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# Authentic Clinical Leadership in a Crisis

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The COVID-19 pandemic presents enormous challenges for leaders, particularly those charged with leading our health and social services. The pervasiveness of the pandemic, the complex features of the disease and its management, and the current and future impact on healthcare staff require considered and effective clinical leadership.

The leadership model that is underpinned by the best research evidence is called authentic leadership<sup>1</sup> and it poses four key personal challenges for leaders:

- (1) Knowing oneself;
- (2) Doing the right thing;
- (3) Being fair-minded;
- (4) Being genuine and compassionate.

All of these are relevant in the current crisis.

## Knowing yourself

The starting point for effective leadership is self-awareness and understanding. This involves knowing one's strengths and weaknesses and, importantly, how one makes sense of the world. This type of knowledge can only be gained through reflection and self-analysis but finding the time or inclination to do this, when one is living a busy life, is very difficult. The German poet Rilke describes the challenge of self-awareness thus:

*“For if we think of this existence of the individual as a larger or smaller room, it becomes clear that most people get to know only one corner of their room, a window seat, a strip of floor which they pace up and down”<sup>2</sup>*

Many leaders arrive at some degree of self-awareness through coping with adversity, through personal development training or, increasingly, by engaging in coaching. In addition to the challenges to their technical knowledge and skills, the widespread and unpredictable nature of the current crisis requires clinical leaders to deploy emotional intelligence, to remain calm, to show humility about what they know and don't know, and to maintain a sense of hope and optimism.

It is also crucially important that clinical leaders' self-awareness includes monitoring their own physical and psychological health. Burnout is not conducive to good clinical practice or indeed to good leadership. Research shows that health professionals' awareness of, and reflection on, their “sense of calling” are strongly associated with having a strong sense of meaning in life and inversely associated with burnout<sup>3</sup>.

## Doing the right thing

Authentic leaders strive to regulate their behaviour by behaving ethically. They do the right thing rather than what is most expedient, simple or cost effective. Their followers, knowing that they have chosen to behave in this way, do not have to second guess the leader's likely response to a situation. This, in turn, generates a high levels of trust and respect. One of the important risks inherent in the current clinical situation is that of moral injury<sup>4</sup>. This is the psychological distress that results from actions, or the lack of them, that violate a person's moral or ethical code. This can be particularly challenging for young health professionals in the early stages of their careers. It can lead to feelings of anger, shame, guilt and disgust resulting in depression, post-traumatic stress disorder and even suicidal ideation. Preventive measures include strong supervisor and team supports, early preparatory accurate information and discussion, post shift team huddles, Schwartz rounds, regular contact to discuss decisions and to check on well-being, post-crisis active monitoring and, where necessary, evidence based treatment.

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### Being fair-minded

This involves objectively analysing all relevant data before making a decision rather than pursuing one's own exclusive agenda. In leading highly skilled professional staff, the challenge is often to release the collective wisdom of the team. This is likely to result not only in better decisions but is also critical in the development of well-being, first, because followers become more confident and, second, because this enhances their sense of self-efficacy. According to Michael West, the key needs of clinical staff are (i) autonomy and control, (ii) belonging and (iii) competence. The greatest contribution a leader can make to helping staff meet these needs is by demonstrating fair-minded compassionate leadership<sup>5</sup>.

### Being genuine and compassionate

This involves presenting one's authentic self through openly sharing information and feelings as appropriate for situations. Effective leaders show their concern, not only for the tasks in hand but also for their followers' development and physical and psychological safety. They do this by listening, caring, empathizing and being compassionate, especially during the most difficult times when their people need them most. Remarkable new research is demonstrating the significant impact of compassion on employee engagement, organisational effectiveness and even on the biological substrates of disease and suffering<sup>6,7</sup>. The important model of compassion at work proposed by Monica Worline and Jane Dutton of (i) attending, (ii) understanding, (iii) empathising and (iv) helping, is very useful here<sup>8</sup>.

Leadership has always been more difficult in challenging times, but the unique stressors facing healthcare organisations at the present time call for a renewed focus on the most appropriate type of leadership. The current crisis requires compassionate leadership which, while realistic, is also focused on maintaining confidence, hope, and optimism. We need clinical leaders who are self-aware, lead with integrity and purpose and understand that their most important asset is the people they lead. Most of all, we need leaders who are capable of balancing their technical skills and knowledge with a deep understanding of their people.

As the American writer Maya Angelou said:

*“I've learned that people will forget what you did, they will forget what you said, but they will never forget how you made them feel”.*

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