To the Editor:

After reading the recently published article “Enhancing Trifocal Leadership Practices Using Simulation in a Pediatric Charge Nurse Orientation Program” (Clark & Yoder-Wise, 2015) in the July 2015 issue of The Journal of Continuing Education in Nursing, I was inspired to share my reflections on the critical role of the nurse as a leader within a pediatric environment.

I am a pediatric critical care nurse working in a fast-paced pediatric intensive care unit within a Magnet®-designated children’s hospital, where I also act as a relief charge nurse on occasion. The multifaceted role of a charge nurse becomes even more complex in an acute pediatric environment, where nursing care is focused not only on the most fragile patient population but also on their parents, who develop high levels of stress and anxiety upon their child’s hospitalization. Coping with an anxious parent can be challenging for a novice nurse, but it can also be frustrating for a seasoned nurse when the care of a critically ill child may leave no time to attend to the needs of the parents. The combination of an anxious parent and a frustrated nurse can lead to conflict, miscommunication, and lack of trust in nursing care, all of which negatively affect the quality of patient care.

Addressing parental concerns is probably one of the most difficult responsibilities a pediatric charge nurse faces on daily basis. To effectively attend to the needs of patients and their parents, as well as to those of the nursing staff, charge nurses must possess leadership qualities and be deeply committed to be a true leader.

In my leadership trainings, I was introduced to Daniel Goleman’s (1995) theory of emotional intelligence, which continues to serve as a framework in developing my leadership skills. Goleman argued that true leaders have a clear perception of who they are, they recognize their emotions and behaviors, and they have the ability to control or unleash them depending on the situation (Goleman, Boyatzis, & McKee, 2004). Leaders have an internal commitment that drives their actions, interactions, and decisions, on both personal and professional levels.

As Professor Warren Bennis (Kirimi, 2007, p. 166) said, “Leadership is a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential.”

As pediatric nurses, we have the power to influence the most dreadful hospital experience of a child or a parent and turn it into a peaceful one, even when a precious life is lost. With that said, I extend a plea to all of my fellow nurses—whether at the bedside or when performing as a charge nurse—to be mindful of their words, actions, and behaviors in the workplace, especially when interacting with patients and their families in a pediatric environment.

REFERENCES
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