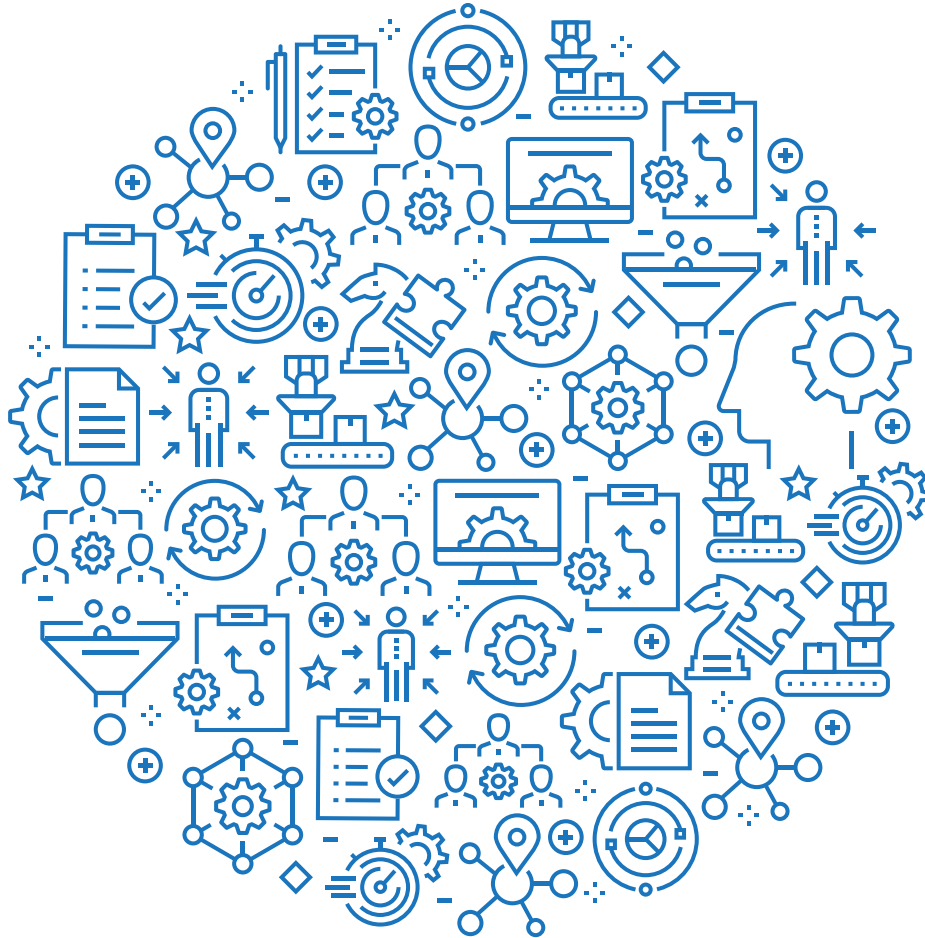


Preparing Staff for Crises



Summary: Staff management during critical times can be and often is very challenging. Therefore, there is a need to learn new processes, acquire new skills/information and use new approaches. A veteran nursing expert talks about how you train, inform and support your staff to achieve the best possible outcomes during a crisis.

Work during a crisis is always challenging. Even if we had similar experiences in the past, this does not mean that we have learnt from them or that they are applicable now. Currently, many of us are faced with the necessity to

upgrade skills through emergency training, both for our staff and non-qualified volunteers; to rapidly devise a communication strategy ensuring no critical information is lost; or to embrace 'online' as the new reality of our work.

Of course, it is impossible to cover all the weak spots in the given circumstances, but we should take this crisis as an opportunity to see what is lacking, learn from our mistakes and think about how we fix them once back to normal.

‘Emergency’ Staff Changes

Professional interdisciplinary crisis teams that can make and implement situation-related decisions are an essential element of a crisis management strategy. They need the competence to make those decisions and the flexibility to act across the board. While being structures parallel to the management, these teams should include specialists and not only managers.

Their work requires professional competence and trust, therefore the members of such ‘emergency’ teams must be the people with a high level of acceptance in the organisation, people who are qualified, highly knowledgeable and experienced in the specialised field. Someone from the top management with little knowledge about daily routines of emergency services is not a good fit for this role.

Also, the ‘normal’ management team is not suitable and/or may not be available to act as an ‘emergency’ team,

to the staff and whose authority is not disputed. There should be clear and strict hierarchy, which would enable better functioning of the organisation. So you have to find a way to somehow combine these two approaches.

Information Dissemination

We should remember that when there is a crisis, it is for all of us. During such times people are really disturbed. It is important not to frighten staff and public, so the information we share and the way we share it must be chosen carefully. Information must be provided on a regular basis and in a centralised and transparent manner.

An important element here would be regular meetings and dissemination of information to all internal departments and the general public. Decision-making must be transparent and clear, and messages about the management and specialist participation are necessary, eg as interviews that are cred-

expanded in a critical situation.

Here, however, one major change should be mentioned – all those online meetings that we, and the entire world, are having now. Since the beginning of the crisis the majority of our meetings are held online – and I must say we feel ‘not bad’ about it. By now we have already realised that after this crisis is over, we should rethink the way we communicate. We have to decide whether we need so many meetings, either in person or remotely. For us this will be one of the ‘lessons learnt’ and a potential area for improvement.

Emergency Training

Crisis training is difficult to incorporate as ‘theory’ into regular education and training programmes during normal times. It would be much less efficient because people do not feel the stress, do not understand the pressure, so they simply cannot relate. With this in mind, the main goal of such training would

Members of ‘emergency’ teams must be the people with a high level of acceptance in the organisation

since it is engaged in the day-to-day health related activities, which must continue. However, the management is still involved in all critical decisions.

To implement the emergency strategy and ensure the provision of care, it is also necessary for a healthcare facility to form technically skilled and experienced working groups (procurement, medical necessities, technology, media, adapting conventional work processes, etc).

Special attention should be given to how you manage your staff. For example, I now work 14 to 16 hours per day. The workload is enormous. In such circumstances some flexibility is needed to allow the personnel to use their expertise to the full extent. At the same time, there is a need to have someone in charge who gives clear instructions

ible and honest. A news bulletin issued once or several times per day, always at the same time, can help to deal with uncertainty. People should understand, for example, that they will read the news every day at 6pm.

When disseminating information, the process should be efficient for both the organisation and the employees. If possible, avoid completely new communication structures. Stick to the usual means of communication, otherwise people may have difficulties embracing novelties and a lot of information may get lost on the way. Take advantage of the current work process, which is familiar to the staff and which they understand. Even in normal times, there must be a known and practiced emergency plan to only be adapted or

be to teach people how to behave. This process should be as easy and engaging as possible, so using practical and/or visual exercises as well as gamification techniques would be the most effective strategies here (eg scenarios for coping with crises, films, etc).

Telehealth is another emerging area, in which many of you probably see the lack of proper training. In general, we should see this crisis as an opportunity to advance the adoption of these new technologies and to ensure they are used afterwards. The problem is that amid the crisis it is very difficult to introduce such new formats of care with the staff. You can only succeed with this very early into a crisis, because the staff needs time to get used to and learn how to handle them. It is much better



to incorporate telemedicine into your practice in normal situation. If you had not done that, then this is your opportunity to learn and think, very clearly, about these strategies afterwards.

Dealing with Non-Clinical Workers

Since the beginning of the pandemic, our hospital has engaged with many non-clinical personnel and volunteers. We have trained over 1,000 people – qualified, semi-qualified and non-qualified, including soldiers, cleaners, ie people who do not know how to work in these specific emergency settings.

For example, cleaning staff do know how to clean, but you have to tell them about the current changes and challenges, how to carry out the procedures to maintain sterility, their recommended dress code, and so on. These are very important to keep them safe and healthy. It is often necessary to allow more time for the additional training effort because in contrast to the health professionals, there is no background knowledge and certain additional hygiene measures are not necessarily comprehensible. This can be quite a challenge.

To succeed, first and foremost, a suitable and motivated training team should be created. This team must develop brief and concise training materials adjusting their usual programmes, extracting the most important points and presenting them in an understandable manner, with simple wording and images. This is because people lack the specialised skills, knowledge and qualifications in the specified area. Examples of circuit training units should be available for the most important tasks as well as standard operating procedures (SOPs) for specific frequent activities.

Due to such large volumes, the training sessions must be kept short. We have so far developed 11 different training sequences with a training effort of approximately 20 minutes per sequence. As such, we manage to complete the training in one day. Additionally, there are about 20 SOPs dealing with vital-sign devices and their

critical values for respiratory rate, pulse, etc. These SOPs are clearly visualised and attached on-site at the place of use because volunteers and non-clinical staff must know precisely which tasks are assigned to them and what the specific working conditions and expectations are.

Motivation and Support

Appreciation as well as honesty, credibility and transparency are effective strategies to support your staff. Active employee protection should be in place, and health must have high priority. Support can also come in the form of ensuring the greatest possible flexibility in the provision of work (eg home office), expanding childcare facilities, psychosocial offers, supply of drinks and food, and so on.

Crises always involve additional and often unexpected challenges. Voluntary absence and resignations that may start to appear are usually a sign of fear, uncertainty, physical and mental overload and lack of knowledge. Only information, transparency, honesty and appropriate staff management help in these circumstances. Talking to people is, probably, the best approach here. You cannot push them, so you talk to them and find out what causes the change in their behaviours. You can then fill in the gaps if they lack information, or try to help with whatever issues they may have so that they feel more secure and can continue to perform their duties.

Share and Care

In conclusion, I would like to stress how important it is now for all healthcare professionals to support each other. We need to work with our networks, talk to others, learn from each other, share the information, knowledge and experience we have with other people – so that they do not repeat our mistakes and are able to improve their situation. This comes from my own experience – I use all available means of communication to share what I know with others and to interact with my staff. Just be open – this would be my advice. ■

Interviewee:

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Key Points

- Professional interdisciplinary crisis teams are an essential element of a crisis management strategy, as are technically skilled and experienced working groups.
- When managing your staff, combine certain flexibility with strict hierarchy.
- Information must be provided on a regular basis and in a centralised and transparent manner. Stick to the usual means of communication and learn from the increased online presence.
- Crisis training should be as easy and engaging as possible.
- If you had not put telehealth in place before the crisis, then now is a good time to learn and plan for the future.
- When dealing with non-qualified staff, it is often necessary to allow more time for training. A suitable and motivated training team should be created, and proper materials developed.
- Support your staff with appreciation, honesty, credibility and transparency. Talking with people may be the best approach to deal with fear and uncertainty.
- During a crisis, it is really important for all healthcare professionals to support each other. Be open and share what you know with others.