

# Letter

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## An alternative to the clinical ladder . . .

Dorothy del Bueno is not in favor of the clinical ladder ("A Clinical Ladder? Maybe!," JONA, September 1982). We agree with her conclusions but for very different reasons.

We, as management consultants to hospitals, have found nurses are demotivated because they do not receive recognition for what they do. They want to carry out good nursing principles at the bedside but are intimidated about entering areas of leadership and management that will give them more authority to do so.

del Bueno says the RN supply is short. We disagree. In hospitals where solid nursing practices are instituted, sound management principles displayed, and where nurses are given rewards (not just money) for performance, and feel a part of the team, there is no shortage of nursing staff.

Yes, indeed, *in nursing there is often no link between performance and reward* (del Bueno and we agree), but the answer is not the clinical ladder which only keeps the nurse at the bedside. Nurses want to be recognized for good performance. They want it to make a difference if their performance is good or bad. The problem that causes attrition is poor management, including inadequate understanding of intergroup dynamics and staff motivation. It is sad when the nurse has to turn to the patient to make herself feel good, to get positive feedback from the patient because the nurse leader and peer group act in demotivating ways.

del Bueno states: "30 percent turnover of new hires within 12 months of employment is not unusual." This is certainly true when

management does not know how to retain good nurses, when the organization of nursing units is neither efficient nor effective, and when leadership on the nursing units is inadequate. Then the new hires feel like they are in a zoo. Yes, these people leave, but not because "they are not career oriented," as del Bueno implies.

Our research has indicated this group of newly hired nurses is very likely to contain some of the best nurses with some of the better ideas of what nursing should be. The good supervisors and head nurses should know within the first part of the probation period who these people are and keep only them. When this is not done poor management starts the whole process again, which results in the demotivated nurses with half-closed eyes and ears staying on to slide by in their jobs, especially if they realize the standards are not too high and no one will expect too much of them. They then become the nurse tyrants del Bueno refers to: "Convincing senior employees that not all of them deserve to be at the top of the ladder is difficult . . . it may result in loss of nurses who previously never dreamed of turning over." We wonder, why would a progressive director of nurses with sound management practices want to keep these people?

She gives an option: "put all senior employees in the top level and promote only new hires." *This defeats the original purpose of linking performance and reward.* No one ever promised them a lifetime position. If time was the determiner of learning and accomplishment, we would favor the graduates who took seven or more years to complete the BS program over the students who were able to complete it in four years. In reality the first group probably couldn't handle much at a time, and the second group was quicker to learn and more creative and innovative. The same concept applies to employees in the workplace.

del Bueno gives another alternative: "it may be just as fair to use a lottery." *This*

*certainly would be demotivating because, again, there would be no link between performance and reward.* If everything is determined by fate, then why should the nurses bother to be more than marginal in performance?

Questions are raised about the actual structuring of a clinical ladder. We agree with the concern, it can be a problem, but find del Bueno's answer even more troublesome: "Having to prove 'I'm worth it' may not be too popular." It seems she values social acceptance over performance and benefit for the patients. She says the clinical ladder is not good because it "implies a hierarchy." We, also, do not think it is a good idea, but certainly not for that reason. Does she propose all nurses be reduced to the same level? *This denies the entire purpose of the clinical ladder of linking performance and rewards:* we in nursing speak of a clinical ladder, not a clinical circle.

If we are all reduced to a common mass, then no one would want to display outstanding nursing knowledge or be innovative because it would go against the group norm. Otherwise, these deviant nurses would be negatively sanctioned by the group (excluded, ignored, sabotaged, punished). They would soon learn not to be better. This is unfortunately what is happening in nursing now.

del Bueno expects to promote people to new levels based on the assumption that they are "worth it." We do not give BS degrees, in advance, to sophomores because we assume they will graduate; we do not give MS degrees to college seniors because we assume they are graduate material. Life and careers are about many things, and one of them includes proving oneself to the company, to professional peers, or perhaps only to the self. Why else would there be a need for a link between performance and rewards?

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