

COVID Corner VI

Leading through COVID-19: A Marathon and a Sprint?

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This is the sixth in our COVID Corner series. And, as we approach the first anniversary of WHO officially declaring it a pandemic (March 11, 2020), the media, academics, consultants, and politicians are increasingly using the metaphor a marathon to describe coping COVID.¹² In this installment, we look at some of the parallels and how the metaphor might help us better understand the challenges facing healthcare leaders. We also discuss how the marathon metaphor, like all others, tends to break down on closer examination or over extension.

First, the parallels. The COVID pandemic is a race alright. It is a race against time and against a virus that continues to mutate, with at least six variants (or co-variants) that are proving to be more transmissible and, perhaps, more deadly. It's probably fair to say that Canada (not alone) stumbled out of the starting blocks of this race. It has been suggested, for example, that Canada's early warning system for public health threats, known as the Global Public Health Intelligence Network or GPHIN had been significantly downsized in the months and years leading up to the COVID crisis. An independent inquiry is ongoing into the decisions leading up to the weakening of GPHIN³. It's final report is due to be released this Spring.

Like running a marathon, COVID is testing our capacity as both individual health leaders and of our health care systems. At the individual level, those at the front lines or near the front lines were already stretched going into the pandemic. Burnout rates were already high for physicians, nurses, and others (and have now soared as the pandemic moves from what one of our colleagues calls the acute phase into the chronic phase). For example, according to one study conducted before COVID hit, 78% of nurses reported being burnt out, with allied health workers and physicians not far behind (73% and 65% respectively).⁴ As we move onto the third wave or chronic phase of the pandemic, ER physicians, ICU nurses and other high-risk providers are reporting burnout rates approaching 90 percent. They report being in 'day-to-day survival mode', which is taking an unknown toll on both short term and longer term mental and physical health.

Organizationally, healthcare facilities were also already operating at or above capacity, with occupancy rates approaching or exceeding 100%. So-called elective surgeries continue to be pushed back, sometimes indefinitely with unknown longer term consequences. There are reports of hospitals being at "a tipping point" and renewed concerns about the potential spike again for ICUs due to the new, faster spreading forms of the virus.

¹ Rosenthal, Melissa (2020) "Leading Through COVID-19: It's a marathon and a sprint". See link: <https://medium.com/the-innovation/leading-through-covid-19-its-a-marathon-and-a-sprint-4dfd6e4ba9a6>

² Hutchinson, A. (2020) "COVID-19 is like running a marathon with no finish line" G and M November 21, 2020.

³ Health Canada announces external review of GPHIN. See link: <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/external-advisory-bodies/list/independent-review-global-public-health-intelligence-network.html#a1>

⁴ Pelly, L (2021) "Healthcare Workers battled burnout before COVID-19" Now it's even worse, experts warn" CBC: <https://www.cbc.ca/news/canada/toronto/health-care-workers-burnout-covid-19-1.5869072>

Where does the metaphor of a marathon begin to break down? Unlike a marathon, not all runners are starting from the same blocks or running the same course. It is a staggered start for many. As Don Berwick has recently poignantly pointed out, those most vulnerable heading into the pandemic have borne the brunt of it. “Perhaps the most notable wake-up call of all (coming out of COVID) is inequality, as the ‘worm in the heart of the world’”.⁵ All we know for certain is that the practice of health leadership has changed forevermore; that health leaders are being tested like never before; and regrettably that the burden of COVID is being disproportionately borne by our seniors, by racialized communities and by those with mental health issues. To mix metaphors, we are not (as some suggest) all in the same boat. Some are in yachts, while others are in lifeboats: just hanging on.

The metaphor of a marathon also fails in that there is no finish line. Every marathon is exactly 42.2 kilometers (or 26.2 miles). Not so with COVID-19. Despite breaking world records in the race to develop novel vaccines to fight the novel Coronavirus (and its variants), the yardsticks continue to shift. Some have now taken to describing COVID as an ultramarathon, where we are asked to continue to mask up, socially distance and avoid congregate settings for an indefinite period-of-time: the so-called ‘new normal’. And, as Berwick also points out “No one can say with certainty what the consequences of this pandemic will be in 6 months out, let alone 6 years or 60”.⁶

The metaphor also breaks down in that when running, you know exactly when the race is to begin. Finishing, let alone winning, takes months if not years of preparation for high endurance athlete. It also requires persevering when you inevitably *hit the wall*, usually around the 30-km mark. “When you hit the wall, it feels like you have run face-first into a stack of bricks. Your legs start feeling like concrete posts, every step is a triumph of will and you seriously doubt that the race has a finish line”.⁷ Runners have time to prepare and they have a choice to run or not in any race. Not so with healthcare leaders when it comes to COVID-19.

We had little choice as to when and where the virus would strike. And, in terms of preparation, while Bill Gates and a few others were prescient enough to ring the alarm bell about the need to urgently prepare for the next pandemic back in 2015⁸, most of the world was caught flat-footed when COVID-19 began to spread outside China. As already noted, Canada had weakened its global public health surveillance system. Public health funding had languished for many years. Pandemic planning had been relegated to the bottom of the agenda behind concerns around cybersecurity and other threats. Globally, Dr. Mike Ryan (Special Envoy for the WHO) reflected on the outbreak and the delayed response in some parts of the world saying “If you have to be right before you move, you will fail. The biggest challenge is being paralyzed by the fear of failure”.⁹ So, going forward, it is fair to say that COVID is neither a marathon nor a sprint. It is in many ways both, as health leaders deal with the urgent issues relating to responding to the day-to-day pressures of COVID and prepare for

⁵ Berwick, D.M. (2020) “Choices for the New Normal” JAMA. See link here:

<https://jamanetwork.com/journals/jama/fullarticle/2765699>.

⁶ Berwick (op.cit).

⁷ Runners World (2019) “What is 'hitting the wall' during a marathon and how can you avoid it?”

<https://www.runnersworld.com/uk/training/marathon/a774858/how-to-avoid-the-wall-and-cope-if-you-hit-it/#:~:text=In%20general%2C%20hitting%20the%20wall,muscles%20and%20liver%20for%20energy>.

⁸ Gates, B (2015 Ted Talk)

https://www.ted.com/talks/bill_gates_the_next_outbreak_we_re_not_ready?language=en.

⁹ Ryan, Mike WHO Special Envoy: <https://youtu.be/XEUwigiGkHo>

the inevitable long-term effects of COVID on the Canadian health workforce and for the unknown, but important long-term impact of COVID on the health of Canadians.

What can leaders do to lead through this ultramarathon? Returning to the world of running and the marathon metaphor, successful long-distance runners rely on many others. They often have a team providing support, interventions and advice on training, diet, and mental preparation. They sometimes run as teams, “drafting off one another” to reduce wind resistance. Similarly, as the COVID-19 pandemic continues, leaders are looking for opportunities to work together and to “draft” off one another in terms of lessons learned. And healthcare leaders continue to see more and more value in strategic, purposeful partnership and networks (like CHLNet).

More broadly, there are insights coming out of the literature on how leaders can better equip themselves to run both a sprint and a marathon: at the same time! For, example, a recent (September 2020) Harvard Business Review study points to ways to increase resilience through “adaptive leadership”.¹⁰ It suggests five key principles to help guide *adaptive leadership* that closely align with the LEADS framework as a model of change. They are:

1. Ensure evidence-based learning and policy development (*Achieve results*): learning processes must be open and diverse to be effective.
2. Stress test underlying theories, assumptions and beliefs (*Lead self*): adaptive responses need to be subjected to robust and rigorous reflection (to surface unconscious or known biases).
3. Streamline deliberative decision-making (*System transformation*): use pandemic as a catalyst for transforming the policy process, make it more open, dynamic, and nimble (aka distributed leadership)
4. Strengthen transparency, inclusion, and accountability (*Engage others*): COVID should be seen as a “fundamental inflection point” in addressing long-standing institutionalized biases and inequities.
5. Mobilize collective action (*Develop coalitions*): “COVID is a ‘complex systems’ problem” requiring a concerted effort and multi sectoral interventions.

The authors conclude that these five principles are not just important for dealing with the immediate responses to the COVID crisis (*the sprint*) but also vital for “shaping longer-term recovery and resilience plans” (*the marathon*).

We want to conclude by circling back to Don Berwick’s sage advice going forward, and it is this: “Fate will not create the new normal; choices will”¹¹. At the end of the day, all leaders are CEOs of self. We all have choices as to how we are going manage ourselves, including our own health, and how we are going to work with others to get to the new normal.

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¹⁰ Ramalingam, B., Nabarri, D. et. al. (2020) 5 Principles to Guide Adaptive Leadership. Harvard Business Review <https://hbr.org/2020/09/5-principles-to-guide-adaptive-leadership>.

¹¹ Berwick, D. (2020) op.cit