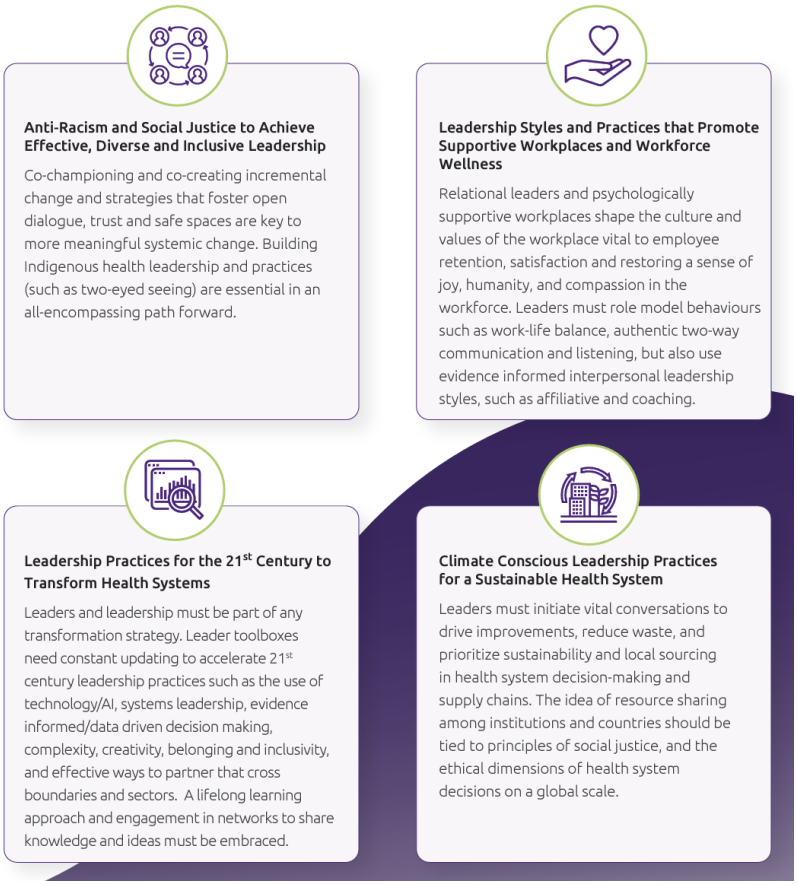
## *LEADerShip at a Glance*

## CHLNet's "Top Four" Suggested LEADS Readings

The four references contained within this month's Top Four have been chosen because they speak directly to the four evidence generation priorities of CHLNet to *Champion Strategic Leadership Excellence*.




### *Strategic Priority: Anti-Racism and Social Justice to Achieve Effective, Diverse and Inclusive Leadership*

This reference was highlighted because of the emerging and fundamental challenges to social justice in the United States, and the downstream effect for other countries such as Canada. The content relates to not just to the goal of fostering diversity, equity and inclusion in our health systems—and its leadership—but also a multiplicity of related challenges that will threaten how we deliver health care in this country.

**Woolf SH. How should health care and public health respond to the new US administration? *JAMA.* 2025.**

**Summary:**
The first week of the new Trump administration in the USA created a flurry of executive actions that sent shock waves through the scientific, medical, and public health communities. Those shock waves continue as further actions are aimed at destabilizing established norms of delivering health services in that country.

This article argues that the profession—scientific, medical, and public health societies, journals, academic institutions, and advocacy organizations—must quickly decide how to respond or whether to respond. This is particularly true with respect to DEI goals inherent in effective leadership in this country.

The authors state that 'the science is clear that racial and ethnic health disparities are real, that they cost lives, and that they are perpetuated by structures and institutions in society that systematically disadvantage racial and ethnic minoritized populations. Elections and culture wars do not change that reality. Policies that deny the very existence of racial and ethnic disparities, prohibit the mention of racism by name, or ban efforts by the government, health care, and the private sector to reduce disparities will predictably increase morbidity and mortality and should be opposed by the profession.'

Regardless of the popularity or powerful interests behind a policy, the responsibility of the profession is to speak out when the science is clear that it will threaten health or safety. Silence is not an option.

## *Strategic Priority: Leadership Styles and Practices that Promote Supportive Workplaces and Workforce Wellness*

This reference is to a paper written by Dr. Jean-Louis Denis, a member of the CHLNet Board of Directors, analyzing the underlying challenges to dealing with today's health workforce crisis.

**Côté N and Denis JL. Situations of anomie and the health workforce crisis: Policy implications of a socially sensitive and inclusive approach to human resources. 2024. *The International Journal of Health Planning and Management* - Wiley Online Library**

**Summary:**
Health systems in Canada are facing an unprecedented workforce crisis, manifesting as labour shortages, high staff turnover, and increasing rates of absenteeism and burnout. These issues affect professional and occupational groups in both health and social care and individuals at early and later stages of their career. The intensity and pervasiveness of the crisis suggests that it is a multicausal phenomenon, not amenable to quick fixes or superficial analysis.

Many studies have focused on the relationship between working environments and worker satisfaction and well-being. However, these are of limited use in understanding the deeper mechanisms behind the large-scale workforce crisis. The subjective experience of work, while rooted in a particular work context, is also shaped by broader social and cultural phenomena that create

contradictions between social norms and individuals' ability to conform to them, resulting in tension, often accompanied by moral distress.

The concept of anomie--defined in the Oxford dictionary as "personal unrest, alienation, and uncertainty that comes from a lack of purpose or ideals"--was initially developed by Durkheim and redefined by Merton. It focuses on the way social norms that guide conduct and aspirations lose influence and become incompatible with each other or unsuited to contemporary work contexts.

Understanding the workforce crisis from the perspective of anomie enables the development and implementation of novel policies based on co-production strategies where concerned publics engage collaboratively in framing the problem and searching for solutions.

## *Strategic Priority: Leadership Practices for the 21st Century to Transform Health Systems*

This reference is to the leadership challenge of dealing with contradictions in one's leader role from a 'balancing tensions' perspective, rather than an 'either/or' perspective; a fundamental 21st Century leadership skill.

**Desveaux L. Rethinking Healthcare: Why Paradox Science Is Core to the Future of Health and Health Leadership. *Journal of Healthcare Leadership*. 2025 Dec 31:45-8.**

**Summary:**
The author proposes the position that solutions to healthcare's most persistent and pervasive challenges remain elusive because leaders often approach them as navigating oppositional tensions from an either/or perspective: the need to drive efficiency versus improve quality, to leverage cutting-edge technology versus maintain human compassion, to address population health versus providing care to the patient in front of you.

Ms. Desveaux argues that the key to transforming healthcare lies in the ability of healthcare leaders to recognize when oppositional tensions are in fact paradoxes at play, to increase the capability and collective capacity to navigate them. Paradox science contends sustainable solutions to intractable challenges come not from eliminating the tensions that operate within the complexity but from the ability of those involved to hold opposing ideas in productive balance. To do so empowers leaders and their teams to find innovative paths by engaging with tensions directly.

This perspective piece outlines three steps healthcare leaders can take to apply paradox science in practice, providing descriptions and example actions for each: 1) Clarify the paradox, 2) Encourage experimentation, and 3) Adopt a dynamic view. Moving forward, health leaders must leverage paradox science to drive forward innovation agendas in order to truly transform the healthcare experience for patients, populations, and the health workforce that serves them.

## *Strategic Priority: Climate Conscious Leadership Practices for a Sustainable Health System*

This reference was chosen because it highlights a major issue emerging for health and science leaders: the ability to manage the negative public discourse related to the credibility of experts and science,

with respect to issues such as climate change. or related issues such as the scientific foundation for health care itself.

**Gomes M, Reimberg J. The crisis in expert authority and the challenges for the future of academia.** The crisis in expert authority and the challenges for the future of academia. ***Book Review*. 2025.**

**Summary:**

This is a book review. Cara Reed and Michael Reed's Enough of Experts: *Expert Authority in Crisis* examines the growing challenge to expert authority, shedding light on one of the most pressing issues of our day and age. This review contextualises their research, highlight key contributions, and summarises the three narratives developed to comprehend the challenges to expert authority.

Reed and Reed's (2023) analysis offers insights into the distrust in scientific research and the evolving role of academia.

The emphasize, for example, climate denial discourses questioning the scientific consensus of human-caused climate change have embraced a *fake experts'* strategy and narrative as a key element of its misinformation campaigns since the 1980s.

Reed and Reed argue that there are three narratives emerging in popular discourse that threaten expert authority. They are delegitimization, demystification, and decomposition.

The book provides an apt examination of the future of experts and its long-lasting impact on governance regimes, such as those guiding health. The authors not only identify the challenges to experts but also expose how their social capital and moral authority have been impacted by neo liberalisation, authoritarian populism and technological rationalisation. A major contribution is the unpacking of the development of a contemporary crisis and its pervasive influence into the foreseeable future, one that will continue to challenge "addressing leadership in support of climate change for a sustainable health system", which is a key strategic goal of CHLNet.

**Link to LEADS:**

The link to LEADS—the acronym for the full title of the framework: *LEADS in a Caring Environment*—is as follows.

Reference 1, specific to the challenge associated with fundamental policy decisions in the USA, e.g., banning DEI programs, is diametrically opposed to the fundamental principle of good leadership represented by the *Engage Others* and *Develop Coalitions* domains of the LEADS framework; and social justice itself, a cornerstone of a healthy society.

Reference 2 provides an overview of deep-seated reasons for the current deep-seated ennui in today's health workforce. It suggests a co-leadership approach—consistent with the co-creation approach to leadership; a key element of which is being able to 'champion and orchestrate change', a capability in the *Systems Transformation* domain of LEADS.

Reference 3 references the 21st Century leadership skill of being able to manage contradictions, and by extension, the related skill of polarity management. These skills are consistent with the 'strategically orient themselves to the future' capability of the *Systems Transformation* domain of the LEADS framework.

Reference 4 describes a growing trend in society to denigrate the value of science and academic expertise. This is a dangerous trend that leaders must fight, not only to preserve the foundation of modern health services themselves, but also leadership based on research and evidence, such as the LEADS framework itself.