LEADerShip at a Glance

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

Hodges, B. D., Paech, G., & Bennett, J. (Eds.). (2020). *Without Compassion, There is No Healthcare: Leading with Care in a Technological Age.* **McGill-Queen's University Press.**

Summary:
This is a book containing multiple articles pertaining to the challenges of integrating the human factor of compassion with the rising use of technology in health care. Prior to Covid-19, the rapid rise of technologies such as artificial intelligence and robotics was already transforming healthcare and raising questions about how to optimally balance technology and compassionate care. Covid-19 has since set off a rapid and massive shift to the acceptance of virtual care, e-learning, artificial intelligence systems, robotics, and data analytics. As these become more sophisticated, some clinical tasks will become obsolete and others will be reconfigured. The key challenge for health institutions is to find the optimal balance between human presence and technology that maximizes healthcare's compassionate purpose.

The topic was born out of the AMS Phoenix Project, which is focused on making a positive and lasting difference in how health professionals develop and sustain their abilities to provide humane, compassionate, person-centred care. The project aims to instill and sustain compassion, empathy and professional values in the environments in which health professionals learn and work.

The authors draw on work by a number of physicians, nurses, health professionals, administrative leaders and researchers – many of whom are at the University Health Network in Ontario (UHN.) There is also an important chapter on the relationship of compassion to equity, particularly within care for marginalized groups.

Articles are organized around three primary themes: Technology, Compassion, and the Future of Healthcare; Coming to Terms with Compassion; Cultivating Compassion.

LEADS Link: The concept of compassion is closely related to the Caring ethos of the LEADS in a Caring Environment capabilities framework. As leadership is contextual, leaders employing LEADS capabilities must consider how to realize the necessity of being compassionate when utilizing modern technologies that can either facilitate the achievement of compassion or detract from it: depending how it is utilized.

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

Joiner, B. (2009). [Creating a culture of agile leaders: A developmental approach](#). *People and Strategy*, *32*(4), 28.

Summary:
I reached back in time to profile this article because its message is more relevant today than it was in the time it was written. Leadership Agility was a quality described in the most recent [action research study of leadership in times of COVID-19](#), sponsored by CHLNet.

The author of this article argues that most of today's organizations operate at a level of *agility* better suited for a less-demanding era. They ask: Who will create and lead the agile organizations we need? Their answer is agile leaders. There is a huge need for agile leaders and leadership cultures that model and support agility across the enterprise.

Leadership agility is the ability to lead effectively when rapid change and uncertainty are the norm and when success requires consideration of multiple views and priorities. It requires a process of using enhanced awareness and intentionality to increase effectiveness under real-time conditions: stepping back from whatever one is focused on, gaining a broader perspective, and bringing new insight into what needs to be done next.

They describe four forms of agility: context-setting agility; stakeholder agility; creative agility; and self-leadership agility. They then go on to describe an example of an agile leader.

They also make the point that the "behaviors exhibited by highly agile leaders are made possible by a distinct set of mental and emotional capacities that can be learned and developed. Moreover, these capacities develop in stages." They describe the stages of development and provide suggestions about how to develop a culture of agile leadership. One key point is that a powerful tool in leadership development "…is to examine an existing competency model from the perspective of the levels of agility needed in the company's leadership culture".

Link to LEADS: This article links to LEADS in numerous ways. One of the most important is the notion of the importance of a leadership framework (competency model) upon which to build developmental opportunities. The second is the emphasis on context: and how similar the components of agility in that regard relate to the leadership capabilities outlined in the LEADS domains of Lead Self, Develop Coalitions, and Systems Transformation. A third area of intersect is the emphasis on rapid change as the requirement for agility; LEADS was created to outline leadership attributes needed in that environment. A fourth area, less related to LEADS but congruent with the contents of Chapter 4 in the LEADS book and important to CHLNet because of its [Wise Practices project](#), are the similarity in suggestions for developing agile leadership.

Shanafelt, T. D., Wang, H., Leonard, M., Hawn, M., McKenna, Q., Majzun, R., ... & Trockel, M. (2021). [Assessment of the Association of Leadership Behaviors of Supervising Physicians With Personal-Organizational Values Alignment Among Staff Physicians](). *JAMA network open*, *4*(2), e2035622-e2035622.

Summary:
The authors of this article asked the following question: Is physicians' perception of alignment between personal and organizational values associated with their evaluation of the leadership behaviors of their immediate supervisors? This is important given the burgeoning concern about psychological health in the workplace. The greater alignment of values between physicians and their perceived values of the workplace, the less the potential for psychological stress and burnout.

In this survey study of 1285 physicians and physician leaders, each 1-point increase in the aggregate leadership behavior score of physicians' immediate supervisor was associated with a 0.65-point increase in the personal-organizational values alignment score for the physicians in their work unit. The aggregate leader behavior score of each leader as assessed by all physicians they lead explained 21.6% of the variation in personal-organizational values alignment scores between work units.

The leadership behavior of each physician's immediate supervisor was associated with the variation in physicians' perception of values alignment with their organization overall. In other words, the leadership behaviour of a physician's immediate supervisor is a major determinant of psychological health and wellness of physicians in the workplace.

Link to LEADS: This is important with respect to LEADS for three reasons. First, it validates the importance of leadership—represented by the LEADS framework—as a vital factor in creating healthy workplaces. Second, LEADS itself is explicit—in the Engage Others domain—that engaging leaders contribute to the creation of healthy workplaces. This study helps illuminate some of the leadership behaviours that do just that. Third, it highlights that each and every leader in an organization that has physicians reporting to them, is a vital component in whether or not that workplace is perceived as healthy. All would benefit by building their leadership capacity with LEADS as a guide.