

LEADerShip at a Glance

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

Berwick, D. M. (2020). [Choices for the "new normal"](#). *Jama*, 323(21), 2125-2126.

Summary:

Don Berwick frames the new, COVID-19 world and its aftermath as a series of choices leaders have to make. These choices relate to six properties of care that can reshape health care and society as a whole. The six properties are: tempo, or speed of learning; the value of standards; protecting the workforce, virtual care, preparedness for threats, and inequity.

He provides a short overview of each of the six properties and the choices inherent in each. For example, with respect to the property of inequity, which he calls the "most notable wake-up call of all", the inequalities of care highlighted by the COVID-19 crisis. He provides examples of the inequities that have developed and asks the question: "Will leaders and the public now at last commit to a firm, generous, and durable social and economic safety net?". In the remainder of the article he then extrapolates his argument to look at related choices that will have to be made in societies overall. He concludes by stating, "Fate will not create the new normal; choices will". These are monumental choices all of us in health care—and society—need to make.

LEADS Link: LEADS is a framework dedicated to explaining the leadership qualities required to stimulate a system to change. During COVID-19, some of the choices leaders have to make—commensurate with the five domains and 20 capabilities of LEADS—are more urgent and apparent. Yet the goal of the LEADS framework, a caring health system, demands that the choices in health care and society as a whole are made—especially in a crisis—so as to ensure the fair and equitable goal of health care is available to all.

Lee, D. M. M. (2020). [Covid-19: agnotology, inequality, and leadership](#). *Human Resource Development International*, 23(4), 333-346.

Summary:

This article is an opinion piece written by an academic from Lancaster University in the UK, a school renowned for its leadership programs. It makes no claim to ground the argument in the literature; but does so by detailed references to the media. The author uses the concept of agnotology. Agnotology is the efforts made to use cultural and political positions to create misinformation and ignorance about the science and/or reality of a situation.

Dr. Lee examines the way in which the UK government diverted the public gaze from lack of equipment and hidden privatization by claiming to 'follow the science' and so adopt the 'strategy' of herd immunity. This has resulted in excess deaths, hospitalization and life-changing injury. She then

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

concludes discussing the challenge of ‘leadership’ in such threatening times. In this section she highlights the tremendous difficulty leaders face when they lose public trust—high and low trust societies—and how that has been deeply damaged by issues such as the pandemic itself, but also such as the Black Lives Matter global movement. She concludes by making the argument that societies who make the welfare of all the goal of society itself are high trust societies; those in which the ‘right’ decisions will be made, and agnotology spurned.

Link to LEADS: This article is a thoughtful exploration of the challenge of leadership in a socio-political context. Its content relates to the *Engage Others* domain and capability of *Communicate effectively*; and the *Develop Coalitions* domain and capability of *Mobilize knowledge*. The LEADS framework articulates the attributes of a moral leader; one who is dedicated to ensuring the health and wellness of the population is paramount in their decision making. Agnotology outlines deliberate actions contrary to this goal. Those who wish to lead in a moral fashion must be aware of the forces that oppose it; and take steps to minimize their impact.

Branicki, L. J. (2020). [COVID-19, ethics of care and feminist crisis management](#). *Gender, Work & Organization*, 27(5), 872-883.

Summary:

This article contributes a new theorization of crisis management that is grounded in feminist ethics to provide a care-based concern for all crisis affected people. COVID-19 measures are necessary to save the lives of some of the most vulnerable people within society. Yet in parallel they create a range of negative everyday effects for already marginalized people. Some likely unintended consequences of the management of the COVID-19 crisis are: elevated risk for workers in low-paid, precarious and care-based employment, overrepresentation of minority ethnic groups in case numbers and fatalities, and gendered barriers to work.

Rationalist approaches to crisis management are typified by utilitarian logics, masculine and militaristic language, and the belief that crises follow linear processes of signal detection, preparation/prevention, containment, recovery and learning. By privileging the quantifiable — resources and measurable outcomes — such approaches tend to omit considerations of pre-existing structural disadvantage. To address these issues, the author draws upon feminist ethics of care to improve the management of specific crises at individual, organizational and societal levels. Readers are encouraged to review her perspective and determine whether or not there are valuable ideas for improving our approaches to crisis management so as to make them more respectful of diversity and inclusion.

Link to LEADS: The ‘ethics of care’ position adopted by Dr. Lee—as an expression of a feminist view of society—reflect a perspective on crisis management that the author claims to be of a higher order of caring. Given that the LEADS framework is the LEADS in a *Caring Environment* capabilities framework, one must look at her arguments and see if indeed the language of LEADS is skewed to diminish or disrespect an ethics of care perspective. Each person reading the paper should also consider the veracity of her argument as it relates to their own practices of crisis management during COVID-19.