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EDITORIAL

Rethinking leadership and nursing care in the post-pandemic era*

Repensando el liderazgo y los cuidados de enfermería en la era pospandemia

Carmen Sarabia Cobo*

Facultad de Enfermería de la Universidad de Cantabria, Coordinadora del Grupo de Investigación de Enfermería del IDIVAL, Área de Investigación: Cuidados en la Vejez y las Demencias, Cantabria, Spain

“Management is doing things right; leadership is doing the right things.”

Peter Drucker

It is no secret that 2020 posed a challenge to nurses in a way not seen for more than a hundred years. And this was the year we celebrated our profession globally; an ironic and bittersweet fact. All professionals in all fields were forced to adapt and overcome significant challenges as COVID-19 spread around the world.

Nurses and nurse leaders have worked and continue to work in unprecedentedly intense and demanding environments, and the COVID-19 pandemic continues to exert severe pressure, especially on their mental health.¹ If stressful working conditions remain at extraordinarily high levels, nurses and leaders may eventually leave the profession, creating even more uncertainty in the healthcare workforce. This is not a far-fetched scenario, you only have to look at social media and opinion blogs: many tired, burned out, stressed and fed-up nurses are seriously considering changing careers.² I remember the lockdown with a mixture of uncertainty, fear, anguish, and pain. I was working as a public

health volunteer, in the Department of Health of Cantabria, helping with care in nursing homes and social-health centres. And I also remember what many colleagues, during practically all the waves we have lived through, repeated to me: “This is crap. We’re holding everything together with rubber bands and paper clips. We don’t have enough staff. We’re just getting on day by day, unplanned, improvising, and the politicians don’t want to admit that this is happening.”

It is essential to learn from this experience; the extraordinary contributions of millions of professionals and volunteers, the rapid advances made in digitisation, the transformation of service delivery and, of course, vaccines. Not only is it now imperative to restore service delivery, and remain prepared for future waves of the virus, but this learning must be harnessed for positive change and renewal, so that the health and care system can continue to make the greatest possible improvements in the health and wellbeing of all, well beyond this crisis.³

Without question, the response to the pandemic resulted in unprecedented global disruption of routine care and standard procedures. Disruptions included socially distanced workspaces (in our profession this was extremely difficult), the cancellation of multiple scheduled consultations, follow-up and continuity of care had to be reinvented or adapted using technologies (teleconsultation the order of the day), delayed diagnosis, restriction of inpatient visiting, working with new procedures and conditions (we will never forget personal protective equipment [PPE]), fear,

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* Corresponding author.

E-mail address: carmen.sarabia@unican.es

uncertainty and insecurity, changing patient flow patterns, assignment of staff to unfamiliar workplaces or units, and in short, a pretty radical change in the way we communicate with other professionals, with patients and with carers. This has had an enormous impact on the care of people with cognitive impairment.⁴ In this area nurses have masterfully reorganised care and leadership, with few resources and immense professional cohesion.⁵ The pandemic also created an extraordinary period of innovation and agility of response across healthcare and the nursing profession. Nurses have proven particularly valuable partners in multidisciplinary healthcare teams through the pandemic crisis because infection control, team-based patient care, and health surveillance are their strengths.⁶ Nursing leaders contributed many original solutions that limited the spread of disease and aided in the response to the pandemic.

An interesting thought piece on how to approach the strategic future in health,⁷ which is highly applicable to the field of professional care, sets out five priorities to guide the approach to healthcare: “putting the workforce centre stage; a step change on inequalities and population health; lasting reform for social care; embedding and accelerating digital change; and reshaping the relationship between communities and public services”.

In the midst of this pandemic, nursing leaders have had to juggle expectations and many fronts. Healthcare organisations continue to expect leaders to focus on continuous improvement and quality of care. They have also had to work out how to deal with the new coronavirus while remaining positive about the health system’s ability to manage this crisis.⁸

Another interesting editorial in the *Journal for Healthcare Quality*⁹ explored five of the main lessons that nursing leaders should draw to rethink the future of the profession, and given all we have experienced, will perhaps help us plan more egalitarian and fairer systems that care for the caregiver, so that they in turn provide better care, if possible, to the patient, especially the most vulnerable, and their families.

Lesson 1: Focus on the purpose of the health system

The mission of most - if not all - healthcare organisations is simple: to protect, support and provide high quality care to patients, families, employees, the organisation itself and the surrounding community. However, if we have learned one thing, that is that the professional must be central to the system.

Lesson 2: Learn the power of “pivoting”

During crises, it is sometimes necessary to change patient care strategies almost instantaneously to meet the needs of the people served. This can be described as pivoting; and often involves redeploying human and other resources to adapt quickly to new situations.

Lesson 3: Communicate, and then communicate more

Honest and frequent communication helps professionals to gain a clear understanding of an organisation’s current and anticipated circumstances. Leaders, whether formal or informal within teams, should never stop communicating, even if they believe they have done enough. To build trust in teams, leaders must provide information with full transparency. Well-communicated, interconnected teams with clarity of ideas function better and are quicker to respond to problems.

Lesson 4: Support your people

As waves of COVID-19 spread to varying degrees around the world, there has been a clear pattern: shortages of staff and personal protective equipment, with shifts of extremely demanding work full of uncertainties, have increased burnout levels in healthcare professionals to unprecedented levels, to such an extent that many nurses are leaving the profession long before they retire. Care for the caregiver, support your teams, serve not the institution but the people... easy to say, but key to effective team leadership.

Lesson 5: Adapting to the new normal in nursing

The effects of COVID-19 are likely to be felt for years to come, and have created a new reality for healthcare organisations and their professionals. Leaders must adapt to this new normal by focusing on the future, anticipating new realities (high mental health impact on vulnerable patients and families, readapting continuity of care, empowering advanced practice nurses, increasing specialisation in specific areas such as dementia and migraine, etc.) and using innovative techniques for patient care.¹⁰

A unique blend of moral, ethical, and legal obligations helps nurse leaders to empower teams and transcend current challenges. Today’s leaders have compelling opportunities to drive innovation, improve organisations, serve communities, and deliver on a remarkable history of resilience, integrity, and achievement, while redesigning healthcare delivery systems with a more equitable, adaptive, and robust image.

The benchmarks of the past empower nurse leaders to delineate shadows and pave a bold path for the nurses of tomorrow. Individual nurse leaders will continue to be successful in overcoming current challenges and building more resilient teams and systems while meeting their professional obligations of service and care. The deep connection built by nurse leaders, which they continue to build within their organisations and communities, will enhance the future achievements, growth, influence, and impact of the nursing profession for patients and communities.

COVID-19 is unlikely to be the last major crisis facing our healthcare system. Leadership is exercised not only institutionally as we have seen, but in the day-to-day environment of the individual nurse. Our decision-making, initiative, and

courage in seeking efficient alternatives to new problems make us worthy of recognition. The latest evidence indicates that^{2,6,10} the one profession that has been able to provide effective responses even at a very high cost is the nursing profession. The question now, as we are on the threshold of living with the pandemic normally, is whether we will take the opportunity to rethink care as we knew or know it, slowly and very seriously, . . . every crisis is an opportunity for change and improvement. This is a strategic moment to rethink structural and functional changes that will result in quality care in the best possible conditions for professionals. Abandoning victimisation or raising the flag of the vocation of service at any price does us a disservice. Now is not the time for empty talk of leadership; especially not with everything that we have experienced and learned. Real, strong, organised leadership that is coherent with the profession, the times we live in and the patients we care for. This leadership must focus on professionals, with balanced staff, adequate resources, and the capacity to make decisions in an autonomous and real way, give me a lever and I shall move the Earth; to quote Archimedes. I say, give a nurse resources and autonomy and they will take care of the world.

Conflict of interests

The authors have no conflict of interests to declare.

References

1. Lake ET, Narva AM, Holland S, Smith JG, Cramer E, Rosenbaum KEF, et al. Hospital nurses' moral distress and mental

- health during COVID-19. *J Adv Nurs.* 2022;78(3):799–809, <http://dx.doi.org/10.1111/jan.15013>.
2. Kiger AJ. Voices without volume: was the voice of nursing missing from the COVID-19 pandemic? *Nurse Lead.* 2021;19(3):255–8, <http://dx.doi.org/10.1016/j.nml.2021.02.011>.
3. Haque A. The COVID-19 pandemic and the role of responsible leadership in health care: thinking beyond employee well-being and organisational sustainability. *Leadersh Health Serv (Bradf Engl).* 2021;34(1):52–68, <http://dx.doi.org/10.1108/LHS-09-2020-0071>.
4. Rao A, Kelemen A. Lessons learned from caring for patients with COVID-19 at the end of life. *J Palliat Med.* 2021;24(3):468–71, <http://dx.doi.org/10.1089/jpm.2020.0251>.
5. Olson NL, Albeni BC. Dementia-friendly design: impact on COVID-19 death rates in long-term care facilities around the world. *J Alzheimers Dis.* 2021;81(2):427–50, <http://dx.doi.org/10.3233/JAD-210017>.
6. Raso R, Fitzpatrick JJ, Masick K, Giordano-Mulligan M, Sweeney CD. Perceptions of authentic nurse leadership and work environment and the pandemic impact for nurse leaders and clinical nurses. *J Nurs Adm.* 2021;51(5):257–63, <http://dx.doi.org/10.1097/NNA.0000000000001010>.
7. Charles A, Ewbank L, Disponible en <https://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care>, 2021.
8. Ma Y, Faraz NA, Ahmed F, Iqbal MK, Saeed U, Mughal MF, et al. Curbing nurses' burnout during COVID-19: the roles of servant leadership and psychological safety. *J Nurs Manag.* 2021;29(8):2383–91, <http://dx.doi.org/10.1111/jonm.13414>.
9. Shirley Maria R, Disponible en nursingcenter.com/journalarticle?Article_ID=5743287&Journal_ID=3304723&Issue_ID=5743286, 2021.
10. Kitson A, Huisman-de Waal G, Muntlin A. Lessons from COVID. *J Adv Nurs.* 2021;77(7):e7–9, <http://dx.doi.org/10.1111/jan.14844>.