LEADerShip at a Glance

CHLNet's "Top Three" Suggested LEADS Readings for COVID-19[1]

Blake-Beard, S., Shapiro, M., & Ingols, C. (2020). Feminine? Masculine? Androgynous leadership as a necessity in COVID-19. *Gender in Management: An International Journal*.

Summary:
The purpose of this paper is to explore the relationship between leaders' expressed traits and their impact on their country's COVID-19 outcomes. Some leaders are over relying on masculine traits and dismissing feminine traits. An alternative – androgynous leadership – supports leaders in drawing from the full portfolio of behaviors.

This paper has a theoretical approach using an extensive review of the literature. The COVID-19 context has provided a laboratory for developing and building competence as androgynous leaders; the authors review the practices of four leaders—Angela Merkel, Donald Trump, Jair Bolsonaro, and Andrew Cuomo. Their findings show that the conditions associated with COVID-19 require leaders to enact both masculine and feminine traits in their leadership style. They call this androgynous leadership; a combination of desirable masculine, feminine, and neutral leadership behaviours.

Leaders can take a number of actions to fully embrace androgynous leadership. These actions include building a diverse "tempered" team, communicating with respect, recognizing the impact of framing and moving from autopilot to realizing their best androgynous self. There is an acknowledgement of the benefits of the combination of masculine and feminine leadership traits. There are also clear recommendations supporting leaders in developing their androgynous leadership skills.

LEADS Link: *LEADS is a framework* dedicated to explaining the leadership qualities required to stimulate a system to change. Recently, calls for a review of the framework—from a commitment to a diversity, equity and inclusion lens—have been heard. This article helps define how leadership behaviours can be described as masculine, feminine, or neutral; and that an androgynous approach—i.e., not endorsing a particular gendered approach is the most preferable.

Snowden, A. W., Forest, P-G. (2020). "Flying Blind": Canada's Supply Chain Infrastructure and the COVID-19 Pandemic. *Healthcare Quarterly Vol.23 No.4 2020* – PRE-RELEASE.

Summary:
Canada's COVID-19 response has been described as slow, with reactive decision making that has left the most vulnerable populations at risk of infection and death from the virus. Yet, within and across the provincial health systems, the supply chain processes and data infrastructure needed to generate the relevant data for, and evidence of, the spread of COVID-19 and the health system's capacity to respond

[1] As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor)

to the pandemic are non-existent in Canada. When supply chain processes are interrupted, there are severe consequences that can place patients and clinicians at great risk.

Emerging evidence from a national research study highlights the significance of supply chain data infrastructure and processes that offer transparent, real-time data to inform decisions that support a coordinated, evidence-informed pandemic strategy that is proactive and capable of protecting the health of every Canadian.

It is long overdue for Canada to create a comprehensive digital strategy that ensures data (e.g., population data, supply data and workforce health data) are available in real time, within and across jurisdictions, to inform leadership decisions that are proactive and able to anticipate risks and implement preventive measures to ensure that every Canadian and every health worker has the protection needed to sustain health, wellness and quality of life. A proactive and preventive pandemic strategy is only possible with a robust data infrastructure to proactively inform decisions and track outcomes in every jurisdiction.

Link to LEADS: This article highlights the power of three LEADS domains: *Achieve Results, Develop Coalitions*, and *Engage Others*. Without organized and deliberately planned processes re supply chain management (*Achieve Results: Take action to implement decisions*) we cannot deliver the materials needed to keep our health workforce well. Without 'big data' (*Achieve Results: Assess and evaluate*) we cannot make decisions to target appropriate and timely delivery of PPE. And without mobilizing that knowledge across organizational boundaries (*Develop Coalitions*) we cannot meet the needs of all components of a provincial health system in an organized manner. And without these attributes, we cannot guarantee healthy workplaces (*Engage Others: Engaging leaders contribute to the creation of healthy workplaces*).

Possamai, M. (2020). A Time of Fear: How Canada Failed Our Health Care Workers and Mismanaged Covid-19. Available @ https://fcsii.ca/wp-content/uploads/2020/10/atof_full_report.pdf

Summary:
This report is dedicated to the victims of COVID-19, their families, friends, colleagues and communities.

This report is written by the Seniors Advisor to Ontario's SARS Commission. She argues that during COVID-19, Canadian health care workers face significant risks every working day. Yet, the system for protecting Canadian health care workers is broken. It must be fixed. She argues that with respect to COVID-19, Canada is "witnessing a systemic preventable failure to learn from the 2003 SARS outbreak. It is a failure to both adequately prepare and to urgently respond in a manner that is commensurate with the gravest public health emergency in a century."

Because of failures, Canada has experienced a tragic replay of many of the worker safety issues identified by Justice Campbell and the SARS Commission. Then, as now with COVID, systemic failures have led to our current situation. During the COVID crisis—as of September 2020—10,000 health care workers have contracted COVID-19 in long term care alone: and the understaffing, overcrowding and persistent lack of funding that have chronically impoverished long-term care facilities. Hospitals too have staff that have not had the kind of support needed to deal with this crisis. The Canadian health

care system is crying out for systemic solutions to deal with COVID-19, and in doing so, protect our health care workers and citizens.

Which brings us to the question of how best to fix the systemic problems COVID-19 has revealed. The author begins by saying that "We must recognize that our public health leaders have acted in good faith and with the best of intentions to address systemic failings that have been years in the making." She then goes on to outline a series of recommendations for change. These are described under these main headings: The precautionary principle (i.e., which states that action to reduce risk need not await scientific certainty); Occupational health and safety; and Accountability, transparency and independence; Long-term care; and All sectors.

Link to LEADS: The impetus for the creation of LEADS was to provide an outline of the leadership capabilities required to knit together a *system of parts* that does not act as a system. If systemic fixes are required to address future pandemics, then LEADS can help guide the practices necessary for implementation of the many recommendations of this report.