

LEADerShip at a Glance

CHLNet's "Top Three" Suggested LEADS Readings for COVID-19¹

Lowe, J.B., Barry, E.S, & Grunberg, N. E. (2020). Improving leader effectiveness across multi-generational workforces. *Journal of Leadership Studies*, 14(1), 46-52.

[DOI:10.1002/jls.21681](https://doi.org/10.1002/jls.21681).

Summary:

There currently are four generations of people in the workforce. This variety presents a potential challenge for leaders to navigate differences in generational perspectives, values, and priorities. As we have seen during the Black Lives Matter campaign, the predominant age of protesters is young. Do they respond to different leadership styles? Values? Do all generations deal with such issues differently?

The current paper addresses several questions: Do generational differences exist relative to work relationships? Are generational differences independent of time period and stage of life? Is there a skillset to improve effectiveness of leaders of multiple generations?

The authors contend that perception of generational differences exist and result in workplace issues for leaders to address. However, they also argue that differences among workers are based more on individual differences and stage of life than on "membership" in a given generation. Regardless of generation, all people want to be respected and valued by leaders, and leaders should consider people as individuals rather than as a member of a stereotyped generation.

LEADS Link: LEADS is a leadership framework, and leadership needs to foster meaningful engagement for their workforce, regardless of age or perceived generational differences. Indeed, workforce psychological health is one of the primary goals of positive leadership. Issues of diversity and inclusion go beyond gender and race; it also speaks to age, and as these authors argue, paying attention to people as individuals. These concepts are fundamental to operationalizing the four capabilities of the *Engage Others* domain of LEADS.

Brazeau, G. (2020). Leadership Challenges and Collaborative Opportunities Unveiled Through COVID-19. *Marshall Journal of Medicine*. 6(2), Article 4. Available at:

<https://mds.marshall.edu/mjm/vol6/iss2/4> .

Summary:

This article provides the perspective of three health organizations and the Colleges and Schools of Marshall University, in West Virginia, as it relates to leadership challenges and collaborative opportunities available to them as revealed by the COVID-19 crisis.

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

The author describes seen and yet to be unforeseen challenges that COVID-19 has created for interprofessional teams of clinicians, educators and scientists who need to work together. They acknowledge the economic impact COVID-19 may have on students in their pipeline; the need for stable internet connections for students spread across their catchment area; and the need for their programs to work collectively with the many communities to consider health care vocations.

They have identified key drug shortages in hospitals and community pharmacies due to supply chain issues which have created major problems in the ambulatory care and community pharmacy settings. The need for tighter collaboration between physicians, pharmacists, and university schools is needed to solve this challenge.

A third challenge is continued closure of pharmacies in rural and urban communities. The decline of primary care and pharmacy services combined with the impact of COVID-19 in their rural and underserved communities provides another leadership opportunity for the Schools of Pharmacy and Medicine and for individual physicians and pharmacists to work together.

Link to LEADS: The focus and attention of leadership is often dictated by context. Whereas the case of West Virginia may not be directly applicable to all contexts in Canada, it does reflect on some: in particular, the challenges of maintaining services in rural areas; and the challenges of building relationships across organizational boundaries. This example truly highlights the importance of the *Develop coalitions* domain of LEADS and how important it can be to marshal action against challenges endemic to all organizations and citizens in a particular health region.

Melis, E. (2020, February). Understanding the Context and Social Processes that Shape Person- and Family-Centered Culture in Long-Term Care: The Pivotal Role of Personal Support Workers. Dissertation: Antioch University. Available @ https://etd.ohiolink.edu/pg_10?0::NO:10:P10_ACCESSION_NUM:antioch1587396741841116

Summary:

Dr. Melis' dissertation describes through a single case study, the context and social processes that shape—or detract—from the creation of a person- and family-centred culture in a long-term care (LTC) home in Ontario. Using qualitative research methodologies to gain insight into the mindsets and cultural beliefs of five different groups—residents and families, personal support workers (PSWs), the executive director, the senior leadership team, and nurse managers—the author did a deep dive into belief systems and behaviours that contributed or not to a true people-centred culture.

Dr. Melis found that if each group paid close attention to a dimension of culture and the associated behaviours related to it—relative to their role—they could improve true patient/family centred care. The existing culture created decisions that detracted from the ability of PSWs to attend to basic residents' needs; even though it was clear that creating conditions that enabled PSWs to address more directly the needs of their residents was pivotal to supporting residents and families.

As part of her findings, Dr. Melis presents a complex theoretical model of the interactions and the systemic blind spot that the five groups have together unintentionally created by indulging current belief systems and behaviours.

She also outlines further research that is needed to determine what methods of empowerment are most meaningful and effective for PSWs. Also, given this is a singular case study, generalizations as to

what is likely true in other different sizes and types of homes cannot be made; further research would be required for that.

Link to LEADS: During times of COVID-19, the inadequacies of not embracing a patient- or family centred culture have become very obvious in many extended care homes in Canada. Dr. Melis' dissertation describes, in at least one extended care home, how current cultural approaches to leadership deprive direct care workers (PSWs) from being as effective as they might be. The different groups in this long-term care home who had the responsibility to create a patient and family-centred culture did not embrace ways of thinking and being that operationalized the distributed leadership necessary for that to happen. LEADS—as a framework—is predicated on the principle of distributed leadership; and provides guidance as to how that culture might be changed to create a patient and family centred culture in this one extended care home.