

Operating Room Leadership: Who is the One?

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Abstract

Leadership is considered as the process (act) of influencing the activities of an organized group in its efforts towards goal setting and goal achievement. It is not easy to differentiate management and leadership. Leadership is concerned with setting a direction for change, developing a vision for the future while management consists of implementing those goals through planning, budgeting and staffing. Cost-restrains and quality improvement mandates operating room to seek dedicated professional perioperative leaders. The anesthesiologists are deeply involved in the successful and efficient operations of the surgical services. In more and more facilities, the anesthesiologist is the recognized authority for "leading" the Operating Room (OR) suite. In contrast, the surgeon may have an incomplete vision of the Operating Room and could be influenced in his/her judgment or action by the conflict between the interest of increasing his/her own (or his/her group) surgical activity and the management responsibility to consider the entire needs and resources of the surgical suite. Another crucial element of the OR team is the nurse. Similar to the anesthesiologist the nurse manager may have the same vision of the OR management. Nurses do have experience in OR leadership and management. Nurses often represent the leadership of the OR suite. It is likely that for many surgical centers the best way to manage an OR suite would be not to have a single leader but a team of anesthesiologists, nurses and surgeons that work as one unit tackling the challenges. Nowadays the importance of leadership on public services is often asserted but the evidence of positive impact on patient safety and quality improvement is weak. More studies are needed to define the optimal leadership structure in surgical suites.

Keywords: Operating room; Leadership; Management

Abbreviations

OR: Operating Room

Letter to the Editor

There are almost as many definitions of leadership as there are persons who have attempted to define the concept [1]. Leadership is considered as the process (act) of influencing the activities of an organized group in its efforts towards goal setting and goal achievement. It is not easy to differentiate management and leadership. Leadership is concerned with setting a direction for change, developing a vision for the future while management consists of implementing those goals through planning, budgeting and staffing. Most organizations are over-managed and under-led [2]. Anyone who influences others can be seen as a leader and therefore leadership is not about position or power authority. Rather, it is about providing vision and a sense of clear purpose and direction. Egger and Macario define leadership as the power, ability or the capacity to lead other people toward a shared goal [3]. Cost-restrains and quality improvement mandates operating room to seek dedicated professional perioperative leaders [4]. There are many different leadership styles and it is commonly (incorrectly) assumed that a physician or any other clinician successful in clinical practice can easily transfer to managing or leading an organization. A large number of attributes can signify

leadership such as communication, feedback, honesty and vision. A good leader identifies and trains his successor. It is often said and true that a leader can't please everyone all the time. It must also be recognized that it is difficult to be the OR leader. This is because the leader position is often a solitary one unless there is a small group of people forming the team that has decision making authority. It is likely that for many surgical centers the best way to manage an OR suite would be not to have a single leader but a team of anesthesiologists, nurses and surgeons that work as one unit tackling the challenges. The anesthesiologists are deeply involved in the successful and efficient operations of the surgical services [5]. The goal of the anesthesiologists and the goal of the hospital to work efficiently and guarantee patient safety are completely aligned. Therefore, the anesthesiologist brings a valuable management perspective. In more and more facilities, the anesthesiologist is the recognized authority for "leading" the Operating Room (OR) suite. In contrast, the surgeon may have an incomplete vision of the OR and could be influenced in his/her judgment or action by the conflict between the interest of increasing his/her own (or his/her group) surgical activity and the management responsibility to consider the entire needs and resources of the surgical suite. Another crucial element of the OR team is the nurse. Similar to the anesthesiologist the nurse manager may have the same vision of the OR management. Nurses do have experience in OR leadership and management. Nurses often represent the leadership of the OR suite. In conclusion, one could say that the manager thinks about today and leader thinks about tomorrow. The surgical suite is the place where

managers and leaders dress alike, speak the same words but think about different issues. Nowadays the importance of leadership on public services is often asserted but the evidence of positive impact on patient safety and quality improvement is weak. More studies are needed to define the optimal leadership structure in surgical suites [6].

References

1. Stogdill RM, Bass BM (1982) *Handbook of Leadership: A Survey of Theory and Research* (2nd edn.) The University of Michigan, Michigan.
2. Kotter JP (2001) *What Leaders Really Do*. Harvard Business Publishing.
3. Egger C, Macario A (2012) Leadership principles. In: Kaye AD, Fox CJ, Urman RD (eds.) *Operating Room Leadership and Management*. Cambridge University Press, New York.
4. Agnoletti V, Bucciolini M, Padovani E, Corso RM, Perger P, et al. (2012) Operating room data management: improving efficiency and safety in a surgical block. *BMC Surgery* 13: 7
5. Chakraborty I (2014) *Operating Room Leadership and Management. Reviews of Educational Material. Anesthesiology* 120: 783-4.
6. Schüpfer G, Bauer M (2011) Who is suited as operation room manager? Evaluation process for hospital and candidates. *Anaesthesist* 60: 251-6.