

CONTINUING EDUCATION Leadership and Management Roles: Challenges and Success Strategies 1.0  
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Continuing Education Contact Hours indicates that continuing education (CE) contact hours are available for this activity. Earn the CE contact hours by reading this article, reviewing the purpose/goal and objectives, and completing the online Learner Evaluation at <http://www.aornjournal.org/content/cme>. Each applicant who successfully completes this program can immediately print a certificate of completion. Event: #16531 Session: #0001 Fee: For current pricing, please go to: <http://www.aornjournal.org/content/cme>. The contact hours for this article expire August 31, 2019. Pricing is subject to change. Purpose/Goal To provide the learner with knowledge of best practices related to leadership and management roles and challenges facing the modern nursing leader. Objectives 1. Describe the differences between leadership and management. 2. Identify different leadership styles. 3. Discuss ethical issues perioperative leaders and managers may encounter in health care. 4. Explain the challenges facing the modern nursing leader. Accreditation AORN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Approvals This program meets criteria for CNOR and CRNFA recertification, as well as other CE requirements. AORN is provider-approved by the California Board of Registered Nursing, Provider Number CEP 13019. Check with your state board of nursing for acceptance of this activity for relicensure. Conflict-of-Interest Disclosures As a recipient of an honorarium from the Competency & Credentialing Institute, Joyce A. Cox, MBA, MSN, CNP, CNOR, CRNFA, OCN, CHPN, has declared an affiliation that could be perceived as posing a potential conflict of interest in the publication of this article. The behavioral objectives for this program were created by Kristi Van Anderson, BSN, RN, CNOR, clinical editor, with consultation from Susan Bakewell, MS, RN-BC, director, Perioperative Education. Ms Van Anderson and Ms Bakewell have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article. Sponsorship or Commercial Support No sponsorship or commercial support was received for this article. Disclaimer AORN recognizes these activities as CE for RNs. This recognition does not imply that AORN or the American Nurses Credentialing Center approves or endorses products mentioned in the activity. <http://dx.doi.org/10.1016/j.aorn.2016.06.008> <sup>a</sup> AORN, Inc, 2016 154 j AORN Journal [www.aornjournal.org](http://www.aornjournal.org) Leadership and Management Roles: Challenges and Success Strategies 1.0 [www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme) JOYCE A. COX, MBA, MSN, CNP, CNOR, CRNFA, OCN, CHPN Determining the differences between management and leadership is not as straightforward as it may seem. Leaders are not always managers, and managers are not always effective leaders. This column describes the difference between leadership and management in a broad sense and how these roles apply to health care settings. It also explores examples of selected types of leadership, current issues, ethics, challenges, skills, and roles of nursing leaders. It is important for senior nursing leadership to understand the difference between leading and managing to capitalize on the strengths of the individuals in each of these roles. DEFINING LEADERSHIP AND MANAGEMENT The definition of leadership may vary based on the context and setting to which it is applied, but in a general sense, leadership is a "process whereby intentional influence is exerted over other people to guide, structure, and facilitate activities and relationships in a group or organization." 1(p2) Effective leaders should be visionaries who are adaptable and have the ability to inspire others toward a collective goal. Nurses can be informal leaders without holding official positions of authority. Perioperative settings often have team members with technical expertise and innovative ideas but who do not fulfill a formal leadership role. Management, in its simplest terms, involves planning and organizing staff members and resources to achieve objectives. Nickels et al define management as "the process used to accomplish organizational goals through planning, organizing, leading, and controlling people and other organizational resources." 2(p179) Typically, managers are responsible for accomplishing tasks through the employees who report to

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j 155 PERIOPERATIVE LEADERSHIP them. Effective managers should motivate subordinates to achieve measureable short-term goals. According to Morgan,<sup>3</sup> the modern manager must have five important qualities, including the ability to follow from the front, removing roadblocks to ensure employee success; understand the overall technology of the landscape and how it affects work; lead by example starting at ground level using the same tools as the employees; embrace vulnerability by being open, transparent, and courageous; and believe in sharing information and collective intelligence.<sup>3</sup> Managers should trust employees to be involved in the decision-making process instead of excluding them. Forming employee subcommittees and allowing employees to participate in the interview process of potential candidates are examples of staff empowerment. Employees who have a voice in decision making tend to accept and promote changes in their work environment. Management often has three levels: top, middle, and supervisory management.<sup>2</sup> Chief executive officers and company presidents are examples of top management. Top management works closely with the board of directors in developing overall strategic plans. Middle managers are responsible for ensuring that tasks are accomplished through supervising, organizing, and overseeing day-to-day activities. Supervisory managers report to middle managers and help ensure that their subordinates' performance meets expectations. Three main skill sets are needed in management: technical, human relations, and conceptual skills. Supervisory managers need the greatest amount of technical skills and the lowest amount of conceptual skills because they are responsible for daily operations and rely on their superiors to use their conceptual skills in making decisions. Middle managers need the three skills in more equal amounts; they must be technically skilled, possess human relations skills, and be able to conceptualize the overall objective of the organization. They manage supervisors but rely on top management for guidance in meeting strategic goals. Top managers need to have the largest amount of conceptual skills for formulating the organization's vision.<sup>2</sup>

A COMPARISON OF ROLES Managing is coping with complexity and establishing control and predictability, whereas leadership is coping with and promoting change and adaptability. Managers plan and budget, and leaders set the direction for success. Organizing and staffing are management roles; leaders align people. Management is controlling, problem solving, and devising effective action; leadership is motivating and inspiring people and following through with meaningful actions. Leadership relies on persuasion and influence instead of control.<sup>4</sup> Although some scholars would argue that manager and leadership roles are mutually exclusive, others believe the opposite. Managers can possess leadership characteristics, and leaders can display traits of managers. Nursing managers ensure patient safety daily as they supervise and collaborate with staff members. Nursing leaders who oversee managers (eg, chief nursing officers, nursing directors) must meet organizational goals while providing their nursing managers with tools for success of both the organization and employees. Yukl distinguishes between leadership and management values by stating that "managers value stability, order, and efficiency, and they are impersonal, risk-adverse, and focused on short-term results. Leaders value flexibility, innovation, and adaptation; they care about people as well as economic outcomes, and they have a longer-term perspective with regard to objectives and strategies." <sup>1</sup>(p6)

SELECTED STYLES OF LEADERSHIP Not all leaders exhibit the same leadership traits. Leadership style affects the entire unit, including employee morale, and ultimately can affect the quality of patient care. Many leaders identify with one of three common styles: authoritarian/ autocratic, democratic/participative, or laissez-faire/free rein.

Authoritarian/Autocratic These leaders make all strategic decisions without consulting their staff members and reinforce a punitive environment. Everyone has heard the saying "knowledge is power," and these leaders believe that withholding information from employees maintains power over others. The authoritarian leadership style is generally not well received. This style can contribute to conflict with employees and failure of team building over time. However, there may be

situations, such as an emergency or crisis, or instances with new or untrained employees, in which an autocratic style is both necessary and effective. These situations are limited and are typically related to short-term problems.<sup>5</sup> Democratic/Participative Democratic leaders value relationships and involve team members when establishing and identifying essential goals and making decisions. A democratic leader's subordinates will develop procedures and strategies to achieve the established goals, and the leader will provide them with performance feedback. The democratic leader encourages accountability and responsibility. A strength of this style is involvement of team members in making some, but not all, decisions. By allowing the team to make some decisions, the leader fosters an environment of trust and shows that team member opinions are valuable.<sup>5</sup> A drawback to this leadership style is the time needed to facilitate participation. For this reason, the democratic style is slower paced, but taking the time to involve team members in decisions can be rewarding for the leader and staff members alike. Laissez-faire/Free Rein The laissez-faire leadership style works well with highly motivated teams, because little supervision is provided. Managers set objectives, and the employees are free to do whatever is appropriate to accomplish those objectives.<sup>5</sup> Some leaders allow working from home or flexible hours as long as the objectives are met, which may increase employee satisfaction. This type of leadership is not helpful to employees who need structure from their leaders. For instance, an inexperienced nurse may require more instruction and guidance and therefore may function better under a democratic leader.

**ETHICS AND LEADERSHIP** According to Nickels et al, ethics are the "standards of moral behavior; [behaviors] accepted by society as right versus wrong." <sup>2</sup>(p92) Ethics start at the top of the organization in the behavior modeled by senior leaders, and high standards must be set. The most effective leaders treat employees fairly, and they highly regard integrity.<sup>6</sup> Employee expectations must be made clear and enforced. Ethical issues are not uncommon in the OR environment, and nurse leaders may find a basic introduction to ethical concepts helpful. Ethics and obligation are strongly aligned. Consistency, commitment, dependability, and respect are obligations of strong leaders. Leaders who are attuned to ethics fulfill an individual duty or obligation to do what is morally right. Leadership roles can sometimes present situations that challenge a person's basic morals and values, and the general public has scrutinized ethical decision making by organizational leaders because of well-publicized ethical lapses. There are examples of ethical lapses in the American health care system. In recent years, the problem of physicians performing unnecessary procedures has fallen under public scrutiny.<sup>7</sup> The health care system's reimbursement process lends itself to encourage providers to do more with and for less, prompting an increase in interventional, invasive, and surgical procedures that could possibly be medically managed. The media have reported cases of fraudulent billing to the Centers for Medicare & Medicaid Services for performing unnecessary medical procedures.<sup>8</sup> Congressional hearings recently have been held regarding abrupt and precipitous increases in medication prices.<sup>9</sup> Media coverage of ethical issues in health care has become common, which has raised awareness of ethical issues among health care leaders, who must be especially cautious and moral in their practice.

**LEADERSHIP ISSUES** Perioperative professionals have long assumed that to manage an OR, one must be an experienced perioperative RN, or an RN at a minimum. Nurses and other health care leaders who may be involved in the process of choosing an OR manager also have assumed that a clinical background is needed in this role. Historically, staff members have believed that a good clinician or perioperative nurse inherently will be a good manager. Some still believe these assumptions to be true because there is no core curriculum that teaches the necessary skills to be a perioperative nurse manager, and there is little research-based evidence on who is best suited to lead an OR. At many facilities, an advanced degree is not a requirement for an OR management position. According to AORN's 2015 Salary and Compensation Survey, 53.7% of nurse managers (N = 717) hold a bachelor's degree (in nursing or another field) and 19.3% of nurse managers hold a master's degree (in nursing,

business, or another field).<sup>10</sup> Perioperative nurse managers often have no mentors and learn on the job.<sup>11</sup> Recently, education and professional development resources have become available through AORN and the Competency & Credentialing Institute. This includes AORN's Center for Nursing Leadership<sup>12</sup> and the Certified Surgical Services Manager certification program.<sup>13</sup> Challenges Working in an OR is challenging, and managing an OR is even more so. Some OR managers are physicians, businessminded (nonclinical) managers, or seasoned OR nurses. Irregular work hours with increased regulations and other demands, such as attending leadership meetings or furthering one's education, do not make this position attractive to many nurses. Nurses who value time with family and friends may not be attracted to the high workload required to lead an OR. Skilled, seasoned nurses who do not necessarily have managerial experience are often placed in management and leadership roles. In addition, the climate for health care leaders has become more complicated, as Belasen et al<sup>4</sup> observed: August 2016, Vol. 104, No. 2 Leadership and Management Roles [www.aornjournal.org](http://www.aornjournal.org) AORN Journal j 157 The [health care] industry has grown more complex with new challenges for organizations to collaborate, prove their relevance, institute efficiencies, satisfy patients, embrace new technologies and clinical advancements, manage relationships with a shifting array of stakeholders, demonstrate that their efforts translate into improved health for the people they care for, and submit all their work to the universe of public scrutiny and leaders must bring all challenges into alignment.<sup>4</sup>(p307) Because of these challenges facing perioperative nurse leaders, it is not shocking that OR manager positions have high turnover and many facilities throughout the United States have open OR manager positions. Skills Leaders in any position must exhibit leadership qualities such as flexibility, interpersonal skills, and the ability to mentor and build trust.<sup>6</sup> Transparency is necessary for accountability. All stakeholders must be knowledgeable of the company's facts and figures.<sup>2</sup> New managers may need formal training in finance and strategic management, and existing managers must recognize the need for ongoing professional development to stay current.<sup>11</sup> The OR is a complex setting in which efficiency and patient safety are paramount. Surgical services are a large part of the revenue generated in health care organizations, and perioperative nursing leaders are charged with balancing the organization's financial needs, not only in the perioperative arena, but in the larger health care system.<sup>11</sup> Perioperative managers must understand the roles of various practitioners in the perioperative environment, including (but not limited to) surgeons, anesthesia professionals, advanced practice nurses, physician assistants, medical students, surgical residents, anesthesia technicians, RNs, surgical technologists, housekeeping staff members, orderlies, and patient care assistants. The manager must be knowledgeable of scope of practice, laws, and rules governing each role, if applicable. Perioperative managers must appreciate the dynamic OR environment and be flexible and adaptable. Patient and staff safety is paramount in this role, and managers must work collaboratively with many disciplines. They must lead with confidence and knowledge while also implementing evidencebased practice. Succession Planning Many health care facilities do not have a formal succession plan in place for when a long-time perioperative nurse manager leaves an organization, although many managers have an assistant who could fulfill the interim manager role. Belasen et al<sup>4</sup> provide suggestions on how a health care organization can plan for hiring a new chief executive officer, and some of their advice is applicable to hiring a perioperative nurse manager. When considering candidates for a perioperative nurse manager position, hospital administration must evaluate the candidates against a short-term emergency time frame and a medium or long-term time frame. The administration will want the position filled quickly but must consider who will be the best fit for the position on a longterm basis. New managers also require support through coaching and mentoring. Hospital administrators can smooth the transition for the new manager by removing unnecessary barriers to create a comfortable environment.<sup>4</sup> Nursing leaders should mentor and meet with every employee at hire and at defined intervals to determine goals and professional development opportunities.

Leaders must hire high-quality employees and should be available as mentors to assist them in meeting their professional goals. If employee goals are defined early and consistently, employees who desire a leadership position will already be prepared and able to step up to fulfill a leadership role should the need arise. **CONCLUSION** The challenges for those who aspire to leadership positions in the perioperative setting are plentiful. A better understanding of the role of leaders and managers in this setting may be helpful to those who take on these challenging roles or those who aspire to do so. This column has presented some of the latest thoughts on leadership and management and also briefly touched on the topics of ethical leadership and succession planning. For those working in the perioperative field, there are ample resources available to further knowledge in this area. Additional reading and study in this area may fulfill a small portion of the need for continuous professional development for perioperative nursing leaders. **References** 1. Yukl GA. Leadership in

Organizations. 8th ed. Upper Saddle River, NJ: Pearson Education, Inc; 2013. 2. Nickels WG, McHugh JM, McHugh SM. Understanding Business. 9th ed. New York, NY: McGraw-Hill Companies, Inc; 2010. 3. Morgan J. 5 must-have qualities of the modern manager. Forbes.

<http://www.forbes.com/sites/jacobmorgan/2013/07/23/5-must-have-qualities-of-the-modern-manager/#770a869860d5>. Published July 23, 2013. Accessed February 25, 2016. 4. Belasen AT, Eisenberg B, Huppertz JW. Mastering Leadership: A Vital Resource for Healthcare Organizations. Burlington, MA: Jones & Bartlett Learning, LLC; 2016. Cox August 2016, Vol. 104, No. 2 158 j AORN Journal [www.aornjournal.org](http://www.aornjournal.org) **LEARNER EVALUATION** Continuing Education: Leadership and Management Roles: Challenges and Success Strategies 1.0 [www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme) This evaluation is used to determine the extent to which this continuing education program met your learning needs. The evaluation is printed here for your convenience. To receive continuing education credit, you must complete the online Learner Evaluation at <http://www.aornjournal.org/content/cme>.

**PURPOSE/GOAL** To provide the learner with knowledge of best practices related to leadership and management roles and challenges facing the modern nursing leader. **OBJECTIVES** To what extent were the following objectives of this continuing education program achieved? 1. Describe the differences between leadership and management. Low 1. 2. 3. 4. 5. High 2. Identify different leadership styles. Low 1. 2. 3. 4. 5. High 3. Discuss ethical issues perioperative leaders and managers may encounter in health care. Low 1. 2. 3. 4. 5. High 4. Explain the challenges facing the modern nursing leader. Low 1. 2. 3. 4. 5. High **CONTENT** 5. To what extent did this article increase your knowledge of the subject matter? Low 1. 2. 3. 4. 5. High 6. To what extent were your individual objectives met? Low 1. 2. 3. 4. 5. High 7. Will you be able to use the information from this article in your work setting? 1. Yes 2. No 8. Will you change your practice as a result of reading this article? (If yes, answer question #8A. If no, answer question #8B.) 8A. How will you change your practice? (Select all that apply) 1. I will provide education to my team regarding why change is needed. 2. I will work with management to change/implement a policy and procedure. 3. I will plan an informational meeting with physicians to seek their input and acceptance of the need for change. 4. I will implement change and evaluate the effect of the change at regular intervals until the change is incorporated as best practice. 5. Other:

\_\_\_\_\_ 8B. If you will not change your practice as a result of reading this article, why? (Select all that apply) 1. The content of the article is not relevant to my practice. 2. I do not have enough time to teach others about the purpose of the needed change. 3. I do not have management support to make a change. 4. Other:

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