

Why you should read this article:

- To learn about the leadership strategies that can be effective during times of crisis
- To understand when different styles of leadership are appropriate in certain situations
- To count towards revalidation as part of your 35 hours of CPD, or you may wish to write a reflective account (UK readers)
- To contribute towards your professional development and local registration renewal requirements (non-UK readers)

Effective nurse leadership in times of crisis

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Abstract

The emergence of coronavirus disease 2019 (COVID-19) has meant that nurse leaders need to respond rapidly and decisively to the demands and challenges of a pandemic in a context of increased staff shortages and limited resources. This article suggests essential leadership skills and characteristics that nurses can use to underpin effective leadership in a crisis, emphasising the importance of decision-making and emotional intelligence. It also addresses two important questions: 'what do leaders in a crisis need to do that differs from any other time?' and 'what does effective leadership look like in a crisis?'

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Keywords

communication, coronavirus, COVID-19, decision-making, leadership, leadership models, leadership skills, professional, professional issues

Aims and intended learning outcomes

This article aims to discuss essential leadership skills and strategies that nurses can use to underpin effective leadership in a crisis. This is linked to aspects of the Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates (Nursing and Midwifery Council (NMC) 2018), including ensuring high-quality care, managing risk, supporting staff and providing leadership to ensure staff and patient well-being.

After reading this article and completing the time out activities, you should be able to:

- » Outline several communication strategies that can support crisis leadership.
- » Describe a range of leadership styles and approaches that can be applied to crisis leadership.
- » Consider the contexts where situational leadership and compassionate leadership are useful.
- » Detail the characteristics of a suggested framework for crisis leadership.

» Understand the important considerations for crisis leadership and how it differs to everyday leadership.

Introduction

The term 'crisis' is widely used to describe a period of intense difficulty, suffering or danger. Internationally, this term has been used in relation to global climate change and economics, for example the global financial crisis of 2007-2008. At a national level, the term 'UK nursing crisis' has been used to describe the ongoing nursing recruitment and retention challenges in the NHS, and at a community level, crises may relate to people's physical and mental health, finances and relationships.

At the time of writing, the world is experiencing a global pandemic – coronavirus disease 2019 (COVID-19) – which has resulted in intense difficulty, suffering and danger, globally, nationally and within communities, families and for individuals. Nurses are at the centre of the response to the demands of the

crisis, which requires them to focus on all four themes of the Code (NMC 2018): prioritise people, practise effectively, preserve safety and promote professionalism and trust.

Most people had not heard of COVID-19, which is an infectious disease caused by a newly discovered coronavirus, until January 2020. From observing countries further ahead of the UK in the pandemic, it was known that the virus was highly contagious, with particular groups of people seemingly at high risk of mortality. However, this is a novel virus about which many questions remain unanswered.

In a period of weeks, against a backdrop of chronic nursing shortages, nurse leaders have been required to transform services to increase critical care capacity. They are achieving this in a context of increased staff sickness and absence because of quarantine measures, a changing workforce, including returners and nursing students who have opted to become members of the workforce, a shortage of equipment, and staff who are tired and anxious. Nurse leaders are having to be highly responsive, adaptive and resilient and, in turn, they need their workforce to demonstrate the same characteristics.

TIME OUT 1

Note down three reasons why leadership in a crisis may require different approaches and skills compared with everyday leadership

COVID-19 response and crisis leadership

Change is widely held to be one of the few constants in healthcare (Jones and Bennett 2018). However, the response to COVID-19 has required healthcare services to transition with unprecedented speed to develop increased intensive care capacity. It is not only the pace of change that is challenging, but also the particularly complex context in which change is required. For example, because COVID-19 is a pandemic, there is a global shortage of equipment, meaning that countries are unable to support each other as they would if the outbreak was a regional epidemic.

There is also an international shortage of nurses (World Health Organization 2020), meaning that countries such as the UK have had to introduce a COVID-19 temporary register of nurses and midwives, comprised of those who left the register up to five years ago (NMC 2020a), who are reintroduced into the healthcare service alongside nursing students who have been invited to temporarily join the workforce. These members of staff are making

a vital contribution to the COVID-19 response but leading new teams, with varying levels of expertise, is particularly challenging.

Furthermore, the work environment is highly stressful. Internationally, the psychological effect of nursing patients with COVID-19 has been identified by the International Council of Nurses (2020). Stressors include exposure to intense levels of human suffering, long shifts, a lack of equipment in some areas, fatigue related to wearing personal protective equipment (PPE) and fears of contracting the infection. In the UK, there is much concern within the nursing profession regarding shortages of PPE (NMC 2020b). Therefore, nurse leadership needs to be even more visible at present than in usual circumstances.

Communication strategies

Mayfield and Mayfield's (2018) leadership communication model emphasises the importance of team motivation and the need for leaders to demonstrate:

- » Direction-giving – dispelling ambiguity and transparently sharing work expectations.
 - » Meaning-making – giving significance and cultural guidance to the work.
 - » Empathy – demonstrating others' experiences, perspectives and feelings.
- Mayfield and Mayfield (2018) identified a positive relationship between the use of these facets of motivating language and performance, as well as other outcomes such as job satisfaction, staff willingness to express their voice, decreased staff turnover and reduced absenteeism. However, leaders tend to use direction-giving too much and underuse meaning-making and empathy.

TIME OUT 2

Reflect on how you communicate by considering the three points above. Do you give one aspect more thought and time than others and how can you ensure you demonstrate all three in equal measures?

In the current COVID-19 crisis, it is quite likely that nurse leaders have a plethora of directions to give their teams but they are more likely to reach their objectives if they explain to all members of staff the meaning of their proposed actions in the context of the four themes of the Code (NMC 2018): prioritise people, practise effectively, preserve safety and promote professionalism and trust. Mayfield and Mayfield (2018) referred to this as 'meaning-making'. In addition, by demonstrating an understanding of the stressors associated with caring for patients with COVID-19 and an appreciation of how

Key points

- During the current COVID-19 crisis, nurse leaders are more likely to reach their objectives if they explain to all members of staff the meaning of their proposed actions in the context of the four themes of the Code
- Decision-making should be transparent during times of crisis leadership
- Nurse leaders should consider the most suitable leadership approach for the context and intended outcome, rather than keeping to one particular leadership approach
- Situational leadership and compassionate leadership are aligned to nursing's professional and ethical values, and may be able to support the extraordinary demands leaders are experiencing during the COVID-19 pandemic

members of the team may be feeling, nurse leaders will demonstrate empathy and are more likely to motivate them.

Decision-making

In addition to motivating the team, it is essential that decision-making is transparent in crisis leadership. Heifetz and Sinder's (1990) locus of decision-making model (Table 1) identified three types of decision, the approach to decision-making required and the locus of the decision for each type.

In times of crisis, nurse leaders will be involved in finding solutions to each of these types of decisions. At the beginning of the COVID-19 pandemic, a common type 1 decision related to the need to upskill staff; the problem was easily defined and the solution – for example accessing clinical skills training for staff – may have been one that is familiar and relatively simple.

An example of a type 2 decision may have related to the limited number of critical care beds available to treat patients with COVID-19. There were several potential solutions, but through collective agreement the decision was made to suspend elective surgery and other planned treatments, to build additional healthcare facilities and to implement public health recommendations to reduce the speed of viral spread.

At the time of writing, several type 3 decisions and solutions are being explored, for example, planning how the UK can safely come out of lockdown. Nurses should be actively involved in such decision-making at many levels, including local and strategic decisions.

TIME OUT 3

How would you define the terms management, leadership and command? List three ways in which you think leadership is distinct from command and management

Management, leadership and command responses

St George (2012), who wrote about leadership in the Royal Navy, distinguished between management, leadership and command responses:

- » Command – institutional authority, based on hierarchical position. During the COVID-19 crisis, chief nursing officers in the UK have represented the profession in strategic national planning for the crisis and senior nurses within health boards and trusts have adopted the command role at times.
- » Management – concerned with the allocation and control of available resources to achieve objectives. In the current context, management has been vital in scaling up and transforming services, for example, in ensuring the availability of staff, PPE, medicines and ventilation facilities.
- » Leadership – visionary and inspires others to achieve a desired outcome. It requires qualities such as professional judgement, intelligence and knowledge, as well as personal qualities such as integrity, empathy, willpower, courage and confidence. In addition to achieving the objectives of the current crisis, effective nurse leadership is crucial to establish a positive legacy and long-term effects for the nursing profession, such as an increased status and voice.

Table 1. Locus of decision-making model

Types of decision	Approach to decision-making	Locus of the decision
Type 1 – the problem is clearly defined, and the solution is known	Likely to require little consultation to formulate a plan	Leader
Type 2 – the problem is clearly defined, but the solution is unknown	There is a general understanding and agreement concerning the problem but there are several possible solutions. Involve all those affected in the decision-making process. Colleagues' voices need to be heard in exploring the pros and cons of each potential solution, enabling proposition of solutions from all to prevent the perception of favouritism	Leader and followers
Type 3 – the problem is unknown, and the solution is unknown	This requires further consultation and assistance is required in defining the problem as well as developing solutions. Involving multidisciplinary colleagues to find the root cause and the risks ensures a comprehensive understanding of the issues	Followers and all those involved
(Heifetz and Sinder 1990)		

Grint (2008) advocated differentiating between types of problems, and associating these with management, leadership and command responses. He suggested that a 'tame problem' is complicated but is likely to have occurred previously and involves low levels of uncertainty. Therefore, it can be resolved through unilinear actions and requires a management approach.

A 'wicked problem' is complex, the relationship between cause and effect is unclear and such problems are often intractable. A leadership approach and collective engagement are essential to address the problem. The leader's role with a wicked problem is concerned with asking the right questions rather than providing answers. Grint (2008) also identified a 'critical problem' or a 'crisis', which allows minimal time for decision-making and action. Such problems are often associated with authoritarianism or command. He asserted that, in a crisis, there is almost no uncertainty about what needs to be done and a commander is required to take decisive action and provide the answer to the problem. This approach may be required in response to crises such as the 7 July 2005 terrorist attack in London.

In a global pandemic such as COVID-19, there have been no rehearsals and there are no clear solutions. Instead, innovation and teamwork are crucial to providing novel solutions to a novel situation. Therefore, the authors assert that nurse leadership in a crisis situation will comprise all three problems and will, therefore, require all three responses.

Leadership skills in a crisis

In leadership literature, much is written about leadership styles. Box 1 provides examples of leadership styles and their characteristics. One issue is that, at times, there is a tendency for individuals to have an affinity with a particular leadership style, rather than considering the most suitable approach for the context and intended outcome. Rather than adopting their preferred leadership style, nurses could consider the following questions, which may be more pertinent in the current COVID-19 crisis:

- » What is the aim?
- » What are the desired outcomes?
- » How will I communicate these to the team?
- » What approach should be applied to influence the team and ensure all team members work to their strengths?
- » What resources are needed to support the team to achieve these outcomes?
- » At what point will I review my approach and measure effectiveness?

An effective leader should understand the interdependence of the three core themes of these questions; people, performance and purpose (Porter-O'Grady and Malloch 2017). These themes also link to nurses' professional standards of the Code (NMC 2018).

In times of crisis, this interdependence is increasingly apparent since decision-making in all three areas becomes critical. An effective leader will understand the detail of all three themes to make these decisions, supported by the best available clinical evidence. However, it is recognised that, in a situation such as COVID-19, teams of staff may be constantly changing as a result of staff sickness and redeployment, and outcomes may need to be reconsidered because of the high demand and reduced capacity to manage. However, it is important to clearly communicate the purpose to ensure safe patient care. Using a visual reminder can maintain team focus, as well as reassuring staff that leadership is present and clear.

TIME OUT 4

An effective leader should always communicate the main aims to be achieved by the team or organisation. This should be accompanied by transparency, about the realities of the provision of care and what the next challenges are, and provide clear direction. Teams need an identified leader and clarity of purpose to function effectively. Reflect on how you communicate your leadership to your team. Are they aware of who leads the team and how do they respond to you? List three ways you can ensure you communicate leadership characteristics to your team each day

Box 1. Examples of leadership styles and their characteristics

- » Transactional leadership – highly directive, using punishment and reward, committed, rule based, focusing on the organisational purpose
- » Transformational leadership – motivational, long-term vision, empowering others, transforming value base, trust and self-aware, role modelling
- » Servant leadership – stewardship, collaborative, trust based, user-involvement focused, healing and empathetic
- » Compassionate leadership – attending, understanding, empathising, helpful, emotionally intelligent, curious, applying experience and evidence
- » Situational leadership – self-awareness, responsive, context aware, adaptive
- » Authentic leadership – clear purpose and passion, moral values echoed by actions, self-discipline, compassionate, relationship based
- » Systems leadership – collaborative, willingness to learn, quality improvement driven, relationship based

(Spears 1995, Northouse 2016, Thompson 2016, Stanley 2017, West et al 2017, Jones and Bennett 2018, Barr and Dowding 2019)

Situational and compassionate leadership

Many of the leadership styles described in Box 1 have common characteristics, although they vary in terms of direction and authority. In the current COVID-19 crisis it is useful to consider two styles that are aligned to nursing's professional and ethical values – evidence-based decision-making and personal experience – while supporting the extraordinary demands leaders are experiencing: situational and compassionate leadership.

Situational leadership

Hersey et al (1996) identified four situational leadership approaches: directing, coaching, supporting and delegating. These approaches vary in the amount of direction and support the leader provides and how much involvement the follower has in decision-making regarding how work should be completed. Hersey et al's (1996) theory proposes that the readiness level (R) of an individual should be matched with the appropriate situational leadership approach. There are four levels of follower readiness (Box 2). R1 will require a directional approach, R2 will be best met by coaching, R3 requires support and R4 is best served through delegation.

Situational leadership requires self-awareness and emotional intelligence; the individual is aware of their personal leadership skills while also being aware of the context. Aligning their approach to leadership with the demands and needs of the context enables the leader to respond as required. For example, in a crisis, rapid decision-making and a highly directional approach may be necessary to achieve a positive outcome in a rapidly changing situation.

Once that outcome has been achieved, the situational leader is then able to recede if this approach is no longer necessary. Analysing the situation and responding appropriately is a skill that demonstrates high levels of emotional intelligence, since it

Box 2. Four levels of follower readiness (R = 'readiness level')

- » R1 – unable and unwilling or insecure; neither confident nor competent (low readiness)
- » R2 – unable but willing or motivated; confident but incompetent (moderate readiness)
- » R3 – able but unwilling or insecure; competent but unconfident or unmotivated (moderate readiness)
- » R4 – able and willing, competent and confident or motivated (high readiness)

(Hersey et al 1996)

involves adapting to the most urgent needs and knowing which characteristics to display and when, to ensure patients receive safe and effective care.

Compassionate leadership

Compassionate leadership is defined as the combination of supportive leadership approaches and the four components of compassion: attending, understanding, empathising and helping (Atkins and Parker 2012, West et al 2017).

The characteristics of compassionate leadership are intrinsically linked to nursing's professional values, enabling the development of a transparent, no-blame and supportive culture, which is important in the COVID-19 crisis, where staff are experiencing a myriad of emotional and psychological stressors (James 2019).

Taking a collective approach, where responsibility is shared, encourages innovation and learning (West et al 2017). While a time of crisis may not be associated with opportunities for innovation, it is clear that innovation is an important response to crisis from the examples shared on social media, for example the nurse who has led the 'For the Love of Scrubs' campaign, which has mobilised thousands of people in sewing uniforms for staff to use. In addition, care and support for nurses and their colleagues has been a noticeable change, as expressed in the 'Clap for our Carers' initiative.

The combination of professional, ethical and personal values combined with the skills of adapting to the needs of the situation offers a powerful approach to leadership in nursing at this time. It is essential to maintain patient safety and care as a priority, while also enabling a supportive, empathetic and collegiate culture. Compassionate leadership will provide nurses with an improved ability to cope with the stressors associated with COVID-19 (Bailey and West 2020).

TIME OUT 5

Visit the following web page: [kingsfund.org.uk/
blog/2020/03/Covid-19-crisis-compassionate-leadership](https://kingsfund.org.uk/blog/2020/03/Covid-19-crisis-compassionate-leadership). Spend a few minutes reflecting on how you could develop your skills in compassionate leadership

Emotional intelligence

Emotional intelligence underpins situational and compassionate leadership. It is also essential to nurse leaders in safeguarding their own well-being, as well as their colleagues' well-being, at a time of prolonged stress.

The NHS Leadership Model (NHS Leadership Academy 2013) acknowledges that personal qualities such as self-confidence, self-control and self-awareness – which are integral to emotional intelligence – underpin effective leadership. Emotional intelligence is concerned with the individual's ability to perceive, understand and express emotion. It relates to the individual's ability to identify their own and others' emotions and to regulate and modify their mood (Goleman 1996).

Emotional intelligence comprises five skills (Goleman 2004):

- » Self-awareness – knowing oneself.
- » Self-regulation – controlling or redirecting one's undesirable impulses and moods.
- » Motivation – relishing achievement for its own sake.
- » Empathy – understanding other people's emotional makeup.
- » Social skill – developing rapport with others to move them in desired directions.

Cummings et al (2005) demonstrated that emotionally intelligent nurse leadership can inspire others by channelling emotions, passion and motivation towards the achievement of goals. Such leaders use emotions to mobilise teams, when coaching and in providing the team with a vision for change (Watson 2004, Cummings et al 2005). Furthermore, Slaski and Cartwright (2002) reported significantly lower stress and distress, higher morale, improved perceived quality of working life and significantly better health in managers who had high levels of emotional intelligence.

Questions to consider in crisis leadership

In determining what characteristics and skills are necessary for effective leadership in a crisis, the following questions should also be considered:

- » What do leaders in a crisis need to do that differs from any other time?
- » What does effective leadership look like in a crisis?

What do leaders in a crisis need to do that differs from any other time?

The knowledge and skills for leadership remain the same in any situation; it is the ability to adjust the way in which the different approaches and characteristics of leadership are applied that becomes important in a crisis, as well as being able to identify the most appropriate response to the needs and situation. For many nurse leaders, the pressures of leading in a crisis such as COVID-19 will

test their resolve and ability to change and adapt to need.

For example, circumstances may require a more rapid response to:

- » Access up-to-date evidence-based information.
- » Make swift and decisive decisions.
- » Access the most skilled and appropriate staff.
- » Ensure effective communication is ongoing for all staff.
- » Ensure all patients receive appropriate and safe care.
- » Support the well-being and health of colleagues and oneself.

In usual circumstances, collaborative, multidisciplinary and ongoing discussions for decision-making may take place in a healthcare organisation. While there is evidence that a collaborative approach to leadership, shared responsibility and decision-making in a crisis is effective, it may need to be less even in its distribution. For example, in the events following the earthquake in Christchurch, New Zealand, many staff in the critical care unit identified clear decision-making by formal leaders under pressure as one of the most valued attributes of leadership (Zhuravsky 2015).

While preparation for leading in a crisis, such as terrorist attacks, have been ongoing in the UK over many years, a large-scale national crisis such as COVID-19 is a much wider and far-reaching challenge. Deitchman (2013) explored the common characteristics of crisis leadership in aviation, the military, mining and the nuclear power industry to develop a framework of leadership for public health. This framework is comprised of 'formal' and 'informal' leadership characteristics (Box 3), which are relevant

Box 3. Formal and informal leadership characteristics

Formal leadership characteristics

- » Decisiveness
- » Situational and emotional awareness
- » Coordination of resources and workforce
- » Communication
- » Inspiring trust
- » Calmness

Informal leadership characteristics

- » Motivation
- » Autonomy
- » Identifying personal strengths and values
- » Emotional intelligence
- » Sharing professional responsibility and burden
- » Stepping up

(Adapted from Deitchman 2013)

when considering the wider implications of the COVID-19 crisis and the challenges it presents for all areas of health and social care. Formal characteristics are associated with identified roles within the hierarchy and informal characteristics are associated with all nurses at all levels.

It is important to be aware that, in the context of this crisis, many nurses who do not view themselves as formal leaders may need to undertake these more formal hierarchical roles because of staff shortages or redeployment. Therefore, it is essential to recognise the blurring of formal leadership roles and the need for all nurses to be aware of the main characteristics necessary for effective leadership. Furthermore, combining formal and informal leadership characteristics may support situational and compassionate leadership styles because it would enable the blurring between directive decision-making and supportive values-based characteristics.

What does effective leadership look like in a crisis?

It is known that ineffective leadership leads to lapses in care standards and dysfunctional teams (Francis 2013). Identifying how effective leadership is outside of a crisis may include results of ongoing audits or evidence of cohesive teamwork and excellence in patient outcomes (Wong et al 2013). Measuring and identifying effective leadership in a crisis often focuses on data and results captured on a wider scale, such as national or regional numbers of patients discharged from hospital, and such data tend not to be nursing focused.

While COVID-19 has had an immediate effect on nurses' ability to care for patients because of variations in access to effective equipment and staffing levels, it is possible to learn from previous evidence and inquiries into leadership, nursing, patient outcomes and safety.

Examples of learning points from such evidence and inquiries include:

- » An organisational culture of safety and quality means high quality care should remain the aim (Leonard and Frankel 2012).
- » Healthcare staff need to feel empowered to speak up if lapses in care are identified and the psychological care of staff is crucial (Francis 2013).
- » All levels of leadership need to remain connected to what is happening in the clinical environment and staff must be able to be transparent (Keogh 2013).

- » Clarity of purpose and continuing to monitor patient safety remains a priority and a culture of blame is not acceptable (Berwick 2013).
- » Learning from comprehensive data collection and maintaining a consistent approach will support future approaches to crisis in public healthcare (Keogh 2013).

TIME OUT 6

Considering the article and what you have learned, spend 15 minutes considering the requirements of leadership as set out by the Code (NMC 2018), which specifies that in providing leadership nurses need to:

- » Identify priorities
- » Manage time, staff and resources effectively
- » Manage risk to make sure that the quality of care or service they deliver is maintained and improved
- » Put the needs of those receiving care or services first
- » Support staff they are responsible for to follow the Code at all times
- » Ensure their staff have the knowledge, skills and competence for safe practice
- » Understand how to raise any concerns linked to any circumstances where the Code has been, or might be, broken

How might these requirements apply in crisis leadership practice?

Conclusion

The current COVID-19 crisis presents exceptional challenges for nurse leaders. Therefore, it is important that they are aware of the essential leadership skills and strategies that they can use to underpin effective crisis leadership, and how these are linked with aspects of the Code (NMC 2018), leadership theories and evidence. This is a time of significant demand on resolve and strength for nurses at all levels and there are times when they will be required to take rapid decisions that have big effects.

The authors have presented a framework for leadership characteristics to consider and emphasised the need for nurse leadership that is situational and compassionate, while acknowledging one's own and one's colleagues' well-being needs.

TIME OUT 7

Consider how effective leadership in times of crisis relates to the Code (NMC 2018) or, for non-UK readers, the requirements of your regulatory body

TIME OUT 8

Now that you have completed the article, reflect on your practice in this area and consider writing a reflective account: rcni.com/reflective-account

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Crisis leadership

TEST YOUR KNOWLEDGE BY COMPLETING THIS MULTIPLE-CHOICE QUIZ

1. Which statement is true?

- a) The term 'crisis' only applies to events at the international level
- b) The term 'crisis' is widely used to describe a period of intense difficulty, suffering or danger
- c) A crisis at the community level usually relates to events such as global climate change and economics
- d) The term 'crisis' should not be used in relation to the coronavirus disease 2019 (COVID-19) pandemic

2. Which of the following is a stressor that nurses may experience when caring for patients with COVID-19?

- a) Exposure to intense levels of human suffering
- b) Lack of equipment in some areas
- c) Fears of contracting the infection
- d) All of the above

3. In Mayfield and Mayfield's (2018) leadership communication model, leaders need to demonstrate:

- a) Assertive, aggressive and passive-aggressive behaviour
- b) Verbal, non-verbal and written communication
- c) Direction-giving, meaning-making and empathy
- d) Intention, attention and attitude

4. In the locus of decision-making model, which type of decision is likely to require little consultation to formulate a plan?

- a) Type 1 – the problem is clearly defined, and the solution is known
- b) Type 2 – the problem is clearly defined, but the solution is unknown
- c) Type 3 – the problem is unknown, and the solution is unknown
- d) Type 4 – the problem is unknown, but the solution is clearly defined

5. Which of these responses will be required in crises such as the COVID-19 pandemic?

- a) Command, which involves institutional authority, based on hierarchical position
- b) Management, which is concerned with the allocation and control of available resources to achieve objectives
- c) Leadership, which is visionary and inspires others to achieve a desired outcome
- d) All of the above

6. Which of the following characteristics describe the transactional leadership style?

- a) Highly directive, using punishment and reward, committed and rule based
- b) Stewardship, collaborative, trust based and user-involvement focused
- c) Self-awareness, responsive, context aware and adaptive
- d) Collaborative, willingness to learn, quality improvement driven and relationship based

7. Which level of follower readiness (R) requires a delegation situational leadership approach?

- a) R1 – unable and unwilling or insecure; neither confident nor competent
- b) R2 – unable but willing or motivated; confident but incompetent
- c) R3 – able but unwilling or insecure; competent but unconfident or unmotivated
- d) R4 – able and willing, competent and confident or motivated

8. Which of these is not a component of compassion?

- a) Attending
- b) Risk-taking
- c) Understanding
- d) Helping

9. What does the emotional intelligence skill of self-regulation entail?

- a) Knowing oneself
- b) Understanding other people's emotional makeup
- c) Controlling or redirecting one's undesirable impulses and moods
- d) Developing rapport with others to move them in desired directions

10. Which statement is false?

- a) The knowledge and skills for leadership remain the same in any situation
- b) The ability to adjust the way in which the different approaches and characteristics of leadership are applied becomes important in a crisis
- c) Many nurses in formal leadership positions will need to step down from these roles in a crisis
- d) In a crisis, it is important to be able to identify the most appropriate response to the needs and situation

How to complete this assessment

This multiple-choice quiz will help you test your knowledge. It comprises ten multiple choice questions broadly linked to the previous article. There is one correct answer to each question.

You can read the article before answering the questions or attempt the questions first, then read the article and see if you would answer them differently.

You may want to write a reflective account.
Visit rcni.com/reflective-account

Go online to complete this multiple-choice quiz and you can save it to your RCNi portfolio to help meet your revalidation requirements. Go to rcni.com/cpd/test-your-knowledge

This multiple-choice quiz was compiled by Alex Bainbridge

The answers to this multiple-choice quiz are:

1.b, 2.d, 3.c, 4.a, 5.d, 6.a, 7.d, 8.b, 9.c, 10.c

This activity has taken me ___ minutes/hours to complete. Now that I have read this article and completed this assessment, I think my knowledge is:

Excellent Good Satisfactory Unsatisfactory Poor

As a result of this I intend to: _____