

## Using video presentation to recruit healthcare workers during COVID-19 pandemic

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To the Editor,

the first person-to-person transmission of SARS-CoV-2 virus in Italy was reported on February 20, 2020, leading to an infection chain that represents the largest COVID-19 outbreak in Italy (1). Beyond the impact on individual patients, the consequences of the pandemic on local, national, and international healthcare systems have been extremely significant (2).

The Italian healthcare system is one of the most well-developed worldwide: despite this, the COVID-19 outbreak found the country unprepared to cope with the effects of the pandemic (3). The greatest challenge for Italy was to prevent the risk of the healthcare system collapse due to the difficulty of triaging emergency department patients, the insufficient critical care beds to meet surging demands (although Italy is ranked in the top 10 in Europe for the number of critical care beds per 100,000 capita of population) and recruitment of healthcare professionals (4).

Since the beginning of the pandemic, an emergency task force formed by the Government of Lombardy and local health authorities have organized a dedicated network of Intensive Care Units (COVID-19 Lombardy ICU Network) with two top priorities: increasing surge ICU capacity to treat critically ill patients with SARS-CoV-2 and implementing measures for containment (5). Our university hospital increased up to 140 critical care beds (69 intensive care beds and 71 sub-intensive care beds) and has been designated as coordinator hub of the ICUs in Lombardy. The recruitment and training on patients' intensive care

management of new personnel were necessary to guarantee an adequate healthcare and to avoid high ICU workload-to-staffing ratio, which is associated with an increase in patient's mortality (6).

Recruiting personnel into the public health system normally requires candidates to participate in an open competitive exam and it is therefore impossible to select candidates with specific requirements (7). The pandemic severely strained the working world and people management, which had to dramatically change their mode of operation (8). In particular, in order to deal with the sanitary emergency, unusual selection procedures have been adopted inside the public health system by searching for new healthcare personnel with specific requirements for working in the ICU.

The recruitment criteria used by our hospital included an initial selection of the numerous CVs received and the following request to a pool of candidates to introduce themselves with a short self-introduction video, answering specific questions and describing their job skills. The association between video and recruitment procedures has been spreading for a couple of decades, when the diffusion of video-call applications made it possible for recruiters all over the world to 'meet' a candidate - even though virtually - before the in-person job interview (9).

This strategy, which is usually a prerogative of medium-large companies in the world of human resource management, allows to search for every kind of professional figure. Furthermore, due to the ongoing lockdown, face-to-face interviews to assess the level

of competence and skills required to work in the ICU were not feasible since travels between different regions were not allowed in order to reduce spread of SARS-CoV-2 (10).

In March 2020, our Department of Healthcare Professions recruiters received 251 CVs from nurses candidates. The majority of candidates (59%) were female and the overall mean age was  $35 \pm 10$  years; 117 (47%) candidates came from Lombardy Region, while 132 (52%) came from other Regions and 2 (1%) from abroad. Only 84 (33%) candidates had work experience in acute care facilities and 14 (6%) had the Master Science Degree in Critical Care Nursing. Screening of candidates who were asked for the self-introduction video allowed 65 candidates to be selected for the recruitment. All the selected candidates had the specific requirements such as strong personal motivation, experience in critical care settings and immediate availability to work in the ICU.

The training plan for the new personnel included a short period of continuously supervision, consultation and collaboration with the senior critical care nurses of the resident staff. The foundation of this intensive program consisted of orientation on the the most important nursing care aspects of critically ill patient with SARS-CoV-2 infection such as artificial airway management and prone positioning maneuver, and donning and doffing of all personal protective equipment.

The use of this recruitment method during the emergency phase, unusual for the public health system, has been very effective and represents an evolution in the health care thanks to the optimization of the time dedicated to the recruitment of new personnel.

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## References

1. Remuzzi A, Remuzzi G. COVID-19 and Italy: what next? *Lancet* 2020;395(10231):1225–8.
2. Paul E, Brown GW, Ridde V. COVID-19: time for paradigm shift in the nexus between local, national and global health. *BMJ Global Health* 2020;5:e002622.
3. Sorbello M, El-Boghdady K, Di Giacinto I, et al. The Italian coronavirus disease 2019 outbreak: recommendations from clinical practice. *Anaesthesia* 2020;75(6):724–3.
4. Rhodes A, Ferdinande P, Flaatten H, et al. The variability of critical care bed numbers in Europe. *Intensive Care Med* 2012;38(10):1647–53.
5. Grasselli G, Pesenti A, Cecconi M. Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response. *JAMA* 2020;323(16):1545–1546.
6. Phua J, Weng L, Ling L, et al. Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. *Lancet Respir Med* 2020;8(5):506–17.
7. Saiani L, Dimonte V. Large scale nursing competitions for a permanent job: a symptom of lack of strategies on nurses? *Assist Inferm Ric* 2015;34(2):62–5.
8. Vnoučková L. Impact of COVID-19 on human resource management. *Revista Latino-americana de Investigación Social* 2020;3(1):18–21.
9. McColl R, Michelotti M. Sorry, could you repeat the question? Exploring video-interview recruitment practice in HRM. *Hum Resour Manag J* 2019;29:637–656.
10. Gazzetta Ufficiale della Repubblica Italiana: GU Serie Generale n. 55 del 4 marzo 2020. <https://www.gazzettaufficiale.it/eli/id/2020/03/04/20A01475/sg> (accessed July 21, 2020)

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