic,’ she says. ‘We are in tough times. We should be looking at waste and duplication and how we can do the best with what we have. It is no good starting off from the viewpoint, “unless I have more, I cannot do this”. You can do an awful lot with what you have got if you are prepared to think differently.’

Competing demands
In February the RCN published a review of the role of ward sisters and charge nurses, Breaking Down Barriers, Driving Up Standards. It identifies issues preventing ward managers from improving standards of care (see box).

Its most significant finding was the pressure ward managers face when their responsibility for...
CAMPAIGN

The direct care of a group of patients makes it impossible for them to oversee the care of all patients. The report recommends that all ward leaders become supervisory to ensure that they can oversee and maintain care standards.

Professor Beasley agrees: ‘If you have a busy clinical area, which you almost certainly will, and if you are rostered to deliver care, the chance of your not needing to be at the bedside looking after a patient is small. That makes it difficult to give overarching supervision of clinical care throughout the ward and, for example, concentrate on working with a new member of staff.

‘Organisations need to think about that but it needs to be locally driven and determined. Some are even making ward managers supernumerary for a couple of days a week.’

Professor Beasley is concerned about the term ‘supernumerary’, preferring ‘supervisory’. ‘The role is about taking responsibility for the care of all patients and focusing your support and expertise where you think it is most needed. ‘The public could read supernumerary as meaning taking ward leaders away from front line care. In fact we want to put them back, more able to be around individual patients and supervising all patients in their care.’

The RCN report identified that some ward leaders were being paid at Agenda for Change band 6, instead of band 7. Many were disappointed to see their take-home pay drop on taking up the post, since they lost unsocial hours payments. So can anything be done to improve their pay?

‘People need to be rewarded for the job they are doing but I do not think it would be helpful to mandate pay from the centre,’ says Professor Beasley. ‘Managers have to look at their workforce and decide how to reward them properly.

‘If the ward sister’s role is not supported, people feel stressed and they will want to go to other jobs they see as more manageable and with more pay. Organisations have to look at that carefully as part of their workforce plans.’

‘We want ward leaders back in front line care, more able to be around individual patients, supervising all patients’

The RCN report flagged up a worrying trend. It found that newly qualified nurses no longer aspire to becoming ward leaders. Does England’s chief nurse think the role can be made more attractive?

‘It is sad to think that people do not want this important role,’ she replies. ‘People will not want to do it if they feel unprepared and unsupported, and if they have too much to do and cannot concentrate on the clinical care of patients. One of the ways to tackle it is by making sure organisations create roles that people want to move into. It is the only way’ NS

GIVE US YOUR VIEWS

Power to Care aims to boost the authority and status of ward sisters and charge nurses. It calls for a greater recognition of the role of ward leaders and greater support for the tens of thousands of ward sisters and charge nurses managing clinical teams across the UK.

We want to hear your thoughts on the following:

Are you a ward sister?

\- What are the main challenges you face?
\- What one factor would improve your working life?
\- Overall, do you enjoy your job?

Are you a staff nurse?

\- Do you aspire to becoming a ward leader or have you decided the role is not for you?
\- Do you believe the role should have higher status and pay?

Are you a student?

\- What is your career ambition?
\- Has any ward sister or charge nurse influenced you?

Let us know by writing to:

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