

COVID-19, leadership and lessons from physics

Every time you have to speak, you are auditioning for leadership.¹

(p. 44)

‘Major events usually unfold unpredictably. So the trick is knowing when to wait, despite the costs of delay, and when to act despite unforeseen consequences.’^{2, (p. 188)} Crises such as bushfires, floods and COVID-19 present numerous challenges for leaders. Leaders have to detect incoming issues in a fast-changing situation and make sense of a dynamic threat with limited information³ and in response have to make critical decisions and coordinate action.³ In times of crisis, people look to leadership and leadership looks to people.⁴ Communities and staff watch and respond to leaders, and this shapes their view of leadership. COVID-19 has provided many opportunities to observe and reflect on leadership at the international, national and local levels.

1 | LEADERSHIP VALUES

Times of crisis and major disruption bring leadership values into focus, particularly the values of political and public service leaders. A leader needs clarity about their personal and organisational values. Leaders also need a clear appreciation of the public value they are entrusted to deliver. Personal values include integrity, fairness, transparency, listening and valuing feedback. Key organisational values might include commitment, customer focus, respect, teamwork and accountability. The contribution the public service makes to the community is its public value. Most of the time these three sets of values—personal, organisational and public—align and blend, and across these domains, people look for integrity,⁵ fairness,⁶ direction³ and clear communication⁷ from their leaders. However, sometimes, such as in times of crisis, or when a public service cannot meet demand, tensions between community values and expectations such as equality or universal access to care can arise. Leaders make critical decisions within a value framework. There is no point focusing solely on the safety of staff, if the organisation does not deliver its core public services. The organisation does not exist primarily for the edification of its staff. Leaders support, protect and equip staff to enable the provision of health care services. The same obligations apply in education, public safety and community services. So, while the first responsibility of

a public service leader is the safety of staff, the primary purpose of the organisation is to provide a public service.⁸

A leader should always seek to ‘say what they do, and do what they say.’ If a leader has a history of placing major decisions and actions in the context of core values, this paves the way for crisis response decisions to be located within this same discourse. By linking the crisis response to the existing value framework, the organisation continues to act in ways that are consistent with its ‘ordinary’ values in extraordinary times. Values-based decisions help keep wary staff and a worried public onside.³ The everyday affirmation and demonstration of core values help build the foundation for effective crisis response. The response of staff should be ‘yeah, I can see the reasons for this.’ Thus, the development and reaffirmation of core values are key to effective crisis leadership and response.

1.1 | Leadership integrity

Integrity and fairness are core leadership values. They should frame an organisation's vision statements, characterise its governance structures and provide the accompanying narrative for all major leadership actions and decisions. Boedker et al⁶ in their review of 78 high-performing workplaces found that staff experience of fairness was the primary determinant of their perception of leadership and the major predictor of employee satisfaction.

2 | GOVERNANCE

Effective leadership has, in reality, very little to do with charisma. Charismatic leaders can be dangerous and history shows charismatic leaders can convince organisations to do the wrong thing.^{9,10} Good leadership is underpinned by legitimate governance processes. In health services, in particular, these processes facilitate good decision-making: accessing the expertise of clinicians, researchers, the local community and service recipients. Good leadership also appreciates the importance of citizen participation in the spectrum of consultation and decision-making, from community consultation, staff engagement and expert advice, to executive-level decision-making.¹¹ Good governance processes are also clear and transparent. If a leader is not comfortable in publicly

describing the decision-making process, they should re-consider the process.

While integrity should be evident across governance structures and processes, it should also extend inward to a leader's self-discipline and self-regulation. Literature provides numerous examples of leaders blessed with the skills of intelligence, charisma and emotional intelligence who failed tragically due to a lack of self-control, the Prince of Denmark in Shakespeare's *Hamlet* is a 'classic' example.^{10,12}

3 | LEADERSHIP LESSONS FROM PHYSICS

Leadership fundamentally is about the ability to exert influence. The discipline of physics offers insights about essential laws and principles of power and influence. Basic physics offers some great lessons for leaders, because, as Captain Scott from *Star Trek* famously uttered: 'Ye cannae change the laws of physics, Jim...' <https://www.youtube.com/watch?v=SAmjnxF7uJM>.

3.1 | Potential energy

A basic law of physics relates to potential energy. This is the energy invested and stored as a result of previous work. For example, if you carry a heavy weight to the top of a ladder, it is then poised and ready to drop with force. Leaders can create powerful potential energy through training, supporting and equipping staff with the relevant knowledge, skills, procedures, equipment and protocols. In times of crisis, this potential energy can be released and directed for powerful effect.

The COVID-19 response of health services across Australia has been superb. This is in large part due to all the work done previously by the states and territories to prepare for crisis response. The lessons from SARS, swine flu and other pandemic response planning have been consolidated and applied to the COVID-19 situation. Most state and territory health service and human services have developed emergency response plans, pandemic plans and, in many cases, trained staff and run simulations. This is perhaps one key reason the health response to COVID-19 and the bushfires has been so effective. The investment and work to build potential energy have enabled this capacity to be released and directed effectively when the need arose.

Conversely, we are witnessing the disastrous results when this has not been done. In the USA, it appears much of the work done to develop capacity and prepare, recognise and respond to a novel virus has been dismantled. This has resulted

in disastrous consequences for over 100 000 people and their families.

In rural Australia, opportunities to develop potential energy in the form of efficient and reliable communications infrastructure have been missed. COVID-19 has resulted in a rapid increase in working from home, tele-video health consultations, remote medical imaging and virtual meetings.¹³ This has put increased demand on our Internet and communication infrastructure, and in many instances it has let health (and other human services) professionals down.¹⁴ In the post-COVID-19 recovery and economy, one way to stimulate the economy and support health services to respond to the next crisis would be to invest in world-class Internet and communication infrastructure, and to upgrade the embarrassingly substandard one we have now. This is essential infrastructure to support rural health professionals to deliver public value.

Leaders building a reputation for integrity and trustworthiness is another major source of potential energy. In times of crisis and uncertainty, trust in the governance structures, competence and integrity of leaders is vital for staff. Building a track record of values-based decisions, and leadership competence and integrity is a way that leaders can build potential energy in their organisation. When the information and constantly changing environment cause doubt and insecurity, trust in leaders is vital to keeping 'worried publics and wary workers' onside.³

3.2 | Momentum and overcoming inertia

Due to a history of dealing with changing demands, health services have experience in deploying and redeploying staff and resources in response to rapidly changing circumstances. By and large, Australian health service leadership has been world-class in its ability to redeploy and redirect resources to be ready to respond to emerging COVID-19 demands.

By comparison, some other key human services have possibly not performed as well. This might be in part due to key state leaders failing to equip and support local leaders and these services not having a history of experience of crisis response. This has resulted in some adaptive leaders producing highly innovative and practical ways to support the education of their students. On the other hand, other leaders' concern for the safety of their staff, has resulted in insufficient attention to their core function: the education of students. In the process, they have negatively impacted the capacity of working parents and caregivers, to discharge their duties in other domains of public service. It is the responsibility of the 'leaders of leaders' to put in place the training, infrastructure, support and resources to equip local managers to effectively respond to major disruptions, protecting staff and continuing to provide core services. In this respect, health and other

first-response services have considerable expertise and experience that could be shared with other human services.

4 | LEADERSHIP COMMUNICATION

In times of crisis, silence is not golden. When responding to crisis situations, leaders look to their staff, and staff look to their leaders.¹⁵ Thus, effective two-way communication is vital. Effective leadership communication relies on much more than being a good listener and a good speaker. Effective leaders consider the overall goals of communication. They also consider the primary purpose of each communication. This could be providing information, communicating decision-making processes and outcomes, providing reassurance and ensuring clarity on operational matters. Too many messages, too many messengers, conflicting information and ambiguous messaging causes confusion and distrust. Every time a leader communicates, they are auditioning for leadership, and poor communication reflects poorly on leadership. Crisis communication requires careful consideration and special skills.

Crisis communication should integrate policy, operations and communications.¹⁶ It should be crafted carefully, with the goal of the communication being very clear. As situations unfold, it might require changes in policy, protocol and procedures. Potential changes should be pre-empted, so they are viewed as a response to a rapidly evolving situation, not confusion in the leadership. Staff need to know, with clarity, and free from ambiguity, 'what does this mean for me now.' Alistair Campbell, an advisor to Tony Blair, is famously quoted as saying 'you have to say things four times before people hear it, and six times before they believe it.' Other communication experts suggest this number is between six and 20 times.¹⁷ But this should not always be in the same way or necessarily by the same person. Regional managers and front-line team leaders should be equipped with the information and resources necessary to clarify, apply and reaffirm key messages.

A leader communicates most powerfully by what they do. A leader's actions can undermine or underscore other forms of communication. Perhaps the most important leadership communication activity for leaders is to be present, and show they care. Getting out on the 'shopfloor,' visiting the hotspots in person or virtually, listening and showing concern. In COVID-19 and bushfires, we have witnessed some spectacular 'fails' by national leaders in this respect. Leaders cannot always solve every problem or prevent every crisis (by holding the firehose or carrying furniture through floodwaters), but they can demonstrate their commitment to the service, the staff and the community. They communicate this by being present, listening and showing they care.

The lessons of leadership in a crisis, also apply to leadership generally. Good governance, personal integrity, developing capacity, equipping staff, effective mobilisation, good communication, being present and responding to need are the core curriculum of 'Leadership 101.'

5 | AUSTRALIAN JOURNAL OF RURAL HEALTH

The Australian Journal of Rural Health strives to operate in a way that is consistent with these values. The Editorial Board has been augmented to ensure representation from New Zealand and every Australian state and territory. We have increased the proportion of women, and people of Aboriginal and Torres Strait Islander descent on the Editorial Board. We have also revitalised our panel of international advisors. We seek to conform to the Committee on Publication Ethics guidelines,¹⁸ and we will not publish research papers unless they demonstrate ethics committee consideration and clearance. We have provided guidelines on the ethical ascription of authorship,¹⁹ and article submissions are double-blind peer-reviewed. (This means the reviewers are blind to the identity of the authors, and the authors blind to the reviewers.) In our next issue (28:4), we will provide additional guidance to reviewers to enhance the quality of the review process. In coming issues, we will provide additional advice on the conduct and publication of qualitative research and standards for commentary, and policy papers and other forms of framing knowledge. This is to guard and protect the journal's reputation, established and developed over the last 28 years.

6 | CONCLUSION

The future of rural health and the health of rural Australians is in the hands of leadership. At the national level, this includes addressing the social determinants of health and developing world-class communication infrastructure. At the state and territory levels, it means establishing effective governance of the planning, delivery and monitoring processes which partners with local leadership and works towards parity of access and health outcomes.²⁰ At the regional level, leadership includes working with the local community to ensure national and state policy is effectively translated and applied to the communities the leaders serve. At every level, the importance of good governance,²¹ values and investing in potential energy underpins the quality of leadership. In times of crisis, leaders need to focus on clear messaging, integrity and care.¹⁶

COVID-19 has illustrated just how good our leadership can be. In large part, this has been enabled by the tremendous leadership in health, at national, state and local levels. The

work done by our health leaders during the last 20 years has established a platform for a powerfully effective response in times of crisis. We should be proud.

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