Executive Summary: CHLNet Leading Through the COVID-19 Crisis Action Research Project Phase 1 [1]

Purpose:

This first-phase of a three-phase action research project aims to define leadership practices that should be employed during and after the pandemic to re-imagine and re-build our health and social care system. Specifically, the objectives were (1) to categorize effective leadership practices Canadian health leaders have utilized through the first wave of the COVID-19 pandemic; (2) to differentiate these practices from pre-crisis practices; and (3) to identify leadership practices that can be leveraged to improve the desired health and care system of the future.

Design/methodology/approach:

We used an action research methodology. In the first phase, reported here, we conducted one on one, virtual interviews with 18 prominent health leaders from across Canada and across leadership roles. A Steering Group (Appendix A) comprised of academics and decision makers oversaw this effort. Data were analysed using grounded theory methodology. We send our gratitude to those Canadian health leaders on the front line of this pandemic who took the time to share their experiences with us.

Findings:

Here is what we heard organized by five key future health leadership practices within the core dimension of disrupting entrenched structures and practices. These were:

1. *Responding to more complex emotions in self and others. Future practice identified to create more psychologically supportive workplaces that support healthcare workers more fully in their lives.*
    - Concern about the psychological wellness of the health workforce was recognized well before the pandemic.
    - Need for leaders to focus first and foremost on their own emotional well-being.
    - System is not prepared for the longer term impact the pandemic will have on health teams, and their readiness for ongoing change is unclear.
2. *Agile and adaptive leadership. Future practice should allow leaders to move systemic change forward more quickly.*
    - While many leaders practice rapid decision-making, it is the entrenched processes of the health system that slow down innovation and change such as collective agreements, bureaucratic hierarchical management systems, and autonomy of physicians.
    - The virus respected no boundaries, no authorities; and many leaders found themselves not relying on hierarchical authority for direction but did work arounds (disrupting entrenched structures) and exercised the very 'distributed' leadership that so many argue is the wave of the future.

[1] This brief is based on a longer article being put together for submission to a peer reviewed journal that contains detailed references for these findings. A two page Infographic is also available.

3. *Integrating diverse perspectives, within and across organizations, levelling hierarchies through bringing together a variety of perspectives in the decision-making process, and engaging people more broadly in the co-creation of strategies.*
    - Multiple horizontal coalitions were built—across provinces, across organizational boundaries, across economic sectors—to address emergent challenges, based on shared leadership rather than typical top-down leadership in which permission for innovation and action was sought from above.
    - Direction from the top came too late or at inopportune times, so innovation emerged on the front-line and individual leaders took action based on just-in-time information and the needs of the moment.
4. *Applying existing leadership capabilities and experience. Future practice should develop and expand mentorship to support early career leadership*.
    - Moving from 'command and control' leadership to show decisive action early on in the first wave, they shifted to more inclusive leadership styles, in response to emergent circumstances.
    - Seasoned leaders drew on leadership experience, and applied learned leadership skills, such as the LEADS framework.
    - Leadership training and mentoring is needed to prepare healthcare leaders of the future.
5. *Communication changing frequently based on emerging evidence and messaging. Future* practice of communicating more frequently and decisively to build trust.
    - Many described at length the challenges to communication, and how they increased frequency of communication.
    - Communication changed frequently based on emerging evidence and messaging, and leaders felt responsible for building credibility and trust.
    - With the rise in information through social media and the internet, clear, consistent and credible messaging is needed to serve as an antidote to widespread misinformation.

Conclusion:

At the beginning of the pandemic, we could not have foreseen the scope and breadth of the changes the pandemic would spawn, nor could we have predicted what would come next in terms of the leadership skills needed in the future based on lessons learned from Phase one. Our Phase 2 funded through a Social Sciences and Humanities Research Council grant will comprise a broader sample size, roundtables, and deliberative dialogues to gather more on the challenges health leaders face, their observations of the change needed in our health system, and the leadership capabilities required for 21st century care.

It is unclear whether the entrenched structures on which the current health system is based will adapt or break down as the pandemic continues to unfold. What will the long-term impact of COVID variants, disrupted vaccination schedules, on-again, off-again lockdowns, extended social distancing and isolation, economic disruptions and bailouts, and the rapid changes in technology, have on the structure of the health system going forward? In that context, what will the longer-term impact be on funding for health, the willingness of the health workforce to sustain its commitment, and on the public's own trust in current models of delivery?

Prior to the pandemic, there was a growing awareness that change was needed across Canada's health system to expand leadership capacity. That same consciousness today, implicit in the adage, 'necessity is the mother of invention' has enabled us to implement innovations that were unthinkable in the previous environment. The pandemic has proven that innovation and rapid systemic change is possible. Looking ahead, it is imperative that we identify and communicate the leadership practices that will build a renewed, unified health system that meets the needs of Canadians, today, and in the future.

Appendix A:

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The Steering Group is further subdivided into the interview and data teams.