17.3: Managing Turbulent Times and Responding to Competing Priorities

Chapter 1 of this textbook outlined the necessity for nurse leaders and scholars to study and understand the principles of a complex adaptive system (Pangman & Pangman, 2010). Adding to these principles, nurse leaders need to be knowledgeable and responsive to environmental factors and changes affecting or creating turbulence within their local health care realms.

Turbulence Explained

**Turbulence** can be viewed as any upheaval or change (sudden or gradual) from normal. In health care, it relates to sudden or continuous times of uncertainty, or irregularities in resources, changing budgets, or adjusted strategic priorities. It involves issues impacted by changing political or administrative leadership, policy, or funding models, and by the evolution of care delivery methods, a refocusing on safety or risk issues, the introduction of new technologies or treatments, or staff attrition and adjustments in a facility. For nurse managers and leaders, it can result in competing priorities and complex decision-making processes.

In health care settings, it may be easiest for the nurse leader to consider turbulence as occurring on two separate levels: (1) broader changes at the high levels (i.e., national policy change or impact; national or provincial demographics or statistics); and (2) focused change at the more grassroots levels (i.e., regional, hospital, or unit). A change at the higher levels inevitably (and eventually) affects the grassroots levels over time.

Turbulence often intersects at the broad (federal) and local (regional) levels of health care. Both levels can have significant *direct and indirect* impact on local care and decision making for nurse leaders, even if at first glance they appear not to be relevant. Based on need and the span of control, nurse managers may find themselves having to respond promptly by making staffing adjustments, training staff on new skills, purchasing new equipment,
decommissioning old or outdated treatments or equipment, re-directing program priorities, changing budget priorities, or even introducing new programs to ensure safety and quality. Decisions during turbulent times need to be thoughtfully and carefully made in a timely way, using the best available research, local data, and consultative sources.

Vigilance about relevant turbulence and knowing who to consult for accurate information and data will assist the nurse leader in being well informed and to anticipate turbulence before it occurs unexpectedly and leads to unanticipated results. Proactive responsiveness will support the development of trust and collaboration with colleagues and staff and ensure seamless transitions of care for clients.

### Proactive Responsiveness: Being Well Informed

Being caught off-guard by unexpected turbulence requiring immediate change or a quick decision is never ideal for nurse managers or leaders. Whenever possible, they prefer to avoid having to react quickly and fix a local issue without thoughtful consideration. In order to move from reactive to proactive, nurse leaders and managers should understand both high-level and grassroots issues affecting their local health care environments.

This requires the nurse leader or manager to be well informed and know where to find the best resources. Table 16.2.1 provides credible information on emerging priorities and resources.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Resources</th>
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<tr>
<td>Changing demographics</td>
<td>The Chief Public Health Officer’s Report On The State Of Public Health In Canada 2014—Public Health In The Future (The Public Health Agency of Canada)</td>
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<tr>
<td>First Nations health priorities</td>
<td>An Overview of Aboriginal Health in Canada (National Collaborating Centre for Aboriginal Health)</td>
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<td></td>
<td>First Nations and Inuit Health Branch (Health Canada)</td>
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<td>Consumer Health Products Canada (Health Canada)</td>
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<td>Emerging drug and device issues</td>
<td>What’s New— Drug Products (Health Canada new medication approvals)</td>
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<td>Canadian Agency for Drugs and Technologies in Health, Common Drug Review (CDR)</td>
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<td>Joint Statement of Action to Address the Opioid Crisis (Health Canada)</td>
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<td>Safe Medical Devices in Canada (Health Canada)</td>
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Domino Effects of Change

The mere introduction of a single new medical treatment, innovation, or health technology (e.g., device) into one department in a health care system can resonate and spread to other departments within that system rapidly. Hospital services that may be affected (directly or indirectly) include housekeeping, information technology/information management, health records, diagnostic imaging, laundry services, and other clinical departments. Unexpected costs, costly software updates, additional staffing, or process or protocol changes may be required to keep up with what is required from a new treatment introduction. For these reasons, it is critical for ongoing, open communication with other departments to occur in advance of any new changes.

A final turbulent adjustment for many health care systems and managers is the shift away from the focus on disease or illness and toward wellness and preventive strategies (PHAC, 2016). Health care leaders encourage funding models that support preventive programs and services, including screening programs. With limited budgets, managing this shift toward preventive approaches can be costly and must be balanced with urgent acute and long-term care service needs for all clients in the health system (CNA, 2012).

From the Field

Tips

- Know and use appropriate and credible online sources to verify facts, statistics, and data.
- Keep abreast of changing demographics both locally and nationally to anticipate change and need for modifications to service.
- Pay attention to local government priorities for funding to support local program development and respond to shifting priorities (e.g., preventive services).
- Communicate planned changes and new ideas effectively to others to ensure you have collaboration and support to move your new ideas forward. Consult with experts and others who may be affected (directly or indirectly) with planned innovations or changes.
- Refer to the SRNA’s “Standards and Foundation Competencies for the Practice of Registered Nurses.”

Essential Learning Activity 16.2.1

1. Imagine you are a nurse manager tasked with purchasing a new large piece of equipment for your department. Physicians and nurses from your unit just heard about it at a trade show in England. They would like you to purchase it as soon as possible to try out with patients here in Saskatchewan.

   Review “13 Considerations for Making an Evidence-Informed Decision” on the Canadian Agency for Drugs and Technologies in Health website and consider which factors may be most important for you to assess prior to making a decision.

2. What thoughts do you have about the health of seniors in your community and growing old (in general)?

   Make a brief list of what you believe about their seniors’ health, then read the Myths associated with an aging population.