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LETTER FROM THE EDITORS

DEAR READER,

The idea for a special issue on ethics and leadership emerged from a series of grant proposals from Benjamin Johnson and Brian Birch (Director of the Center for the Study of Ethics at Utah Valley University) who delved, along with Matt Hazel, Anna Warner, and Sandi Bennett, into both the literature and practice of leadership and ethics. In our discussions, we recognized the power in connecting these two fields and offer this issue of *The Journal* as a contribution to the literature on both.

Leadership by nature is cross- and multi- disciplinary and draws considerable attention in business, the social sciences, and related fields, and is often considered without regard to the perennial questions that underlie its treatment in more applied disciplines. The most natural connection to the humanities lies in the study of ethics as exemplified in Plato's *Republic* in which he blends philosophical and practical questions in his treatment of justice, virtue, and, notably for our purposes, the art of leadership. Yet, despite this heritage, we have seen that leadership ethics is an area of study that remains fragmented and under-appreciated.

People of all disciplines can benefit by studying leadership as the means to address key questions in individual and social ethics. This may involve self-reflection, case studies, and experiential leadership and learning with an eye toward exploring the deeper connections between the nature and practice of leadership and the ethics of being human. We believe the effort will effectively move leadership studies from the margins of humanities education and address leadership in a rigorous, probing, and theoretically adequate manner.

Submissions in this *Journal's* issue offer timely, relevant, and enduring guidance, even given the unusual pandemic climate during the time these submissions were accepted for publication. Topics, themes, and special discussions in this issue invite us to reflect deeply on current events and challenges to address social concerns that have characterized our time.

We are grateful for our editorial board, the many anonymous faculty and student reviewers who helped maintain a double-blind peer review for each submission. We also thank the faculty and staff from the Department of Student Leadership and Success Studies for their sustaining efforts. Above all we wish to express our utmost gratitude for the participation and patience of all those involved in the publishing process, including authors, artists, and staff alike.

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ETHICAL LEADERSHIP IN HEALTHCARE DELIVERY

EILEEN DOYLE CRANE, J.D.

OREM, UTAH

The complexity of the American healthcare system requires a high level of leadership from all participants in every sector of the healthcare system. Theories of leadership, such as those discussed in this paper, abound but are often taught only to members of high level management teams as an approach to addressing culture, rather than directly to all parties involved in the direct and indirect delivery of healthcare. This paper promotes a theory that all parties in the healthcare system can and must be leaders in order to protect the safety and lives of patients, and the integrity, viability, and efficiency of the healthcare system. A framework for the development of individual and ethical leadership is provided.

I. INTRODUCTION

Not inconsequentially, healthcare organizations and healthcare experts have become a very powerful part of American society. Over the past forty years increased state and federal legislation, the corporatization of healthcare delivery, liability issues, and the increased pressure to measure healthcare safety, patient outcomes, and economic efficiency has altered the American healthcare scene.¹ This has created pressures on all parties involved, including management, healthcare providers, and all support and non-clinical staff. The number of patient safety issues and the amount of money at stake in healthcare organizations creates tensions that have ethical impacts on all parties who participate in the delivery of healthcare services.

Healthcare is a unique environment in which many ethical challenges regularly exist because the personal health and very life of individuals can

be affected; as a result, any and all actions taken require ethical handling. Even non-clinical aspects of healthcare delivery affect the patient and require strict attention to the law and industry standards.

There are widespread cultural assumptions that mistakes are to be expected and why they should be tolerated. Alexander Pope (English poet) declared, “To err is human; to forgive, divine.”² Others, such as James Froude (English historian) said, “Experience teaches slowly and at the cost of mistakes,”³ or Niels Bohr (Danish physicist) said, “An expert is a person who has found out by his own painful experience all the mistakes that one can make in a very narrow field.”⁴ While that sort of philosophy may be acceptable in other fields, there is little, if any, tolerance of mistakes in healthcare. Fear of liability and making mistakes, much less reporting them,⁵ defines much of the pressure healthcare workers experience. The need to maintain high ethical standards for oneself and for healthcare organizations is critical to the safety of the healthcare system and public trust.

The premise of this paper is that all parties will, at one point or another in their career, be asked to do something unethical or illegal, either intentionally or unintentionally, by someone who is in a position to make the request. After teaching healthcare law for ten years at the university level, this author has developed a horizontal theory of ethical leadership—*Every Team Member a Leader*—as applied specifically to healthcare settings.

In addition, this paper is being written during the COVID-19 pandemic of 2020. Never in recent memory has one seen so many daily, and sometimes hourly, reports from healthcare leaders, doctors and nurses who are on the front line of treating patients, and journalists. Questions of credibility, leadership, and response rates and solutions to a once-every-100-years situation have accompanied this high level of awareness and reporting. This crisis has illustrated exactly the critical need for leadership, especially ethical leadership in the delivery of healthcare.

II. HORIZONTAL THEORY OF LEADERSHIP

A summary of this horizontal theory of leadership is that 1) every team member in the healthcare setting must be a leader; and 2) that leadership training should prepare team members to learn how to: a) know one’s own job thoroughly as well as the jobs of those around oneself, b) provide continuous training to all team members, c) provide the ability to assess

one's own skills and the skills of others who have direct clinical access to patients or responsibilities for non-clinical services, and d) take the appropriate actions required by the three previous steps. Appropriate actions include training people who possess greater potential, shifting people to other teams if there is a lack of ability to learn the job, or dismissing team members.

A. EVERY TEAM MEMBER A LEADER

A review of articles relating to leadership shows that most leadership research and programs are directed towards executives and managers. This is not limited to the healthcare setting. Rarely are team members viewed as leaders. This theory of leadership—Every Team Member a Leader—is designed to train and empower every person in the healthcare system to exhibit leadership skills. A Google search of “leadership training” reveals that virtually all the results direct their services to those on a vertical plane—executives and managers. Rarely is leadership discussed on a horizontal plane in which all team members, regardless of their title or job description, can and should be leaders. Changing the expectations of management to view all team members as leaders would require a culture change, for sure, as would changing the expectations of the team members to see themselves as leaders. However, this author believes that the multitude of details, along with the lives of individuals who are at stake, let alone liabilities, could enhance the delivery of ethical healthcare.

B. LEADERSHIP TRAINING

In order to maximize positive healthcare outcomes, both clinical and non-clinical, *four* directives need to be applied by leaders and team members. In short, they are: **Know, Train, Assess, and Act**. True leaders, whether supervisors or team members, must be skilled at each of these steps. Below is an outline of what each directive requires to protect oneself, other team members, and ultimately patients in a healthcare setting. A short, non-exhaustive list (developed by the author) of what that characteristic requires in the way of tasks is provided.

Know

1. Know your own job thoroughly, having been trained in local research and national standards;

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2. Learn more about your job than others know about your job;
3. Know the jobs of others on your team upon whom you depend to provide ethical healthcare delivery, including supervisors.

Train

1. Train your team, if you are the assigned leader, applying industry standards to your assignment;
2. Train your colleagues, if you are a team member, by providing data, skills training, and information needed to instruct other members of your team;
3. Expect to learn more about your job than you do at the present time;
4. Share information; do not harbor critical information that can affect successful and ethical healthcare.

Assess

1. Assess your own skills, comparing your knowledge and technical abilities to industry standards;
2. Assess the skills of those you supervise, applying the same standard;
3. Assess the skills of those who supervise you;
4. Assess the skills of colleagues upon whom you depend; build trust among team members and their skills;
5. Apply industry assessment tools to quantify ethical healthcare delivery.

Act

1. Act upon the available data regarding the delivery of ethical healthcare, either clinical or non-clinical, in order to protect yourself, others, and the system;

2. Set and apply ethical standards of performance to all parties evenly; do not ignore lower standards of performance based on relationships with team members or supervisors;
3. Have the courage to act; make decisions and report errors.

It would be naïve to suggest that this culture change can be easily accomplished. The complicated nature of healthcare, the unanticipated medical events, the limitations of team members and resources, all make any seemingly easy solution untenable. However, if these leadership skills were taught horizontally to all team members, this author claims that ethical challenges could be addressed more quickly to the benefit of patients. Team cohesion and trust between team members as well as trust between patients and healthcare providers could increase. There is nothing about leadership that demands a vertical approach to training; horizontal leadership training would help all parties in the healthcare system.

C. HISTORICAL OVERVIEW OF THE LEADERSHIP LITERATURE

Ethical leadership has been written about by philosophers for centuries. Plato wrote about the qualities that leaders ought to have in *The Republic*.⁶ The ancient text, *Bhagavad Gita* also discussed principles of leadership.⁷ Sun Tzu, in the *Art of War*, described aspects of leadership. Jean-Jacques Rousseau,⁸ John Locke,⁹ and Immanuel Kant¹⁰ wrote about leadership during the Enlightenment.¹¹ These philosophers outlined leadership principles including in terms of inalienable rights¹² and social contract.¹³

American academic attention to the study of leadership began in 1945 at Ohio State University, under the U.S. War Manpower Commission and the Department of Labor.¹⁴ Many theories of leadership have evolved over time and include: Trait Theory,¹⁵ Attribute Pattern,¹⁶ Behavioral Theory,¹⁷ Situational Theory,¹⁸ the Fiedler Contingency model,¹⁹ Path-Goal Theory,²⁰ Situational Model,²¹ Transactional and Transformational Theory,²² the Leader-Member Exchange Theory,²³ and the Neo-Emergent Theory.²⁴

Many of these theories tend to assume that leadership exists in a vertical realm and most training, as mentioned above, is directed towards executives and managers; yet, a horizontal is more effective in training ethical leaders.

III. ETHICAL CHALLENGES IN HEALTHCARE DELIVERY

In general, healthcare can be divided into clinical and non-clinical delivery of services. Ethical challenges exist within both realms, each having unique direct and indirect impacts on patients. Leadership by all team members requires knowledge of industry standards and the ability to affect the culture. Below is a very general review of the various departments involved in the delivery of healthcare.

A. CLINICAL SERVICES

Some examples of clinical services in healthcare are surgery, respiratory therapy, occupational therapy, physical therapy, imaging/radiology, emergency services, chemotherapy, pharmacology, nursing, medical laboratory, dietary management, in and out-patient mental healthcare, and home healthcare. In each of these areas, there are supervisors and employees, each of whom have legal responsibilities and professional duties to perform their duties ethically.

Leadership in the clinical realm requires the team member to be thoroughly trained in their own duties and the duties of those around them. Most healthcare is provided in team settings, where team members rely on the training, experience, and excellent performance by other team members to achieve optimal outcomes for patients.

In addition to team members, leaders, such as executives and managers, must exhibit excellent professional and ethical standards. If team members wonder about the strict standards self-administered by a leader, they are less likely to adjust their own ethical behavior. Lapses in leadership can lead to both civil and criminal infractions and charges, depending on the severity of the action or inaction, of leaders and subordinates.²⁵

Consider the following example of a clinical challenge. A case manager is assigned up to 12 patients and is expected to coordinate all the services these patients need. This requires coordinating specialized treatments, creating discharge plans, contacting doctors and nurses, and documenting each of those contacts. One shift could require 50-100 phone calls placed to doctors and other professionals who may not respond immediately, visits with patient family members, coordination of insurance benefits as determined by multiple companies, as well as responding to any emergency

situations that arise. The ethical challenge faced by a case manager is to accomplish all those tasks in a determined amount of time. When the case load is excessive and unplanned events interjected, it is often impossible to accomplish all the tasks and some aspect of care may be overlooked as the team member tries to finish the job. Which services or details are sacrificed may have a negative impact on the outcome for the patient.

B. NON-CLINICAL SERVICES

Some examples of non-clinical healthcare services are administration, billing, facilities management, human resources, records management, registration and admissions. In each of these departments, ethical leaders are needed to conduct business and protect patients. Numerous health-care-specific laws²⁶ control many of the processes provided by leaders and employees in these non-clinical settings. Basic civil and criminal laws also apply to breaches of ethical activity.

An example of an ethical challenge that exists in a non-clinical setting exists in medical records. Everyday thousands of documents (e.g. imaging, lab, admitting, pharmacology, and dietary) are communicated, either on paper or electronically. There are many ways for reports to get lost, be misfiled, or disappear completely. Misspellings, software or hardware malfunctions, or lack of attention to detail can keep the medical staff from receiving the timely and critical information needed to intervene appropriately. Any mistakes can lead to serious medical outcomes. Non-clinical departments and team members indirectly, but potentially seriously, impact the quality of healthcare.

IV. WHAT AN ETHICAL HEALTHCARE SYSTEM REQUIRES

A safe and ethical healthcare system requires several important attributes: competency, honesty, accuracy, and completeness.

A. COMPETENCY

Competence is a legal term that can be defined as being “duly qualified: having sufficient, capacity, ability, or authority.”²⁷

The only way a healthcare system can survive, legally and financially, depends on providing care with competency at the highest levels in both

clinical and non-clinical aspects of healthcare delivery.²⁸ Graduate schools²⁹ and licensing boards³⁰ set standards, test qualified graduates to maintain a base level of competency and require certified continuing education of clinical personnel in order to protect the health, safety and welfare of patients. Internal and external training of non-clinical staff is also conducted to maintain high standards.

Transparency in healthcare, especially regarding the quality of healthcare, has increased in the last twenty years. In fact, federal government offices in the Department of Health and Human Service (HHS) grade hospitals and clinics and publish records of the quality of services provided.³¹ Sara R. Collins, Vice President for Health Care Coverage and Access at The Commonwealth Fund, wrote:

Transparency and better public information on cost and quality are essential for three reasons: 1) to help providers improve by benchmarking their performance against others; 2) to encourage private insurers and public programs to reward quality and efficiency; and 3) to help patients make informed choices about their care.³²

Recently the formation of a new US government program called Quality Summit (QS) was announced which will bring together key industry stakeholders and government leaders to discuss how current quality programs administered by HHS can be further evaluated, adapted, and ultimately streamlined to deliver a value-based care model focused on improving outcomes for American patients.³³

B. HONESTY

Aristotle believed that the function of a human was to engage in an activity of the soul in accordance with virtue.³⁴ One of the most important virtues he discussed was honesty.³⁵ Truthfulness lies at the core of the healthcare system; people assume (and want to be able to assume) that they are being told the truth about their situation.³⁶

There is an on-going conversation in the medical school world regarding truth telling. However, Dr. James Drane, founder of the Drane Bioethics Institute at the University of Edinboro, Pennsylvania, wrote:

Honesty also matters to the doctor and other medical professionals. The loss of reputation for honesty in medical practice means the end of medicine as a profession. Important as it is for patients and doctors, however, honesty has been neither a major concern in medical ethics nor an important value for doctors. It may be an exaggeration to say that honesty is neither taught in medical school nor valued in medical culture, but it is not too much of an exaggeration.³⁷

Regardless of the clinical or non-clinical nature of the interaction, honesty is paramount. Non-clinical offices, such as admitting, billing, and facilities management, face ethical challenges such as privacy, records management, and safety issues for patients and visitors to clinics and hospitals. Whenever there is risk of exposure due to negligence or malfeasance, there is an ethical challenge to be honest.

C. ACCURACY

Quality healthcare delivery depends on complete patient histories, tests, clinical observations, and surgical or pharmacological interventions, where needed. However, clinicians are dependent on the quality of the information they are given, the time it takes to read patient files and understand a larger picture, the delivery of timely reports from laboratories and imaging centers, and information provided from other healthcare providers. Accessible and accurate data is critical. Data often passes through the hands of multiple people and offices, presenting a myriad of opportunities for mistakes to be made in timeliness as well as posting.

AHIMA, the American Health Information Management Association, states:

The quality of healthcare data impacts every decision made along the patient care continuum. The demand for accurate and reliable data has never been more important. The sharing of today's healthcare data is far reaching.... Each entity may have different purposes for collecting and using the data.³⁸

Transcription services have developed to help manage the quantity and quality of information. One such service described the critical nature of accuracy by stating:

When data is accurate, physicians at any practice are thoroughly informed of patient history, tendencies, previous complications, current conditions and likely responses to treatment. Data accuracy allows relevant healthcare staff to treat patients promptly and in the most effective and appropriate way possible.³⁹

There are legal duties to provide accurate records of actions taken in healthcare settings. Multiple state and federal laws govern this area. Two of them are 18 US Code § 1035 and § 1519. They state:

Whoever, in any matter involving a healthcare benefit program, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact... shall be fined under this title or imprisoned not more than 5 years, or both.

(18 US Code § 1035)⁴⁰

and

Whoever knowingly alters, destroys, mutilates, conceals, covers up, falsifies, or makes a false entry in any record, document, or tangible object with the intent to impede... shall be fined under this title, imprisoned not more than 20 years...

(18 S Code § 1519)⁴¹

D. COMPLETENESS

Completeness refers to multiple aspects of healthcare on both the clinical and non-clinical sides. Very often, however, it refers to records management. Not only must data be honest and accurate, they must be complete.

Audits are carried out internally by medical organizations to assess the completeness of healthcare records.⁴² Also, external audits are conducted from time to time to assess the quality of the records being compiled. Audits assess record management processes such as 1) Do the policies and procedures provide for the treatment of an authorized person as a personal representative? 2) How does the entity recognize personal representatives for an individual for compliance with HIPAA Rule requirements? 3) What

policies and procedures exist for the recognition and treatment of a personal representative? 4) Are the policies and procedures consistent with the established performance criterion? 5) Do the policies and procedures address how the covered entity determines whether a person has authority to act on behalf of the individual? 6) How do the policies and procedures address minors or the deceased? These, and other questions, are evaluated for compliance with HHS standards and legislation.⁴³

Studies have assessed the completeness and accuracy of medical records, provided to research teams for research and training purposes. In one such case, a Columbia University research team reported:

We describe four prototypical definitions of EHR [Electronic Health Record] completeness: documentation, breadth, density, and predictive completeness. Each definition dictates a different approach to the measurement of completeness....We found that according to any definition, the number of complete records in our clinical database is far lower than the nominal total.⁴⁴

In many cases, lack of completeness in medical records is an oversight, negligence rather than malfeasance. However, when there is an incentive to change a medical or non-clinical record to cover negligence or malfeasance, there is a risk to the integrity of the provider as well as the record and supervision is required.

E. ACCOUNTABILITY

Accountability in healthcare is a critical issue in healthcare. Accountability entails the procedures and processes by which one party justifies and takes responsibility for its activities. The concept of accountability contains three essential components: 1) the loci of accountability—healthcare consists of at least 11 different parties that can be held accountable or hold other accountable; 2) the domains of accountability—in health, parties can be held accountable for as many as six activities, professional competence, legal and ethical conduct, financial performance, adequacy of access, public health promotion, and community benefit; and 3) the procedures of accountability, including formal and informal procedures for evaluating compliance with domains and for disseminating the evaluation and responses by the responsible parties.⁴⁵

V. RATIONALE FOR ETHICAL LEADERSHIP IN THE DELIVERY OF HEALTHCARE

Some may believe that the constant attention to ethical decision-making in healthcare is overly emphasized. “Ethics Stress” is a term derived by researchers who studied organizational conflict which was shown to lead to work stress and burnout.⁴⁶ Some team members may believe that their education, experience, license, continuing education, and professional judgement are not respected as a result. One study illustrated the impact of disrespect in healthcare:

Disrespectful behavior chills communication and collaboration, undercuts individual contributions to care, undermines staff morale, increases staff resignations and absenteeism, creates an unhealthy or hostile work environment, causes some to abandon their profession, and ultimately harms patients. These behaviors have been linked to adverse events, medical errors, compromises in patient safety, and even patient mortality. Disrespect causes the recipient to experience fear, anger, shame, confusion, uncertainty, isolation, self-doubt, depression, and a whole host of physical ailments, such as insomnia, fatigue, nausea, and hypertension. These feelings diminish a person’s ability to think clearly, make sound judgments, and speak up regarding questions or concerns. Disrespectful behavior is also at the root of difficulties encountered in developing team-based approaches to improving care.⁴⁷

The application of the theory, Every Team Member a Leader, where each team member leads, supports, and trains others may relieve some of the work stress and decrease the disrespect because every team member is seen as and acknowledged as a leader.

For those who believe that it is tiresome or disrespectful, authors Dr. Anita Ho, bioethicist at the University of British Columbia, and Dr. Stephen Pinney, Saint Mary’s Hospital in San Francisco, respond:

Traditional ethical leadership in healthcare concentrated on the oversight of the individual provider–patient relationship. However, as care delivery becomes predominantly team-based and integrated across provider organizations,

these ethical frameworks also need to consider meso- and macro-factors within the system. These broader issues require managers and administrative leaders to augment their ethical perspectives beyond current and prospective patients with those of the team, organization, and broader system, where high levels of coordination and oversight are essential. Administrators are increasingly ethically accountable not only for how individual care encounters are conducted (micro level) but also for how the system is organized to deliver and ensure quality care for patients receiving care (meso level) and service populations who turn to them for care when needed (macro level).⁴⁸

This observation underscores the need for all team members to be leaders for the benefit of all levels of healthcare service. In the meantime, several interventions have evolved to offset the mistakes that are inevitably made in healthcare. Some of them are 1) defining medical error, 2) the development of apology statute, and 3) the creation of resolution programs.

A. MEDICAL ERROR

Once a mistake, through action or inaction, intentional or simply through negligence, has occurred, it is called a medical error.⁴⁹ In recent years, the predictable nature of error, including in healthcare settings, has been studied. In one study, authors found:

Recent studies of medical errors have estimated errors may account for as many as 251,000 deaths annually in the United States (U.S.), making medical errors the third leading cause of death. Error rates are significantly higher in the U.S. than in other developed countries such as Canada, Australia, New Zealand, Germany and the United Kingdom (U.K). At the same time less than 10 percent of medical errors are reported.⁵⁰

Although this data has been refuted by other authors as an exaggeration of the data,⁵¹ regardless of the accuracy of the reporting, patients and their families will always be concerned about the impact of medical error and the response of the healthcare community to it. Dealing with the discovery and impact of a medical mistake requires leadership skills of all those who will interact with those affected.

B. APOLOGY STATUTES ⁵²

As a result of increasingly common revelations of medical error, apology laws are gaining traction in the United States, prompting healthcare professionals to offer words of condolence for adverse medical outcomes without the fear of being sued for malpractice. Although these laws vary by jurisdiction, they have been shown to reduce the financial consequences of a medical malpractice lawsuit.⁵³

C. COMMUNICATION AND RESOLUTION PROGRAMS (CRPs):

In addition to apology statutes, some medical institutions have created offices to address the consequences of medical error, such as the Harvard Hospitals in Massachusetts where a working group of professionals studied medical error and a systems approach to handling it.⁵⁴

When something goes wrong during healthcare, the best response is timely and compassionate, and promotes healing for all involved. CRPs [Communication and Resolution Programs] guide this response, seeking to meet the current and future needs of patients and families through transparent and ongoing communication about what went wrong and an exploration of what will lead to resolution and healing. CRPs promote healing and diminish provider trauma and burnout by proactively offering support following an unintended harm event. Increasingly viewed as the future of healthcare, CRPs are integral to improving patient safety and preventing unintended harm and are endorsed and adopted by leading national organizations and health systems.⁵⁵

When all team members are expected to be leaders, they can contribute positively to the needed transparency and improved communication needed to resolve harm.

VI. CONCLUSION

If all team members in the healthcare delivery system considered themselves leaders, regardless of their position or title on a team, and if they challenged themselves to know, train, assess, and act within ethical bounds, the quality and outcomes of healthcare delivery would improve. The goal of this paper to encourage a horizontal approach to leadership in the healthcare system where every member of a healthcare team considers

their job description, challenges their assumptions about ethical boundaries, prepares themselves to handle potential requests to perform unethical acts, and to contribute to the success of their departments. If error could be completely erased, fewer ethical challenges would arise. Even given the unrealistic nature of that condition, all team members should prepare themselves to be ethical leaders and aim to deliver superior healthcare.

ENDNOTES

¹ L. Michele Issel, "Forty Years: A Brief History of Health Care Considered," *Health Care Management Review* 40, no. 1 (January/March 2015): 1.

² Alexander Pope, "An Essay on Criticism," Poetry Foundation, <https://www.poetry-foundation.org/articles/69379/an-essay-on-criticism>.

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CREATIVITY IN LEADERSHIP: LESSONS FROM THE TEMPLE OF CASTOR AND POLLUX

BRANDON RO, AIA, NCARB

UTAH VALLEY UNIVERSITY

Ink and Watercolor

Leaders must not forget the value of creativity. At the heart of the Roman Empire, amidst the ruins of the Forum, there are three columns still standing from the Temple of Castor and Pollux (ca. 6 A.D.). Differing from other Roman Corinthian orders, the capitals on these columns feature interlocking center volutes, making them both unique and an example of the value of creativity. Throughout the centuries, architects have continued to use this creative interpretation of the Corinthian order in their designs for governmental, religious, financial, and cultural buildings. Examples include St. Martin-in-the-Fields in London (1726), Birmingham Town Hall in England (1834), the Bank of California Building in San Francisco (1908), and the Museum of Natural History in Washington, D.C. (1910).

While Classical architecture adheres to fairly strict rules about proportion and order, it also possesses a method and system that doesn't overshadow creativity. The Corinthian order of Castor and Pollux was grounded in an understanding of architectural conventions, yet its small creative expression of interlocking volutes gave it a lasting legacy. Similarly, leadership is about understanding established rules and principles of ethics while at the same time knowing how to adapt them in creative ways to unique circumstances amid a culturally diverse world. Remembering the importance and value of creativity, therefore, is important for the next generation of leaders as they each strive to make a lasting impact on humanity.



**CREATIVITY IN LEADERSHIP: LESSONS FROM THE
TEMPLE OF CASTOR AND POLLUX**

BRANDON RO, AIA, NCARB

UTAH VALLEY UNIVERSITY

Ink and Watercolor

DEMYELINATED

RYAN MOFFETT, M.A.ED.

UTAH VALLEY UNIVERSITY

Ceramic with Found Object

Like any artist dealing with conceptual or issue-based art, I have to find the line between the work and the idea. Most of the time this will not cross into the realm of ethics or even leadership. With that said, much of my recent work has addressed my personal diagnosis of multiple sclerosis. While these contemplative ceramic figures are strongly influenced by ancient Cycladic art, I feel I have altered the characteristics enough to make them my own. Though I place a lot of focus upon the forms, I also understand that through my work I can bring a new awareness and understanding of the effects of MS on an individual. I have the ability to reach a new audience in powerful, and many times dramatic, emotional ways. I am often hesitant to share my personal experience; yet when I do, I find an outpouring of support and acceptance. This leads me to an ethical dilemma: do I use my diagnosis to ensure that my art reaches a broader audience, or do I let my work merit its own value without my diagnosis being known? The question still haunts me.



DEMYELINATED
RYAN MOFFETT, M.A.ED.
UTAH VALLEY UNIVERSITY
Ceramic with Found Object

CONFLUENCE

BRAD TAGGART, MFA

SNOW COLLEGE

Mixed Media

A Confluence of Fates is the fifth sculpture in a series of works dealing with adoption and identity and is my first artistic response to the discovery of my own biological pedigree. I have known my whole life that I was adopted; however, until recently, knew nothing about my genetic origins. As a result of taking a DNA test, I have been reunited with members of my biological family and can now claim six direct ancestral lines between my adopted and biological families. I am currently working to reconcile my biological and adopted influences into a comprehensible whole utilizing the vehicle of sculpture.

After considerable thought, I arrived at the symbolism of tributaries joining and flowing into a single river. When rivers interconnect at a confluence, the water, and sediment in each begins to blend and eventually become one, yet the original water from both rivers is still present. Each of the tributaries in this sculpture are named after one of my family lines. There is a magnifier at each symbolic confluence with a date stamped into its ring. The rivers in this case are made up of red thread. I have always been drawn to the Asian lore that we are tied to important people in our lives by an invisible, and unbreakable “red thread of fate”. This thread has often been used, among other things, as a symbol of the connection between adopted children and their families (both adopted and biological). The rivers of red thread are also symbolic to me of the life-force of blood coursing through veins.

The outer ring at the base contains soil from an ancestral farm in Beryl Junction, Utah where both of my biological family lines hail from. The fertile farm soil is meant to symbolize both my origins, and the potential for future growth.

The piece before you is part of a body of work attempting to give substance to my cognitive exploration. It is essentially a waypoint on a fascinating journey that continues to unfold before me with each passing day.



CONFLUENCE

BRAD TAGGART, MFA

SNOW COLLEGE

Mixed Media



INTO THE DRINK

BYRON RAMOS

UTAH VALLEY UNIVERSITY

Photography

Leadership is more than leading from the front; it's about never asking anyone to do what you haven't done yourself. Leadership is also about guiding people through difficult situations with a calm and expert hand, even when inwardly you feel as though you are about to drown in the choppy waters of life. This photo represents the calm that a leader must always have. Due to how dangerous the prop wash makes the sea, soldiers drown every year performing a type of operation known as hoist. It is important to remain calm when performing a hoist, as the chop leads to confusion and the possibility of disorienting yourself to the extent that you suck in seawater instead of air. Life is similar; if a leader is disoriented by stress, anger, and fear, they can cause harm to themselves or others, just like someone sucking in seawater in a panic. It is always imperative to remain calm, because, like the ocean, life can be an unforgiving challenge.

DR. RONALDO SANCHEZ AND THE PRINCIPLES OF EXTREME OWNERSHIP

GEOFF GOFFE, ALVIN CHUNG,

BROOKE PRESTON, JEREMIAH ST. JEOR

UTAH VALLEY UNIVERSITY

In 1995, Dr. Ronaldo Sanchez and his medical team made the mistake of amputating the wrong leg of their patient, Willie King. This tragic mistake brings to light an important question: Who is to blame when a team fails? The answer may be found in Navy SEALs Jocko Willink's and Leif Babin's book Extreme Ownership (2015). Within this book, Willink and Babin explain that leaders must own everything in their world; there is no one else to blame. If Dr. Sanchez and his medical team had practiced the principles of extreme ownership, such as decentralized command, leading up and down the chain of command, and cover and move as described by Willink and Babin, then King's leg might have not been lost.

Dr. Sanchez, a native of Tampa, Florida, received his medical degree from the New York University School of Medicine in 1975. After graduation, he worked as an intern, chief surgical resident, and a fellow in vascular surgery at the New York University Hospital, Bellevue. He also was an assistant professor of surgery and emergency medicine in the Bronx. In 1988, he returned to Tampa to open his own practice. Just a few years later, in 1995, Dr. Sanchez's entire life fell apart because of one mistake. In late February, Dr. Ronaldo Sanchez had a scheduled amputation appointment with 52-year-old diabetic, Willie King. Amid cutting through muscles, tendons, and ligaments in the patient's lower left leg, Dr. Sanchez learned of the error from a nurse as he was still cutting through the leg. After reviewing the patient's file, the nurse began to shake and cry. But by that point, he said, there was no turning back; Dr. Sanchez had cut off the wrong leg ("Doctor Who Cut Off Wrong Leg," 1995). When a mistake is made within a team, it is often easy to point fingers and seek

out the person to blame. Was Dr. Sanchez to blame, or the many other medical professionals who passed on the wrong information? At what point must an individual take responsibility for ensuring the success of a team? Navy SEALs Jocko Willink and Leif Babin (2015) coined the term *extreme ownership*, which is the idea that a leader is ultimately responsible for everything. When a leader is practicing extreme ownership, they do not blame anyone but themselves. A successful team, however, is one in which every member of the team practices extreme ownership principles. The amputation of the wrong leg could have been avoided if Dr. Sanchez and his entire medical staff had applied these principles to their practice.

After the operation, Dr. Sanchez broke down as he went to see King. In an article written by Pat Leisner (1995), she relays the confrontation between Dr. Sanchez and King:

“I told him we had removed his left leg. I asked him how he was doing, how did it feel,” Sanchez said.

King responded with, “I thought we were going to amputate the right?”

“That’s right, but we did the left,” Sanchez told King. (para. 5)

Mr. King’s case is tragic and very real. There were several mistakes leading up to the incorrect amputation. Many people were involved, and many could have been blamed, at least partially, for the mistake. Who then is responsible for the mistake? If Willink and Babin (2015) were asked, they would say the responsibility falls on the leader. Their book reads, “The leader must acknowledge mistakes and admit failures, take ownership of them, and develop a plan to win” (p. 30). Many see Dr. Sanchez as not only the surgeon tasked with removing the leg but also as the leader of the whole operation (“Doctor Who Cut Off Wrong Leg,” 1995). His responsibilities should have included not only the removal of the leg itself but also verification that the preparation process had been done correctly, all the necessary tools were readily available, and the information given to him was correct. Willink and Babin (2015) claim, “When subordinates aren’t doing what they should, leaders that exercise

extreme ownership cannot blame the subordinates. They must first look in the mirror at themselves” (p. 30). As the leader, Dr. Sanchez was not exercising extreme ownership, as he later put the blame on errors made by other hospital personnel (“Doctor Who Cut Off Wrong Leg,” 1995).

One of the first mistakes occurred long before the surgery when an administrative assistant entered the information into the computer wrong, stating that Mr. King and his doctor (who was not Dr. Sanchez) had agreed to remove the left leg while the paperwork stated the right. Later, in the surgery room, the nurses referred only to the computer when preparing Dr. Sanchez’s blackboard and preparing the leg (“Doctor Who Cut Off Wrong Leg,” 1995; Herard, 2014).

During the operation, there were many medical staff members who unknowingly passed false information up the chain of command. While nurses and medical assistants do not need to have the skills required to remove a limb, they should have the knowledge of their role in sending the correct information forward. Willink and Babin (2015) encourage a practice of decentralized command. Decentralized command is the idea that at every level of a team the individuals must take ownership of the overall mission. It is true that Dr. Sanchez should have ensured he had received correct information about the operation; however, the nurses and administrative assistants should have also taken on the role of being leaders in their own sphere. Each nurse and assistant must “be proactive rather than reactive” (Willink & Babin, 2015, p. 184). This responsibility can include double-checking important information such as which leg needs to be amputated. Instead of Dr. Sanchez being the sole person in charge, each person at each level of the medical staff should have had an awareness of the situation and their role within that team. This would demand that each member of the medical staff take full ownership of the operation’s outcome.

Another practice the medical staff should have applied from Willink’s and Babin’s extreme ownership principles is to lead up and down the chain of command. Similar to decentralized command, leading up and down the chain of command is described as “[executing] the plan as if it were your own” (Willink & Babin, 2015, p. 238). This means that subordinates lead up the chain of command by asking for clarification if

something is not clear and giving feedback, and leaders are to lead down the chain of command by ensuring that subordinates understand the mission. There was a miscommunication at one point between King's medical doctor and the administrative assistant who had entered the information into the computer. The doctor failed to lead down the chain of command, and the administrative assistant failed to lead up the chain of command by asking for clarification. Would the administrative assistant have double-checked the information on which leg to amputate if he or she were the one performing the operation? For all of the medical staff to properly execute their jobs, they must lead in their own realm of responsibility. This means asking their superiors to clarify when things might be unclear or informing their leaders of what could be done better. For the subordinate leader to lead up the chain of command, they "must use influence, experience, knowledge, communication and maintain the highest professionalism" (Willink & Babin, 2015, p. 237). The key principle in leading up and down the chain of command is that everyone can be a leader. Whether or not one has a leadership title, as long as an individual takes ownership for everything in their world, then that individual is a leader. If the entire medical staff had been practicing this kind of leadership communication from King's medical doctor up to Dr. Sanchez, then King might still have his leg.

Willink and Babin (2015) push the idea that every individual on a team, whether the leader or not, must see themselves as responsible for the success or failure of the mission. "Take responsibility for leading everyone in your world, subordinates and superiors alike" (p. 238). If this principle is true, then each member of the medical staff could say they are responsible for the miscommunication which led Dr. Sanchez to amputate the wrong leg. In the future, medical staffs should practice effective communication to their subordinates and superiors by always evaluating their *own* communication skills.

Another technique that could have been utilized is the concept of cover and move. In the military, all teams are united against the same enemy, and Navy SEALs Willink and Babin know that if you are unable to cover another team, the consequences can be fatal. The general principle of cover and move is that a larger team (Mr. King's doctor and nurses)

relies upon smaller teams (Dr. Sanchez's surgery staff) that specialize on a task. These teams must depend on each other and understand who depends on them. If they work independently or even against each other, the results can be disastrous to the overall team (Willink & Babin, 2015). Cover and move can be difficult for a medical staff that is often overworked and mentally exhausted. Each member of the staff generally wants to get their own portion of the job done in the simplest way possible. In King's case, it seems as if none of the departments covered each other as they moved the patient from one stage of pre-op to the next. There would have been multiple chances to catch this mistake if each team had been working toward the same common goal of quality patient care. While exercising cover and move, it is important to remember: trust but verify.

The case of Dr. Sanchez and his medical staff is an unfortunate example of what happens when a team does not apply the principles of extreme ownership. As mentioned, an individual must always take responsibility for the planning, execution, and results of any operation. When Dr. Sanchez failed to take ownership of the planning and execution of the operation, he had no choice but to take ownership for the devastating results. We know that Dr. Sanchez was not the only one to blame; the medical team did not decentralize their staff, leaving only him to carry the weight of the operation. They should have implemented the tactics of leading up and down the chain of command and cover and move. With these principles of extreme ownership in place, King might have been able to keep his left leg.

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FINDING YOURSELF IN THE LOOKING GLASS

JESSICA BOOTH

UTAH VALLEY UNIVERSITY

Mixed Media: Paper & glass

The contradiction and unpredictability of what happens to Alice in *Through the Looking Glass* gave me a voice with which to express myself. I have followed the theme of Alice and her world in my art for several years now. After being very ill for many semesters, I started working toward a treatment that completely changed my standard of living. With this change, I began working with brighter colors and more expressive, abstracted forms, and the first of my Alice works was created. Since that time, Alice has been a symbol of life experience for me. Her events were fantastic and interesting, but also scary and unpredictable. She is an example of someone who doesn't always know who she is or where she's going; regardless of that, she speaks her mind and decides that, even if it really is just a dream, she will decide where she goes.

The work I create isn't supposed to be perfect or traditionally beautiful, but instead to show the beauty in unpredictability and chaos that is a huge part of each of our lives.



SUPPOSED TO BE

JESSICA BOOTH

UTAH VALLEY UNIVERSITY

Mixed Media: Plaster on wire frame with acrylic paint

HUMILITY: THE CORE SPIRITUAL ATTRIBUTE IN CREATING A HEALTHY WORK ENVIRONMENT

STACY JOHNSON
UTAH VALLEY UNIVERSITY

Spiritual leadership is a new term used to describe leaders who rely on and develop within themselves moral and ethical values. These spiritual values include humility, integrity, trustworthiness, and reliability, leading to behaviors like respect and attentive listening. When leaders practice such values, they are not proselytizing; they are making a difference in the work environment. These leaders are successful because they are “able to motivate followers, create a positive ethical climate, inspire trust, promote positive work relationships, and achieve organizational goals. These spiritual values and practices...allow leaders to achieve organizational goals such as increased productivity, lowered rates of turnover, greater sustainability, and improved employee health” (Reave, 2005, p. 656). They improve the work environment and create trust amongst followers.

When one thinks of spirituality, they often link it to religion. Although spirituality and religion are interdependent, spirituality is not religiosity. Someone can be spiritually minded without believing in a deity or a religion. Zinnbauer, Pargament, and Scott (1999) found many perceived definitions based on a survey they conducted. One perceived definition was that “religiousness was predominantly associated with formal/organizational religion, and spirituality was more often associated with closeness with God and feelings of interconnectedness with the world and living things” (p. 896). In other words, spirituality is personal, not global, and it reflects the morals and ethics of the individual. As I see it, interconnectedness with deity is an individual’s own spiritual journey, and only they determine how they feel that. Religion is formal and organizational in facilitating personal connection to deity.

Although there are many philosophers who questioned whether moral values are made “acceptable” by those in power, society commonly believes that being “good” comes from internal and intrinsic values that are developed in each individual. Most people would agree that a good person lives up to and strives to have moral values such as humility, respect, and reliability. However, an individual has their own ethical values. Seeking spirituality is as simple as being in tune with one’s own core values. Through the lens of spiritual leadership, we can integrate character, behavior, and effect on followers as a measurable indication of a humble leader (Reave, 2005, p. 660). In this essay, I will focus on spiritual leadership and how it relates to the skills and attributes of being a humble leader.

Because spirituality is personal, it can be implemented in the workspace as spiritual leadership. Leadership and spirituality are not as separated, at least outside of clergy, as one often thinks. Laura Reave (2005) researched the correlation of the two. After conducting her literature review on spiritual leadership, she wrote:

There is a clear consistency between the values (in the sense of established ideals) and practices emphasized in many different spiritual teachings, and the values and practices of leaders who are able to motivate followers, create a positive ethical climate, inspire trust, promote positive work relationships, and achieve organizational goals. These spiritual values and practices also allow leaders to achieve organizational goals such as increased productivity, lowered rates of turnover, greater sustainability, and improved employee health. (p. 656)

As Reave points out, there is a correlation between spiritual leadership and the ability to achieve organizational goals; this comes from the implementation of spirituality in the workplace. Spiritual leadership does not mean to be a leader of a congregation, but to be a leader who uses their core moral values to lead. Spirituality develops moral values including integrity, humility, trustworthiness, and reliability. These attributes create a healthy environment for followers, and as Reave indicated, increase productivity and employee (follower) health (p. 656).

A leader can cultivate a spiritual workplace by practicing moral attributes. Workplace spirituality as defined by philosophers Robert A.

Giacalone and Carol L. Jurkiewicz (2004) is “a framework of organizational values evidenced in the culture that promotes employees’ experience of transcendence through the work process, facilitating their sense of being connected in a way that provides feelings of compassion and joy” (p. 13). Spirituality at the workplace is not proselytizing, nor is it invasive. It is important to note the distinction between religion and spirituality because of the potential of legal ramifications (Reave, 2005, p. 656). In fact, those who claim they are not religious or spiritual still want to be in a healthy work environment. To have a healthy work environment, there needs to be workplace spirituality. Leaders who possess the spiritual attribute of humility will encourage workplace spirituality, one that is not connected to religion. To further this, I argue that humility is required to fully encourage workplace spirituality, ultimately bringing success to the team or company. When a person is humble, they will show the crucial leadership skills of “showing respect, demonstrating fair treatment, expressing care and concern, listening responsively, recognizing the contributions of others, and engaging in reflective practice” (Reave, 2005, p. 655). I will demonstrate this by providing an example of humble leadership, a definition of humility, the foundation of humility, and the measured effectiveness of humility in leadership.

THE EXAMPLE

Recently I was at the St. George Marathon watching the racers at the finish line. It was an incredible spectacle. I observed runners cross the line with happy faces; I’m sure they were glad the race was over and/or that they had met their goals. With about 150 yards to go, a girl running with the three-hour pacing group collapsed, her legs refusing to work. Out of pain and frustration she started bawling. One of the girls running in the pacing group stopped to pick her up, encouraging her to finish. Together, they struggled to get back up. Finally, they both stood and started to walk forward, albeit wobbly and unsteady. By stopping to help her competitor, this racer sacrificed qualifying for the renowned Boston Marathon. A few moments later, the girl fell over again. Her helper struggled to lift her back up. Suddenly, a male runner came from behind and grabbed the runner’s other arm and lifted her back up to her feet. With one person on each side, they were able to find stability and strength. Together, all three slowly started running to the finish line, arms linked and eyes determined.

They made it under three hours by mere seconds. These runners could have left her, thinking, “I have my own goals, she’ll be fine.” Instead, these two humble racers forgot themselves and their individual wants to help a fellow racer. What is even more impressive is that they all still accomplished their goals, finishing the race within three hours. This is an example that spiritual leadership is effective. These racers exemplified humility, showing that humble actions go a long way. All of them were able to accomplish their individual goals while striving to accomplish the group goal to just finish. This experience was burned into my mind and taught me that true leadership comes from the humble, not the proud.

This example rings true to what Laura Reave (2005) states: “Spiritual leadership...occur[s] when a person in a leadership position embodies spiritual values such as integrity, honesty, and humility, creating the self as an example of someone who can be trusted, relied upon, and admired” (p. 663). A leader who embodies spiritual leadership, such as the attribute of humility, creates a feeling of trust, allowing others to rely on them. Spiritual leadership, as stated before, is not the practice of religion, but the practice of developed moral and ethical values and attributes. The example above shows that a leader’s act of humility lets others know they can lean on and depend on someone else, as the runner did with these unexpected friends. There was no fear that she was alone. Instead, the other runners stopped to pick her up and help her legs start moving until they could do it on their own, until they reached the end together. Although this is a heartwarming story, and these runners were not superior to this girl, they still exemplified humility. They showed leadership.

DEFINITION

Humility comes from the Latin word *humilis*, which means “low” (Merriam-Webster, n.d.). Another explanation states that humility’s origin is also from the Latin word “humus,” which means “the earth beneath us” (Argandona, 2015, p. 63). These Latin origins define humility as being lowly, yet strong and stable as the “earth beneath us.” However, I want to emphasize that humility does not mean being submissive or docile; it means knowing your limits and capabilities. Antonio Argandona (2015) recognizes that, at its core, humility is self-knowledge. He states:

The core of humility is self-knowledge. The humble person is aware of her status, knowledge, capabilities, strengths and weaknesses, her assets, virtues, realizations and successes; her mistakes and limitations. This self-knowledge enables her to make an impartial judgment about herself and a correct self-evaluation or comprehension of the truth about herself. (p. 64)

To be humble is to truly know yourself, neither inflating nor deflating the self. We often think humility is either submissiveness or self-deprecation; that is simply not correct. It is important to note also that those who are humble disregard the narcissistic thinking of “my way or the highway,” and instead ask for the help, opinions, and strengths of others. Humility is not manipulative, but altruistic. It is important to know what one can learn, improve, and overcome. These skills are necessary to become a humble leader and create an environment of sincerity and trust.

ACCOUNTABILITY

A humble person has standards to compare themselves with, almost like goals. They are not meant to be discouraging, but to encourage and inspire. A role model can act as a healthy form of comparison. A role model is someone from whom an individual draws inspiration, a person they aspire to be like. Those who are humble have models and goals to compare how they are doing and, if they need to re-evaluate the encouragement of self-examination, a form of accountability. Concerning accountability, Argandona (2015) said, “the humble person develops the knowledge she has of herself through an active, continuous disposition to examine herself and her actions and to listen to others when they can give her information about herself” (p. 64). In other words, someone who is humble practices self-examination and seeks the help and opinion of others to complete the examination process. Most importantly, they listen carefully to the information given. It may be painful to hear someone’s accurate and sobering opinion about oneself, but the information they share can poignantly point to how one can change for the better. It is important to be accountable with others by trusting them to give honest, critical feedback when following up on one’s goals. It is vital to keep a healthy perspective and vision. These standards are given to provide encouragement to the humble, not to deceive them into believing they are too good or not good enough.

THE FOUNDATION OF HUMILITY

Now that humility has been defined, it is clear that the foundation of a humble leader starts in the way they think. Once this mindset is accomplished, leaders will be effective in creating an environment of trust. Leaders with humility strive to understand their followers. They may not always agree, but seek to understand from a place of sincerity. They encourage, take responsibility, and are genuine and kind. These seem like simple actions, and they are, but simple does not mean easy. The mindset of the truly humble is the root of the action, as is personal spirituality. As Reave (2005) poignantly posits, “Many leadership theories emphasize the need for the leader to articulate an inspiring vision, but what is important is not so much words but rather actions: the level of ethics demonstrated, the respect and compassion shown to others” (p. 657). These simple acts of humility can help an organization be successful.

MEASURED EFFECTIVENESS

Recently, Bradley P. Owens and David R. Hekman (2012) observed, “Leadership writers have argued that leader humility is important to organizational growth and survival” (p. 789). Many studies have been published to argue and articulate the importance of humility, an attribute of personal spirituality. People write about humility because of the success and effectiveness that companies and organizations have in individual teams or as a whole. Tombaugh & Tombaugh (2009) recognize “the growing realization that business must embrace the broad concept of personal spirituality” (p. 95). The reason they must do so is because “personal spirituality impacts the leader’s moral stability by contributing to strength of character, reducing egoistic needs, providing means and motivation for true moral choices and actions, and creating a strong moral identity” (p. 95). Leaders who embrace personal spirituality will find that it develops a strong character and helps them be more altruistic. The ability to reduce “egoistic needs” is critical for a leader to be successful among subordinates. Egoistic behaviors block a healthy work environment. When one’s need is perceived as greater than another’s, it causes disruption and invalidation. It is vital for a leader to develop their own personal spirituality to provide themselves with a moral compass and strength of character. The example they set in their environment will

increase the likeliness of people following. Usually, it is easier to follow someone who is sincere, altruistic, kind, humble, attentive, and moral.

To some, effectiveness may seem trivial and unmeasurable, but there is no doubt that effectiveness is a goal of any organization or company. A leader's spiritual values and practices contribute to leadership effectiveness. Trust in leadership is a success of personal spirituality. A study on the effects of apologizing conducted by Basford, Offermann, and Behrend (2014) indicates, "followers who viewed their leader as trustworthy or caring before a leader wrongdoing were more likely to perceive their leader's apology to be sincere, as compared to followers who previously doubted their leader's trustworthiness and caring" (p. 99). The outcome shows that leaders who are trustworthy and sincere will be better received when taking responsibility for an action through apologizing. Those who have never received the trust of their employees have a harder time and, potentially, a higher turnover rate. It is difficult to accept the apology of someone who doesn't seem sincere and has never been sincere to an employee. Basford, Offermann, and Behrend, (2014) also found that

Attributions of apology sincerity affected follower reactions, with followers perceiving sincere apologies reporting greater trust in leadership, satisfaction with supervision, leader-member exchange quality, affective organizational commitment, and forgiveness than those reporting insincere or no apologies. A mediation model was supported, showing that attributions of apology sincerity fostered perceptions of humility, which enhanced perceptions of transformational leadership, and consequently garnered more positive follower reaction. (p. 99)

This study demonstrates that leaders who are perceived as humble and sincere garner a positive follower reaction. These followers trust their leader and have fostered a positive relationship. Positive follower reaction is the success of spiritual leadership, especially the core attribute of humility. A leader does not have to fix everything wrong in their followers' lives, but if they seek to create a healthy environment for their followers, the

result would be an organization that works collectively, smoothly, and efficiently. Trust is instrumental and fickle. Humble leaders know this and treat their followers' trust with care.

It is still difficult to measure the effectiveness of a humble leader. However, Reave (2005) came to this conclusion:

Leadership effectiveness has been measured in many ways: by subjective evaluations from followers, peers, and superiors; by effect on followers; or by achievement of organizational goals such as profit and productivity. A holistic view of leadership looks at both the leader's effect on followers and achievement of goals. (p. 657)

To sum up, measuring effectiveness comes from response of peers, effect on followers, or even progress with reaching organizational goals. These combinations can measure how well or poorly the leader is doing. Reave also mentioned the need to accurately measure "effect on followers" to poll "follower satisfaction with the leader, follower retention, follower ethics and ethical behavior, and finally, organizational citizenship behavior (p. 657)." Although all of these methods still do not fully define what success as a leader looks like, it is still an efficient way to measure a leader's effectiveness.

It is important to note that, according to Reave, measured effectiveness does not come from the leader's ethical behavior, but their followers. This measurement implies that a truly effective leader inspires ethical behavior by how they model it. Some might say this is misguided, arguing a leader is not defined as successful by their followers' actions. Reave (2005) analyzes that "Many experts expect strategy, intelligence, even ruthlessness to be marks of a successful leader" (p. 657). However, these are not the marks of a successful leader. What Reave found in her literature review is that "spiritual values such as integrity, honesty, and humility have been repeatedly found to be key elements of leadership success" (p. 657).

CONCLUSION

In conclusion, personal spirituality is a foundational key to inspiring success and effectiveness. A leader must have already developed within themselves a personal moral code on which to act. My point with this

paper was to demonstrate that the core spiritual attribute to achieving success as a leader is the attribute of humility. When one is humble, they will show the crucial leadership skills of “showing respect for others, demonstrating fair treatment, expressing caring and concern, listening responsively, recognizing the contributions of others, and engaging in reflective practice” (Reave, 2005, p. 655). I demonstrated this by providing an example of humble leadership—the runners in the Saint George Marathon—a definition of humility and the foundation needed to act with humility, and lastly, the effectiveness of humility in the workplace by applying the study Basford, Offermann, and Behrend (2014) conducted on leaders apologizing with sincerity. It is clear that humility starts with one’s mindset, leading to actions like treating others kindly, being fair, listening, expressing appreciation and gratitude, and showing respect to all. Humility is a key spiritual attribute in demonstrating moral values. When a leader is humble, they see themselves as equal to everyone. There is no overarching hierarchy and ruthlessness, but simply respect and care for others. This simple action gains trust and respect of followers, leading to a measurable success.

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LEADERSHIP, CULTURE, AND CONTEMPORARY COLLABORATION

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As globalization and technology increase, cross-cultural collaboration has emerged as an area of major importance for leaders within the private and public sectors. Leaders are likely to find themselves in situations where they must navigate a range of distinct cultures and interact with co-workers, employees, and other members within an organization from diverse backgrounds. To equip leaders with cross-cultural collaboration, it is important to understand seven key areas: approaches to conflict resolution, communication styles, decision making, task completion, levels of disclosure, innovation, and epistemological approaches. This article describes each of these areas and explains how each area is important for leadership.

In today's world, leaders face numerous globalization challenges and opportunities. As technology advances and trade across international borders becomes standardized, many companies now have operations in multiple countries. Leaders often work with employees from separate cultures and language backgrounds. Whether working in the private or public sector, today's leaders need to have the necessary communication skills to engage in cross-cultural communication. "Traditional strategies used by management to manage a culturally diverse workforce is proving inadequate and may not be able to solve the problem in cross-cultural diversity in the era of globalization" (Singh, 2012, p. 43). Common barriers to cross-cultural communication include misunderstandings, stereotyping, ethnocentrism, and varied belief systems (Jenifer & Raman, 2015), which can often hinder the collective efforts of an organization. Current research suggests the main challenges and opportunities for cross-cultural communication are present in seven crucial areas: approaches to conflict and conflict

resolution, communication styles, decision making, task completion, levels of disclosure, and epistemological approaches. If leaders become familiar with these seven areas of cross-cultural communication, they will be in a better position to meet the various challenges and opportunities of a global environment.

One of the first major challenges for leaders in a cross-cultural context relates to conflict and conflict management. Divergent cultures approach collaboration and conflict in diverse ways. Some cultures perceive conflict as something to be avoided whenever possible. Others view conflict as essentially positive because it leads to transparent, honest interactions and robust competition (DuPraw & Axner, 1997). In Mediterranean countries, including Spain and Greece, conflict is expected and seen as a normal aspect of workplace interactions. Spanish or Greek colleagues who find themselves in conflict seldom take personal offense. Elsewhere, as in North American or Scandinavian countries, conflict is not seen as desirable, but co-workers are urged to deal with conflict situations openly and directly. However, any expression of conflict is highly discouraged (Singh, 2012). If conflict becomes unavoidable, written statements are preferred rather than meeting someone face-to-face (Jenifer & Raman, 2015).

Along with conflict resolution, another major area for leaders to be aware of in relation to cross-cultural interactions is communication styles. Communication styles and expectations range widely around the world. In Japan and South Korea, for instance, it is normal for business associates to bow formally to each other when meeting (Dupraw & Axner, 1997). People from English-speaking countries, on the other hand, typically shake hands as a greeting. If someone is not familiar with the custom of bowing in some Asian countries, misunderstandings and awkwardness can ensue. An awareness of cultural differences places leaders in an advantageous position and allows them to navigate interactions smoothly and successfully (Aneas & Sandín, 2009; Chen, 2017).

A third important area of cross-cultural communication for leaders to recognize is decision making. The roles that supervisors and managers take in decision making differ significantly across cultures. In the US and Canada, for example, supervisors often delegate decisions to subordinates. In contrast, in Southern Europe and Latin America, it is generally assumed

that the supervisor will make decisions alone and will very rarely delegate to others (Chen, 2017). The differences in culture are also applicable in group decisions. In Japan, reaching a uniform group consensus is ideal, while in North America, a “majority rule” approach is considered sufficient (Dupraw & Axner, 1997). When professionals work across multiple cultures, an understanding of cultural expectations in relation to delegation and decision making is vital in terms of successfully managing a multicultural team of employees.

As the expectations around decision making can fluctuate in the global workplace, an area of difference is task completion. The cultural attitude towards task completion may be influenced by several key factors, including fluctuating concepts of time, uneven levels of access to workplace resources, diverse notions of penalties and/or rewards associated with task completion, and a spectrum of ideas relating to the ways that task completion may intersect with workplace relationships and hierarchies (Singh, 2012). Specifically, cultures shift in terms of the priority placed on workplace relationships at a certain stage of a collaborative project. Asian and Latin American cultures typically put a high value on establishing relationships in the early stages of a mutual collaboration and emphasize task completion later, towards the end of the project. In contrast, North Americans and Europeans are more likely to prioritize the completion of a task at an earlier stage of a shared project, while allowing workplace relationships to develop as the project moves forward (DuPraw & Axner, 1997). As with other areas of cross-cultural communication, it is important for leaders to be aware of differences in expectations. Leaders must recognize that diverse approaches to task completion do not mean that members of a particular culture are less committed to finishing a task. Instead, these divergent tasks and expectations take on novel meanings across contrasting cultures and have the potential to consistently contribute to economic status, technological development, and business growth across the world.

Along with the areas that have been described, another area that can present challenges for leaders is the attitudes that are taken regarding personal disclosures in the workplace. As previously mentioned, various cultures take specific views regarding interactions between colleagues. The diversity here includes the sharing of personal information, including

one's thoughts and emotions. Around the world, fundamental notions of self waver, often impacting workplace interactions (Pekerti & Thomas, 2015). In China, it is considered unprofessional and inappropriate to be open about one's inner landscape and feelings, including one's thoughts regarding the root causes of an interpersonal conflict or workplace misunderstanding (Aneas & Sandín, 2009). In Canada and the United States, however, it might be expected that everyone involved in a project or situation will be open and willing to disclose information (Singh, 2012). These differences are especially crucial in situations where conflict emerges. Leaders should recognize individuals in some cultures will not feel safe or comfortable answering certain questions or revealing certain levels of information. Questions that might seem completely non-threatening to a North American, such as "What was the disagreement?" or "What was the sequence of events?" may be experienced in other cultures as intrusive, insensitive, or even rude (Singh, 2012). Varying approaches to disclosure means leaders need to be careful in making assumptions about a situation when working in a diverse global environment.

Leaders from different cultures have needed to adjust their strategies and paradigms in order to collaborate with peers and colleagues alike. Innovation has been strongly supported as a connection between creativity and success and is often readily acknowledged in many collaborative settings (Heunks, 1998). In learning to understand and support innovation in an organization, original ideas must be supported by members of the group (West & Farr, 1992, p. 252). However, many point out the challenges for this type of unique innovation, such as the waning age of a firm (Kao, 1991, p. 4), the ethical implications in fields like medicine (Johnson & Rogers, 2012), and cost efficiency (Chen et al. 2006). For leaders to successfully facilitate this integration, and for companies to stand out as leaders among their peers, these obstacles must be overcome.

A final area of opportunity and challenge for leaders when it comes to cross-cultural communication relates to varying epistemologies, or ways of knowing. Cultures differ widely in terms of the processes that people use to arrive at knowledge. In North American and European cultures, there is a strong emphasis on using empirical, cognitive methods to collect information. These methods include the scientific method, collection

of data, counting, and measuring. Within this same cultural context of educational pursuit and knowing, most North Americans and Europeans consider these processes to be superior to other ways, which can often verge on ethnocentrism (Jenifer & Raman, 2015).

In contrast, many African cultures prioritize affective methods of accumulating knowledge, such as symbolic imagery and rhythm. In Asian cultures, knowledge is often acquired through a process of searching for spiritual transcendence (DuPraw & Axner, 1997). If a leader is unaware of different epistemologies and has never considered how her or his own epistemology may diverge from others, then problems may arise (Chen, 2017). It is important for leaders to recognize that various ways of knowing (e.g. symbolic, transcendent, empirical) have unique strengths, as well as weaknesses. Research suggests the use of a wide spectrum of epistemologies can be valuable when there is a need to find innovative solutions to problems. In situations where one way of finding knowledge is inadequate, another epistemology may present a new perspective (Aneas & Sandín, 2009; Pekerti & Thomas, 2015). Combined epistemologies provide important assets for multi-cultural organizations.

An understanding and recognition of these seven key areas of cross-cultural communication are critical for leaders to have the tools to successfully work with a wide range of people and cultures. The ability to engage respectfully with people around the world is important for companies and organizations who seek to remain current in an era of globalization (Bird & Mendenhall, 2016). By being attentive to cross-cultural communication, leaders can be prepared to meet the challenges and opportunities that emerge in the coming decades and to anticipate potential issues before they arise.

With advances in modern technology, distributing information more rapidly around the world than ever before, the global workplace is becoming a standard for many organizations. Within this context, cross-cultural communication is of fundamental importance for leaders who wish for success. A thorough understanding of these seven key areas will help prepare leaders for successful interactions with the diversities of the world.

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A SHIFT IN PARADIGM: FROM ADULT LEADERSHIP TRAINING TO YOUTH LEADERSHIP DEVELOPMENT

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This article accentuates the importance of teaching leadership skills to younger students to help them become great leaders. Leadership is not a rank or a role, but a process based on skills learned through life experiences. It is imperative to begin this teaching process early in life to develop responsible citizens who are well prepared to achieve their goals and guide others to change the world for the greater good. The article also summarizes a framework of youth leadership development which centers around three primary constructs: Leading Self, Leading with Others, and Changing the World.

The future of our society depends on the quality of leadership development opportunities provided to our youth. Both parents and teachers play a significant role in preparing students for current and future attainments. However, since many of these skills are taught at K-12 school levels, teachers bear an enhanced responsibility. It is understandable that students need to learn necessary academic skills; reading, math, science, social studies, and other educational areas as early as pre-kindergarten, but in the 21st century, the purpose for schooling should be more than teaching students basic academic skills. Education's primary intent should be to evolve students into highly productive and influential citizens who can positively transform their communities.

Students cannot become transformational citizens by merely learning some basic skills. Students need methods that can help them become self-aware, resilient, and, most importantly, visionary. By being self-aware, they know their weaknesses and strengths. By being resilient, the students can learn to endure setbacks and recognize that setbacks are inevitable. By

being visionary, they can envision their destination. The students should know their aspirations and what is required to achieve those dreams. They should learn early in their lives to stay on task longer despite multiple failures and that achieving higher goals is a collective effort. Teaching these fundamental skills cannot be accomplished if nothing is changed in the educational systems. Educational leaders should work to acquire and expand structures to prepare students for the 21st century's intricacies. It should be unacceptable for students to leave schools deprived of the skills needed to prosper in an ever-changing and highly competitive world.

Academic organizations must strategically plan such opportunities where leadership skills can be taught explicitly and learned skills can be applied toward real-life activities. Youth and adolescents need support both from parents and educators to explore their leadership development (Turkay & Tirthali, 2010). Early leadership experiences can be extremely valuable in developing strong leaders (Mortensen et al., 2014), but little research has been conducted on how leadership is perceived by elementary or middle school students. Mortensen et al. (2014) conducted a study on youth who were between the ages of 12 and 19 and participated in the National Youth Leadership Initiative (NYLI), a leadership development program that provided leadership training for one year. Mortensen et al. (2014) sought to understand leadership from the youth perspective.

The notable findings of this study were as follows: Youth believe that anyone can be a leader; youth emphasized that for someone to be a leader, having good morals and qualities like integrity and benevolence are more critical than specific leadership traits. Youth also perceived that leadership is situational and the purpose of leadership is to bring about a positive change. According to them, leadership is not an individual effort, but a collective effort of all involved and leaders influence followers to make the right choices, and instead of directing them entirely, they act as their mentors.

People in administrative positions are generally considered to be leaders, but one must understand that leaders do not need a rank or a position. They can come from any walk of life, and anyone can learn leadership skills. To determine what makes someone a leader, leadership scholars ventured to define leader and leadership concepts for nearly a century. While tens of thousands of pages are written on defining leadership

and leadership theories in the literature, the study on youth leaders is comparatively absent. Mortensen et al. (2014) found the need to extend the invitation to other researchers for more scholarly work to promote a discrete youth-driven perspective of leadership.

During the first half of the 20th century, a fundamental belief dominated that leaders are born and not developed. It was a common notion that some people are born with natural talent and are predisposed to lead. Their life-long experiences were either not known or not considered. Talent is indeed needed to motivate others to attain presumably unachievable shared goals. Later in the 20th century, researchers agreed that one could develop these talents over time by experiencing specific life events. Multiple youth leadership development programs appeared in the United States to address the deficit of youth leaders and to encourage them to be tenacious community change agents (Mortensen et al., 2014). These leadership development programs empower youth by involving them in civic activities and producing self-confidence (Makhoul, Alameddine, & Affi, 2011; Mitra, Sanders, & Perkins, 2010). Many such youth leadership training programs are not tailored to meet the needs of youth leaders because when these programs were developed, youths' perspectives about the program were not sought when these programs were developed (Mortensen et al., 2014). These programs are more focused on developing leaders instead of leadership skills. Most programs are centered on teaching students community service, public speaking skills, or solving school or community issues.

The Center for Creative Leadership developed a handbook providing guidelines on how to develop leadership skills (Van Velsor, McCauley, and Ruderman, 2010). This guide can be used to develop such valuable skills early on in life. There is a discussion in the handbook that although some experiences and personality characteristics can be innate, many human skills that add to dynamic leadership can be acquired. Van Velsor, McCauley, and Ruderman (2010) described the framework for student leadership development that has three main constructs: leading self, leading with others, and changing the world.

LEADING SELF

Self-leadership is essential for individuals to manage their own actions, motivating and leading themselves using particular sets of cognitive

and behavioral approaches. The notion of self-leadership is linked to self-awareness, character attributes, and emotional intelligence. With practice, individuals can control their level of motivation, manage their feelings, and alter their behavior according to the situation. Self-leadership is a concept that evolved from self-management.

Self-leadership begins in life as early as cognitive development starts. It is the ability to manage one's feelings, perceptions, motivation, and actions. Students as young as preschoolers can learn skills for self-leadership. If students can lead themselves responsibly, their academic achievement could increase, discipline referrals could decrease, and schools' overall working conditions could improve. These are the desired outcomes of education and there are unrealistic expectations from teachers that they will achieve these outcomes without any focus on self-leadership development.

LEADING WITH OTHERS

According to Van Velsor et al. (2010), the next construct of leadership is working and leading with others. Working with others is the ability to work effectively with anyone, particularly with people who are different from oneself. In this case, developing cooperative relationships through considering others' points of views while utilizing excellent communication skills is necessary. Leading with others includes having teamwork and collaboration skills. Covey (1989) emphasized the significance of teamwork, stressing that when people synergize, they deliver results a person could not produce individually. Synergy is a higher form of collaboration where team members work collectively toward a dream that seems unachievable. Hence, synergy should be instilled in children. Effective collaboration and clear communication help people in an organization to achieve maximum success.

The skills needed to lead others are interpersonal. This means one knows how to get along with people from all walks of life, handle disagreement effectively, communicate clearly, and build long-lasting, strong relationships. These are valuable skills for students to learn to be able to create high functioning teams and excel in their projects, competitions, and sports. If taught explicitly, these skills benefit people of all ages. Teaching these skills early in life changes them into habits.

CHANGING THE WORLD

Youth undergoing this leadership development experience a “self-reinforcing process” (Murphy & Johnson, 2011, p. 460). Self-reinforcement is a process in which a person controls his behavior by rewarding himself when he surpasses an objective. As one becomes better in leading oneself, that individual is more likely to become involved in leadership opportunities to influence others. This will enhance the person’s leadership efficacy, which, in return, helps the person to impact the world around him positively. The notion behind this discussion is that if leadership training is provided explicitly to all school-age students, it will produce a self-fulfilling prophecy. That means the students will expect themselves and others to behave as leaders; thus, creating an environment of high expectations needed to achieve a higher purpose.

Academic organizations must include youth leadership development opportunities in the strategic planning process and devise an impactful curriculum to invest in the development of responsible and ethical student leaders who are prepared to play a positive role in the future development of society. Multiple leadership developmental opportunities starting at an early age can have a stronger influence on an individual’s later leadership development due to the reinforcement of the content (Murphy & Johnson, 2011).

There is no doubt that parents have a vital part in the cognitive and social-emotional development of their children. Still, educational leaders are accountable for providing skills necessary for students’ future success. Educational leaders can transform the school system so all students are aware of their strengths, improve their weaknesses, combat setbacks, solve predicaments, be tolerant of others’ viewpoints, stand up for what they believe in, and know how to set and achieve goals. These students’ dreams for bright prospects are contingent on the skills learned at school.

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ABRAHAM LINCOLN: THE APOTHEOSIS OF LEADERSHIP

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This article highlights the essential leadership qualities exhibited by Abraham Lincoln. Lincoln's exceptional humility allowed him to listen to wise counsel and accomplish tasks he could not have without hearkening to their advice. He also had an incredible ability to communicate with others and persuade them to adopt his vision. He was resolute and steadfast in his convictions. He possessed an uncanny capacity to understand other's emotions and connect with them. All of these qualities helped make Lincoln one of the greatest leaders in history, and all of them can be acquired by anyone that studies and emulates them.

To understand leadership, one must first understand history. The world has been shaped by its greatest leaders. Consider Abraham Lincoln: he was born in humble circumstances with few amenities but grew to become one of the most impressive figures in history. Even now, 154 years later, his example inspires men and women everywhere, especially in times of trouble. In some of the most divisive and controversial circumstances in history, he acted boldly. Unfortunately, even today, the United States faces racial tension and divide. And, as in Lincoln's time, the world needs great leaders to act with principle and courage. The purpose of this essay is to highlight principles and characteristics that a modern leader can learn from Abraham Lincoln and strive to emulate in their own leadership capacities.

HUMILITY

Abraham Lincoln did not have much to say about his boyhood. When running for President of the United States, a writer asked him about his early

life. Lincoln responded, “It is a great piece of folly to try to make anything out of my early life. It can all be condensed into a single sentence and that sentence you will find in Gray’s *Elegy*—“The short and simple annals of the poor.”¹ Perhaps his meek upbringing contributed to his humility later in life. Jeff Hyman, a leadership strategist, wrote, “Humble leaders understand they are not the smartest person in every room. Nor do they need to be. They encourage people to speak up, respect differences of opinion and champion the best ideas, regardless of whether they originate from a top executive or a production-line employee.”² Abraham Lincoln was humble enough to surround himself with people with whom he did not agree. He recognized the worth of differing opinions. He appointed Salmon Chase to be the Treasury Secretary, knowing Chase sought to undermine him to acquire the presidency. While Lincoln knew this, he was also humble (and confident) enough to understand the inherent value of having difficult discussions and reaching compromises with opposing factions.³ A humble leader recognizes that teamwork is critical to mission success and seeks to build strong teams which are conducive to meaningful discussions and problem solving.

Another aspect of humble leadership is a willingness to share credit in success and take responsibility for failure. Leadership is not about seeking praise or recognition; it is about bringing people together to make a difference.

In discussing humility’s importance in effective leadership, it is worthwhile to consider its antithesis of egoism. The Roman Senate, for example, began to think of Julius Caesar as a tyrant seeking to overthrow the Roman Republic in order to place himself at the throne of a monarchy. Caesar was completely oblivious to the Senate’s perceptions, which reflects his self-interest and ego. Had he surrounded himself with opposing viewpoints and been humble enough to seek out and understand the perspectives of the different factions of the Senate, he may have been able to adjust his

¹ Benjamin P. Thomas, *Abraham Lincoln: A Biography*. (United States of America: Southern Illinois University Press, 1952).

² Jeff Hyman, “Why Humble Leaders Make The Best Leaders,” *Forbes Magazine*, November 2, 2018. <https://www.forbes.com/sites/jeffhyman/2018/10/31/humility/#22fd62721c80>.

³ Diane Coutu, “Leadership Lessons From Abraham Lincoln,” *Harvard Business Review*, April 1, 2009. <https://hbr.org/2009/04/leadership-lessons-from-abraham-lincoln>.

leadership. The Roman Senate famously assassinated Caesar in 44 BC. It is also worth noting that the Senate believed they would be hailed as heroes for having killed a tyrant, but they were unaware of the public's perception of Caesar. Had it not been for Marc Antony's intervention, the people of Rome likely would have murdered the senators. Both Caesar and the senators were driven by ego and failed to learn the lessons of humility and seeking alternative viewpoints.⁴

COMMUNICATION

Related to this lesson from history, Deborah Barrett wrote, "Through effective communication, leaders lead. Good communication skills enable, foster, and create the understanding and trust necessary to encourage others to follow a leader."⁵ Barrett used two very important terms for a leader, "understanding" and "trust." Caesar failed to win the trust of the Roman Senate because of his lack of communication. The Roman Senate likewise failed to understand the public because of their lack of communication. Lincoln, on the other hand, was an excellent communicator.⁶

Currently, riots and protests fill the streets of America as a result of eroded trust in public institutions. Many feel disenfranchised and marginalized by community leaders and elected officials. These protests followed the widely publicized murder of George Floyd, a black man, by a police officer. Protests following the murder, unnecessary use of force, or abuse perpetrated by police officers against black people are nothing new. They have become a recurring theme throughout recent history. Many protesters have even called for the abolition of police departments⁷

This has come as a result of leaders on either side of the political spectrum failing for decades to bring together the police and those who feel disenfranchised and make meaningful changes. There is a dangerous

⁴ Michael Parenti, *The Assassination of Julius Caesar: A People's History of Ancient Rome* (United States of America: The New Press, 2004).

⁵ Deborah J. Barrett, "Leadership Communication: A Communication Approach for Senior-Level Managers." (2006) Emerald Group Publishing Limited: <https://hdl.handle.net/1911/27037>.

⁶ See <https://lincolnasgreatcommunicator.wordpress.com/>, A website completely dedicated to Lincoln's communication skills.

⁷ Mariame Kaba, "Yes, We Mean Literally Abolish the Police," *The New York Times*, June 12, 2020, <https://www.nytimes.com/2020/06/12/opinion/sunday/floyd-abolish-defund-police.html>.

lack of understanding between the two parties. The United States is in desperate need of leaders who listen and communicate effectively.

Donald T. Phillips wrote in his classic book *Lincoln on Leadership*, “For Lincoln, casual contact with his subordinates was as important as formal gatherings, if not more so, and today’s leaders should take note of this style.”⁸ This clearly shows an advanced understanding of the importance of communication. Even in small, seemingly meaningless conversations with his subordinates, Lincoln saw opportunities to influence and build trust. He was not annoyed or irritated by casual conversation; in fact, he approached every conversation with respect and care. This sort of open communication is conducive to trust and team building in any environment. Effective communication has the power to prevent long-term conflicts. Discussions on racism and police brutality have persisted for decades in America, yet American leaders have failed to bring about meaningful change and reach a compromise between the police and those with grievances. To be an effective communicator, actions must follow words. Phillips noted, “Lincoln built credibility by being consistent and clear when speaking to others. But he did it with more than words; his actions mirrored what he said.”⁹ Notice Phillips used the word “credibility;” Lincoln’s subordinates trusted him because he made himself credible with his honest communication. Empty words, on the other hand, will have the opposite effect. They will result in a loss of trust in public institutions and elected officials. People whose voices may have been heard but have certainly been ignored will feel marginalized and disenfranchised.

VISION AND RESOLVE

It may seem counterintuitive that both resolve and humility are qualities that coexist in good leaders, but Lincoln showed that these two seemingly contrasting characteristics can paradoxically complement one another. Lincoln was a visionary man. At a time in American history when slavery was vigorously defended by many, Lincoln sought to abolish it. Although his vision was not completely perfect (in his early life he expressed a belief in the doctrine of colonization), he was willing to do whatever was necessary to bring his vision into reality and to right a moral wrong.¹⁰ Lincoln allowed

⁸ Donald T. Phillips, *Lincoln on Leadership* (New York, NY: Warner Books, 1992), 16.

⁹ Phillips, *Lincoln*, 153.

¹⁰ Allen C. Geulzo, *Lincoln’s Emancipation Proclamation: The End of Slavery in America* (United States of America: Simon and Schuster, 2005).

his cabinet to debate the issue of slavery so they felt they were all heard, but he already knew which path the country needed to take. His purpose was to accomplish his vision, and he was resolute in accomplishing it. Though some members of his cabinet did not agree with the Emancipation Proclamation, he eventually informed them that he only wanted to hear their ideas for its implementation, not whether he should go forward with it.¹¹ Lincoln later faced similar opposition in his ardent effort to ratify the 13th Amendment. He likewise tenaciously defended his vision. This sort of resolve is necessary in accomplishing anything of value. One must believe in his or her cause and then be willing to fight for it in the face of opposition. It is only the most courageous and influential leaders who are willing to pursue their course with this sort of unwavering resolve, leaders like Rosa Parks, George Washington, and Martin Luther King Jr.

Resolve does not, however, negate one's responsibility to be humble. Humble confidence is necessary to both accomplish one's vision and maintain the humility necessary to listen to subordinates and communicate effectively. Confidence is not the same as arrogance. Confidence is believing and trusting in oneself and one's vision, but also being confident in the people with whom one has chosen to surround themselves. Arrogance is being untrusting and suspicious of others while disregarding their valuable insight in pursuit of selfish ambition. Again, Lincoln exemplifies the qualities of a truly great leader in that such a leader will accept criticism and improve personally while continually inspiring others to adopt his vision.

EMOTIONAL INTELLIGENCE

Abraham Lincoln was known to possess a great deal of emotional intelligence. Emotional intelligence is lauded by contemporary leadership experts. It refers to one's ability to control their own emotions, perceive the emotions of others and act in an appropriate manner (i.e., someone who is emotionally intelligent will be able to perceive when someone is experiencing grief, and will know to act empathetically toward them). The necessity of this attribute becomes apparent when contrasted in two variations of a story: Jennifer, a sales manager, has had trouble getting one of her sales representatives, Ryan, to produce desired results. He has been

¹¹ Coutu, "Leadership Lessons."

late to work for the past several days and is performing at a considerably lower level than normal. To add to Jennifer's frustration, Ryan's attitude of late has been terrible. He has been completely aloof from the other employees and does not seem to be talking to anyone. So, Jennifer, facing the scrutiny of her superiors, decides to act. In an effort to send a message to Ryan and her other employees, she castigates Ryan in front of his peers for his underperformance. To her shock, over the next few days, Ryan's performance steadily worsens.

Now, consider the story if Jennifer had been emotionally intelligent: Jennifer, a sales manager, has noticed that one of her employees, Ryan, has been struggling to produce at his normal capacity, so she decides to visit with him one-on-one to evaluate the situation. She is shocked to find out about the illness of a close relative that has affected his personal life. She offers to give Ryan some time off to clear his head. Ryan is impressed by her empathy. He feels a greater sense of loyalty to her and to the rest of the team. He takes a few days off and returns to work reinvigorated, performing much better, even exceeding his previous averages.

In the second story, Jennifer was able to separate herself from her interests long enough to think about the problem rationally. She knew Ryan was capable of higher production (he had demonstrated so in the past), and she could therefore assume that something was causing his underperformance. In a mature way, she sought a confidential meeting with Ryan, one in which he could feel comfortable and open, and found out that his home-life was interfering with work. Reasoning that time off would help him return to his normal productivity, Jennifer offered him the time to rest. She did not act impulsively to try to find a quick fix to the problem (as she did in the first story) as a result of her superiors' scrutiny. Because she acted in a selfless, mature way, she built trust between them.

Abraham Lincoln was a leader with an extraordinary amount of emotional intelligence. He was able to handle situations with constituents in a mature, thoughtful way, much like Jennifer in the case-study presented. Lieutenant Colonel Amanda S. Meyers excellently illustrated Lincoln's emotional intelligence:

Striking examples of the President's empathy are seen in his attitudes concerning both the slave and the slave owner. Lincoln abhorred slavery and understood the hypocrisy of a country that declared "all men are created equal" in its founding document while still holding a certain class of men in bondage. The hard work he did as a young man, usually with no reward or benefit from his father, ingrained in Lincoln the inherent right that a man should earn a fair wage for his labors. But in contrast to most anti-slavery leaders of the day, Lincoln did not cast Southern slave owners as un-Christian or corrupt, but consistent with what any Northern businessman might do in a similar situation. He argued, "they are just what we would be in their situation. If slavery did not now exist amongst them, they would not introduce it. If it did now exist amongst us, we should not instantly give it up...When it is said that the institution exists, and that it is very difficult to get rid of it, in any satisfactory way, I can understand and appreciate the saying. I surely will not blame them for not doing what I should not know how to do myself."¹²

Lincoln clearly had the emotional intelligence requisite to make level-headed decisions despite his own ideological persuasion. He empathized even with those who disagreed with him, acting compassionately to both friend and foe. He did not label southern slave owners as terrible people. Rather, he empathized with them even though slavery was an immoral atrocity in his eyes. He knew that he had to lead men and women with whom he disagreed, so sought to understand their viewpoint in order to act in a rational and mature way. Lincoln realized that he would need to understand the opposing viewpoint to be able to ever accomplish meaningful changes, even though it may have been difficult for him to understand a practice so immoral. Once again, leadership is about bringing people together to make a difference—that requires understanding and empathy. Politically divisive rhetoric may be fashionable, but it is utterly useless in driving meaningful change.

¹² Amanda Meyers, *A Rising above the Fray: Abraham Lincoln's Wartime Presidential Leadership* (United States of America: United States Army War College, 2014).

LEADERSHIP IN A CRISIS

Lincoln was exemplary in the way he exhibited leadership qualities. He, however, is not the only man or woman who has possessed them. The sad truth is many heroic men and women exhibit remarkable leadership qualities every day and go unnoticed by the world at large. These people may leave indelible imprints on their followers or subordinates or children, but books or films will never be based upon their lives.

What differentiates Lincoln from these unknown remarkable leaders is not just the publicity surrounding an elected office. Martin Luther King Jr. was not a president, nor was Rosa Parks. These people were called upon (or took the initiatives themselves) to lead during some of the most important crises of American history. In periods of extreme uncertainty, people look to leaders more than any other time. The greatest and most memorable world leaders all served during crises. The way a leader handles a crisis will either establish their legacy or forever tarnish it. Consider again the betrayal of Caesar. The poor handling of a crisis by the Roman Senate led to a power vacuum and a brutal civil war. Brutus' name remains synonymous with betrayal centuries later.

Lincoln was on the right side of history. His actions, while controversial at the time, have been exonerated by history's adjudication. Right now, the world faces two significant crises, COVID-19 and heightened racial tensions, which will define a generation. History has its eyes on the leaders of our time, and the decisions they make will be scrutinized for years to come. Whether they will be remembered with fondness or disdain is contingent upon the decisions they make to mitigate these crises and heal our divided nation.

CONCLUSION

President Abraham Lincoln was an incredible leader. He was a humble man who valued relationships. He was resolute and committed to a vision greater than himself. Volumes of books and articles have been written about him, films have been based upon him, and much more will be written or filmed concerning his remarkable life. However, Lincoln was only a man; he was made of the flesh and bones like everyone else. He proved that even ordinary people can become great leaders—and America needs great leaders now more than ever before. With the COVID-19 pandemic and teetering

race relations in the United States, the country could use leaders who listen and communicate better, are emotionally intelligent, and can lead no matter the circumstances. Everyone has the capacity to acquire the skills and attributes Lincoln possessed. Every day, inspiring men and women lead people through trying times. They wear the faces of police officers, social workers, parents, guardians, teachers, bosses, community leaders, and so many others. Through hard work, patience, and determination, anyone can acquire the leadership attributes of humility, communication, emotional intelligence, vision, and resolve that Lincoln exhibited.

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ANGEL OAK

CHRISTIN HUNTSMAN RAWLINGS

UTAH VALLEY UNIVERSITY

Photography

The Angel Oak tree has seen hundreds of years of humanity. Folklore tells of ghosts and angels protecting the tree. Stories say Native Americans buried their dead under its roots. During the Civil War, the tree was on a slaveholding plantation owned by the Angel family. Slaves worked around the tree and some were killed by hanging from its branches. During the civil rights and segregation era, black families picnicked under the oak's protective branches. Legends say that people through the ages now protect the tree as ghosts and angels. Regardless of mystical opinions, one thing is certain: this tree has seen humanity through some of its ethically greatest and worst moments.

**ESSAYS ON CURRENT ETHICAL
ISSUES**



SILENCE

CHRISTIN HUNTSMAN RAWLINGS

UTAH VALLEY UNIVERSITY

Photography

The gravesite for Martin Luther King, Jr. is visited by more than half a million people per year. How many of those people move forward to continue King's ethical and moral leadership, and how many silently turn away? Martin Luther King, Jr. is often credited with saying, "Our lives begin to end the day we become silent about things that matter."

THE WHITE HOUSE'S RESPONSE TO BLACK ATHLETES' PROTESTS: CRITICALLY ANALYZING SOCIAL PROCESSES BETWEEN LEADERSHIP IN SPORTS AND GOVERNMENT

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Extant research has documented racial inequalities in professional sports and the underrepresentation of Black people in leadership roles (e.g., team captain, head coach, organizational administrator, etc.). Professional athletes, while idolized by pop culture, are similar to other working professionals seeking to build a career and achieve financial stability. Many Black athletes continue to battle racial inequality while navigating their professional careers. The current paper argues that racial inequality encountered in sports parallels broader social dynamics, and governmental responses to race-related protests have the power to reframe and even stymie race-related social change.

RACE, SPORTS, AND SOCIETY

Ideally, sports should avoid any racial discrimination and objectively evaluate athletes' and coaches' performance. Representing a true meritocracy, the best players should play, and the best leaders should lead. Regardless of race, all team members should have equal opportunity to earn a starting position or central role. History demonstrates that true meritocracy in sports has been flawed because certain athletes have faced barriers to leadership despite their professional accomplishments. Since the 1960s, Black professional athletes have publicly protested racial injustice including Tommie Smith, John Carlos (Peterson, 2009), Arthur Ashe (Hall, 2014), and Muhammad Ali (Farrington et al., 2012). Recently, Colin Kaepernick (Martin & McHendry, 2016), Serena Williams (Douglas, 2012; Litchfield et al., 2018), and LeBron James (Coombs & Cassilo, 2017; Galily, 2019) have openly denounced social inequalities in their respective sports.

Many professional athletes operate within a public arena that society deems sacred, as spectators often self-identify with the achievements of their preferred team or athlete and religiously follow their careers (Wenner, 1989). Athletes can leverage such publicity to address socio-political issues. Some athletes have specifically condemned state-sanctioned violence against Black people, which directly aligns with the Black Lives Matter movement (Casey, 2020). Some agree with professional athletes using their widely-broadcasted platform to challenge social issues (Martin & McHendry, Jr., 2016). Others maintain that sports should be an apolitical space or, at the very least, professional athletes should not disrespect the country by willfully ignoring the pre-game ritual of national commemoration (Galily, 2019). However, as the next generation of athletes emerges, disputing racial injustice will continue through people like Naomi Osaka who quickly garnered support from other players to boycott major sporting events (Clark, 2020; Golliver, 2020; Kyodo News, 2020).

Numerous Black athletes contend with implicit racial biases, stemming from racial stereotypes. Stereotypically, Black athletes are considered quicker, stronger, and more “athletic” (Haslerig et al., 2020), yet less intelligent (Hodge et al., 2008; Pitts and Yost, 2013). While some may contend that a racialized intelligence gap is an antiquated idea, we chose to foreground the notion because ignoring it may perpetuate the problem. Discrediting the skewed perception of differential intelligence obscures possible explanations of why some people perceive Black athletes to be less apt for formal and informal leadership positions. The following section will discuss leadership discrepancies in team systems, and barriers to administrative hiring for Black candidates in the sports industry. Then, we posit that barriers to leadership at the team level and the league level connect to the rhetoric from national governmental leadership. We elucidate how government responses toward protests in sports bolster durable inequality, and how some popular narratives from governmental leaders reproduce racial inequality in the United States (US).

LEADERSHIP ON THE FIELD: RACIAL POSITIONAL SEGREGATION

While sports leadership often involves team captaincy, academic researchers also consider its connection to positional segregation.

Positional segregation entails intentional coaching assignments of players to more or less central roles based on racial stereotypes (Sack et al., 2005). Three elements of centrality include informational (Bradbury, 2013), spatial (Fransen et al., 2016), and control of outcomes (Johnson and Johnson, 1995). These three types of centrality are not mutually exclusive; for example, the quarterback position in football fits all three elements. Quarterbacks are at the center of every offensive formation, initiate every offensive play, and make strategic decisions that influence play-calling outcomes.

Sports scholars have unveiled purposeful positional segregation of non-White players away from central roles. Positional segregation usually leads to an overrepresentation of Black athletes in peripheral positions across different sports including football (Pitts and Yost, 2013; Siler, 2019), and baseball (Sack et al., 2005). Racial stereotypes inform segregation between Black and White players (Hodge et al., 2008), which disproportionately limits Black team members' access to leadership.

Black players who attain central positions still confront pressure to conform to racial stereotypes. Bopp and Sagas (2014) found that coaches urged Black quarterbacks to execute more running plays than passing plays, even though quarterbacks should pass more than they run. The encouragement to run more and pass less satisfies the stereotype that Black quarterbacks are best utilized for their athleticism, rather than their intellect, as passing plays are more complex (Hodge et al., 2008).

LEADERSHIP OFF THE FIELD: THE PIPELINE TO COACHING & ADMINISTRATION

High performance as a leader in a central position for many professional athletes often precedes a pipeline to head coaching appointments and careers in sports administration (Day, 2015). Constrained access to on-field leadership roles constructs a glass ceiling for some Black professional athletes (Cunningham, 2003). Feelings of inadequacy, among other race-related factors, prevent some Black former athletes from pursuing coaching and administrative occupations (Cunningham et al., 2006).

The National Football League (NFL) presented a potential solution with the "Rooney rule," requiring professional teams to restructure their

administrative hiring procedures to increase diverse representation (Dubois, 2017). While some credit that the net increase of non-White coaches as progress for people of color in executive leadership (DuBois, 2016), others question the rule's efficacy in ensuring Black and White coaches are equally hired (Fanning & Ruther, 2011). Data from the 2019 season suggest that room for improvement remains, as the league was comprised of 59% Black and 70% non-White players, but only 12.5% of coaches were non-White (Paine, 2020). Black NFL coaches who break the glass ceiling still experience challenges in their career (Fanning & Ruther, 2011). Considering the National Collegiate Athletics Association (NCAA), Cook and Glass (2013) detected that Black college basketball coaches were disproportionately assigned to teams with a poor winning record, a phenomenon which they labeled the "glass cliff." When unable to generate winning records, team administrators replace Black coaches with White coaches, termed the "savior effect" (Cook & Glass, 2013). As coaching success heavily depends on performance and winning percentages, Black coaches become increasingly harder to hire, reinforcing the upward battle of the coaching market (Seebruck & Savage, 2014; 2019).

CONFLICTING LEADERSHIP: GOVERNMENTAL RESPONSES TO PROTESTS IN SPORTS

During his presidency, responses from Donald Trump to NFL administrators (Graham, 2017) both supplemented the barriers to leadership for Black individuals and eschewed professional athletes' legitimate rights to protest against racial inequality. We initially asserted that racial inequalities in leadership at the team level feed into scarce representation of coaches and league administrators of color. Compounding said assertion, comments from national leadership fueled disparities at the team and league levels, creating an oppressive feedback loop between sports teams, league administrators, and government leaders. As a national figure, Trump's comments impacted the public response to protests in sports. His stance on racial inequality directly affected sports leadership, and reframed racial protests as matters of national identity. Our connection between sports and governmental leadership highlight systemic social processes that sustain racialized institutions.

Trump contested NFL officials during a rally of his supporters, exhorting the league administrators to terminate contracts of athletes who protest during the national anthem (Graham, 2017). He declared “wouldn’t you love to see one of these NFL owners, when someone disrespects our flag to say, ‘get that son of a bitch off the field right now. Out. He’s fired. He’s fired.’” (Graham, 2017). On Twitter, Trump further aired his disdain for athletes who kneel during the national anthem (Bumbaca, 2020). His comments sought to sequester athlete’s attempts to protest and urge league administrators to punish athletes who continue to protest.

Trump’s proclivity to reframe racial issues into debates on nationalism also divert attention away from racial injustice. Since Colin Kaepernick first took a knee during the national anthem in 2016, some people have characterized his actions as disrespectful to the US flag, instead of acknowledging the racial inequality that Kaepernick was foregrounding. The prominent discussion shifted from mitigating racial bias to questioning nationalism and vilifying athletes (Nelson, 2020). Framing the athletes’ dissent as irreverence for the flag and fining athletes who protest during the national anthem (Nelson, 2020; Ortiz, 2018) demonstrated intentional disregard and reprisal for professional athletes openly criticizing societal controversies. Considering actions from individual athletes and governmental leaders, some league officials have combatted racial inequality within their respective sports. Michael Jordan, former NBA player and owner of the Charlotte Hornets, has openly addressed racial protests, encouraging other team owners to listen to their players (MacMullan, 2020). Other owners are following Jordan’s lead including Jerry Jones, owner of the Dallas Cowboys, who has advocated for racial justice and the need to listen to players’ protests (Epstein, 2020).

CONCLUSION

In this paper, we illustrated patterns of racial inequality against both Black athletes at the team level and Black coaches at the league level, demonstrating how the responses from national government officials perpetuate systemic racial inequality for Black sports professionals. Professional sports, with all its fame and publicity, is just a job; professional athletes are simply individuals seeking to define a beneficial career trajectory and earn a living. It behooves the general public to consider

how racial problems manifest even in professional sports, and weigh their role as potential change agents, rather than just spectators. Moreover, government officials could follow the example of Michael Jordan and Jerry Jones when faced with protests for racial justice and avoid reframing protests for political gain. Both government and league administrators should approach social issues with sobriety and solidarity because professional athletes should not have to fight social injustice as an additional job responsibility. For some Black athletes, winning games is only half of the battle if they still must counteract unfairness from the political arena and public opinion.

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HOW INEFFECTIVE LEADERSHIP HAS HARMED THE PUBLIC TRUST IN SCIENCE DURING THE SARS CoV-2 PANDEMIC

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The COVID-19 pandemic has offered a multitude of lessons illustrating why effective leadership is needed. Two cases are presented to describe the failure in leadership due to the lack of flexibility in accepting new information and ineffective communication. Both have hurt public trust in the science surrounding SARS CoV-2.

The global pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) provides an excellent insight into how effective leadership strategies are in addressing this emerging virus. Globally, countries have taken many different approaches to combating the virus with varying degrees of success. The United States has been the country with the least effective response to SARS CoV-2 to date, experiencing over four million cases and over 150,000 deaths at the time of writing.¹ The U.S. response has been fraught with mixed messages on different approaches and often has favored a quick approach to attempt a swift return to normal operations. This is in direct contrast to other countries that instituted swift lockdowns, initiated extensive testing and contract tracing programs, and required the use of face coverings. There are many different aspects that could be used to discuss why the U.S. response is a perfect example of ineffective leadership, from the rush to reopen for businesses to reopening schools during a surge in cases to focusing on unproven treatments for SARS CoV-2. However, I will focus on just two aspects of the pandemic and how the responses have increased public distrust in science through ineffective leadership.

To begin, we need to have a brief discussion of the biology of SARS CoV-2 as this will lay the foundation for why certain practices and policies are based on faulty information. SARS CoV-2 is in the genus *Betacoronavirus* in the family *Coronaviridae*.² The closest related betacoronavirus to SARS CoV-2 is SARS CoV-1 and is more distantly related to Middle East respiratory syndrome coronavirus (MERS CoV). Betacoronaviruses primarily infect different species of bats; however, these viruses often infect other mammals. SARS CoV-2 gains entry to cells through the ACE2 receptor found on many different cell types in many different tissues throughout the body, but the lower respiratory tract is the primary site of infection. SARS CoV-2 transmission occurs primarily through droplets, micro-droplets, and to a lesser extent from contaminated surfaces.³ The transmission rate of SARS CoV-2 can differ dramatically depending on conditions. For example, there have been cases of extensive infection indoors with prolonged exposure to droplets and micro-droplets without face coverings.⁴ SARS CoV-2 is the virus responsible for COVID-19 (coronavirus infectious disease 2019) which is characterized by respiratory symptoms, fatigue, and in some cases, gastrointestinal symptoms. In approximately 1% of cases, COVID-19 is fatal due to respiratory distress and acute heart failure, though the death rate varies by age group and other risk factors. Currently, there are no effective antivirals or vaccines for treatment of COVID-19.

Because of the severity of symptoms caused by SARS CoV-2, and that it is potentially fatal, a significant amount of effort has been made to identify antiviral therapies. However, so far none have been identified that offer clinical significance in reducing the harm caused by SARS CoV-2. Several therapeutics have shown promise, but when tested on a larger scale, benefits either were meager or not observed. No drug has received the attention that hydroxychloroquine has for treating COVID-19. However, this medication has been controversial, and its use has been highly politicized. Part of the problem lies in the issues surrounding initial studies claiming that hydroxychloroquine is an effective therapeutic. When these studies were examined by the scientific community, several glaring problems were identified including lack of randomization, improper statistical analyses, and lack of quantitative measures for patient outcome.⁵ More recent studies with larger sample sizes and proper experimental design have shown no

benefit from hydroxychloroquine or a related compound, chloroquine.⁶ Furthermore, trials in animal models have shown that hydroxychloroquine does not prevent infection by SARS CoV-2.⁷ This lack of clinical activity in larger trials and the very real risk of serious complications from hydroxychloroquine, namely elongation of the QT interval which can lead to heart failure, means that recommendations to utilize hydroxychloroquine are scientifically unsound and ethically dubious.

With hydroxychloroquine, we can see the potential for leadership decisions that can either strengthen public trust in science or contribute to distrust. The WHO elected to perform more research on hydroxychloroquine before offering recommendations for use, which proved wise due to safety concerns and lack of efficacy.⁸ In the U.S., a measured approach was not taken with state and national leaders promoting the use of hydroxychloroquine despite a lack of initial evidence and later promotion in the face of evidence showing the drug does not work.⁹ Utah took this a step further and \$800,000 worth of hydroxychloroquine doses were purchased without oversight or legislative approval.¹⁰ When this purchase was discovered, the state scrambled to cancel the order, which was especially damaging in the face of new studies showing no efficacy for the drug. Further complicating matters is the science on hydroxychloroquine is playing out in real time with new studies contradicting each other and retractions.¹¹ With each new study, the recommendations from the U.S. government change, leading to a confusing situation despite the balance of the evidence consistently showing no efficacy and only a few outliers showing positive effects.

The ethical dilemmas from this have real impacts. With the retraction of a major study showing no efficacy for hydroxychloroquine against SARS CoV-2 due to questions about the source of the data, surrogates for the U.S. president have taken the opportunity to push for widespread use of the drug once again.¹² This has caused confusion as to which data are good and which are bad when it comes to using hydroxychloroquine for SARS CoV-2. However, most healthcare professionals have cautioned against using hydroxychloroquine for SARS CoV-2, with a few notable exceptions.¹³ This situation highlights an important aspect of leadership, that a leader must have the flexibility to accept new ideas and admit when

they are wrong.¹⁴ With the constant pushing for this medication whenever a new study confirms the preconceived idea of hydroxychloroquine being the solution to COVID-19, we are led further away from real solutions to SARS CoV-2. By having to rehash the topic in scientific studies, resources are diverted away from more promising therapeutic options and supplies of the drug for other conditions, such as autoimmune disorders¹⁵, are threatened. The question of hydroxychloroquine, and the recommendations for it in the face of mounting evidence that it is not safe or effective for treating COVID-19, will be used in the future as a case study in how medical ethics were ignored in favor of political considerations.

The recommendations for the use of face coverings to limit the spread of SARS CoV-2 has also been plagued with questions and changes. However, this situation is not due to ignoring science as was the case with hydroxychloroquine, but instead the changes in recommendations have been in response to a better understanding of SARS CoV-2 through scientific research. Part of the issue arises from the transmission variability of SARS CoV-2. Outdoor transmission of SARS CoV-2 is uncommon whereas the bulk of transmission events occur indoors.¹⁶ However, when the outbreak began it was not clear how SARS CoV-2 was transmitted. Early work in detecting SARS CoV-2 on surfaces suggested that the virus might survive on surfaces for days compared to hours as an aerosol.¹⁷ SARS CoV-2 has also been detected in feces leading to the fear that the virus could potentially be transmitted fecal-orally, which would make surface contamination a significant risk. This, combined with SARS CoV-2 being more stable on surfaces than SARS CoV-1, led many to hypothesize that transmission of SARS CoV-2 from surfaces was common. Considering this, best practices would dictate that masks may not be as useful as other control measures, such as social distancing, sanitizing surfaces frequently and washing hands regularly, in controlling the spread of SARS CoV-2. Wearing a mask could pose a further risk with people touching contaminated surfaces and then touching their mask depositing virus on the mask to breathe in to become infected. This was further complicated by a severe shortage of personal protective equipment (PPE) for healthcare professionals. Because of all this, initial guidelines did not recommend the use of face coverings to control SARS CoV-2, though Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases,

qualified the recommendation as being based on the evidence at the time and the dire need for PPE to be reserved for medical professionals.¹⁸

As more research was conducted, it became clear that SARS CoV-2 was not commonly spread via touching contaminated surfaces. Instead, researchers found that droplets and micro-droplets were the main mode of transmission with some micro-droplets being able to linger in the air. This type of transmission is in the gray area between aerosol and non-aerosol transmission. Because of this, transferring the virus from contaminated surfaces to a face mask is not a significant risk. Combined with the ability of masks to capture droplets and micro-droplets from infected people, masks are a significant tool in preventing transmission of SARS CoV-2. Indeed, there have been several cases where masks have prevented transmission that otherwise would have occurred in the absence of masks. The most notable of these was the case of two symptomatic hair stylists who saw 139 clients before receiving word that they were positive for SARS CoV-2. None of the clients or other stylists in the salon developed symptoms and those who were tested, tested negative. The salon's policy was that all employees and clients must always wear masks while in the salon, and this policy was strictly enforced.¹⁹ Simply put, masks were able to stop transmission events from occurring when the absence of masks in another case with prolonged exposure led to transmission to nearly everyone present.²⁰

It is easy to look back on this situation in hindsight and say masks should have always been recommended. However, in this case, the shortage of PPE cannot be overstated. There were already issues with individuals hoarding PPE and attempting to profit from the situation²¹ making it more difficult to supply hospitals with the resources they needed. In this case, those leading the U.S. pandemic response were faced with an ethical dilemma. It was not clear that wearing masks would reduce transmission of SARS CoV-2 and hoarding of medical supplies was already a significant issue due to shortages of PPE, due in part to the previous surge of cases in China and Italy, and PPE being recalled. In NYC, shortages were so dire that some healthcare professionals were forced to resort to wearing trash bags to protect themselves while treating those with COVID-19.²² The fear was that a recommendation for masks would decimate the already

dwindling PPE supply in the U.S. However, once it became clear that droplets and micro-droplets play a significant role in the transmission of SARS CoV-2, recommendations changed, and with research showing cloth masks with proper filtration could be effective at controlling the spread of the virus, that became the recommendation. Unfortunately, the process of changing the mask recommendations to fit current research has led to mistrust of the very recommendations that could slow the spread of SARS CoV-2 in the U.S.²³ Further complicating matters, even after the change in recommendations from the CDC, some politicians were adamant that masks would do nothing. It was only recently that the president changed his position on masks and encouraged all Americans to wear them for the good of the country.²⁴ Some politicians still fight this recommendation, but for the most part the government is starting to be unified in this recommendation.

Unlike the case of hydroxychloroquine, the change in mask recommendations was based on the best science available at the time. Yet both cases led to public distrust of science and threatened the response to the pandemic. If ignoring science in one case and utilizing the best available data in another led to distrust, what could our leaders have done differently? The answer lies in two key traits a leader must have: clear communication and flexibility in adapting to new information. In making the initial recommendations for masks, the language used was better suited for communication with other scientists and not for the general public. If those communicating the recommendations had been clear about the possibility that what was being recommended could change with new evidence, this would have fostered more trust in the process. However, they were flexible to the input of new data and changed recommendations based on that in a timely manner. This is in contrast to the first case, where better adherence to being flexible to new information and waiting to make recommendations until the effectiveness, or lack thereof, was clear would have fostered trust in the process. Effective leadership was lacking in both cases which has hurt the efforts against SARS CoV-2.

The pandemic has offered a multitude of lessons illustrating why effective leadership is needed. With these two cases, the failure in leadership was due to different reasons. In one case it was due to a lack of flexibility in accepting new information and admitting the previous position was

faulty. In the second case, the leadership was flexible in accepting new data but the communication was not initially clear. Both cases have hurt public trust in the science surrounding SARS CoV-2. The way forward is to be more flexible in examining information with a willingness to adapt as needed and to clearly communicate the findings to the public throughout the entire process. Hopefully, we as a country can learn from the mistakes that we have made and move forward with decisive leadership to control this pandemic.

ENDNOTES

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Journal Description and Call for Papers

The Journal of Student Leadership is a double-blind, peer-reviewed, interdisciplinary, academic journal that addresses ideas, theories, and issues of leadership. The journal's two purposes are to:

1. Contribute to the scholarship and discussion on leadership.
2. Provide an engaging outlet for research, writing, editing, and publishing.

We welcome papers and essays on leadership topics from all relevant disciplines, including business, education, law, policy, social sciences, arts, humanities, and technology.

We invite perspectives on leadership from every sector of the academic community. Academicians and students are equally welcome to send their papers to the editors of the journal before formal submission for feedback and likelihood of acceptance.

What Topics Are Most Interesting?

Authors often wonder what topics would be of greatest interest to the editorial board or readers. The following topics are just a subset of appropriate areas that could be addressed: ethics in leadership, the need for diverse leaders, why and how people lead, the importance of communication in successful leadership, how to maintain integrity in leadership, what practices the best leaders implement, examples of excellent leaders and their contributions, and a broad range of other topics that relate to leadership. Likelihood of publication exists for those submissions that are able to incorporate current theories of leadership in their paper.

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For the latest on submission criteria, see the following:

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