LEADERSHIP BEHAVIORS OF FRONTLINE STAFF NURSES

To the Editor:

I write this letter regarding the article, “Leadership Behaviors of Frontline Staff Nurses” (Fardellone, Musil, Smith, & Click, 2014), published in the November 2014 issue of The Journal of Continuing Education in Nursing. Leadership in healthcare is an essential part of nurses providing safe quality patient care. I believe that the staff nurses of today are our leaders of tomorrow.

I work in a fairly large hospital that has two different pathways to leadership. One pathway is the clinical ladder, and the other involves a leadership development academy. The leadership development academy has had more success than the clinical ladder program regarding leadership. However, I do believe that there is a distinct difference in the two. Typically, the bedside nurse is interested in leadership and not in a management role, and wants to remain at the bedside, so the clinical ladder program is a beneficial avenue to follow. In contrast, nurses who want to advance into a management role would benefit more from the leadership development academy.

Our clinical ladder program was started to promote bedside nurses to become leaders in their areas of expertise. Since the beginning, I believe that the nurses have regarded the clinical ladder program as more of a monetary program. The staff nurses are interested in fulfilling their clinical ladder for a promotion into an RN II, RN III, or RN IV position and obtaining a financial gain. According to Cates-Rudolph, Habich, Gilski, Mau, and Teske (2009), historically, clinical ladders were based on skills acquisition and economic reward, which resulted in nurses feeling unfulfilled. This is exactly what I have seen happen in my facility.

After reading about the study by Fardellone et al. (2014) and understanding the clinical ladder points accrual program, I wondered whether such a program would encourage more nurses to want to do this for the benefit of leadership advancement or whether it would end up as merely a monetary initiative as well. I appreciate that the authors included the strengths and limitations of the study, and a response rate of 71% is a valid and reliable accrual of the tool. What a great article, and I could not agree more that leadership development is necessary for nurses in all areas of practice.

REFERENCES


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