**LEADERSHIP DURING CRISIS: FROM THE PRESPECTIVE OF**

**MIDDLE MANAGERS DURING COVID-19 PANDEMIC IN**

**HOSPITAL QUEEN ELIZABETH II**

**DR FERRO FIRDAUS BIN IBRAHIM**

**Background and Significance**

In the fight against COVID-19, hospitals worldwide play an essential role in overcoming the crisis. COVID-19, as a public health emergency, has posed not only an extreme clinical challenge to hospitals but also organizational and managerial ones. Hospitals had to modify operating procedures to maintain regular service and, at the same time, handle the pandemic crisis. Despite a shortage of resources, such as the availability of personal protective equipment (PPE), mechanical ventilators, drugs, and staff, hospitals have been forced to respond to an increasing number of infected patients. The COVID-19 pandemic invites reflection on good practices in hospital leadership.

Leadership — engaging with others to set and achieve shared goals — is indispensable in organizations, more so in times of crisis. Leadership involves, among other things, an array of assessment skills, a series of characteristics (traits and skills) that the leader brings to a leadership setting and a wide variety of behavioural competencies (Van Wart M, 2004). The literature on crisis leadership identified various leadership styles that effectively combat public health crises, including transformational, transactional, participative, and contingency (Arifah A, 2018). A leader’s style refers to the dominant and defining behavioural patterns of the leader. Good leaders generally have alternate modes to not depend on a single style and adjust to situational needs.

Leadership is being tested in ways the world has not seen in a long time. In order to solve the ongoing crisis of COVID-19, new leaders have developed in every section of the organization, and a new awakening strike in leadership is necessary (Zara Abrams, 2020). Leaders must be skilled, ready, and effective to help organizations manage the crisis or take advantage of its possibilities (Balasubramanian & Fernandes, 2022).

A hospital leader must demonstrate psychological balance and stability to motivate their staff. They should also have the confidence and self-assurance to manage stress and remain calm. Courage is also needed to make difficult decisions regarding bold and potentially controversial strategies involving some risk. They must be willing to make hard decisions, even based on incomplete and limited information. To deal effectively, healthcare leaders should be educated and alert about the current situation, have a sense of emergency, demonstrate emotional intelligence, and tolerate ambiguity.

Moreover, a crisis can hamper the growth and development opportunities that need a structured and systematic approach to manage the crisis, containing the loss of the organization and finding innovative ways to keep the workforce engaged and productive (Eric et al., 2020). In addition to managing their organizations and serving as spokespersons, healthcare leaders are expected to be subject matter experts for complex problems that cut across several disciplines, such as epidemiology, microbiology, and medicine. Additionally, they must be able to quickly evaluate new scientific data and summarise the most important findings for various audiences, including politicians, healthcare workers, and the public. (Jay K. Varma et al., 2021).

Hospitals and other healthcare facilities were under intense pressure to stop the spread of Covid-19 during this epidemic (Nagesh S, 2020). Due to the COVID-19 virus's high contagiousness, mortality, and lack of available resources (financial, material, and human), managing the crisis was extremely difficult and perplexing for health policymakers and practitioners (Turale S, 2020).

The hospital manager is responsible for cooperating, monitoring, planning, deciding on the budget, and staffing the hospital. As a result, hospital administrators' performance and attentiveness will be crucial for managing crises (Brunet F, 2020).

Thus, this study sheds light on understanding the associated factors, enablers, and barriers in crisis leadership and the crucial competencies needed for excellent leadership for the next largescale challenge.

The hour of crisis is the best time to develop great leaders because they force real visionaries to see beyond the uncertainty and provide stability for others, as true visionaries look beyond uncertainty and act as an anchor for others. Given the urgent need for direction and targeted action, leadership in times of crisis is extremely important. As this study aims to determine the factors associated, enablers, and barriers with crisis leadership in the COVID-19 pandemic, it gives us an overview and general idea of the situation faced by the healthcare middle managers and steps taken to overcome the challenges in achieving the organization's objectives. The attention paid to this issue is advantageous to both the individual and the organization and may also positively impact national healthcare standards.

This study will significantly benefit healthcare leaders and middle managers by considering the importance of crisis leadership and its effect on future crisis management. Other than helping to share a better perspective on investment for the leader in excellent leadership, understanding crisis leadership helps promote balance between the leaders, agents, and followers for competent crisis management. With that, they can improve and provide an adequate service even in a crisis, giving productive but good quality services, saving more lives and improving public perceptions towards the public health institute, increasing trust and review towards the given service. Nevertheless, the pandemic's lessons offer healthcare organizations, leaders, and researchers an opportunity to reflect on their errors and improve their nations' and institutions' readiness to meet new challenges.

**Objectives**

To determine factors, challenges, and barriers associated with crisis leadership by the healthcare middle managers during the COVID-19 pandemic.

**Specific objectives**

1. To determine the association between sociodemographic factors with crisis leadership competency.
2. To determine the association between organizational factors with crisis leadership competency.
3. To determine the association between challenges with crisis leadership competency.

**Study end points/outcomes**

The crisis leadership competency and lesson learned from covid -19 crisis management

**Study design & methodology**

This is cross sectional quantitative study designed which involves the collection and analysis of data. Numeric data will be collected using a supervised self- administered questionnaire with the goal of identifying the determinants variables on crisis leadership in the healthcare organization in Queen Elizabeth Hospital II.

**Method of Quantitative phase**

**Study design**

The quantitative phase will be a cross-sectional study design conducted from 1st November 2023 until 30th November 2023. This design was chosen because cross-sectional studies are efficient in terms of exploring aetiology and collecting baseline data.

**Study Setting**

This study will be conducted among healthcare middle managers who are currently working in the Queen Elizabeth Hospital II. This 400-bedded tertiary hospital is situated in Kota Kinabalu, Sabah, it serves not only the population in Kota Kinabalu but also functions as a referral hospital for the whole 24 districts in Sabah, the Federal Territory of Labuan and the district of Lawas in Sarawak State. It is located at Kota Kinabalu the capital city of the state of Sabah, Malaysia. The city is located on the northwest coast of Borneo facing the South China Sea with a population of 452,058 in area of 351 sq/km.

**Study population**

The study population for this study is the healthcare middle managers (HMM) in the healthcare facilities under the Ministry of Health, which consist of,

1. Sister
2. Matron
3. Chief of medical assistant
4. Chief of health inspector
5. Chief of laboratory assistant
6. Chief of radiology assistant
7. Medical officer

**The inclusion and exclusion criteria for the study are as below:**

**a) Inclusion criteria**

1. Healthcare middle managers (as mentioned above)
2. Working under Ministry of Health facilities
3. Involved in administrative or management with or without clinical involvement during Covid-19 pandemic
4. In charge of the unit and team of healthcare workers
5. Work minimum 3 months in pandemic occurrence in the respective department

**b) Exclusion criteria**

1. Non - healthcare middle managers
2. Newly appointed less than three months in the position

**Study instrument**

A self-administered questionnaire will be utilized to collect quantitative data. The questionnaire is adapted from existing questionnaires to fit this study's purpose better. these questionnaires will be pilot tested using a similar population at Queen Elizabeth Hospital II. This self-administered questionnaire consisted of:

|  |  |  |
| --- | --- | --- |
| **Level** |  | **Variables** |
| **Sociodemographic**  **(Independent variable)** | •  • | Gender  Ethnicity |
|  | • | Marital status |
|  | • | Comorbidity |
|  | • | Education level |
|  | • | History of leadership course attendance |
|  | • | Work position |
|  | • | Years of working experience |
| **Organizational**  **(Independent variable)** | •  • | Type of facilities  Place of posting |
|  | • | Number of employee subordinate |
| **Challenges**  **(Independent variable)** | •  • | Structural (4 subcategories)  Cultural (3 subcategories) |
|  | • | Political (3 subcategories) |
| **Crisis leadership competency**  **(Dependent variable)** | •  •  • | Communication  Connectivity  Courage & perseverance |
|  | • | Credibility |
|  | • | Decisiveness |
|  | • | Emotional effectiveness |
|  | • | Integrative thinking |
|  | • | Situational awareness |
|  | • | Team leadership |

**Sampling method**

Although the recruitment process was based on the inclusion criteria, it included all healthcare middle managers present at the healthcare facilities during data collection. Any participant who did not fulfill the requirements will be immediately excluded. This convenient sampling method will be applied because the subjects were readily available, and only a small number of HMM were placed in each institution.

**Sample size**

**-**

**Data collection method**

**-**

**Data analysis method**

The present data for analysis will be analyzed using SPSS software version 27. This software was selected because it is thorough, simple to use, and has the necessary analytical tools to produce the results needed for the current study.

All the individual, organizational, enablers, and barrier factors will be described by gender as below:

1. Dispersion: Continuous variables were examined for standard deviation, minimum and maximum values, and ranges.
2. Central tendency: Continuous variables were examined with both the means and medians.
3. Distribution: Continuous variables were examined using frequency tables, measures of skewness and kurtosis, and histograms. Discrete variables (nominal and ordinal levels) were examined using their frequency distribution (frequency counts and percentages).

Data analyses for the quantitative objectives are described as follows:

To determine the association between sociodemographic, organizational, and challenges with crisis leadership competency. The data will be analyzed using descriptive statistics for the entire independent variables. Structural equation modeling (SEM) will then be used to evaluate the relationship between the independent and dependent variables. To be more precise, the relationships between various variables will be quantified using path analysis.

**Mechanism to ensure the quality of study**

All information is from primary data from the questionnaire answered by the healthcare middle managers. The name of participants will be discarded to maintain confidentiality. Thus, participants' information sheets will not include in this study. All data will be kept confidential and only be used for this study. It will be stored in Microsoft Excel with encryption, including folders and laptops containing data, protected with a password. Only the principal investigator has access, while the respondents will not have access to the data. No personal information will be disclosed, and subjects will not be identified when publishing survey findings.

**Ethical consideration**

The quantitative phase was covered in the study protocol and will be submitted for review to the National Medical Research Register, the University of Malaysia Sabah Research Ethics Committee, and the Department of Health Sabah State. All organizations gave their consent for this phase to be carried out and approved it ethically. The participant will be approached by meeting the head of middle managers in the study site and informed with information sheet (manual questionnaire) regarding the project. Subsequently, the other middle managers will receive the questionnaire manually with the information about the study and they can participate in the study with their own willingness. The information sheet given will be explained to the participants before data collection, informing them of the project's specifics. informed consent was subsequently requested.

**Privacy & Confidentiality**

The study participants will be fully informed about the aim and nature of the research before being asked for permission. It was made clear to all participants that they could withdraw at any time. Additionally, no identifiable data will ever be disclosed, and all data will be kept confidential.

**Risk to participant**

As stated in the literature above, there are no side effects known to be caused by the investigation.

**Benefit to participant**

Participate in continuous improvement of the workplace environment and benefit in improving the leadership competencies for daily crisis faced as a challenges

**Risk benefit assessment**

Based on the literature review, there is no risk for the participant while with the collected information, numerous improvement and benefit can be obtained for current and future improvement

**Conflict of interest**

The investigators declare they have no conflict of interest

**Publication policy**

No personal information will be disclosed and subjects will not be identified when the findings of the survey are published

**Termination of study**

Termination of study is only after completing the whole research

**References**

eilstein, C. M., Lehmann, L. E., Braun, M., Urman, R. D., Luedi, M. M., & Stüber, F. (2021). Leadership in a time of crisis: Lessons learned from a pandemic. Best Practice & Research Clinical Anaesthesiology, 35(3), 405–414. <https://doi.org/10.1016/J.BPA.2020.11.011>

Birken, S., Clary, A., Tabriz, A. A., Turner, K., Meza, R., Zizzi, A., Larson, M., Walker, J. & Charns, M. (2018). Middle managers’ role in implementing evidence-based practices in healthcare: a systematic review. Implementation Science : IS, 13(1). <https://doi.org/10.1186/S13012-018-0843-5>

Boin, A., Hart, P. T., Mcconnell, A., & Preston, T. (2010). LEADERSHIP STYLE, CRISIS RESPONSE AND BLAME MANAGEMENT: THE CASE OF HURRICANE KATRINA. Public Administration, 88(3), 706–723. https://doi.org/10.1111/J.1467-9299.2010.01836.X

Canyon, D. (2020). DEFINITIONS IN CRISIS MANAGEMENT. Sia-Pacific Center for Security Studies, April. CDC. (2009).

Crisis Leadership Competency Model PowerPoint Presentation, free download - ID:16551. CDC. https://www.slideserve.com/oshin/crisis-leadership-competency-modelfebruary-2009 CDC. (2019).

Mental Health in the Workplace. CDC. https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplacehealth/mental-health/index.html

Eric J. McNulty, & Leonard Marcus. (2020). Are You Leading Through the Crisis … or Managing the Response? Harvard Business Review. https://hbr.org/2020/03/are-you-leadingthrough-the-crisis-or-managing-the-response

Fan, Y., Chen, J., Shirkey, G., John, R., Wu, S. R., Park, H., & Shao, C. (2016). Applications of structural equation modeling (SEM) in ecological studies: an updated review. Ecological Processes, 5(1). <https://doi.org/10.1186/s13717-016-0063-3>

Glassdoor. https://www.glassdoor.com/blog/guide/positions-in-a-company/

Google. (2022).

Nagesh S, Chakraborty S. Saving the frontline health workforce amidst the COVID-19 crisis: Challenges and recommendations. J Glob Health. 2020;10(1):010345.

Turale S, Meechamnan C, Kunaviktikul W. Challenging times: ethics, nursing

and the COVID-19 pandemic. Int Nurs Rev. 2020;67(2):164–7. Brunet F, Malas K, Fleury D. A model of an agile organization designed to better manage the COVID-19 crisis. Healthc Manage Forum. 2020;34(2):115–8.