LEADerShip at a Glance

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

Ahlsson A. Why change? Lessons in leadership from the COVID-19 pandemic. *European Journal of Cardio-Thoracic Surgery*, Volume 58, Issue 3, September 2020: 411–413.

Summary:
The coronavirus disease (COVID-19) pandemic has placed European healthcare systems under a stress of incomparable magnitude. No institution was harder hit than the Karolinska Hospital in Sweden. A cardiac physician in Karolinska writes about his "lessons of leadership" based on his experience.

He states that he had never witnessed a change like that embraced within the hospital. Within weeks, more than 200 doctors and nurses at Karolinska were relocated to new departments, new tasks and new teams. Infectious disease doctors rapidly educated their colleagues on how to take care of COVID-19 patients, and refresher programmes for healthcare professionals were instituted within days. Under normal circumstances, the rapid changes in ways of working, the overnight increases in the numbers of beds and the related adaptive changes, would have taken years to accomplish, if ever.

What are the secrets behind this transformation? Some general principles emerged. They are: (1) a common sense of urgency—i.e., the 'why' was clearly understood by everyone; (2) the return of professionalism—i.e., doctor first; specialist second; and (3) competence first—i.e., expanded the territory and responsibility of specialized ICU personnel by building teams around them with non-specialized nurses and junior doctors—and got rid of boundaries, regarding who does what. He argues that while there will be a post-COVID era, the lessons learned at Karolinska will not allow them to go back to what it was pre-COVID-19.

LEADS Link: The Achieve Results capability of *Set direction* is commensurate with the finding of a 'common sense of urgency'—i.e., the why we do our work every day. 'The return of professionalism" reflects the Lead Self capability of *Are self aware:* knowing your values; why you went into healthcare in the first place. And 'competence first' required the building of teams: i.e., the Engage Others capability of *Build teams.*

Nixon SA. The coin model of privilege and critical allyship: implications for health. BMC Public Health. 2019 Dec;19(1):1-3.

Summary:
Health inequities are widespread and persistent, and the root causes are social, political, and economic as opposed to exclusively behavioural or genetic. A barrier to transformative change is the tendency to frame these inequities as unfair consequences of social structures that result in disadvantage, without also considering how these same structures give unearned advantage, or privilege, to others.

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

Eclipsing privilege in discussions of health equity is a crucial shortcoming, because how one frames the problem sets the range of possible solutions that will follow. If inequity is framed exclusively as a problem facing people who are disadvantaged, then responses will only ever target the needs of these groups without redressing the social structures causing disadvantages. Furthermore, responses will ignore the complicity of the corollary groups who receive unearned and unfair advantage from these same structures.

The goal of this article is to advance understanding and action on health inequities and the social determinants of health by introducing a framework for transformative change: the Coin Model of Privilege and Critical Allyship. The article is a call to action for all working in health to (1) recognize their positions of privilege, and (2) use this understanding to reorient their approach from saving unfortunate people to working in solidarity and collective action on systems of inequality.

Link to LEADS: A fundamental capability of effective leadership—captured in the Lead Self domain of LEADS as "Self motivated leaders are self aware", is expressed as: They are aware of their own assumptions, values, principles, strengths, and limitations. This article suggests that people of privilege need to be aware of those aspects of their personal situation that reflect privilege; and then use that understanding to address where such elements of privilege can be utilized to positively address systems of inequality.

Reyes DL, Bisbey T, Day D, Salas E. Translating 6 key insights from research on leadership and management in times of crisis. BMJ Leader. 2021 Jun 4: leader-2020.

Summary:
Certain leadership behaviours are particularly helpful for healthcare teams to remain effective through crisis situations, such as the Covid-19 pandemic. Intentional or not, leaders send cues to followers signalling what assumptions to make, how to react, and how to make sense of events and what will transpire. This paper summarizes evidence-based insights based on their importance and prevalence in the crisis leadership literature to provide recommendations that can apply to clinical leaders, hospital administrative leaders and any team leaders in a medical context. The authors recommend that leaders consider adopting these behaviours in conditions of intense difficulty, uncertainty, as well as physical and psychological peril.

Six key insights, along with evidence and practical guidance for healthcare leaders to help their teams in the midst of a crisis, are: (1) remain optimistic when communicating a vision, (2) adapt to the changing situation by deferring to team members' expertise, (3) support organizational resilience by providing relational resources, (4) be present to signal commitment, (5) be empathetic to help prevent burnout, and (6) be transparent in order to remain trustworthy.

Link to LEADS: The LEADS framework is a pragmatic one: it intends to summarize leadership practices commensurate with meeting the challenges health leaders face—self to system. Consequently, it does not espouse one theory over another; but only transcribes a set of practical approaches to being effective as a leader in all contexts of health care. The authors in this paper contend that the suggestions reflect "team leadership, transformational leadership, shared leadership and crisis leadership". Only the latter construct—crisis leadership—was not explored in the creation of LEADS. However, a review of the six insights suggests that they are consistent with practices found in the LEADS framework: indeed, although they are explained in a crisis context, many of these factors should be present in non-crisis times.