

## *LEADerShip at a Glance*

### CHLNet's "Top Three" Suggested LEADS Readings for COVID-19<sup>1</sup>

**Kerrissey, M., & Edmondson, A. C. (2020). What good leadership looks like during this Pandemic. Harvard Business Review (13 April): <https://hbr.org/2020/04/what-good-leadership-looks-like-during-this-pandemic>**

#### **Summary:**

This article analyzes two examples of effective leadership at the front end of the Coronavirus pandemic: Adam Silver, commissioner of the National Basketball Association (NBA); and New Zealand Prime Minister Jacinda Ardern. The two authors use these examples to highlight the positive leadership attributes that overcame the unique challenge that ambiguous threats like COVID-19 pose to leaders: cognitive biases, dysfunctional group dynamics, and organizational pressures. For many leaders, these challenges push them toward discounting the risk and delaying action, often to catastrophic ends; rather than acting with resolve before all the vital information is known. The authors outline four lessons for leaders in a novel crisis:

- Act with urgency;
- Communicate with transparency;
- Respond productively to missteps; and
- Engage in constant updating.

They conclude by stating that leadership is strengthened by continually referring to the big picture as an anchor for meaning, resisting the temptation to consider human life in statistics alone.

**LEADS Link:** The four lessons for leaders operationalize already well-known fundamentals of good leadership, captured in the *Achieve Results* domain of LEADS (act with urgency; respond productively to missteps); and the "effective communications" capability of *Engage Others* (communicate with transparency; engage in constant updating). Whereas the context for highlighting these capabilities is a time of crisis, they are equally important to good leadership in non-crisis times.

**Shanafelt, T., Ripp, J., & Trockel, M. (2020). [Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic](#). JAMA.**

#### **Summary:**

The rapid spread of COVID-19 and the severity of symptoms it can cause in a segment of infected individuals has acutely taxed the limits of health and care systems. Maintaining an adequate health care workforce in this crisis requires not only an adequate number of physicians, nurses, advanced practice clinicians, pharmacists, respiratory therapists, and other clinicians, but also maximizing the ability of each clinician to care for a high volume of patients. Given that surges in critically ill patients could last

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<sup>1</sup> As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor)

weeks to months, it is also essential that health care professionals be able to perform to their full potential over an extended time interval. At the same time, they cope with the societal shifts and emotional stressors faced by all people, health care professionals face greater risk of exposure, extreme workloads, moral dilemmas, and a rapidly evolving practice environment that differs greatly from what they are familiar with.

This article summarizes key considerations for supporting the health care workforce so they are equipped to provide care for their patients and communities. Few of these considerations and suggestions have substantial evidence to support them; they are based on experience, direct requests from health care professionals, and common sense.

**Link to LEADS:** This article is a fundamental reminder of the importance of the LEADS *Engage Others* capability of “contributes to the creation of a healthy organization”.

**Scharma, O. (2020). A New Superpower in the Making: Awareness-Based Collective Action. Presencing Institute. [Internet]. Accessed on 15 April 2020 @ <https://medium.com/presencing-institute-blog/a-new-superpower-in-the-making-awareness-based-collective-action-83861bcb9859> .**

#### **Summary:**

Otto Scharmer, a well-known author of leadership books, comments in this article about the unique opportunity we as a society has if we take advantage of the possibilities open to us during the COVID-19 pandemic. He argues that whether you talk to CEOs and executives in small or big companies, grassroots movement makers, government officials (privately), or the heads of departments in large international institutions, everyone knows what we are doing now in many aspects of society is not sustainable. Individually, almost everyone wants something different. Yet collectively, we keep producing the same results, manifested in the deepening of the three major divides of our time: the ecological divide (the disconnect between self and nature), the social divide (the disconnect between self and other), and the spiritual divide (the disconnect between self and self).

He outlines ten observations that he believes are fundamental to helping leaders move forward. The first three relate directly to the future of Canada’s health care system:

1. Everything we knew wasn’t sustainable is collapsing now;
2. As systems collapse, people rise; and
3. We are one system.

These observations—along with the remaining seven—provide a way of thinking and acting that leaders need to pay attention to in creating Canada’s health system of the future.

**Link to LEADS:** The three principles described in this summary of Scharmer’s article are encapsulated in *the Systems Transformation* domain of LEADS. To re-vitalize our health system, we must lead from a systems perspective.