

CHAPTER 4

Crisis Management: Leading Constant Change

When written in Chinese, the word “crisis” is composed of two characters—one represents danger and the other represents opportunity.

—*John F. Kennedy*

Chapter Objectives

At the completion of this chapter, the reader will be able to:

- Define crisis and expand on the essential elements of crisis within a leadership context.
- Enumerate the complexity of systems and the role crisis plays in moving them to change.
- Explain the role of crisis in the change process and identify the characteristics of crisis in the process of change.
- Understand and apply the concepts of predictive and adaptive capacity in the role of the leader.
- Use a systems model for crisis management as a way of systematically confronting and addressing crisis as a normative part of the change process.

Health care leaders are now beginning to understand that they must be able and willing to confront the unexpected. In fact, the unexpected is becoming normative. Increasingly, complexity informs us that unplanned events are normal and natural occurrences in the cycle of existence. All the planning in the world and all the anticipation that accompanies it cannot reduce the fact that contingencies are a fundamental part of the human experience.

Crises have always been with us. Since the dawn of time, natural and human events have combined to create conditions and circumstances that have raised the intensity of human life and even threatened its very existence. From natural disasters and environmental shifts to human-made objects of war, conflict, and social and cultural change, crises have accompanied human beings on the human journey. Only recently have we begun to study crisis and to sort through its characteristics, elements, and all aspects that operate to affect the human experience. Through studying crisis and understanding its vagaries and variables,

humans can anticipate, perhaps even predict, crises in a way to help us better manage the impact of it on our social and individual experiences (Weick & Sutcliffe 2001).

Normative Crisis

Crises are not always stimulated by cataclysmic events. Sometimes, crisis can be stimulated by the most simple of occurrences. An accidental moment of invention, turning down the wrong street, a casual conversation with another individual, and the choice of where to spend one's vacation all may represent simple decisions and actions that may result in significant and important challenges and shifts in events and experiences. These kinds of critical events and unanticipated situations can be the end product of a convergence of forces unknown at a given time, yet operating inexorably to create an impact or cause a result that was fully unanticipated.

Point to Ponder

Crisis is a fundamental component of the human journey; it will always accompany all change.

Although unplanned events are normative parts of human existence, people do not like crises and significant change events. In the face of the reality of these events, individuals demonstrate most discomfort when normal patterns of human experience are interrupted with a radical or immediate shift in reality or conditions. This apparent contradiction creates the foundations for much of the conflict and anxiety related to confronting and addressing normative crisis. If crisis could be seen as a routine and fundamental element of everyone's personal experience and life process, perhaps more attention would be paid to developing adaptation, anticipation, and coping mechanisms to help people accommodate and deal with the crises that inevitably occur in their lives.

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THE LEADER'S PERCEPTION OF CRISIS

Contemporary leaders must recognize the importance of adaptive and predictive skills related to managing crises. The contemporary leader must understand that crisis management is as important a part of the process of management as the normative operational considerations of day-to-day function. At the same time, crisis is not always appropriate in the work environment. The leader must be able to separate crisis management as a functional activity from crisis leadership as a strategic imperative. Leaders who continually manage within a crisis mode create the conditions and circumstances that ultimately blind people to the legitimate and normative crises that confront their lives and work from time to time. At this level of intensity, crisis management both prevents people from dealing effectively with the crisis and creates a set of circumstances that makes them uniquely unprepared to adequately address a legitimate crisis.

Often, leaders who manage in a crisis mode like the intense feeling of the "high" that comes from living at an accelerated level of energy. For these people, everything has a serious potential for implications beyond what normally can be expected in a given situation. Raising this level of crisis and applying it to routine and ritual functions and activities ultimately causes people to burn out and become immune from responding appropriately to

situations that might be potentially significant or dangerous. This kind of leadership is neither effective nor valuable; in fact, it is destructive. Wise leaders recognize the value of conflict and crisis, understand its appropriate context, and prepare for it without living it.

UNDERSTANDING CRISIS

Crisis comes in all forms, from natural disasters to human-caused crises like war, Chernobyl, and Enron. In human organizations, the more complex the system, the more likely the onset of crisis. Human development has resulted in a burgeoning of technologies and systems that create increasingly more complex infrastructures. The more complex the infrastructure, the more interdependent the elements that make it up become and the more likely it is subject to the vagaries of external and internal forces causing the crisis. Technologies themselves increase the intensity through magnification of processes, elements, and experiences in ways that advance the human experience and the opportunity for a wide variety of human expressions. Technologies may be identified in the instruments of creativity and in the products of human ingenuity. From medicines to new products, from ideas to new insights regarding the technology itself, the impact of human ingenuity is increasingly vital to everyday human activity.

Point to Ponder

Technology is accompanied by crisis.
Destructive technologies always
radically change our lives.

Technology further refines the human experience. In the presence of technology, the quality of human life is advanced and improved such that illnesses can be healed, diseases prevented, discomfort alleviated, and enjoyment and comfort in the human experience advanced. Technology becomes the means for fulfilling every human desire and expectation. Through the use of technology, the human experience can be expanded, deepened, and broadened. A part of the impact of technology, however, is the complexity that it brings to human experience.

COMPLEXITY AND TECHNOLOGY

At every level of complexity, human beings have always lived in organizations. We depend on the well-being and functioning of complex human systems in small and large aggregates of human interaction and relationship. Organizational and relational issues are highest on the priority list of human interest and exploration. As the human species has grown in diversity, breadth, and complexion, it has become increasingly complex and challenging to both understand and manage (Zimmerman, Lindberg, and Plsek 1998).

Human beings shape the form of their organization through cultural, social, political, and relational interactions. The impact of each of these has led to highly complex and successful societies emerging from the earliest experiences of human history. From Greek societies and Chinese culture, to the Roman Empire, to the development of European and Asian powers, to the emergence of North America and the political and social influence of the West, social and political aggregations of human organizations have continually made an impact on the human experience and the dynamics of change.

Our world has become more complex and diverse. In this diversity, it has also become more critical and prone to the conflicts that difference creates. The crises that result from these conflicts usually demonstrate problems with the regulation of human organizations, the ability to control function and interaction, and the inability or unwillingness of various cultural organizations and groupings to deal effectively and peacefully with others.

Group Discussion

Identify a recent global or national tragedy and identify the unknown and unanticipated elements of the event. List the ways in which people were unprepared and identify how being unprepared contributed to the crisis. What elements of the crisis drove people into chaos and uncertainty? What role did the lack of technology play in exacerbating the crisis? How do human beings behave in the absolute absence of technology? What role does technology play in anticipating and managing crisis? In this scenario, is technology a means or an end?

Conflict in the Human Community

Much of these kinds of crises between peoples and organizations can be traced to problems within and between the organizational infrastructures of human communities. As a result of these inadequacies, various pathologies emerge out of the conflicts, representing inadequacies in groups and between groups to deal with the issues that negatively affect other groups. Various systems technologies have been developed within societies, organizations, and large groupings. These approaches deal with the complex interactions of variables that affect the quality of the human experience. From the development of economics, sociology, politics, psychodynamics, engineering and architecture, and other innovative and creative technologies, social groups find ways to optimize their collective and individual experience and to create opportunities to preserve their organizational infrastructure even at the expense of illuminating others. Entire fields of science have been developed within the context of emerging complexities of human societies and organizations in order for researchers to find ways to solve the problems associated with large, complex human communities. Out of these sciences have emerged intellectual, theoretical, and practical processes directed to managing and creating ways to advance the social experience and ensure societies live in harmony, peace, and comfort, and to reduce the potential for war.

In the past two decades, scientific endeavors have led to a deeper understanding of the complexity of systems and the elements of complexity as applied to human dynamics and human organization. This more scientific and intellectual endeavor attempts to move past assumptions and serendipitous models of human process into understanding more complex systems and creating an increasingly adaptive and broad-based field of inquiry with regard to systems and human organizations. A variety of systems theory and cybernetics has

emerged that recognizes the unfolding of a new language for complex human organizations, because the increasing gap and breadth of the variables affect human relationships and impact the ability of societies and organizations to work and thrive in increasingly complex circumstances. Out of these systems approaches, a new synergistic understanding of human systems and organizations has emerged, recognizing a complexity of process and utilizing the insights and skills of a wide variety of disciplines in understanding the processes of human dynamics, interaction, innovation, and complexity.

Complexity recognizes in systems the need for understanding the integration, coordination, and facilitation of complex human groups. Understanding complexity in organizations provides the ability to control the variables affecting human interaction, decision making, innovation, technology, and direction. These skills have become critical to the sustenance and advancing of both societies and organizations. Complexity science requires the conceptual foundation for effective social systems management. This brings to mind the need to manage the dynamic cybernetic capacity of human experience that lies embedded within this complexity, with all the related organizational and human challenges that implies. The cybernetics of organizational human life and the application of the complexity science related to explicating it and communicating complexity becomes a management skill of translating understanding of human dynamics and social enterprise. The leader's capacity to do this helps to better articulate human interaction, autonomy, behavior and values, and significance in the application of work and issues related to advancing the human experience and achieving self-actualization.

COMPLEXITY AND ORGANIZATIONS

Human organizations, especially those organized for work, are exemplars of both a broad and a narrow aggregation of human activity. However, cybernetic and life-generating intelligent organizations require a systematic integration of a number of forces to exemplify the ability to thrive and grow.

Human organizations must adapt to changing circumstances. Adaptation is a critical factor in an organization's ability to continue to thrive and succeed. Adaptation is a fundamental predictor of continuing existence and requires a clear conceptualization of the elements and processes necessary to ensure thriving. Thriving means building a goodness of fit in the intersection between an organization's external and internal conditions and circumstances in the broader world within which it lives. As the world continues to shift due to improving conditions, changing technology, or environmental impact, organizations must reflect those changes within the context of their own operations.

Key Point

Complexity sciences now form the foundation for thinking about existence, organization, and human functioning.

Point to Ponder

Adaptation is central to survival.
Those who do not adapt, die!

Nothing remains constant. Organizations must expect that the ever-transitioning environment will be challenging, perhaps even threatening, because the transforming social conditions and circumstances affect what the organization does and its place in the world.

Effectively managing change means leaders create an internally and externally adaptive environment that has the capacity to anticipate, even predict, the impact of changes, internal and external, that affect its ability to continue to function. Looking at change is a constant rather than an exception, and is a critical leadership skill in complex systems. Because change is ever present and continuously affects the organization, leaders must recognize in their own roles an adaptive capacity that helps the organization and its people shift and adjust practices, processes, and behaviors in the face of a shifting demand for them.

ADAPTIVE CAPACITY AND CHANGE

Several factors need to be addressed for an organization to adapt to its changing realities. First, of course, senior management needs to be fully invested and committed to the change dynamic. This level of leadership requires that the strategic frame for the organization incorporate change as a normative part of the operating decision-making infrastructure of the organization. Strong executive leadership requires that a strategic focus and a well-planned process related to contingent and disruptive conditions be incorporated into the normative planning activities of the organization. Senior leadership's commitment, skill,

Key Point

Adaptive capacity is the ability to identify the key responses necessary to thrive in a change situation and to build new and related responses.

and investment, and their ability to organize and plan systematically around the potential for crisis, are strong indicators of effectiveness in the face of constant change.

Second, there must be organizational commitment both in the design of the infrastructure of the organization related to its work and in the processes associated with undertaking work. Change never occurs when

expected. Although predictive processes in the organization can look for the signals and triggers that indicate the imminence of a change, these shifts often cannot be anticipated at a particular or given time in the organization's history. However, through the incorporation of a broad-based organizational construct for crisis, change, and contingency, and an organized response to the possibility of a change event, the potential for crisis can be incorporated into the ongoing expectations of all in the workplace. In this way, successful organizations can demonstrate clear and specific goals for all the issues at every level of the organization that are affected by the potential change event.

The third factor is the need to understand the elements of the change process and a coherent organized response to the dynamics of change. Change is neither difficult to understand nor difficult to incorporate into the operating realities of an organization. Addiction to historical rituals and routines, often present in clinical environments, can act as an impediment or a barrier to adaptation to change. Leaders must articulate the vagaries and characteristics of change, incorporate that understanding into the work processes of all workers, and show by their own behaviors a willingness to adapt and change to the new

realities brought on by critical events. In addition, the communication system in the organization must adapt and adjust to the various emerging demands that arise at any given moment. Communications systems require a multifocal, multichannel approach to information generation and the management of communication around specific change events. The communication of particular signals indicates an impending shift in the way of doing business and links those signals to the trigger events initiating the organizational action stage. This operates in response to the external and internal signals that are anticipating a need for a change in a way of doing business. Also, the communication channels must not impede patient service and clinical activities in a way that interrupts the viability and effectiveness of the services. Although change may occur in a number of different forms, from payment changes to environmental and contextual changes and even to clinical and technological changes, the patient experience should never be threatened or undermined as the organization responds to the demand for change.

The Human Resource Focus

Good human resource management systems are critical to the organization's ability to adjust and adapt personal behaviors and work processes to critical change events. Human resources focus on the value and processes associated with normative change. These responses should be an ongoing part of the education and development processes for all workers. This means incorporating the understanding of change elements and the management of change into every level of educational development within the organization. Clinical education, as well as organizational and management leadership education, should incorporate the elements, characteristics, and stages of crisis. It should include cybernetics and change management as fundamental parts of the role expectations of leaders and the professional staff. Many organizations suffer in the face of inevitable change because their human resources have not been educated in the processes and activities of change management and the impact of inevitable change on clinical and service processes and response. In an era of evidence-based practice, it becomes even more important to incorporate adaptive skills into the professional skill set of every clinical leader in the organization.

Group Discussion

Identify a particularly rancorous change process in your organization. Discuss and then list the particular elements that made this change event specifically difficult. Also include in your discussion the personal and emotional reactions that occurred in the center of the change event. What were the particular elements of this change that created problems? What were people's attitudes towards the need for this change? How were people prepared and incorporated in determining the need for this change? How was engagement of the stakeholders in this change incorporated into determining how best to respond to it? How would you do it differently, if it were to be done correctly?

A crisis critical planning process should be incorporated into the operating activities of the leadership of the organization. All health care facilities have planning processes associated with disaster plans and specific critical events. This mechanism focuses on particular crisis occurrences that are environmentally or disaster related. Response should also include those normative strategic and alignment changes that affect the ability of an organization to continue its work. Often the introduction of a new technology or new regulations regarding payment policy or patient safety can create as much impact as a critical environmental event or community disaster. Recognizing that ongoing operational and planning activities should relate as much to normative change as to exceptional change is a vital leadership capacity for the 21st century. Incorporating these elements of the organization's critical planning processes and the activities associated with adapting to environmental and contextual changes ensures that the organization remains constantly vigilant as it reviews signals and trigger events that may lead to a change in the conditions and circumstances within which clinical practitioners work. Leaders must always be aware of both the need for and the processes associated with deliberation of the critical action steps to organizational, contextual, and strategic shifts affecting the viability of the organization. These effects are as significant to the organization's success as any environmental or disaster-related critical event.

ADAPTIVE CAPACITY IN HUMAN ORGANIZATIONS

Organizational activity and learning has been traditionally considered a continuous and dynamic process that reflects the inclusion of the organization's continuous adjustments and adaptations to internal and external individual and collective contingencies having an impact on an individual's ability to learn and adapt. Resulting from this process are practices and routines that reflect the normal life and activity of the organization in response to strategic, market, and process demands. Each individual, when joined with the collective effort, contributes to these organizational values and routines in a way that reflects consistent and viable performance, reliability, and the achievement of expectations and outcomes. In this way, the organization maintains a continuum of rituals and routines that, when uninterrupted, comprise the usual and ordinary processes of work and contribute to achieving desirable outcomes.

At the same time, people and organizations live in a larger context. The dynamics associated with both internal and external vagaries and variability have a direct impact on the life and activities of individuals and organizations. These influences frequently create a level of organizational and individual uncertainty and ensure an embedded ambiguity

resulting from the influence of these random factors. This condition, called "noise," creates a level of personal and organizational interference with the normative continuum of work and the sustenance of the rituals and routines associated with it. The organization's availability and adaptability to these vagaries give form to its general adaptive capacity. The ability of an organization to

Key Point

If the leader is unable to accommodate the critical variables embedded in the crisis of change, followers will be no more successful in confronting the demand to change.

accommodate these uncontrolled factors, making adjustments in work processes and individual behavior, reflects the level of flexibility and fluidity built into the organization's work processes that ensure its continuance.

Still, these sustainable and uncontrollable variances create instability in the mind of the worker and the processes of the workplace. Often, learning processes and programs in most workplaces look at process learning and apply it in a way that assumes a normative continuum of activities and a stable uninterrupted work process. It is rare that the influence and force of constant, uninterrupted change are imbedded in the very processes of organizational and individual learning. In many ways, it is assumed that such patterns of behavior are non-normative and exceptional, and are therefore not included in the usual processes of learning. Yet every worker is reminded that "change is constant" and that they must be willing to accommodate it. What often fails to be communicated is the notion that "change is the norm" and stability, ritual, routine, and process activities are, themselves, non-normative. Contemporary and adaptive organizations recognize this reality and must now begin to incorporate into their operating framework the continuous and unrelenting demands of external and internal adaptation.

Over the years, organizational learning theory was based on the application of a more mechanistic notion of organizational life. Contemporary organizational learning approaches have shifted those foundations and now reflect the belief that organizations were not so much machines but, instead, could be more closely identified as organisms. This more biodynamic approach indicates that organizations and individuals can learn and adapt to the external change agents and stressors through more behaviorally oriented cognitive and adaptive processes. Adaptive approaches in human organizations can constantly shift and adapt through learning processes that incorporate those realities.

Point to Ponder

Organizations are dynamic living organisms. They are less machine and more biology. Leaders must now see them as ever changing dynamics with no permanent form.

Point to Ponder

Leaders frame adaptation by looking carefully for the intersections and interaction between seemingly unrelated systems and processes, and dynamically managing this connection.

Chaos, Complexity, and Crisis

Contemporary chaos and complexity theory characterizes complex human and organizational systems as spontaneous and self-organizing. These complex approaches recognize behavior as nonlinear, understanding that small changes and shifts in such behavior can have significantly large implications. Complexity theory goes beyond simply defining the impact of randomness and universal disorder. Furthermore, the theory recognizes that order can be found deeply within the seemingly random complexities. In addition, understanding chaos theory reflects the constant contest between stability and chaos where the

activities of creativity unfold. Chaos approaches attempt to understand the impact of change on systems; complexity and adaptation attempt to understand how organizations and environments adapt to changing circumstances over time.

The interaction between seemingly unrelated systems and processes creates the frame for adaptation. The notion of emergent order is consistent with adaptation. In complexity theory, emergence suggests that a fundamental and inherent order exists within an apparent disorderly and chaotic condition. Adaptation contains within it a certain amount of spontaneity and self-order that results from an awareness of the connections and intersections to which the organization reacts or responds. Imbedded in the adaptation process are all the necessary elements trapped there: goodness of fit, feedback loops, and organizationally responsive strategies.

Point to Ponder

The potential for crisis is constantly present. It is understanding this concept of “potential” that is critical to the exercise of good leadership. The wise leader is always living in this potential.

This “borderland” of chaos creates the condition, at the intersections between systems, representing the conflict between stability and chaos. It is here that innovation, adaptation, creativity, and flexibility thrive at once. In essence, these elements create a dance of interaction, the confluence of which results in the conditions, circumstances, and forces that require human and organizational response and adaptation. It is

in this place where creativity and learning, adjustment and adaptation, flexibility and fluidity combine to encourage new patterns of behavior, action, and organizational response. Also, this set of circumstances creates the conditions for crisis.

Crises are embedded at the juncture between contemporary and normative organizational activities and at the critical moment where the external and internal forces converge to create a change in the organization’s circumstances. It is often not easily anticipated, yet can always be expected. For the leader, anticipating crisis is a state of mind; responding to its inevitability is an organizational construct. The potential for crisis is consistently present regardless of the stability apparent within any current state. Understanding this potential, the leader is able to see that through the constant mobility of movement across time, the opportunity for the impact of change is ever present. The leader recognizes that one of the most significant leadership skills embedded in the role is the constancy of potential moderated only by the leader’s skill in identifying and reading the signposts that indicate the convergence of factors and driving forces leading to a paradigm shift for the organization and its people.

STRATEGIC CRISIS MANAGEMENT

The key to thriving in the context of crisis conditions is a strategic ability to anticipate, identify, and respond to them. Organizational leadership should focus on developing the resources, both financial and human, that creates a frame of reference to ensure adapting to crisis, not simply reacting to it. Because there will always be unanticipated surprises and serendipitous occurrences that can negatively impact the organization, the more infrastructure and planned approach that are available to the leader, the better likelihood of

sound response and recovery. Whenever models exist, they must be dynamic and represent the organization's continuous effort to anticipate and identify those internal and external factors affecting the work of the organization. This process must be inculcated into the operating structure of the organization and become a part of the life and work expectations at every level of the organization. The ability to read signals and to anticipate challenge can be generated at any place in the organization where the indicators and signs of impending impact can be diagnosed. From the front lines to the executive office, points of intersection within the system, between systems, or with externally generated variables can be anticipated and responded to regardless of position or role.

Leadership must enroll both the practicing professionals and managers through structuring and framing work activities in a way that crisis influence and impact can be quickly assessed and responded to. Furthermore, the cybernetic process of whenever dynamic mechanism is built must make it possible—indeed desirable—for workers at all levels of the organization to own the obligation of identifying and responding to the shifting realities affecting their ability to address the purposes of the organization and undertake their own work. A systematic and organized response to building the infrastructure that makes such fluidity and flexibility the frame for doing business and for undertaking action is a critical variable that results in either negative impact or positive response. Furthermore, the model built in the organization for addressing critical variants needs to contain several elements. First, it must address team activities and relationships in the course of doing the business and undertaking the activities of the organization in everyday rituals and routines. This way of doing business necessarily incorporates an awareness by every member in the organization of their connection to the strategy, mission, and purposes of the organization and how their individual and collective work contributes to those ends. All the work elements of the model must tie the individual and collective action of the work team to fulfilling the goals of the organization and must meet the needs of its various constituencies and customers, ultimately, in this case, resulting in advancing the health of individuals and of the community.

Second, the model must assist the organization and its players, and every point in the system, in anticipating and predicting the impact of external and internal forces and their convergence as it affects the work of the organization. Local and global influences affect the organization's viability and responsiveness to changes in its contextual circumstances. These often can be identified at the clinical sites to changes in practice, technology, therapeutics, or clinical evidence. The ability to identify the signals that indicate a convergence of forces and the triggers that enumerate particular and specific impact on the organization should occur wherever in the organization these signals and triggers can be first anticipated. This indicates the need to inculcate the value at every level of the organization of the role of all players in sharing the identification, prediction, and adaptation of the organization to those realities that affect its continuing viability.

Third, crisis planning must not simply be isolated to particular dramatic and critical events, often identified with disaster planning, but should include the far more insidious and less clearly visible crises embedded in contextual and external changes that are easily ignored because of the organization's focus on current-stage work. Crisis planning should include the construction of an organizational frame within which predictive and anticipatory activities can be incorporated in the ordinary course of doing business. Developing

these planning components for the crisis dynamic helps to normalize the notion of critical change and inculcates the processes associated with predictive and adaptive capacity and the lives and activities of every part of the organization.

Group Discussion

Organized and systematic response is necessary to building a good infrastructure that supports constant change. There are particular elements to this infrastructure that are necessary for it to be effective, such as addressing team activities and relationships. What are some of the other elements that would be necessary in creating an effective adaptive model? What would you do to incorporate this model into your way of doing work? How would it impact the expression of leadership? And what would be the role of the followers in making the model work effectively?

Dynamic Cybernetic Team Model (DCTM)

Teams are the fundamental unit of work in the contemporary workplace. If an organization is to fully engage the full range of activities to respond to both process and critical events and seek to be successful, they will do it through teams. Therefore, any model that focuses on predictive and adaptive elements of organizational response to external or internal variances requires the full engagement of its various forms of teams. As previously identified, the ability to isolate environmental signals and the triggers that indicate organizational impact may occur anywhere in the organization. Effective and adaptive organizations access insight and response from wherever in the system the indicators of change or crisis first appear.

Most important to the organization is the formalization and construction of rational and sequential approaches to team action (**Figure 4-1**). These responses should be tied to such action and to the purpose, the mission, and the goals of the organization. This operationalizes the work of teams, such that team processes are strongly tied in with all the major systemic characteristics and processes that can make the team ready and available to do its part in anticipating, predicting, and responding to critical indicators.

The team's participation in engaging the challenges to organizations cannot occur effectively unless a frame or discipline is available to give form to the team's work. This framework must be structured enough to provide direction and context to the work of the team, yet fluid enough to respond nimbly to whatever vagaries and variances might confront the organization or the team. Critical to this format is evidence of synthesis between the various flow components of the team's action and across the systems framework that gives form to the team's work.

SYNTHESIZING EXTERNAL AND INTERNAL FACTORS

Creating a predictive awareness of the potential of critical events affecting the work of the team requires the team to maintain a broader focus on those issues that influence its

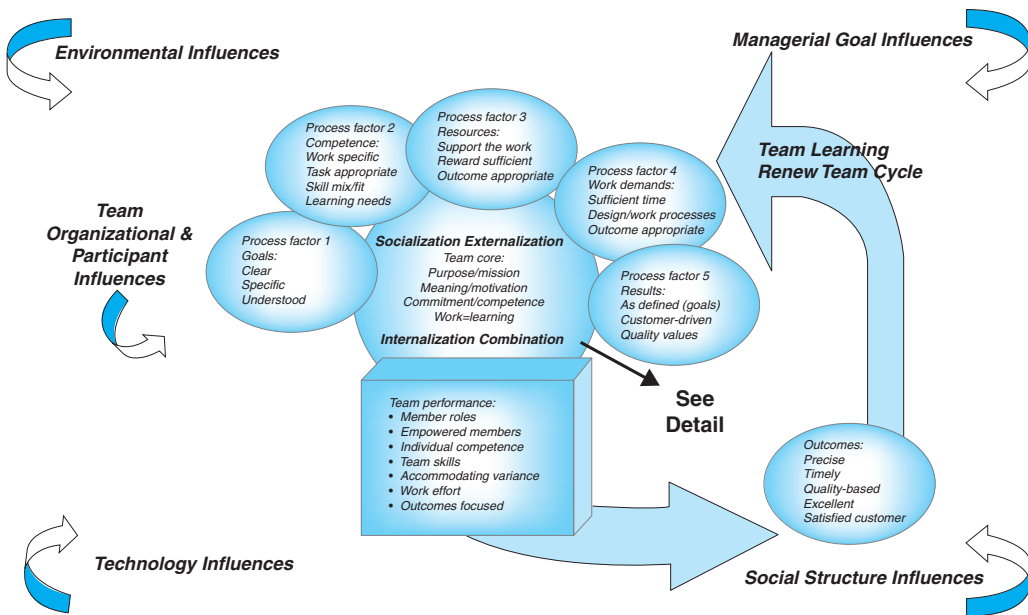


Figure 4–1 Dynamic Cybernetic Team Adaptation Model

actions. One of the most significant problems with clinical teams is their disciplinary isolation, hyperfocus on the issues of the day, and a lack of awareness of the influences and circumstances affecting team viability going on outside the immediate locus of the team's action. Environmental and contextual changes in finances, market and service characteristics, technology, social structure, priorities, and organizational goals all have a direct impact on the viability and vitality of the team's work. However, team members are often diluted by their focus on function and action, believing the quality of their activity sufficient to ensure their effectiveness, when, instead, external realities are having a greater impact on the team's viability than even its own actions.

From a broad view, it is starkly frightening to note how often teams are surprised by shifts in the prevailing reality affecting team members' ability to succeed in their work as they represent a complete lack of awareness of these contextual, business, social, and relational changes impacting their work. Even more concerning is the lack of insight on the part of leaders regarding how important this level of contextual awareness is to successful action and interaction of team members with the system and with those they serve. Whatever model is created to systematically address team operation and its predictive and adaptive capacity to anticipate and respond to crisis, it must be formalized

Point to Ponder

The team is the centerpiece of all work. It is important that the team be involved in the change process from first identification of the need for change to final implementation of the processes of change.

and become a fundamental part of the discipline in the expression of the role of the leader. This model must be fluid enough to alter priority and practices, yet sufficiently structured to ensure the necessary continuum of actions that attempts to focus the work related to reaching goals and achieving outcomes.

STRATEGIC CORE

Any systematic activity associated with the team's work must reflect how closely aligned to that work the team is with the strategic priorities of the organization. It is in this arena that most health care organizations reflect the greatest dissonance. Clinical teams often see their focus unilaterally from this perspective of how well they serve particular patient needs. What they often do not recognize is a broader strategic obligation to which they must give evidence of having contributed. This broader obligation operates at a level of complexity that requires teams at every level of the organization to frame their activities within the context of the contribution of those activities to the strategic, financial, operational, and service goals of the organization. Simply providing adequate work performance in relationship to meeting individual patient needs may actually be an impediment to advancing the strategic priorities of the health organization. Failing to make a difference in the health of the community, lack of evidence of the relationship between clinical activity and positive patient outcomes, and a level of resource use intensity that outstrips the financial viability of the organization are examples of how the team's unilateral focus on patient-related activities and functions actually limits or impedes its adequately addressing the organization's strategic imperatives.

Leadership, in this case, can show its preparedness in focusing critical factors through how well an alignment between patient-related activities and strategic priorities has been addressed in the conscious application of team thinking and team member's work. Ensuring this continuous level of awareness between purpose, mission, and the professional's own motivation and competence focuses leaders and staff on the continuing need for the goodness of fit between the organization's strategic core and the functional priorities and actions of its clinical providers. This partnership between each team member's personal effort as aggregated in the team's work

and the strategic priorities of the organization represents the continuous seamless thread that enumerates the collective commitment to ensuring the organization's vitality.

A part of the flexibility of strategic direction is the fluidity and adaptability of that strategy when external and internal (externalization/internalization) forces and factors create a need to reconceptualize and recon-

Key Point

Once a strategy has been redefined, the leader must always inform the team and engage them with regard to how the change will impact the way the team does its work.

figure direction and goals. Once a strategy has been redefined to reflect the changing parameters influencing the team's work, the leader must inform the team and inculcate the new factors on the template of the team's mental model and work processes to incorporate changing expectations into team action (socialization/internalization/combination) (**Figure 4-2**). These adaptive process elements are a critical component of the leader's role



Figure 4-2 Strategy Core

and demonstrate the requirement that leaders at all levels of the organization have with regard to the fluidity and flexibility of adapting strategy to the continuously changing circumstances affecting the organization's priorities and the team's work (Parker 2003).

TEAM PERFORMANCE

Essential to determining capacity and availability to responding to change and critical events is the basic competence and capacity of the team with regard to its own internal structural, social, and relational integrity. Assumed within the context of the team's own functioning is the clarity around the goodness of fit between team members in terms of relationship, competence, and work capacity. This degree of integration and efficacy of interaction and intersection between and among team members is a critical and fundamental factor affecting the smooth and effective functioning of the team. Leaders who do not spend sufficient time on effective team construction pay a price for this failure at the time of the team's conjuncture with crisis or conflict.

Teams are themselves small systems, reflecting the same level of complexity as any other level of systemness. Creating effectiveness with regard to work styles, communication, and clinical skills and balancing those expectations with the individual's ability to think critically, express competently, work well with others, accommodate differences, and approach work activities with a high level of flexibility are all requisites for successful team membership (**Figure 4-3**). Failing to balance these essential elements in team construction will cause the leader challenges in these areas as the team attempts to work together. Although learning to develop these capacities is possible for each member of the team, a basic facility with these basic skill sets must be present at the outset if effective team synthesis is to be ensured.

To ensure long-term team effectiveness, it is important for the leader never to "settle" for less than a good level of synthesis between and among team members. Corollaries with regard to basic clinical competence, conceptual skills, social skills, personal attributes, and

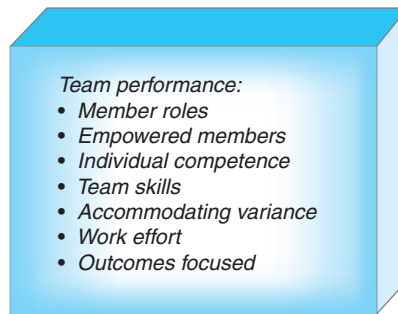


Figure 4–3 Team Performance

the balance of skills between and among team members must be established by the leader and is a priority influencing team effectiveness. The wise leader creates a competency grid related to the clinical, social, personal, and collective parameters necessary to create a frame for defining an effective team within the specific clinical and service characteristics of the department.

Once the individual characteristics of team members are combined to create the team's "personality," it is important for the leader to focus on making clear the performance and work expectations that clearly define the functional elements of the team's activities. It is here where the link between performance and strategy is established by the leader, such that the work efforts of team members are tightly aligned with the purpose and goals of the organization as represented in the focus and activities of the specific clinical service. Here the leader begins to match the characteristics of the team with the performance expectations and activities represented in the team's work. In an evidence-based approach to structuring team effectiveness, the leader makes sure that team members are aware of expectations, goals, and the specific outcomes to which good performance must ultimately lead.

Once the basic elements of team construction have been configured appropriately, the leader must determine the team's adaptability to changing circumstances and that vagaries embedded in their work life can be addressed appropriately through team action. Although it is important for teams to work effectively and to undertake their day-to-day routines with care and consideration, the forces of change are always working inexorably on the periphery of organizational life. Weighted by a growing content, the forces of change operate sometimes directly and other times insidiously to create a shift in conditions and circumstances that effect the viability and sustenance of work. Some of this can be predicted and anticipated; more often it cannot. However clearly change can be anticipated, group adaptation and adjustments to the realities and impact of a given change must be a part of the work construct of the team. Here the leader must ensure that appropriate education and development of team members in their role of identifying and adapting to particular change events is a part of the ongoing expectation for team effectiveness. To make sure that the team responds appropriately to critical events, they must come to expect that these events are normative and may appear from time to time in ways that directly affect the ability of the team to undertake its work processes. Ultimately, the team must demonstrate its

ability to incorporate the demand for adaptation and change into team routines and rituals and, indeed, approach these changes as a normative interruptive reality.

It must be assumed that this critical and adaptive capacity is present in all levels of team effort in the organization. From the board and executive team focusing on strategy and goal development, throughout the organization to include administrative and financial support teams, organizational and clinical support, and clinical services, each makes its own contribution in synthesizing and incorporating the demand for change into the collective and individual work processes that result in sustainable outcomes and the ability of the organization to thrive.

TEAM OUTCOMES

Teams have no purpose or meaning if both purpose and meaning remain unaddressed. Contemporary focus on outcomes ties the notion of strategic imperative and work process to the achievement of goals and sustaining work outcomes (**Figure 4-4**). This focus on outcome requires the team to have clearly delineated deliverables against which its performance can be measured. However, all too often in the clinical environment, the clinical team’s work becomes an end in itself such that the process becomes the outcome where clearly articulated deliverables are never expressed. In an evidence-driven world, this circumstance is not acceptable. As digitalization of clinical practice and communication becomes increasingly the norm, the expectation for the team is that some evidence of impact, of a difference being made, must be incorporated into the performance expectations of team members, just as it is the expectation of the organization.

Evidence-based practice requires that the team’s work activity is viewed from the perspective of the difference its work makes, rather than simply from the view of the quality of the work processes. One may work well with a high degree of commitment and precision with regard to the work activities and still not make a difference or achieve specific clinical objectives. This is the Achilles heel of most clinical teams. Incremental and unilateral patient impact has historically remained unconnected or unlinked to other like

Key Point

A leader must always make the team aware of the realities affecting advanced planning which demonstrates commitment to the normative construct and dynamic of change. In this case, adaption is more important than anticipation.



Figure 4-4 Team Outcomes

patient efforts, such that an aggregate body of knowledge regarding specific and definitive clinical activities related to defined clinical outcomes has not yet been achieved. The potential for clinical standardization has created the fear that somehow a “cookbook” approach to clinical practice might emerge, robbing it of the responsive and spontaneous and creating a clinical format that may be disconnecting and unfeeling. This fear of standardization has kept clinical professions from developing a broad-based standard of clinical performance that can be effectively compared and contrasted, out of which could come clear notions of what worked best and what did not (evidence-based practice). Now with a digital ability to aggregate information across a broad frame, the possibility of creating such foundations for practice is accelerated and increases the clinical team’s demand to articulate its work with a broader body of knowledge.

CUSTOMER EXPECTATIONS

Using emerging digital tools, teams can now be more objective and definitive with regard to clinical action. They can imbed that action in an aggregated database against which specific performance can be measured to determine its effectiveness and efficacy. Teams must think within this practice framework and adapt strategies that incorporate their unilateral action and integrate it with the action of other like teams as a part of evaluating and delineating the most effective clinical processes more likely to achieve a larger continuum of defined expectations and outcomes. In generic terminology, outcome value must also include customer (patient) satisfaction but only if that satisfaction is based on clearly enumerated legitimate customer (patient) expectations. Team members now must ensure a clearly understood set of expectations between provider and patient with regard to what is legitimate to achieve under the circumstances. In achieving sustainable outcomes, one of the performance expectations of team members is reeducation of the consumer, shifting expectations and roles as the parameters and conditions of service change in response to new technologies, therapeutics, and interventions. The constant enhancement of clinical activities over increasingly shorter periods of time requires that user reeducation be a constant activity of the clinical team’s relationship to those they serve. Also, outcome expectation includes more clearly defining the performance roles of users (consumers or patients) in managing that part of the clinical journey for which they are primarily accountable. As healing increasingly occurs in settings other than the clinical institution, user accountability in undertaking activities and roles related to the individual’s healing process is now a fundamental work expectation of the clinical team.

Notions of excellence and value with regard to outcomes must also include how clearly specific clinical and performance outcomes have fulfilled the overall strategic purpose and goals of the organization. The clinical team must always maintain a two-pronged focus on outcomes. First, it must meet the individual clinical needs of the population it serves from the perspective of those identified needs as negotiated with the user (patient). Second, the overall organizational goals, which include community impact, overall health status, reduction in process risks, and any other specific clinical performance goals, must also be included in the performance expectations of team members. Making the connection between individual consumer impact and aggregated organizational effectiveness becomes the frame for delineating outcome value at the point of service and within the context of

the work of all teams, regardless of where they are located in the system.

Here again, crisis and critical events are constantly lurking at the boundaries of the organization's intersection with the larger community and the team's intersection with the organization and consumers (patients). Here again, inherent in all team action is their continuous awareness and preparedness for the influencing vagaries and variables of environmental, financial, technological, social, and market changes that are dynamically intersecting with current operations and occasionally converging to create a demand for change in strategy, operations, and clinical practice. At best, teams can converge around predicted and anticipated changes with sufficient time and resources to adjust to them in the ordinary course of doing business. However, just as likely are other critical events, disasters, or unanticipated and unplanned occurrences that require the aggregate of teams to change behaviors and practices immediately, demonstrating the level of their inherent flexibility and fluidity as well as the applicability of their crisis planning model.

Point to Ponder

Excellence in performance is no longer optional. Therefore teams must focus on outcomes, not processes. It is what the patient receives—not just what the provider gives—that is important.

TEAM PROCESS FACTORS

The best methodology available for confronting crisis events is an infrastructure that builds on the normality of good process. Building a good process infrastructure creates a frame for response to any particular work activities and, further, provides a construct within which critical events can be addressed through good form, format, and structure.

Process factors break down the framework for work activities into a series of steps that relate specifically to the work itself and the staged activities that represent particular points of reference in relationship to the work (**Figure 4-5**). In addition, process factors tie each stage of the work process to the goals and purposes that give direction and meaning to individual work. Process factors structure the work activities so that they best relate to the goals and objectives to which those work activities are directed. In the midst of a crisis or critical events, dependence on the stability that comes from process factors provides a solid frame of reference within which to address critical events. What often happens in the midst of critical process is the loss of the routine and ritual embedded in process factors. Through this loss, organizations become chaotic, directionless, and fail to incorporate the critical process into a ritualized series of activities that can make sure all issues affected by the crisis are addressed appropriately.

Process factors can be broken down into five focused factors; goals, competence, resources, work demands, and results. There is a sixth factor that is simply the outcome of the successful flow of the five process factors and that factor is the outcome or results. This factor is separate from the five process factors in that it depends on the successful implementation and action related to the five process factors in order to ensure the elements that identify and explicate outcomes become clearly enumerated.

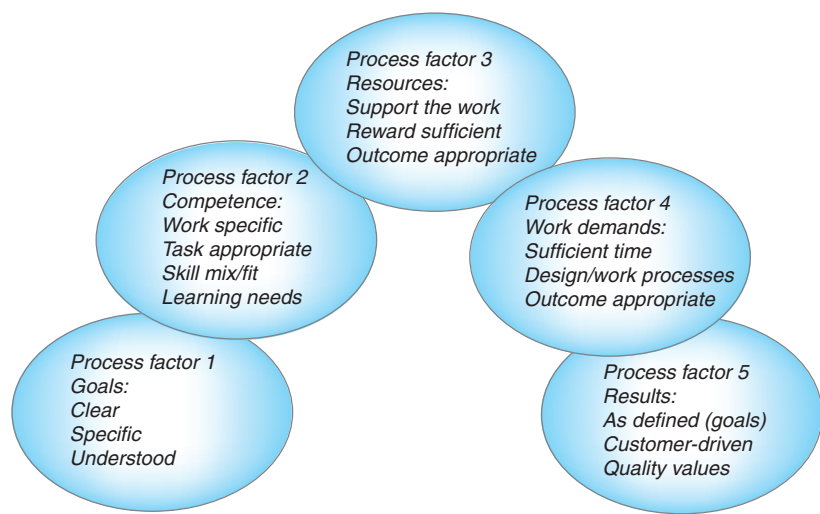


Figure 4-5 Process Factors

Process Factor 1: Goals

In moments of crisis or in the midst of critical events, organizations lose their bearings, their sense of directedness, and, as a result, become reactive and focused on the short term. The purpose of goals is certainly clear to the normal processes of the organization in the absence of critical events (**Figure 4-6**). However, critical events do not change the need for goals; if anything, they advance them. An important and appropriate focus of leadership during a critical event is refocusing the organization on its goals and its purposes so that, in responding to the critical event, the organization does not lose focus on its key purposes and directional priorities.

Leaders help the organization in crisis by bringing leader and staff attention to the fundamental purposes and values of the organization as it confronts its crisis and incorporates its attempt at continuing to thrive. This notion of thriving is important in the midst of crisis. Often, in the midst of crisis organizations move to a survival mode. Although some of the immediate actions may focus on precise and definitive responses to respond appropriately to the crisis, the organization should not forget its fundamental drive to achieve its



Figure 4-6 Process Factor 1: Goals

goals and fulfill its purpose. To do so maintains a crisis format for the organization and fails to return it to a focus that represents its core values and goal priorities.

Goal clarity and specificity are the two most important elements of goal setting. Goals must be defined in such a way that the purpose and mission of the organization is made transparent to all members of the organization and can be clearly articulated by individuals and work groups whose activity ostensibly fulfills the purposes of the organization. The ability to clearly enumerate particular goals and priorities helps the organization keep focus on the purposes of work and the long-term values to which even critical responses must ultimately be directed. Furthermore, it keeps workers grounded and promulgates the particular values that relate to the nature of thriving in the organization and the activities necessary to ensure that happens.

Point to Ponder

Competence is not simply what people have with the skills that competence represents. Competence is actual performance; it is the impact and results that are the indicator of an individual's competence.

Process Factor 2: Competence

Ensuring competence at every level of the organization is never so important as during a critical period of events within the organization. Lapses in identifying and managing issues of competence at every level of the organization become especially risky when critical events intervene. At these times, the organization needs to depend on the ability and skills of those who do its work (Figure 4-7). If the critical competence factors necessary to ensure effective work processes are missing, the price that is paid during a critical event is additionally burdensome to the organization. Assurance that every level of work operates at a specific competence demand becomes very important in positioning organizations to address the inevitable noise and crisis that comes with unplanned occurrences. Individuals need to act independently and interdependently at a number of critical levels in the midst of a crisis event. This expectation, that the organization can count on the skills and talents of its work force, is an important factor in the organization's preparedness and readiness for any crisis events.

Competence means not only the skills, abilities, and capacity of performing job assignments, but it also implies the ability for focused action on the part of workers. The focus



Figure 4–7 Process Factor 2: Competence

is on individual competence as well as on team response. Teams are the basic unit of all work. The ability of teams to respond appropriately and with efficiency in the presence of crisis depends on the team's own ability to act in concert with each other, in direct response to the crisis as it affects the team's work, and in relationship with other teams having specified roles in responding to the critical event.

Competence in crisis also means the ability to adapt to additional challenges and activities necessary to ensure the organization's appropriate action in the face of a crisis. There are times when a crisis brings a broadening of role expectations not found in the usual and ordinary course of an individual's or a team's working overtime. Critical events may change the mix of work expectations and demands, requiring workers to shift roles, performance, and expectations with regard to actions undertaken in response to the crisis. Competence in this case means the flexibility, fluidity, and adaptability necessary to meet the challenges and shifting demands that frequently arise in moments of crisis.

Incorporated into the notion of competence is the commitment of the organization, teams, and individuals to continuing education developments in preparation or anticipation for the inevitability of crisis. Continuing education and development of individuals and teams responding to a whole range of potential crises is an important part of the developmental program of the organization. Although every kind of crisis cannot be anticipated, the demands of crisis are often generic and can be incorporated into the learning curriculum of employee development. Incorporating the elements of crisis, characteristics of crisis response, and individual and collective roles in reacting and adapting to crisis and addressing issues of flexibility and fluidity in the presence of crisis are all important learning elements that can advance the competence of leaders and teams in the face of inevitable crisis events.

Process Factor 3: Resources

It is surprising how few organizations manage their fiscal distribution and operational budgets in a way that includes the anticipation of critical events and crisis situations. A certain amount of the organization's capital resources should be directed to addressing inevitable critical events. Organizations that have failed to adequately create resource reserves find themselves in serious financial trouble at a moment often too late in the crisis cycle to adequately respond and to return to thriving (**Figure 4-8**). In fact, it is this set of circumstances that most often permanently cripples organizations in the face of crisis, ending in serious decline or corporate failure.

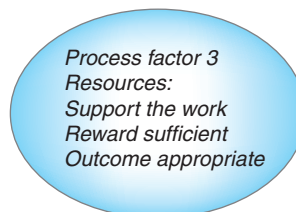


Figure 4-8 Process Factor 3: Resources

Appropriate resource allocation means that the organization has set aside sufficient financial, material, and human resources to respond immediately and effectively to a crisis having an impact on the normative operations of the organization. The ability of the organization to adapt specific job functions, roles, and fiscal commitments in the organization to address the arena of crisis plays a major part in ensuring the organization will quickly recover from the crisis and move back into normal operations. Taking additional time and resources to adjust and change the normal flow of business to respond to the crisis, if not carefully managed, can be a formula for failure. Quickly responding to critical events and creating a goodness of fit between the response and the demand of the event indicates both a good allocation of appropriate resources and an ability to adapt the focus of the organization on the issues immediately affecting it. This ability to allocate and to shift the distribution of capital and resources in the organization creates the level of flexibility and fluidity necessary to respond appropriately to a crisis. Any level of the organization should consider its individual and collective ability to shift its focus and its resource capacity in a way that can adequately address the critical event without endangering the long-term viability and service demands of the organization.

One can imagine the secondary crisis created in an organization where staffing and financial resources are already tightly configured. The introduction of a crisis often creates additional demand on existing work infrastructure, making it virtually impossible to meet both the demands of the critical event and the routine and usual expectations for work in the routine environments (Hamlin, Keep, and Ash 2001). Not adequately accessing additional resources or adjusting the focus of existing resources in a timely fashion creates a double demand on staff, further burdening them with additional work, accelerating levels of emotional stress, and decreasing the ability to focus and respond to immediate issues of concern. And yet it is common for just such events to occur in many organizations in the midst of crisis. The inability to respond and narrowly allocated resources with no financial flexibility create a serious constraint in an organization's ability to respond to crisis. This is a far more common set of circumstances than is often perceived. Critical leadership requisites are balancing long-term operational resource needs against inevitable crisis occurrences with the resources required to respond to it.

Process Factor 4: Work Demands

The configuration of the elements of work and work load become critical considerations in critical events. Most organizations operate as efficiently as they can, recognizing the need for appropriate productivity and maintaining a tight relationship between work demands and work load. Although this is certainly an appropriate measure of performance in organizations under normal conditions, planning must include flexibility related to specific work objectives when crisis arises (**Figure 4-9**).

The design of work must include options related to responding to critical events and changes in the normal course and routine of work. In clinical organizations, different levels of consensus create shifting demands and require a flexible staffing and resource use plan. This same approach heightens insight and need during critical events. If a disaster or an unplanned event changes the normal routine, a different resource use plan that represents accelerating or shifting needs for human resource allocation needs to be accessible and

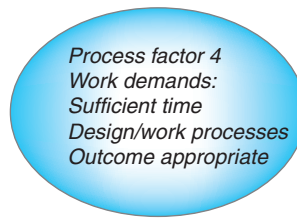


Figure 4–9 Process Factor 4: Work Demands

incorporated into the crisis planning process. Staffing and scheduling programs routinely need to be addressed in light of shifting demand and accelerating changes affecting work distribution and work load. Incorporating this flexibility and fluidity into the human resource and staffing plan increases the likelihood of adaptability to particular crisis events.

Many organizations build contingency staffing plans based on changing customer demand or productivity and work load issues. These contingency plans help the organization respond more critically and directly to shifting work demands with regard to either an accelerating product or a service demand cycle. These flexibility plans also can serve an organization well in the midst of a planned or unplanned event or a crisis. Using this same approach to variability in resource demand and staffing helps the organization adjust resources based on the nature of the crisis and the skills of and demands on the workers.

Continuing education and specific role development with regard to unplanned and critical events are important corollaries to the routine education and development of teams and workers. As in the process factor related to worker confidence, it is important that the ability to act in a heightened complex or crisis

situation is also expected and incorporated into the role and routines of specific workers in the organization. Here again, many crises are unplanned, yet the nature of crises often requires timely and effective response skills. The talent and ability to anticipate and to respond in crisis events in the organization can be a corollary to volunteer fire departments and voluntary medical emergency units, in which the focus is on skill development of individuals whose primary

Point to Ponder

Almost all crises are unplanned for. Understanding that, leaders always make sure that there is a system, an infrastructure that makes it possible to anticipate and to respond to unplanned-for crises.

work activity is focused in another arena. Using this same dynamic within the corporate process of crisis response helps prepare key workers to play specific roles in unplanned or critical events and ensures a heightened level of preparedness for the organization.

Process Factor 5: Results

Results normally mean validating the achievements of goals to which the team and individual work has been directed. Clearly, the goodness of fit between the goals and the results achieved is an indicator of the level of success of the organization and its members. In critical situations, the notion of focus on results is as important as in the normative and

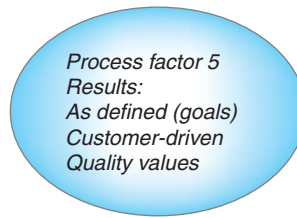


Figure 4-10 Process Factor 5: Results Focus

routine operations of the organization. A significant difference between the two is that results orientation of normal work processes is long term and continuing, whereas the results orientation of critical events has a much shorter cycle of productivity and performance. Critical events lead to a redefining and reconfiguration of goals and results based on the immediate activities and actions that must be undertaken to return the organization to stability. Results in a critical situation must be defined early so that work processes can be focused specifically on achieving corrective short-term objectives in an efficient and effective manner (**Figure 4-10**).

Short-term goal orientation related to crises should still at some level be evaluated against the long-term operational goals of the organization. Critical intervention intends to return the organization to its normative level of operation. To do this, leaders must continually assess the critical goals directed to those stabilizing and renewing reorganization in the context of the longer term functional goals that give the drive and purpose to the work of the organization. Matching critical goals helps create a process that fits within the return to normalization necessary to stabilize the organization and to ensure its long-term viability. Leaders at every level of the organization must be aware of this need to address both the normative long-term goals and the more short-term and immediate goals necessary to stabilize activities of the organization.

IMPACT ON OUTCOMES

Focusing on the orientation to outcome during a critical event becomes important when considered from the perspective of the customer. Critical events really have an impact on the will of the organization to serve its customers and meet their needs. This orientation to customer sensitivity is critical during crisis experiences. Customers must be aware of the shift in emphasis, adjustment of resources, and impact on the service or product commitment to clients or customers. The immediate inclusion of the customer in consideration of crisis response helps reduce the impact of the crisis, the stress of responding to the crisis, and the negative impact on the customer or plan needs. Often, when the focus of a crisis takes emphasis away from meeting the needs of the client or consumer and when the client or consumer can be incorporated into the dynamic of solutions seeking or problem solving, the stress and critical nature of the crisis can be significantly reduced. In addition, the client or customer can participate fully in finding alternatives and changing his or her own demand in relationship to pressure on the organization during a critical time frame. Through partnership with the client or consumer, the organization in crisis can often better identify and address appropriate responses and solutions, and return to long-term normative operations.

Group Discussion

In hospitals and all the service organizations, crisis has a special impact on patients and people. In planning for and building infrastructure for managing crisis, how does the leader incorporate the patient or the public in responding appropriately to the crisis? What roles do the patient (the user) and significant others play in responding to a clinical or an organizational crisis? Should they be involved in constructing plans for a systematic response to crisis? How are they involved? What processes of communication are necessary in the system to make sure the patient (user) is aware and informed of their participation?

Certainly, these process factors play a significant role in an organization's response to crisis. The more committed the organization is to systematically and effectively organizing around its specific process factors, the better the tool set the organization has to respond to unplanned events or crises. The discipline with which a company or clinical organization follows its process plan is an important factor in determining that organization's ability to respond well to a crisis. Although clearly subsequent processes and dynamics need to be in place to ensure appropriate response to a crisis, the foundations laid by an appropriate team-based process action plan incorporated into the clinical and operating framework of the organization is valuable for successfully responding to critical events. In addition, the consideration that this is a cybernetic process indicates the continuous and dynamic cyclical nature of the impact and value of process factors in a normative work environment. The adaptation of these factors to a critical environment indicates the same level of dynamic, only on a shorter and more heightened cycle. The ability of the leader to apply process factors to the cycle of crisis intervention as a foundation for evaluating progress and successful intervention is an important indicator of effective crisis management.

Cybernetic and Interacting Environmental Scanning Process

The ability of an organization to respond well to crisis directly relates to the organization's ability to anticipate it. Anticipating and predicting crisis is an important part of the role of leadership throughout the organization. Leaders must recognize the fundamental obligation of leadership: ensuring the environmental influences that have an impact on the organization's ability to do its work have been

Key Point

The model that is created for responding to crisis is cybernetic, that is, includes processes which are continuous, dynamic, and cyclical in nature. This cybernetic system is what assures that the processes continuously fluid, flexible, and mobile.

been considered and any change in them has been noted, especially with regard to a shift in the organization. The work of the organization is affected by a number of forces internally and externally. These forces are continuously interacting, and the leader, recognizing this level of interaction, realizes that a change in response may be clearly indicated by a shift in these conditions and circumstances.

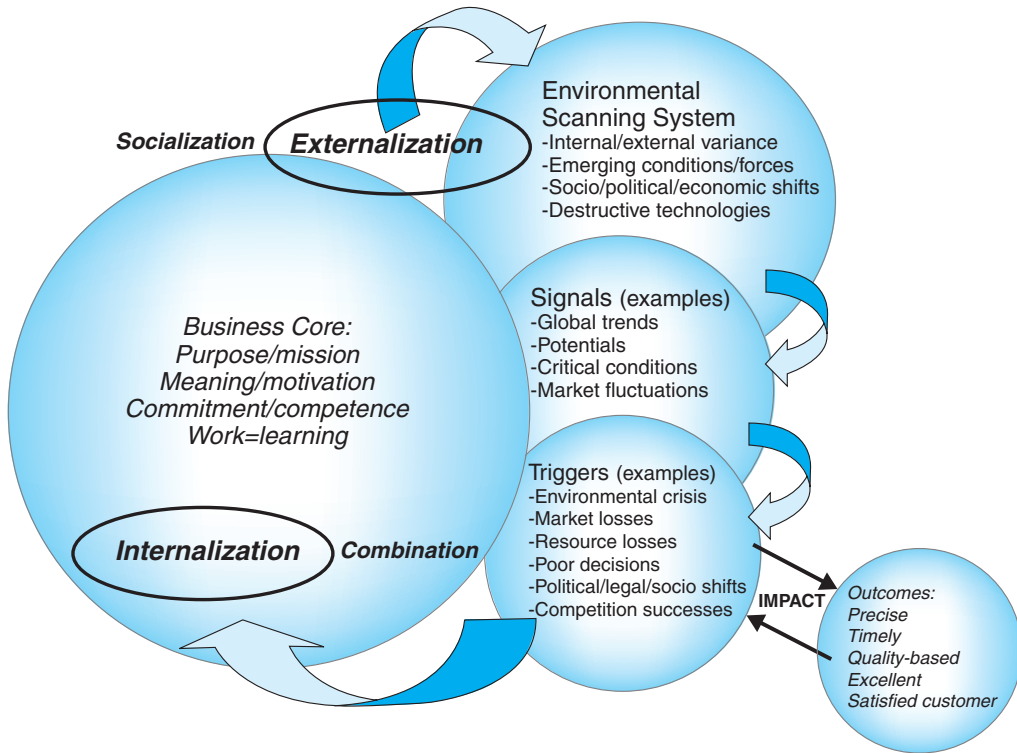


Figure 4–11 Cybernetic & Interacting Environmental Scanning Detail of DCTM

Organizations are dynamic and living entities. As such, they must achieve a goodness of fit and interaction with the prevailing environment and the context within which they function (**Figure 4-11**). Because living organizations exist in a field of continuous and dynamic change, the circumstances and conditions within which an organization functions are constantly shifting and adjusting, frequently representing an emerging set of factors that alter the organization's reality and change its operation and action.

Wherever the environment of the organization externally comes in contact with the internal mechanisms of the organization, the urge and intersection for change occurs. The leader, recognizing these intersections are critical indicators of the potential for critical events or unplanned circumstances, is constantly surveying the landscape to recognize the elements and contents of the conditions or circumstances and the potential they have for shifting and adjusting organizational reality (Young and Hester 2004).

INTERNALIZATION AND EXTERNALIZATION

Human organizations do not function in isolation. There is a convergence of interactions and intersections within which organizations function and operate in a continuously cybernetic environment. The external forces at work on organizations relate to social, political, economic, market, and human conditions and circumstances that constantly bombard the

organization with different forces and influences. For the most part, these forces can be anticipated and visualized early enough for the organization to respond appropriately. Occasionally, however, these forces converge in an unplanned or unanticipated way and create conditions that force the organization to respond immediately. If the organization is not prepared for the eventuality and possibility of critical impact, reaction is the organization's response to the condition or circumstance. However, if the organization's adaptive and predictive capacities are refined sufficiently to deal with unanticipated change, the organization can actually use the change event as an opportunity to expand or extend its viability and its potential for thriving.

External Forces

The ability of the organization to recognize external forces and to see them within the context of the organization's lived experience in the broader context is a critical mechanism for guaranteeing its ability to respond to immediate change in a positive fashion. This requires that leadership incorporate into the organization scanning mechanisms that look

at the external forces continuously, operating in the environment to broadly translate those forces in a way that has meaning and value for the organization and its members.

The ability of a hospital, for example, to anticipate the changing impact of technology shifts in its cardiac services can be a strong indicator of the adaptability in the organization and its ability to shift its internal environment to meet the radical change in the external technological forces. The movement from coronary artery bypass grafts to drug-eluting stents is a classic example of the

Point to Ponder

External and internal forces lend equal weight to the process of change. The wise leader is able to incorporate both external and internal dynamics in assessing the need for change and in building a systematic and organized response to it.

need for an organization to quickly shift its infrastructure, clinical dynamics, and payment processes to address an important unfolding new technology. In addition, a health care system's move to constructing an electronic medical record documentation system is a radical shift in the mechanisms of information management and documentation such that skills, ability, systems, adaptation, and clinical process are all affected by the implementation of electronic medical record processes. Anticipating the increasing demand at the policy and payment levels and with regard to utilization of resources and the work load reorganization, the organization must adapt critically and appropriately to this shift in clinical process. Both are examples of external forces having a dramatic and direct impact on internal mechanisms, causing an organization to shift its resources and activities to respond to a new demand, not necessarily a part of its existing infrastructure.

Internal Forces

Internal forces, too, have a strong impact on an organization's ability to respond to changing circumstances and demands that affect its ability to thrive. Structural and operational forces work together to create a context for organizational activities. Unless adequately configured to support the organization's ability to address changes and challenges affect-

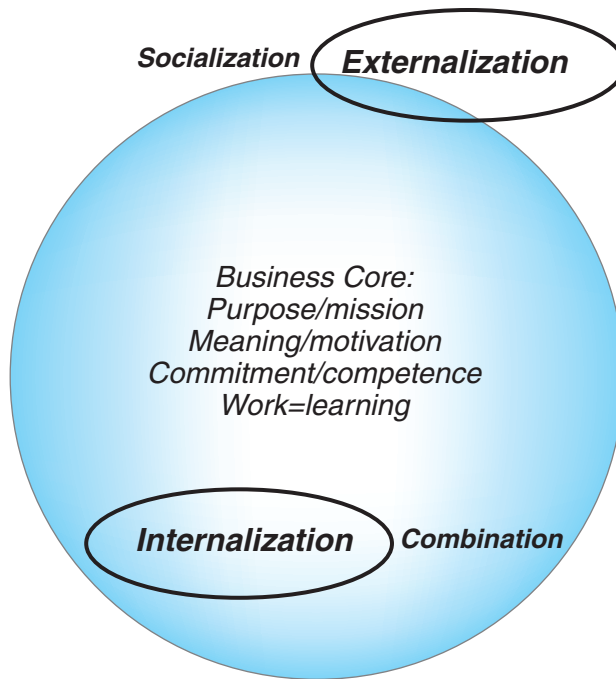


Figure 4-12 Externalization/Internalization

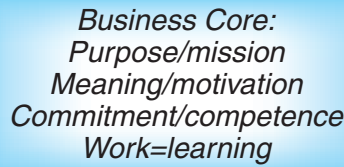
ing work goals, processes, and outcomes, the ability of the organization to thrive may be compromising internal operating procedures, processes, and technologies. The response may no longer be adequate to address prevailing or emerging demands and, as a result, may actually impede the organization's ability to engage and change.

Internal support structures, work processes, management systems, supply chain, and communication processes may work individually or collectively to create conditions that limit the organization's ability to address real-time issues and concerns. There is a real need for leaders to ensure a true goodness of fit between the internal work structures and processes so that when emerging demands, both external and internal, operate to create a change in the mechanisms of work, the organization can respond quickly and effectively (**Figure 4-12**). This notion of nimbleness is a critical element in the leader's understanding of contemporary work dynamics. There is not a significantly long period of time for adjustment and adaptation.

Leaders must adapt and reframe work dynamics in a relatively short time and in a way that ensures appropriate linkage between work processes and changing demand. Examples of new medication administration systems, materials management supply systems, pharmacy distribution systems, and an intranet communication infrastructure all represent the internal

Point to Ponder

The internal environment must be increasingly fluid and flexible in its response to crisis and change, as there is now no long-term recovery time between components of the change process.



Business Core:
Purpose/mission
Meaning/motivation
Commitment/competence
Work=learning

Figure 4–13 Business Core

arena of work structures and processes that must represent a commitment to reconfiguration and synthesis between changing technologies and processes in the internal work dynamics of the organization.

ENSURING A STRONG SERVICE CORE

In hospitals and health systems it is easy to see how leaders can be frequently co-opted by business opportunity, fads, and new ventures in a way that causes leaders to lose sight of their core work (**Figure 4-13**). There are always exciting and innovative options that can lead an organization down new paths. However, unless these options are disciplined by consistency with mission and purpose, they can also draw the life out of an organization. Synthesis demands that leaders understand that a change in any one part of the structure creates pressures and demands on other parts of the system, leading either to collective sustenance or to failure. A moderator in this scenario is often consistency of new ventures and directions within the vision, mission, and purposes of the organization.

When a mission has been constructed to reflect the vision and values of the organization, it must be inculcated into every person and activity in the organization. For workers, either clinical or support, the meaning and value of their work can become very unilateral and nonaligned if it is not both informed and disciplined by purpose and clearly delineated

Point to Ponder

The mission and purpose in an organization is always fulfilled through its work. Therefore workers must understand the relationship between their own work efforts and the fulfillment of the mission and purpose of the organization through them.

work objectives. Successful organizations require that all stakeholders at any place in the organization be fully committed to living and working consistently with the mission and purposes of the organization. Affirming this ensures that admission is inculcated in the fabric of the organization and that the work activities of every participant creates a core around which all strategic and operational activities can unfold. Without clearly enumerating disconnection and linkage for everyone in the system, sectional and unilateral purposes and goals are often substituted, and people in organizations begin to fulfill their own purposes in the absence of clearly articulated organizational mission and purpose.

Without clearly enumerating disconnection and linkage for everyone in the system, sectional and unilateral purposes and goals are often substituted, and people in organizations begin to fulfill their own purposes in the absence of clearly articulated organizational mission and purpose.

A strong focus on mission and purpose leads to ensuring that all workers in the system are motivated and committed to achieving positive organizational purposes and, it goes without saying, to the success of the organization. Individuals in this setting are fully aware

of how much their ability to thrive depends on organizational success. Building a membership community around this core of understanding and continually reinforcing it establishes a firm and continuous foundation on which every work activity can build. In addition, leaders make sure that all activities related to knowledge generation, learning, experimentation, and innovation are evaluated against the template of mission and purpose. At every level of the organization's relationship with its people, regardless of role, the direction, conversation, performance requisites, and work outcomes should all be a reflection of how every participant in the organization fulfills mission and purpose.

This requires leaders to translate the usually esoteric language of strategy and mission into a language that can be understood at the organization's point of service. Clinical practitioners, service providers, and support persons collectively need to be ensured that their individual contributions are valued within the context of advancing the mission and purposes of the organization. The language of leadership must reflect the requisites of embracing the mission, identifying how individual work effort contributes to it, and ensuring that work outcomes advance the organization's mission and purpose. It is this series of activities, linkages, and integration, facilitated by the leader's own commitment and effort, that ensures the strong point of reference in the midst of intense change. In evaluating critical events or intense moments of change and unplanned crises or challenges, mission and purpose serve as the lens through which leaders can more accurately and appropriately determine specific response. It is this lens through which the organization's place in the world is viewed that creates both the frame and the discipline for leaders to evaluate crisis and select the most successful responses to it.

CRISIS AND ENVIRONMENTAL SCANNING

The wise leader is always aware of the constancy of change. This change comes in many forms and can emerge at almost any point in the life cycle of an organization. This constancy of change is the only true context and has a universal impact on all life processes. The skilled leader recognizes this dynamic is part of the constancy of work and relationship, and is ever vigilant to the conditions and circumstances, both internal and external, that are indicative of a significant organizational impact.

In times of great change, such as our current work environment, the talent for environmental scanning becomes vital (**Figure 4-14**). Work of mobility and the constant transformation of human work and communication systems create the conditions that call the leader to a broader and deeper understanding of the influences and circumstances affecting the organization and the work of its people. Through the development and refinement of strong environmental scanning skills, at every level of management meaningful change can be sorted from fad and fakery, and appropriate shifts in strategy and work can be more clearly articulated. The effective leader, at every level of the organization, understands the internal work dynamics and relationships within the organization at a high level of proficiency. This leader knows the value and contribution the individual departments or units of the work system make to the whole organization. The reverse is also true. Capable department and unit leaders are also aware of the impact of the larger system (both external and internal) on the ability of the individual department or unit to function and thrive. This awareness should raise the value of synthesis in the perception of all leaders and emphasize the need for consistency and integration in every level of system decision making and action.

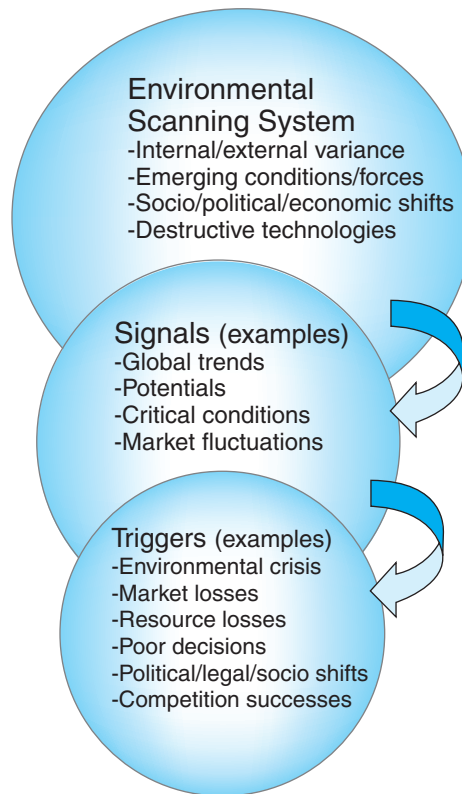


Figure 4–14 Environmental Scanning

Effective leaders are always assessing information and resources that bring the leader to an understanding of the convergence of dynamics, creating a set of conditions that influence or affect current operations or work. The strategic decision to implement an electronic medical record or paperless processes throughout the clinical organization is clearly a strong indicator of a significant change in information management, documentation, technology, and work applications. Seeing the significance of these forces early in the strategic process provides a response framework for the leader that raises questions related to impact on work design, clinical roles, new learning, support systems, communication, and worker behavior. Once the strategic implications are fully understood, issues of timeline, planning, education, orientation, experimentation, and application can be better defined.

Key Point

Unit or departmental leaders see their role from the perspective of the whole system. They don't just lead departments or units, they lead the whole system from the perspective of the department or units where they are located.

Systematizing this strategic environmental scanning process and formalizing it provides leadership in every level of the health system with both the tools and the processes

necessary to anticipate and even predict essential change. Reinforcing in the leader the requisite to read broadly, to stay current with clinical and systems innovations, to remain invested and involved in strategic discussions, and to synthesize information from diverse sources is invaluable in developing effective environmental scanning skills. The leader at every level of the organization must be free to honestly and openly recognize incongruence between current work conditions, circumstances, and processes and prevailing or emerging realities challenging or threatening them. These variances create the context for new thinking and raise the challenge for more innovative approaches. The leader recognizes that in response to these shifting realities, work processes never remain the same and must always shift to accommodate new technical or process realities. Here again, it is the leader who creates this cultural frame, this context if you will, within which worker attitude, behavior, responsiveness, and action can demonstrate a willingness and competence to respond in a timely fashion and to act appropriately.

Emerging conditions and forces often can be seen far ahead of their direct impact on organizations and people. Often, leaders suggest how they saw and recognized the coming change but never believed it would have the powerful impact it subsequently did. Anticipating constant change and incorporating it into the discussion related to strategy and response, is the strongest indicator of organizational predictive competence. Also, using alignment strategies that create connections and linkages between emerging technical and work conditions and forces, social and political influences, dramatic economic shifts, and even destructive technologies is useful in determining the specificity and degree of the impact the future change may have on the organization and its people (Bridges 2004).

Signals

Leaders are constantly alert to those major indicators or signals of impending change that are strongly predictive of an impact on the organization and its work (**Figure 4-15**). Changes in therapeutic modalities occur; for example, the movement from coronary artery bypass grafts to drug-eluting stents indicates a major shift in the clinical therapeutic

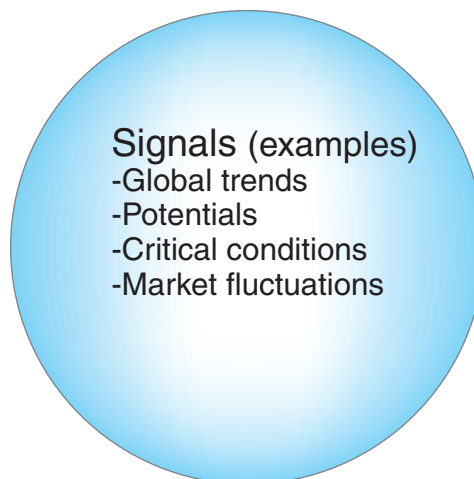


Figure 4-15 Signals

Point to Ponder

Leaders must help those they lead understand the impact of external trends and changes and how they alter the conception of the work, the way the work is done, and the activities of all workers related to undertaking change in their own way of doing work.

modality for cardiac vein occlusion. This therapeutic shift creates intense conditional and process challenges, causing hospitals, diagnostic services, cardiac therapies, finance systems, and support systems to alter both their infrastructure and their work approaches. Because of the “noise” involved in such a dramatic shift, organizations often avoid the upfront conversations and interactions necessary to appropriately anticipate the significance of this therapeutic change and to directly confront the requisites of organizational and personal

adjustment. The potential for conflict in neither having anticipated this significant shift nor having undertaken a planned strategic review of the signals ultimately creates reactive noise and increases the challenge of appropriate adaptation. Without doing so, the conflict between cardiac surgeons and invasive cardiologists is accelerated, and marketing and payment schemes related to this therapeutic transformation, as well as service and operational adjustments, are severely challenged.

Regularly scanning broad information sources related to health care or particular health services and regularly identifying the signals obtained from this activity, sharing it with key stakeholders, and undertaking dialogue with regard to appropriate response is now an essential regular activity of leadership. Leaders must now help their stakeholders assess global trends, clinical potentials, critical changes in environmental and work conditions, significant shifts in the market, and new technology if they are to ensure sufficiency in adaptation, prediction, and response.

Triggers

Recognizing significant events or indicators demonstrates the leader’s ability to read signals and to draw inferences from them with regard to their potential impact on their organization and service. Eventually, however, all signals converge with external or internal conditions and circumstances to create critical moments. These critical moments serve as trigger events for organizations and people with regard to the dire or direct impact of crisis, change, or transformation on the organization and its people (**Figure 4-16**). Still, at this level of intensity trigger events can be missed. When missed, they drive the organization into reactive strategies, away from proactive anticipation, causing a spiraling down of leadership and staff response to reactive patterns of behavior, recidivism, poor decisions, market, business, service losses, and negative human dynamics.

Organizational intelligence is best represented in the effectiveness and success of a system’s ability to adapt in a cybernetic way to the vagaries of change that affect it. Sound environmental scanning processes help the organization anticipate strategic, operating, clinical, and technical potential for problems. Trigger events ultimately address any one or all of these in any given moment in time. These triggers can be anticipated if appropriately and properly identified through enumerating the signals that, upon convergence, create the very triggers that inevitably directly impact the organization. The ability of leaders at every



Figure 4–16 Triggers

level of the organization to identify signals and respond to trigger events precisely and quickly indicates the degree of adaptation apparent in an organization.

Trigger events are the organization's last line of defense related to an impending or inevitable shift or change. Triggers indicate that the change impact is "at the door" and now directly influencing the strategy and work dynamics of the organization. Ignoring trigger events generally leads to a higher level of organizational crisis and ultimately extends to influencing the viability of the entire system. Developing in leaders effective environmental scanning skills and formalizing in the organization methodologies for identifying signal indicators and processes and anticipating trigger events becomes a requisite for systems adaptation and thriving.

Crisis Preparedness

Although environmental scanning is an essential skill, it is not, by itself, a sufficient context for addressing potential and inevitable crisis. The organization's ability to predict and anticipate the potential for crisis in today's world requires as critical a skill set as solid strategic planning. Any contemporary organization must now have an operating format or infrastructure directed to specifically incorporating into its management processes adaptive and predictive strategies and crisis preparedness.

Hospitals and health systems are excellent at developing a variety of community disaster plans. These plans have proven to be excellent templates for health care organization responses to crisis and disaster. However, few hospitals and health systems have crisis preparedness plans for themselves that are directed to helping them identify and respond to strategic, operational, and service crises directly impacting the hospital or health system. In a time of fast-paced technological and therapeutic change, it is no longer optional for hospitals and health systems not to anticipate and

Key Point

Crisis preparedness should be incorporated into the organization's strategic processes. Crisis should not be seen as external and unplanned for in advance. The ability to predict and adapt for inevitable crisis and build it into the infrastructure of strategy helps ensure the organization's ability to thrive.

to prepare for significant critical events that affect their very viability and sustenance. Crisis preparedness planning needs to confront the hospital or health system's strategic, operating, human, and technical problem types that invariably result from the impact of a whole host of crisis events.

Planning for crisis requires the hospital health system leadership to understand that each problem type or arena must have specific planning processes that enumerate the organization's individual response to a crisis that impacts it in any one or all of these prob-

lem areas. Effective crisis preparedness planning needs to clearly identify specific response plans for problems occurring with each problem type. In addition, the crisis preparedness plan needs to sufficiently address individual or particular threats; environmental, technical/mechanical, and human threats that have the potential to affect the clinical organization through one or all of its problem types.

PLANNING

A good crisis preparedness plan focusing on the life of the hospital or health system includes elements that address particular functional priorities of the organization in each of its problem areas (**Figure 4-17**). Effective planning in this case would include specific engagement and anticipation of leadership response evidence in the role they would play in implementing designated planning activities in response to signal or trigger events. In the formation of crisis preparedness approaches, a Crisis Plan Group should be identified and should have specific tasks and responsibilities associated with each member's role. Members of this group should correspond to the various forums and levels of the organization that represent the breadth of its service and support structures. This group ties crisis planning to the environmental scanning system and anticipates the potential for specific responses, understanding that this requires a well-refined mechanism of assessing risk potential and anticipating risk impact on the organization. Effective crisis planning identifies and defines particular risk-specific operating priorities that can potentially best respond to an impending crisis. The group clarifies these operating priorities and details appropriate outlined responses from the involved departments, services, or people in the organization. Using environmental scanning strategies and processes and using data collected related to potential signals and likely trigger events, a database can be established that informs particular crisis response stages or steps.

The crisis preparedness plan should address the following issues:

1. The various levels and activities associated with leadership engagement and the roles various leaders would play in response to specific categories of crisis
2. The formation and membership of the Crisis Plan Group, whose role is to coordinate the activities associated with planned development and application

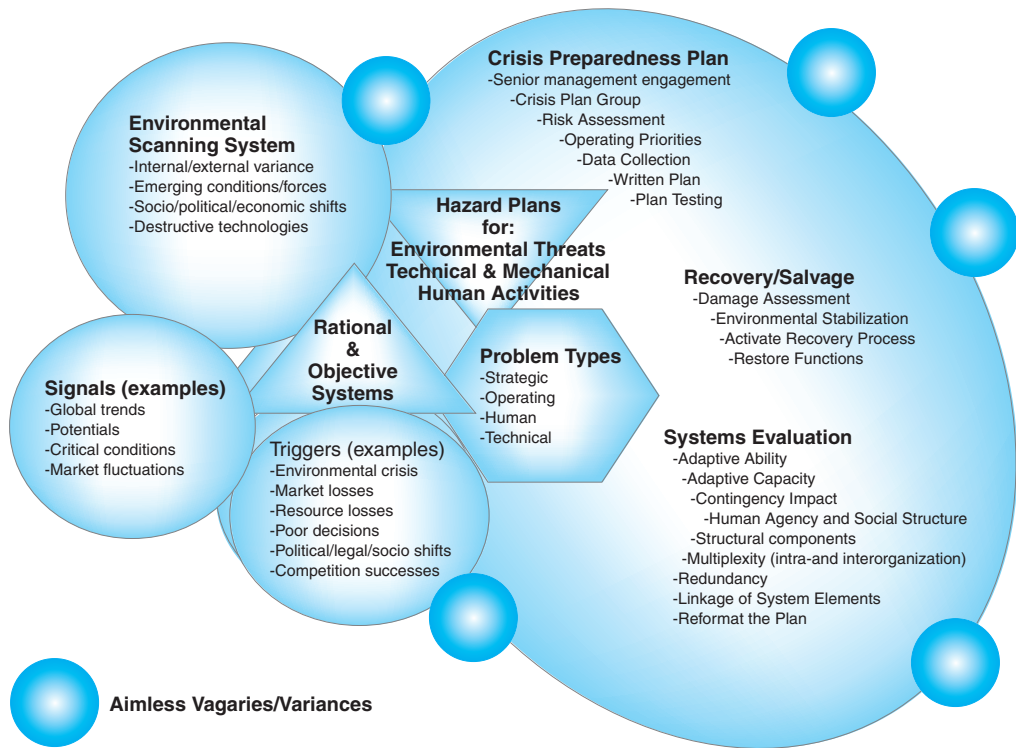


Figure 4–17 DCTM Details of Components for Assessing Adaptive Effectiveness

3. The identification and determination of specific arenas of sensitivity or potential external and internal risk factors that may be associated with the cause for crisis
4. The design, form, format, structure, and process activities associated with operating priorities at a time when trigger events are impinging on the usual work cycles
5. The structure, methodology, technology, and processes associated with data gathering and analysis as a part of the predictive and adaptive data mechanisms
6. A clearly enumerated and specifically designed written crisis preparedness plan available to all the pertinent leaders and departments of the organization
7. A regularly scheduled mechanism for testing the veracity and effectiveness of the crisis preparedness plan (**Figure 4-18**).

A written crisis preparedness plan should include all these related elements and be detailed and clear enough such that it can be mutually understood by all stakeholders and can be effectively implemented in response to a critical event. In addition, a mechanism for regular testing (six months to one year) should also be included to evaluate the components and the effectiveness of the crisis planning process.

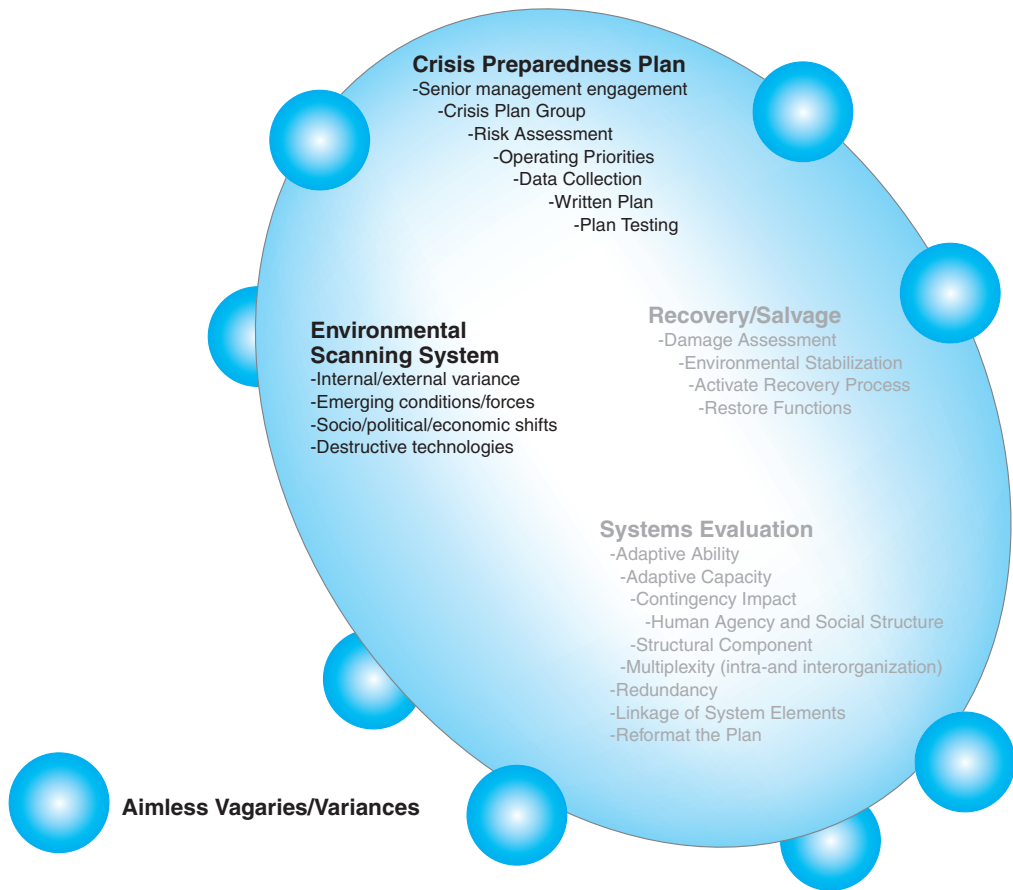


Figure 4–18 Crisis Preparedness Plan and Environmental Scanning System

RECOVERY/SALVAGE STAGE

As a part of the cycle of crisis preparedness, hospitals and health systems must also recognize the need for quick and immediate response to those prevailing factors having an impact on their clinical work and effectiveness. Crisis preparedness activities assume that, given sufficient time, normative crisis invariably occurs. Immediate crisis response activities and teams should be able to identify specific responses and activities necessary to address both short- and long-term issues in a way that configures the organization's response to a specific critical event (**Figure 4-19**). This intense focus on critical intervention requires focused attention on the part of involved leaders and staff. This frequently requires suspension of emphasis on normal activities to ensure a timely and correct adaptive response to the critical event.

It is in this recovery stage that the effectiveness of the critical response enumerated by the crisis preparedness plan can best be demonstrated. Quick damage assessment and

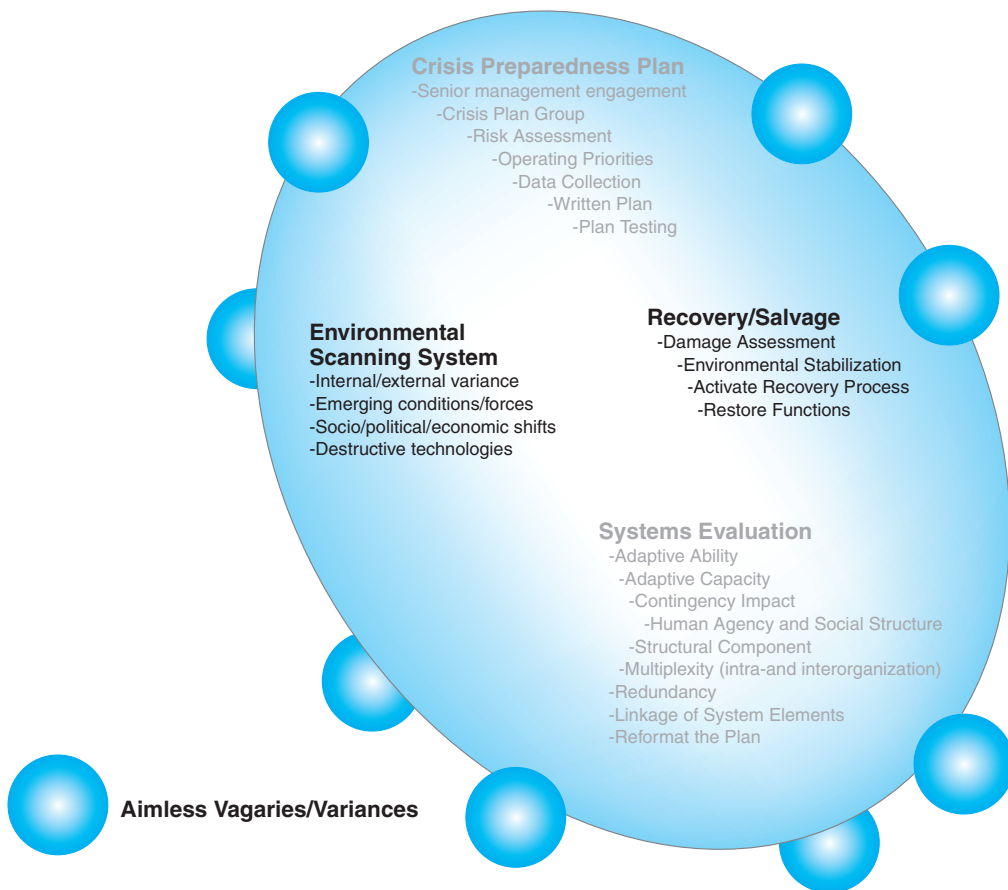


Figure 4–19 Recovery/Salvage and Environmental Scanning

immediate corrective action processes enable the organization to establish a short-term investment in critical response, ensuring that the broader normative activities can be resumed as quickly as possible. Whether the critical event is a competing hospital's new cardiac service program that is drawing away an important population of patients or the complete shutdown of an electronic medical record system requiring immediate manual documentation, the crisis preparedness activities should focus on a response strategy in a short period of time. Through this dynamic, the specific recovery activities and the necessary reconceptualization or reconfiguration of specific responses should be facilitated. Leaders should recognize that temporary refocusing of resources and efforts may be required in the short term as a necessary part of redesigning and structuring an appropriate response to the crisis.

ADAPTIVE EFFECTIVENESS

In any organizational disruption, whether technical, operational, or human, the strategic activities of the organization are directly affected. Any process associated with a hospital or health system's ability to adapt must also be linked to its environmental scanning processes. In the three-part model provided in this chapter, the interface between multilateral health team effectiveness, environmental scanning, and critical response or crisis preparedness provides a dynamic and cybernetic approach of continuous adaptation and adjustment as an organization responds to the implications and vagaries of change in a highly transforming environment.

In an effort to mitigate strategic challenges or disruptions, the organization's adaptive capacity and response must address immediate needs in a timely fashion. The organization's response must stay one step ahead of the negative forces embedded in a change

Key Point

The relationship between external forces, the leadership's ability to scan the environment, and the organization's preparedness for crisis is a strong indicator that an infrastructure for sustainability exists in the system.

event. Strategic and operational responses need to be flexible enough to adapt to both the predictable and the unpredictable variances that accompany a significant change event (Bridges 2002).

The adaptive capacity of an organization must be exemplified in the ability of the organization to resume normative activities consistent with its mission and purposes as soon as possible. Executive leadership needs to be clear about the adjustments related to

the interface between strategic operational and clinical services. Although a critical event may occur in any one of these arenas, ultimately each one of them is affected by the other. Leadership must recognize this interface of influencing forces and acknowledge that an issue arising out of one element (strategic, operational, or clinical) ultimately has an impact on the others. The need for leadership synthesis and for demonstrating an integrated response to a critical event is an important indicator for successfully accommodating the crisis or change in returning the organization to normal operations.

SYSTEMS EVALUATION

No predictive and adaptive system or approach can succeed unless it is continually monitored, adjusted, and adapted to emerging conditions and circumstances. Such systems need continuous monitoring to ensure sufficient response capacity and a real goodness of fit between the organization's environmental scanning system (which includes its crisis preparedness plan) and the prevailing emerging external and internal realities, constantly in a state of flux and affecting the organization's continuing viability. The content and character of any crisis represent the environmental conditions or circumstances that initiated it. As timing and technology work to create a different contextual framework, crisis planning and intervention processes must shift to reflect these changes. Close attention must be paid to the content of the crisis preparedness plan regarding the external and internal contextual challenges that are constantly influencing the organization and its work.

A systems evaluation focuses on the application interface of each component in the process in the system's flexibility and fluidity in adapting to real-time crisis (**Figure 4-20**). The interface between the cybernetic elements of team process, environmental scanning, and crisis preparedness are indicative of a whole systems approach to ensuring the effectiveness of the strategic operational and clinical activities of a hospital or health system. The ability of systems leaders to see a cybernetic process such as this as an integrated model and to demonstrate their own skills of synthesis and fluidity in its application is the strongest determinant of a successful model.

Appropriate systems evaluation should include the elements related to the organizational and human response to broad-based change and to critical events. Leadership must demonstrate that the system is effective in its ability first to anticipate and predict potential change and second to adequately respond in the presence of critical events and

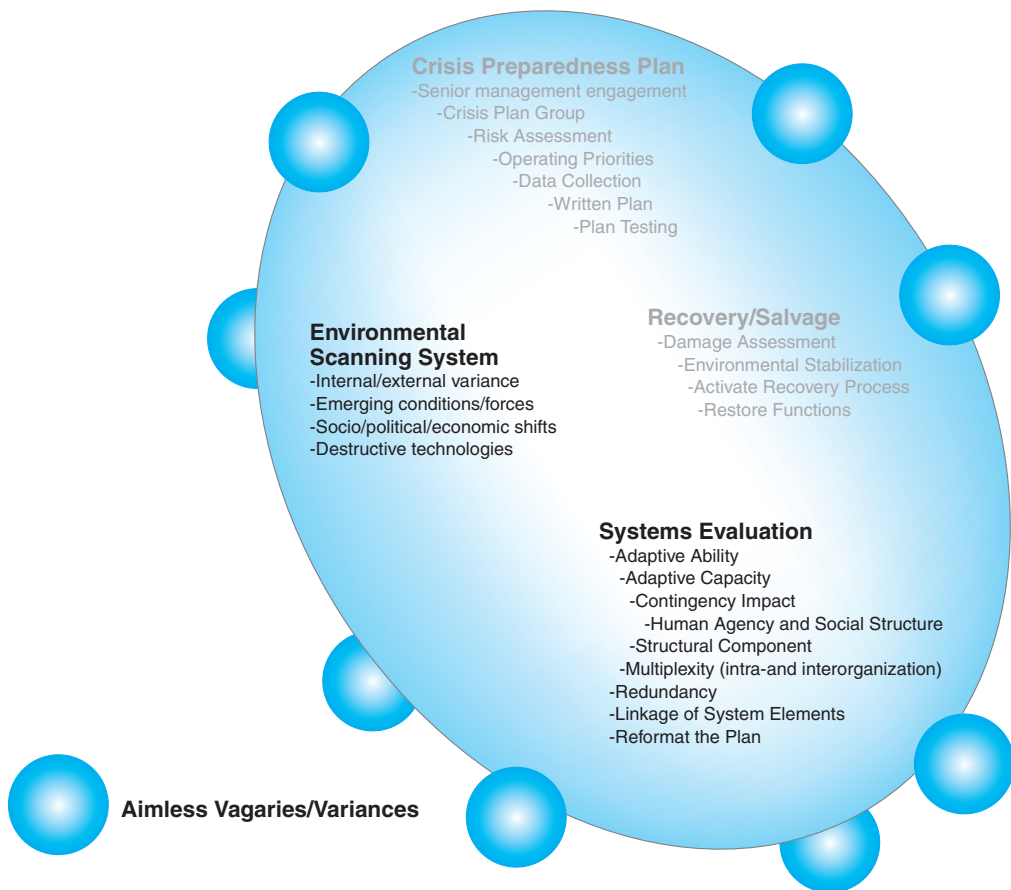


Figure 4-20 Systems Evaluation and Environmental Scanning

unplanned occurrences. Structuring this as a part of the organizational framework ensures that the system and its people can better anticipate, predict, and respond in the presence of a critical change or crisis, and can consistently reproduce the necessary work and social processes to achieve operational normality within the context of a new change.

Accountability and authority in relationship to the implementation of a systematic approach to creating an operational infrastructure for environmental scanning and crisis planning demand a level of clarity across the organization. Individuals located at various points in the organizational continuum must know they have access and can communicate with key individuals who can respond in a timely and appropriate way to broad signals and

to external and internal triggers, suggesting a need for an immediate response. At the same time, the system must have sufficient integrity to avoid a consciousness of crisis and to maintain as normal an operating milieu as possible.

Good systems evaluation should include an assessment of successful approaches that represent the organization's adaptive ability and capacity to respond to the need for immediate change. The impact of the change on the organization's operating environment and the responsiveness of staff to that change give leaders some sense of the contingency impact in the immediate

Point to Ponder

Evaluation must always be included into the design of the systems response to crisis. Evaluation of the plan must represent as much patient and change as it is found in the character and content of crises. Leaders are informed with regard to appropriate response to evaluation of past response.

changes created in the organizational system. The ability of individuals and groups to respond and adapt quickly to the demand for a change in context or content of work is a strong indicator of the organization's social structures to quickly adjust to new ways of working and shifting outcome demands. Systems effectiveness is based on an evidence-driven frame and uses previous experiences, best practices, and innovative approaches to ensure the organization's response to changing environmental conditions or crisis is both consistent with the demand of the crisis and creates the foundation for sustainable normal operations.

Strong systems evaluation includes reviewing the impact of multiplexity (layers of change), of the diversity of interactions and relationships that operate between different elements of the organizational networks, and of redundancy. This review ensures that there is sufficient slack (open time) in the organizational system in order to anticipate, assess, plan, and adjust human response to a significant change or critical events. Making this time available is especially problematic in health systems and hospitals. The unrelenting focus on time-based productivity at every level of the organization has eliminated sufficient slack in the role of leaders and staff, virtually guaranteeing the organization's lack of preparedness with regard to immediate environmental, operational, and clinical crises.

Assessing the system's responsiveness to critical events requires the ability on the leader's part to synthesize all the components of the system and the structures of the organ-

ization. Understanding the nature of the flow of work processes, its external and internal events, and the character of response strategies at the conceptual center of the system creates the proper frame for effective systems evaluation. The ability to see this linkage or synthesis of multifocal team activity, environmental scanning and influence, and critical response provides the frame for ensuring systems competence and capability with regard to its general level of adaptation.

The three major components of the cybernetic process—team-based synthesis, environmental scanning, and adaptive effectiveness (crisis planning)—each play their part in meeting the demands of the whole system approach to the critical management in response to change. As in all systems approaches, each component must generalize to support the whole, and the whole must converge together to ensure consistent and appropriate response to change resulting in effective adaptation and successful outcomes. In a performance-based, evidence-driven, accountability-based, and outcomes-oriented health system driven by an increasingly sophisticated clinical, service, and support technology, leaders must demonstrate systems skills, a capacity for innovation, and a high degree of adaptation. The future of health care depends on the ability of clinical systems to interface well and work together across the disciplines and the organization, to adjust to increasingly complex technology applications, to operate in a high-mobility arena, and to ensure that the health needs of individuals are met and the health of our communities is advanced.

Conclusion

Clearly, it is vital that health leaders understand the requirement to be prepared to confront the unexpected. In today's environment, with the complexity of changes that are occurring at a quantum rate, it is no longer optional for leaders to have the capacity to respond to immediate and dramatic change events. This ability to respond to the dynamics of crisis and change is not only an inherent leadership skill, it must now be inculcated within the very fabric of the organization and its operation. From the development of strategy through operational efficiency and effectiveness, leadership behavior, and work practices, every element of the system must reflect an ability to both predict and adapt to the drama of crisis and change. Developing a systematic and integrated approach that is evident at both the behavioral and operational levels of the system is the critical variable that ensures adaptation and the ability to thrive over the long term.

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Quiz Questions

Select either “true” or “false” for each of the following questions.

1. All conflict is normative and a fundamental characteristic of all human behavior. True or False?
2. All crises are stimulated by cataclysmic events. True or False?
3. Adaptive and predictive skills are now requisites for 21st-century leaders. True or False?
4. In truth, all crises can be prevented if the leader exercises sufficient proactive skills to avoid them. True or False?
5. Organizations shape human beings by directing their cultural, social, political, and relational interactions. True or False?
6. Most crises can be traced to problems within and between the organizational infrastructures of human communities. True or False?
7. The complexity of an organization really has no impact or influence on the number or intensity of potential crises. True or False?
8. Effectively managing change means leaders create an internally adaptive environment rather than simply dealing with crises as they arise. True or False?
9. Clinical education should incorporate the principles and processes associated with good conflict management, just as leadership education does. True or False?
10. A good crisis planning process should be developed by the senior leadership of the organization and directed to every other leadership individual in the system. True or False?
11. Crises are embedded everywhere in the organization, not just at the junctures or intersections between external and internal forces in the life of the organization. True or False?
12. Crisis management planning should incorporate all key stakeholders and have an impact on the functions and activities at every level of the organization. True or False?

