

Creating a *Silver Linings Playbook*

The intensity of the COVID-19 pandemic has tested the mettle of political, healthcare and public health leaders over the past year. Amid the unfolding events, healthcare leaders, including many nurses, have been pivoting, innovating, collaborating, safeguarding, inspiring and navigating – all the while informing the creation of an effective playbook to wage a counterassault for all of us. Despite all efforts, this previously unseen opponent has been unrelenting. Having been in the eye of the storm during the severe acute respiratory syndrome (SARS) outbreak, my memories of the events remain vivid. It was a time rife with uncertainty and fear, forcing the creation of a playbook on the basis of the best evidence and common sense but without the benefit of a precedent. Over the course of several months, our leadership was challenged by efforts to contain the virus and mitigate the very real possibility of a globally emerging pandemic. However, SARS was but a microcosm of the present situation. The COVID-19 pandemic is not like any other crisis we have experienced in our collective lifetime. We can only imagine the toll of this pandemic when it is finally over. It will be measured in terms of post-pandemic posttraumatic stress disorder, deaths from COVID-19 and delayed care, and deaths by suicide among healthcare workers and citizens; in the end, it will not be trivial. Those contributing to the COVID-19 playbook have given their all, and we should be eternally grateful to every single one of them.

Like some of my colleagues, I have been standing on the sidelines, waiting for an opportunity to lend support in whatever way I can. Hearing others express feelings of uselessness, even guilt, for not being on the front line or actively helping to carry the burden of the pandemic gave me pause; it is not just me. For many nurses, rolling up our sleeves is part of our DNA. Within the next week, I will get my wish, not leading but helping to vaccinate the residents of special and long-term care facilities. And while it is probably the most task-oriented work I have ever done, it is also likely to be some of the most important work I will ever do.

Squinting for a glimmer of light at the end of the tunnel, hope above all hope keeps us buoyed – not to mention the unprecedented rapidity with which protective vaccines have been developed, making a return to the life we once knew increasingly probable. In the face of one of the greatest crises of our lifetime, Canadian nurse leaders have taken the time to write about their learnings, creativity, innovations and challenges. In this issue, we continue our profile of crisis leadership, with nurse leaders giving their very best selves at every level.

Maintaining a Balanced Approach

Jefferis et al. (2021) focus on the experiences of chief nurse executives balancing organizational and system-level responsibilities while maintaining their own resilience and that of their staff in the face of the pandemic. Interviews revealed the lessons learned from the calls to action for nurse leaders that can serve as a playbook for dealing with future waves of COVID-19 and other unplanned events. A case illustration presented by Bookey-Bassett et al. (2021) describes the important dual role being performed by nurse managers during the pandemic: safeguarding as well as inspiring staff. In addition to describing the impact of the pandemic on first-line managers, they identify the strategies used to navigate organizational and patient care challenges. Nijjar (2021) shares lessons in crisis leadership from the front line,

emphasizing the importance of leaders understanding their needs and actively addressing the same. She highlights the importance of empowering staff, communicating effectively and transparently, creating a sense of psychological safety and positive work conditions as well as utilizing their expertise whenever possible. To this end, she describes the important role of distributive leadership during times of crisis.

Necessity Driving Innovation

Our nursing community has exercised considerable innovative thinking in their response to the demands wrought by the pandemic. Montoya et al. (2021) describe the development of a staffing plan and a model of care delivery to respond to an expected surge in demand for nursing care. Considering the potential need for staff redeployment, they examined the practice and skills of nurses and other health professionals. They were able to successfully create capacity and flexibility in their approach to the creation of collaborative care teams by including the hiring of fourth-year nursing students into roles created specifically for them, and also by engaging previously employed nurses. In their case study, Gurney et al. (2021) present an overview of the “wobble room,” a concept adapted from the UK, which is essentially a wellness intervention to support the mental health of nurses and others – in other words, psychological personal protective equipment (PPE). Designed as a place for staff to reflect on the personal impacts of the pandemic, unburden themselves and support each other, it is intended to mitigate the adverse mental health effects of the pandemic on health-care workers by improving individual coping and promoting team cohesion.

Sustaining Care at Home

Our colleagues in the home and community care sector also share their pandemic leadership challenges, identifying the amplification of pre-pandemic issues, compromised workforce capacity and the unprecedented fear and anxiety of staff and patients (Lefebvre et al. 2021). Nonetheless, these leaders found silver linings, including opportunities for learning and innovation, reclaiming the importance of home care, especially for vulnerable populations, and securing the legitimacy of virtual care for the long term. A case study from another home and community care leadership team describes practice changes implemented as a direct result of the pandemic (Jones et al. 2021). Highlighting the challenges associated with not having a playbook or specific public health guidance for requisite practice changes in the home and community care sector, they share their efforts to ensure appropriate client screening and the effective procurement and allocation of PPE. In addition, they describe their adoption of a virtual care model that parallels the efforts of other providers within different sectors of care. Citing the World Health Organization’s (2020) characterization of an “infodemic,” they also describe the specific strategies used to support knowledge translation for staff and clients.

These contributions by extraordinary nurse leaders are informing the creation of a *Silver Linings Playbook* (Russell 2012) derived from their insights, wisdom, creativity, courage and commitment to their teams and the clients they serve. Drawing upon elements of transformational, authentic, distributive and servant leadership, they have recognized the vulnerabilities and perils posed by this pandemic and leveraged these to create new ways to lead, manage, hold and care – leadership at its finest.

It is often said that a strong vision makes a good leader. But in a crisis, people don't need a vision to inspire them – they're already raring to act. Instead, they need what psychologists call “holding” – leaders who acknowledge their emotions and give them a sense of context and reality. Holding allows people to channel their desire to act into something purposeful, and it allows them to more fully be themselves (and thus be more mentally healthy). People never forget how managers treated them when they were facing loss. It is leaders who hold through this crisis – who will keep their organizations afloat and to whom we'll turn when the time comes to articulate a vision for the future. (Petriglieri 2020)

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References

- Bookey-Bassett, S., N. Purdy and A. van Deursen. 2021. Safeguarding and Inspiring: In-patient Nurse Managers' Dual Roles during COVID-19. *Canadian Journal of Nursing Leadership* 33(4): 20–8. doi:10.12927/cjnl.2021.26424.
- Gurney, L., J. Lockington, L. Quinn and M. MacPhee. 2021. Why We Need Wobble Rooms during COVID-19. *Canadian Journal of Nursing Leadership* 33(4): 45–50. doi:10.12927/cjnl.2021.26421.
- Jeffs, L., J. Merkley, S. Canzian, R. Taggart, I. Address and A. Harris. 2021. Balancing Resiliency and New Accountabilities: Insights from Chief Nurse Executives amid the COVID-19 Pandemic. *Canadian Journal of Nursing Leadership* 33(4): 7–19. doi:10.12927/cjnl.2021.26425.
- Jones, B., S. Comerford, K. Curry, and I. Holubiec. 2021. Navigating Turbulent Waters: Leading Home and Community Care Practice Change during the COVID-19 Pandemic. *Canadian Journal of Nursing Leadership* 33(4): 62–7. doi:10.12927/cjnl.2021.26419.
- Lefebvre, N., S. Sharkey, T. Virani, K. Fu, M. Brown and M.L. Ackerman. 2021. Lessons on COVID-19 from Home and Community: Perspectives of Nursing Leaders at All Levels. *Canadian Journal of Nursing Leadership* 33(4): 51–61. doi:10.12927/cjnl.2021.26420.
- Montoya, L., T. Jonathan, A. Mitchell, L. Delaney, L. Freeman, M. Kelly et al. 2021. Enhancing Nursing Capacity to Provide Patient Care in a Pandemic. *Canadian Journal of Nursing Leadership* 33(4): 35–44. doi:10.12927/cjnl.2021.26422.
- Nijjar, R. 2021. Crisis Leadership: Lessons from the Front Line. *Canadian Journal of Nursing Leadership* 33(4): 29–34. doi:10.12927/cjnl.2021.26423.
- Petriglieri, G. 2020, April 22. The Psychology behind Effective Crisis Leadership. *Harvard Business Review*. Retrieved January 25, 2021. <<https://hbr.org/2020/04/the-psychology-behind-effective-crisis-leadership>>.
- Russell, D.O. (Director). 2012. *Silver Linings Playbook* [Film]. The Weinstein Company.
- World Health Organization. 2020, September 23. Managing the COVID-19 Infodemic: Promoting Healthy Behaviours and Mitigating the Harm from Misinformation and Disinformation. Retrieved January 25, 2021. <<https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation>>.