Fear is a powerful emotion that can arise in response to a real or perceived danger or threat. It induces a physiological response and can trigger fight, flight, or freeze behaviour. The threat may be to oneself or others and may include multiple dimensions, such as health, safety, finances, and reputation.

The degree of fear felt in the face of a given threat varies among individuals and can also fluctuate over time with such changing factors as their resilience and stress level, understanding of the threat, experience, confidence in leadership, and support from colleagues.

Fear is part of the human condition, but it can negatively impact and even disable individual and team performance. Further, fear can be contagious. Therefore, it is important that leaders at all levels of an organization, especially during a crisis, be vigilant and consider how they can prevent and manage fear on their team.

Managing fear with understanding and compassion
About 10 years ago, while deployed in Afghanistan, a medical technician (med tech) was overcome with fear when tasked one day to be medic on a convoy to one of the forward operating bases.

The med tech had been on convoys before without incident, and the level of risk was no higher this time, so what had changed? It turned out that their child’s birthday was that day, and the fear revolved around the risk of dying on that special day.

We managed this situation with understanding and compassion, and we were very cautious to not label the person negatively. We established a principle that, where possible, we would not send med techs out on their “special days,” as long as they still did their share of convoy duty. The med tech was excused that day, but went out two days later.

This case is instructive for leaders of people who are in harm’s way. The risk of dying was probably the same for any convoy, but the emotion of fear was higher on the special day. This highlights the possibility of unexplored opportunities available to leaders to help manage fear, beyond just reducing personal danger.

The leader’s responsibility
Preventing and managing fear requires the leader to apply skills in two LEADS domains: Lead self and Engage others.

Lead self
Before leading people out of their fear, leaders must first assess and manage themselves. Leaders are not immune from fear and, in fact, may face the same threat as everyone else and then have the additional burden of leadership responsibility. People expect their leader to be calm and reassuring and to be able to make the right decisions in a timely fashion. This can be difficult, especially as the level of fear increases.

- Leaders must recognize their own fears and resulting biases and be aware of how these could affect situational assessment and decision-making. Leaders must also recognize when their effectiveness is becoming compromised and be ready to ask
for help or advice. Self-awareness is essential. The Mental Health Continuum Model can be helpful in such self-assessment (Figure 1).

- In times of crisis, the best leaders remain composed, without being dismissive of the threat or the emotion. Managing one’s own emotions is essential before trying to manage those of others.
- Being resilient is an important element of leadership and can significantly influence the ability to react appropriately to stressors. Eating properly, exercising, sleeping well, having good supportive relationships, etc., all favour success when a crisis situation arises.
- Learn from these situations, capitalizing on the rich development opportunity. Observing key lessons and applying them in future leadership situations is an invaluable element of leadership development.

Engage others

In the LEADS framework, Engaging others is about getting down to business and leading people. It is about building teams and culture, communicating, and facilitating collaboration and cooperation. Fear among team members can be difficult to prevent and manage in crisis situations, but leaders may find the following points useful.

- Leaders build trust when they anticipate threats and take proactive measures to manage the risk. People want to be reassured that everything possible has been done to reduce the threat.
- Leaders must engage in good and realistic risk communication. Without this, people’s imagination may magnify the threat out of proportion to reality.
- Leaders should give people an opportunity to be engaged in mitigating the threat. This will improve the level of acceptance of measures taken.
- Leaders must try to understand the unique circumstances and stressors of their people to anticipate how a threat might be perceived. This requires empathy and intuition. Good emotional intelligence is key and will help leaders recognize where on the Mental Health Continuum their subordinates are, and then react accordingly (Figure 2).
- Leaders must compassionately acknowledge fear when it occurs, even if it seems out of proportion with the threat. Leaders can take the opportunity to listen to concerns and to find ways to reduce the magnitude of the emotion.
- Finally, people face fear best if:
  - they are rested and not cognitively overburdened
  - they have a sense of purpose and duty
  - they are part of a highly functional and supportive team
  - they feel confident in their own abilities (requires preparation and training)
  - they feel supported by the organization, its leaders, and their colleagues
  - they worry less about impact on what they value most, e.g. health, family, etc.
  - they have some level of control or influence over the situation
  - they are recognized for their courage, even informally

The Canadian Armed Forces’ Mental Health Continuum Model

The Mental Health Continuum Model (Figure 1) is a helpful self-assessment tool for gauging the impact of stress on mental health and, by extension, on work performance. During times of stress, it is common for people to move toward the right on the scale. People who find themselves toward the right side of the continuum could benefit from help from a peer, a supervisor, or a professional (Figure 2).
**Mental Health Continuum Model**

<table>
<thead>
<tr>
<th>HEALTHY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
</table>
| • Normal mood fluctuations  
• Calm & takes things in stride  
• Good sense of humour  
• Performing well  
• In control mentally  
• Normal sleep patterns  
• Few sleep difficulties  
• Physically well  
• Good energy level  
• Physically and socially active  
• No or limited alcohol use or gambling | • Irritable/impatient  
• Nervous  
• Sadness/overwhelmed  
• Displaced sarcasm  
• Procrastination  
• Forgetfulness  
• Trouble sleeping  
• Intrusive thoughts  
• Nightmares  
• Muscle tension/ headaches  
• Low energy  
• Decreased activity socializing  
• Regular but controlled alcohol use/gambling | • Anger  
• Anxiety  
• Pervasively sad/hopeless  
• Negative attitude  
• Poor performance/ workaholic  
• Poor concentration/ decisions  
• Restless disturbed sleep  
• Recurrent images/ nightmares  
• Increased aches & pains  
• Increased fatigue  
• Avoidance  
• Withdrawal  
• Increased alcohol use/ gambling is hard to control | • Angry outbursts/aggression  
• Excessive anxiety/panic attacks  
• Depressed/suicidal thoughts  
• Over insubordination  
• Can’t perform duties, control behaviour or concentrate  
• Can’t fall asleep or stay asleep  
• Sleeping too much or too little  
• Physical illnesses  
• Constant fatigue  
• Not going out or answering the phone  
• Alcohol or gambling addiction  
• Other addictions |

**Leader Actions**

<table>
<thead>
<tr>
<th>HEALTHY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
</table>
| • Lead by example  
• Get to know your personnel  
• Foster healthy climate  
• Identify and resolve problems early  
• Deal with performance issues promptly  
• Demonstrate genuine concern  
• Provide opportunities for rest  
• Provide mental health first aid after adverse situations  
• Provide realistic training opportunities | • Lead to BE the Resilience Reserve  
• Watch for behaviour changes  
• Adjust workload as required  
• Know the resources & how to access them  
• Reduce barriers to help-seeking  
• Encourage early access to care  
• Consult with CoC/HS as required | • Involve MH resources  
• Demonstrate genuine concern  
• Respect confidentiality  
• Minimize rumours  
• Respect medical employment limitations  
• Appropriately employ personnel  
• Maintain respectful contact  
• Involve members in social support  
• Seek consultation as needed  
• Manage unacceptable behaviours | |