

Translating 6 key insights from research on leadership and management in times of crisis

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ABSTRACT

Background Certain leadership behaviours are particularly helpful for healthcare teams remain effective through crisis situations, such as the Covid-19 pandemic. This paper summarizes evidence-based insights based on their importance and prevalence in the crisis leadership literature to provide recommendations that apply to medical team leaders broadly construed. We recommend that leaders adopt these behaviours in conditions of intense difficulty, uncertainty, as well as physical and psychological peril.

Results We draw from research on workplace resilience, as well as leadership literature (ie, team leadership, transformational leadership, shared leadership, and crisis leadership) to provide six key insights along with evidence and practical guidance for healthcare leaders to help their teams in the midst of a crisis: (1) remain optimistic when communicating a vision, (2) adapt to the changing situation by deferring to team members' expertise, (3) support organizational resilience by providing relational resources, (4) be present to signal commitment, (5) be empathetic to help prevent burnout, and (6) be transparent in order to remain trustworthy.

People tend to look to leaders for guidance and support, especially in a crisis, such as the ongoing COVID-19 pandemic. A crisis situation is identified as a context in which "the conditions of uncertainty, ambiguity, and time pressure are aggravated."¹ These situations foster feelings of stress and uncertainty that leaders can help heal² if they follow a few general guidelines from leadership science. Even in non-crisis times, leaders are powerful role models. Intentional or not, leaders send cues to followers signalling what assumptions to make, how to react, and how to make sense of events and what will transpire.^{3,4} Research suggests that leaders should behave in ways that address both the needs of the situation and the needs of their followers.⁵

Given the current pandemic situation and its impact on healthcare and healthcare workers, there is a clear need to understand leadership behaviours that can help healthcare teams remain effective. Our recommendations apply to medical team leaders broadly construed. They can apply to clinical leaders, hospital administrative leaders and any team leaders in a medical context, as they focus on interpersonal skills related to team building and team member support, rather than a specific technical skill. We draw from research on workplace resilience, as well as leadership literature—namely team leadership, transformational leadership, shared leadership and crisis leadership—to provide six key insights along with evidence and practical

guidance for healthcare leaders to help their teams in the midst of a crisis. We recommend that leaders adopt these behaviours in conditions of intense difficulty, uncertainty, as well as physical and psychological peril. This paper summarises the following evidence-based insights based on their importance and prevalence in the crisis leadership literature: (1) remain optimistic when communicating a vision, (2) adapt to the changing situation by deferring to team members' expertise, (3) support organisational resilience by providing relational resources, (4) be present to signal commitment, (5) be empathetic to help prevent burnout and (6) be transparent in order to remain trustworthy. We elaborate on each key insight below.

INSIGHT 1: REMAIN OPTIMISTIC WHEN COMMUNICATING A VISION

When approaching a crisis, it is necessary to be optimistic (ie, hopeful and confident) and open to uncertainty. Leaders can demonstrate optimism by maintaining positive affect during the crisis. Doing so can help communicate to followers an attainable vision of the future.⁶ Most people tend to see crises as threats (to self, family, well-being), but because crises drastically alter and interrupt behavioural routines, they also may present opportunities to make adaptive changes.⁷ These positive changes may not occur in the midst of the crisis, but could potentially occur in the recovery phase.⁸ At the beginning of a crisis, the team may feel increased stress and fear, but that can be overcome when a leader expresses confidence that they have the psychological resources to cope with the uncertainty of the situation. Therefore, leaders should try to have an optimistic outlook on the situation. Maintaining this positive affect amidst adversity does not necessarily mean exhorting joy or excitement in employees.⁹ Rather, it involves confidently communicating a vision that will help the team overcome the current situation.¹⁰ This attitude can also encourage followers to accept the situation as a challenge and opportunity for growth. Regarding the COVID-19 pandemic, 47% of staff from a maternal and child health programme mentioned that maintaining confidence and optimism was an important facilitator for adjusting to the situation and coping well.¹¹

Transformational leadership literature suggests that in crisis situations, leaders should serve as role models inspiring others through intellectual stimulation and providing individualised consideration to followers.¹² It is the responsibility of a leader to remain optimistic and help communicate a vision for their followers to pursue. In eight interviews with nurse leaders who were selected as being



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transformational leaders, these leaders noted that they recognise that “progress cannot continue without struggle” and that they “confront change with a clear vision.”⁷ A leader who optimistically presents a vision for the organisation in the midst of a crisis can potentially convince followers that their leadership is helping them successfully adapt to the ongoing challenge. Conversely, a lack of such behaviours can signal indecisiveness and exacerbate followers’ anxiety.¹³ These leadership behaviours have been shown to positively influence followers’ confidence, commitment and performance.¹⁴ Inspiring and motivating followers through optimism is essential to successfully overcoming a crisis.^{4 15}

INSIGHT 2: ADAPT TO THE CHANGING SITUATION BY DEFERRING TO TEAM MEMBERS’ EXPERTISE

We find that it is important for a leader to quickly adapt to a situation that is altering the regular routine. A leader can do this by taking a step back and asking the other team members for their input on how to approach the situation based on their expertise. The team members’ familiarity with the day-to-day functions should give them a relatively accurate understanding of what is working and what is not in the face of the crisis. We advise leaders to recognise who the experts are in each area and practice shared leadership by deferring to expertise rather than rank.¹⁶ In times of high-stress and rapidly changing conditions, leaders can help the team adapt by listening and paying attention to team members’ needs and promoting individuals who can handle further responsibilities.² In a focus group study with physician leaders across seven hospitals, one physician leader noted that allowing their team of people to independently strategise within their specialty helped address challenges in organisational functioning.⁷ Therefore, it is not necessary to stick to the initial plan entirely. Instead, a leader can be flexible with the team’s roles, chain of command and the personnel involved, in order to overcome unexpected and unfamiliar challenges.

INSIGHT 3: SUPPORT ORGANISATIONAL RESILIENCE BY PROVIDING RELATIONAL RESOURCES

Leadership has been hypothesised to activate organisational resilience in times of crisis through swiftly providing relational resources.¹⁷ Organisational resilience is exhibited when an organisation learns and grows from experiencing adversity.¹⁸ To support a climate for resilience, leaders respond to threats and also ensure that their followers are afforded the resources they need to enhance their resilience.

A case study on the severe acute respiratory syndrome (SARS) crisis in Singapore found that hospital leaders were successful in constructing an environment that supported organisational resilience by (a) acting swiftly on early signs of crisis with new protocols that responded to the challenges at hand, as mentioned in Insight 2, and (b) offering resources that met the needs of frontline employees.¹⁷ Specifically, leaders recognised the beginnings of a health crisis and quickly mobilised a task force that adapted clinical policies ‘on the fly’ (because there was no precedent). This action effectively created a new relational network of leaders that served as a mechanism for distributing sense-making information throughout the organisation. Leaders used these new networks to strengthen positive affect in frontline workers by communicating efforts to meet their emotional and physical needs during the crisis. When leaders respond to crisis by cultivating social relationships, they facilitate access to emotional, cognitive and physical resources that aid in recovering from adversity, effectively supporting organisational

resilience.¹⁷ When leaders demonstrate effective responsiveness during crises, it gives followers something to count on and the support needed to overcome adversity.¹⁹ In other words, it helps to build organisational resilience by providing employees with the relational resources they need to be more resilient.

INSIGHT 4: BE PRESENT TO SIGNAL COMMITMENT

A straightforward and simple, yet effective, strategy to handle a crisis situation is for the leader to be present; if the leader cannot be physically present, they should at least be accessible to the team by phone or other real-time communication channels. In crisis situations, it is common for communication systems to become complicated and unwieldy. In the case of natural disasters or man-made crises there are often new personnel such as volunteers who may be unfamiliar with how to best collaborate with others on the team.²⁰ There could even be a lack of necessary communication due to a disruption in phone lines or inundation of phone calls, as was the case for physicians addressing the Boston Marathon bombings.²¹ In order to alleviate this challenge, along with many others, we suggest that the leader be present and accessible to their team to handle concerns that arise. Leaders do not need to have all the answers, but we recommend that they model open forms of communication to elicit information from relevant sources.²² Research on interdisciplinary surgical action teams, in which members have to coordinate in uncertain and fast-paced situations, has shown that the most effective leaders model open communication norms in helping teams learn in the moment.²³

A leader’s presence is important symbolically because it shapes followers’ responses to the crisis.²⁴ Think of this act as ‘being in the trenches’ with the team, which was shown to be an effective approach for nurse leaders to facilitate nurse engagement and decrease distress during the COVID-19 pandemic.^{2 25} Historically, the physical presence of a leader during a crisis projects moral solidarity, commitment and concern, whereas their absence could indicate that they are unwilling to do what they expect their followers to do.²⁴ In the first week of the COVID-19 pandemic, 69 healthcare professionals (ie, physicians, nurses, advanced practice clinicians, residents and fellows) were interviewed about expectations they had for their leaders.²⁶ These healthcare professionals expressed that they most desired visible leadership. For example, they asked for their leaders to visit hospital units regularly to make sure needs were being met for the organisation, its employees and their patients. In short, the leader should aim to be present and available as much as possible during a crisis.

INSIGHT 5: BE EMPATHETIC TO HELP PREVENT BURNOUT

Leaders should effectively display empathy and establish positive leader–member relationships to help prevent burnout (ie, a state of emotional exhaustion and cynicism,²⁷ which is a common by-product of chronic stress).²⁸ Burnout is especially likely during a crisis because of high workload, unfamiliar work patterns and general uncertainty.^{29 30} In a survey of 284 emergency department nurses, it was found that lower levels of manager support was associated with higher levels of nurse burnout.³¹

To help prevent burnout, a leader should exert empathy. A simple way to do this is to check in with individuals regularly and recognise when someone needs rest and time to regroup. Rather than expecting every individual to smoothly adapt, leaders need to monitor the situation to see who can successfully provide backup behaviour (ie, the act of assisting other team-mates) and who is in need of assistance.²⁰ It is imperative to

recognise when followers need to disengage for a time in order to remain healthy, both mentally and physically. Although it is more difficult for a leader to take much time away during a crisis, they also should try to take time off to recover from crisis demands.⁵ Well rested individuals can then be better equipped to provide the adequate care needed, which is especially important when a patient's life is at stake.

INSIGHT 6: BE TRANSPARENT IN ORDER TO REMAIN TRUSTWORTHY

Although Insight 1 suggests that leaders need to remain as optimistic as possible, they also should be keenly aware of realities that the organisation is facing. Rather than exuding blind positivity, we recommend that leaders be transparent about the current situation in order to remain credible and trustworthy by practicing honest communication. A field experiment found that being both positive and transparent about organisational problems yields high ratings of leader trust and effectiveness.⁶ The best way to relay transparency and meet the needs of employees may be through continuous communication from organisational leaders.³² Transparent communication allows a leader to demonstrate behavioural integrity, which in turn can provide clarity for their team and mitigate crisis-related risks, as found in a study of community mental healthcare professionals who developed a communication protocol addressing the COVID-19 pandemic.³³ This could mean sharing the same messages throughout various hierarchies, rather than sharing information with some personnel and omitting it from others. We recommend that the organisation and its leaders strive to be as transparent as possible by communicating honestly, enhancing the likelihood that employees will trust the messages they receive from their leaders.⁶

CONCLUSION

Although, in times of crisis, conditions are uncertain and constantly changing, there are evidence-based leadership behaviours that are consistently useful. This paper outlined six key insights from research on crisis leadership to provide guidance for healthcare leaders. A general recommendation is for leaders to remain cognisant and empathetic about the state of their workforce so that they can employ a combination of these behaviours to make a greater impact. For instance, consistently being present may reveal when employees need support and allow leaders to be responsive to their needs, as well as be understanding and empathetic to their situations. Staying connected with their associates at all times will also allow them to adapt quickly when demands shift. As we have noted, leaders have multiple responsibilities, especially in a chronic crisis, such as the COVID-19 pandemic. It may be difficult to balance all leadership responsibilities; however, we argue that keeping these insights in mind can help leaders navigate through crises more constructively and effectively, potentially easing the burden on them and their followers.

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