Role of the nurse leader in crisis management

Introduction

Communicating internally and externally is one of the most difficult, yet critical, responsibilities leaders face. As our nation learned during Hurricane Sandy, the Boston Marathon bombing, the Ebola outbreak in Africa and other major crises, frequent communication and full disclosure is essential to maintaining credibility with the organization’s interprofessional team and the public. What is said (or not said) can be as important one’s actions.

In response to the aforementioned events, the AONE Crisis Management Taskforce and members of the American Hospital Association’s Society for Healthcare Strategy & Market Development (SHSMD) convened a Day of Dialogue to discuss lessons learned from past emergencies and the need for nurse leaders to be a valued member of the crisis management team. Participants used their experiences managing crises ranging from natural disasters, terrorism and treating infectious disease to identify the skills and behaviors nurse leaders need to effectively manage a crisis. The guiding principles and priorities below define the role and position of nursing leadership in any crisis, such as stemming from a mass casualty incident, technology outage, hacking, labor issues, natural disaster and biohazard or emerging infectious disease.

Guiding Principles

- Nurse leaders are trained in media relations and understand the tenets of good communication.
- Leaders are skilled critical thinkers, collaborative and able to manage ambiguity.
- Nurse leaders project calm, confidence and authority in all situations. They are also empathetic to how people react to loss, challenges and uncertainty.
- Nurse leaders are prepared to review and practice the organization’s crisis readiness plan with nursing staff.
- The chief nursing officer is a member of the senior leadership team, whose role is clearly defined and sought by colleagues, particularly during a crisis.

Priority Focus Areas

1. **Tenets of Crisis Communications:**
   - Communicate early, often, accurately and openly.
   - Understand the full scope of the crisis, from the logistics, to how it is being handled.
   - Explain complex issues simply, clearly and concisely.
   - Develop a clear communications plan, containing specific actions, the rationale for these actions and progress being made.

2. **Basic Nursing Leadership Behaviors:**
   - Unflappable, composed and always visible to staff
   - Rational, agile, open-minded and an adept listener
   - Confident, collaborative and decisive
3. **Necessary Nursing Leadership Skills:**
   - Understands how people react to challenges, ambiguity and loss. Is empathetic to the staff’s needs and feelings while maintaining control of the situation.
   - Is aware of the surroundings and is adept at managing complexity.
   - Is trained in media relations and crisis management.
   - Approaches a crisis from a systems theory perspective. Engages appropriate stakeholders, including institutions and government agencies.

4. **Priorities of a Crisis Readiness Plan:**
   - Know crisis readiness principles.
   - Lead and develop a scalable crisis readiness plan and validate the plan’s effectiveness in all phases of a crisis.
   - Apply the crisis readiness plan to the current scenario.
   - Be aware of all plans, systems, people and resources available.
   - Utilize readiness training and education using mock scenarios, situational awareness, resource availability and recovery follow through.

5. **Nurse Leaders Role:**
   - Critical contributor to a crisis readiness plan by leveraging a nurse leader’s broad scope of influence.
   - Collaborator and effective member of the senior leadership team.
   - Trusted patient advocate who understands the complexities of patient care.

**Resources for Managing Various Crises**

- **Mass casualty/Natural Disaster:**
  - FEMA
  - American Red Cross
  - State health departments and services
  - Community Emergency Response Team
  - The Joint Commission

- **Strike:**
  - Private consultants
  - State hospital association
  - American Society for Healthcare Human Resources Administration
  - American Hospital Association Workforce Center

- **Infectious disease:**
  - World Health Organization

- **Media Overreaction:**
  - External PR consultants/internal media experts
  - SHSMD

- **Technology Outage:**
  - IOM Crisis Standards of Care
  - Institute for Healthcare Improvement

- **Other Resources:**
  - Harvard Business Review Communications
  - International Association of Emergency Managers
  - Case studies, drills and simulations
Articles


Participants

- Erik Martin, RN, MSN – Chair, Appointed AONE Board Member, Clinical Director, Pediatric Intensive Care Unit, Cincinnati Children's Hospital Medical Center, Ohio

- Rita Bush, RN, MSN, CCRN, NE-BC, Director of Nursing Critical Care/Trauma/Cardiology, Bronson Methodist Hospital, Michigan

- Marie Cueman, RN, PhD, Associate Professor, Felician College, New Jersey

- Cole Edmonson, DNP, RN, FACHE, NEA-BC, Chief Nursing Officer, Texas Health Presbyterian Hospital Dallas

- Kimberly Glassman, PhD, RN, NEA-BC, FAAN, Senior Vice President, Patient Care Services/Chief Nursing Officer, New York University Langone Medical Center

- David Marshall, JD, DNP, MSN, RN, CENP, NEA-BC, Chief Nursing Officer, University of Texas Medical Branch

- Holli Salls, APR, Past President, SHSMD, Principal SallsGroup, LLC

- Dio Sumagaysay, MS, RN, Division Director, Perioperative Services, Oregon Health and Science University

- Pamela Thompson, MS, RN, CENP, FAAN, AONE Chief Executive Officer/Senior Vice President for Nursing/Chief Nursing Officer, AHA

- Diane Weber, RN, Executive Director, SHSMD

- Sue Gergely, MBA, Chief Operating Officer, AONE

- Stacey Chappell, Associate Director, Advocacy, Media Relations and Special Projects, AONE