





LIGHTSPRING/SHUTTERSTOCK

When nurses lead, health follows

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The leader's job is to get results. Sounds simple, but nothing could be more complex, especially in healthcare where outcome metrics range from quality to cost. Leaders are expected to align vision and strategy, engage a workforce, drive for results, hold teams accountable, and celebrate successes. Leaders have always needed to be adaptive and agile; these skills are imperative now more than ever. The global pandemic we've been battling for over a year has resulted in the dramatic loss of human lives and an unprecedented impact on healthcare and public health. The world has changed, and the expectations for leaders must change with it. Our lived experiences left us with many lessons. Paramount among these is that leadership matters. Leadership is who you are, and it influences what you do. A clear vision and strong moral values must drive the leadership foundation that a team stands on to take care of frontline caregivers and patients effectively.^{1,2}

Our lessons come from a major comprehensive academic healthcare delivery system with 11 hospitals and a large ambulatory care network of clinics and school-based clinics located across New York City, Brooklyn, Queens, and Hudson Valley. The world watched as New York rapidly became the epicenter of the largest health crisis in a century. Putting the experience into words is

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almost impossible but we can share what worked and what didn't. This article outlines the nurse leader competencies needed during crises, what our frontline staff need from us when operations are significantly disrupted, and why we—as nurses and nurse leaders—are poised to lead teams through uncertain situations in complex systems.

Leadership competencies in times of crisis

First, we need to understand that different leadership competencies are critical to leading and managing effectively when times are “good” versus in times of crisis.

healthy work environment, authentically live it, and engage others in its achievement.”³ This style is evaluated as being high in self-awareness, moral and ethical courage, relational integrality, shared decision-making, and caring. You'll find that these elements embedded in the skills we suggest are the most important based on our personal and immersive experience. Raso and colleagues state, “As evidence for authentic nurse leadership grows quantitatively as an effective style and as an essential standard for healthy work environments, there are implications for leader development moving forward. We should continue to teach this

Agility and adaptability

Agility and adaptability are important in nursing leadership as healthcare changes quickly based on advances in technology, medical innovation, evolving patient needs, and emerging diseases. Our experience with the COVID-19 pandemic demonstrated that we live in an era of uncertainty and instability. Agile and adaptable leaders who can read and act on signals of change, often with minimal information, will thrive. Leaders can't be timid; they need to be systems-savvy and work across all boundaries using formal and informal networks.

This is what agility and adaptability look like: Accept changes



This is what agility and adaptability look like: Accept changes as positive, adjust your management style to changing situations, revise plans as necessary, and consider others' concerns when making a change.

Not all leaders have the knowledge, experience, and skills needed to lead in a crisis. It's essential that we each know our strengths and opportunities for growth and develop a plan to obtain the necessary competencies. We strongly believe that all nurse leaders should develop and further enhance the following seven competencies: agility, adaptability, decisiveness, timely communication, team building, reflection, and dissemination.

Emerging research suggests that authentic nurse leadership is an effective leadership style in a pandemic. The American Association of Critical-Care Nurses states that “nurse leaders must fully embrace the imperative of a

leadership model as a nursing framework for leadership.”^{4,5}

Tannenbaum and colleagues studied teams in various settings and made seven recommendations to get teams through stressful events by enhancing teamwork and collaboration: recognize big and small wins, confirm the team has a sustained mental model, don't forget the people who are behind the scenes, promote team monitoring, build psychological safety, address concerns with team members, and boost resiliency to allow time to recover from hardship.⁶ Our recommendations on the key leadership competencies needed during crises were identified and amplified by this research.

as positive, adjust your management style to changing situations, revise plans as necessary, and consider others' concerns when making a change.⁷ The ability to change (or be changed) to fit new circumstances is also an important component of emotional intelligence.⁸

At the peak of the pandemic, we had 2,600 patients in our hospitals with COVID-19 and 900 patients in our ICUs. We had to act quickly to build more ICU capacity, open field hospitals, stop nonemergent surgeries, and redeploy thousands of physicians and nurses across our system. New models of care emerged. We brought in former military special operations forces

medics trained in critical care to support our critical care and stepdown nurses. These medics worked in a stacking pyramid model with the nurse as the leader overseeing clinical practice. We provided rapid onboarding and orientation to ensure their ability to provide competent and safe care. To date, we continue to utilize the medics in areas where we have a surge, and our nurses tell us that this model was indeed beneficial and necessary to sustain our ability to care for patients.

Decisiveness

Decisiveness—speed over precision—is also needed. During normal operations, leaders can often take their time to make decisions. They can weigh the pros and cons and even test their decisions before fully implementing them. We learned that we needed to move quickly, but we also needed to involve the people doing the work in the decision-making. Someone who agonizes over details and is risk-averse won't be your best leader in a pandemic. During a crisis, decisions need to be made quickly and confidently, which takes courage.

At the height of the pandemic, we made a bold decision to convert a postpartum unit into a medical-surgical unit to help decompress the bulging ED. This decision was made and executed quickly. We found that some of the nurses weren't comfortable taking care of all the patients. Some reported not having taken care of a male patient since they were nursing students. We had to quickly train the nurses to take care of male patients, such as the

insertion of urinary catheters, and provide them with the support of float pool nurses who served as resource nurses.

We also moved the psychiatric patients from one hospital to our dedicated psychiatric facility, and the nurses moved with the patients to take care of them. This was unprecedented and initially an uncomfortable and unfamiliar experience for our staff and our patients and their families. However, it was necessary to expand our ability to manage the COVID-19 surge. Throughout the pandemic, decisions were made expeditiously because time was critical to ensure that we were responding to the evolving needs of our patients.

Timely communication

We're often told that we can never overcommunicate; this is especially true in times of crisis. Whether your team is large or small, you need to find ways to consistently keep them informed of changes and aligned with the new and evolving vision and goals. During a crisis, it becomes even more important to communicate frequently and in a timely manner, allowing for questions to be asked and concerns to be addressed. Loop closure was imperative to develop trust. Our staff members needed to feel confident that their leaders were doing their best to keep everyone safe.

Communication at all levels is vital because changes put into place quickly may need to be revised based on new information or feedback from employees. Multimodal communication is the key to success when stress is high and time is limited. At the height of the pandemic, emails

weren't read by frontline workers as often as they typically would be. It was imperative to create a variety of communication avenues, inclusive of twice-daily huddles (already established as daily standard work), frequent leader rounding, and meetings utilizing video communication platforms held at times convenient for staff to attend. It's noteworthy that we had to take the time to train staff on how to use the video communication platforms, and these efforts were led by some of our technologically savvy team members. Lastly, it's important to ensure that the nurses' voices are heard.

Team building

Great teams aren't an accident; they're the byproduct of effective leadership. Our employees need to feel valued, respected, and inspired toward common goals for great teams to emerge. Employee engagement is always essential, and this becomes even more essential in a pandemic. Our job as leaders isn't only to be aspirational and get results, but also to take care of our staff so they can take better care of patients and each other. Three fundamental principles of engagement were found to be the most effective for our team members: support decision-making about their practice and their practice environment, give recognition for the work they're doing, and encourage teamwork. This has arguably been the most challenging time for nurses in this century. We need to empower and enable our nurses to be leaders and make decisions about their practice.

Formal recognition was challenging due to social distancing

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requirements. Informal recognition through leader rounds proved to be helpful. A simple “thank you” goes a long way. Our staff members appreciated that senior leaders saw what they were enduring; expressed gratitude; and subsequently provided necessary resources, equipment, or supplies during leader rounding either in person or virtually. There wasn’t a unit in our hospitals where staff members claimed anything was more important than teamwork to survive this pandemic together. We believe our team is stronger now, and this is something we hope we’ll nurture and sustain. The best leaders build teams based on mutual respect, support, trust, and caring.

Reflection

Author and leadership consultant Peter Drucker advises, “Follow effective action with quiet reflection. From the quiet reflection will come even more effective action.”⁹ Reflection as a skill was significant for two reasons: It helped us gain a better understanding of what was working and what wasn’t working and self-awareness, as well as careful and flexible thought, was critical when both stakes and emotions were high.

When we go to the people doing the work to help us understand what’s working and what isn’t working, it allows us to make better decisions and modify our strategies. For example, we decided to move I.V. pumps outside of our ICU rooms. This was initially done to conserve personal protective equipment (PPE). However, even when PPE became more widely available,

we kept this practice to minimize the amount of time it took for our staff members to get to the titratable drugs because of the need for donning PPE for acutely ill patients, as well as limit staff exposure to COVID-19. Over time, as we reflected on the change and asked questions about infection control and the risk of lines getting damaged in ICU room doors, staff members came up with solutions to mitigate these risks, including hooks and bumpers.

Self-reflection in leadership is critical for development. It includes knowing your strengths and opportunities, skill set, behavioral patterns, and how you use your power and influence. When we’re under stress, we may react differently. Under pressure and with a lack of sleep, leaders saw their baseline disposition shift. Leaders under stress may also lack their typical emotional intelligence and miss signs of stress in their direct reports. Providing emotional support was crucial because our research conducted during the peak of the pandemic suggested that 64% of our nurses suffered acute stress, 53% screened positive for depressive symptoms, and 40% for anxiety symptoms.¹⁰ Nurses were more affected than any other discipline surveyed, given the amount of time they spent with patients and the new burden of providing emotional support when family and friends weren’t permitted to visit.¹⁰

As leaders, we need to set the tone and take time for our self-reflection. It doesn’t matter when you do it, but you must be consistent and give yourself some quiet time to pause and reflect.

This is foundational to our leadership journey.

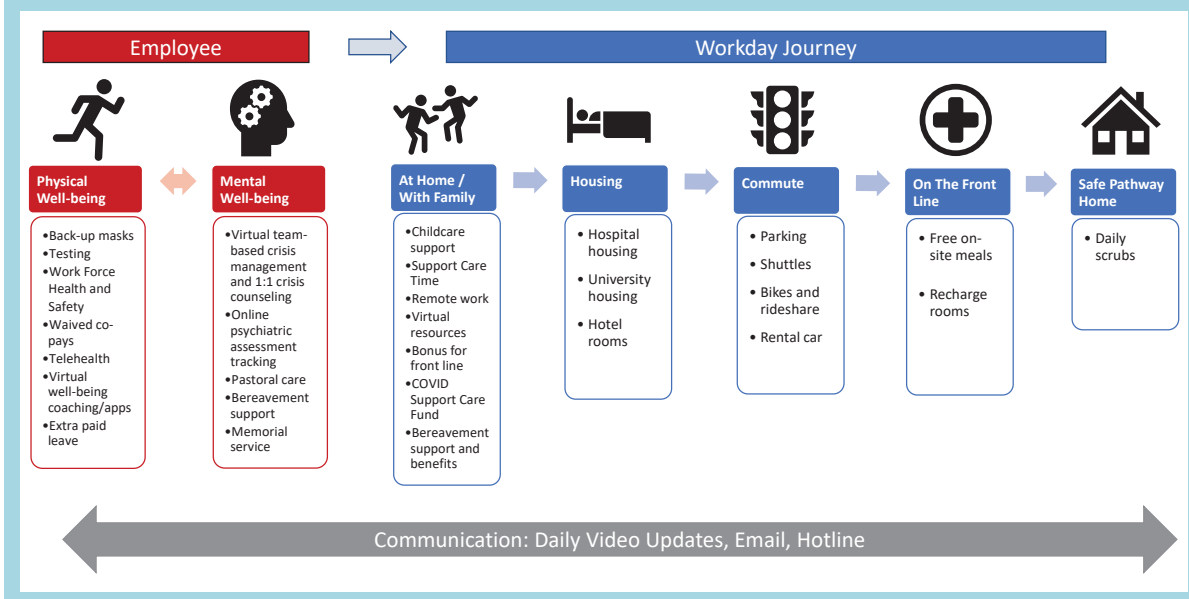
Dissemination

Dissemination of knowledge felt like a moral obligation to our teams because we were the pandemic’s epicenter in the US. We used many forums to share our learnings with colleagues locally, regionally, nationally, and internationally. We also spent time with authors and archivists to tell our stories, allowing our experiences and tactics to provide a roadmap for future generations who may come under the siege of a global pandemic or another long-term crisis. Leaders must be comfortable sharing with their colleagues and adding time to already exhausting hours to spread information to those who would benefit to further protect the lives of patients, families, and staff. Presentation methods included social media posts, phone calls, video communication platform presentations, and publications.

Communication is always king

Communication deserves amplification beyond the previous discussion because it proved to be the most crucial skill for our leaders during the pandemic. Author, professional speaker, and entrepreneur Mark Sanborn opines, “In teamwork, silence isn’t golden; it’s deadly.”¹¹ We believe this quote is literally and figuratively accurate given our COVID-19 experience. Without timely and transparent communication, more people would’ve died, suffered, or gotten ill. Let’s explore the elements of communication that employees need from leaders in times of crisis:

NewYork-Presbyterian employee services during COVID-19 surge in New York City, 2020



urgency, transparency, empathy, and frequency.

When communication is urgent, it projects the need to make fast decisions or move swiftly. We discussed previously that decision-making needs to be quick. The communication of those decisions needs to match that speed and precede tactic implementation. Therefore, communication must be slower than decision-making but faster than action. Transparency helps maintain and build trust. To stay aligned and move in the right direction, honesty always wins, even if the news isn't favorable.

Empathetic rounding, using evidence-based questions and focusing on key drivers of employee engagement, also helped our team stay resilient. A solid foundation of a highly visible and engaged leadership team enabled us to thrive in this crisis. Our leaders rounded at least daily in the Gemba, or "real place,"

where the work is done to stay anchored in reality and understand employees' morale and mental health. This rounding helped us adjust our clinical and operational decisions based on expressed or seen needs and provide resources when needed. For example, when we learned that staff members couldn't leave the floors for breaks or meals, we advocated for support. Meals were provided three times a day without expense to the employees. Additionally, the organization provided transportation, arranged for childcare, provided housing for those concerned about bringing the virus home to their families, and supplied scrubs that staff changed into and out of at work.¹² (See *NewYork-Presbyterian employee services during COVID-19 surge in New York City, 2020*.)

The frequency of our communication is hard to quantify; however, we communicated more than we ever had until we no

longer heard complaints that we weren't communicating enough. We've never heard anyone say they've been overcommunicated to. At the height of the pandemic, both our president and executive vice president had daily briefings about the state of the hospital system, and these were recorded for convenience. The staff loved the easy access and flexibility of joining remotely from home to stay informed. Today, we continue these briefings weekly to keep everyone informed and aligned.

Poised to lead in complex situations

Nurse leaders' systems approach, hands-on training and preparation, deep leadership experience, and daily intersection with every department in the hospital give us the perfect opportunity to step up when crisis strikes. It's this mix of science, business acumen, and caring that positions nurse

leaders to change our practice and practice environment. We're highly visible, trusted, and strategic influencers. If we further prepare ourselves as leaders in normal times with the skills necessary to lead in a crisis, we'll be poised to help our patients, their families, our staff, our colleagues, our hospitals, our cities, our states, our country, and our world. Indeed, when nurses lead, health follows. **NMI**

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