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Crisis Leadership Efficacy of Nurse Practitioners

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ABSTRACT

Leadership is vital to patient safety, particularly in crises. Clinical leadership is an important component of the nurse practitioner (NP) role; expert clinicians are called upon to assure patient safety in crisis situations. The purpose of this study was to describe the self-perceived crisis leadership efficacy of NPs working in acute care settings. The sample included 105 NPs. There was a significant positive relationship between participants' self-reported familiarity with departmental preparedness to prevent/respond to safety crises/emergencies and crisis leadership efficacy. Results may inform health care leaders to position NPs for greater impact on patient safety in crisis situations.

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Public knowledge about widespread medical errors and poor patient outcomes has caused patient safety to become a focal point of what troubles health care systems today. Factors such as interdisciplinary teamwork, collaboration, and effective communication have been identified by various regulatory bodies, such as the Agency for Healthcare Research and Quality,[1] as being integral to patient safety. Although patient safety experts observe that cultivating behavioral abilities of the front-line staff could be beneficial in improving patient safety, research on practices and capabilities of clinical leaders and their self-efficacy in managing crises is scarce.

BACKGROUND AND SIGNIFICANCE

The seminal report, published in 2000 by the Institute of Medicine and titled *To Err is Human: Building a Safer Health System*,[2] indicated that up to 98,000 people die each year in hospitals as a result of preventable medical errors. Since that report, various governmental reports have been issued showing compelling evidence that lack of clinical leadership skills, harmful variation in processes, needless complexity, barriers to the flow of critical information, and gaps in teamwork hinder patient safety.[3]

Leadership is an essential attribute in times of safety crisis/emergencies. Effective crisis leadership is important in attaining quality outcomes in any organization experiencing a safety crisis/emergency. Acute care hospital settings are highly complex and dynamic in nature. The kinetic milieu can rapidly turn unpredictable, especially when patients' lives are at stake. Ineffectual leadership in safety crises is costly and possibly disastrous.[4,5] Clinical leadership and precise execution of clinical judgment are warranted during these times of high stress.

The skills and expertise of the clinical leader are in great demand during a crisis. Crucial decision-making is based on receipt of pertinent information, which is then critically assessed and analyzed. Information assessment and decision-making have been identified as 2 fundamental behaviors that are important for effective crisis leadership.[6–11] Furthermore, a synchronized and seamless flow of information exchange must occur between clinical leaders and pertinent team members under strict time constraints and within stringent protocols and guidelines.

Organizations must devote energy to identifying crisis management skills among clinical leaders and persistently invest in resources to further promote and develop clinical leadership. The central role of the nurse practitioner (NP) is to be a clinical leader. There is an identified need to develop leadership skills of NPs to help them achieve their full potential.

The pervasiveness of crisis and the prerequisite for effective response have become so vital that crisis leadership is a fundamental competency required by many employers.[12]

In general, research on crisis leadership has been conceptual or based on various case studies. Not much is known about the details of how leaders respond to a crisis effectively.[10,11,13] Very little is also known about how to identify the capabilities of leaders preemptively, that is, prior to their being in a crisis management role.[14]

STATEMENT OF PURPOSE

The purpose of this research was to examine the self-perceived crisis leadership efficacy of NPs in the acute care setting. The research questions were: (1) What is the crisis leadership efficacy of NPs? (2) What is the relationship between crisis leadership efficacy and each of the background measures among NPs?

BACKGROUND

Research conducted on the topic of leadership in crisis management has primarily been in high-reliability sectors, such as the aviation industry, with little research literature in health care. Within the research on crisis leadership, crises are considered events that are unpredictable, and that provide a major threat to the organization or group. In the case of a safety crisis/emergency, the threat is to the system and is on a large scale. Given that these large-scale safety crises include many complex factors that make alternative outcomes difficult to assess or predict, crisis leader performance is often problematic to define and measure.[11]

The present review of the literature uncovered case reviews of crisis leadership that emerged during major natural disasters.[9,15] The research literature suggests that leaders who manage a crisis effectively tend to be emotionally intelligent.[16] They also have the innate ability to think globally and understand the interdependencies and patterns of different components of a larger structure or system. Last, they can synthesize information and communicate imperatives in a timely manner.[9,15,16]

One of the first studies of nurse leaders in crisis situations was done by Shih and colleagues,[16] who studied the experiences of nurse leaders and the

survival strategies employed by them during the SARS epidemic. Based on the data gathered from focus-group interviews and an open-ended questionnaire, the authors identified that nurse leaders are important facilitators of interventions in health disasters. They also recognized that emotional intelligence and sociopolitical and analytical skills are significant to planning and decision-making and to implementing strategies.

Hadley et al.[11] investigated critical behaviors of leaders (managers from the public health and safety sector) in crisis. Their results show that the important indicator of crisis leadership potential is the aptitude to assess information swiftly and accurately. Higher crisis leadership efficacy was associated with more confidence and ease in making crisis-related decisions.

In a case-based study by Higgins et al.,[17] factors influencing the abilities of advanced practitioners in carrying out their clinical and professional leadership roles were evaluated. Four factors were identified as having great impact on the practitioner's ability to perform: professional development; opportunities to function as leaders; tools for sustaining leadership; and personal traits of the practitioners.

According to Bandura,[18] the level of motivation is dependent on the individual's self-efficacy to perform a particular task or behavior. Empirical association was noted between leader efficacy and advanced motivation to lead.[19] One can infer that high self-efficacy in the implementation of information assessment and decision-making during a crisis is related to motivation to exhibit those skills in a genuine crisis situation.[11] Prior research has shown that leadership role-taking in the military is influenced by motivation to lead.[20] Crisis leader self-efficacy and motivation to lead in a crisis are both likely to impact the degree to which individuals take on leadership roles in a crisis. Significant gauges of leader performance consist of efficiency of the decision-making, such as the level of effort and self-confidence that leaders maintain while assessing information and making crisis decisions.[11]

SUMMARY

The few studies conducted on crisis leadership efficacy have been accomplished outside the realm of the health care setting. There is also minimal research