Ward sisters and charge nurses have long been seen as central to the standards of care on their wards as leaders, role models, managers and teachers.

But, looking back over the 55 years since I first became a ward sister, the context of their work has changed hugely. Advances in medical and nursing knowledge and technical capability have made nursing more complex. Patients’ shorter stays, the increasing average age, multipathology and ethnic diversity have had the same impact.

### Complexities

Organisation and management of care is more complex today owing to a reduction in nurses’ working hours to 37.5 a week and an increase in the number of part-time staff and other professionals involved.

There are also increased government, legal and local organisation requirements relating to quality assurance, health and safety, audits, infection control and employment for which ward sisters and charge nurses may be held accountable.

The educational requirements of pre-registration students, qualified and unqualified staff have also changed, involving extra time and paperwork.

The point at which the greater expectations in these areas converge and are co-ordinated into the delivery of high quality care to patients is still at ward sister level.

The importance of ward sisters, and the atmosphere they create on the ward, has been supported by research, government reports and numerous anecdotal sources.

Recurring themes include conflict between the care and management aspects of the role, increasing demands, responsibilities and paperwork; lack of preparation for the role; authority to match responsibilities, administrative...
and other support; constant interruptions; and lack of time.

Attempts have been made to address these difficulties with, for example, courses for ward sisters and provision of ward clerks and housekeepers. However, these initiatives are not universal.

So what is the key to ensuring that the potential benefits of ward sisters and charge nurses are realised?

Achieving the aims of the Nursing Standard Power to Care campaign would be a good start, given the nature of job descriptions and the importance of such positions. These aims include giving ward sisters and charge nurses a level of authority that matches their responsibilities, and equal status with nurses consultants and specialist nurses.

The campaign is also calling for ward managers to be in supervisory roles, overseeing nurses (Pembrey 1980) rather than leading and organising patient care.

There have always been some ward sisters who manage to fulfil their complex and demanding roles better than others, and whose patients receive excellent care. As well as caring, such ward sisters are likely to have clarity of thought, knowledge and action, which helps achieve the best for each patient and staff member.

Ability to nurse people rather than 'patients', and leadership, management, and competence in educational and relational aspects of the ward sister’s role are likely to be demonstrated.

Good ward sisters have the confidence to use the available resources to the full and make firm, reasoned requests for more when necessary.

Commitment to providing the best patient-centred care possible within the available resources is an important characteristic, together with an ability to enable staff to achieve their full potential.

Good ward sisters control and monitor all aspects of the work, and take action to improve it when necessary, while allowing staff optimum freedom and creativity in care.

Furthermore, they are able to challenge existing systems and practices when appropriate.

Theory and practice

Some of these characteristics have not always been evident or encouraged, much less taught. Good higher education, well-integrated theory and practice, and good modern service management are helping to change this.

Patients’ stories about the poor care they received in hospital often cite the absence of a ward sister. If patients are to receive good care, ward sisters and charge nurses need the time and authority to lead, plan and provide it. In addition, they need support from those who control the supply of resources.

Ward sisters need to exert control over their work, and explain what is required to achieve high-quality care and why. Some already do this, but other find it hard to convey the complexity of the work to others.

At times, nurses do not make clear the limit of their accountability. No one can be liable for something they cannot control, but they can be held responsible for not foreseeing situations and consequences.

The provision of high quality patient care is the primary function of ward sisters and charge nurses. As the key link between management, education and direct patient care, they will continue to be vital.

But if ward leaders are to carry on being there for patients, while enjoying their work and inspiring their successors, their support and development needs must be met.

Ward sisters should not underestimate their power, ability and responsibility to make a difference.

Pat Ashworth is an RCN fellow

References

In this series
- Challenge for education – March 24
- Challenge for clinical leaders – this week
- Challenge for directors of nursing – May 26
- Challenge for commissioners – June 23
- Challenge for newly qualified nurses – July 21
- Challenge for skill-mix – August 25