Leadership knowledge and skills are essential for nurse leaders (Samuel et al, 2015) and, although definitions vary, there are central components to the concept of leadership: it involves process and influence in a group focused on achieving a goal (Stodgill, 1974).

The coronavirus pandemic has prompted a critical appraisal of the evidence around leadership during times of crisis, defined as an unpredictable incident that poses significant risk to an organisation (Samuel et al, 2015). Large-scale crises in the late 1970s established crisis leadership as a rapidly developing field and gave rise to much of the available evidence on this topic. However, little research has been undertaken in the field of nursing other than studies undertaken in one acute setting using small, unrepresentative samples in countries with health-care systems that differ from that of the UK; therefore case studies and anecdotal evidence are often cited (Knebel et al, 2012).

West et al (2015) highlighted that health-care leadership research tends to be weak, listing common problems such as small samples, cross-sectional design, reliance on self-reporting, lack of control groups, and use of unreliable and invalidated tools. They suggest we may need to change our definition of good-quality evidence regarding leadership and management.

This article considers three themes in crisis leadership:

Communication;
Clear vision and values;
Caring relationships.

These themes were identified by Klann (2003) and it is hoped they will provide nurse leaders with strategies they can use to support themselves and their teams; they may also highlight training needs and opportunities to improve care and revitalise nurses’ passion for their profession.

Communication
In two recent qualitative studies – one by Vasli and Dehghan-Nayeri (2016) and one by Zhuravsky (2015) – nurses were interviewed following a crisis; in both, several participants raised the importance of communication during such times. This was echoed by nurse leaders from the American Organization of Nurse Executives (AONE) – now the American Organization for Nursing Leadership – who coordinated a day of dialogue to examine the lessons...
learnt following a variety of emergency situations. It was suggested that good communication enabled nurse leaders to handle the human dimension of a crisis, particularly through the use of empathy (Edmonson et al, 2016).

Communication during a crisis can be hindered by heightened levels of stress, information overload and disruption of services (Edmonson et al, 2016; Shih et al, 2009). However, timely, simple, transparent communication ensures:

- Facts are relayed;
- Myths dispelled;
- Teams are empowered to make decisions (Edmonson et al, 2016).

AlKnawy (2009) has suggested that, while clear communication should always be evident, during a crisis it becomes central. He advises that organisations have timely updates and clear protocols communicated via multiple channels while, outside of the organisation, a clear account of the actions taken should be communicated to all relevant stakeholders and authorities. Communication to the public is equally important to maintain trust and keep people informed.

Klann (2003) proposed ways in which leaders can enhance their crisis communication; these are outlined in Table 1.

**Clear vision and values**

During a crisis, it is easy to become absorbed in detail and complexity, but it is the leader’s role to understand the critical details of the situation to be able to see the bigger picture and share it with the team. This involves listening to, studying and soliciting opinion both within and outside of the organisation (AlKnawy, 2009). Knebel et al (2012) depicted nurse leaders during a crisis as critical thinkers and decision makers who are visible and accessible.

In studying nurse leaders’ responses during the severe acute respiratory syndrome (SARS) crisis in Hong Kong, Lau and Chan (2005) observed that nurse leaders encouraged staff to participate in decision making, which meant they were motivated to keep their knowledge up to date and provide the best nursing care. They also highlighted that the timely delivery of education and training for all staff created a clear vision and values.

This was echoed by the Taiwanese nurse leaders interviewed in Shih et al’s (2009) qualitative research, who reflected on the lack of clear information available during the SARS crisis. Despite facing uncertainty as the crisis developed, the nurse leaders met the challenge of empowering themselves and their teams to develop clear and effective protocols. When they recognised that the lack of reliable information and sufficient support was contributing to fear, they continually sought such information from a wide variety of sources. It was important to keep updated and to disseminate the updates among their teams and those of their colleagues. Through their shared vision and values, nurses were able to gain confidence in managing the crisis and provide better care.

A theme that emerged during discussion at the AONE’s day of dialogue is that nurse leaders need to be skilled critical thinkers to be able to interpret, analyse and explain crisis situations, and achieve clarity and perspective of vision and values. Nurse leaders again described building relationships with a variety of people across different organisations to source credible information (Edmonson et al, 2016).

Table 2 details additional suggestions to help leaders achieve clear vision and values in a crisis, as outlined by Klann (2003).

**Caring relationships**

Successful crisis leadership involves responding to the emotions caused by the crisis (Klann, 2003); leadership is pivotal in bringing staff together to:

- Acknowledge shared distress;
- Affirm suffering;
- Help the team cope (Hanna and Romana, 2007).

Livornese and Vedder (2017) noted that little evidence exists about the emotional health of staff working through a disaster; however they suggested that nurse leaders must assess their colleagues’ emotional state and follow up with them afterwards, as they may need the most emotional support during the aftermath. Shih et al (2009) interviewed nurses following the SARS epidemic and found that emotional support from leaders is also important in helping bonds to develop in the nursing team.

When interviewed by Zhuravsky (2015) following an earthquake in New Zealand, a variety of health and social care staff explained the emotionally challenging nature of crises and the importance of emotional support and leadership. They highlighted the ability to manage one’s own emotions as a key leadership skill that helps teams feel safe and that the situation is under control. This was echoed in the interviews with emergency nurses conducted by Vasily and Dehghan-Nayeri (2016), which noted the importance of leaders keeping calm during times of crisis. Connaughton (2016) also emphasised equanimity as an essential leadership skill, defining it as the

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**Table 1. Enhancing crisis communication**

<table>
<thead>
<tr>
<th>Task</th>
<th>Ideas to help implement this in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide who should be informed, when and how</td>
<td>Tell the team in person what you know, explain what is being done and, if possible, describe future implications</td>
</tr>
<tr>
<td>Use your initiative</td>
<td>Find out as much as possible from a wide variety of reliable sources</td>
</tr>
<tr>
<td>Be open and honest</td>
<td>It is fine to say you do not know everything</td>
</tr>
<tr>
<td>Be clear, concise and accurate</td>
<td>Avoid technical details or overly complicated information</td>
</tr>
<tr>
<td>Listen</td>
<td>Ask open questions</td>
</tr>
</tbody>
</table>

**Source:** Klann (2003)
ability to see things exactly as they are and providing a composed, grounded, unflustered mindset; leaders who practise equanimity reduce fear, instill confidence and are more effective and efficient.

AlKnawy (2019) has highlighted the importance of visibility for leaders and recommended they seize a golden opportunity to personally thank all staff members to build confidence, strengthen relationships and ensure staff feel valued.

Staff may need time to express their feelings and be listened to; supporting them emotionally may require nurse leaders to relax their boundaries and connect on a human level. Leaders must also give themselves permission to acknowledge their own wide range of emotions, and finding positive, high-quality support can enable them to provide the same for their colleagues (Cathcart, 2020).

The British Psychological Society (2020) created a guide for healthcare leaders on how to care for staff during the coronavirus pandemic. It was further developed as a resource to be applied in practice (Bit.ly/2BPscovid) and provides simple suggestions that do not require specialist training or funding; these are outlined in Table 3.

Implications for training

During a crisis, nurse leaders are responsible for the training and education of staff to ensure they can manage both the disaster and their emotions (Livornese and Vedder, 2017). However, training and education should take place before a crisis has occurred because, during a disaster, most nurses will not have the necessary time or physical and mental reserves to begin learning new concepts. After interviewing nurses following the SARS epidemic, Shih et al (2009) concluded that it was imperative for healthcare organisations to plan for potential crises and for nurse leaders to carry this out. The importance of preparation in crisis control was, likewise, emphasised by all 18 emergency nurses interviewed in Iran by Vasli and Dehghan-Nayeri (2016).

At the AONE’s day of dialogue, nurse leaders said crisis control should be regularly practised through training and education of all staff and must also involve community engagement (Edmonson et al, 2016). In addition, this emerged as an important lesson following the Ebola outbreak in Liberia, leading Nyenswah et al (2016) to conclude that health issues in the community should be addressed continually, not just during times of crisis.

Baack and Alfred (2013) surveyed 620 hospital-based nurses in rural communities in the US and found that most were not confident in their ability to lead during times of crisis. As nurses are pivotal in reacting to disasters, organising responses, easing this process and facilitating recovery in the aftermath, they concluded that nurses should actively seek opportunities to participate in real disaster events, simulated exercises and disaster-readiness educational opportunities.

Nurse leaders may also require training, education and support. However, none of the intensive care nurses interviewed by Linton and Farrell (2009) in a qualitative phenomenological study had received formal training or education in leadership, despite practising in this capacity. Zhuravsky (2015) concluded that the formation of a competency-based training programme may help develop and support leaders during times of crisis.

Looking to the future

A time of crisis can be seen as an opportunity (Zhuravsky, 2015). Reflecting on his experience as a healthcare leader during the Middle East respiratory syndrome (MERS) coronavirus outbreak, AlKnawy (2019) implored people to “not miss a good crisis”, suggesting it is imperative to learn from, and put into action, lessons from any disaster. He highlighted it was crucial to be open and honest with all staff, seek their views and understand what can be changed or done better or sooner; speed is important because, following resolution, time can corrode the urgency to implement change.

Cathcart (2020) has advised that creating opportunities for staff to share their experiences may ratify the significance of the extraordinary work they are doing and reduce the immense burden they bear. She suggests that gathering examples of best practice could permit us to reimagine how we should model care in the future and highlights that the coronavirus pandemic may help staff members reconnect to the values and passion that initially drew them to the profession. As described by a nurse leader interviewed by Shih et al (2009), it is “an invaluable professional honour” to serve during times of crisis.

Conclusion

The current coronavirus pandemic has presented a huge challenge and placed enormous pressure and unprecedented demands on us all – including those in leadership positions, be they experienced or new to the role. Despite a lack of research and high-quality evidence in the field of crisis leadership, particularly in healthcare, there is a growing body of guidance around three central components: communication, clear vision and values, and caring relationships. Reassuringly, many of the suggestions are easy to follow and implement in practice without formal training or funding. The pandemic may have highlighted a training need among nurses, and perhaps particularly nurse leaders, but crisis can also provide an opportunity to improve care and rekindle our passion and pride in our profession.
### Table 3. Supporting a team emotionally during a pandemic

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key features</th>
<th>Identifying characteristics</th>
<th>Hazards</th>
<th>Leadership tactics to support yourself and the team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Pre-emptive anxiety</td>
<td>- Not feeling prepared&lt;br&gt;- Uncertainty&lt;br&gt;- Feeling overwhelmed</td>
<td>- Lack of sleep&lt;br&gt;- Worry&lt;br&gt;- Stress</td>
<td>- Reassure that all emotions are normal&lt;br&gt;- Remember stress means you are human&lt;br&gt;- Control what you can and accept what you cannot&lt;br&gt;- Try to keep to, and encourage, a routine</td>
</tr>
<tr>
<td>Active</td>
<td>Heroics, surge to solution</td>
<td>- Increased camaraderie and morale&lt;br&gt;- Feeling of rising to the challenge&lt;br&gt;- Feeling out of control&lt;br&gt;- Disagreement over sense of urgency&lt;br&gt;- Social norms and niceties lapse, causing tension&lt;br&gt;- Pressure mounts</td>
<td>- Reliance on instinct, leading to increased risk of errors&lt;br&gt;- Frustration and role confusion&lt;br&gt;- Loss of routine regarding working hours and breaks&lt;br&gt;- Overworking&lt;br&gt;- Task-orientated focus with lack of communication</td>
<td>- Encourage a healthy work-life balance and regular breaks&lt;br&gt;- Help the team connect&lt;br&gt;- Set aside time for rest</td>
</tr>
<tr>
<td>Active</td>
<td>Disillusionment and exhaustion</td>
<td>- ‘Full steam ahead’ mindset&lt;br&gt;- High adrenaline levels&lt;br&gt;- Feeling of being on autopilot&lt;br&gt;- Sudden exhaustion&lt;br&gt;- Emotional disconnection&lt;br&gt;- Compassion fatigue&lt;br&gt;- Cumulative stress</td>
<td>- Phase of highest risk&lt;br&gt;- Neglected physical and psychological health&lt;br&gt;- Ethical distress due to limited healthcare provision&lt;br&gt;- Avoidant or unhelpful coping mechanisms&lt;br&gt;- Suicide risk of staff with pre-existing vulnerabilities</td>
<td>- Be compassionate towards yourself and others&lt;br&gt;- Ask for help or support if you need it&lt;br&gt;- Listen and communicate, maintaining safety&lt;br&gt;- Uphold the team’s physical safety&lt;br&gt;- Share positive experiences&lt;br&gt;- Express appreciation</td>
</tr>
<tr>
<td>Recovery</td>
<td>Recovery and long-term psychological impacts</td>
<td>- Staff begin to reflect&lt;br&gt;- Most will cope successfully&lt;br&gt;- Positive change and personal growth&lt;br&gt;- Some may feel resentment</td>
<td>- Intrusive shame, guilt or thoughts about what ‘should’ have been done differently&lt;br&gt;- Conflict with the ‘hero’ narrative may intensify this&lt;br&gt;- Some people may be at risk of burnout and post-traumatic stress disorder</td>
<td>- Encourage people to discuss their experiences and emotions&lt;br&gt;- Listen to staff needs and guide them to helpful resources&lt;br&gt;- Celebrate what went well&lt;br&gt;- Involve all staff in developing future preparedness plans&lt;br&gt;- Give thanks and rewards</td>
</tr>
</tbody>
</table>

Sources: Adapted from British Psychological Society (2020); Morris (2020)

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### References

- **British Psychological Society (2020)** The Psychological Needs of Healthcare Staff as a Result of the Coronavirus Pandemic. Leicester: BPS.
- **Livornese K, Vedder J (2017)** The emotional well-being of nurses and nurse leaders in crisis. Nursing Administration Quarterly; 41: 2, 144-150.