




COVID-19 and Health Care Leaders: How Could Emotional Intelligence Be a Helpful Resource During a Pandemic?

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Background

The Coronavirus Disease 2019 (COVID-19) pandemic begun in Wuhan in December 2019 and spread rapidly across the globe, causing millions of deaths.¹ Frontline health care workers (HCWs), including doctors, nurses, and physical therapists, have been called to face an unprecedented emergency for which society and health care systems were largely unprepared.²⁻⁴ Despite a vaccination campaign started early all around the world, hospitals remain under severe stress. Staff members have been asked to work overtime and postpone vacations to face the serious workforce shortage.⁵ Health care leaders could learn a good lesson from 2020 events: there is a need for strategies to protect HCWs' health while planning and scheduling their work in the future.

During the COVID-19 pandemic, HCWs are dealing with difficult and demanding situations (eg, the risk of infection, isolation from their families, and the higher number of daily deaths). Consequently, HCWs reported increased psychological distress (eg, anxiety, depression, insomnia, and emotional vulnerability) as described by systematic reviews with meta-analysis.^{6,7} The World Health Organization provided indications to protect the HCWs' psychosocial well-being,⁸ while health care leaders have been stimulated to nurture a culture of emotional intelligence (EI) towards their teams.⁹

EI is "the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions."¹⁰ EI is useful in helping health care teams coping with stressful situations¹¹ given its capacity to promote motivation, empathy, cooperation, and good communication.¹² During a pandemic, EI

should represent a resource for health care leaders to deal with the emergency: it acts as a "stress buffer" helping to recover faster from stressful situations.⁹ The aims of this Point of View article are to (1) define the EI skills-set for health care leaders, (2) describe strategies of EI implementation for health care leaders, and (3) suggest an EI training for health care leaders during COVID-19.

EI Skills-Set for Health Care Leaders During COVID-19

During the COVID-19 pandemic, health care organizations have increased their complexity.¹³ Health care leaders need to develop and apply EI skills in order to cope with higher and sustained pressures. The emotionally intelligent health care leaders should present¹⁴:

- (1) Self-awareness (perception of emotions): having a deep understanding of personal emotions (eg, strengths, weaknesses, needs, culture, biases, and values) is useful to know how they effectively support the HCWs and influence the team performance;
- (2) Self-management (use of emotions): being in control of personal disruptive emotions and impulses to avoid dysfunctional behaviors (eg, aggressive or hostile outbursts) and make constructive decisions;
- (3) Social awareness (understanding emotions): understanding empathetically HCWs' emotions and considering their perspectives as important to communicate effectively and create a fair and trustworthy environment;

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Table 1. Actions and Strategies to Be Applied by EI Health Care Leaders During COVID-19 Pandemic^a

Example of Experiences Emerged During COVID-19 ²⁻⁴	Health Care Leaders' Actions	Example of Strategies to Apply
Sense of unpreparedness and inability to manage a new situation, lack of time to plan but only to act (eg, "as soldiers in battle")	Be aware of personal status	<ul style="list-style-type: none"> Find daily time to monitor and ponder on personal physical/emotional state to improve self-awareness, motivation, and resilience; daily practice of relaxation techniques (eg, breathing exercises, progressive muscle relaxation, autogenic training, imagery) to improve recovery and protect from stressful situations; daily practice of mindfulness exercises (eg, body scan, seated meditation) to reduce anxiety and allow for greater self-insight: meditation on to the present moment with a non-judgmental awareness would help to understand and regulate emotions, thoughts, and consequently behaviors
Emotional distress ranging from a direct manifestation (eg, anger, loneliness, or fear) to a denial of feelings (eg, avoidance, control, or minimization)	Pay attention to team's emotions	<ul style="list-style-type: none"> Careful observation to HCWs' behaviors (eg, sudden manifestations of irritability, sadness, or isolation) to identify dysfunctional strategies and cope with emotional overload; actively listen to HCWs' words (eg, excessive use of negative words such as "fear," "anxiety," or "anger") to recognize early signs of distress and exhaustion; consider HCWs' cognitive appraisals of the pandemic and related emotional responses, try to put self in their shoes (eg, "if I were in their position how would I feel?"; "What would I want to hear?");
Experiences of unclear communication (eg, contradictory information) or negative emotional contagious (eg, emphasized description of the pandemic, adopting pessimistic words as "trauma," "war movies," or "tragedy")	Consider personal style of interaction	<ul style="list-style-type: none"> Reflect on the content and style of your communication (eg, "Is your verbal/non-verbal language consistent?"; "What message do you convey through your body language?") Provide clear and efficient routine communication (eg, daily/weekly) by sharing updated information on the pandemic and new evidence on best practice for COVID-19; Prefer realistic but positive words for description of the pandemic (eg, "an opportunity to learn," "an experience of change," "a possibility of growing") to stem negative emotional contagion with other HCWs
Lack of support and perception of distance between HCWs and leaders in working environments (eg, requests or suggestions are frequently ignored)	Support the team	<ul style="list-style-type: none"> Provide empathy, kindness, and compassion by supporting HCWs in their moments of difficulty (eg, giving attention to needs and concerns especially, but not only, when declared); Create a positive, safe, and non-judgmental work environment where HCWs may express their point of view without fear of repercussions (eg, during weekly meetings or daily shifts); Motivate the HCWs by making everyone feel a key player for the whole team (eg, praising them for resilience, dedication, and their commitment to fulfill the work);
Need to working as one team (eg, experiencing the mutual support and cooperation)	Promote teamwork and collaboration	<ul style="list-style-type: none"> Nurture a culture of unity, cohesion, humanity and respect among the HCWs based on mutual help and shared values (eg, "We work as a whole team rather than as individuals") as experienced during COVID-19 pandemic; Create opportunities with HCWs to discuss work issues, share concerns, and reflect on possible solutions (eg, organize regular short briefings and/or debriefings); Emphasize among HCWs the value of peer interaction and collaboration to improve psychological resilience (eg, give and receive)
Experiences of professional loss (eg, compromised standards of care, uncertainty) and missed reference points (eg, the need to understand the pandemic as an opportunity to learn new things)	Guide towards a new vision	<ul style="list-style-type: none"> Ask positive questions about the pandemic (eg, "What can we acquire from this situation?") to help HCWs reappraise negative emotions and thoughts by moving from a pessimistic to a proactive mindset; Develop an organizational culture that considers changes as natural elements in the transition to the future rather than obstacles (eg, events change inexorably, it is our duty to see the opportunity for improvement); Underline the opportunity to exit our "comfort zones" by learning and modifying tasks and activities; for instance, new professional opportunities based on new technologies (eg, tele-rehabilitation) to be adopted as an integration to the clinical routine

^a COVID-19 = coronavirus disease 2019; EI = emotional intelligence; HCWs = frontline health care workers.

Table 2. Summary Outline of the EI Health Care Leadership Training Program^a

Structure and Characteristics	Session No.	Details
Program length	6 wk	
No. of sessions	6 Sessions (every session lasts 120 min)	
Participants	10–15 Health care leaders	
Facilitator	Psychologist expert on EI	
Methodology	Training embraces principles of interaction (theory, experience, and discussion), encouraging participation among peers to create a safe and collaborative learning climate. The main instruments are group discussion, role playing, case studies, and problem solving.	
Material	Platform (eg, Zoom, Teams, Skype), Power Point, handout on basics of EI	
Structure of each session	Each session includes a theoretical introduction to the topic (first part) followed by a group discussion and activities (second part) to stimulate interaction between participants and favor integration between theoretical and practical skills.	
Content of sessions	1	<ul style="list-style-type: none"> • Introduction of the program and setting ground rules; • Self-presentation of each participant; • Presentation of behavioral EI models underlying the importance of EI to health care leaders at both the individual and social levels; • Group discussion about emotional and motivational issues (personal and with teams) experienced during the COVID-19 pandemic and strategies used to address them by participants;
	2,3,4,5	<ul style="list-style-type: none"> • Distribution of a handout on EI basics to facilitate a complete understanding of the subject • Deeper explanation of personal and social competences required by health care leaders with particular reference to the period of the COVID-19 pandemic: • (Session 2) topic: emotion recognition, comprehension, and acceptance; • (Session 3) topic: emotional self-control and adaptability; • (Session 4) topic: support and effective communication; • (Session 5) topic: teamwork • Activities to improve understanding and retention of information; • Practice of learned skills;
	9	<ul style="list-style-type: none"> • Group discussion to share experiences and foster integration of the different perspectives emerged; • Individual activity to reinforce contents and strategies learned and experienced during program; • Group discussion and identification of a list of behavioral guidance for health care leaders.

^a COVID-19 = coronavirus disease 2019; EI = emotional intelligence.

- (4) Relationship management (emotional management): nurturing healthy relationships with others is fundamental to deal with challenges and to guide teamwork toward the desired goals with a positive attitude.

From this perspective, health care leaders should firstly develop the EI skills themselves to disseminate and implement these soft-skills also among their HCWs.

How Health Care Leaders Might Implement EI During COVID-19

During the COVID-19 pandemic, time and resources are scarce, and implementing new protocols and guidelines appears unfeasible.¹³ However, even in this exceptional circumstance, using EI skills may require just a few minutes and could make a difference. Thus, health care leaders are encouraged to be emotionally intelligent toward their teams and to use their personal and social competences to foster:

- (1) Self-awareness of their own status: health care leaders should listen to their emotions to acknowledge difficult days and cope adaptively and efficiently. An accurate self-assessment of emotional and physical state could help to guide wiser decisions;
- (2) Attention to team emotions: health care leaders should talk with their colleagues and listen and observe their verbal and non-verbal language. The HCWs' words and behaviors could provide important cues about their thoughts, emotions, and concerns, suggesting their level of emotional overload and distress;
- (3) Self-perception of their own style of interaction: health care leaders should pay attention to both the content of the messages delivered and the styles of communication used (eg, words and behavior) when interacting with HCWs. The quality of leaders' interaction may influence the emotions and the psychological conditions of HCWs, with potential repercussions on the organizational climate;
- (4) Support and understanding of the team: health care leaders should spend time with their teams to understand HCWs' needs and the appropriateness of workloads. Being sensitive and paying attention to HCWs' views and feelings is particularly crucial, especially in a context of crisis management;
- (5) Teamwork and collaboration: health care leaders should emphasize the role of the team and plan time for briefing and/or debriefing with their HCWs with the aim of sharing work issues and solutions. The contribution of each HCW is essential to develop a team performance and spirit based on shared values and common goals;
- (6) Guidance towards a new vision: health care leaders should act as a guide, knowing the feelings, strengths, and weaknesses of their HCWs, choosing a common goal to pursue and helping them to consider the pandemic also as an opportunity to learn and grow.

Based on the principles highlighted above, health care leaders should rethink their practice trying to integrate EI in their workflow. We provide a practical guide to help implement EI in a health care environment, paying particular attention to

the experiences that emerged during the COVID-19 pandemic (Tab. 1).

How to Train EI for Health Care Leaders During COVID-19

Considering the challenging situations that HCWs are facing worldwide, an implementation of EI is needed and could be achieved only by providing tailored training to health care leaders.¹⁴ EI skills can be learned and developed through programs that consider both theoretical and practical knowledge; participants should actively practice these skills in a non-judgmental learning environment.¹⁴ Such training programs should aim to:

- (1) inform and develop EI by improving individual emotional clarity, self-awareness, and the ability to monitor one's status;
- (2) teach, implement, and encourage new strategies to understand and deal with colleagues' emotions; and
- (3) support and enable health care leaders to gain a broader perspective on EI through a guided peer-to-peer comparison.

In Table 2, we propose an example for EI training to be performed during the COVID-19 pandemic or other crisis. A psychologist facilitator would lead a 12-hour training program (6 online sessions with up to 15 participants). The virtual sessions should be held on a weekly basis and be focused on the personal and social competencies required for leaders, with particular reference to the crisis period.

During a critical period, working in groups could be an opportunity for the health care leaders to share personal experiences, discuss solutions, and feel the support of peers. To facilitate implementation of the acquired skills, participants should be encouraged to use a self-awareness worksheet/diary to record experiences during the working context. These resources would help trainees to contextualize their learning and could be analyzed during training sessions, becoming important learning opportunities for the whole group.

At the end of the programs, participants should be asked to identify a list of behavioral changes that could be applied during the COVID-19 pandemic. This could be an effective method to improve leaders' sense of responsibility, to help leaders monitor their behavior over time, and to foster a culture of EI in the workplace.

Conclusion

The COVID-19 pandemic is not over, and the long-term psychological and physical consequences for HCWs are unknown. Health care organizations and leaders should act immediately to promote EI to protect their team in the current pandemic and prepare HCWs for future emergencies.

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