



**CRISIS**

**Crisis Leadership and  
Organizational Resilience  
during COVID-19 and Why it  
Matters**

**Presenter: Sonia Udod, RN, PhD**

# PRESENTATION OUTLINE



# BACKGROUND

- Health leaders work in an unprecedented intense and demanding health environment.
- 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. <sup>1,2</sup>
- Considerable work-related stress amongst leaders and the healthcare workforce<sup>3</sup> requires prioritization of a different leadership skill set, one that can positively support a diverse workforce and positively influence organizational performance. <sup>2,4</sup>
- 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 health providers, and the need for organizational resilience.<sup>5</sup>

# STUDY PURPOSE

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- To understand from senior healthcare leaders and front-line managers how 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.



**Design:** Qualitative exploratory



**Sampling:** Criterion sampling,<sup>6</sup> N=14 senior leaders and 10 frontline managers



**Setting:** Manitoba, 3 health regions



**Data Collection:** Individual semi-structured interviews



**Data Analysis:** Thematic data analysis<sup>7,8</sup>

# DEMOGRAPHICS - SENIOR LEADERS

	Number (n)	Percentage (%)
<b>Age</b>	<b>(n=14)</b>	
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
<b>Gender</b>	<b>(n=14)</b>	
Female	10	71.43
Male	4	28.57
<b>Education</b>	<b>(n=14)</b>	
Diploma	9	64.29
Degree	13	92.86
Graduate Education	11	78.57
Certificate	8	57.14

	Number (n)	Percentage (%)
<b>Years of experience in your discipline</b>	<b>(n=14)</b>	
< 5 years	0	0.00
5-9 years	0	0.00
10-14 years	2	14.29
15-19 years	1	7.14
20-35 years	11	78.57
<b>Years of experience in senior leader role</b>	<b>(n=14)</b>	
< 5 years	2	14.29
5-9 years	2	14.29
10-14 years	5	35.71
15-19 years	5	35.71
<b>Years of experience in current role</b>	<b>(n=14)</b>	
< 5 years	9	64.29
5-9 years	4	28.57
10-14 years	1	7.14

	Number (n)	Percentage (%)
<b>Years of experience in frontline manager role</b>	<b>(n=12)</b>	
< 5 years	3	25.00
5-9 years	7	58.33
10-14 years	1	8.33
15-19 years	1	8.33
<b># of individuals supervised</b>	<b>(n=14)</b>	
< 50	12	85.71
51-100	0	0.00
101-150	0	0.00
> 150	2	14.29
<b>Other past management / leadership roles</b>	<b>(n=14)</b>	
CNO	1	7.14
Director	8	57.12
Manager/ Supervisor	8	57.12
Chief Admin/ Op. Officer	3	21.43
Others	4	28.57
N/A	5	35.71

# DEMOGRAPHICS - FRONTLINE MANAGERS

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- All were female (N=10)
- 50% aged 51-60 years
- 80% had a degree in nursing and other disciplines
- 80% had worked in their discipline for >15 years
- 60% had worked as a frontline manager for <5 years
- 60% supervise between 51-100 staff
- Other past management/ leadership roles included PHN, educators, union presidents, managers/supervisors, etc.

# FINDINGS – SENIOR LEADERSHIP

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

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

**Leadership engagement strategies:** presence/visibility, leadership preparation, team cohesion/collaboration, managing self-care (personal and team)

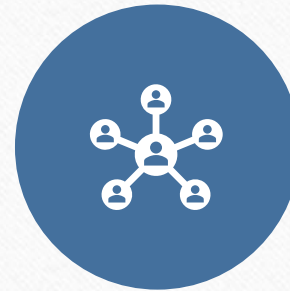
**Decision making:** Addressing priority issues, establishing structure and processes, ensuring availability of resources



# 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, redistributing resources/ staffing



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

**Lessons for  
building resilience  
and capacity  
building include:**

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Compassionate leadership

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Effective and increased  
communication

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Opportunity and innovation in  
changing care practices

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Foster psychological well-being of  
self and staff with advocacy for  
long term effects

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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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