Facilitating Organizational Resilience During the COVID-19 Pandemic: An Opportunity for Nurse Leaders to Effect a Crisis Leadership Response

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Presentation Outline

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Conclusion

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Disclosure of No Conflicting Interests

- None of the authors in this presentation have any conflicts of interest.

Background

- The leader's actions during a crisis, such as COVID-19, serve to guide and support others' actions during unpredictable health service demands.

- Leadership and interpersonal relationships are critical to promoting organizational resilience in a crisis. [1,2]

- Considerable work-related stress amongst leaders and the healthcare workforce[3] requires prioritization of a different leadership skill set, one that can positively support a diverse workforce and positively influence organizational performance. [2,4]

- Healthcare transformations and the compounding stress of the COVID-19 crisis, makes organizational resilience a high priority for health leaders.

- There is an urgent research priority on health systems emphasizing the need to capture the views of providers, and the need for organizational resilience.[5]

Study Purpose

- To understand from senior healthcare leaders and front-line managers how crisis leadership was demonstrated, and organizational resilience was activated in the health care setting during the COVID-19 crisis response and to learn from this for ongoing and future responses to health care crises.

Methodology

Design: Qualitative exploratory

Sampling: Criterion Sampling,[6] N=14 senior leaders and 10 frontline managers

Setting: 3 Health Regions, Manitoba, CANADA

Data Collection: Individual semi-structured interviews

Data Analysis: Thematic data analysis[7,8]

Demographics – Senior Leaders

	Number (n)	Percentage (%)
Age	**(n=14)**	
21-30 years	0	0.00
31-40 years	2	14.29
41-50 years	6	42.89
51-60 years	4	28.57
61-70 years	2	14.29
Gender	**(n=14)**	
Female	10	71.43
Male	4	28.57
Education	**(n=14)**	
Diploma	9	64.29
Degree	13	92.86
Graduate Education	11	78.57
Certificate	8	57.14

	Number (n)	Percentage (%)
# of individuals supervised	**(n=14)**	
< 50	12	85.71
51-100	0	0.00
101-150	0	0.00
> 150	2	14.29
Years of experience in senior leader role	**(n=14)**	
< 5 years	2	14.29
5-9 years	2	14.29
10-14 years	5	35.71
15-19 years	5	35.71

*Other past management/leadership roles included CNO, Director, Manager/Supervisor, Chief Admin/Op. Official, and others.

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Demographics – Frontline Managers

	Number (n)	Percentage (%)
Age	**(n=10)**	
21-30 years	0	0.0
31-40 years	1	11.00
41-50 years	3	33.00
51-60 years	5	56.00
Gender	**(n=10)**	
Female	10	100.00
Male	0	0.00
Education	**(n=10)**	
Degree in Nursing and other disciplines	8	80.00
Only Nursing Degree	2	20.00

	Number (n)	Percentage (%)
Years of Experience in Frontline Manager role*	**(n=10)**	
<5 years	6	60.00
5-9 years	1	11.00
10-14 years	2	22.00
15-19 years	1	11.00
# of individuals supervised	**(n=10)**	
<50	3	33.00
51-100	6	60.00
100-150	0	0
> 150	0	0

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Findings: Senior Leadership

Understanding the global pandemic: role and past experiences, impact, planning to support

Leadership challenges: managing information, changing practices and protocols, significant emotional distress

Leadership engagement strategies: presence/visibility, team cohesion/collaboration

Decision making: Addressing priority issues, establishing structure and processes, ensuring availability of resources

Findings: Frontline Managers

Understanding of global pandemic: Experience factor, pandemic impact, planning needs

Understanding leadership challenges: Communication top down, significant emotional distress, modification of care practices, resources/ staffing

Leadership engagement: Advocacy, presence and visibility, partnership/consultations

Lessons for Building Organizational Resilience and Capacity Building

Compassionate leader-ship

Effective and increased communication

Opportunity and innovation in changing care practices

Foster psychological well-being of self and staff with advocacy

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Significance of Findings

- Findings demonstrate:

  ❑ how health leaders and managers experienced the leadership and organizational response during the COVID-19 pandemic.

  ❑ how enhancing approaches to organizational resilience can facilitate the crisis response and build capacity for future crises at the local, national, and international level.

  ❑ how health leaders and managers can more effectively lead during a crisis for the short- and long-term where failure is not an option.

Conclusion

Leaders need to be prepared for future crises and leverage opportunities

Leaders are anchors in providing resources and support to staff and can minimize negative psychological outcomes among staff

Evidence-informed practices and strategies for crisis leadership can support leaders as they navigate through unprecedented situations to foster and build organizational resilience

The organization also plays a role in protecting the health and safety of the nursing workforce thus influencing resilience

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