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Getting Buzzed on Innovative Leadership

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Getting buzzed on innovative leadership relates to a professional high that RNs experience when they take personal responsibility for their areas of authority and are accountable for their actions to improve the outcomes of perioperative patients. *Transformational leadership* can be defined as a “style of leadership that heightens consciousness of collective interest among the organization’s members and helps them to achieve their collective goals.”^{1(p1040)} The individual leadership actions of nurses and other health care providers affect the extent of what they can control and contribute to the practice of nursing and optimal perioperative care, whether the goal is to improve the patient’s health or arrest the progress of a disease state (eg, the West Nile virus, severe acute respiratory syndrome [SARS], methicillin-resistant *Staphylococcus aureus* [MRSA], the Ebola virus affecting nurses and other health care workers in the United States). When circulating for a patient’s procedure, if nurses envision the patient as a family member, they are truly able to do and be more as a leader in each moment with that one patient. By envisioning the outcomes of the care they provide, nurses exercise transformational leadership. Whether serving as an RN circulator or scrub person or picking up a mop to clean the room for the next patient, the fastidious focus of nurses on the effects of their actions on the patient is tremendous.

PHILOSOPHY OF LEADERSHIP

Our own personal philosophy of leadership speaks volumes to the way each nurse addresses both life and work situations. Focusing on innovation excellence prevents evolution stagnation. Regardless of the individual’s role on the perioperative team (eg, RN circulator, scrub person, anesthesia personnel,

surgeon, or personnel from materials management, laboratory, radiology, housekeeping, administration), each person assumes a lead role at various times and contributes to the success of the team for the patient.

Sports analogies illustrate similar team approaches to understanding leadership. For example, if my role in a baseball organization is to collect the bat immediately after the player’s at-bats, I am contributing to the health of the team by preventing injury from tripping over a bat left in the running path. If my role is right fielder and it is the bottom of the ninth inning with two outs and my team is in the lead, one out will win the game: the pitcher throws the ball, the batter hits a fly ball to right field, and as right fielder, the burden of responsibility is mine. The fans (ie, family members or designated support person[s]) hold their breath, and my teammates (ie, OR team members) move in to support my personal action. After I catch the ball, there is a collective sigh of relief from the fans, high fives all around, and joy for the win. If I do not catch the ball, there is immediate action by my team members to overcome my catching error and help rectify the issue with me. Although dejected, the fans are hopeful because the game is not over, the opposing player (ie, the disease) made it on base but has not scored. Hope is what endears innovation during times of challenge. Challenges can cause action and occasionally adaptation,² and becoming overwhelmed by the challenge creates immobility and results in the stagnation² of progress.

Perioperative nurses are adaptive leaders who respond to the changing environment unique to each patient encountered. The preceding baseball analogy is similar to that of the perioperative nurse caring for the patient in the OR setting. In

some situations, the responsibility for care outcome actions rests solely with the RN circulator (ie, the right fielder); in other situations, the contributions of each member of the health care team are the foundation for continuing to offer hope to the patient and family (ie, the fans). Taking responsibility for our own mistakes, seeking options for improvement, and picking up the pieces, even when faced with one's own fallibility, are keys to transformative leadership. When the team helps an individual member who has made a mistake to refocus his or her attention on the end goal (ie, re-establishing the optimal health of the patient) instead of on the error, that helps brings the team member "back in the game" with a desire to contribute even more for the patient.

As RNs we evaluate both individual contribution and opportunity for improvement. Rosing, Frese, and Bausch suggested that innovation is dependent on fostering both "exploration and exploitation" and "creativity and implementation."^{3(p965)} To balance these equally important behaviors requires *ambidextrous leadership*,³ which is the ability to nurture both

performance, maintain excellent process tactics, and continue to produce outcomes and products reflective of the high quality desired.²

ACCOMPLISHMENTS BY 2025

The innovative leader sets the direction for the future, aligns people in both internal and external systems¹ to support the actions, and creates the environment for motivating and inspiring team members to be successful.¹ If we were to look back from 2025 based on what is known in 2015, examples of accomplishments we can collectively have achieved are

- the eradication of the Ebola virus as a threat to humans by early recognition and implementation of control initiatives by the health care teams around the world,
- zero count errors in the OR over the past 10 years, and
- no major incidents of wrong-site surgery on patients undergoing any limb procedure during the same period.

“By looking at potential future accomplishments as if we have already achieved them, we set goals by envisioning the outcomes clearly.”

dichotomous behavior sets and the good sense to know when to foster one or the other, thereby allowing flexibility among the behaviors, which is necessary for innovation to occur. "Exploration is connected to increasing variance, experimentation, searching for alternatives, and risk taking and exploitation is linked to reducing variance, adherence to rules, alignment, and risk avoidance."^{3(p957),4}

This creative tension inherent to innovation is the foundation for sustaining optimal outcomes.⁵ In seeking to identify the root cause of errors, innovative perioperative leaders together with their team members ferret out new solutions to improve outcomes. Perioperative RNs step up to the colloquial home plate daily to be the leader who serves as champion for the patient and reinforces team members' efforts. Organizations, such as AORN, also must "change and adapt to unforeseen contingencies" by creating an internal and external "strategic fit" to either survive or thrive.^{2(p339)} Having a solid core foundation of strategic fit allows the organization to demonstrate quality economic

In addition, in 2025 the *AORN Journal* will have a bank of research articles submitted monthly and, after acceptance for publication, distributed as online-only content to better support the search strategies, availability, and use with evidence-based practice initiatives and research around the world.

By looking at potential future accomplishments as if we have already achieved them, we set goals by envisioning the outcomes clearly. As nurses, we take ownership of our contribution to the success of the specific outcomes. As contributors, we need recognition and the opportunity to take part in the moments of celebration of the accomplishments. When team members pause and reflect before moving on to the next set of outcomes to achieve, they can take pride and rejuvenate and allow feelings of success to sustain them as they begin to tackle the next seemingly impossible hurdle presented in perioperative nursing practice. As perioperative nurses, we need to take the time to draw out our creative ideas and bring them to the forefront for patients, allowing innovative ideas to germinate into a collective and collaborative evolution of implemented success.

ACTION OPPORTUNITIES

There are opportunities for the perioperative professional to take action on numerous fronts to foster the improvement of care with perioperative patients and the advancement of the profession. “Leveraging opportunity occurs when conflict and divergence are identified, and an organization utilizes this awareness to problem-solve and identify opportunities for improvement and innovation.”^{6(p234)} Conducting research or quality improvement initiatives in the work setting and then writing about those outcome results for publication in the *AORN Journal* is one opportunity. The *Journal* is seeking innovative manuscripts on the topics of obesity and bariatric surgery; special populations, such as pediatrics or geriatrics; infection prevention and control; ambulatory quality initiatives; cardiac surgery; risk management; conscious leadership; perioperative environment; patient care, management, and safety; workforce health and safety; and enhanced recovery, fast track, and surgical home.

The *AORN Journal* hosts a variety of formats in which you may choose to submit your work, such as a clinical, education, management, quality improvement, systematic/meta-analysis literature review, or full-length research manuscripts. There are also opportunities in which shorter articles can be submitted for *AORN Journal* columns or series, such as “Perioperative Leadership,” “Everyday Informatics,” “Global Perspectives,” “Ambulatory Best Practices,” and “Special Needs Populations.” The *AORN Journal* author guidelines may be found online at <http://www.aorn.org/AORNJournal>. To upload your manuscript, create an account at <http://ees.elsevier.com/aorn> and follow the submission

process. If you have any questions about a manuscript topic or the submission process, please contact aornjournal@aorn.org for editorial assistance. Now is the time to act and contribute to the creative implementation of our innovative perioperative future. ●

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