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The Ward Sister

SIR,—Professor Roy Calne's timely warning (3 July, p. 45) of the ill effects of the Salmon Report¹ merits the strongest support from the medical profession before it is too late. It was good to see the prompt response (17 July, p. 181); in adding my personal support I wish to stress that there is no sense of complacency north of the border. In this large and famous teaching hospital we are already living with ward closures, restricted admission of patients, and inability to staff new and urgently required units. The basic cause is a shortage of nurses and the main sufferers are our patients.

I am sure that we are not alone in spending, with disappointing return, a great deal of money in propaganda for nurse recruitment. This action makes the administrators happy in that something appears to be being done, all the time ignoring that the implementation of Salmon will cool the vocational interest of many girls about to leave school. The assumption that the career ambition of young nurses is eventually to become high-powered administrative officers lacks reliable evidence, and indeed strong support can be brought forward for the contrary view. Promotion in an administrative grade would have been completely acceptable provided an equal opportunity for advancement had existed on a parallel ladder for those dedicated women whose sincere desire is to care for ill people. I have been fortunate in having (and still have) ward sisters who, in addition to ensuring that the physical needs of my patients were constantly cared for, also concerned themselves with the personal and family anxieties which commonly follow translation from home to hospital. In paying my tribute to the ward sister I would strongly urge that she be allowed promotion on equal terms with her administrative

counterpart, whose vocational interests may be equally satisfied by devoting her energies and services to a community of patients rather than to the individual patient.

I am confident that I speak for many consultants in Scotland when I make a plea for equal promotion prospects for nursing and administrative members of the profession to whom we all, doctors and patients alike, owe so much.—I am, etc.,

A. W. KAY

University Department of Surgery,
Western Infirmary,
Glasgow

¹ Ministry of Health, *Report of the Committee on Senior Nursing Staff Structure*, London, H.M.S.O., 1965.

SIR,—How right Professor Roy Calne (3 July, p. 45) is to pay tribute to the ward sister, who carries an increasing burden of responsibility for patient care and nurse training. No one in the nursing profession would deny that she should be suitably rewarded, and the Royal College of Nursing is constantly pressing the claim in negotiation at Whitley Council. Nevertheless, there is much in Professor Calne's letter that is misleading.

One of the most important aspects of the Salmon Report¹ is the acknowledgement "that many nurses do not wish to exchange practical nursing for managerial posts and their particular skills must be recognized and used to the full." The need to utilize nursing resources fully is achieved by better management and by positive development of scarce skills through a structure of training, specialization, and promotion. This in no way diminishes the role or status of the ward sister, "who on the whole seems to find

her job satisfying," in marked contrast with those senior nurses—that is the former deputy matrons, assistant matrons, and administrative sisters, whose responsibilities were concerned with housekeeping. There is no "surprised tone" in this plain acknowledgement of the ward sister's job satisfaction. The only surprising thing is Professor Calne's extraordinary interpretation of it, but the danger of selecting a passage and taking it out of context is that it gets distorted. Surely this could not have been Professor Calne's intention.

At a time when increasing demands are being made upon our limited nursing resources with the greater dependence on part-time nursing staff and the advent of the shorter working week, it is but sound common sense to change the role of the former assistant matrons to that of the nursing officer, who acts as a consultant in nursing practice. The nursing officer is a skilled clinician responsible for developing new ideas and methods; she provides direct administrative support in the clinical areas and makes an invaluable contribution to in-service training.

Finally, I must reject Professor Calne's suggestion that "much of the work now done by nursing administrators could probably be done better by professional administrators not qualified in nursing." The Salmon Report is centred on the premise that nursing—the function of caring—is a profession in itself complementary rather than ancillary to the profession of medicine. In practice, the Salmon Committee found that nursing occupied a subordinate position and was not represented officially at meetings of governing bodies as were the medical staff and hospital administrators. The Salmon Committee sought to achieve "the assertion of the professional status of nurses by assuming the right of the profession to be heard