

## ***LEADerShip at a Glance***

### **CHLNet’s “Top Three” Suggested LEADS Readings for COVID-19**

#### **Introduction:**

This month’s *Top Three* focuses on the issue of senior and executive leadership. It follows up on the previous month’s discussion of organizational structure and how much of health service delivery in Canada is provided through large quasi-bureaucracies, which demand effective strategic leadership to function effectively.

Most of us believe that the strategic leadership function in any organization is a job fulfilled by those individuals who are part of the senior leadership team: CEO, Vice-Presidents, Board Directors, and those in their inner circle. In large quasi-bureaucracies, these expectations regarding strategic leadership are based upon a hierarchical organizational design, with a traditional leadership paradigm of organization governance connected to heroic and single-actor leadership perspectives. However, today’s very fluid and rapidly evolving external environment for health care organizations may well call into question the long-term viability of the ‘traditional’ approach, suggesting new ways of conceptualizing how strategic leadership can be operationalized.

Regardless of the model used, the important critical success factor is ensuring that senior leaders—strategic leaders—utilize strategic interventions effectively to meet the needs of today’s patients, families, communities, and citizens.

This month’s [Top Three](#) explores this critical success factor.

The three references contribute to this discourse in the following ways. The first two explore the operationalization of strategic leadership from a structural and organizational perspective. The third article shows how appropriate strategic action—in a large health care organization—can be implemented to address emergent modern health care issues.

1. A chapter in book one explores the notion of moving towards a more distributed, shared way of exercising the strategic leadership function in such organizations.
2. Article 2 outlines how strategic leadership—as practiced by the CEO and the senior leadership team—need to focus on building an executive team with a set of special skills to be successful in positioning one’s organization effectively in today’s rapidly changing environment.
3. Article 3 articulates a ‘systems’ strategic leadership approach. It profiles the efforts of a single case; Vanderbilt University Medical Center and its efforts to embed strategies to mitigate health inequities in its COVID-19 Command Center.

### Reference 1:

Norris, S. E. (2018). The strategic leadership role in organizations. In V. C. X. Wong (Ed.). [\*Strategic Leadership\*](#) (pp. 125-141). Charlotte NC: Information Age Publishing.

### Summary:

This book chapter is not specific to health care but provides interesting insights in to how there is pressure, as our [Leading Through COVID Action Research](#) study shows, for strategic leaders to challenge traditional organizational structures and processes in order to ensure health care delivery meets the needs of patients, families, and communities.

The author argues that as the global marketplace becomes more complex with continually changing demands and expectations, new mental models may be needed to understand the changing nature of organizations as well as for effective strategic leadership.

The traditional perspective identifies those at the top as the strategic leaders. Another viewpoint is to see strategic leadership as a shared function, extending the responsibility for strategic leadership throughout the organization and distributing the strategic leadership role among integrated networks of leaders.

This chapter focuses on the hierarchical perspective of strategic leadership as well as shared strategic leadership.

### Article 2:

Leinwand, P., Mani, M. M., & Sheppard, B. (2022). Reinventing your leadership team. [\*Harvard Business Review\*](#), 100(1).

### Summary:

This HBR article brings another perspective—drawn again from the business community as opposed to health care—relative to the exercise of strategic leadership emanating from the executive office.

Drawing on their research at 12 prominent global firms, the authors note the seemingly contradictory skills that strategic leaders are expected to have—being both great visionaries and expert executors, for example. They argue the rise of digitization is necessary for many businesses' continued success, but in an increasingly complex world, what companies really need to do is build new forms of competitive advantage and transform themselves for the future. And that requires fundamental changes in their top leaders—not just in individuals' capabilities but in the way they collectively steer the ship.

In this article the authors focus on the urgent imperative to improve leadership teams. They suggest that CEOs should:

- Identify the roles that are needed at the top to reimagine and then deliver on the company's purpose
- Fill those roles thoughtfully, assembling a diverse group of people who think boldly and work together harmoniously
- Focus the team on driving transformation rather than managing the current business
- Take ownership of the team's behavior, fostering trust, collaboration, and a commitment to leading the company forward rather than dwelling on personal advancement

### Article 3:

Wilkins, C. H., Friedman, E. C., Churchwell, A. L., Slayton, J. M., Jones, P., Pulley, J. M., & Kripalani, S. (2021). A systems approach to addressing COVID-19 health inequities. [\*NEJM Catalyst Innovations in Care Delivery\*, 2\(1\)](#).

### Summary:

Health system leaders cannot allow other priorities to interfere with a commitment to address health inequities. Racial and ethnic minorities are dying from COVID-19 at alarmingly high rates, demanding immediate action.

Vanderbilt University Medical Center (VUMC) has embedded strategies to mitigate health inequities in its COVID-19 Command Center. A key strategy is the creation of interactive dashboards, which are reviewed daily and allow disaggregation by race, ethnicity, language, and ZIP Code. Of the first 45,954 patients tested for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) at VUMC, 2,310 had limited English proficiency (LEP). The positivity rate for patients with LEP was 26% compared with 6% for patients with English as a primary language.

In addition to alerting local and state health departments of these higher rates, VUMC strategists created multilingual resources, assessed interpreter services capacity, and engaged trusted community organizations. Early lessons learned at VUMC may help others implement a systems approach and immediately begin addressing pandemic health equity.

### Link to LEADS:

The [LEADS framework](#) guides leadership action at any level within an organization. In traditional organizational structures, the *Lead Self (L)*, *Engage Others (E)* and *Achieve Results (A)* domains shape much of what concerns front-line and mid-level leaders, with the *Develop Coalitions (D)* and *Systems Transformation (S)* domains in the background, operationalized as needed. For senior leaders—CEO and Executive team, charged with the primary responsibility for strategic leadership—they must embrace the L, E and A; but also spend much time in the D and S domains.

As—and if—strategic leadership, is shared more broadly throughout the organization, leaders at all levels may be required to master all domains on a more regular basis. As the examples the *Top Three* show—regardless of the approach—strategic leadership embraces the use of all domains of LEADS, requiring both self-leadership, team and organizational leadership, and systems leadership.