OR leadership

As the OR director’s job expands, can one person still manage it all?

Director of surgical services
Responsibilities include supervision, organization, hiring, counseling, and evaluation of subordinates; 24/7 responsibility for OR, PACU, ambulatory care unit, endoscopy, and central sterilization. Additional responsibilities include coordinating and teaching in-service programs; overseeing medical equipment maintenance and repair; and close contact with the VP/chief nurse executive. Other responsibilities include patient care delivery; budgeting; quality improvement; crisis intervention; maintaining a competent, effective staff; development and monitoring of unit-specific standards; coordination and collaboration with other departments; appropriate staffing; and participation in various hospital committees.

Can anyone get it all done? This actual job posting reflects the broad responsibilities of surgical services directors. Has the job grown too big for one person to manage?

Observers who have spent time in ORs across the country report many vacant positions and frustrated directors. In the OR Manager Salary/Career Survey, 26% reported OR management vacancies at some level.

Directors and others we spoke with are concerned about burnout and the effect on recruiting new leaders.

“It’s not so much the job functions that have changed, it’s the performance expectations, especially from the business perspective. Thirty years ago, you weren’t expected to come up with statistics on a moment’s notice, as you are today,” says Sherry Church, RN, BC, MSN, MBA, clinical director of surgical services for the Clinical Services Group of HCA Inc, which has 173 hospitals. HCA is developing in-person and online leadership classes to help support its directors.

Though the scope is large, a look at other high-pressure positions finds OR directors’ salaries compare well (sidebar, page 16). And job satisfaction in the Salary/Career Survey is relatively high, with nearly three-fourths rating their job satisfaction a 4 or 5 on a scale of 1 to 5. In comparison, 56% of professionals in the US say they are very satisfied (4 on a scale of 1 to 4), according to the National Opinion Research Center at the University of Chicago.

Multiple challenges
Though the job description may look similar to that of other nursing directors, OR directors say surgery drives a larger part of the hospital’s revenue and has more complex human dynamics than other departments. Respondents to the Salary/Career Survey on average oversee budgets of $20 million.

Among the challenges:
• Multiple constituencies. Relationships with surgeons and anesthesiologists are critical, yet they usually aren’t employees of the hospital. A director is often held accountable for the department’s performance yet has limited influence over these key players.
• Human resources issues. Meeting needs of the staff is one of the most time-consuming demands. “I didn’t realize coming into management that so much of it would be human resources,” says Marion Freehan, RN, MPA/HA, CNOR, nursing director for the main ORs at Massachusetts General Hospital (MGH) in Boston,
whose span of control includes 300 FTEs. Among issues she’s faced: staff members’ serious family problems, substance abuse, and conflicts among a culturally diverse support staff.

- **Increasing financial demands.** Among these are budgeting, data analysis, and strategic planning.
- **Growing expectations for quality improvement.** One example is the Surgical Care Improvement Project, which increasingly will be tied to Medicare reimbursement.

Other responsibilities may include materials management, information technology, participating in OR construction projects, and developing new programs like bariatric surgery or robotics.

The scope is even broader if the director oversees more than one site, which 9% do in this year’s Salary/Career Survey.

**Is the job affecting recruitment?**

Recruiters have said for years that the OR director position is one of the toughest in the hospital to fill. They differ on whether recruitment is getting more difficult and whether the size of the job is a factor. One issue, they say, is that most directors are women, and many are not willing to relocate for family reasons. On the other hand, they see some strong candidates who recognize their worth and the need for business skills.

“I would say it’s one of those positions from which health care is bleeding. The director and manager role is difficult all over the country,” says Nancy McMurray of MRI Network Management Recruiters, Spokane, Washington.

“In general, OR directors are given more departments and have one of the highest operating and capital budgets of any other department,” says Ilah Stolz, RN, MS, executive vice president at the search firm B.E. Smith. “The physician politics, the demands for productivity, and the paperwork are enormous.” Often, she says, the resources to address the issues aren’t there.

Another recruiter, Betsy Leighty, president of CTL Consulting, says hospitals that are willing to pay can attract strong candidates. She also sees more OR directors with good business skills.

“We do find people who are able to manage the role,” she says. “They get the business part of it. They understand the customer service issues with the physicians. They seem to have better negotiating skills and are more polished.”

**Do titles reflect the role?**

The title director often applies even when the person’s scope extends to multiple departments and facilities. Some think vice president would be a more appropriate title for those who manage service lines, have multicampus responsibilities, or head multiple departments in university hospitals.

With all of the mergers and acquisitions, titles for health care executives are “somewhat chaotic. There isn’t good discipline on how to use titles,” says Robert Roeder, principal with Mercer Human Resources Consulting (www.mercerhr.com).

Some organizations are creating the titles of assistant or associate vice president “to give the impression that these are broader roles but not as encompassing as traditional vice presidents,” says Roeder. But there is no consensus on titles for managers with responsibilities at multiple campuses.

One surgical services director who has multicampus responsibilities told OR Manager she recently turned down a position with an academic medical center that would have paid more but didn’t have the title vice president.

“If the title had been vice president, I would have taken it in a minute,” she says. HCA’s Church says that it’s not just the title but the support that is needed.

“An assistant vice president or vice president wouldn’t be expected to work without a support team,” she says. “But you can have OR directors with millions a month in revenue, one of the largest FTE components in the hospital, and the biggest customer base in the physicians, but they don’t have the support. It’s changing, but very slowly.”

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**Does your OR have a business manager?**

The business manager is a role about one-fourth of surgical suites have added to aid with the financial management of the department.

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<th>By facility type</th>
<th>Community</th>
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<table>
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<th>By number of ORs</th>
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<tr>
<td>7%</td>
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Adding a layer back in

Flat management structures swept business and health care in the 1990s. The idea was that by taking out middle management layers, organizations could save money, be more flexible, and adapt faster. Employees would be empowered to make decisions close to where the work was done.

It sounded great in business books, but it didn’t always work in ORs. Massachusetts General Hospital had a flat management structure in the 1990s for its 42-room main OR, with one nurse manager and rotating team leaders for the specialties.

MGH has since restructured. There now are 2 OR nursing directors for the main OR, with 7 clinical service coordinators who serve as front-line managers, Freehan notes. Each specialty also has a team leader, who is a staff nurse. In addition, the ORs are supported by 2 clinical nurse specialists, an operations coordinator, and a staff development team of 2 RNs and 1 surgical technologist.

Constant advances in technology, the need to keep staff competencies current, and the need to educate and orient new nurses for surgery require a cadre of clinically expert managers, says Freehan, whose title has been upgraded from manager to director. Nursing management titles have been changed throughout the hospital because of increased responsibility and to make them more consistent with those of medical directors.

Key word—support

There are directors with enormous scopes who feel the job is doable. The key word is support. Several directors told us it’s possible only because they have strong managers reporting to them and collaborative relationships with physicians and senior administrators.

“I think it’s reasonable as long as you have key support people,” says Amy Bethel, RN, MPA, CNA, executive director for surgical services for the 3 hospitals in Iowa Health, Des Moines. She has managers in the departments who report to her plus an assistant, service line educator, and systems manager. Her service line also has business partners from HR, finance, public relations, and materials management.

Two other resources that can make the job more realistic—an OR business manager and a stronger role for team leaders. The Salary/Career Survey found 24% have business managers.

Kathleen Miller, RN, MSHA, CNOR, senior clinical consultant for perioperative services with 70-hospital Catholic Health Initiatives (CHI), has recommended these strategies to some hospitals she works with.

“The OR business manager has been a missing piece that more organizations are adding,” Miller says.

“As people want more information and analysis, the business aspects have become a very big part of the job,” notes Carol Hillman, RN, MS, CNOR, director of perioperative services for 550-bed Mercy Medical Center in Des Moines, Iowa, a CHI member. Hillman is responsible for 16 ORs, ambulatory surgery, endoscopy, pre- and postoperative care, and related areas. Having an OR business manager has helped make her position more manageable, she says. The business manager coordinates budget preparation, monitors financial reports, is involved in ordering specialty supplies, works with the hospital’s IT department, and assists with Six Sigma projects.

The OR educator is another support role that has often gone missing as hospitals pare their budgets. Yet directors say an educator is needed more than ever because of constant changes in technology and the large number of inexperienced nurses they must now prepare for the OR.

Strengthening team leaders

To provide more support for the human resource function, Saint Joseph Healthcare, Lexington, Kentucky, another CHI member, has elevated its OR team leaders to management positions, giving them responsibility for hiring, firing, and performance management.

“The management literature tells you that people who leave don’t leave a place, they leave their manager,” says Dewayne Gossett, RN, MBA, CNOR, director of surgi-
cal services. “We’ve heard that and learned from it. With this structure, the staff has a manager who’s here every day and works with them.”

Though this structure costs more, he believes the benefits, which include good retention, outweigh the cost. The OR’s turnover rate is less than 5%, and physician and staff satisfaction are high. Also contributing to satisfaction are the OR’s specialty teams plus permanent staffs for nights and weekends, resulting in little call.

Saint Joseph grooms its team leaders through a series of leadership classes offered by CHI, which provide training in conflict resolution, setting priorities, hiring the right people, and so forth. Team leaders also participate in the hospital’s manager orientation program.

Mentoring is also critical for supporting front-line managers, Gossett adds, pairing a new manager with an experienced manager or director.

“When you add the mentoring and coaching with the classes, it gives team leaders a great framework to begin as a manager,” he says.

—Pat Patterson

What do you think?

Is the scope of your job realistic?

What supports do you think are needed to enable you to carry out your duties effectively?

Add your comments on our website at www.ormanager.com.