EDITORIAL

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How Gastroenterology Leaders Performed while Navigating in Rough Seas: Lessons from the COVID-19 Pandemic

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The overwhelming impact of coronavirus disease 2019 (COVID-19) as a global pandemic, represented an unprecedented challenge for every physician and all other health professionals. The medical community faced this crisis with courage, resilience and generosity while at the same time realizing that they were indeed one of the most at-risk populations for acquiring COVID-19 in its deadly phases. Further beyond that, other risks were clearly defined and noticed through those hard times: stress was rampant and the burn out syndrome was just around the corner.

Gastroenterologists acknowledged their additional responsibility to protect patients and themselves. They understood the need to enforce and maintain mitigation measures for an uncertain period of time. They had to rush into timely decisions and many times bravely fight with their institutions, so that the many changes they anticipated in the reorganization of Gastroenterology Departments might be accomplished. They had to break down many barriers and create new circuits, implement new habits, improve telemedicine, select, and prio-ritize procedures, take care of the bulk of vulnerable immunosuppressed patients, being at the same time immersed in floods of brand-new recommendations and scientific information. In many situations these gastroenterologists were then working outside their usual tasks and duties, illustrating and serving the concept of "all hands to the pump", experiencing new stages of action (where a few days before they would never have ima-gined or considered going on).

It is known that the quality of care was directly related to the health care provider burn-out, and for sure, leaders and front-line clinicians - as many busy gastroenterologists were then– needed to proactively look out for their own wellbeing and for their colleagues. This certainly positively impacted in the avoidance of adverse outcomes both for clinicians and patients under their care.

In an era of assuming safety culture as a primetime feature for medical organizations, it is important to recall the safety culture pyramid, a model that acknowledges its multidimensional and dynamic nature. Essentially it links four stacked layers consisting of values, strategies, climate and behaviors in an organization, ultimately reflecting "why we do what we do". In a crisis such as we lived in, some well-known core elements of effective organizational dialogue had to be considered namely active listening, suspending judgement and inquiring and reflecting. These were processes, under pressure of time, that built communities and promoted culture change: a distinct but a "road to be taken "pathway, through behavioral transformation (modifying doctors' relations), through experiential transformation (bringing a sense of community) and through attitudinal transformation (creating attitudes that supported cooperation and partnership thus improving decision making).

So how could we manage to provide guidance to sound leadership that embraced our specific gastroenterology concerns, using burn-out prevention strategies, balancing healthy bodies and minds with the rush for the appropriate coping with change?

1) Empowerment

Doctors around these patients should have felt they did have a role to play, that their duty was important, and that they belonged to a multitask team with specific goals to achieve. Not only patients in Intensive Care Units (ICU) were the ones to deserve our best efforts, but all doctors were also permanently challenged with new covid 19 individuals that had either been previously diagnosed with severe digestive diseases or brand-new complaints according to their recent situation.

Clinicians needed to understand the normality and rationality of doubting, fearing and facing reality as crude as it might be, but keeping at the same time, a road map of current best practices in an established safety climate. A systematic analysis of events was required to be undertaken and the compassionate sharing of their ongoing experiences must have been a part of the group dynamics.

2) Breaking Out, a Time Management Issue

Beyond a structured and timely assessed plan of action, every clinician should have had an appropriate time to rest, to sleep and to talk to each other, either in some dedicated areas in the Gastro Unit, (where healthy snacks and drinks could be easily and safely available) or back home where they should have been allowed to stay for some days. It was important to promote the rotation of different elements, in not too lengthy shifts, making them feel they were needed but not stressing them with overwhelming tasks. The clear indication of what type of patients should be prioritized for clinical observation or to undergo endoscopic procedures, was very helpful, and telemedicine was encouraged for attending some chronic liver disease or IBD patients (particularly worried about their immunosuppressive therapies). At the same time, routine follow up visits and preventive procedures were rescheduled, lowering the burden of the nonurgent workload.

3) Fighting Cognitive Overload

Beyond the information on established protocols, continuous insights on upcoming investigations were managed cautiously. This prevented clinicians from being flooded with too many strategies and options, thus avoiding cognitive overload and the typical competence anxiety that might have contributed to the disruption of their focused tasks.

4) Feedback

Providing feedback was of paramount importance. Clinicians' own ideas and suggestions should have been most welcome, and the escalating workload was not a reason not to take them into consideration. They should have felt they had room to express their concerns and their vulnerabilities. Team leaders needed to be present and be an example of compassion, empathy, and respect. The desire to reflect and to learn ought to have been the mental background where the team evolved, and it was clear that there was no substitute for expressing positive messages, emphasizing appreciation for their dedication, altruism and engagement. Personal recognition of some individual features and roles, specified for each member of the team, was still a powerful tool for individual commitment. Sometimes, writing to them, personally, about the importance of sharing emotions and keeping in the loop, also had also a strong motivational impact.

5) Readiness for Plan B

We always had a plan B for the "known unknowns": a backup plan for each team, preparing emotionally their members to an unexpected turnover, including having an available leader to stand up if needed. The "unknown unknowns" however, were already on the move…

6) Conflict Management

The strategy applied for managing conflicts defines how supportive your culture is. Beyond prevention (essentially through being collaborative and, at the same time, acting as a dynamic and adaptive leader, wandering between different types of leadership), the first important moment was to assess the preemptive symptoms, several times disguised in the new stressful environment at the Unit. Exploring immediately the individual issues, approaching the problem with controlled questioning, and listening techniques, all these have proven to avoid disruptive behaviors and emotional wildfires. Being mindful likely allowed the leader to share challenges and successes and set the pace for the desired wellness. One should never forget that some warning signs of burn out such as exhaustion denial of their distress, failing energy and engagement, if left alone with no specific approach and coaching, do favor, and fuel, conflicts

7) Integrative Competencies

Undoubtedly, expanding coaching and mentoring skills, and blending nontechnical skills with updated knowledge, paved a safe pathway to be guided by. This ultimately allowed the respect and global concordance of our team to be accepted while applying decision making processes, communication and situational awareness skills. Members felt a dynamic belonging to a strong and determined team and were finally capable of tolerating some uncertainties and doubts, inevitable in those times of constant changing

8) Top Level Athletes

Preparation of the team was crucial for a long-standing process of changing habits and significative workload. After the acute crisis, when hold procedures were applied, patients did return, anxious and appealing. This implied that further along the road, after the acute times when even our basic needs were sometimes forgotten, we had to be in good shape for the next wave of challenges. Why did we not suggest psychological professional counselling? Leaders themselves are exposed and susceptible to burn out; support may be needed to help establishing a culture of wellness. Exclusively taking care of doctors (and patients) does not allow one to disconnect and recharge. You need time to be "out of the box". Keeping staff healthy both in mind and body requires a leader with those personal concerns. More than managing emotions, you had to regulate those emotions, just like top athletes. That means that you needed to adjust, adapt and adequate your emotions, working on positive beliefs, and that would act as a shield for physical, mental and spiritual health. Making your team feel as high performing athletes, who have an enormous ability to tolerate frustration, to post pone rewards and to be so resilient really makes the difference in overcoming many dire straits

Those were times when truly effective leadership came out in the open, as they demanded to set new directions challenge assumptions and beliefs, and they required absolute ability to cope with change. Concurrently the complementary skills as a manager needed to flourish, underlining the importance of awareness of their workforce as well as the promotion of individual and group performances. Typically, they stood

as those who were able to define clear roles, to overcome the negative impact of the individual stress and to tame rising conflicts. Gastroenterologists, so used to the thrills of their endoscopic endeavors and to algorithmic pathways of their continuously growing body of knowledge, were facing unexpected trials. They were able to strive for better and totally new outcomes, struggling side by side with their usual team members, but also new colleagues, administration boards and in some cases directly with health authorities. All at the same time, in a rush till a vaccine or effective therapy eventually would become widely available. During those times of uncertainty, where every decision could unchain unexpected risks and every indecision might become a tragedy, it was the exact moment when true leadership was indispensable. COVID-19 shaped our future and very likely allowed the forming of our leaders.

Conflicts of interest: None to declare.