



Crisis Management



What is Crisis?

Crisis is an acute emotional upset; it is manifested in an inability to cope emotionally, cognitively, or behaviorally and to solve problems as usual (Hoff, 2009).

For some, the crisis was limited to the violent event and its immediate sequelae. For others, the post-crisis trauma persisted, requiring years of therapy.

It is also important to recognize that the perpetrators of violence are often themselves in crisis.

The 3 Types Of Crisis

1. Creeping Crises – foreshadowed by a series of events that decision makers don't view as part of a pattern.



2. Slow-Burn Crises – some advance warning, before the situation has caused any actual damage.

3. Sudden Crises – damage has already occurred and will get worse the longer it takes to respond. It is not uncommon for what seems to be a sudden crisis to have actually, first, been a creeping crisis that was not detected. Appropriate measures, early in the process, can often prevent or, at least, minimize the damage from slow-burn and sudden crises. Below are some examples from the healthcare industry. From this, readers in other industries should be able to develop comparable lists.

1. Creeping Crises

- Lack of a rumor-control system, resulting in damaging rumors.
- Inadequate preparation for partial or complete business interruption.
- Inadequate steps to protect life and property in the event of emergencies.
- Inadequate two-way communication with all audiences, internal and external.

2. Slow-Burn Crises

- Internet activism. Most lawsuits.
- Most discrimination complaints.
- Company reputation
- Lack of regulatory compliance – safety, immigration, environment, hiring, permits, etc.
- Major operational decisions that may distress any important audience, internal or external.
- Local/state/national governmental actions that negatively impact operations.
- Official/governmental investigations involving your healthcare organization and/or any of its employees.
- Labor unrest.
- Sudden management changes – voluntary or involuntary.
- Marketing misrepresentation.

3. Sudden Crises

- Patient death – Your healthcare organization is perceived to be liable in some way.
- Patient condition worsened – Your healthcare organization perceived to be liable in some way.
- Serious on-site accident.
- Insane/dangerous behavior by anyone at a location controlled by your healthcare



organization.

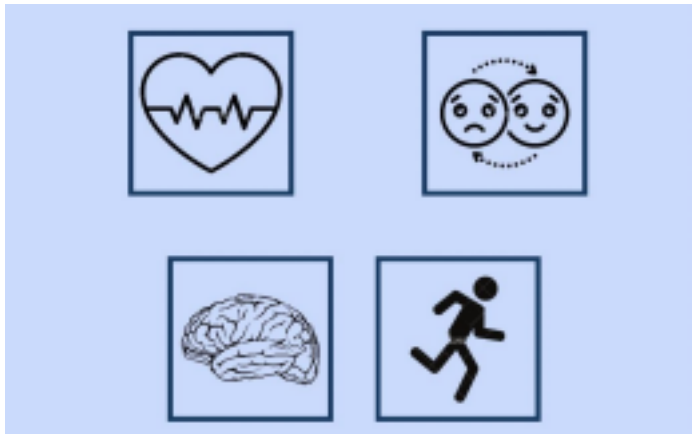
- Criminal activity at a company site and/or committed by company employees.
- Lawsuits with no advance notice or clue whatsoever.
- Natural disasters.
- Loss of workplace/business interruption (for any reason).
- Fires.
- Perceptions of significant impropriety that damage reputation and/or result in legal liability, e.g., publicized involvement of company employee in a group or activity perceived to be a threat to the U.S. government or society; inappropriate comments by a "loose cannon;" business activities not officially authorized by management.

What is Crisis Management?

Crisis management is the process of anticipating undesirable events, reducing their impact and disruption, and promptly returning an organization to normal operations. Crisis managers plan for potential dangers and create responses to mitigate their effects. Visit our post titled "The Essential Guide to Crisis Management" for additional information about crisis management.

The Crisis Warning Signs

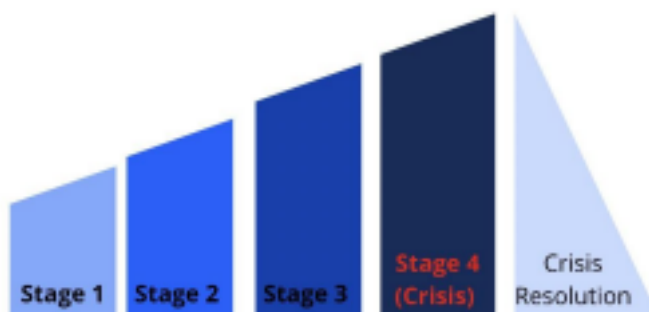
People's responses to crises may be divided into four main kinds. These responses will range from the blatantly obvious to the more subdued. People's reactions can vary greatly from one another.



Biophysical Manifestations

- rapid heart beat, increased blood pressure
- hyperventilation, sweating
- rash or hives
- stomach pain, nausea, vomiting
- diarrhea, frequent urination
- chest pain
- involuntary shaking
- release of stress hormones
- decreased sleep

Stages of Crisis



Stage 1: Normal stress and anxiety level



The background of crisis development brought about by the minor annoyances and frustrations of everyday life. Individuals at this stage are rational and in control of their emotions and behavior.

Stage 2: Rising anxiety level

A heightened condition typically including rapid heart rate and respiration. The person might appear lost or confused about how to solve a problem. Voice may be pitched higher or quaver with accelerated speech patterns. Small nervous habits such as finger or foot tapping may be manifested.

Stage 3: Severe stress and anxiety level

A person's reasoning capacity is seriously diminished, with fixation on the here and now. Behavior typically becomes boisterous or disruptive. Communication may include shouting, swearing, argumentation, and threats. Physical indications include pacing, clenched fists, perspiring, and rapid shallow breathing.

Stage 4: Crisis

Characterized by unbearable anxiety and loss of cognitive, emotional, and behavioral control, with urgent need to end the emotional pain. A person in crisis is unable to solve problems or process information rationally without help. Behaviors of persons in crisis are erratic and unpredictable to a point that they may pose a danger to themselves and others. People in crisis see the world with negativity and they can't be able to hide their feelings that are shown out somehow.

Early and Middle Stages: Verbal Skills

Your words and demeanor have the power to defuse tensions, so be attuned to your tone of voice, choice of words, and body language. Basic guidance includes:

Allow the person to express concern.

"Please tell me what's bothering you."

Use a shared problem solving approach.



"How can we correct this problem?"

"I understand how frustrating this must be for you."

Avoid being defensive or contradictory.

This only exacerbates a tense situation.

Apologize if appropriate.

"I'm sorry this happened. Let's find a way to fix it."

Follow through with their problem.

"I'm going to bring this to my supervisor immediately."

Avoid blaming others or "It's not my job."

"Let me get someone who can help you with this problem."

Be alert to early signs of a patient's rising anxiety; perhaps offer an empathic inquiry such as, "You seem to be upset ... Can you tell me what's troubling you?"

Early and Middle Stages: Non-Verbal Skills

It is important to be cognizant of and control your body position and posture so as not to inadvertently escalate an already tense situation.

- Be calm, or at least act calm. Maintain non-threatening eye contact, smile, and keep hands open and visible.
- Listen. Nod your head to demonstrate that you are paying attention.
- Respect personal space. Maintain arm/leg distance away from the individual. Avoid touching the upset individual as it may be misinterpreted.
- Convey that you are in control, by demonstrating confidence in your ability to resolve the situation.
- Demonstrate supportive body language. Avoid threatening gestures, such as finger pointing or crossed arms.
- Avoid laughing or smiling inappropriately.

Late Stage Interventions

At later stages along the Crisis Continuum a person may begin showing signs of loss of



self-control and problem-solving ability. Verbal and non-verbal interventions can still be effective but additional techniques and precautions should be taken. Your focus now turns to protecting yourself and those around you.



Additional techniques and precautions

1. Look for shared interests

Finding a point of agreement with your audience is crucial when starting a compelling discussion or presentation. Concentrate on your shared issues or shared objectives. Your listener will be more receptive to your other ideas if you can establish an early point of agreement.

2. Use both facts and emotions

You must provide irrefutable evidence that demonstrates how someone would benefit from agreeing with you in order to persuade them. If you are selling a car, for instance, you could persuade the customer by displaying graphs with thorough safety data. Talk to the same customer about how much fun it would be to drive their children during family road trips; even if the kids aren't having fun, at least they're in a safe vehicle. This will appeal to their emotions.



Late Stage: Setting Limits

Limit-setting techniques, properly applied, can help by placing some external control on the escalating situation, defusing it and facilitating decision-making.

Example: "Mr. Jones, please control yourself and sit down, otherwise I will have to call security."

The keys to effective limit setting are

- 1) using a command form to express the desired behavior and
- 2) providing a logical and enforceable consequence for non-compliance. Continue to acknowledge the agitated person's feelings and be empathic, reminding him or her that you're there to help (Lancee, Gallop, McCay, & Toner, 1995).

Do not confuse setting limits with issuing threats which can signal to the patient that the situation is more hopeless than they had perceived, and may precipitate a violent response. Also, avoid arguing, as that may precipitate a violent resolution of the crisis.

Reference: <https://wwwn.cdc.gov/WPVHC/Nurses/Course>

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