

COVID-19: Leadership on the frontline is what matters when we support health care workers

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Abstract

The implications of COVID-19 on health care systems globally are proving to be immense, with unforeseen impacts that are still to fully emerge. Local and national health care systems, hospitals and health care workers have been overwhelmed by the needs of patients and limited by weaknesses in resources, staff capacity and distribution networks. These circumstances impact the ergonomic conditions within which health care staff work, and subsequently their behavioural responses.

In this commentary we argue that urgent research is needed globally to bridge the evidence gap that exists on how best to support health care workers with the repercussions of working on the frontline of a pandemic. Leadership on the frontline is what matters. It is not only what

policies, guidelines and checklists are in place to support nurses, doctors and health care workers; it is the actions and behaviours of their frontline and local leaders in implementing initiatives that really make the difference.

Recognising that the leadership style, organisational culture, and the model of successful implementation are inextricable is the first step to ensure sustainable interventions to support health care workers' wellbeing will follow.

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Background

The impact of COVID-19 on health care systems globally has been unprecedented. Health care workers (HCWs) universally have been overwhelmed by the surge in patients, limitations in staff capacity and the weaknesses in distribution networks (1). These conditions are a threat to HCWs health as they require staff to work longer hours, with prolonged exposure to the virus, thereby compromising their rest and ability to be resilient (2). This environment may change HCWs cognition and behaviour with implications for the overall ability of the health system to respond to the crisis.

When health care systems are stretched the health of HCWs is undoubtably affected; as we have seen in the sustained burnout levels among clinicians across Europe, in the high HCWs fatality rates during the West African Ebola response, and now in hospitals and medical centres around the world as COVID-19 intensifies (3-5). These risks to HCWs, and the subsequent impact on patient safety, are not new; but the current pandemic has renewed their visibility and amplified their significance (6). COVID-19 unquestionably effects the health of HCWs whether they work in Taiwan, Tanzania or Texas.

Urgent global research is needed to bridge the evidence gap on how best to support HCWs with the physical, psychological, behavioural, and social repercussions of working on the frontline of a pandemic, or indeed all crisis situations.

Develop what works

The magnitude of the COVID-19 pandemic has prompted the rapid deployment of interventions designed to offer aid to HCWs (7). The World Health Organization has developed a short 5-page document for organisations to conduct a risk assessment of

HCWs in the context of COVID-19 (8). This drive to support HCWs health and wellbeing is a positive step to improve the fundamental safety of staff and the quality of working life. Consideration of how this particular crisis has impacted the health of HCWs from ethnic minorities and marginalised populations is also crucial given the disproportionate effects, including on death rates, noted in several countries, including the United States and the United Kingdom (4). The necessary next step to improve system resilience and HCWs safety in the long term is to establish the effectiveness, ease of adoption, and sustainability of these interventions. It is imperative that those interventions taken forward to aid the health of HCWs in the COVID-19 era must be evidence based and backed by leadership.

Emphasise leadership for sustainability

It is not only what policies and guidelines are in place to support our HCWs; it is the actions and behaviours of their frontline, local, and national leaders in implementing initiatives that really make the difference.

The health of HCWs is a clear priority now, but what will happen to the interventions developed when health systems return to more normal functionality and other priorities creep into the day-to-day management of health services? It is the sustainability of interventions for HCWs developed in the COVID-19 era that offer the greatest challenge to improving health and wellbeing in the long term.

Evidence has shown that strong, effective and resilient leadership is required to develop a psychologically safe culture characterised by open communication, freedom from fear, and continuous learning (9,10). Organisational culture, including factors such as length of shifts, presence of common mental disorders among staff, and burnout, has been shown to have a direct link with patient safety and outcomes (6). Global leaders say they consider patient safety a priority (11), but now leaders must deliver a safe environment and implement

sustainable evidence-based interventions for patients and HCWs, championing them at every opportunity.

This imperative need for an effective leadership culture within and across organisations has been demonstrated by the confusion between national and local leaders on the availability and efficacy of both antigen and antibody testing, alongside managing the challenges in procuring and distributing personal protective equipment (PPE) (1). This confused and often disparate leadership creates undue stress on a workforce already working at its limit and all efforts must be made to ensure the current and ongoing safety of HCWs. This must include regular and timely COVID-19 testing for HCWs, particularly those most at risk, alongside the availability of and guidance on the most effective PPE.

Looking ahead

Lessons in innovation and leadership can be learned when we look across health systems, and LMICs have much to offer in developing frugal innovative solutions that may be relevant. The enduring risk of failing to establish the best interventions for HCWs safety in the aftermath of COVID-19, backed by strong leadership, will be weaker health systems globally as a result of an unsupported health care workforce impaired by the realities and legacy of the crisis.

Leadership on the frontline is essential in supporting HCWs. Evidence-based interventions, championed by effective leaders, should be used to develop strategies to aid the management of health and wellbeing to ensure HCWs are supported as the outbreak continues, and through the transition into a post-COVID world.

Recognising that the leadership style, organisational culture, and the model of successful implementation are inextricable, and calling on leaders to rise to the demands of this

challenge, are the first steps to ensure sustainable interventions for the safety and wellbeing of health care workers will follow (12).

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