

LEADerShip at a Glance

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

Theme: Systems Leadership and Health System Change

Introduction:

About a year and half ago (2020, November) Johnny Van Aerde made a presentation to the CHLNet member partners group to share his insights on a panarchy model and how the pandemic was having an impact on health care systems ([CJPL The health system is on fire — and it was predictable](#)). As part of his presentation, he talked about how the pandemic has morphed into a syndemic: "A network of health problems, esp. ones that share common social underpinnings and cause an increased public health burden on a community." (<https://medical-dictionary.thefreedictionary.com/syndemic>)

A syndemic creates 'wicked problems', a "class of social system problems which are ill-formulated, where the information is confusing, where there are many clients and decision makers with conflicting values, and where the ramifications in the whole system are thoroughly confusing." ⁱ Wicked problems require a 'systems' lens to understand and potentially address them. Systems leadership has been coined as a phrase to explain the dynamics of such leadership.

Systems leadership is often described in the literature as complex leadership, or complex adaptive system leadership. Health care is considered as one of the most complex systems, humankind has created. Therefore, as we seek solutions to lead us forward in dealing with the *syndemic* and indeed, the nature of most social problems today, including climate change and its relationship to health care, diversity and the need for more equity and inclusion in health care, the interface between health care and the economy, the 'great resignation' challenge within health care workforces, it is important for us—within CHLNet—to explore the dynamics of that form of leadership.

This month's three articles have been chosen to illuminate some interesting perspectives and approaches to systems leadership—and, by extension, to leaders who strive to operationalize what Dr. Van Aerde called the *Release and Renewal* phases of the panarchy model. They are presented in an order, beginning with the relevance of systems (complexity) leadership to the challenges of the systemic and ending with the need to employ new approaches in leadership and follower development to help leaders develop the capabilities needed to be effective systems leaders.

Reference 1 is an article that defines complexity leadership—as a form of systems leadership—and explains how different approaches to the pandemic in different countries explains their success or lack of it.

Reference 2 is an article that shows how principles of systems leadership, many consistent with the content of Reference 1, were employed in a practical example---i.e., from paramedicine in Ontario, Canada.

Reference 3 is a chapter from a book that defines what systems leadership is, how it has been developed in programs within the United Kingdom and the Health Education and Training Institute (HET) in New South Wales, Australia.

LEADS Link:

The three references together reflect a ‘systems leadership’ approach to leading change in health care. The five LEADS domains—Lead Self, Engage Others, Achieve Results, Develop Coalitions, and Systems Transformation—were all conceptualized from a systems perspective. As a consequence, all three resources highlight the relationality perspective of LEADS; i.e., Engage Others and Develop Coalitions; the personal and systems change perspective of Lead Self and Systems Transformation; and the direction, alignment, and results measurement focus of Achieve Results.

Reference 1:

Uhl-Bien M. Complexity Leadership and Followership: Changed Leadership in a Changed World. [Journal of Change Management](#). 2021 Apr 3;21(2):144-62.

Summary:

This article, although entitled ‘complexity leadership’, explains system leadership from the complexity lens. The author argues that people no longer question whether we are in complexity; that reality has been made explicitly clear by the pandemic. What she believes they want to know now is, what do we do about it, and what does it mean for how we need to lead differently? To answer these questions, she uses COVID-19 as an example to show how understanding complexity leadership theory as ‘*generative emergence*’ can help leaders better understand how to lead differently in times of crisis and through complexity. Doing so requires research and practice to focus on developing leaders and followers who can respond by adapting, rather than denying or retreating, in the face of complexity pressures.

Reference 2:

Allana A, Kuluski K, Tavares W, Pinto AD. Building integrated, adaptive and responsive healthcare systems—lessons from paramedicine in Ontario, Canada. [BMC Health Services Research](#). 2022 Dec;22(1):1-6.

Summary:

This article provides insights on how systems leadership shaped the evolution of the paramedicine system in Ontario over the past ten years. To show this, first, the authors argue that being responsive and adaptive to local population needs is a key principle of integrated care. Traditional top-down approaches to health system governance have proven ineffective. They then contend there is a need for more guidance on taking flexible, complexity-aware approaches to governance that foster integration and adaptability in the health system. By studying grassroots local programs, the authors believe they provide insight into how health governance—adopting these approaches—can ensure that health systems can be more integrated, adaptive and responsive. Governance strategies include: supporting networks of local organizational relationships; considering the role of a functionally flexible health workforce; promoting a shared vision and framework for collaboration; and enabling distributed, local control and experimentation.

Reference 3:

Solman A, Manley K, Christie J, Setchfield. Systems Leadership Enablement of Collaborative Healthcare Practices. *International Practice Development in Health and Social Care*. 2021 Apr 20:187-204. In Oye C. [International Practice Development in Health and Social Care](#). Manley K, Wilson V, editors. Wiley-Blackwell; 2021 Mar 31.

Summary:

This chapter—from the 2021 book entitled *International Practice Development in Health and Social Care*—focuses on work undertaken in the United Kingdom (UK) and Australia regarding leading system change utilizing practice development principles and approaches. The purpose is to share approaches and outcomes to inform contemporary education and workforce development strategies essential to shaping health system reform. Reform requires people to be enablers of system change for practice improvement in people-centred care, or relationship-centred organizational contexts. Examples of reform pieces are described within the chapter to support the reader in contextualizing how practice improvement was implemented using practice improvement methods.

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1. DeFries R, Nagendra H. Ecosystem management as a wicked problem. *Science*. 2017 Apr 21;356(6335):265-70.