

# Transformational Leadership: Implications for Nursing Leaders in Facilities Seeking Magnet Designation

DIANE BRADY SCHWARTZ, PhD, RN, NEA-BC; TAMMY SPENCER, MBA, BSN, RN; BRIGITTE WILSON, BSN, RN, CNOR; KIM WOOD, MSN, RN, CNOR

## ABSTRACT

A perioperative nurse leader's ability to effect positive change and inspire others to higher levels of achievement is related to his or her leadership style in the practice setting and the leadership style that is present across the organization. The American Nurses Credentialing Center's Magnet™ designation and redesignation process requires the demonstration of transformational leadership as one of the components of excellence. Transformational leadership can increase nurses' job satisfaction and commitment to the organization and organizational culture. Engaging staff members in the transition to transformational leadership and developing a common mission, vision, and goals are keys to success in the surgical setting. Bass's four interrelated leadership components—idealized influence, inspirational motivation, intellectual stimulation, and individual consideration—and associated behaviors were used by surgical services leaders in an East Coast, two-hospital system to successfully achieve redesignation as a Magnet facility. *AORN J* 93 (June 2011) 737-748. © AORN, Inc, 2011. doi: 10.1016/j.aorn.2010.09.032

Key words: *perioperative leadership, transformational leadership, leadership style, Magnet designation.*

Success in the workplace often is contingent on a leader's ability to effect positive change and inspire others to higher levels of achievement. Much of achievement in the perioperative setting is related to the leadership style that is prevalent in the practice setting and across the organization. Daily, nurse leaders must attempt to balance declining reimbursement; issues related to adequate staffing, recruitment, and retention; regulatory requirements; and increasing

complexity in technology while maintaining an efficient, quality-focused service. As a result of these many urgent issues facing perioperative nursing leaders, they may not consider evaluation of leadership style and its implications to be crucial. Given this complex environment, however, it is imperative that perioperative nursing leaders not only assess their leadership style, but also involve others in their practice area in the assessment. This assessment can provide a foundation

for identifying and implementing leadership behaviors that have the potential to result in better outcomes for patients and a better work environment for staff members. Nursing leaders in organizations seeking American Nurses Credentialing Center (ANCC) Magnet™ designation or redesignation need to pay particular attention to leadership styles because these styles may affect the ability to attain or maintain Magnet status. Transformational leadership is one of five domains that must be addressed in the current Magnet Recognition Program®.<sup>1</sup>

### TRANSFORMATIONAL LEADERSHIP

Transformational leadership has been researched and discussed in the literature for more than 20 years. The earliest description of transformational leadership was introduced by Burns in 1978.<sup>2</sup> Burns described this leadership style as a process by which leaders raise the aspirations and motivations of others to higher levels by appealing to higher ideals and values. In this early description of the model, a transformational leader engages others with a common purpose and meaning to achieve a common set of goals. The resulting effect is that as the leader models a higher level of these ideals, values, and behaviors, followers begin to do so as well.<sup>2</sup>

Subsequent development of Burns's work by Bass<sup>3</sup> led to the identification of four key interrelated leadership components with associated attributes that were believed to be essential for leaders to use to demonstrate a more transformational leadership style. The components include idealized influence, inspirational motivation, intellectual stimulation, and individual consideration and comprise a transformational leader's style (Table 1).<sup>3</sup>

There is a wealth of literature describing transformational leadership, including studies that have examined the effectiveness of transformational leadership in a variety of health care and non-health care settings over the past 20 years. Nursing leaders, however, continue to struggle to ad-

dress a variety of issues related to recruitment and retention; therefore, studies relating to the practice of transformational leadership in nursing to job satisfaction, organizational commitment, and organization culture merit consideration.

### Job Satisfaction

The importance of leadership style was recently demonstrated in a study that investigated the influence of factors in the practice environment on nurse satisfaction in a large medical center.<sup>4</sup> Leadership style was measured through four attributes:

- freedom to disagree with a supervisor,
- recognition for a job well done,
- respect shown by the manager, and
- adequacy of supervision.

The findings of the study indicated a strong relationship between staff nurses' satisfaction with the leadership style of their managers and overall job satisfaction.<sup>4</sup> All of the attributes noted by this study are those of a transformational leadership style. The findings of this study were supported by the findings of a similar study that also examined the relationship of nurse manager transformational leadership style and staff nurse job satisfaction. A total of 92 nurse managers and the staff nurses who directly reported to them participated in the study, which demonstrated a strong relationship between a transformational leadership style and staff nurse job satisfaction. This is important because job satisfaction is a critical issue in retaining staff members.<sup>5</sup>

### Organizational Commitment

Leaders have the ability to influence staff member commitment to an organization, and studies have explored the relationship between leadership style and organizational commitment. Avolio and Bass<sup>6</sup> conducted a study that examined the relationship of the leadership style of managers and the organizational commitment of staff nurses in 11 midwestern US hospitals. They included 63 nurse managers and 500 staff nurses in their study. The authors used the Multifactor Leadership

**TABLE 1. Components and Attributes of Transformational Leadership**

Components of a transformational leadership style	Attributes and behaviors exhibited by leaders
Idealized influence	<ul style="list-style-type: none"> <li>■ Followers identify with their leaders</li> <li>■ Leaders                             <ul style="list-style-type: none"> <li>■ are admired, respected, and trusted</li> <li>■ display charisma</li> <li>■ are empathetic and supportive</li> <li>■ serve as mentors and role models</li> <li>■ provide a clear set of values and a collective sense of mission</li> </ul> </li> </ul>
Inspirational motivation	<ul style="list-style-type: none"> <li>■ Leaders                             <ul style="list-style-type: none"> <li>■ motivate through enthusiasm and challenge</li> <li>■ clearly articulate a vision</li> <li>■ encourage the evolution of individual and team spirit</li> <li>■ clearly support goal achievement</li> </ul> </li> </ul>
Intellectual stimulation	<ul style="list-style-type: none"> <li>■ Leaders                             <ul style="list-style-type: none"> <li>■ challenge the norm</li> <li>■ encourage creativity</li> <li>■ encourage team participation in decision making and problem solving</li> </ul> </li> </ul>
Individual consideration	<ul style="list-style-type: none"> <li>■ Leaders                             <ul style="list-style-type: none"> <li>■ attend to the individual needs of staff members</li> <li>■ express appreciation for individual and team member contributions</li> <li>■ support a climate conducive to personal and professional growth</li> <li>■ enhance individual team member self-fulfillment and worth</li> </ul> </li> </ul>

Questionnaire (MLQ) as a measure of the managers’ self-assessment of leadership style compared with the staff nurses’ assessment of the managers’ leadership characteristics.<sup>6</sup> Their findings demonstrated that staff nurses showed higher levels of commitment to their organizations when they perceived their nurse managers to be transformational leaders.<sup>6</sup>

Leach<sup>7</sup> demonstrated support for the influence of transformational leadership style on organizational commitment in a study that included 101 chief nursing officers, 148 nurse managers, and 651 staff nurses. The researcher used the Transformational Leadership Profile, developed by Sashkin et al,<sup>8</sup> and the Organizational Commitment Scale<sup>9</sup> to evaluate the participants. The study results showed that when transformational leadership was present in the work

environment and was practiced by the chief nursing officers and nurse managers, staff members reported being less alienated and more strongly committed to the organization.<sup>7</sup>

**Organizational Culture**

Casida and Pinto-Zipp<sup>10</sup> explored the relationship of nurse managers’ leadership styles and organizational culture in a variety of nursing units in a northeastern US hospital system that had demonstrated excellence in patient satisfaction outcomes. Participants included 37 nurse managers and 278 staff nurses. The researchers<sup>10</sup> used the MLQ<sup>6</sup> as the measure of leadership style and the Dennison Organizational Culture Survey (DOCS)<sup>11</sup> to examine four types of organizational culture traits (ie, adaptability, involvement, consistency,

mission). All participants were provided with the study instruments. Nurse managers completed a self-assessment using the MLQ and also completed the 60-item DOCS survey on organizational culture. Staff nurses used the MLQ to rate their leader and also completed the DOCS survey. Findings in this study demonstrated a high level of correlation between transformational leadership behaviors and positive organizational cultures.<sup>10</sup>

### TRANSFORMATIONAL LEADERSHIP AND THE MAGNET RECOGNITION PROGRAM

In light of evidence that continues to demonstrate the effectiveness of a transformational leadership style in a turbulent health care arena, the ANCC increased the expectations regarding leadership style in the Magnet Recognition Program. The 2005 Magnet Recognition Program was based on the 14 Forces of Magnetism that were developed from McClure

and Hinshaw's work<sup>12</sup> identifying organizational factors common in hospitals that were successful in recruiting and retaining professional nurses.

One of the 14 forces focuses on the management style of all levels of nursing leadership. The Magnet Recognition Program requires that applicants be able to demonstrate a participative leadership style on the part of nursing leaders.<sup>13</sup>

In 2008, the ANCC announced a new model for its Magnet Recognition Program.<sup>1</sup> This new model was the product of a statistical analysis of the 2005 Magnet model and required sources of evidence. The ANCC identified five components or domains under which the 14 forces are categorized:

- Transformational Leadership,
- Structural Empowerment,
- Exemplary Professional Practice,

- New Knowledge, Innovations, and Improvements, and
- Empirical Outcomes.

Empirical outcomes are a clear focus of this new model and are integrated throughout the domains. For the first time, the ANCC required sources of evidence for initial Magnet designation and for hospitals seeking redesignation. The required sources of evidence for transformational leadership are identical for facilities seeking initial designation and those seeking redesignation; higher weight is placed on outcomes in hospitals seeking redesignation. Personnel at these hospitals are expected to demonstrate that they have consistently achieved scores significantly above the mean scores of benchmarked national databases for patient satisfaction, staff nurse satisfaction, and clinical indicators. Those seeking redesignation

must demonstrate that they are continuing to reach higher levels of achievement through continuously improving patient care and nursing practice.

Although transformational leadership is one of five do-

domains in the new Magnet model, it is the foundation for establishing the necessary structures and processes to meet the expectations of the other domains and ensure outstanding empirical outcomes. Leadership is essential in the creation of a Magnet environment, and the behaviors associated with transformational leadership (eg, having a clear vision, a commitment to excellence, the ability to motivate and lead others to higher levels of achievement) create environments that are essential to achieving compliance with all areas of the Magnet Recognition Program.

The Magnet certification process examines three areas related to the domain of transformational

---

Leadership is essential in the creation of a Magnet environment, and the behaviors associated with transformational leadership create environments that are essential to achieving compliance with all areas of the Magnet Recognition Program.

---

leadership that are essential to organizational effectiveness: strategic planning; advocacy, influence, and visibility; and accessibility and communication.

### **Strategic Planning**

Regarding the strategic planning sources of evidence, the ANCC requires applicants to demonstrate congruency between the organizational and nursing mission, vision, and value statements and to show how performance improvement and strategic planning are conducted. At the chief nursing officer (CNO) level, this includes demonstrating the ability to provide a vision and strategic plan for professional nursing members in all practice settings. The ANCC Magnet program examines applicants' mechanisms for strategic planning and the extent of the involvement of all levels of nursing personnel. Of key importance are the measureable outcomes that result from the strategic planning processes. Through strategic planning, applicants can establish specific organizational goals that demonstrate increased efficiency or organizational effectiveness or increases in the number of nurses who have certifications or baccalaureate or graduate degrees.

### **Advocacy, Influence, and Visibility**

The ability to advocate for resources to support patient care and nursing practice is expected at every level of nursing practice. The ANCC examines applicants' programs for leadership development, succession planning, and mentoring. The organization is expected to provide examples of how nurses at all levels have advocated for both patients and members of the nursing staff. Examples of this may include requesting new equipment, creating new nursing programs, or hiring additional personnel. The applicant organization must provide the ANCC with measureable outcomes that result from this advocacy.

As the key advocate for patient care and nursing practice, the CNO must demonstrate the processes used to effect organizational changes and give examples of those changes (ie, influence).

Examples of CNO influence on achieving organization-wide change might be implementation of a new career ladder, establishment of a new service line, or provision of improved benefits for nurses. The requirement for organization-wide change is the responsibility of the CNO only. Leader visibility is an essential component in a healthy workplace to promote ongoing communication with all levels of the nursing staff.

### **Accessibility and Communication**

Access to leaders and opportunities for horizontal and vertical communication is necessary. Nursing staff members at all levels should have adequate opportunities to participate in organizational decision making and have input into practice issues.<sup>1</sup> Staff members are expected to participate in nursing and organizational committees, provide input during staff meetings, and have a shared decision-making model of practice. Shared governance is the typical model for shared decision making found in Magnet-designated organizations. Creativity and innovation are expected in a Magnet environment. The ANCC expectation is that staff members will be recognized, celebrated, and rewarded for their creativity, and innovation and communication are a large part of this. Magnet organizations create numerous ways to celebrate and recognize members of the staff. Staff members may be recognized openly through congratulatory newsletters, intranet recognition, special recognition luncheons, e-mails, shift announcements, and acknowledgement cards or one-on-one communication.

### **PERIOPERATIVE TRANSFORMATIONAL LEADERSHIP**

Directors of surgical services, perioperative service leaders, educators, and other nurses in the surgical arena are uniquely positioned to use transformational leadership behaviors to produce excellent patient outcomes. Nurses in surgical services can serve as catalysts for integrating transformational leadership behaviors across the perioperative services and within the organization.

This would be of benefit whether members of an organization are attempting to achieve initial Magnet designation, applying for redesignation, or simply pursuing a more positive work environment. Adopting a transformational leadership approach to managing surgical services should be a shared goal for the perioperative service and have the support of leaders and staff members. The use of Bass's model and associated attributes and behaviors may be of value to nursing leaders seeking to adopt transformational behaviors in the perioperative setting. Such attributes and behaviors can be adopted to meet the sources of evidence required by the Magnet Recognition Program.

Leaders, staff members, and educators in our two-hospital system in Lynchburg, Virginia, successfully demonstrated transformational leadership behaviors and attributes in meeting the expectations for redesignation in the Magnet Recognition Program by implementing elements of the Bass model. The combined annual surgical volume for the two hospitals is 15,350 procedures, and a full range of surgical services is provided to patients on both an inpatient and outpatient basis. This hospital system first obtained designation as Magnet facilities in 2005. While we were preparing for redesignation in 2009, the ANCC published the revised 2008 Magnet Recognition Program application manual. The new requirements necessitated an organization-wide transition to meet the expectations of the new model, including a clear focus on transformational leadership.<sup>1</sup>

### Assessing Leadership Style

In anticipation of meeting the expectations of the new Magnet model, nursing leaders at both facilities conducted a comprehensive 360-degree as-

essment of the leadership style of nurse leaders, nurse educators, chairpersons of all shared governance councils, and staff nurses who were identified by their nurse manager as aspiring to be nurse leaders. The goals of this assessment were to identify the leadership style of the various groups, ensure that these groups were consistent in their leadership style, and identify needs for education about transformational leadership.

Although there are several tools for assessing leadership style, we used the MLQ because of its established reliability and validity and because it is widely used in assessments of this kind.<sup>6</sup> The MLQ measures a broad range of leadership styles, from passive-avoidant leaders to transactional leaders (ie, leaders who give rewards to followers who perform according to the leader's expectations) to transformational leaders (ie, leaders who transform their followers into becoming leaders themselves). The full range of leadership styles has been widely discussed in the literature<sup>3,6</sup> and is summarized in Table 2.

After the 360-degree surveys were conducted,

we performed a statistical analysis and provided reports to each individual who participated in the survey as well as aggregate reports for each category of participants. On an aggregate basis, reports

indicated that all groups scored well within the range of the transformational leadership style, and we made the decision to use the survey findings as an example of our baseline leadership assessment.

### Idealized Influence

The attributes of Bass's concept of idealized influence include behaviors that indicate staff members identify with the leader and respect and trust the leader, who provides mentoring and role modeling. A leader who is charismatic and supportive

---

In Magnet environments, leaders model idealized influence by demonstrating behaviors and attributes that ensure a trusting environment and by having an open door policy and providing employees with individual access.

---

**TABLE 2. Leadership Styles and Associated Behaviors**

Style	Behavior	Outcomes
Transformational	<ul style="list-style-type: none"> <li>■ Leader                             <ul style="list-style-type: none"> <li>■ displays confidence</li> <li>■ creates a collective sense of mission</li> <li>■ seeks creative approaches to problem solving</li> <li>■ acts as a mentor and teacher</li> <li>■ considers the individual and his or her needs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Leader is                             <ul style="list-style-type: none"> <li>■ admired and respected</li> <li>■ optimistic</li> <li>■ enthusiastic</li> <li>■ influential</li> <li>■ able to motivate others</li> <li>■ able to meet the goals of the organization</li> </ul> </li> <li>■ Staff members are                             <ul style="list-style-type: none"> <li>■ optimistic</li> <li>■ enthusiastic</li> <li>■ satisfied with the leader</li> </ul> </li> </ul>
Transactional	<ul style="list-style-type: none"> <li>■ Leadership is based on a reciprocal exchange between the leader and followers</li> <li>■ Style involves giving employees something in return for their compliance and acceptance of authority (eg, incentives, pay raises, status increases)</li> <li>■ Leaders specify the standards of performance and there is focused attention to any deviance from this standard</li> </ul>	<ul style="list-style-type: none"> <li>■ Leader and staff members exchange needs and services to satisfy their independent objectives</li> <li>■ Staff members are motivated by the expectation of reward for their compliance</li> <li>■ Focus is on day-to-day operations and short-term goal accomplishment</li> <li>■ Leaders are viewed as authority figures</li> </ul>
Passive avoidant	<ul style="list-style-type: none"> <li>■ Leader                             <ul style="list-style-type: none"> <li>■ avoids getting involved in important issues</li> <li>■ is absent when needed</li> <li>■ avoids making decisions</li> <li>■ delays responding to urgent situations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Staff members                             <ul style="list-style-type: none"> <li>■ are not satisfied with the leader</li> <li>■ do not receive developmental feedback</li> <li>■ lack empowerment</li> <li>■ have no commitment to established goals</li> </ul> </li> </ul>

and provides a clear mission and set of values influences staff members. In Magnet environments, leaders model idealized influence by demonstrating behaviors and attributes that ensure a trusting environment and by having an open door policy and providing employees with individual access. Staff members are aware of a leader’s commitment, support, and empathy because they see the leader actively listening to staff members and addressing their concerns. Employee interactions provide the leader with opportunities for mentoring and coaching. When leaders develop open, honest, and trusting relationships, staff members feel empowered to share and openly discuss concerns and proposed solutions without fear of penalty from the leader.

For example, the new employee interview process at our hospital provides an avenue for leaders to establish a trusting relationship with staff members. During the two-part interview process, the perioperative leader conducts the initial applicant screening interview and then staff members conduct a candidate interview. Staff members are empowered to provide feedback to managers and make recommendations as to whether they believe an applicant will be an optimal fit for the culture of the practice setting.

Support and empathy on the part of leaders helps to create a nonpunitive environment. In the event of a near miss in practice, our perioperative leaders encourage self-reporting of the event. Self-reporting of these incidents provides an

**Surgical Services Mission Statement**

Our job and our “passion” are to serve and care for our patients, customers, and each other. We provide high-quality service and courtesy to all.

The perioperative staff members and leaders support and promote the following philosophy:

- Members of the perioperative service have the responsibility to work in collaboration with other members of the health care team to assist patients in meeting their psychosocial, physiological, economic, and spiritual needs to improve their state of wellness.
- The perioperative nurses provide continuity of care designed to meet individual patient needs using the nursing process in a cost-effective manner that does not compromise the quality of care.
- Because of the complex and varying needs of our population of patients, extensive orientation and continuing education programs are provided to staff members to enable them to deliver safe, efficient care.

**Figure 1. Example of a surgical services mission statement.**

opportunity for discussion between the involved staff member and the leader. They can conduct an analysis of the event and brainstorm about prevention strategies, which provide an opportunity for improvement. This can only be accomplished by keeping communication channels open.<sup>14</sup>

Staff nurses, nurse educators, and leaders at our hospital collaborated to establish a clear mission and philosophy statement for the perioperative practice area that supports the mission and values of the organization. Sharing a common mission and value statement supports mutual understanding of the shared responsibility for patient care. We have posted our mission statement in the perioperative areas (Figure 1).

### **Inspirational Motivation**

Elements of Bass’s inspirational motivation component include motivating staff members and identifying a clear vision and the means to support goal achievement. Implementing these types of behaviors (eg, enthusiasm on the part of the leader, challenging staff members to higher levels of achievement, establishing shared accountability for goal achievement) can foster a collective team

spirit. These attributes were fundamental in establishing a strong strategic planning process. Our strategic planning processes begin with our board of directors and senior leaders, and goals are then disseminated to all departments. Members of the board and senior leaders have identified five critical success factors—people, service, quality, efficiency, and finance—that drive strategic planning in all departments. On an annual basis, our nursing division conducts an all-day strategic planning process that includes all nursing leaders, educators, and chairs of shared governance councils. Participants produce the annual goals for nursing and all service lines, which they bring to the unit or departmental level as appropriate. Staff members in surgical services use the five critical success factors and the established nursing goals to set departmental goals. After perioperative staff members and leaders determine goals for the department, they display them on the departmental knowledge bulletin board for everyone to view, and these are updated as needed. On a periodic basis, leaders present reports on the status of goal achievement to staff members at departmental

meetings and shared governance councils. Staff members are integral to establishing and monitoring the goals; therefore, they have a sense of shared ownership in attaining unit goals. Support for goal achievement is evident among staff members and leaders, as is a collective sense of being part of a team.

### **Intellectual Stimulation**

Challenging the norm, creativity, and participation in decision making are critical elements in the Bass model and in the Magnet Recognition Program. In light of this, both of our facilities have developed a strong model for shared governance, which forms the foundation for decision making related to patient care and nursing practice issues. The model includes unit-based councils for each nursing department that focus on quality, resources, education, and practice. The nursing governance board maintains oversight responsibility for governance activities and includes representatives from all service lines, nursing educators, clinical nurse specialists, and the CNO. A staff nurse chairs the nursing governance board, and the CNO is an active participant.

There are three very active shared governance councils in surgical services. The councils include a resource council, a professional education council, and a quality improvement council. Members of each council have influential roles in determining decisions involving surgical services. For example, an issue that was raised in a council recently was the need for fair and equitable staff member coverage during holidays and weekends. Historically, staff members submitted requests for time off over holidays or weekends that were granted on a “first come, first served basis.” From a scheduling perspective, managers found it difficult to meet staff coverage on holidays, and staff members expressed dissatisfaction with the process. The unit manager decided to enlist the aid of the resource council members, who met and developed holiday and vacation guidelines. The decisions they made were incorporated into pol-

icy, and staff members are now more satisfied with the process.

The professional education council members meet annually to determine staff educational competency requirements. They work collaboratively with the education coordinator to schedule clinical competency laboratories and volunteer to serve as peer coaches for competency assessments. Volunteer coaches commit to becoming expert in particular high-risk, low-volume procedures and equipment use. Increasing the volume of experts contributes to staff member confidence and their sense of professional purpose. The professional education council members also identify educational topics for bimonthly education meetings.

Members of the quality improvement council provide suggestions that are instrumental in identifying concerns and developing new processes to meet department goals. Council members assist the manager by analyzing waste reports, conducting chart audits, determining solutions for procedure delays, and maintaining compliance with the goals of the Surgical Care Improvement Project. Department leaders actively support all staff and council members and encourage them to “think outside the box” and use creative and innovative methods to improve the practice setting. Creativity and innovation are hallmarks of the Magnet Recognition Program.<sup>1</sup>

### **Individual Consideration**

Attention to the needs of the individual, recognition and appreciation for achievement, a supportive climate for professional growth, and recognition of the need for self-fulfillment are among key elements of the individual consideration component. Recognizing the importance of these elements, perioperative nursing leaders at our facilities were aware of the need to allow others to emerge as leaders.

We implemented a program to create new specialty coordinator positions for all surgical service lines. Establishing these new positions encouraged individuals to take risks, be innovative, and meet

their individual needs for growth and development. These service coordinators have the autonomy to manage their specialty service; organize patient care, equipment, and supplies; contribute to budget planning; requisition purchases; and critically analyze processes in the service specialty. Coordinators work collaboratively with surgeons to assess and address specific surgical care needs. Coordinators also have the opportunity to attend and network at regional and national conferences related to their service. This opportunity allows coordinators to bring pertinent information back to hospital staff members, to educate and discuss best practices, and to become familiar with enhanced technology that may need to be implemented to continue to improve a service.

Leaders recognize staff members for their professional accomplishments (eg, clinical ladder promotion, obtaining certification) with banners, e-mails, and flyers; during shift huddles held at the beginning of each shift; and at staff meetings. We also recognize new staff members by posting a flyer on the unit that includes a photo and lists the new employee's credentials. When a new employee arrives in the department, he or she is greeted by this welcoming flyer. This information also allows current staff members and physicians to become familiar with the new employee's name, background, and experience. Sometimes, to welcome new employees or celebrate staff accomplishments, OR staff members have a themed lunch to which they bring their favorite dishes to share and usually have a cake provided by the department leaders. The OR staff members plan these celebrations and luncheons every other month. At Christmas, OR staff members plan a special luncheon reunion and invite many retired OR staff members and physicians.

Professional development is important to improving patient outcomes and advancing the perioperative nursing profession. We encourage obtaining professional certification because it demonstrates the perioperative nurse's commit-

ment to providing safe, quality care. Currently in the OR at one of the hospitals, 30% of RNs hold CNOR certification and 36% have either a bachelor's or master's degree in nursing. We celebrate CNOR certification and provide educational opportunities for maintaining certification. Hospital administrators allocate funds for local and national professional conference attendance. We call the department's educational fund the fund for Seminars and Conferences for OR Education (SCORE) and define the guidelines for the allocation of these education funds. The members of the professional educational council and the shared governance council in collaboration with the leadership team created the SCORE guidelines to provide for fair and equitable distribution of the funds and foster dissemination of information to peers.

During their orientation, we mentor new perioperative staff members on the importance of certification, professional standards, and remaining active professionally. AORN promotes the benefits of perioperative certification as evidence of personal commitment to patient care, as demonstration of the proficient application of knowledge in practice standards, and as a way to enhance professional credibility.<sup>15</sup> Essential perioperative study resources recommended by AORN, including current literature and textbooks related to the practice setting, are available on care units and in our libraries for perioperative staff members.

Members of our shared governance councils play a key role in planning an annual off-site retreat for all staff members in surgical services. Nursing leaders budget for this retreat and recruit professional speakers to present educational offerings. We pay staff members for their attendance and plan the retreat for a Saturday to allow for maximum participation. Staff members develop possible themes for the annual retreats and then vote on the entries. The most recent winning theme was "Taking Care of Your Family is our Operation." We design T-shirts with the winning theme on them and give one to each staff member

at the conclusion of the retreat. Program evaluations to date have been very positive, and staff members say they really enjoy the day.

Transformational leaders foster growth in others and are valuable to the organization because they help each member of the staff meet his or her individual needs.<sup>16</sup> Leaders at our facilities encourage staff members to further their professional growth and development through the Clinical Advancement Program (CAP). The CAP is our clinical ladder program, which provides four levels of opportunity to advance to higher levels of recognition based on specific accomplishments in practice. The program stimulates professional growth by providing rewards and recognition for exemplary achievements. The program is voluntary, with guidelines provided for each level of clinical expertise. In addition, the program fosters quality patient care by encouraging expertise at the bedside. Applicants provide evidence of expertise by submitting a professional portfolio to the CAP committee members. Applicants also must demonstrate that they have met all expectations for the level they are seeking. Our CAP nurses serve as leaders in our units, sharing their knowledge by conducting inservice programs, completing unit projects, participating as leaders in committees and professional organizations, and spearheading evidence-based changes in nursing practice.

### Outcomes

As an outcome-oriented organization, we have focused processes for evaluating patient satisfaction and clinical indicators and also key indicators that measure the effects of leadership behaviors on members of the staff. On an annual basis, all professional nurses participate in an online RN staff nurse satisfaction survey. Included in the

---

**Transformational leaders foster growth in others and are valuable to the organization because they help each member of the staff meet his or her individual needs.**

---

survey are questions related to satisfaction with leadership.

Our RN satisfaction survey outcome data indicate that we have a high level of

RN satisfaction. Our nurses' scores are significantly above the mean score in overall satisfaction when compared with similar units in the database. Currently, we use the Jackson RN Satisfaction Survey<sup>17</sup> as our measurement tool. It is of interest that RN satisfaction scores are particularly high among new nurses. Scores obtained from nurses within one year of their employment date demonstrated a high degree of satisfaction in overall teamwork, the work environment, and receiving feedback regarding their job performance. Strong retention programs have resulted in eliminating the use of agency or travel nurses in our facility. Currently, the perioperative staff member vacancy rate is 2%, and average turnover is 3%. Implementing transformational leadership behaviors in surgical services has resulted in excellent outcomes for our organization at a time when areas of the United States continue to experience difficulty in recruiting experienced perioperative staff members.

### IMPLICATIONS FOR SURGICAL SERVICES LEADERS

Perioperative leaders have the opportunity for professional growth and greater effectiveness by using a transformational leadership style. It is important to conduct a leadership style assessment that will provide a baseline determination of the predominant leadership style across the service line. If the assessment reveals that leadership styles lack congruency or less-than-positive leadership styles are evident, it is important to educate leaders in transformational leadership and associated behaviors. Mentoring, role-playing, developmental workshops, and performance evaluation play a critical role in this process.

Engaging staff members in the transition to transformational leadership is another key to success in the surgical setting. Involvement in unit and service line decision making fosters staff autonomy, which has the potential to produce higher levels of job engagement, commitment to the organization, and satisfaction. Leaders must develop the mission, vision, and strategic plans in collaboration with staff nurses. Shared development of the service line goals is an important component in promoting a sense of ownership for goal achievement.

Leaders of organizations seeking initial Magnet designation or redesignation should carefully examine current ANCC expectations outlined in the Magnet application manual and recognize that transformational leadership is essential for creating the necessary structures and processes vital to a successful Magnet application. **AORN**

*Editor's note: Magnet and Magnet Recognition Program are registered trademarks of the American Nurses Credentialing Center, Silver Spring, MD.*

## References

1. *Recognizing Nursing Excellence: Magnet Recognition Program® Application Manual*. Silver Spring, MD: American Nurses Credentialing Center; 2008.
2. Burns JM. *Leadership*. New York, NY: Harper & Row; 1978.
3. Bass BM. *Leadership and Performance Beyond Expectation*. New York, NY: Free Press; 1985.
4. Smith HL, Hood JN, Waldman JD, Smith VL. Creating a favorable practice environment for nurses. *J Nurs Adm*. 2005;35(12):525-532.
5. Failla KR, Stichler JF. Manager and staff perceptions of manager's leadership style. *J Nurs Adm*. 2008;38(11):480-487.
6. Avolio BJ, Bass BM. *Multifactor Leadership Questionnaire*. 3rd ed. Redwood City, CA: Mind Garden; 2004.
7. Leach LS. Nurse executive transformational leadership and organizational commitment. *J Nurs Adm*. 2005;35(5):228-237.
8. Sashkin M, Rosenbach WE, Deal TE, Peterson KD. Assessing transformational leadership and its impact. In: Clark KE, Clark MB, Campbell DP, eds. *Impact of Leadership*. Greensboro, NC: Center for Creative Leadership; 1992:131-148.
9. Penly LE, Gould S. Etzioni's model of organizational involvement: a perspective for understanding commitment to organizations. *J Org Behav*. 1998;9(1):43-59.
10. Casida J, Pinto-Zipp G. Leadership-organizational culture relationship in nursing units of acute care hospitals. *Nurs Econ*. 2008;26(1):7-15.
11. Denison Organizational Culture Survey. Denison. <http://www.denisonconsulting.com/products/cultureProducts/surveyOrgCulture.aspx>. Accessed January 13, 2011.
12. McClure M, Hinshaw AS. *Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses*. Washington DC: American Nurses Publishing; 2002.
13. *Recognizing Nursing Excellence: Magnet Recognition Program Application Manual®*. Silver Spring, MD: American Nurses Credentialing Center; 2005.
14. Grossman SC, Valiga TM. *The New Leadership Challenge Creating the Future of Nursing*. Philadelphia, PA: FA Davis Company; 2005:71.
15. Professional development. AORN, Inc. <http://www.aorn.org/Education/ProfessionalDevelopment>. Accessed January 12, 2011.
16. Rudnick J. Transformational leadership: model encourages leaders to transcend personal ambition. *Health Progress*. 2007;88(3):36-39.
17. Healthcare employee surveys. The Jackson Group. <http://www.thejacksongroup.com/?gclid=CLLgp-Hj6cCFQrt7QodGUXwbQ>. Accessed February 17, 2011.

**Diane Brady Schwartz**, PhD, RN, NEA-BC, is the president of DC Brady Associates, LLC, Fort Myers, FL. *Dr Brady Schwartz has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*

**Tammy Spencer**, MBA, BSN, RN, is the director of Surgical Services, Centra, Inc, Lynchburg, VA. *Ms Spencer has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*

**Brigitte Wilson**, BSN, RN, CNOR, is the coordinator of OR education, Lynchburg General Hospital, Lynchburg, VA. *Ms Wilson has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*

**Kim Wood**, MSN, RN, CNOR, is a unit manager in the OR, Lynchburg General Hospital, Lynchburg, VA. *Ms Wood has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.*