“Why do nurses believe they are management material?”

Remember the three golden rules: 1. It was like that when I got here; 2. I didn’t do it; 3. (to your boss) I like your style. This advice comes from that most famous of bad managers, David Brent, from The Office. Part of the success of this comedy series came because it struck a chord with many people.

Bad management is probably as prevalent in nursing as in any other profession – but much more dangerous. A brief trawl through nursing forums supports my theory. Managers are criticised for providing little direction, failing to communicate expectations or goals, being indecisive, having favourites and being just plain rude. While this does not reflect well on those whose good work isn’t so readily reported, it still raises a question or two.

There are nurses and there are managers. Why mix two different skill sets? Could we manage time, people and resources better and improve care by eliminating the concept of a nurse having management duties?

The practice of promoting long-serving nurses to managerial positions seems logical – they are likely to have highly developed clinical skills; administrative, rostering and budgetary experience; and (hopefully) good relationships with staff. But the nebulous skill of leadership often considered vital to managers is not easily picked up by observation. The mysterious art of people management is a profession and a vocation in itself. Does it matter if a manager doesn’t possess this subtle skill?

People with leadership capabilities can improve others’ motivation. They help staff to be positive about work, run daily tasks and responsibilities effectively, treat clients and workers with respect, and reach objectives. Conversely, poor leaders lower morale, have difficulty in keeping good workers and see output falling, be it in sales of paper (as it was at The Office’s Wernham Hogg) or quality of patient care.

Models of nurse leadership all value general notions of having a vision, being motivational and an agent of change, as well as an advocate for staff and a role model. Nurse training includes leadership to varying degrees. But are we missing the point?

Surely, if nurses wanted to be managers they would have taken this career path in the first place. Many nursing teams are led by weak and inefficient leaders promoted by virtue of their longevity spent using a different skill set. Even the best managers are so stretched they become bad ones. How can anyone focus on the professional development of their staff if they’re overseeing umpteen nurses across all shifts, working on the floor and dealing with administration, budgets, complaints and doctors?

Wanting to progress is natural. But surely nurses with significant experience could be more productively promoted to be “senior nurses” – expert trainers concentrating on sharing their knowledge. Management could then be provided by staff trained to work in this sphere and able to provide the kind of leadership the profession is crying out for. It’s horses for courses – we wouldn’t attempt to fix an electrical or plumbing problem, so why do we think we are management material?  

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