

# ‘It was the best of times, it was the worst of times’

Insights from UK Healthcare Leaders during the First Wave of COVID-19



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November 2020



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## 1 Introduction

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COVID-19 has touched everyone and everything. There have been a range of ways of showing appreciation to NHS and other key workers but what did it really feel like to lead in such a context of fear, uncertainty, anxiety, guilt and need? Complexity theorists talk of leading on the edge of chaos. This, for many leaders, was a time unlike any other, where at moments it felt more like leading in the middle of chaos. What sense did leaders make from their practical experience of leading in the first wave of the pandemic? What helped them to cope? What insights did they have that might be useful not only for themselves but also for others going forward?

This research report synthesizes a number of themes which emerged from talking with 60 senior leaders from the NHS and related organisations in the UK in June and July 2020, in the later stages of the first wave of the COVID-19 pandemic. These themes are offered in the spirit of providing a range of perspectives that may confirm or challenge other leaders' experiences, but with the hope that they might be a helpful prompt for curiosity, inquiry, conversation and learning. They are also an appreciation and acknowledgement of the diversity of experience which constitutes leading through the first wave of the pandemic. We conclude the report with a number of thoughts, encouragements and responses from our perspective as experienced Organisational and Leadership Development consultants that we hope will be of use for leaders in any sector.

## 2 60 voices

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The leaders who participated in these sensemaking conversations come from all four countries of the UK, from both urban and rural areas, and thus represent a range of geographies as well as clinical and managerial roles and specialities. Significantly, whilst there are themes in common, the stories also illustrate fragmentation and polarization of experiences in what we often simplify as 'The NHS', a term for what is in practice a myriad of different teams, departments, organizations and partnerships.

The leaders had one significant experience in common – they were all past or present Fellows on a Masters level Leadership in Quality Improvement programme, GenerationQ (GenQ), designed for senior clinical, managerial and policy leaders in healthcare in England, Scotland, Wales and Northern Ireland. The programme, commissioned by the Health Foundation, has been delivered by the authors of this report working for Ashridge Executive Education, Hult International Business School. It has been running since 2010 and has an active alumni community.

During the spring of 2020, as the pandemic became a reality, the faculty of the Generation Q programme (GenQ) offered a daily evening drop-in to all Fellows, past and present, who wanted to connect with someone and simply be heard. When the sense of immediate crisis started to abate in early summer, a number of Fellows expressed concerns that the pressure of the previous few months had meant that they felt that they had not had adequate opportunity to reflect on and learn from the experience of leading through the pandemic.

With financial support from the Health Foundation, the faculty team were able to respond by offering two-hour sensemaking sessions, with some Fellows opting to participate with colleagues from their GenQ cohort rather than on their own. By the end of August, we had conducted 40 conversations, some one-to-one, some in small groups, capturing the views of 60 senior NHS and health charity leaders. Prior to each conversation, the Fellows were invited to reflect on a number of questions pertinent to their experience of leading in the pandemic. We recorded and validated the themes emerging from each of the conversations with the Fellows themselves and then used them as the data on which to base this document.

### 3 Experiences of leading in the first wave

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What struck us when talking to the Fellows was the different experiences each one has had. For every Fellow that was frustrated, there would be another Fellow who was blossoming, having found a new confidence and courage to act. One went so far as to say that in leading during the pandemic, they thought they had discovered what they had been called to do. Some Fellows experienced high-performing teamwork while others suffered from “tribal” team behaviour. Some experienced high-trust cultures where they could “within the space of days or weeks, change things that were previously stuck for years” whilst others soldiered- on in environments where “real issues are not talked about”. Some experienced both.

We delve into each of these polarities experienced by the Fellows before turning our attention to the leadership attitudes and behaviours, but also the support, that helped them during the most challenging times. Finally, the authors share their thoughts on useful practices for all those who have to lead during a crisis.

#### 3.1 It was the best of times, it was the worst of times

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During the first wave, many of the individuals we spoke to found that both leadership and working fluidly across organisational boundaries had become easier and, in some ways, more straightforward. After an initial difficult period of getting ready for a crisis situation, where fear and even terror were commonly experienced, there was a rising sense of camaraderie and working towards a common goal.

The sudden arrival of the COVID pandemic also unexpectedly brought with it a single unifying purpose, broadly recognised by all levels of an organisation. One Fellow spoke about past sources of trust or assurance being surprisingly unhelpful in the face of the unknown and some clinicians choosing to return to a learners’ mindset: Start with returning to basics, “what do we know we know?” then you can start tackling the *real* unknown. “We needed to survive, and we were given permission to do it. A permissiveness we were able to pass down. Usefulness and impact became the important things”.

One manager spoke of how normally it would take days or weeks to even get a response from partner organisations and when the response came it was usually negative. Now, other parts of the healthcare system were responsive, positive and

clear. Getting extra beds elsewhere in the broader system suddenly became easy to do, with a proactive response from others in the pathway. Of course, we now know that some of this had negative consequences in other parts of the system.

A senior leader described this as “something that was solid became liquid and is now like clay, still malleable but not for long”. People found that they could, “within the space of days or weeks, change things what was previously stuck for years”.

Some Fellows offered a very different story, environments where real issues were not talked about, where difficult decisions were not taken because they were risky. This lack of decision-making caused *even* more risk and anxiety for all concerned. Other decisions, in contrast, were made at speed but leaving a bad taste and worry for unintended consequences yet to be discovered.

We heard of meetings where individuals felt unable to raise important points and where people often switched off. Some issues returned time and time again on the agenda and were not addressed. One Fellow described a meeting where the repetitive poor mortality score of a local hospital was raised at every single meeting as an agenda item with no one daring to stop the meeting to say: ‘Let’s talk about it’. That person described a culture with no reflex for improvement or reflection where concerned members wonder “what is it going to take to actually do something about it?”

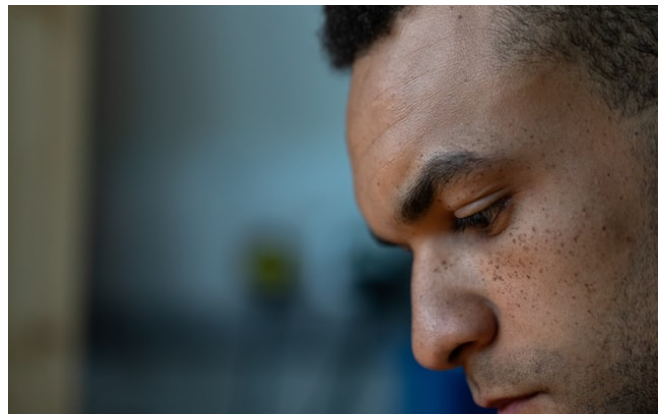


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### 3.2 Trusting culture – Inhibiting culture

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In a culture with a high degree of psychological safety, certain things were possible. People were able to speak the truth without fear of recrimination and senior leaders genuinely wanted input from across the organisation. Fellows were flourishing and enjoying a new sense of empowerment and revival. People could make a judgement about what the problem was, design their own solutions and live an extraordinary time where they experienced themselves using all their talent and expertise in service of a worthwhile purpose.

In these cultures, leaders empowered others. They still sometimes adopted a command-and-control style but “without the need to grandstand”, “retaining the ability to remain kind and reflective”. In these cultures, leaders worried whether their teams *would* indeed challenge them if and when they made a wrong decision, and good relationships were both nurtured and valued. One Fellow with a national role recognised that their connections at the local level was what gave them the invaluable local knowledge and deep expertise that enabled them to do their work better.

In these environments, a clear common purpose enabled people to talk their truth, to step up, to take on roles because they needed to be done, to challenge poor decisions, to *make* poor decisions themselves but to have the courage to apologise afterwards, to share moments of humanity or laughter with a colleague, to do “heart-wrenching but also heart-warming work”. The result, “better outcomes for patients, colleagues and organisations” from experienced leaders who felt they could thrive at last: “It took a national crisis for me to reach new beginnings”.

But perhaps the true value of the cultures above can best be appreciated when compared with the characteristics of their opposite. In such cultures, people felt they were continuously walking on eggshells, second guessing, seeing groupthink but not feeling able to challenge it. There were too few difficult conversations, people felt scared of being blamed and were always conscious of not wanting to step on each other’s toes. “No one is pointing to the bleeding obvious”, “there is danger around curiosity” and “no one to hold up the mirror”. In these cultures, people were not open, there was not enough challenge and leaders felt “weary”, “apathetic”, “stuck” and sometimes even “belittled” and “side-lined”.



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### 3.3 Cohesive teams – Splintered teams

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We were also struck by the attention the individuals paid to teams, team leadership and team membership. Their experience of team life, whether positive or negative, had a profound impact on their lives through the first wave of the pandemic.

We heard extraordinary accounts of teams forming in record time, bringing together very diverse membership that would previously have been unthinkable and working together effectively with a



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sense of focus, energy and vision. The importance and urgency of the task seemed to provide individuals with energy, role satisfaction (even enjoyment), in a context that was at times hugely distressing. Being needed and having a clear sense of one’s own contribution seemed to be really important. Conversations

with trusted colleagues, where difficult emotions were spoken of, were important for some Fellows, helping them to act.

We also heard accounts of others who felt under-utilized or removed from “the action” who in some ways experienced greater levels of stress and anxiety than those on the frontline. Proximity, urgency and task clarity at a team level seemed to have helped people to cope. Where these were absent, some unhelpful team dynamics emerged, including accounts of well-functioning teams changing drastically “once the immediate crisis receded”. We heard conflicts over resource allocation, blame, scapegoating and a return to some old “tribal” patterns of behaviour. This happened in a context during the summer where many staff felt emotionally and physically exhausted, *and* at the same time were being asked to ramp up other services.

At an executive level, leaders expressed the value of being able to express doubt and vulnerability with other executive colleagues, without fear of shame or blame. Having a safe space to be honest with each other “about the way it really is” seemed really important. Interestingly, this appeared to be under threat after the first wave when “after-action reviews” and audits raised the level of perceived blame between colleagues.

It seemed that when a team was already functioning well, paid attention to its own process and was led and facilitated effectively, it was not derailed. Instead, team performance and cohesion were seen to increase, suggesting that building solid team foundations in the past seemed to yield dividends.

We also heard that social distancing, home working and wearing of personal protective equipment (PPE) all made team working more challenging. Theatre staff told us how difficult it is to work wearing PPE and how much of the subtle minutiae of communication is lost. Leaders expressed the challenge of building teams when

so many opportunities for backstage conversations are lost: It’s hard to “just bump into someone” in the corridor, or to engineer a water cooler conversation when so much interaction is virtual. Developing the informal everyday

opportunities for conversation that we know are so important to team life was extremely challenging and occupying the thoughts of several of the Fellows we spoke with.



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### 3.4 High risk – Low risk

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Within teams, an interesting dynamic emerged when risk was taken into account. We heard stories of teams quite rightly assessing individual risk based on age, gender, ethnicity and health, with those not in “high risk” categories taking on more and riskier work. However, we also heard of “low risk” staff feeling pressured to take on too much, feeling guilty for failing to offer cover for colleagues and risking physical exhaustion and illness, with the potential impact on their immune system potentially putting them in the “high risk” category. We heard calls for a “far more subtle and sophisticated” conversation about risk, though with little hope that this might take place. There might therefore be value in having conversations about ‘team risk’ rather than simply individual risk.

As the first wave continued, feelings of “lack of fairness” arose, and questions over “whether people were pulling their weight” emerged. For example, a senior leader (himself in a high-risk category) who came into the hospital every day to be with his team, noted that his counterpart in the neighbouring Trust (personally in a “low risk” category) stayed at home for the entire duration of the first wave.

Team leaders described the dilemma as wanting to protect the right of individuals to make decisions over their own safety and boundaries of acceptable risk *and* at the same time maintaining service delivery and team cohesion. They struggled with knowing when someone might be “taking advantage” and how they, as team leaders, might provide a space where more honest conversations can happen around these issues.

### 3.5 Self-sacrifice - Self-care

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Looking after oneself, or not, was a common theme. The mental, physical and emotional toll of working long hours in stressful and sometimes unfamiliar settings was evident in many of our conversations.



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People described “the chronic nature of it” and being “tired, low energy, limited capacity to think, almost on the edge of burn-out” or “sailing close to the wind ... in power-saving mode”. In addition to the personal impact, this also affected their capacity for demonstrating helpful leadership, being “less able to think... a bit irritable... perhaps more reactive”. The consequence for family and loved ones was also clear: “I think last weekend might have been the last one for a while that I will get to properly see my family” summed up the experience of many.

Whilst the need for appropriate self-care seems obvious, there were different responses from our Fellows. Some expressed feeling a pressure to keep going at all costs, with a sense



that it would be “indulgent” or selfish to take time for oneself. Others managed to find more balance and described ways to ensure they gave themselves some attention, including the ritual of walking with a partner every evening, paying more attention to pets, running with children, letting go of commitments that don’t add value, seeking out life affirming colleagues and friends, reading...

Others mentioned their own health and well-being to us only in passing - despite suffering from clear and significant long-term symptoms - and preferred to focus their conversation with us on their work and their leadership.

Why did some individuals find it easier to focus on looking after themselves than others? Certainly, there appeared to be some organisation or team cultures where it felt more acceptable. Helpful leadership acts included giving space, encouragement - and even insisting! - that people look after themselves. By contrast, in other cultures, this was seen as weakness, indulgence, “not pulling your weight” or “letting the side down”.

Strong personal patterns came into it too, irrespective of organisational culture. Some Fellows expressed feelings of guilt or questioned whether they were “allowed” to occasionally put their own needs first. From what we heard, it seemed that for each individual, there was a unique interplay between personal patterns and organisational culture that strongly influenced the extent to which adequate self-care was practised.

### 3.6 Needed - Overlooked

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One of the first things we noticed upon speaking with the Fellows was how some individuals experienced an extraordinary time - one even described it as a “moment of destiny” - whilst others felt marginalised, sacrificed or abandoned.

For those experiencing loss - loss of place, role, and power - the language was often difficult and extreme, echoing the shock, and in some cases trauma, that these individuals and their

colleagues were experiencing. Feelings of being displaced, marginalised, excluded, sacrificed, abandoned were all mentioned. As one person described: “I feel like a handbag, shaken and shook out” and another: “I found myself twiddling my thumbs”. For some, there have been periods of distressing loss of self-

esteem. Lying behind these feelings were roles disappearing or no longer possible in a COVID context, experiences of not being needed even when offering to be helpful, and of missing connection both with colleagues and patients.



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For others, the experience was of growth, discovering (even) more of themselves as a leader. What we found heartening, even in the more difficult stories was how individual Fellows chose to respond, acting into the uncertainty, finding ways to be useful and holding onto a sense of purpose, rather than choosing to withdraw: a palliative care team, no longer able to conduct their normal roles, going to the COVID wards and offering to be of service to their clinical colleagues, stepping in to relieve them of some of the difficult conversations with patients and their families; a Clinical Psychologist “just doing stuff... offering coaching to individuals and teams”; a clinical leader choosing to tidy and clean-up the environment - a small and yet significant challenge to the local culture; a manager choosing to move to support frontline operational roles. We were struck by the levels of humility shown in acting, often without positional power, to simply but importantly be of service and to feel useful.



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### 3.7 Chaos and control in a time of crisis

We were curious to find out how Fellows had experienced leadership during the first wave and especially in how direction and control was attempted in chaotic times and how leaders rose to the challenge of working in such uncertainty.

We found that many spoke of highly directive, command and control leadership from the top with little no space for local initiative or disagreement. Others described a different approach where a clear direction was set from the top, but staff were then encouraged and supported to “get on with it”.

This more collaborative leadership style was reflected in the Fellows’ own stories. When we asked one leader if they felt they had adopted a more directive style of leadership, they spoke of their pride in their staff and responded that it felt more nuanced; yes, their team required them to be clear and decisive but only insofar as it

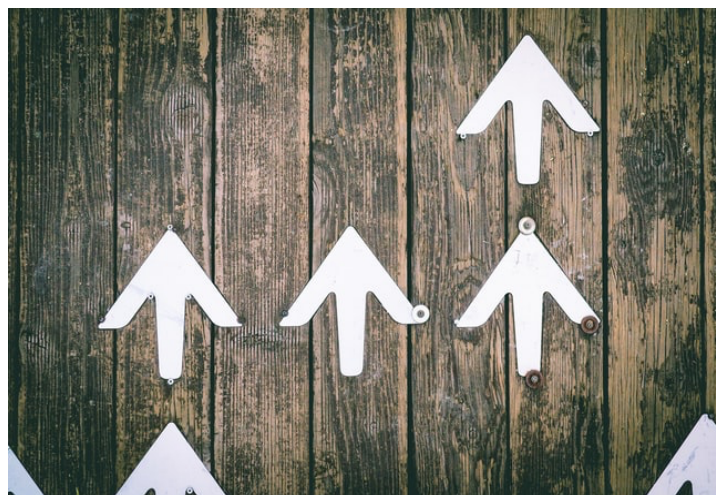


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allowed them to use their local knowledge and discretion to act independently. Everyone knew what needed to be done and once a direction was chosen, local responsibility was quickly taken.

For some Fellows, COVID offered them an extraordinary opportunity to step up as a leader and to discover, often with some amazement, what they are capable of. We heard stories of Clinical leaders taking on significant operational roles, and leaders of all backgrounds helping the creation of the Nightingale hospitals. Fellows spoke of their surprise to find that they thrived on uncertainty, compared with some of their own senior colleagues who appeared to have been immobilized. One spoke of liberation: “to be in a context of genuine and shared unknowing, where there is no fear or recourse of not getting it right”. Another described “recognising the challenge for people to hold uncertainty, to accept we don’t have an answer, and of being proud to be able to cope themselves”. Yet another highlighted “the need for good leadership judgment, underpinned by personal integrity and a strong ethical stance” when faced with such uncertainty and competing demands. Other recurring themes were the need to not take things personally and to be able to “calm the winds of negative emotion”, as well as the need to work hard to stay connected.

### 3.8 Shifting difficult cultures

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After the first wave receded (and it is worth noting here that in some cases, this hadn’t happened) a different set of issues began to arise. Whether the Fellows had experienced highly collaborative action or had been on the receiving end of command-and-control diktats, many had a similar question: “How do we keep and build on the good stuff, and not allow the bad stuff to become the norm?”

In one case, a Fellow was working out how to continue to influence across organisational and system boundaries where an authoritative, directive form of leadership had found fertile ground. They were exploring a “sow many seeds” approach, using nudges and small gestures to encourage more collaborative and distributed working. Along with others, they were also realising the value of forming alliances and coalitions and of using their position and influence to legitimise actions and to allow others to give themselves permission to act in a more inclusive and collaborative way.

For Fellows who continued striving to improve the system they were part of, allies

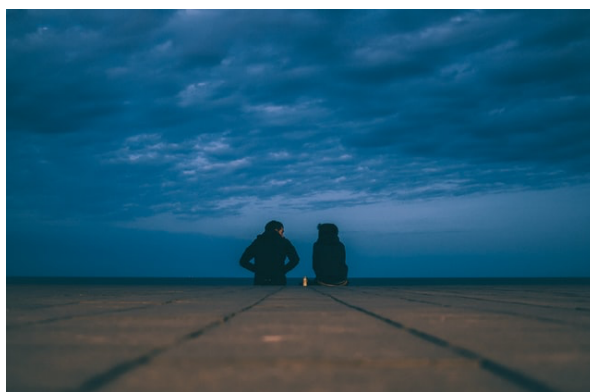


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were essential. They chose to start with a few carefully thought-out conversations to build trust by gently starting to talk about the real issues, often away from the official meeting supposedly accountable for these very issues. They planned their approach one person at a time, one meeting at a time. They also recognised that they

needed to role model a more authentic style by publicly demonstrating good, honest conversations.

We found that the effectiveness of individuals was, perhaps not unsurprisingly, the outcome of three main factors.

Firstly, the role and reputation they already had within an organisation was clearly a factor in their level of influence. As with other things, the pandemic often served to amplify what was already in place, for good and bad.

Secondly, the experience and influence of the Fellow was somewhat related to their own disposition and personality. Overwhelmingly, we talked to people who had found new courage to act during and after the first wave, who spoke of finding that barriers which had existed before now seemed easier to overcome. Often, Fellows had to face their own demons and motivations whilst tackling these external challenges. In our conversations, many Fellows identified how to flex their personal style away from comfortable habits, widened their perspective on a complex problem or connected with new empathy towards difficult people in their lives.

Thirdly, sometimes an individual can't beat a difficult culture. In that situation, instead of thriving and knocking down obstacles to change and improvement, people were frustrated, hemmed in and not heard.

### 3.9 A place to nurture courage

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Many Fellows benefited from support systems they returned to, often, but not always outside their own organisation. Despite time pressures, they did meaningful personal leadership work that took many forms: carving out a space for themselves to stop and think, sharing feelings, gaining new insights or perspectives, hypothesising, planning the next move, the next conversation or the next meeting, learning from their peers' experience, gaining perspective on their own local issues, giving and receiving information, insights, support and challenge. For these Fellows, having access to trusted peers or trusted coaches from the GenQ programme was particularly helpful as were indeed any other relationships of trust pre-existing the pandemic. Colleagues were an important source of such support. It seemed that whatever trust had been sown prior to the first wave, it could be reaped and utilised for good when people needed it most.

## 4 Touchstones for Leading in a Crisis

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In the previous section, we have endeavoured to capture and represent the breadth of the experiences recounted by the 60 Healthcare leaders we spoke to. In this section, we offer what we call some 'leadership touchstones' that summarize the actions and approaches we believe are likely to be helpful to *any* leader, faced with the challenges of leading in chaotic and out of the ordinary times.

## 4.1 Act with your core purpose in mind

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A question we often ask of our coaching clients is ‘what is the difference that makes the difference?’ So, what contributed to experiencing the pandemic as the best of times or as the worst of times? We were struck by the importance of *purpose*. In many of the accounts, a *shared sense of purpose* appeared to have galvanised endeavour and action, melting prior barriers and obstacles. In some cases, that purpose was simply, but profoundly, to be useful. In another instance, it was to create and maintain a team where there was psychological safety to speak up and where rank and grade was put aside. When a new joiner did not adhere to this, an honest conversation was held, and the new joiner left. Keeping this sense of purposeful endeavour in mind, as a guide to action, to shape what to do and what not to do, seemed to be vital for leaders and their teams to hold onto a sense of professional identity and thereby self-esteem.

In his Cynefin framework, Dave Snowden (2010) suggests that in times of chaos where cause and effect is hard if not impossible to perceive, it can be futile trying to make sense of what is happening and easy to become paralyzed looking for right answers. It is better to simply do something, to act based on experience and intuition and be guided by a positive intent. He describes this as novel practice. In making a move, in acting, the leader starts to make potential options visible and there is an opportunity to see what might work and to learn, with the aim of trying to make the situation more stable, even if still highly complex. In acting with purposeful intent, the number of known knowns increases, the unknown knowns become fewer. Thus, the leader creates an environment in which teams and individuals can begin to work emergently together in new ways.

To act in this way, we believe requires courage to act into the unknown.

It also requires an attitude of humility, knowing that there is a need for all to learn, to reflect, to be ready to try something different. This is ‘good enough leadership’ for now, rather than the false heroism and hubris of believing that there is a single answer that only the leader can and will know (Wiggins and Hunter, 2016).

A few final encouragements...

***Articulate for yourself and others a sense of shared purpose as your guide to action***



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- Remember to look up every now and then, giving yourself time to remind yourself and others of why you are doing this, the purpose you are trying to fulfil, the direction you need to be facing...
- ... And also look down to where you are standing and your immediate next step. Each meeting, each interaction is an opportunity to spot what needs doing and to act on it, sometimes in small, insignificant ways and sometimes in mindset-changing ways.
- Keep walking, one step after another. There is no perfect or one way, so you are already good enough to lead (and so are others around you). Follow your instinct, trust yourself and have a rhythm of movement with moments for pause and looking up.

## 4.2 Foster human connection and robust dialogue

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The stories we heard from healthcare leaders painted a polarised picture of those contexts where the pandemic had resulted in positive and purposeful action, and those where things seemed to only get worse under the pressure and fear generated by COVID.

When we examined what made the difference, one thing stuck out: Those cultures that are psychologically healthy and generative have leaders who are able to engage with the people around them and to move away from isolation towards more human connection. When people act together, they can pool their resources, thinking, generosity and ability to act to make things better. But this does require a special kind of togetherness, a way of being and engaging with others which leads to generative outcomes. We are all too familiar with its opposite, where strongly held and defended positions lead to fracture, inaction and bitterness.

A generative leader engages in true dialogue, the sort of dialogue which is described by Bill Isaacs (1999) as “a conversation with the centre, not the sides”, one where a balance is found between inquiry

and advocacy, which makes it possible to have a view but also to suspend table-thumping and point-scoring in favour of deep listening and understanding, which in turn can lead to genuine co-creation.



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Daniel Barenboim once said in a Reith Lecture about the conflict between Israel and Palestine that “peace requires dialogue, a dialogue which consists of sensitive talking and often painful listening”. We need cultures and leaders where this sort of

dialogue is the norm, not the exception, and where real human connection is seen as the route to hope for us all.

***Are you reaching out for human connection? Are you building trust and making better decisions by using the power of dialogue?***

- Connect with your team, those you lead, as you rather than how you think you should be.
- Communicate, let people know what's going on, share how you are doing too, the good and the bad. That's different from downloading, being completely bleak, overly optimistic. Talk to the reality in the round, give people the chance to share where they're at too.
- Be ruthlessly curious with those who disagree with you. They have a reason.
- If it is helpful to you, have a network of people around you with whom you can reflect, learn, download, laugh, gossip. Feeling connected, supported and understood helps you gain perspective, make sensitive decisions, step into what is difficult.

#### 4.3 Develop healthy selfishness

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We noticed different responses to the personal, physical and emotional strain of leading during the first wave of the pandemic. We heard stories of Fellows easing the strain by challenging a dominant and burdensome culture, by being brave in expressing needs and encouraging others to do so too. Sometimes, they said 'no' to a request or a meeting, protected family time more strongly, or dared to ask a colleague for help. We also heard stories of Fellows "just keeping going" and on occasion felt it important to express our concern.

We became interested in the personal and institutional barriers

and enablers to taking care of self. Our contention is that it is each individual's primary responsibility to prioritise their own well-being. Far from being selfish, this is essential if you are to develop the resilience to withstand prolonged periods of work stress. Leaders who are seen to take care of self are also transmitting valuable cultural messages for the organisation.



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***Do you know what you need to self-care? What can you try/do differently?***

- There is no one recipe for self-care. Time alone, with friends, family, pets, exercise, meditation, reading, TV, cooking... Unless you know what you need, it is hard for any meaningful action to take place. Nothing changes unless you are willing to try something, to make a gesture, and see what happens.



- If you struggle to prioritise your own needs, inquire into why (and you might need help to do this). Maybe there are personal patterns around guilt, scripts about what you 'should' do, a desire to 'be strong' or to 'please people'. An awareness of these inner voices gives you the opportunity to choose your response. Of course, institutional pressures and organisation culture can make this hard to do in practice.

#### 4.4 Find your courage

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In the stories we heard many acts of courage. Courage to be open to that petrifying conversation about poor mortality figures. Courage to acknowledge making a poor decision or to listen to the valid point behind someone's aggressive criticism of their approach. Courage to connect with their inner dialogue, doubting their own ability to lead. Many transformed their fear into action, and whilst not all actions were necessarily always successful, all were conscious choices.

In much of our transformation work, whether it is one-to-one coaching, team development, organisational or culture change, there comes a time when our clients need to go through and past fear. Often, they also need to help others around them to do the same and need to learn to contain anxiety in the wider system around them. Both require that our clients accept what scares them, be it a fact, a feeling, a decision or an action.



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*What* they end up doing with that fear as well as in *how* they choose to do it means that leaders either add or subtract from the trust capital in the system. That trust capital is what causes virtuous or vicious cycles that ultimately lead to trusting versus inhibiting cultures. Paying attention to one's behaviour in the face of anxiety therefore becomes a crucial leadership task and, in that context, the work of OD consultants and coaches in supporting leaders to find and nurture their courage becomes essential.

When we step beyond fear, we can reach curiosity and with it the freedom to explore new ways and choiceful action. Like the quote attributed to Viktor Frankl said: *"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom."*

##### ***What do you do with what scares you?***

- Know what causes you anxiety.
- Be aware of what helps you connect with your own courage to act.
- Act choicefully and then help others around you to do the same.

## 5 An offering: A Tool to Explore your Local Culture

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We want to acknowledge that many of you are now in the second wave and your experiences may be potentially even more challenging today than they were in the spring/summer.

For when the time is right, we offer a tool you can choose to use within your teams, departments or organisations as a starting point for a conversation about leadership, teamwork and culture.

We have created a template of an anonymised poll using the Menti application. It was split into portions to enable you to use it for free without a licence. These are not for you to complete but for you to use as a model for your own Menti polls.

Organisational Performance (4 items)

<https://www.menti.com/xbzct2aonm>

Organisational Culture (4 items)

<https://www.menti.com/avoxjxs7a>

Top Leadership (3 items)

<https://www.menti.com/868vjgeoao>

Decision-Making (3 items)

<https://www.menti.com/wtqj5dph5d>

Teamwork (4 items)

<https://www.menti.com/jt17wejvvw>

Work Satisfaction (3 items)

<https://www.menti.com/21h27f5nji>

Self-Care (4 items)

<https://www.menti.com/j3tsdimyha>

## 6 References

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CognitiveEdge (11 July 2010), The Cynefin Framework, <https://www.youtube.com/watch?v=N7oz366X0-8> retrieved 20 November 2020

Isaacs, W. (1999). Dialogue and the art of thinking together: A pioneering approach to communicating in business and in life. New York: Currency.

Wiggins, L. & Hunter, H. (2016). Relational Change: The Art and Practice of Changing Organisations. London: Bloomsbury Publishing.

## 7 About the authors

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We are all widely experienced independent Organisation and Leadership Development consultant and coaches who have worked with organisations, both in the UK and internationally and in the health and public sector as well as the private sector. We have the following individual interests:

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### Acknowledgments

The authors would like to thank the Fellows for their willingness to share their experiences with us, the Health Foundation for funding our time to carry out the sensemaking conversations and our faculty colleague Harriet Hunter for her contributions to the analysis of emerging themes.