



Article Type: Commentary

Received: 18/06/2020

Published: 17/07/2020

DOI: 10.46718/JBGSR.2020.03.000069

Adaptive Leadership: Framework and Recommendations for Public Health Leaders during Covid-19

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Abstract

Public health leaders across the globe work to provide leadership in challenging COVID times. Lessons learned from prior infectious disease outbreaks can serve as useful guideposts. Corona virus outbreak has, in important respects, presented unprecedented challenges. Public health leaders can draw wisdom and leadership skills from prior experiences, while learning new leadership lessons in real time, from today. This commentary discusses how state, local public health agencies and public health leaders in US can learn “adaptive leadership” to implement actionable practices needed to make stronger impact during current times of COVID-19 pandemic.

It is suggested and recommended that by focusing on few elements of leadership practice, public health leaders, particularly those in state and local health agencies, in rural and urban US, may find ways to prioritize actions and thereby better serve those in our communities through a greater clarity of mission and purpose. Some recommended set of practices (below) which may be helpful including “maintaining disciplined attention” are:

Adaptive Leadership – Public Health Leader Behaviors

- a. Get on the Balcony
- b. Identify the Adaptive Challenge
- c. Regulate Distress
- d. Maintain disciplined attention
- e. Give the Work Back to the People
- f. Protect Leadership Voices from Below

One aspect of adaptive public health leadership is for leaders to focus attention (their own and of others) on 4 main elements of leadership practice in these times. Although these 4 areas may not include everything to be considered, these as a starting point to be used to structure consideration of a range of issues. These elements are:

- a. Situational awareness,
- b. Decision making,
- c. Communication, and
- d. Energy

In each area, it is suggested that public health leaders must focus on asking the right questions rather than having all the answers.

Situational Awareness

Public health epidemiologists are schooled in the techniques of monitoring case counts, incidence, prevalence, morbidity, mortality, risk factors and major aspects of monitoring the course of a disease outbreak. It is focused on data, and this process helps in framing a response. In addition to the epidemiologic approach to situational awareness, there are other components of situational awareness, which public health leaders must not lose

sight off. First, monitoring the status of the public health system at the local, state and national levels is crucial. For example, the state of laboratory capacity across the nation has received laser-like attention. Similarly lack of ventilators, PPE, hospital beds, insufficient technical and clinical support needed for doctors, nurses and front line staff to win this war is receiving sharp critique and attention, due to lack of proactive preparedness.

Other aspects of the public health system that are central to this response includes public health agency informatics capacity and communication capacity, particularly at the local and state levels. Thus, situational awareness should include monitoring of key system status indicators, such as Essential Public Health Services, as a component of situational awareness. In addition, as public health and healthcare system work together in these times, public health agencies will need to enhance awareness of the status of capacity in health care facilities. As capacity evolves over coming weeks, public health leaders will be called on to address conditions and concerns regarding health care delivery. Thus, a greater awareness of health care system capacity will be needed. So, in these times, situational awareness for public health leaders may be enhanced by focusing on a few questions

- i. What is the status of the corona virus epidemic from an epidemiologic perspective?
- ii. What is the state of the public health system's capacity and capability to respond to the epidemic?
- iii. What is the capacity of the health care system (especially at the community level) to provide needed care?
- iv. In a state or local health agency, what are other state or local government agencies doing?

Decision Making

In times of stress, the process of sound decision making can suffer. A preoccupation with events may lead to a short-term focus and a reactive posture. All too often the process of decision making may concentrate exclusively on data (which changes hourly) and recent events. As a result, leaders fail to take a longer view and adopt a broader perspective incorporating not only data, information, and knowledge, but also cultivating wisdom [1].

So, how might public health leaders expand the decision-making process and make wiser decisions? A few questions are recommended that will be of value

- i. How is our prevailing mindset interfering with our ability to both question our assumptions and encourage alternative perspectives?
- ii. In what ways are we fostering systems and procedures to better "look around corners" and anticipate events more effectively?
- iii. How are we encouraging a few wise individuals to serve as "participant observers" to "get on the balcony" and observe our decision-making processes and provide real time feedback?
- iv. How are we seeking to uncover what we don't know and also identify what may be unknowable?

Communication

Communication has now become the central science and tool of public health practice (in contrast to the central role of epidemiology in the past). In these times particularly, local public health leaders serve as a credible and trusted voice to address the needs of the public for meaningful, empathetic, consistent, and factual communications. A few questions may be useful:

- i. As I communicate with others (my staff, my colleagues, local elected officials, and the public), what do they really need to hear? This question contrasts with the frequent mindset which asks "What do I need to say?"
- ii. Am I then tailoring communication to meet the specific needs of the audience?
- iii. What is the strategic intent of our communication?
- iv. How is my communication helping to prepare others for what lies ahead?

Energy

In public health emergencies, the collective energy of the public health workforce (along with that of the healthcare workforce) will be drained and stretched to the limit. We are seeing this in COVID-19 across the US. As a result, public health leaders will be called on to monitor their own energy level and that of team members. The current situation appears to be "more of a marathon than a sprint". In light of that challenge, public health leaders may want to ask a few questions. It is highly suggested that part of doing so requires the leader to separate out issues into 3 categories: 1) "must do", 2) "good to do" and 3) "nice to do."

A few questions related to energy preservation include:

- i. To what extent am I focusing the finite energy of my team on those "must do" priorities in a daily morning meeting to assemble and plan together?
- ii. In what ways am I modeling self-care and encouraging others to do so?
- iii. What systems are in place to monitor burnout and other signs of energy depletion and then to act accordingly?
- iv. To what extent are we reaching out to those with expertise and experience in dealing with public health crises to supplement staff capacity?

Conclusion

The crucial work of public health is generally conducted in the shadows. The COVID-19 crisis thrusts that work and the public health leaders that guide it into the full light of day. Leaders face increased risks with heightened exposure. But with increased risk comes increased opportunity. By using above practical recommendations on better situational awareness, wise decision making, improved communications and optimal energy management, public health leaders have an opportunity as rarely before to prevent disease and save lives. Adaptive leadership is recommended to be put into practice by public health leaders in rural and urban US during current pandemic.

References

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Citation: Miku Sodhi, Adaptive Leadership: Framework and Recommendations for Public health Leaders during COVID-19. Op Acc J Bio Sci & Res 3(2)-2020.

DOI: 10.46718/JBGR.2020.03.000069