

Practical tips for preparing and leading teams



Teams of health-care workers in South Africa are in a phase of waiting. There is significant dread and uncertainty about the next phase of the pandemic. Internationally, hospital leaders report that in Covid-19 treatment facilities and ICU's when admissions start increasing, team hierarchies get flattened, it's all hands on deck and roles can get diffused. This is why it's imperative that teams are able to work together in collaborative and supportive ways and your leadership is essential.

1. **Set up regular meetings and communication channels** (such as dedicated team or unit WhatsApp groups)
2. **Clarify what your team knows** and that they are accessing accurate information and not fake news and rumors.
3. **Communicate clear and accurate information** in ways that staff can assimilate. Focus on the facts, express your opinion in simple ways and check if the other person understood correctly. Share your frustrations and reflect together on solutions.
4. **Clarify treatment protocols and institutional plans** with staff as they are communicated to you
5. **Look at the pragmatics:** Staff members have families and homes. Find out how they're getting to work, how their children are being cared for and so on. Look at work hours, shifts and so on to see if there any changes that can be made to ensure happier, more effective workers. Have non-essential tasks been removed or reduced and do individuals have access to protective equipment?
6. **Acknowledge and normalize staff feelings:** it is appropriate, and not in any way unprofessional, to have fears of getting infected or transmitting the virus to families. Common symptoms, as a simple fever or a cough, can be mistaken for COVID-19 symptoms. Talking about these worries in contained ways, either in a short morning meeting or with a counsellor, can reduce levels of panic or despair and create an invaluable sense of shared humanity.
7. **Encourage staff to talk with their families** about risk and have the difficult conversations about possible illness or death. This is a time for all to get their own affairs in order such as wills etc.
8. **Set up support systems.** Early on, set up a "buddy system" - invite staff to identify someone on the team to take care of and support. Another set of eyes is important.
9. **Share stress reduction techniques** with staff (see handout on this – but these include limiting social media exposure to Covid information, breathing exercises, timeouts, self distancing/ self talk, and other self-care strategies)
10. **Create and use time out spaces:** establish where in your hospital/ clinic there are physical spaces for your teams to be able to have some time out and encourage staff to use them.
11. **Be real with staff:** Staff need to face that this is a time of loss. There will be deaths and the systems and protocols are imperfect and will inevitably have flaws and problems. This will inevitably lead to failures and frustrations and what researchers are calling a sense of moral injury. Anticipating and naming this can reduce the negative impact.
12. **Help staff remember the WHY of the job and honour your work.** Make an effort to notice and highlight staff efforts and be generous with compliments. As the pandemic progresses also share stories of help and hope
13. **Check in with staff regularly:** pay particular attention to any staff member that may be experiencing difficulties in their personal life, has a history of poor mental health or who lacks social support. Ask them how they are doing and what they need to feel better. Facilitate access to, and ensure staff are aware of, where they can access mental health and psychosocial support services.

FAQs for managers or supervisors in health care settings leading during the COVID 10 pandemic



Don't I already have enough to do? Yes. But the coronavirus is the elephant in the room. No one can do their work as effectively under the psychological and physical stresses of the pandemic. It's legitimate and vital that you invest time and energy in wellbeing. It's ethical and practical – staff will work more effectively if their stress is taken seriously.

How do I look after myself? Employees learn most from what you do, not what you say. If you role-model self-care strategies, this sends a message that this behaviour is valued by your organisation. Don't be a sacrificial hero for the team as this creates dependency or self-destruction. Make sure you are sleeping enough, eating well, getting support for yourself and are spending a bit of time each day on self-care tasks such as exercise, listening to music, meditation and mindfulness practices

How can I prepare my staff ? Tell staff in advance that the challenges might lead to failures and compromises. In a crisis like this things will get messy and decision-making will evolve with each new challenge. Nothing will be perfect but the team will keep trying to solve each problem to the best of their human abilities.

In this regard, normalize feelings. In word and deed accept feelings of fear, failure, anxiety, shame, denial and anger.

What about the moral challenges? International experience suggests that what caregivers must do in a pandemic crisis requires a fundamental shift in moral perspective: to go from dedicating oneself to the good of the individual patient to striving for the best outcomes among many patients. No clinician finds this reorientation welcome or intuitive. What we most fear in a pandemic is death, and survival is what we hope for. It is a good that can be wished for every person without any need to decide that some lives are more worthy of being saved than others. And by choosing this as our common goal, many other decisions fall into place. Help staff, especially junior staff, face the inevitable moral injuries that will come when the limits of our power to help are evident.

How can I help staff with their fears ? Adopt a balanced, fact-based tone. Focus on tolerating uncertainty rather than making it go away. Neither minimise fears nor exaggerate the crisis. If you minimise fears your team will not cope with unexpected crises and if you exaggerate the situation you will drain people of their capacity to cope. By casting aside false promises or gloomy predictions you also establish yourself as a calm centre of the storm. This battle will be won in the long run, not in a sprint, led by a manager who tries to do the next right thing, moving forward, trusting in the future.

What about communication ? Clear, regular communication keeps everyone on track and prevents misunderstandings and rumour-mongering. For example, a morning flash meeting provides necessary information. Explain clearly and often what is required, such as what protective measures are expected. You can even draw attention to small victories or good actions you have noticed.

Set aside other times, separately, such as an end-of-day team huddle, for staff to raise concerns and express fears.

Now what ? Once instructions are issued the real work begins. Observe and assess what is going on in your team. Set aside some of your time to go out into the spaces where your staff are working, observing and noting if someone is not coping. If you become aware that someone is struggling, either because of the work or personal issues, step in to help by providing support or assigning rest. Sometimes a listening ear is enough.

Responding to stress experienced by hospital staff working with Covid-19: guidance for planning early interventions*

Staff may experience a wide range of normal feelings and anxieties during the early stages of dealing with Covid-19. The aim of planned responses to active ongoing stress is to **foster resilience, reduce burnout** and **reduce the risk of post-traumatic stress disorder**.

