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**Leadership in breast screening and the importance of appropriate communication during the early onset of the COVID-19 Pandemic**

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## Abstract

**Introduction:** In England, the NHS National Breast Screening Programme (NHSBSP) offers routine breast screening to all women between the ages of 50 years and up to their 71 st birthday, every 3 years. The unfolding Covid-19 pandemic in early 2020 was understandably a time of great anxiety and concern. Culturally we were seeing strong behavioural shifts such as social distancing and a general change in all our daily life patterns. Conceptually, and as leaders, we understood the vulnerability we observed, but felt that we did not have the ‘right language’ and in fact lacked the relevant experience of how to address and communicate with staff and clients during this crisis.

**Methods:** A semiotic, observational research project was utilised that aimed at providing insight how cultural behaviour was being shaped and expressed during the early onset of the Covid-19 pandemic in England. The recommendations of the project were then integrated and implemented into an action plan and subsequent practice.

**Results:** Semiotic analysis revealed that several factors (positive and negative) impacted on peoples' confidence and had practical and emotional implications. Eleven main codes which are belief systems about oneself and others were identified and expressed in a multitude of different ways revealing three main themes or needs i.e. Reassurance, Trust and Clarity. An action plan was developed in response to the project findings and recommendation were implemented.

**Conclusions:** Effective leadership relies on situational awareness. Our semiotic project enabled us to find the ‘right’ language and communication style so that we could connect with staff at the time of crisis. Using our own expert staff, we empowered them by providing the correct, easily digestible resources to facilitate confidence across the service teams which in turn supported the delivery of high-quality breast screening at a time of great uncertainty. **Implication for practice:** We must learn to be agile and adaptive, both in our operational delivery and our communication styles.

## Keywords

Leadership, NHS Breast Screening, COVID-19, semiotic, communication

## Introduction

In England, the NHS Breast Screening Programme (NHSBSP) offers routine breast screening to all eligible clients between the ages of 50 years and up to their 71<sup>st</sup> birthday, every 3 years [1, 2]. Enabling clients to be screened closer to home, breast screening is carried out at different screening locations across a geographically defined area, often using a mix of permanent buildings and mobile breast screening units. The mobile screening units are designed to be functionally efficient in order to achieve high client throughput rates with an appointment schedule typically between six and seven minute intervals throughout a normal screening day pre-COVID [3].

The pandemic hit the United Kingdom (UK) in February 2020 and the first UK national lockdown started in March and lasted for over 3 months. The unfolding Covid-19 pandemic in early 2020 was understandably a time of great anxiety and concern [4,5]. During this time, in many regions across England, decisions were made to temporarily pause the programmes. Concurrently, no clear published national or regional guidance' was available on how recovery and restoration of services should be operationalised, including stakeholder engagement, were initially available. First technical guidance for NHSBSP Screening Commissioners emerged from April 2020 onwards [6]. Guidance published by the Society & College of Radiographers, "*Screening restart: Guidance for safe service provision during Covid-19 pandemic and post pandemic phase*", focused largely on operational elements including infection, prevention and control measures (IPC) with little to no advice on how best to engage, support and communicate with staff [7].

Simultaneously, strong behavioural shifts such as social distancing and a general change to daily life patterns was observed. Conceptually, as leaders i.e. Head of Screening of the largest NHSBSP provider in England and an external semiotic expert, they understood the vulnerability observed, but knew they did not have the 'right language' to address and communicate with staff and clients during this crisis.

It was clear that to safely restart, restore and recovery programmes and irrespective of how one operationally delivers it, 'getting it right' with staff and client engagement, involvement and communication was imperative to the success of the reset of screening programmes.

The paper describes how we, in our role as leaders, pro-actively identified and addressed communication needs during the early onset of the COVID-19 pandemic.

## Method

### **What is Semiotics?**

Semiotics is a different, but very complimentary discipline to other consumer and patient focused research methods (e.g. ethnographic research) [8]. It explores the actual patterns and narratives in culture, both linguistic and non-linguistic, driving behaviours and everyday responses staff and clients find hard to explain or articulate [9].

Unlike other qualitative research methods, semiotics does not interview clients. Rather it explores the actual symbols, signals, patterns and narratives in culture which are driving behaviour (which clients often find hard to explain or articulate). It finds these by observing and reviewing cultural, social and economic trends, popular discourse and media such as internet, advertisements, publicly available publications [9]. In essence, aspects of culture people absorb daily. These emerging factors are then synthesised into codes by the researcher. For clarification, codes provide a map of meaning, belief systems about oneself and others, and reveal views and attitudes about how the world is and/or ought to be [8,9]. See Diagram 1 that outlines the 'Semiotic Process'.

Information gathering for this project included analysing UK government COVID-19 related publications, as well as everyday advertisements, UK tabloid and broadsheet newspapers, lifestyle magazines and even COVID-19 related street art. The 'data collection' period was carried out over four months (March-June 2020).

Why using a semiotic approach?

As the pandemic impacted everyone, screening services needed to take a broader i.e. population and group-based approach. Semiotics helped pinpoint the 'right language' in order connect with staff and clients.

With the aim to safely restart and restore services during the pandemic, securing engagement and motivation was critical for the development and adoption of the new ways of working within breast screening programmes.

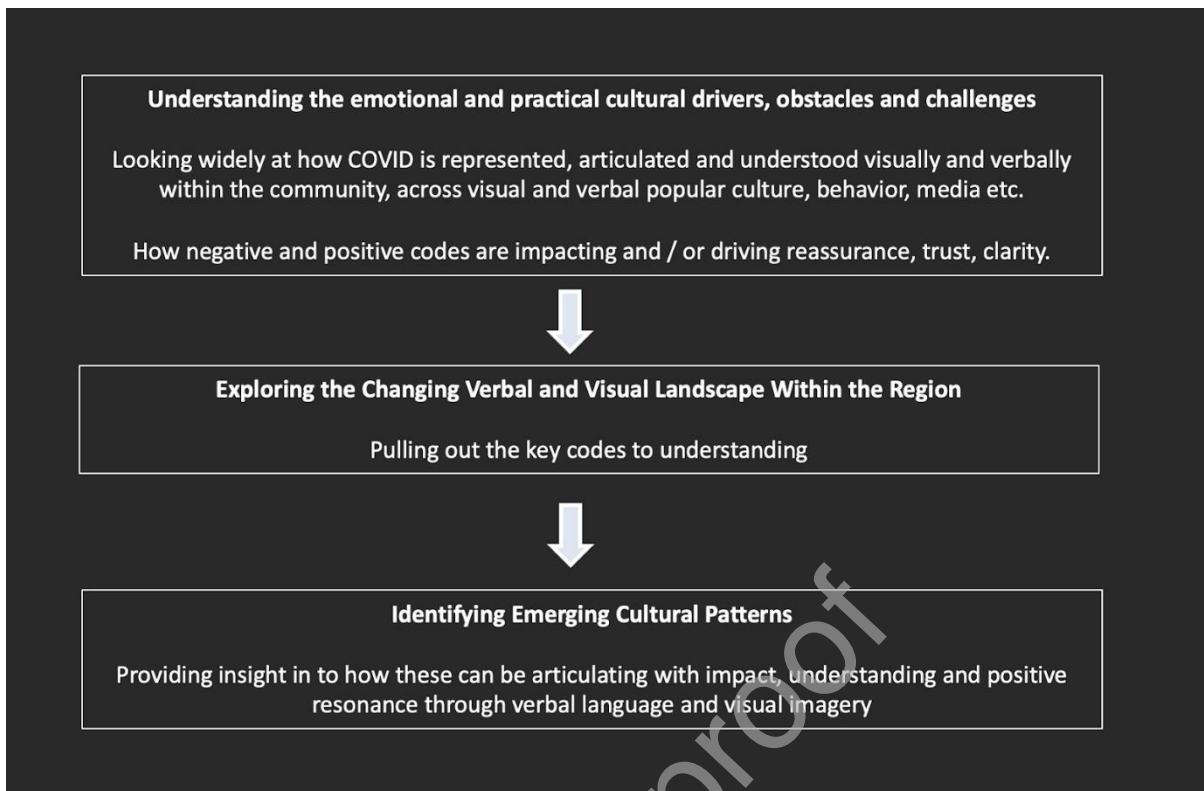


Diagram 1: Semiotic process

The aim of our initiative was to understand how cultural behaviour was evolving and being shaped during the early onset of the Covid-19 pandemic in England (London).

Why the focus on London?

London is a culturally diverse city and the base for six out of the current 78 local breast screening services in England [10]. The project reviewed a host of local materials, including public display posters in supermarket, hospital and primary care venues, as well as London specific media such as local radio broadcasting, and the METRO and London Evening Standard newspapers.

Ethical approval

This initiative reviewed published/publicly reported literature and it involved naturalistic observations with a particular focus on London. No ethical approval was required.

## Results

Semiotics research findings.

Narrative synthesis from all data sources reviewed, produced eleven cultural codes and are described in Table 1.

**Table 1: Cultural codes during early onset of COVID-19**

Cultural Codes	Description & Examples	Comment
<ul style="list-style-type: none"> <li>Essential &amp; Inherent Optimism</li> </ul>	<ul style="list-style-type: none"> <li>hope is a core part of our cultural DNA</li> </ul>	<ul style="list-style-type: none"> <li>the belief in being able to get through turbulence and uncertainty</li> <li>a basic human desire and need for optimism that is inherent in all of us, no matter what gender background, race</li> <li>built on values of tolerance and decency</li> </ul>
	<ul style="list-style-type: none"> <li>a spirit of optimism</li> </ul>	<ul style="list-style-type: none"> <li>upbeat</li> <li>relayed as an overwhelming narrative of empathy e.g. verbal and visual messages that are intended to tear at the heart strings such as children seeing grandparents through glass, rainbows on posters</li> <li>positivity that is emotional rather than practical</li> <li>no suggestion or help as to how we (as all of us) will come out the other side and thrive (no solution or action as to how we 'can get this sorted')</li> </ul>
<ul style="list-style-type: none"> <li>The Desire for Expert Leadership</li> </ul>	<ul style="list-style-type: none"> <li>lack of confidence in governmental structure</li> </ul>	<ul style="list-style-type: none"> <li>inherent belief that the system (and economic and social safety net) is in chaos (no one knows anything, and no one answers the phone)</li> <li>recent narratives have shown an increasing need for leadership and assurance to be shown through knowledge and action over superficial gloss</li> </ul>
<ul style="list-style-type: none"> <li>Return of the Established Expert</li> </ul>	<ul style="list-style-type: none"> <li>when so much is in flux, there is a need to understand the voice of the expert clearly</li> </ul>	<ul style="list-style-type: none"> <li>consider renewed trust and confidence in experts (rather than politicians), who use numbers and data to help inform decisions (even when numbers are depressing, sense of solace in knowing</li> </ul>



Cultural Codes	Description & Examples	Comment
	<ul style="list-style-type: none"> <li>• clear facts rather than verbose prose</li> <li>• the importance of truth</li> </ul>	<ul style="list-style-type: none"> <li>facts versus hiding from them)</li> <li>• experts to be the guiding hand to take us through</li> <li>• key within communities where e.g. English is not the first spoken language (to cut through misinformation, fake community news i.e. infodemic management*</li> </ul>
<ul style="list-style-type: none"> <li>• Confidence as Thinking Ahead</li> </ul>	<ul style="list-style-type: none"> <li>• in a time where everything is uncertain (jobs, short and long-term security), there is a cultural desire to find reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• a strong need for organisations, and services to say 'we got you'</li> <li>• not just about showing up or showing empathy, but rather a need for more straightforward simple action</li> </ul>
<ul style="list-style-type: none"> <li>• A New Lens on Equality</li> </ul>	<ul style="list-style-type: none"> <li>• renewed drive to better understand and bring previously marginalised sections of the community back into the national dialogue</li> </ul>	<ul style="list-style-type: none"> <li>• pandemic has shone a distinct and strong light on inner city issues around poverty, race, overcrowding living, inequality and distrust in authority</li> <li>• high death rates related to COVID-19 pandemic within ethnic minorities</li> </ul>
<ul style="list-style-type: none"> <li>• Compassionate Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• not about having all the answers at this moment in time but instead providing reassurance that those running the systems understand and are addressing the risks on behalf</li> </ul>	<ul style="list-style-type: none"> <li>• leader to ensure staff wellbeing and sustaining their motivation to help them deal with an evolving situation such as being agile and resourceful</li> </ul>
<ul style="list-style-type: none"> <li>• A Language From 'Me' to 'We'</li> </ul>	<ul style="list-style-type: none"> <li>• a new kind of collective heroism: grass roots action being forged within communities</li> <li>• shifting confidence away from traditional authorities, institutions and companies and wrapping it instead in human ingenuity,</li> </ul>	<ul style="list-style-type: none"> <li>• globally we have seen a seismic shift towards finding emotional benefit and practical action from people coming together during COVID- 19 pandemic</li> <li>• as we are watching the pandemic play out, reassurance in individuals stepping up and doing what they can to help: because they can, because they want to help</li> </ul>

Cultural Codes	Description & Examples	Comment
	kindness, care and equality	
<ul style="list-style-type: none"> <li>Creating the Sense of Belonging</li> </ul>	<ul style="list-style-type: none"> <li>in times of unprecedented uncertainty, it is natural for anyone (client, staff) to feel overwhelmed, and even frightened</li> </ul>	<ul style="list-style-type: none"> <li>isolation, shielding and general lockdown rules have heightened this emotion</li> <li>COVID-19 pandemic has shown the basic human need for a sense of belonging where care, love and respect makes a difference</li> <li>Irrespective of whether it comes from a compassionate neighbour, family, community or a work team</li> </ul>
<ul style="list-style-type: none"> <li>Resourceful Adaptability</li> </ul>	<ul style="list-style-type: none"> <li>in our COVID-19 world we are being challenged in new ways, letting go of former behaviours and forging different paths and means of getting through the crisis</li> </ul>	<ul style="list-style-type: none"> <li>what is key is that we have all shown acute adaptability, creativity, ingenuity and strength: getting the small things done, everyday achievements, overcoming obstacles</li> <li>necessary to understand that people (clients, staff) are not helpless but are continually resourceful (especially in the face of difficulty)</li> <li>they want to find ways through themselves – and feel good for doing so (empowerment versus institutionalism)</li> </ul>
<ul style="list-style-type: none"> <li>The Need for Gentle Motivation</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 pandemic has made isolation and fear the new normality for many ethnic minorities and 'over-65s generations'</li> </ul>	<ul style="list-style-type: none"> <li>ethnic minority groups particularly isolated within their own community 'bubbles'</li> <li>need encouragement to take first steps back to normality</li> </ul>
<ul style="list-style-type: none"> <li>Building Better Together</li> </ul>	<ul style="list-style-type: none"> <li>as we get through COVID-19 pandemic there is a sense of acknowledging what we have been through and the need for strength from community</li> </ul>	<ul style="list-style-type: none"> <li>we cannot shoulder the burden all by ourselves, we need friends and partners to lean on</li> <li>a stark need to come through the trajectory and thrive – to 'build back better' as a collective (one which recognizes we all have different needs within that)</li> </ul>

\*For clarification, Infodemic management aims to ensure that people have the right information at the right time in the right format, so that they are informed and empowered to adopt behavioural changes during epidemics to protect their health and the health of their loved ones and communities [11]

It can be seen from Table 1 that culture codes were inextricably linked with positive and negative annotations and emotions, all impacting on peoples' confidence in daily lives including work life.

Out of these eleven culture codes three main themes i.e. Reassurance, Trust and Clarity emerged (see diagrams 2-4 below). Next, one explored how these themes and their underlying culture codes were visually and verbally conveyed.

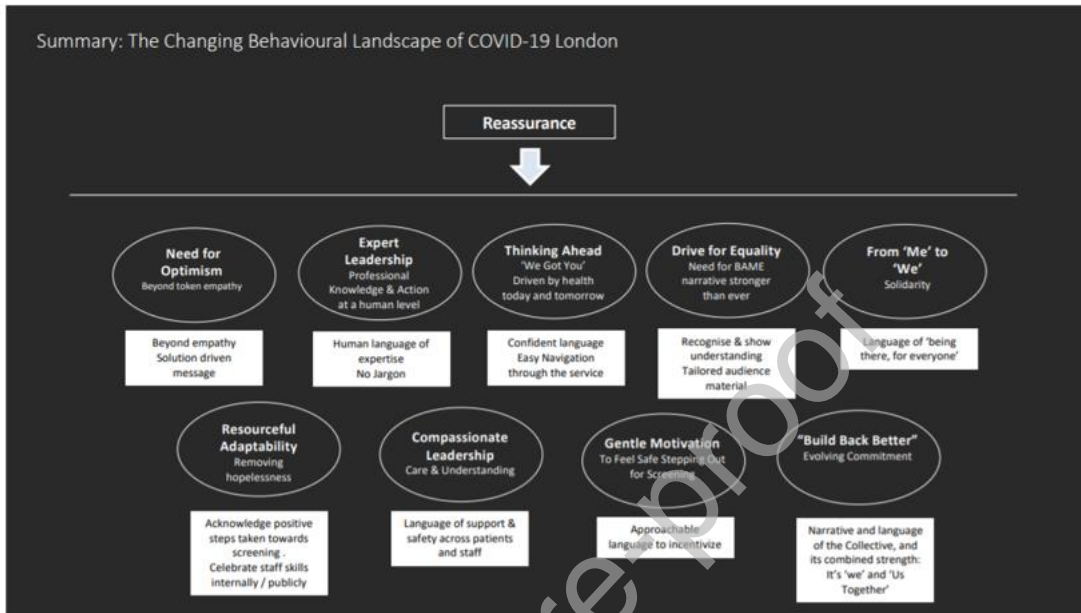


Diagram 2: Reassurance and it's underlying cultural codes

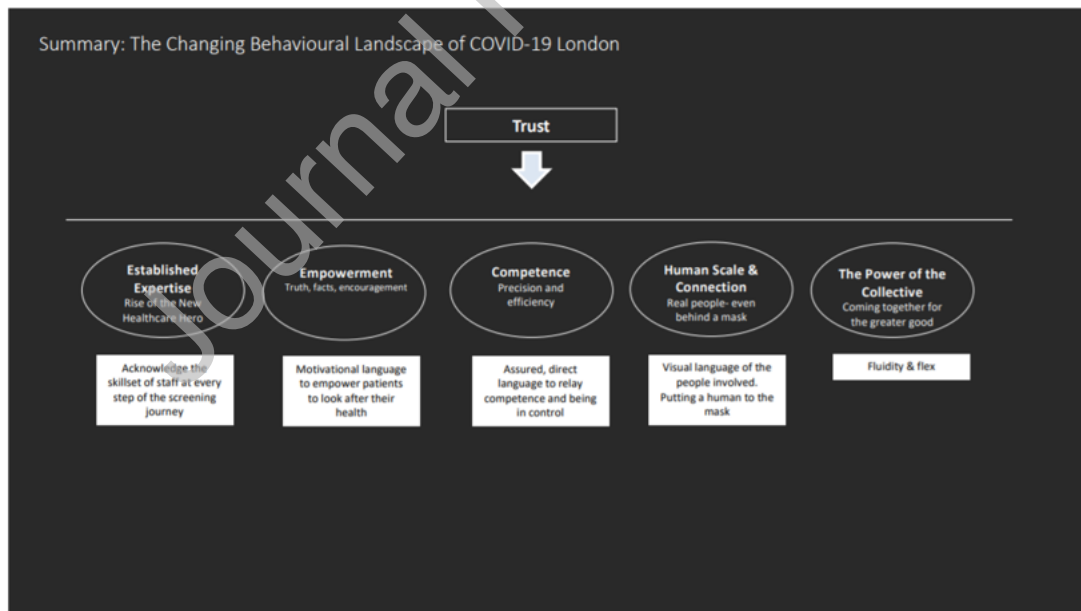


Diagram 3: Trust and it's underlying cultural codes

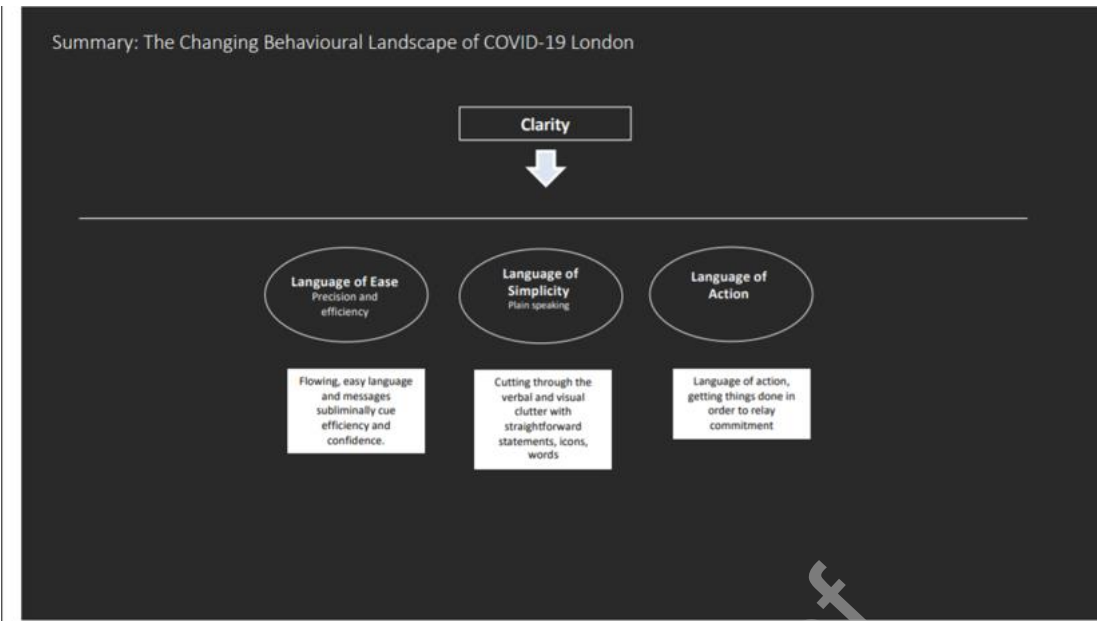


Diagram 4: Clarity and it's underlying cultural codes

#### Implementation of recommendation

In response to the emerging findings i.e. three main themes (reassurance, trust and clarity) and their underlying cultural codes together with their positive and negative annotations and emotions, an engagement and communication strategy (for clients and staff) was developed (see Table 2).

**Table 2: Engagement and Communication action plan**

<b>Theme</b>	<b>Cultural codes</b>	<b>Client Communication/Actions - examples</b>	<b>Staff Communication/Actions - examples</b>
<ul style="list-style-type: none"> <li>• Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• Essential &amp; Inherent Optimism</li> </ul>	<ul style="list-style-type: none"> <li>• client poster</li> <li>• pro-active engagement with clients (telephone, sending text messages) to               <ul style="list-style-type: none"> <li>- offer support</li> <li>- assist in preparing getting to the screening unit</li> <li>- offer advice and help</li> <li>- discuss IPC measures in including environmental control</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• staff poster 'The smile behind the mask' including tips for communicating while wearing a mask or physical distancing</li> </ul>
<ul style="list-style-type: none"> <li>• Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>• The Desire for Expert Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• client poster</li> <li>• Infodemic management</li> </ul>	<ul style="list-style-type: none"> <li>• staff briefing (local, speciality, corporate)</li> <li>• Infodemic management including referencing information from 'credible sources'</li> </ul>
<ul style="list-style-type: none"> <li>• Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Return of the Established Expert</li> </ul>	<ul style="list-style-type: none"> <li>• stress tests for the amended, modified service model and involvement of clients seeking their feedback about the 'new service model' from their perspective</li> </ul>	<ul style="list-style-type: none"> <li>• carried out stress tests for the amended, modified service model with the aim and objectives:               <ul style="list-style-type: none"> <li>- to establish that all IPC mechanisms and procedures are in place</li> <li>- to engage, listen, capture and implement feedback and recommendations (where feasible) received by screening staff that are aimed at improving the safety of service provision</li> </ul> </li> <li>• local team developed clear work instructions with flow charts making the job straightforward</li> </ul>

Theme	Cultural codes	Client Communication/Actions - examples	Staff Communication/Actions - examples
			<ul style="list-style-type: none"> <li>walk-through for any staff member unfamiliar with the 'new ways' of working was carried out</li> </ul>
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Confidence as Thinking Ahead</li> </ul>	<ul style="list-style-type: none"> <li>pro-active engagement by admin/booking team members to clients:               <ul style="list-style-type: none"> <li>discussed IPC measures that are place</li> <li>what happened once clients arrive at the unit</li> <li>addressed any questions/concerns clients may have</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>A New Lens on Equality</li> </ul>	<ul style="list-style-type: none"> <li>pro-active engagement with clients to enquire whether 'clinically extremely vulnerable' and what reasonable adjustment can be offered</li> <li>client poster depicting diverse staff and client group</li> </ul>	<ul style="list-style-type: none"> <li>risk assessment of all staff</li> <li>implementation of the 'hybrid clinic' with 'live assessment' and virtual nursing consultation [12]</li> </ul>
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Compassionate Leadership</li> </ul>	<ul style="list-style-type: none"> <li>emphasis of 'client safety' and understanding of their concern.</li> <li>pro-active engagement by admin/booking team members to clients:               <ul style="list-style-type: none"> <li>discussed IPC measures that are place</li> <li>what happened once clients arrive at the unit</li> </ul> </li> <li>addressed any</li> </ul>	<ul style="list-style-type: none"> <li>staff briefing (local, speciality and corporate level' – in different modalities</li> <li>emphasis of 'staff safety' and understanding of their concern</li> </ul>

Theme	Cultural codes	Client Communication/Actions - examples	Staff Communication/Actions - examples
		questions/concerns clients may have	
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>A Language From 'Me' to 'We'</li> </ul>	<ul style="list-style-type: none"> <li>communication addressed to 'local' people/community'</li> <li>poster – depicting local people</li> </ul>	<ul style="list-style-type: none"> <li>communication addressed to the whole team</li> <li>weekly poems e.g. "The strengthen and foster solidarity within the team and with each individual member</li> </ul>
<ul style="list-style-type: none"> <li>Trust</li> </ul>	<ul style="list-style-type: none"> <li>Creating the Sense of Belonging</li> </ul>		<ul style="list-style-type: none"> <li>weekly poems of strength and courage send to all programme</li> </ul>
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Resourceful Adaptability</li> </ul>		<ul style="list-style-type: none"> <li>implementation of a virtual breast care nursing consultation within a life clinic</li> <li>celebration of innovative way of working e.g. announcement in organisation-wide newsletter</li> </ul>
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>The Need for Gentle Motivation</li> </ul>	<ul style="list-style-type: none"> <li>text messages or phone call sent ahead of forthcoming screening appointment</li> </ul>	
<ul style="list-style-type: none"> <li>Reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Building Better Together</li> </ul>		<ul style="list-style-type: none"> <li>recovery strategy and associated action plans</li> <li>services changed the programme invitation schedule into a more efficient mode i.e. 'Next Test Due Date' (NTDD)**</li> <li>expanding the scope of practice for senior assistant practitioner in mammography [13]</li> </ul>

\*Stress test involved screening staff including Mammographers, Breast Care Nurses, administrative colleagues as well as clients. Utilising staff knowledge and skills e.g. patient pathway, actual procedure, facility such as mobile breast units and equipment requirements, enabled the modification of the environment e.g. one-way patient pathway, visual aids for staff and clients to navigate through the 'new way of service delivery' before

screening services received formal approval from their responsible NHS Cancer Screening Commissioners to resume their service delivery.

**\*\***Within the NHSBSP, the NTDD screening estimate shows when clients are due for screening within the specified dates.

Clarity, the third theme, was necessary to make all actions acceptable and successful to all partners. Care was taken to ensure the use of 'language of ease, simplicity and a 'call of action' i.e. a prompt to an immediate response between breast screening provider and their staff and clients.

One incorporated the project's findings by adjusting the way how we communicated and engaged with staff and clients such as involving and depicting:

- local people from our local community
- local expert leaders to train staff
- involvement of staff and clients in the development of the 'new working models' and stress testing the new models of care
- using clear messaging
- using non-verbal cues
- infodemic management

## Discussion

The delivery of the NHSBSP in England during the early onset of the COVID-pandemic was extremely challenging. Having witnessed the anxiety, concerns and vulnerability across our workforce and clients, one was determined to find the most appropriate language and actions for our staff and clients that would create an environment within breast screening of collective responsibility, efficacy and safety for all.

This semiotic project identified three main themes that contributed to the changing behavioural landscape observed. These were the needs of reassurance, trust and clarity.

### **Reassurance for staff and clients**

The first theme which emerged was reassurance and several cultural codes and associated positive and negative annotations and emotions were identified and actioned.

Example One: 'Return of the Established Expert'

To address the initial anxiety around a 'new working model' one first engaged the multidisciplinary team and looked to leverage existing local expertise to adapt current working practices in a COVID secured environment. Having developed a new framework, one undertook a stress test of the 'new COVID secured working model'. The purpose of this stress-test was firstly to explore whether the service modification was safe, efficient, effective, responsive and well-led with a shared vision during the COVID-19 pandemic. It also demonstrated that the team's expertise was transferable i.e. from pre-COVID working conditions to delivery of services in the pandemic, a critical aspect to the successful implementation of the new way of working.



For clarification, changes to the pre-COVID breast screening delivery model included:

- significant increase in IPC activities
- significant reduction in number of clients invited for screening due to an increase in appointment time allocation from six to seven minute appointment up to 20 minutes initially
- significant increase in information sharing ahead of the scheduled appointments
- undertaken dynamic risk assessments on clients and staff
- new ways of engaging and supporting clients particularly clients who were recalled for assessment for further clarification, to make a definitive diagnosis. A recall for assessment is often associated with an increase in anxiety and concern in these clients [14]. Pre-COVID, these clients were often supported by significant others, however, due to the pandemic, no other person could enter the clinic

Empirical evidence e.g. Greenberg and Tracey (2020) indicated that leadership commitment and support will help individual staff members to make informed choices about their role suitability and competence and to prepare cognitively, emotionally and practically [15]. Hence, it raised staff self-awareness and skills as to what they could contribute to the developing a 'new screening model'. The observed staff engagement and output i.e. successful completion of stress test and subsequent commencement of modified screening clinics was in line with other initiatives that encouraged, engaged and listen to staff [16, 17].

A measure of success was that one service that participated in this project was the first screening service, in the capital, that received formal approval to restart service delivery. Commendations were made by the regional NHS Cancer Screening Commissioner who praised the rigour of the recovery strategy. Another measure was staff engagement. A staff survey that was undertaken during July 2020 showed that:

- 98% of screening staff felt *"..... doing a good job of maintaining services under the current circumstances"*.
- 95% of screening staff also indicated that they were satisfied that sufficient flexible working arrangements were put in place during the same time.

#### Example Two: 'Essential & Inherent Optimism'

This was addressed, for instance, by developing a poster for staff (i.e. 'The smile behind the mask') that included simple, easy to follow tips for communicating whilst wearing a mask or physically distancing. This poster exuded optimism whilst at the same outlined the 'why', the 'how' and the 'what to do'. It was developed by staff and for staff. The importance of understanding the purpose i.e. the 'Why' we do it was critical to convey as *"....People don't buy What you do, they buy Why you do it..."*[18].

#### Trust for staff and clients

The second theme that emerged was trust and several cultural codes and associated actions were identified and actioned.

#### Example One: 'Desire for expert leadership'

This included the 'Desire for expert leadership'. We addressed this by acknowledging and empowering staff to do what they were trained to do.

Staff amended work instructions with flow charts and pictorial aids. Additionally, they also initiated a 'walk-through' for any staff member unfamiliar with the 'new ways' of working. The development of this poster and underlying flow charts enabled staff to enact their skills, knowledge and power which are well documented pillars for owning one's own responsibility and leadership [19, 20].

Using staff feedback collected during the staff survey, carried out in the summer of 2020, showed that 99% of staff reported "*I know what is expected of me at work*".

### **Clarity for staff and clients**

The third theme that emerged was clarity and several cultural codes and associated actions were identified and actioned.

This included the use of language that was simple, straightforward and nudged for a call for action. Clarity of information is beyond the use of plain English and is interlinked with transparency whilst being embedded in the infodemic management. One addressed this by communicating with staff in different formats e.g. face to face, posters and emails ensuring that the information shared was easy to read and comprehend whilst being straight forward.

The use of visual narratives such as flashcards are promising tools. This was demonstrated by Brown Jarreau and colleagues who used flashcards to construct visual narratives about COVID-19, and then assessed their impact on behavioural intentions. The outcome of their study suggested that visual narratives can improve health literacy and provide individuals with the capacity to act on health information that they may know of but find difficult to process or apply to their daily lives [21].

Reconciling the findings from our semiotic project and addressing the recommendations equipped us to be the 'Daring Leaders' who were able to connect to the people in our care and leadership [22]. Furthermore, in the absence of any specific NHSBSP guidance one had to become audaciously bold, as one recognised, "*Every single employee is someone's son or someone's daughter. Like a parent, a leader of a company is responsible for their precious lives*" (23).

### **Limitations**

We acknowledge that a limitation of our project is the utilisation of publicly available information only and not engaging directly with staff. Although that said, we deliberately choose this method as we wanted to capture how the cultural behaviour was being shaped during the early onset of the Covid-19 pandemic. 'All of Us' have different cultural backgrounds and we wanted to explore behaviour and beliefs that were prevalent in the 'communities' we live.

We also accept that semiotic research method is not widely used within Healthcare. However, given that the COVID-19 pandemic impacted 'All of Us', there was a strong desire to use an approach that is less descriptive, in numerical terms but which offers a more 'culture centric viewpoint'. Rigour was introduced within the research team by discussing findings and agreeing on codes and themes.

## Conclusion

This project set out to utilise a radically different approach to any that the breast screening services in the UK had explored previously. By looking at the issues and challenges from a cultural perspective, services were better equipped to understand the behavioural and cultural needs of its clients and staff, and in turn produced communications that were tailored precisely to their needs.

Effective leadership relies on situational awareness which was particularly pivotal in the early onset of the COVID-19 pandemic. This semiotic project enabled us to find the 'right' language and communication style so that one could connect with staff and clients at the time of a global pandemic.

Using local, expert staff, one empowered them by providing the correct, easily digestible resources to facilitate confidence across the service teams which in turn supported the delivery of high-quality breast screening at a time of great uncertainty.

Now, as we emerge from the crisis into a new 'normal' it is clear that a third way of working is required. One that incorporates all that we have learnt during the pandemic but that looks to return to our original framework and service expectations. Critically, we must learn to be agile and adaptive, both in our operational delivery and our communication styles.

As leaders our challenge is always to maintain a clarity of vision and purpose that enables us to effectively connect with our staff.

Competing interests

No financial relationships with any organizations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.

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Declaration of Competing Interest

None.

Journal Pre-proof

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