

## Periop director positions harder to fill as talent pool is shrinking

**T**he nursing shortage isn't affecting only the staff—it's reaching into the perioperative director's office.

In talking with recruiters across the country, *OR Manager* heard that 10% to 25% of OR director positions may be open, though they did not have data.

This year's *OR Manager* Salary / Career survey found 16% of respondents have openings in OR management, but the survey didn't ask specifically about the director position.

"I can tell you, other than the CNO or VP of nursing, the director of surgical services or OR is the most difficult position to recruit for," says Debra Borheck of Management Recruiters International, Indialantic, Fla.

Another recruiter, Greg Zoch, in the health care practice of Kaye/Bassman International, Plano, Tex, says, "We have a serious, almost critical, shortage of good perioperative directors. Those who are retiring have to be able to train their replacements, and right now they are pulled in too many directions."

Neal Marshall of the search firm Witt/Kieffer, who has been a recruiter for 10 years, says OR directors have always been difficult to find. Now they are "extra difficult," and compensation continues to rise. One position he recruited for had a base pay rate of \$130,000 to \$150,000 for an urban hospital with 400 to 500 beds and 18 to 20 ORs.

### Expectations high

Even with a large number of vacancies, employers' expectations are high. And some think salaries haven't caught up.

Hospitals looking for directors "want you to be master's prepared with a business degree, but then they want to pay you \$90,000. It's not very smart," one director observes.

Borheck sees a lot of hospitals upping requirements for education and certification. Employers are looking for a minimum of a BSN plus certification for surgical services management positions. Larger hospitals typically want a master's degree. That is increasingly true as more hospitals apply for "magnet" certification, a program intended to aid nurse recruitment and retention.

### Opting out

Recruiting leaders is difficult for a number of reasons.

First, perioperative nursing leadership faces the same demographic forces as nursing in general—and then some.

Most nursing schools haven't offered OR preparation for years, and with an aging cohort of OR RNs, the talent pool is shrinking.

As more directors move toward retirement, "a lot are opting out, retiring early, and even going back to staff positions," says Dan Warmack, RN, MA, CNAA, senior vice president with Soyring Consulting, St Petersburg, Fla.

Older managers also are less likely to want to relocate, which most senior positions require.

"You only have 15% to 20% who will consider moving," which limits the talent pool further, notes Marshall.

Stress is another big factor.

"There are so many pressures to provide excellent service, grow the business, and cut costs at the same time—you are constantly pulling your hair out," observes Paul Wafer, RN, MBA, of Alpha Consulting Group, Manhattan Beach, Calif, who has been a surgical services director as well as a COO and CNO.

He has found being director of surgical services is just as stressful as senior executive roles, and the pay isn't as high.

## Recruiting perioperative managers

Average number of weeks management positions have been open

Type of facility			Region			
Overall	Community	Teaching	East	Central	South	West
8.9	7.1	11.5	6.4	11.1	8.8	9.3

In all, 16% (67) of respondents to this year's Salary / Career Survey have management openings. The average number of management openings is 0.3, which varies little by region or type of facility.

For these ORs, filling a manage-

ment position doesn't take as long as filling a staff nurse or surgical technologist slot.

But finding the right person can take a long time—30% had been searching for more than 10 weeks.

Directors notice that staff nurses who take call and work some overtime make about as much as they do, leading many to ask whether management is worth the headaches.

Though pressures are high, many organizations haven't given managers the resources they need to make the kinds of decisions that are required.

"I still go into ORs that do not have an information system or decision support. How can you quantify your outcomes and defend changes you plan to make if there is no decision support?" asks Susan Bisol, RN, MSN, CNOR, vice president of operations for the Consulting and Services business of Cardinal Health.

Yet another factor—more surgical facilities competing for a limited talent pool. New specialty hospitals and surgery centers have caused the demand to heat up.

### Leadership development lacking

Hospitals haven't done enough to prepare the next generation of leaders, observers say. "Hospitals have continued to cut middle management positions. In doing so, they have eliminated most succession planning," says Wafer. "Unless you are a very large OR, you probably have a director and a staff and no one [in the middle] to learn the director's role."

A former perioperative director who has worked as an interim manager sees little in the way of management education.

"Leadership development is like OR education—the funds at many hospitals have been slashed," says Jeannie Botsford, RN, MSN, CNOR, who has held 2 interim positions.

This void means a lot of managers will have to learn on the job, which adds to the stress and increased turnover.

"Managers need leadership training," says Zoch. "They need someone who can mentor them in how to handle issues like tough employees and scheduling conflicts. Facilities need to offer this, and not just pay for the courses but give people paid time off to take them."

### Filling the gap

There may be a new word in the title for many OR directors—interim.

Wafer believes more OR director positions will be filled by interim managers.

"Someone will have to mentor the new managers and directors. Interim managers can take on the mentoring role and have an ongoing relationship with the hospital to assist in developing new talent," he says.

Demand for interim management is growing, and so is the length of engagements. Cardinal Health's interim management engagements, which used to be 6 months, are becoming 12 months, says Bisol.

Kim Boerner, RN, general manager of AORN Management Solutions, says, "We probably get 15 calls a week from hospitals wanting interim or permanent man-

agers. It's not from one area; it's all over the country."

Both of Botsford's interim positions were longer than planned. A 3-month position at an academic medical center in the Midwest stretched to a year, and the position still wasn't filled. She then accepted a 3-month interim position in southern California. When she left at 6 months, the position was still open.

When there is a gap in leadership, it can have a far-reaching effect.

"Without good leadership, you start to bleed in human resources, and then the staff starts to leave," says Bisol. "It's important that you plug those holes as soon as possible before the vision gets lost and people start wondering, 'Where are we going? Who's in charge?'" ❖

—Pat Patterson