

## *LEADerShip at a Glance*

### CHLNet's "Top Three" Suggested LEADS Readings for COVID-19<sup>1</sup>

Edmondson, A. C., Casciaro, T., & Jang, S. (2019). Cross-Silo Leadership. *Harvard Business Review*.  
<https://hbr.org/2019/05/cross-silo-leadership>

#### Summary:

This article, although written in 2019, highlights the importance of building horizontal teams and/or task forces comprised of individuals from a multiplicity of disciplines and departments to address challenging problems, such as COVID 19. The authors point out that our traditional organizational structures mitigate the ease of doing so; and that in normal times, vertical alignment and direction is paramount in such structures. However, they also point out that the vast majority of modern issues that require innovation lie in the interfaces between functions, offices, and organizations.

During the Corona Virus pandemic, it has become clear that traditional decision making structures are inappropriate to stimulate the innovation required to quickly address emergent problems, such as the community spread of the virus; ensuring enough protective equipment is available; and adapting work habits of care providers in extended care homes. The ability to build cross-provincial border information sharing, data protocols, and to share information is absolutely necessary.

This article outlines some fundamental leadership practices that can ameliorate the barriers to creating effective cross-silo teams and projects—without changing organizational structure. These are:

- Develop and deploy cultural brokers;
- Encourage people to ask the right questions;
- Get people to see the world through others' eyes; and
- Broaden your employees' vision.

**LEADS Link:** The four lessons for leaders operationalize the four capabilities of the *Develop Coalitions* domain of LEADS: in particular, the capability of "mobilize knowledge". Mobilizing Knowledge across department or organizational boundaries is a catalyst for quick and powerful innovation; it opens up possibilities that otherwise might not have been considered in the traditional vertical hierarchical structures in organizations. These leadership practices enable internal staff to see these possibilities, and to act quickly upon them.

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<sup>1</sup> As recommended by Dr. Graham Dickson (CHLNet Senior Research Advisor)

Gates, B. (2020). Responding to Covid-19—a once-in-a-century pandemic? *New England Journal of Medicine*, 382(18), 1677-1679. <https://www.nejm.org/doi/full/10.1056/nejmp2003762>

**Summary:**

The rapid spread of COVID-19 in the words of Bill Gates, “has started behaving a lot like the once-in-a-century pathogen we’ve been worried about. I hope it’s not that bad, but we should assume it will be until we know otherwise.” With that as a premise, bolstered by the belief that this might be such a pathogen based on the fact that COVID-19 can kill healthy adults as well as the elderly; its high rate of fatality; and its ease of transmission, the author outlines a number of short and long term actions that should be taken by leaders to respond to the pandemic (such as international collaboration and data sharing, and government funding for pandemic products). These actions are based on years of work by the Bill and Melinda Gates Foundation which has contributed significant resources in recent years to prepare for such a scenario.

National leaders in Canada and abroad should seriously consider these actions in order to minimize the spread of COVID-19 across the world (especially low and middle income countries); and ensure that our future is not compromised by the potential spread of the virus globally.

**Link to LEADS:** This article is a fundamental reminder of the importance of the *Systems Transformation* domain of LEADS; and in particular, the capability of “champion and orchestrate change”: both domestically but also globally.

**Ruhi, Umar (2020). A Socio-Psychological Perspective on Flattening the COVID-19 Curve: Implications for Public Health Program Delivery in Canada. *Canadian Health Policy*, April 2020. Toronto: Canadian Health Policy Institute. [canadianhealthpolicy.com](http://canadianhealthpolicy.com)**

**Summary:**

In the fight against the COVID-19 outbreak, slowing the spread of the virus (flattening the curve) ultimately depends on citizen participation and community engagement in public health measures such as social distancing and self-isolation. To ensure effective citizen participation in such measures, countries need to adopt public health policies and protocols that are aligned with their culture and underlying societal values.

Using Hofstede’s cultural dimensions framework as a basis of comparison with other countries, the author critically examines cultural similarities and differences in order to suggest public health measures that are suitable to Canada’s cultural context. This paper highlights the implications of socio-psychological cultural traits for community engagement and public health practice, and outlines examples of non-pharmaceutical public health measures that are relevant in the Canadian context. Some of these measures include improving specificity of situational information in public health messaging, developing a public health strategy that combines compassion and competence, implementing stringent social distancing measures with penalties for non-abidance, applying enhanced and longer-lasting restrictions over entertainment and recreational venues, expanding the use of e-Public health interventions including mobile applications and social media for tailored public health education and advisories, and using innovative infodemiology and infoveillance tools and best practices.

These cultural traits can also help explain various types of unscrupulous public behaviours such as panic buying and hoarding, and nonconformity with social distancing guidelines.

**Link to LEADS:** Just as organizations have unique structural and cultural contexts to which leadership practices must be adapted, so do countries. Canada’s LEADS framework was developed within Canada’s structural and cultural context; and the measures outlined above—e.g., developing a public health strategy that combines compassion and competence—speaks to a consistency with the *Caring* ethos of LEADS and other approaches are a direct application of the *Achieve Results* capabilities to the Canadian context.