The coronavirus disease 2019 (COVID-19) pandemic has placed unprecedented stress on the healthcare system globally, revealing the interconnectedness and fragility of its ecosystem. The resultant overwhelming burden of illness and mortality has threatened operations of healthcare institutions worldwide and the physical, emotional, and financial health of their workers. Health care workers must grapple with fears of infection, death, and the risk of COVID-19 transmission to their families, as well as post-traumatic stress and other mental, physical, emotional, and spiritual concerns. Resiliency strategies can help mitigate emotional and psychological injury and enable recovery and growth during and after the COVID-19 pandemic.

Additionally, organizations committed to the needs of the patient and their workers, perseverance of purpose, and values can bring individuals, teams, and global communities together for hope and healing in times of crisis. In this commentary, we recommend three comprehensive resiliency strategies and give examples from Mayo Clinic experience: modeling resilient leadership, establishing strong peer support and stress management programs, and fostering organizational resilience.

RESILIENT LEADERSHIP: COURAGE AND COMMUNICATION DURING DIFFICULT TIMES

Rapid and disruptive change requires conviction, confidence, and courage for immediate and long-term sustainability. Resilient leaders build credibility by demonstrating courage to face challenges head on and by finding opportunities to advocate vision and values in the midst of adversity.

Mayo Clinic values (respect, integrity, compassion, healing, teamwork, innovation, excellence, and stewardship) have provided a consistent framework for measured action to address immediate needs and to help ensure alignment and direction during the current crisis while upholding the organization’s primary core value — the needs of the patient come first — through teamwork and communication.

Up-to-date information and effective modes of communication (two critical ingredients of resilient leadership) are invaluable tools in crisis management, as they allow for cohesion and collaboration and ensure commitment to and alignment of overall organizational strategies and goals. The COVID-19 pandemic has added to the complexity of information and communication in the healthcare environment. In such situations, lack of access to accurate information and ineffective communication lead to escalation of stress and burnout of health care workers as well as to overall organizational chaos. Additionally, while communication between employees is vastly important, effective communication (respect and inclusion, change communication, coaching and feedback, and recognition and empowerment) between leadership and employees has a significant impact on employee performance and perspective. Resilient leaders keep sight of this and operate at a high functional level to create an environment of frequent and open communication that enables exchange of timely information.

Strategy in Action

Mayo Clinic leaders expeditiously incorporated multiple existing and new forums for employees, such as site-specific social media
platforms, News Center videos on the intranet, and “Glad You Asked” all-staff podcasts with anonymous polling technology to foster open communication and an opportunity for leaders to inform and respond to emerging issues in real time. Topics included tough themes around safety concerns, changes in clinical practice and research, workforce reallocations, pay protection, and reduced hours, among others. Staff perceived the communications to be transparent and compassionate, resulting in a heightened level of trust in leadership. In addition, leaders created a COVID-19 Information Center intranet site to provide just-in-time resources and information to assist health care workers in providing safe care for patients, themselves, and their families.

PEER SUPPORT AND STRESS MANAGEMENT
The current pandemic has affected and will continue to affect health care workers in multiple ways. Individuals react and respond to crises with a wide range of emotions. To support resilience, institutions must provide multiple avenues for workers to exchange feelings safely and manage stress and negative emotions effectively. Many existing peer-support programs (from before the pandemic) and structured stress management interventions have been shown to be beneficial to decrease stress, promote resilience, and support an organizational culture of shared responsibility for well-being. At the outbreak of the pandemic, it quickly became apparent at Mayo Clinic that there was a need to support employee well-being and a broad desire by staff to provide support to fellow employees.

Strategy in Action
Mayo Clinic teams with broad representation (human resources, employee health, supply chain, community relations, integrative medicine and health, psychiatry and psychology, humanities, and chaplain services) were established across Mayo Clinic to coordinate institution-driven and local responses to cultivate support for health care workers. Multiple measures, including the following, were enacted to provide psychological first aid:

• A help line called Let’s Talk Warm Line to offer emotional support, relaxation and stress management techniques, and other mental health resources to staff;
• Healing the Emotional Lives of Peers, a peer-support program that has been expanded during the pandemic to allow staff to share concerns with designated, trained peer supporters regarding pandemic-related information and resources;
• Everybody IN(clusion) weekly virtual chat sessions, a venue for staff to discuss pandemic-induced magnification of stigma and inequities and potential methods to close disparity gaps;
• An Appreciate You campaign for donation of meals, goods (toiletries, etc), and expressions of gratitude (letters, drawings, and videos) from fellow employees and the local community for frontline workers.

ORGANIZATIONAL RESILIENCE: MASTERING AGILITY AND ADAPTABILITY
The COVID-19 pandemic has quickly and dramatically changed how we do what we do, and in many ways, this situation has accelerated organizational capabilities, for example, digital delivery of health care services. These rapid changes are most efficiently navigated by organizations that display resilience and agility and that are characterized by their capacity to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize when conditions require it, maintaining focus on their primary purpose and goals. This occurs most expeditiously when organizations provide direction and support with an expectation of adaptability. Leveraging formal and informal leadership roles as well as individuals and teams with diverse skill sets fosters flexibility, growth, and well-being at the individual, team, and organizational levels. Organizations must embrace disequilibrium, master adaptability and agility, and generate leadership at all levels. Mayo Clinic staff continue to adapt and rely on both personal and organizational
commitment to values, diversity, equity and inclusion, and combined purpose.

Strategy in Action
Mayo Clinic’s capability to respond swiftly and safely with strategies and diverse tactics implemented for the first time has been impressive, as the following examples illustrate.

- Teams from multiple disciplines, including infection prevention and control, occupational health, and human resources enabled rapid implementation of safety guidelines and accommodations for vulnerable and high-risk staff as well as guidelines and indications for appropriate use of personal protective equipment.
- A multidisciplinary Safety Management and Resources Team was established to ensure departments and teams have up-to-date information, adequate personal protective equipment, and a voice in decision-making to optimize safety.
- The COVID-19 Human Resources Crisis Management team focused on the people (the most valuable asset), telework, and tools such as the Learn and Stay Connected resource center, an online community that allows staff to connect with one another, onsite or offsite, and share common personal and professional interests on three tracks: learning and development, community, and well-being. The well-being track provides information on financial well-being, resiliency, at-home workouts, daily well-being posts, and virtual connection groups.
- Members of the Enterprise Learning Collaborative rallied to transition classroom learning to virtual learning, providing just-in-time resources such as podcasts and real-time dialogues on leading through the pandemic for staff and learners.

CONCLUSION
The response to the COVID-19 pandemic will continue to be a journey for health care workers.
institutions well into the future. During challenging times, health care leaders create the context and model for organizational and individual responses to stressors (Figure). Resilient individuals, teams, and organizations promote growth through adversity with a goal of emerging stronger. Mayo Clinic’s leaders and staff leaned in on their collective strength, stood firmly on the organization’s infused vision and values, and continue to lead through tumultuous times. The strategic approaches described above have shown in-the-moment effectiveness and the potential to further enhance resiliency through courageous leadership, peer support, and agility and adaptability.

ACKNOWLEDGMENTS

The authors thank Manisha Salinas, DRPH, for providing the Infographic. Editing, proofreading, and reference verification were provided by Scientific Publications, Mayo Clinic. This supplement is sponsored by Mayo Clinic Foundation for Medical Education and Research and is authored by experts from multiple Departments and Divisions at Mayo Clinic.

Abbreviations and Acronyms: COVID-19 = coronavirus disease 2019

Potential Competing Interests: The authors report no potential competing interests.

Correspondence: Address to Anjali Bhagra, MD, Division of General Internal Medicine, Mayo Clinic, 200 First Street SW, Rochester, MN 55905 (Bhagra.Anjali@mayo.edu; Twitter: @anjalibhagramd).

ORCID

Sherry S. Chesak: https://orcid.org/0000-0001-8126-4486; Adam I. Perlman: https://orcid.org/0000-0002-4301-2381; Anjali Bhagra: https://orcid.org/0000-0002-9958-4960

REFERENCES

1. Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 global epidemic [published online ahead of print March 12, 2020]. JAMA. 2020. https://doi.org/10.1001/jama.2020.3972.
2. Dewey C, Hingle S, Goelz E, Linzer M. Supporting clinicians during the COVID-19 pandemic. Ann Intern Med. 2020;172(11):752-753 [Epub ahead of print].
3. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. BMJ. 2020;368:m1211.
4. Lee TH, Duckworth AL. Organizational Grit. Harvard Business Review. September-October 2018.
5. Rossouw JG, Rossouw PJ, Paynter C, Ward A, Khnana P. Predictive 6 Factor Resilience Scale — Domains of Resilience and Their Role as Enablers of Job Satisfaction. Int J Neuropsychoph. 2017;75(1):25-40.
6. Bui H, Chau VS, D'Anglennoberti M, Leone L, Vicentini F. The resilient organisation: a meta-analysis of the effect of communication on team diversity and team performance. Appl Psychol. 2019;68(4):621-657.
7. Heifetz R, Grashow A, Linsky M. Leadership in a (permanent) crisis. Harvard Business Review. July-August 2009.
8. Dyrbye LN, Major-Elechi B, Hays JT, Fraser CH, Buskirk SJ, West CP. Relationship between organizational leadership and health care employee burnout and satisfaction. Mayo Clin Proc. 2020;95(4):698-708.
9. Chesak SS, Bhagra A, Cutshall S, et al. Authentic connections groups: a pilot test of an intervention aimed at enhancing resilience among nurse leader mothers. Workviews Evid Based Nurs. 2020;17(1):39-48.
10. Kruk ME, Myers M, Varpilah ST, Dahn BT. What is a resilient health system? Lessons from Ebola. Lancet. 2015;385(9980):1910-1912.