Crisis Leadership and Decision-Making: Hospital Administration and Nurse Leaders’ Concerns for Disaster Response

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Background

- Disaster and mass casualty incidents (MCIs) impose a huge burden on health care leaders.
- These events create a sudden, unanticipated demand for care referred to as ‘patient surge’ that has the potential to quickly overwhelm a hospital’s capacity to function properly.
- The demand for health care services exceeds capacity to respond and the institution’s normally acceptable patterns of operations and logistics are disrupted.
- Strong crisis leadership is critical for timely, effective and coordinated response.
- This requires that hospital administration and nursing leadership are competent in making rapid and complex decisions – often in the absence of complete information and involving the allocation of scarce resources (staff, medical equipment and supplies, pharmaceuticals, etc). It requires implementation of crisis standards of care.
What is Crisis Leadership?

One of the more concise definitions of a crisis is:

“a serious threat to the basic structures or fundamental values and norms of the social system which—under time pressure and highly uncertain circumstances—necessitates making critical decisions.”

Under circumstances of extreme stress, crisis leaders must meet challenges that include:

“Recognizing the crisis; making decisions rapidly in spite of limited and fragmented information; providing effective communications, and balancing centralization with delegation.”
Strong leadership is critical in disaster and public health emergency situations when the demand for care challenges a public health department or health care facility’s capacity to respond and normally acceptable patterns of care are disrupted.

Activation of the organization’s emergency operations plan triggers:

▪ An incident command system structure for leadership decision-making
▪ Protocols for allocating scarce resources
▪ Guidelines for both internal and external emergency communications.
Crisis Leadership

Yet implementation of the emergency plans and protocols is ultimately subject to medical, nursing, public health and hospital leadership at the service level.

The results of these leadership decisions have the potential to directly impact staff and patient safety, quality of care and ultimately, patient outcomes.

Despite the critical nature of these events, health care providers receive relatively little education or training regarding crisis leadership and decision-making during disaster and major public health emergency events.
28 AUGUST, 2005
HURRICANE KATRINA, USA
SUPERSTORM SANDY, USA

29 October, 2012
Crisis Leadership & Decision-Making

What are the hallmark characteristics of great leadership during a disaster or major emergency event? What events are of greatest concern to these leaders? How can we help to ‘grow’ Hospital Administrators and Nurse Executives to be better leaders?
The purpose of this study was to characterize and explore the essential elements of effective hospital and nursing leadership during disasters and MCIs and to identify those events of greatest concern for response.
Methods

A series of structured focus groups was conducted with a purposive sample of hospital administrators (n=36) and nurse leaders (n=17) in a large urban hospital in the U.S. Northeast widely recognized for its expertise in hospital emergency preparedness. Participants were asked to respond to:

- a prompt “To ensure excellence in disaster response, a hospital administrator/nursing leader should have the following essential characteristic or perform the following essential function”

- a series of semi-structured questions related to observations of crisis leadership during recent disaster and MCI events.
Data Analysis

Data were collated and analyzed using descriptive statistics to determine events of greatest concern, impact of event on leadership decision-making, and perceived capacity for organizational surge.

Data were collated and analyzed using and concept mapping to sort and prioritize essential characteristics of crisis leadership (Concept Mapping Software System, Ithaca, New York). The analysis includes a two-dimensional multidimensional scaling (MDS) of the sort data and a hierarchical cluster analysis of the MDS coordinates.
Results

The following characteristics were of the highest importance to ensure excellence in disaster response:

- Decision making skills
- Communication
- Leadership qualities
- Understanding of the organizational culture
- Strong personal (character) attributes
- Education level
- Disaster management skills.

The five events that most concerned hospital administrators/executive nurse leaders:

- Infectious disease outbreak
- Active shooter
- Terrorist event
- Riots/ civil unrest
- Bomb threat/Bomb
Results

The results suggest hospital administration and nurse leaders harbor serious concerns regarding crisis leadership competence and organizational capacity to surge up in response to large scale community violence/civil unrest, biological event/pandemics, and acts of terrorism (fire/bombings/active shooters) that result in a mass tragedy.
Results

Three cluster maps address knowledgebase (knowledge, disaster management and understanding of organization culture).

Five of the clusters fall into the domain of fundamental leadership competencies and essential skills. These statements suggest that cognitive agility (e.g. problem-solving, communications, and fundamental leadership traits) are critical dimensions of disaster response.

The cluster map suggests that cognitive knowledge of disaster management alone is not enough, individuals need to have the leadership essential skills and abilities to execute the knowledge in a timely and appropriate manner. Just because an individual has a knowledgebase does not necessarily imply that they can lead others or transfer that knowledge to their staff.

It can be inferred than that NIMS and ICS training alone may not be enough and may not result in a prepared workforce or competent leaders.
Implications

The results of hospital administration and nursing leadership decisions have the potential to directly impact staff and patient safety and quality of care and ultimately, patient outcomes. As such, there is compelling need to prepare hospital administrators and nurse leaders for crisis conditions resulting from disasters and MCIs.
Limitations

▪ Low sample size

▪ Data collection/time of study (following Baltimore riots)

▪ Study participants all employed at large urban medical center nationally recognized for disaster preparedness, may not be generalizable to other nurse executives and hospital administrators outside the region

▪ Other medical centers/hospitals may not have the same level of disaster preparedness and public health emergency management
Conclusions

- Disaster and mass casualty incidents (MCIs) impose a huge burden on health care leaders and strong crisis leadership is critical for timely, effective and coordinated response.

- The purpose of this study was to characterize and explore the essential elements of effective hospital and nursing leadership during disasters and MCIs and to identify those events of greatest concern for response.

- The results suggest hospital administration and nurse leaders harbor serious concerns regarding crisis leadership competence and organizational capacity to surge up in response to large scale events.

- Disaster management and the ICS training may not be adequate to prepare leadership.

- Of particular concern is community violence/civil unrest, biological event/pandemics, and acts of terrorism (fire/bombings/active shooters) that result in a mass tragedy.
Thank you!