



VOLUME 6 • ISSUE 1

THE JOURNAL OF
STUDENT

LEADERSHIP

The Journal of
STUDENT LEADERSHIP

VOLUME 6 • ISSUE 1

A PUBLICATION OF THE DEPARTMENT OF
STUDENT LEADERSHIP AND SUCCESS STUDIES

UTAH VALLEY UNIVERSITY

© 2022 *The Journal of Student Leadership*

No part of this publication may be reproduced, stored, or transmitted in any form or by any means without the prior written consent of the journal.

ISSN 2575-7253 (print)

ISSN 2575-727X (online)

Department of Student Leadership and Success Studies

800 W. University Parkway, MS 275

Orem, Utah 84058

Cover art by Katy Cerna

For subscriptions, submissions, and other JSL information: uvu.edu/slss/jsl

This journal is available online at journals.uvu.edu/index.php/jsl

Email the editors at JOSL@uvu.edu

Disclaimer: The opinions expressed within this issue do not necessarily represent the views of authors, JSL staff, the department, college, or Utah Valley University. Authors assume responsibility for accuracy of data and facts published in their work. The publisher, JSL staff, department, college, and Utah Valley University cannot be held responsible for errors or any consequences arising from the use of information contained in this journal.

ABOUT THE COVER



COURAGE

My painting of a lion is meant to be about taking courage in life and being your own leader. I once heard the quote that "...courage is not the absence of fear but the triumph over it" by Nelson Mandela. I believe that courage is doing just that, being a leader. Being a leader means overcoming fears, trials, or obstacles and pushing through to see results and helping people or organizations. The fire is meant to symbolize that power we all have in us to be leaders in wherever we may be.

KATY CERNA
UTAH VALLEY UNIVERSITY
Acrylic

EDITORIAL STAFF

EXECUTIVE STAFF

SENIOR EDITOR BENJAMIN A. JOHNSON, PH.D.

FACULTY EDITOR SANDRA C. BENNETT, M.ED., M.S.

STUDENT EDITOR-IN-CHIEF하람 AMMON COBABE

EDITING

MANAGING EDITOR KARIM HAROUNI

ASSISTANT EDITOR ABYGAIL K. BALL

ASSISTANT EDITOR BARBARA ARATANO JIBSON

ASSISTANT EDITOR HALLE K. FUGAL

DESIGN

DESIGN MANAGER IAIN D. BRICKEY

DESIGN & SOCIAL MEDIA CONSULTANT TYLER C. MOAKE

DESIGN EDITOR..... REGAN M. BELL

PUBLIC RELATIONS & MARKETING

PR & MARKETING MANAGER JAMES T. GIBSON

COMMUNICATION & PUBLICITY SYDNEY M. DILLE

COMMUNICATION & PUBLICITY..... LAYSHA VALDEZ

EDITORIAL BOARD

BELINDA S. HAN
ED.D. CANDIDATE
CREIGHTON UNIVERSITY

DAVID M. ROSCH, PH.D.
UNIVERSITY OF ILLINOIS,
URBANA-CHAMPAIGN

DOUGLAS S. GARDNER, PH.D.
UTAH VALLEY UNIVERSITY

EILEEN DOYLE CRANE, J.D.
OREM, UT

JASON LANEGAN, MFA
UTAH VALLEY UNIVERSITY

KEVIN S. ZAYED, PH.D.
BRIDGEWATER COLLEGE

THERESA HAUG-BELVIN, ED.D.
UTAH VALLEY UNIVERSITY

VIVECHKANAND S. CHUNOO, PH.D.
UNIVERSITY OF ILLINOIS,
URBANA-CHAMPAIGN

We appreciate the contributions of Dr. Angie Carter's English 2050 students at Utah Valley University for their editing assistance.

CONTENTS

ARTICLES AND ESSAYS

LETTERS FROM THE EDITORS	VIII
CONTRIBUTING AUTHORS AND ARTISTS	66
PATIENTS WITH DIABETES MELLITUS AND COVID-19: A NURSE'S ROLE	1
Lauren Webster	
AVOIDANT LEADERSHIP IN HEALTHCARE: A REVIEW ESSAY	17
Christopher M. Green	
DEAR YOU, YOUNG LEADER	26
Chandler Joly	
BECOMING THE LEADER OF YOUR OWN LIFE: LIVING AND LEARNING BY SELF-LEADERSHIP	43
Jessica Barker	
NOT PLAYING TO WIN	49
Jeffrey Dean Goddard	
MOTHER JONES: "PRAY FOR THE DEAD, AND FIGHT LIKE HELL FOR THE LIVING"	55
FrankieJo Ellis	

CONTENTS

ARTWORK AND POETRY

SET US FREE	28
Kaydee Jacobson	
CURRENT STATUS	30
Caitlin Stewart-Johnson	
IN A BOX	34
Mckenna Goade	
COMPOSITE MEMORY NO. 2	35
Mckenna Goade	
AGAINST THE CURRENT	36
MaiLyn Millward	
EXISTING THROUGH KNOWLEDGE	38
Cristina Gutierrez	
JUST A ROCK	40
Alicia Goodrich	
SOCRATES, CORRUPTER OF YOUTH	42
Christian Heftel	

LETTER FROM THE STUDENT EDITOR

TO MY FELLOW READERS,

In an age where notoriety and popularity are now a result of the digital age, I have been compelled to spend some time contemplating the role that this physical publication has in today's world. I have come to realize, through personal experience and education, that one of our most innate desires as humans is to leave something behind. Each of us wants to be remembered once we have left. What I am referring to is not a mere pursuit of fame or clout, but an existential need to let others know where we have been and what we have accomplished.

When I first addressed the staff of *The Journal of Student Leadership*, I told them that what we would create together would last forever. What you hold now in your hands represents hours of work and dedication on the part of students and faculty across Utah Valley University. This publication would not exist without them and the sacrifices they have made. I am proud to say that this publication represents the best effort put forward by our authors, artists, and staff. Each of them has inscribed their names here in monument to that fact. As you read, I hope you will look to each of their names in remembrance of what it means to do your best work.

Finally, I would like to acknowledge our faculty advisors and editors who also contributed to the publication of this issue. Without their guidance and advice, publication would be practically impossible. I would also like to thank the various community members who have made financial contributions to ensure the continued success of this journal. Their generosity towards *The Journal of Student Leadership* is an inspiration to all of us to remain involved here at Utah Valley University for the years to come.

하람 AMMON COBABE
STUDENT EDITOR-IN-CHIEF

LETTER FROM THE SENIOR EDITORS

DEAR READER:

In this issue of *The Journal of Student Leadership*, you will find varied themes linked to leadership. Authors, poets, and artists invite us to evaluate deficit-based thinking, the idea of competition, inclusivity, and how we spend our time. Other contributors to this issue focus on: the unexpected acquisition of leadership principles through informal settings in a study abroad; an unorthodox leader who fought with passion for the working class; and finding peace through humanity despite navigating conflict, chaos, and ambiguity. In other works, you'll read about the nurses and patients who have learned the importance of leadership during a pandemic and the way leaders may resist taking action on constructive feedback that could genuinely improve communications and patient care. In light of these contributions, we invite you to consider the impact of courage and what it may mean, from personal to global levels.

We express sincere thanks for the inspiring leadership of Ammon Cobabe and the effective management of Iain Brickey, James Gibson, and Karim Harouni. Our editorial staff excelled at soliciting and cultivating submissions, and their vigorous work editing, designing, and typesetting helped make this issue a reality. This semester we were particularly grateful for Dr. Angie Carter and the students in her English 2050 course who made valuable editing contributions. The support from our scholarly editorial board, along with anonymous faculty and student reviewers helped ensure a double-blind peer review for each submission. We also acknowledge the continuous support from the Department of Student Leadership and Success Studies and the University College Dean's Office. Thank you again to all who contributed to the success of this issue of *The Journal of Student Leadership*.

BENJAMIN A. JOHNSON, PH.D.
SENIOR EDITOR

SANDRA C. BENNETT, M.ED., M.S.
FACULTY ADVISOR AND EDITOR

PATIENTS WITH DIABETES MELLITUS AND COVID-19: A NURSE'S ROLE

LAUREN WEBSTER

UTAH VALLEY UNIVERSITY

Since the beginning of the COVID-19 pandemic, research has been conducted to study the effects of comorbid (co-existing) conditions on patient outcomes. Diabetes mellitus (DM)—commonly known as diabetes—is a comorbidity that significantly reduces positive outcomes, and some research has suggested rates of diabetes have increased during the pandemic. In a world where there has been constantly changing information about COVID-19 from 2020 to the present, nurses' leadership is invaluable to help patients understand the risks of COVID-19 and DM and to improve the future well-being of people in the United States. This paper about the impact of COVID-19 on patients with new-onset DM can be used to educate nurses about this phenomenon as they are uniquely situated to educate their patients and communities about the risks. The details of causation and physiology of new-onset DM related to COVID-19 are still being studied, but what is known is that this relationship has significant impacts on individuals, including patients, caregivers, and society. Nurses can assume the role of informal and formal leaders in communities and can help guide patients and their families, as well as those whom nurses have personal relationships with, about healthcare choices.

The coronavirus disease 2019 (COVID-19) was first discovered in Wuhan, China in December 2019. It quickly spread around the world and was declared a pandemic by the World Health Organization (WHO) in March 2020. As of March 2022, over 452 million cases of COVID-19 have been reported worldwide, and over 6 million people have died of the disease (WHO, 2022). Scientists have discovered certain comorbidities (co-existing health conditions) cause more severe illness and higher mortality rates in patients who contract the disease. One comorbidity which has been widely researched is diabetes mellitus (DM), and while scientists and healthcare professionals agree that DM predisposes COVID-19 patients to worse outcomes, the specifics regarding cause and effect are still unknown. Nurses play a leading role in caring for and educating patients with both COVID-19 and DM. Therefore, nurses

must understand this interaction. In a world where there has been constantly changing information about COVID-19 from 2020 to the time of publishing, nurses' leadership is invaluable to help patients understand the risks of COVID-19 and DM and to improve the future well-being of people in the United States.

BACKGROUND & SIGNIFICANCE OF DIABETES MELLITUS AND COVID-19

Many researchers have noticed an increase in rates and severity of DM since the COVID-19 pandemic began (Sathish & Anton, 2021; Sathish & Cao, 2021; Hsia et al., 2021; Papachristou et al., 2020). In the United States, 37.3 million Americans already had DM (11.3% of the population) before the pandemic began (ADA, 2022). Diabetes is a difficult and complicated disease to control and affects many body systems immediately, simultaneously, and chronically. Diabetes also has many serious complications including heart disease, circulation problems, vision loss, kidney damage, amputations, and social/lifestyle impacts. Increased rates of DM would affect many people individually, as well as communities and the healthcare industry. According to the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), DM is the most expensive chronic condition in the United States; in fact, \$1 out of every \$4 in health care costs is spent on DM care, and national medical costs of DM add up to \$237 billion each year (NCCDPHP, 2021). The increase in diabetes rates and severity caused by the COVID-19 pandemic will only increase these costs.

Many chronic conditions—including DM, heart disease, and strokes—appear to be correlated with COVID-19 infections, and COVID-19 seems to affect multiple body systems which complicates the treatment and prognosis (expected outcome) of chronic diseases. Other factors related to the pandemic and quarantines—such as stress, poor eating habits, and lack of exercise due to gyms closing and home quarantine—may also contribute to increased rates of DM now and as the pandemic continues (Unnikrishnan & Misra, 2021). Increased rates of chronic diseases such as DM affect both patients and the nurses who treat them.

Additionally, nurses treating these patients have little information about how to care for patients experiencing the effects of both diseases and what interventions would be most helpful. The role of nurses as leaders, educators,

caregivers, and caretakers of community health needs to be addressed. The purpose of this paper is to explore the correlation between new-onset DM and COVID-19 infections and to consider the role of nurses as patient advocates as the COVID-19 pandemic continues.

IMPACT OF DM ON STAKEHOLDERS

The two groups of stakeholders who are most impacted by increased rates and severity of DM are patients and nurses. Diabetes affects patients in many ways as it causes physical problems like hypoglycemic (low blood glucose) episodes, diabetic ketoacidosis (DKA, a complication of high blood glucose), lifestyle changes, chronic complications, constant blood sugar checks, and medication management. Diabetes also causes mental and emotional problems such as fear, anxiety, stress, depression, and social issues as patients must live in a world that is not conducive to managing diabetes.

Nurses are impacted by increased rates and severity of DM because the disease makes their patients more complicated to care for and treat. Along with regular medications, procedures, and documentation that nurses must do on a shift for multiple patients, diabetic patients require frequent blood sugar checks, insulin administration, increased monitoring for medication side effects and complications, and increased education. In addition, many diabetic patients are non-compliant with their treatments, which means they have more complications and require more care than many other patients. This may increase the stress level of nurses, decrease the quality of care across their patient load, or require nurses to have smaller patient loads to account for patient acuity. Furthermore, nurses must learn how best to support their patients with increased needs.

LITERATURE REVIEW

Since the discovery of COVID-19, researchers have begun to study its effects, and many studies have been conducted looking at comorbidities and their effects on people who are infected with COVID-19. The purpose of this literature review is to compile the literature about the relationship between COVID-19 and DM and to discuss findings. This includes evidence regarding new DM diagnoses, physiology, and other hypotheses regarding the interactions between DM and COVID-19.

Scholarly databases were searched from September-October 2021 using the keywords “COVID-19,” “diabetes,” and “new-onset.” Additional sources were discovered in the reference sections of articles found in the initial searches. Due to the global influence of the COVID-19 pandemic and limited studies about this new disease, research from international sources was used in this paper.

NEW-ONSET DIABETES AND COVID-19

There have been many studies published about new cases of DM discovered in patients hospitalized with COVID-19. Some of these are smaller qualitative case studies while others have larger sample sizes and present quantitative statistics on rates of new-onset DM. There have been several case studies of adults presenting with hyperglycemia and/or DKA and being diagnosed with new-onset type-1 DM within two months of a COVID-19 infection (Heaney et al., 2020; Reddy, et al., 2020; Schipani et al., 2021; Suwanwongse & Shabarek, 2020), which suggests that COVID-19 infections may cause new cases of DM. In a study with 570 previously non-diabetic patients with confirmed COVID-19, lab tests were performed to determine glucose levels (Farag et al., 2021); according to glycosylated hemoglobin (hemoglobin A1C, or HbA1C, a marker of plasma blood glucose levels over three months) and fasting glucose levels, DM was diagnosed in 77 of the patients (13.5% of the sample), with 2.1% showing labs that suggested previously undiagnosed DM and 11.4% showing new-onset DM. Among those who survived COVID-19, 73% still needed glucose management three months after diagnosis (Farag et al., 2021). In another study, researchers found that 20.6% of their patients with mild to moderate COVID-19 had newly diagnosed DM on admission (Sathish & Anton, 2021). The difference in this number and typical rates of DM in adults suggests that either DM rates rose significantly during the pandemic, or more likely, DM predisposes people who are exposed to SARS-CoV-2 (the virus which causes COVID-19) to develop symptoms of the disease. A meta-analysis of eight studies with 3,711 patients hospitalized with COVID-19 found a rate of preexisting DM of 14.8% and newly diagnosed DM of 14.4%, which combined are much higher rates of DM than are found in the general population (Sathish & Cao, 2021).

Adults have not been the only ones affected by this phenomenon. Another case study (Chekhlabi et al., 2021) reported on two children, ages four and seven, who presented to the hospital with DKA symptoms and were newly diagnosed with type-1 DM. Neither child had a family history of DM, both had parents who had COVID-19 infections in the previous weeks, and both children subsequently tested positive for COVID-19 (Chekhlabi et al., 2021). Hsia et al. (2021) compared rates of newly diagnosed DM before and after the pandemic started. The study found that the hospitalization rate for children with new-onset type-2 DM more than doubled, from 8 cases out of 2,964 hospitalizations (0.27%) in 2019 to 17 cases out of 2,729 (0.62%) in 2020. Children admitted to the hospital in 2020 also had more severe DM with higher blood glucose levels, higher HbA1C levels, and higher indicators of dehydration compared to children admitted in 2019. Additionally, more children in 2020 presented with serious conditions like DKA that typically require admission to the intensive care unit (Hsia et al., 2021). These statistics suggest that both rates and severity of DM have increased in the younger population during the pandemic.

Although more research needs to be done as to correlation v. causation in cases of newly diagnosed DM associated with COVID-19, the research presented here suggests that the COVID-19 virus may at least be a trigger for the manifestation of DM in susceptible patients. Theoretically, based on the absence of elevated HbA1C levels in some of the patients just prior to or concurrent with a COVID-19 diagnosis, the virus may even cause physiologic changes which result in a new type of DM or a different route of disease onset than considered previously. Nurses can play a role in making sure that patients are aware of the risks of new-onset diabetes and educate them on the warning signs of DM, as well as encouraging regular testing for those in high-risk groups due to age, genetics, and certain comorbidities.

PHYSIOLOGY OF NEW DIABETES DIAGNOSES RELATED TO COVID-19

The exact physiology of new-onset DM associated with COVID-19 infections has not yet been defined, but researchers have hypothesized several theories. Sathish and Cao suggest that COVID-19 may “cause new-onset diabetes or unmask previously undiagnosed diabetes by injuring

pancreatic β -cells, interfering with the insulin signaling pathways, or activating the renin-angiotensin system” or “may also result from the increase in counterregulatory hormones (e.g., cortisol) and cytokines in response to the stress associated with severe illness or treatment with glucocorticoids” (2021, p. 147). Papachristou et al. also discussed possible underlying mechanisms by which COVID-19 triggers DM: “It is known that SARS-CoV-2 may enter the pancreatic beta cells... it would be possible that the virus impairs pancreatic insulin secretion, thereby either aggravating DM or triggering new-onset DM” (2020, p. 462). The research suggests that another factor “appears to be insulin resistance due to the high levels of interleukin-6 (IL-6) and tumor necrosis factor alpha (TNF α) in subjects with severe COVID-19” (Papachristou et al., 2020, p. 462).

Although some new cases of DM may be due to physiologic changes caused by the COVID-19 virus itself, others may be caused by treatments used to fight the virus. Nassar et al. (2021) reviewed the scientific evidence on the mechanisms by which COVID-19 infection may cause pancreatic damage, insulin resistance, and hyperglycemia. They then discussed the role that steroids used to treat COVID-19 play in increasing rates of hyperglycemia. Although the steroid dexamethasone reduced 28-day mortality in patients requiring oxygen therapy or mechanical ventilation by reducing inflammation, it also had the effect of worsening hyperglycemia and hyperglycemic complications (Nassar et al., 2021). The interactions between COVID-19 and DM go both ways, suggesting that COVID-19 disease may damage the pancreas or cause a stress reaction, and corticosteroid treatments may worsen hyperglycemia. Additionally, other pandemic-associated problems such as lockdowns which affect diet, exercise, and healthcare access may cause the onset, exacerbation, or complications of DM (Unnikrishnan & Misra, 2021). In addition, DM or hyperglycemia during COVID-19 results in worse outcomes, including more severe respiratory involvement, more frequent intensive care unit (ICU) admissions, and higher mortality rates (Unnikrishnan & Misra, 2021).

A comparison of 282 newly diagnosed DM patients before COVID-19 with 273 newly diagnosed DM patients during the pandemic found that

although most lab values, symptoms, and demographics were similar between the two groups, glycemia was significantly worse in the group diagnosed during the pandemic (Ghosh et al., 2021). They had higher fasting glucose levels, post-prandial (before meals) glucose levels, and HbA1C levels than the group diagnosed the year before the pandemic. Only 15 of the pandemic-group DM patients had received steroids for COVID-19 infections and researchers found no other obvious causes for the differences, so it stands to reason that there are other explanations related to COVID-19 which have increased blood glucose levels in some patients.

These different factors are probably interrelated causes of the increase in new-onset DM among those who have contracted COVID-19. The virus itself may cause physical changes in the pancreas, insulin, and hormones; steroid treatments for COVID-19 also cause an increase in blood glucose levels. Additionally, environmental changes such as dietary changes, decreases in activity, lack of regular healthcare, and increases in stress levels which cause lifestyle changes such as stress eating and hormonal changes have probably contributed to increased rates of the disease. Nurses who know about these potential factors have the responsibility to explain them to patients and to educate their communities about preventative health measures. Nurses can also participate in research to advance knowledge about this interaction.

EFFECTS OF COVID-19 WITH DIABETES COMORBIDITY

Poor outcomes for COVID-19 patients with diabetic comorbidities are well-documented across the literature. Nassar et al. (2021) found mortality rates that were 4.65 times higher in those with DM or hyperglycemia, and longer-than-average hospital stays. Mortality rates were also high in the group of newly diagnosed DM patients hospitalized with COVID-19, where 14 of the 77 patients (18%) died of the disease (Farag et al, 2021). Makker et al. (2021) compared the outcomes of four groups with COVID-19. These groups were patients with prediabetes, newly diagnosed DM type-2, previously diagnosed DM type-2, and a control group without diabetes. For patients younger than 55, those with diabetes had significantly higher mortality rates than those in the prediabetic and control groups. Compared with previously diagnosed diabetics, newly diagnosed type-2 diabetics had better survival rates, and those with prediabetes did not have higher rates

of mortality than the control group (Makker et al., 2021). A retrospective study of 166 COVID-19 hospital patients in Wuhan, China found that patients with hyperglycemia had worse lab values (including white blood cell counts, cardiac enzymes which signal heart damage, clotting factors which show an increased risk of blood clots, and liver function tests) than a control group without hyperglycemia. The hyperglycemic patients were more critically ill and had an average of one week longer hospital stays (Zhang et al., 2020). Samuel et al. also stated that hyperglycemia among both diabetic and non-diabetic patients influences the severity, hospitalization rate, ICU admission rate, and mortality rate of COVID-19 patients (2020).

Li et al. (2020) discussed the association between patients (both diagnosed diabetic and non-diabetic) who were admitted for COVID-19 and found to have ketosis or DKA. Only one-third of the patients with ketosis had DM, and ketosis in patients was found to be associated with increased hospital stays and higher mortality rates (Li et al., 2020). A retrospective study in France (Cariou et al., 2021) reported the findings on 2,951 patients admitted with COVID-19 and DM. It compared intubation and mortality rates of patients with newly diagnosed DM v. pre-existing DM and found that the intubation rates and mortality rates did not differ between the two groups (Cariou et al., 2021). This suggests that DM itself can cause worse outcomes in COVID-19 patients, regardless of the presence of coexisting health conditions.

Other studies compared rates of COVID-19 complications among diabetic and non-diabetic patients. Severe cases of COVID-19 combined with chronic conditions can quickly progress to serious complications such as respiratory distress, septic shock, and organ failure (Samuel et al., 2021). A retrospective study on COVID-19 patients explored the association between hyperglycemia and chest x-rays showing acute respiratory distress syndrome (ARDS) and opacities, which are indicative of pneumonia. Hyperglycemia, which was seen in 51% of COVID-19 hospital patients in this study, was a predictor of ARDS and opacities, whether the patients were diabetic or not (Iacobellis et al., 2020). These studies show that the many repercussions of COVID-19 infections among those with DM are severe and life-threatening. As patients deal with these health challenges, they can rely on nurses to help them understand how to take care of themselves and

prevent even more complications by managing their diabetes and having a better understanding of the disease. Nurses can also emotionally support families who have lost loved ones due to the complications from both of these diseases.

RECOMMENDATIONS

Based on the literature, there is a strong correlation between COVID-19 illness and new cases of DM. The reasons for this are unknown, so future studies should explore whether COVID-19 is causing DM or triggering the disease in those who are already susceptible. Getting more information from patients who are diagnosed with both diseases in a short time frame could tell us more about causation v. correlation. This could include gathering information from previous doctor's visits to determine recent pre-COVID-19 HbA1c levels, determining family history and other risk factors in those patients, and conducting qualitative studies to determine if pandemic-related changes such as lack of exercise and unhealthy diet are more common in those who develop both diseases compared with those who only contract COVID-19. In addition, the public should be educated on the risk of developing DM to encourage compliance with health measures for COVID-19 and DM prevention such as vaccination against COVID-19, masking, social distancing, exercise, diet modification, and preventative visits with providers. Nurses are often respected sources of healthcare information, and as such they may be able to play a large role in educating their friends, families, and communities about lowering their overall COVID-19 and DM health risks.

NEED FOR FURTHER RESEARCH

The CoviDIAB Project is a registry that studies the relationship between COVID-19 and new-onset DM by keeping track of patients with hyperglycemia and COVID-19, negative DM history, and normal HbA1C levels (Rubino et al., 2020). Cooperative initiatives like this can link all the research and smaller case studies together so that important connections can be made and solutions can be found earlier. To have accurate data for this project, it would be advisable to collect pertinent information from all COVID-19 patients, such as HbA1C levels, blood glucose levels, and a detailed health history.

COVID-19 is such a new disease that more research needs to be done to understand why those with comorbidities such as DM or hyperglycemia experience poorer outcomes and to discover better treatment options for those individuals. The findings discussed in this paper show that those diagnosed with DM during the pandemic may be at greater risk of uncontrolled DM and the resulting complications. More research into the reasons behind these differences, as well as increased education for nurses treating these patients, may help improve outcomes for those with diabetes.

Other researchers discuss the possibility of using anti-diabetic drugs to manage the hyperglycemic effects of COVID-19 disease and treatments. One anti-diabetic drug, metformin, has been used in both diabetic and non-diabetic patients to control hyperglycemia, which reduces disease severity, rates of ARDS, ICU admissions, and ventilator use (Samuel et al., 2021). There is also potential for other classes of anti-diabetic drugs to be used in COVID-19 treatment. Marazuela et al. (2020) suggested that further research be done to see if DPP-4 (dipeptidyl peptidase-4) inhibitors, such as sitagliptin, could impair the virus from interacting with DPP-4 receptors and entering the cells, as well as having anti-inflammatory effects in cases of severe COVID-19, though there is not yet data to prove this. These drugs would potentially be a good substitute for or addition to current anti-inflammatory corticosteroids since they would increase glycemic control rather than decrease it.

LIMITATIONS

Studies on COVID-19 have limitations because it is such a new illness. Most research is retrospective, so determining correlation v. causation when looking at COVID-19 and new cases of DM is impossible. Sample sizes are often small in the studies that have been done, and many of them are case studies reporting on only one or two patients. Much of the research is also qualitative, which provides good information about individual experiences but makes the results difficult to apply to different people and situations. In addition, this paper was written within a three-month period, and new studies will likely emerge that will add to the body of knowledge about COVID-19. In the short existence of COVID-19, new mutations and discoveries may cause research to become outdated very quickly. Furthermore, COVID-19 is a worldwide problem, which means large

amounts of information are available from all over the world but differences in testing, treatments, and study methods could interfere with the validity and reliability of research findings.

LEADERSHIP: A NURSE'S ROLE

Nurses often act as leaders trusted by their patients, families, friends, and neighbors to educate and guide them in making health care decisions. The Center for Creative Leadership (2022) proposed ten characteristics of a good leader: integrity, ability to delegate, communication, self-awareness, gratitude, learning agility, influence, empathy, courage, and respect. The profession of nursing promotes these characteristics, making them effective leaders. Nursing schools train their students not only on medical skills, but also teach qualities such as active listening, ethics and values, and caring for others regardless of differing opinions. Once they graduate, nurses use these skills every day with their patients, families, and interdisciplinary teams. The American Nurses Association (ANA) Scope of Practice defines nursing as “the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations” (2022). This definition encompasses many leadership qualities and is expected to be practiced by nurses whenever patients need their knowledge, empathy, and expertise.

In the current climate of distrust in healthcare professionals and science in general caused by the political and social effects of the COVID-19 pandemic (Baker, 2020), nurses' knowledge, empathy, and expertise are greatly needed. Nurses can help people sift through the false information and rhetoric that they are exposed to and find facts. Nurses spend more time with their patients than doctors and other providers, and can, therefore, be the voice of reason in educating others about the dangers and risks of COVID-19 complications, like the development and/or exacerbation of DM. Nurses can truly make a difference by leading and educating with expertise, kindness, and respect.

CONCLUSION

The relationship between COVID-19 and diabetes as a comorbidity that increases the severity of this new disease is well established, but information

about new cases of DM correlated with the COVID-19 disease, as well as the physiology of this relationship, is still being studied. Tracking new cases of both diseases to gather more information will be an important way to understand this relationship and allow researchers to design more effective treatments in the future. More research is also needed to help nurses and other healthcare professionals understand how to care for these patients physically and emotionally as they deal with the devastating effects of both diseases. For now, nurses can lead out by educating their patients on preventative measures for both diseases, best treatment options, and disease management, as well as by providing emotional support during this challenging time. Understanding the interactions between COVID-19 and chronic conditions, such as diabetes, will be an essential part of advancing our knowledge and minimizing the long-term effects of the pandemic for all people.

REFERENCES

- American Diabetes Association (ADA). (2022, February 4). *Statistics about diabetes*. American Diabetes Association. Retrieved March 13, 2022 from <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>
- American Nurses Association (ANA). (2022). *Scope of practice*. <https://www.nursingworld.org/practice-policy/scope-of-practice/>
- Baker, D. W. (2020, December 15). Trust in health care in the time of COVID-19. *JAMA*, 324(23), 2373–2375. <https://doi.org/10.1001/jama.2020.23343>
- Cariou, B., Pichelin, M., Goronflot, T., Gonfroy, C., Marre, M., Raffaitin-Cardin, C., Thivolet, C., Wargny, M., Hadjadj, S., & Gourdy, P. (2021). Phenotypic characteristics and prognosis of newly diagnosed diabetes in hospitalized patients with COVID-19: Results from the CORONADO study. *Diabetes Research and Clinical Practice*, 175. <https://doi.org/10.1016/j.diabres.2021.108695>
- Center for Creative Leadership. (2022). What are the characteristics of a good leader? <https://www.ccl.org/articles/leading-effectively-articles/characteristics-good-leader/>
- Chekhlabi, N., Haouadar, A., Echcharii, N., Ettair, S., & Dini, N. (2021). New-onset diabetes with ketoacidosis precipitated by COVID-19 in children: A report of two cases. *Case Reports in Pediatrics*, 1–4. <https://doi.org/10.1155/2021/5545258>
- Farag, A., Hassanin, H., Soliman, H., Sallam, A., Sediq, A., Abdelbaser, E., & Elbanna, K. (2021). Newly diagnosed diabetes in patients with COVID-19: Different types and short-term outcomes. *Tropical Medicine and Infectious Disease*, 6(142), 142. <https://doi.org/10.3390/tropicalmed6030142>
- Ghosh, A., Anjana, R. M., Shanthi Rani, C. S., Jeba Rani, S., Gupta, R., Jha, A., Gupta, V., Kuchay, M. S., Luthra, A., Durrani, S., Dutta, K., Tyagi, K., Unnikrishnan, R., Srivastava, B. K., Ramu, M., Sastry, N. G., Gupta, P. K., Umasankari, G., Jayashri, R., ... & Misra, A. (2021). Glycemic parameters in patients with new-onset diabetes during COVID-19 pandemic are more severe than in patients with new-onset diabetes before the pandemic: NOD COVID India study. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 15(1), 215–220. <https://doi.org/10.1016/j.dsx.2020.12.033>
- Heaney, A., Griffin, G., & Simon, E. (2020, November). Newly diagnosed diabetes and diabetic ketoacidosis precipitated by COVID-19 infection. *The American Journal of Emergency Medicine*, 38(11), 3–4. <https://doi.org/10.1016/j.ajem.2020.05.114>

- Hsia, D., Lim, M., Beyl, R., Hasan, H., & Gardner, J. (2021, June). Initial presentation of children with type 2 diabetes during the COVID-19 pandemic. *Diabetes*, *70*(1). <https://doi.org/10.2337/db21-153-LB>
- Jacobellis, G., Penaherrera, C. A., Bermudez, L. E., & Bernal Mizrachi, E. (2020). Admission hyperglycemia and radiological findings of SARS-CoV2 in patients with and without diabetes. *Diabetes Research and Clinical Practice*, *164*, 108185. <https://doi.org/10.1016/j.diabres.2020.108185>
- Li, J., Wang, X., Chen, J., Zuo, X., Zhang, H., & Deng, A. (2020). COVID-19 infection may cause ketosis and ketoacidosis. *Diabetes, Obesity & Metabolism*, *22*(10), 1935–1941. <https://doi.org/10.1111/dom.14057>
- Makker, J., Sun, H., Patel, H., Mantri, N., Zahid, M., Gongati, S., Galiveeti, S., Renner, S. W., & Chilimuri, S. (2021). Impact of prediabetes and type-2 diabetes on outcomes in patients with COVID-19. *International Journal of Endocrinology*, 1–9. <https://doi.org/10.1155/2021/5516192>
- Marazuela, M., Guistina, A., & Puig-Domingo, M. (2020, July 9). Endocrine and metabolic aspects of the COVID-19 pandemic. *Reviews in Endocrine and Metabolic Disorders*, *21*, 495-507. <https://doi.org/10.1007/s11154-020-09569-2>
- Nassar, M., Daoud, A., Nso, N., Medina, L., Ghernautan, V., Bhangoo, H., Nyein, A., Mohamed, M., Alqassieh, A., Soliman, K., Alfishawy, M., Sachmechi, I., & Misra, A. (2021). Diabetes mellitus and COVID-19: Review article. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, *15*(6). <https://doi.org/10.1016/j.dsx.2021.102268>
- National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). (2021, May 17). *Cost-effectiveness of diabetes interventions: Power of prevention*. U.S. Department of Health and Human Services. <https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm>
- Papachristou, S., Stamatiou, I., Stoian, A. P., & Papanas, N. (2020, December 26). New-onset diabetes in COVID-19: Time to frame its fearful symmetry. *Diabetes Therapy*, *12*(2), 461–464. <https://doi.org/10.1007/s13300-020-00988-7>
- Reddy, P. K., Kuchay, M. S., Mehta, Y., & Mishra, S. K. (2020). Diabetic ketoacidosis precipitated by COVID-19: A report of two cases and review of literature. *Diabetes & Metabolic Syndrome*, *14*(5), 1459–1462. <https://doi.org/10.1016/j.dsx.2020.07.050>
- Rubino, F., Amiel, S., Zimmet, P., Amiel, S. A., Alberti, G., Bornstein, S., Eckel, R.

- H., Mingrone, G., Boehm, B., Cooper, M. E., Chai, Z., Del Prato, S., Ji, L., Hopkins, D., Herman, W. H., Khunti, K., Mbanya, J. C., & Renard, E. (2020). New-onset diabetes in Covid-19. *New England Journal of Medicine*, 383(8), 789–790. <https://doi.org/10.1056/nejmc2018688>
- Samuel, S. M., Varghese, E., & Büsselberg, D. (2021). Therapeutic potential of metformin in COVID-19: Reasoning for its protective role. *Trends in Microbiology*, 29(10), 894–907. <https://doi.org/10.1016/j.tim.2021.03.004>
- Sathish, T., & Anton, M. (2021). Newly diagnosed diabetes in patients with mild to moderate COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 15(2), 569–571. <https://doi.org/10.1016/j.dsx.2021.02.034>
- Sathish, T., & Cao, Y. (2021). Is newly diagnosed diabetes as frequent as preexisting diabetes in COVID-19 patients? *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 15(1), 147–148. <https://doi.org/10.1016/j.dsx.2020.12.024>
- Schipani, E., Cozzi, A., Murgida, G., Francolini, V., Sisti, E., Di Martino, S., Dainelli, F., Vecchio, R., Grifoni, E., & Masotti, L. (2021). New-onset type 1 diabetes mellitus triggered by SARS-CoV-2 infection in a patient with Hashimoto thyroiditis: A case report. *Italian Journal of Medicine*, 15(1), 71-73. <https://doi.org/10.4081/itjm.2021.1387>
- Suwanwongse, K., & Shabarek, N. (2020, July 24). Newly diagnosed diabetes mellitus, DKA, and COVID-19: Causality or coincidence? A report of three cases. *Journal of Medical Virology*, 93(2), 1150-1153. <https://doi.org/10.1002/jmv.26339>
- World Health Organization (WHO). (2022, March 13). *WHO Coronavirus (COVID-19) dashboard*. <https://covid19.who.int/>
- Zhang, Y., Li, H., Zhang, J., Cao, Y., Zhao, X., Yu, N., Gao, Y., Ma, J., Zhang, H., Zhang, J., Guo, X., & Liu, X. (2020). The clinical characteristics and outcomes of patients with diabetes and secondary hyperglycaemia with coronavirus disease 2019: A single-centre, retrospective, observational study in Wuhan. *Diabetes, Obesity & Metabolism*, 22(8), 1443–1454. <https://doi.org/10.1111/dom.14086>

AVOIDANT LEADERSHIP IN HEALTHCARE: A REVIEW ESSAY

CHRISTOPHER M. GREEN, PH.D. CANDIDATE

RUSH UNIVERSITY, COLLEGE OF HEALTH SCIENCES

Research relating to avoidant leadership and its influence in the healthcare setting should be emphasized to inform leaders in the field. Ten peer-reviewed journal articles were examined for their scope, objective, and relevancy. The paper addresses three forms of avoidant leadership, the negative consequences of the leadership style, and identifies how avoidant leadership can be mitigated. Findings indicate that avoidant leaders may not always address healthcare employees' concerns appropriately. Furthermore, unresolved concerns impact the quality of reporting and safety and may not allow for open and transparent discussions that allow staff the opportunity to address their concerns.

Employees may feel increasingly disappointed when a leader initially appears to be receptive to concerns and pledges to take action but ultimately fails to address their concerns or deliver meaningful change to a negative situation (Jackson et al., 2013). While this may be said for any industry or working environment where the supervisor-supervisee relationship is present, this examination focuses on the repercussions when leaders in the healthcare industry avoid employees' concerns. Healthcare leaders can profoundly influence their respective healthcare facilities' success and working environment, promote the core values of their institution or methodology of care, and inspire employees to achieve the organization's mission.

Although there is plenty of popular literature on leadership development available today, few studies have looked at the nature of avoidant leader behaviors and their influence on employees in healthcare settings. Attree (2007) and Burns (2017) investigate the factors that influence nurses' decisions to voice concerns about professional practices and standards

of care and leaders' harmful practices, respectively. Skogstad et al. (2014) argue that leaders that avoid employee needs and do not provide clear expectations of job duties may cause unnecessary stress and could impair the decision-making abilities of those employees. This review essay indicates that leaders who display avoidant leadership are not always effective at identifying and resolving employee complaints or issues, as some leaders prefer to ignore or delay resolving the issue for the employee. As a result, patient care may be impacted by concerns not being addressed immediately or employees being hesitant to report concerns.

Avoidant leadership is characterized by leaders who may evade or postpone taking critical action when problems develop in their organization and with their employees (Jackson et al., 2013). For example, when a critical issue arises, a leader may ignore the problem with the expectation that it will correct itself. Therefore, the problem may continue (James & Wooten, 2005). This review essay explores the avoidant leadership style and its pitfalls in healthcare organizations. The paper addresses the following three areas of inquiry. First, the explanation of three forms of avoidant leadership: placating, equivocal, and hostile (Jackson et al., 2013). Second, the compilation and exploration of negative consequences or outcomes of this harmful leadership style. Finally, a critical analysis of the research identifies how avoidant leadership may be mitigated.

METHODS

The following databases were searched to identify studies addressing avoidant leadership: PubMed, Google Scholar, CINAHL Complete, Scopus, and OVID. Leadership frameworks, guides, or plans that included avoidant leadership were reviewed. In addition, literature about handling employee concerns was consulted. Papers addressing responses to employee concerns, but lacked detailed solutions to handling them, were excluded from the review.

This review offered a wide-ranging overview of the avoidant leadership style in healthcare settings. The literature search identified 20 potentially relevant references. Of the peer-reviewed journal articles, 10 were selected for their scope, objective, and relevancy; these articles gave information about leadership's development and limitations in healthcare settings.

RESULTS

The findings indicate that avoidant leadership styles can harm employees' confidence in reporting safety issues, contribute to conflict with job obligations, and generate indecisiveness when staff members ask questions or seek help with difficult situations. Furthermore, fear of retaliation, humiliation, and embarrassment hinders the timeliness of reporting issues to avoidant leaders. Therefore, healthcare organizations must create mechanisms for timely feedback and ensure that all leaders know how best to respond to employees' concerns.

Instead of dismissing or ignoring their employees, straightforward and honest leaders inspire their workforce (Burns, 2017). Unfortunately, not everyone in a healthcare workplace is blessed with such leaders. In specific healthcare settings, raising concerns is seen as a high-risk, low-benefit activity for nurses; fear of unfavorable personal and professional consequences makes it difficult to voice concerns, leading to reluctance and silence. Furthermore, the most reliable, experienced healthcare environments still do not have a straightforward process to express and appropriately respond to concerns. When reporting information gathered in two previous studies, Jackson et al. (2013) revealed that supervisors responded in unexpected, harmful ways when nurses raised concerns about bullying or whistleblowing. When nurses believed they were honoring their reporting responsibilities and effectively addressing challenges and expressing problems, the nurses expected a supportive reaction from their supervisor. Instead, they ultimately received adverse responses. As a result, nurses were reluctant to bring up any concerns with their supervisors. This hesitancy to report concerns in the healthcare field has prompted this investigation of the various types of avoidant leadership responses and how they affect the healthcare industry.

TYPES OF AVOIDANT LEADERSHIP

There are three types of avoidant leader responses: placating, equivocal, and hostile avoidance. Placating avoidance occurs when leaders acknowledge problems but do little, if anything, to assist with their resolution. Equivocal avoidance includes vagueness and the inability to deliver an answer. Finally, hostile avoidance develops when supervisors display resentment towards resolving problems for employees.

PLACATING AVOIDANCE

Healthcare executives may listen to concerns but take no action, ultimately rebuffing the concerned employees. Firth-Cozens et al. (2004) found that nurses and other healthcare professionals raise concerns to executives and upper management; those concerns may not always be dealt with appropriately. The hospital leaders and frontline nursing staff must trust each other enough to discuss safety issues or other concerns; the staff needs to believe that issues will be resolved professionally. Jackson et al. (2013) discovered that nursing staff believed their managers wanted to make them happy by placating them rather than truly fixing the problem. These nurses were discouraged due to the leader's inadequate response.

EQUIVOCAL AVOIDANCE

Uncertainty in decision-making among healthcare leaders and staff, also known as equivocal avoidance, is characterized by leaders' vague and ineffective responses. For example, Jackson et al. (2013) found that some leaders adopted a tentative attitude before taking action. Furthermore, the leaders were afraid of being perceived as incompetent if they spoke to higher management about reported problems. This type of avoidant leadership may be unproductive and potentially harmful. For example, it could involve leaders being unable to refute or confirm that any action was taken, leaving nurses distrustful of any acknowledgment.

HOSTILE AVOIDANCE

Healthcare executives may behave with animosity or retaliate against a complainant. For example, Jackson et al. (2013) found that nurses who expressed concerns were met with harsh judgments: they were viewed as a problem and had no opportunity to speak up in the future. Causes for such responses are not limited to major conflicts. Mannion and Davies (2019) explain that "raising concerns about care can be as simple and everyday as making an observation or suggestion to colleagues while delivering care" (p. 1). They further state that when a leader becomes hostile because an employee expresses concerns, the employee may need to resort to other means to be heard. If the situation persists, the employee can bypass traditional line management and report directly to another leader or regulatory agency. As a result, the employee struggles to place their trust in the leader from that moment forward. These examples show

the likelihood that patient care suffers due to this distrust: the inability to report an urgent concern could result in staff turning a blind eye or providing the bare minimum of necessary patient care.

Leaders who use any type of avoidant leadership can potentially harm the healthcare industry. Citing a previous study, Burns (2017) found that “[leaders] practicing toxic leader syndrome display...an apparent lack of concern for the well-being of subordinates” (p. 36). While these harmful leaders may first earn the employee’s apparent trust, they will eventually resort to damaging practices for their advantage. This review essay sheds light on the fact that there is missing information and a lack of current research related to avoidant leadership and its impact on the healthcare industry.

NEGATIVE CONSEQUENCES OR OUTCOMES OF AVOIDANT LEADERS

Despite recognizing their responsibilities, registered nurses were unsure how and when to report concerns, according to Attree (2007). The stigma of being viewed as a complainer outweighed the nurses’ duties to report items such as medical errors, potential abuse, bullying within the ranks, and safety issues. When an issue arises, employees should have the confidence to approach a manager without fear of being ridiculed or losing their jobs. Skogstad et al. (2014) found that *laissez-faire* leadership—leaders refusing to take needed action—is positively correlated with employees not knowing their role in the workplace. Furthermore, uncertainty about one’s job duties led by a *laissez-faire* leader may cause anxiety and moral distress in making decisions and reporting concerns.

McCarthy and Deady (2008) explain moral distress as an “umbrella concept that captures a range of experiences of individuals who are morally constrained.” They further reveal that moral distress is a reality many healthcare professionals face. A supportive leader could decrease this peril in the workplace by meeting one-on-one with an employee. According to McCarthy and Deady, healthcare professionals may experience moral distress if they are repressed or discouraged from acting morally or essentially doing the right thing in a situation. For example, imagine that an employee makes ongoing requests to repair a climate control system

in a patient activity area—the requests are acknowledged but always ignored. Therefore, patient rehabilitation activities scheduled for the space must be repeatedly canceled due to the inconsistent temperature in the room. The avoidance of leaders and the placating, equivocal, and possibly hostile responses to issues result in disgruntled employees who feel their concerns are not valued. More importantly, patient care suffers due to the loss of a valuable treatment resource. As a result of the loss of constant rehabilitation treatment owing to leader avoidance, patients may regress or become weaker. In general, avoidant leadership may ethically inhibit employees and give them the impression that they cannot voice problems to their superiors. If this practice continues, it could lead to a breakdown in trust, discontent within an organization, and even compromised patient care. Therefore, it is essential that healthcare professionals learn how to mitigate avoidant leadership to provide adequate care.

MITIGATING AVOIDANT LEADERSHIP

A leader's reliability and a workplace's reputation can be compromised when leaders ignore, postpone, or become aggressive with an employee's concern (Jackson et al., 2013). If leaders are faced with growing expectations and limited resources, they may resort to avoidance as a survival strategy. This strategy may result in a leader who expresses their emotions through actions and regards their employees as objects (Gardner et al., 2009). The implications of leaders adopting a survival strategy may result in a loss of confidence among employees due to their fear as a result of the act of emotion or humiliation. Professionals in the healthcare industry can alleviate the negative consequences of avoidant leadership. In a healthcare context, developing trust among staff can foster a culture of safety and responsibility.

According to Jackson et al. (2013), understanding effective response techniques, such as keeping lines of communication open and responding quickly, can help a nurse leader feel more confident in addressing employee concerns and ensuring that their decisions are supported and resolved quickly. In addition, the reporting system protocol should be considered to sustain trusting relationships and the capacity to learn from challenging experiences without shaming the employee (Firth-Cozens 2004). Finally, all employees should feel at ease when sharing concerns.

A patient safety culture audit is recommended by Sammer et al. (2010). They encourage examining how staff issues are addressed and resolved to improve patient care. A safety culture audit, or survey, can be given to see how safety issues are communicated and followed up on, resulting in clinicians feeling heard and understood by their leaders. Thus, the topic of avoidant leadership needs to be understood as a barrier to patient safety. Sammer also advises creating a just culture by blaming systems rather than people and holding everyone accountable. Furthermore, mutual learning about avoidant leadership among leaders and employees is essential to developing a just culture to circumvent problems and misunderstandings. Therefore, mitigation of avoidant leadership should be a top priority within healthcare organizations.

DISCUSSION

Employees' concerns may not always be dealt with appropriately by leaders with an avoidant leadership style. This review essay addressed the three forms of avoidant leadership: placating, equivocal, and hostile avoidance. In addition, negative consequences or outcomes of avoidant leadership were discussed, and possible mitigations were reviewed. For example, leaders placate their followers by telling them what they want to hear. Equivocal avoidant leaders take a dubious attitude and let things work themselves out, which can backfire by ignoring issues too long. Finally, a hostile avoidant leadership style involves leaders displaying a lack of concern for subordinates' feeling of safety and contentment and may be perceived as retaliation (Jackson et al., 2013). Avoidant leadership style needs to be brought to the forefront based on the lack of brevity of research that is present. Each of the three avoidant leadership styles negatively impacts staff and patients and affects the quality of the employee-leader relationship.

Avoidant leadership in the healthcare field instigates the loss of employee trust and limits the expression of concern which could negatively impact patient care. Furthermore, when concerns related to patient care are ignored, staff turnover may occur (McCarthy & Deady, 2008). To mitigate the turnover effect, healthcare organizations can provide a straightforward approach to providing a just culture of patient safety (Sammer et al., 2010) by preventing avoidant leadership from occurring. From personal experience, having an open line of communication and a

trustworthy reporting system that reports in many ways, such as planned safety meetings with executive leadership, is essential. Allowing anonymous reporting as a technique of minimizing avoidant leadership could be another option. The strategy would exclude the possibilities of placating and hostile avoidance from the start.

CONCLUSION

Currently, very few articles on avoidant leadership exist, implying that more research into the style's effects, particularly in healthcare, is needed. Nevertheless, this review essay offers guidance to encourage healthcare leaders to engage with, rather than shy away from, employee concerns to improve workplace safety and culture.

Using the findings of this review, healthcare organizations will be able to better recognize and comprehend the consequences of avoidant leadership style on healthcare personnel and patient care. Specific characteristics of the healthcare setting are beyond leaders' control, but how they respond to staff concerns can set them apart. Moreover, leaders must listen empathetically and with the intent of addressing employees' concerns in a meaningful and actionable way. Avoidant leadership can have an adverse impact on patient outcomes, fracture employee-supervisor relationships, hinder constructive leadership behaviors, and contribute to staff retention difficulties (Jackson et al., 2013).

REFERENCES

- Attree, M. (2007). Factors influencing nurses' decisions to raise concerns about care quality. *Journal of Nursing Management*, 15(4), 392–402. <https://doi.org/10.1111/j.1365-2834.2007.00679.x>
- Burns, W. A., Jr. (2017). A descriptive literature review of harmful leadership styles: Definitions, commonalities, measurements, negative impacts, and ways to improve these harmful leadership styles. *Creighton Journal of Interdisciplinary Leadership*, 3(1), 33–52. <https://doi.org/10.17062/CJIL.v3i1.53>
- Firth-Cozens, J. (2004). Organisational trust: The keystone to patient safety. *Quality and Safety in Health Care* 13, 56–61. <https://doi.org/10.1136/qshc.2003.007971>
- Gardner, W. L., Fischer, D., & Hunt, J. G. J. (2009). Emotional labor and leadership: A threat to authenticity? *The Leadership Quarterly*, 20(3), 466–482. <https://doi.org/10.1186/s12913-018-3308-2>
- Jackson, D., Hutchinson, M., Peters, K., Luck, L., & Saltman, D. (2013). Understanding avoidant leadership in health care: findings from a secondary analysis of two qualitative studies. *Journal of Nursing Management*, 21(3), 572–580. <https://doi.org/10.1111/j.1365-2834.2012.01395.x>
- James, E. H., & Wooten, L. P. (2005). Leadership as (un)usual: How to display competence in times of crisis. *Organizational Dynamics*, 34(2), 141–152. <https://doi.org/10.1016/j.orgdyn.2005.03.005>
- Mannion, R., & Davies, H. (2019). Raising and responding to frontline concerns in healthcare. *BMJ*, 366, l4944. <https://doi.org/10.1136/bmj.l4944>
- McCarthy, J., & Deady, R. (2008). Moral distress reconsidered. *Nursing Ethics*, 15(2), 254–262. <https://doi.org/10.1177/0969733007086023>
- Sammer, C. E., Lykens, K., Singh, K. P., Mains, D. A., & Lackan, N. A. (2010). What is patient safety culture? A review of the literature. *Journal of Nursing Scholarship*, 42(2), 156–165. <https://doi.org/10.1111/j.1547-5069.2009.01330.x>
- Skogstad, A., Hetland, J., Glasø, L., & Einarsen, S. (2014). Is avoidant leadership a root cause of subordinate stress? Longitudinal relationships between laissez-faire leadership and role ambiguity. *Work & Stress: An International Journal of Work, Health & Organisations*, 28(4), 323–341. <http://doi.org/10.1080/02678373.2014.957362>

DEAR YOU, YOUNG LEADER

CHANDLER JOLY

UTAH VALLEY UNIVERSITY

A few years ago, I was asked to create a Leadership Credo. This Credo was to be directed towards the employees of my future business and was to contain self-guiding principles on leadership. It would be the last my employees would ever hear of me. I remember spinning my pencil around my fingers. How silly, I thought, it was to prepare a goodbye when the race hadn't even begun. Oh, how far away all of this feels now. Like a small child on the playground, I had no idea how big the world really was and how blissfully unaware I was of the challenges that awaited me. Now, I stand at the cusp of graduation: 24 years behind me and forever in front of me. When did the starting line get so close? As I near graduation and prepare to run this race, I want to leave the last parts of me with the best parts of you. Take here, my new Leadership Credo.

Dear Young Leader,

I write this letter to accompany you on your continuing journey. My time has come to an end and now it is your turn to lead. These words I share with you are true on paper and in application. Learn from one whose shoes are worn and broken.

Walk with value. In leadership, you are brothers and sisters who support and serve one another: to give instruction, counsel, and direction. It is up to you to live with standards and teach your fellow leaders to do the same. Lead by example, use words if necessary. When you are called upon, teach and teach again.

Tread in remembrance. The path wherewith you have travelled to arrive here has been crucial to your success. Be humble in your doings.

With pride, you are only strong momentarily; with humility, you will have strength in abundance. Treat your peers and superiors all the same; do not let pride teach you to act differently among them. The moment you let pride become your floor, glass becomes your ceiling.

Mend with love. Give yourself to those around you. Carefully nurture those before you. Life's success is measured by those you serve. Do not let your team be carried by broken backs nor broken hearts. Repairing takes time, time takes love, but most importantly, love is a choice.

Travel with vision. Where there is no vision, direction will perish. The smallest fire destroys a forest. Run from evil, avoid misdeeds, always be the person you want to be. Vision determines decisions. Share your vision with those around you to fortify your efforts. Seek mentors, teachers, and friends to guide you on your journey. Set goals and monitor growth to reach the destination.

Journey of change. Your very character can strengthen or hinder those around you. Take note of your actions, deeds, thoughts, and words. Do not let yourself become a vile creature that lurks in the dark for money and fame. Corruption corrupts. Become the hero of your own story. Keep to your values, and you will be an example to the audience. The race is now yours and may you live to your highest potential.

Sincerely,

Old shoes.

SET US FREE

KAYDEE JACOBSON

UTAH VALLEY UNIVERSITY

The news floods in like a tidal wave—the reporters’ voices clashing.
People from either side of the political spectrum get public bashings.

The shots from the guns and the screaming ring in my ears,
It’s hard to watch the chaos when you’re drowning in your tears.

The carnage witnessed on the screen, the frenzied, crazed panic;
The startled eyes of a broken people are deranged, slightly manic.

It feels like the world’s spinning faster—the chaos is everywhere.
The goodness we had seems to be from a time of old, and now the world
is left bare.

Gruesome conflicts and frightening wars—death and illness carry on.
An endless cycle of hate we see rise and set, just like the sun.

What happened to humanity, the things we used to be?
We’ve locked ourselves in a cage and we’ve thrown away the key.

Left banging on the bars that we've put up around us,
We sit and wait for the lock we've made to rust.

Stop it with the hate, stop it with the raging and killing!
Stop getting riled up, stop it with the relentless grilling!

They are just like you—there is no *they*, only *we*.
Did you forget you are one of us? The similarities, don't you see?

Peace is all I ask for; peace is my prayer.
Kindness is the only way that we can get there.

So, pick up a pen and start writing for change,
You can make a difference—you can make the exchange.

Lift your voice to the heavens, it all starts with just one word.
Your actions will free us, and we'll soar like a bird.

Get up and get out—change our humanity's definition—
It's time for a new change: a kinder, stronger, better edition.

CURRENT STATUS

CAITLIN STEWART-JOHNSON

UTAH VALLEY UNIVERSITY

Mixed Media

Activism. A term that defines one of the most raw forms of leadership. One where people are willing to risk their lives to bring about awareness, change and equality. These six students, all with a goal to make a difference in history, chose a black activist they have looked up to. Each also picked a quotation from their chosen activists with a “Current Status” of the situation as a black citizen in the United States, today, written on their shirts.

“You think your pain and your heartbreak are unprecedented in the history of the world, but then you read. It was books that taught me that the things that tormented me most were the very things that connected me with all the people who were alive, who had ever been alive.”

— James Baldwin

“[...] I have learned that oppression and the intolerance of difference come in all shapes and sizes and colors and sexualities; and that among those of us who share the goals of liberation and a workable future for our children, there can be no hierarchies of oppression.”

— Audre Lorde

“Slowly we have lifted ourselves by our own bootstraps. Step by halting step, we have beat our way back”

— Roy Wilkins

“The power of faith is transformative. It can be utilized in your own personal life to change your individual condition, and it can be used as a lifeline of spiritual strength to change a nation.”

— John Lewis

“I’ll tell you what Freedom is to me. No Fear.”

— Nina Simone

“The best thing we can do is be a servant of God. It does good to stand up and serve others.”

— Fred Shuttlesworth

Below are quotes taken from the students pictured on the following page and are also written on the t-shirts they are wearing. These quotes represent their "Current Status."

"...still connected by what torments me today"
— Izzie Herring

"...still facing hierarchies and oppression."
— Eve Stewart-Johnson

"...still lifting myself by my own bootstraps."
— Malcom Stewart- Johnson

"...still using my lifeline to change the nation."
— Sebastian Stewart-Johnson

"...still searching for freedom."
— Alex Stewart-Johnson

"...still confronting evil."
— Cole Stewart-Johnson

(Continued on next page)



CURRENT STATUS

Mixed Media

Photography by Alexandra Cale



CAITLIN STEWART-JOHNSON
UTAH VALLEY UNIVERSITY



IN A BOX

MCKENNA GOADE

UTAH VALLEY UNIVERSITY

Acrylic facial prints, pen and ink, acrylic paint marker, on arches watercolor paper

This piece explores the vulnerability of leadership. The best leaders connect with the people they lead. Showing vulnerability is vital in creating and maintaining the relationship between leaders and the people they serve.

Leadership is about the willingness to be vulnerable and show that you don't know it all. Leaders should build relationships with the people they serve—not bear it all themselves. In moments of weakness, challenge, or struggle, leaders should be able to show their vulnerabilities and use their imperfections to remind themselves and others that perfection is not the expectation; that it is okay to be human. To be a leader is to have one's back against the wall and, despite all the odds, decide to act.



COMPOSITE MEMORY NO. 2

MCKENNA GOADE

UTAH VALLEY UNIVERSITY

Acrylic paint and gouache on Stonehenge paper

Many people incorrectly look at leadership as climbing higher on rungs of ladder. They are under the false impression that it is necessary to step over others to get to their goals. The opposite of this is real leadership. Just like this painting, real leadership means looking at the problem through every perspective. The winding background shows the winding nature of challenge that comes when a group of different people need to come together to work on a single issue. In contrast, the organized, geometric forms show us the order that can come when leaders learn to appreciate differences and establish mutual respect.

AGAINST THE CURRENT

MAILYN MILLWARD

UTAH VALLEY UNIVERSITY

Sculpture

A quotation by Elaine Dalton states, “If you desire to make a difference in the world, you must be different from the world.” This is what innovation is. It is finding another solution, turning over a stone that hasn’t been turned over before, and taking a path that hasn’t been explored yet. Evolution and change come from overcoming a stumbling block and disassembling the belief that everything has already been done before and being brave enough to be the first to explore new, endless possibilities.



AGAINST THE CURRENT
MAILYN MILLWARD
UTAH VALLEY UNIVERSITY
Sculpture

EXISTING THROUGH KNOWLEDGE

CRISTINA GUTIERREZ

UTAH VALLEY UNIVERSITY

Digital Collage

I have been exploring the idea of existence and what it means to exist. Through my research and interviewing strangers, I concluded that we are all connected by living in the present, influencing others, growing, and determining our purpose.

One way to view this idea is through exploring the universe and the sciences. This perspective has been made possible because of historic figures paving the way for new theories and discoveries. There are equations within this piece that are originally found in Einstein's cosmological constant—an equation about trying to understand the universe and how it functions. The hands symbolize human connection and relationships. The fingerprints depict individual identities while also leaving a physical mark.

Understanding our existence can be tied to being a leader. Leaders help create connections and encourage others to share their voice.



EXISTING THROUGH KNOWLEDGE

CRISTINA GUTIERREZ

UTAH VALLEY UNIVERSITY

Digital Collage

JUST A ROCK

ALICIA GOODRICH

UTAH VALLEY UNIVERSITY

Sculpture

The birth of innovation began over 2.6 million years ago when someone stared at a rock and saw something so much more than “Just a Rock.” Rocks dramatically impacted human evolution, helping us adapt to things that were impossible to do with just our own bodies. This process was the first step in our minds growing and giving us the ability to look at one thing but see it as something else. As humans created and invented more sophisticated rock tools, technology progressed as well. From a rock came the ability to create and invent new things that help us continue to grow and become more. It is not “Just a Rock,” but a movement that brought us to today.



JUST A ROCK
ALICIA GOODRICH
UTAH VALLEY UNIVERSITY
Sculpture

SOCRATES, CORRUPTER OF YOUTH

CHRISTIAN HEFTEL

UTAH VALLEY UNIVERSITY

You burn.
You burn like lightning,
Like storm-blasted pine,
Like the flaming heart given
By love to love.
And you,
To me something like a
Teacher, like a father, a friend,
Burn like a torch in the darkness,
Lighting with flickers
A face
A hand
And a few square feet
Of alien, terrifying, inviting
Path.

BECOMING THE LEADER OF YOUR OWN LIFE: LIVING AND LEARNING BY SELF-LEADERSHIP

JESSICA SOUSA
UTAH VALLEY UNIVERSITY

Discovering who you are and understanding how to lead from wherever you may go in life is a fundamental part of learning to lead others. Leaders must begin by taking ownership of their own lives before accepting responsibility for others. This essay is about my physical and educational journey towards becoming the best leader I can be, both inside and out.

Leadership can sometimes seem out of reach. I did not think just anyone, including myself, could be a leader. Weren't leaders the ones who always have the last say? Wasn't leadership about being at the top of a company or organization? Even though I campaigned, I never got accepted into student council. Some of my closest friends were the soccer team captains, but I was just another player among the group. I was occasionally part of a volunteer group presidency in my community, but never the president. I was the head chair for the second violins, but never in the first group. I took orders and rarely gave them. I was in no position of authority. I hardly understood the idea of leadership and what it entails. What I would later discover is "occupying a leadership position is not the same thing as leading" (Valcour, 2020, para. 2). What, then, is leadership? And more importantly, why does leadership matter to me if I am not in the highest positions? I would eventually discover the answers to these questions during the summer of my junior year of high school, which would become one of the most unforgettable experiences of my life.

The trip was nothing I expected. I was filled with apprehension and excitement the morning my mother hurriedly drove me to the airport. Not only was I traveling alone for the first time, but I was going halfway across

the world from Utah to the Czech Republic. As the first plane touched down in New York City, the realization of where I was going and what I was doing hit me full force in the stomach. I was about to meet eight other girls from various states in the US and travel together with a program leader to Prague. Most of my friends thought Prague was just the name of a bank, and I was almost as clueless about my destination. My first night in Prague was filled with new experiences and new realizations. What started out as a light getting-to-know-you conversation quickly turned into a friendly argument about whether the correct term was *potato bug*, *potato beetle*, or *rollie pollie*. At age 17, I became aware that my view of the world was small and slightly skewed; there was so much I did not know yet, especially about the role of leadership in my life.

I contemplated my newfound awareness as we climbed cobblestone stairs to reach a small, cramped classroom on our second day in Prague. I sat down in one of the old worn school chairs that creaked and almost gave way. I had imagined our leadership training would take place in an exquisite conference room with swivel chairs and a large oval desk. I pulled out my schedule and skimmed through it. We had leadership training classes sporadically throughout the week but not consistently. I thought the schedule was a bit odd, since I had also imagined this academy to be one prolonged conference jam-packed with back-to-back meetings about leadership characteristics, the secrets to being a good leader, how to be a successful leader, etc. Already my imagination was thrown for a loop. Before even hearing the word leadership, we dived into a Czech language lesson. My journal entry stated, “In the first language class we’re learning A LOT. We also had our first leadership seminar. But truthfully, I don’t really remember what it was about.” (J. Sousa, personal communication, June 30, 2013). By that evening, we had gone to so many places, done so many activities, and learned so much about the people around us I had no recollection of the earlier day’s lesson specifically on leadership. Since becoming a better leader was the entire reason I had traveled this far, I vowed to be more astute in my study.

The next day we were directed to watch a video from Senator Angus King. I was determined to take extensive notes— thinking that notetaking would engrain such principles into my very character forever. I admit, I

have rarely looked back at those notes again. Simply discussing leadership principles did not seem to have a lasting impact on me. Fortunately, the remainder of this trip had little to do with sitting around in a small stuffy classroom discussing principles of leadership. Instead, we lived leadership through our experiences. Our leadership seminars morphed into cooking strudel in a local apartment, discussing bread over breakfast with a neighbor, playing games in the park with university students, conversing with street vendors at the market, constructing toothpick towers as a team, traveling to different districts for service projects, and journaling. Our history and culture classes were much the same. Rather than reading out of textbooks, we walked through museums, monuments, and cemeteries. The most memorable experience I have is an occasion when we were sent out into the streets with a partner. Our task was to do something out of the ordinary. In other words, we needed to do something against the social norms of our situational context. I have a photo from the activity of me in a bright navy-blue dress with sandals and a cheap drawstring bag, curled up in a ball on the corner of a cobblestoned sidewalk, and another girl standing nearby, clearly trying to hold back a smile and muffle her giggling. What is not pictured, but I remember distinctly, is the few pedestrians giving me incredulous glances as they avoided me in their paths. I had never before been so full of self-awareness. As the days quickly blurred and my trip ended, my attention to what I had learned fizzled. I knew I had changed. I knew I had become a better leader, but I still held no leadership positions until years later. I knew I had learned concepts about leadership I was applying daily, but I never thought much about how I came to know them or what they were, until recently. I still have my leadership journal sitting in my drawer, unfinished. A few weeks ago, I pulled it out and skimmed through it. There were three sections of questions we answered: about our past, present, and future. We also sent questionnaires to family, friends, and peers to answer about our attributes, skills, character traits, etc. How did all this self-reflection about myself change me? The answer lies in the foundational principle of self-leadership.

WHAT IS SELF-LEADERSHIP?

One of the most important principles to understanding self-leadership and why it matters begins with defining the concept itself. Monique Valcour, an executive coach for the Harvard Business Review (2020),

describes leading as the ability “to connect, motivate, and inspire a sense of ownership of shared objectives” (para. 2). Each of these three skills is not innate, rather, anyone who puts forth the effort is able to acquire them. In other words, these are not skills left only to the highest authority figures. It is possible, and crucial, that we influence ourselves to achieve our aims.

WHY SELF-LEADERSHIP?

Surprisingly, the sources on self-leadership are not broad. However, many of the prominent and well-known innovators of leadership often interweave concepts of self-leadership into their works. As one example, Kenneth Blanchard and Spencer Johnson (1983) authors of the renowned title *The One Minute Manager*, explained, “Nobody ever really works for anybody else.” (p. 55). In essence, only we can do our own work, complete our tasks, or fulfill our responsibilities. These authors also mention the importance of influence, “The key to successful leadership is influence, not authority.” Although not every member of a group has access to authority, influence is a characteristic that all individuals possess, whether they realize it or not. The key to self-leadership is utilizing influence as a leadership tool. Moreover, self-leadership embodies the ability to influence yourself (Alves et al., 2006). As a teacher now, I am often left to my own devices. Though I have mentors and supervisors giving me feedback, suggestions, and support, only I have the ability to become a better teacher. The lessons I have learned since my journey to Prague have instilled in me a desire to create my own mission statement and abide by the standards I set for myself, both professionally and personally. Despite challenges and obstacles over the years, I still see that my actions and thoughts influence my own development and those with whom I interact. Valcour (2020) summarizes my experiences by stating: “leading well requires a continuous journey of personal development” (para. 2).

HOW TO PRACTICE SELF-LEADERSHIP

Because self-leadership is such a broad term, the notions behind it vary in theory and suggestion. However, among the many experts who have approached the subject, there are some overarching themes. Neck and Houghton (2006) give a framework for leadership strategies one

can practice within three subfields: behavior-focus, natural rewards, and constructive thought. Much like my experience with the leadership academy, Neck and Houghton (2006) recommend self-observation, self-goal setting, self-rewarding, self-punishment, and self-cuing. Note the term self-punishment is not to be seen in a negative light, rather, it promotes constructive self-feedback, which is a necessary step towards bettering oneself. Natural rewards are meant to increase our desire and motivation by utilizing “enhancement and focus on enjoyable task features” (Alves et al., 2006, p. 341). Although those in higher authority or positions can influence our extrinsic motivation, no one knows us better than ourselves, and we understand how best to reach our own intrinsic motivation. Constructive thought focuses on “positive thinking through the reduction of dysfunctional beliefs and assumptions, the reduction of negative self-talk, and increase of positive self-image” (Alves et al., 2006, p. 341). All these ideas come together to create the type of thinking necessary to be a leader. The important takeaway from this is that our thinking leads to action. Hence, we first need to determine our thinking to carry out desired actions. Some argue that leadership is less about what we are and more about what we do. The first thing you can do is become the leader of your own life—take ownership of it.

Think about your life now. When you fulfill tasks and responsibilities, who and what are you doing it for? The world needs more people who reach beyond themselves, and through their personal development and influence, guide others to become their best selves. Although you may never reach the top of the ladder, be in the highest position, or receive the greatest praise, you can be the one to assist others along the climb. If not you, then who?

REFERENCES

- Alves, J. C., Lovelace, K. J., Manz, C. C., Matsypura, D., Toyasaki, F., & Ke, K. (2006). A cross-cultural perspective of self-leadership. *Journal of Managerial Psychology*, 21(4), 338-359. <https://doi.org/10.1108/02683940610663123>
- Blanchard, K., & Johnson, S. (1983). *The one minute manager*. Berkley Trade.
- Neck, C. P., & Houghton, J. D. (2006). Two decades of self-leadership theory and research: Past developments, present trends, and future possibilities. *Journal of Managerial Psychology*, 21(4), 270-295. <https://doi.org/10.1108/02683940610663097>
- Valcour, M. (2020, November 4). Anyone can learn to be a better leader. *Harvard Business Review*. <https://hbr.org/2020/11/anyone-can-learn-to-be-a-better-leader>

NOT PLAYING TO WIN

JEFFREY DEAN GODDARD

UTAH VALLEY UNIVERSITY

Humans learn through play. We play two types of games: finite games and infinite games (Carse, 1986). Finite games are games that end with clear winners and losers whereas infinite games have no winners and losers. The intent of infinite games is to continue in perpetuity. When the rules of finite games are applied to life, there are deleterious consequences to individuals, families, organizations, and society. As leaders, we must find ways to encourage infinite games and do our best to make the rules as fair and inclusive as possible. Doing so is not only in our own best interest, but will positively impact the individuals we lead, the organizations in which we find ourselves, and our society as a whole.

We as a species learn through playing (Corbeil, 1999), and we've been doing it our whole lives. As children we had essentially two types of play: 1) unstructured, imaginative play and 2) structured, concrete play.

Unstructured games, like tag or make-believe, have no winners or losers; the point is to play for as long as possible. Success in these types of games is measured by how long we could convince our fellow players to stay in the game. We did this by making sure everybody was having a good time. Anybody with younger siblings knows that this sometimes means limiting ourselves—not running as fast as possible, for example—so the smaller children feel engaged. Nobody wants to play a game that is impossible to win. The longer we can keep everyone happy, the more fun we all have. James Carse (1986), the renowned game theorist, would have called these infinite games.

Structured games are not as intuitive for smaller children, but adults love them, so children learn them. These games have clear objectives and

clear winners and losers. Whether playing sports or board games, we usually know at the end of these games who has won, and we like to win. The most pernicious of these games are what we call *zero-sum games* in which every objective a player gains in the game is one more that another has to lose or cannot get. Some of the classics are games like *Risk* or *Monopoly*, the latter being a game designed to teach us the “evils of capitalism” (Raworth, 2017). Whether or not it succeeds in that goal, it certainly teaches us the dangers of scarcity. The longer the game goes on, the less fun it is for most of the original players. We can only win by taking everything our opponents have. Dr. Carse (1986) would have called these finite games (p. 3).

The problem is we keep playing these finite games in most aspects of our lives, keeping the same general rules, though we don’t often say them out loud. We apply them to ludicrous situations, expecting the same outcome. We try to win at education or careers, in relationships or in life, seeing them as zero-sum competitions, stuck in scarcity. But these games cannot be won. In most areas of life, and indeed life itself, the games are infinite. We can be ahead or behind at any given moment, but we can never really win. Imagine for example, a marriage wherein one partner sees every day as something they can win against their spouse. No matter how charitable the spouse is, keeping that game going will be all but impossible, and hardly any fun for the other players—their partner, any children they have, their friends, or other family members. Success is in keeping the game going.

Life is not only NOT a zero-sum game; it is not a finite game of any kind. Whether in relationships or in business, in academic pursuits or spiritual ones, we are only trying to keep a perpetual game going. Our success hinges on our ability to consciously see that scarcity is almost always an imaginary parameter of the games we play. When someone else succeeds, it does not have to mean that we failed, nor does it take anything away from us. These finite games invite such unhealthy habits as comparing ourselves to others and tribalizing. This is especially true in stressful environments, such as a pediatric emergency department, where lives literally hang in the balance (Faro & Bauman, 2020). If there isn’t enough to go around, then it is *us versus them*. This is, of course, a

toxic culture in the workplace, in the family, and in the classroom. Good leadership must be about rooting out the us-versus-them paradigm of life.

Granted, plenty of people play us-versus-them. When this happens, we must use our greatest strength in the game. We must refuse to play by those rules, and if they won't play any other way, we don't play with them. On a macro scale, this is essentially what revolutions look like. Either violent and political or a peaceful social revolution, systemic change can happen in two ways. Either those in power shift the rules to match what keeps the most people in the game, or the disenfranchised force a rule change. More and more around the world, and in our country, people are clamoring for a change in the rules, and good leadership should be about trying to find rules that keep us all fairly in the game. How that rule change happens is anybody's guess, but we should hope for a peaceful transition. We need to be voices for that peaceful approach to rule changing and encourage others to do the same.

On a micro scale, refusing to play the finite game can look like leaving a company or organization that sees everything as a competition. They will chase their arbitrary idea of success until the organization collapses. An extreme example of this was Enron. Winning was everything to the leadership of the company and became the only metric the whole company cared about, to the detriment of any semblance of collaboration. When winning was even harder to reach, people changed what winning meant. Playing fair didn't matter. Being honest didn't matter. Only winning. When that ship went under, everybody pointed their finger at everyone else, but no one was willing to take responsibility for continuing that finite game, playing by zero-sum rules to the detriment of everyone else. In the end, everyone lost (McLean & Elkind, 2004).

Breaking the scarcity paradigm can be hard. I grew up in poverty and recently had an enlightening conversation with a friend about how that experience shaped my unhealthy relationship with food. For years, I simply could not allow food to be thrown away. I would eat well beyond my needs because, in a scarcity mindset, I didn't know when the next calories would be available. I'm trying to lose about 15 pounds as a testament to my living in an abundance paradigm now. I will have another

meal. Although I still abhor waste, I do not have to hoard to overcome it. This is a simple example of trying to model a better, healthier way to play the game.

We see people who have the same irrational relationship with so many other things in life for the same reason I did with food. They hoard bad friends because they are terrified of being alone—a reasonable, rational fear. They hoard money, or chase it ferociously, because they are so afraid of not having enough. Ironically, often what constitutes as enough is whatever someone else has. This is not to discount the incredible harm that inequality has on people, and any definition of good leadership must include a firm advocacy for equity. Always being forced to participate in a game that seems unfair because certain players are so obviously better positioned and seem to win every round can have significant deleterious effects on psychological and even physical health. Payne (2017) found a remarkable association between health problems and income inequality, for example, showing that the more unequal the game, the more those who are losing suffer. So often it is in the comparison that we find ourselves suffering, and we have to be willing to lead out in the effort of not comparing ourselves to others.

So, how do we break out of a finite mindset, move beyond our scarcity paradigm, and then help others do the same? We start by reframing our lives into terms of abundance and focusing on the infinite games that bring us joy just by playing them. We need serious introspection about what we spend time on—our work, our education, our relationships, the causes we devote ourselves to. Are they fostering an us-versus-them mentality in us? Or are they inclusive? (A good rule of thumb is “Are we *for* somebody or something, or *against* that person or thing?”) Do we feel like we always have to accept somebody else’s rules, or are we making better rules that work for everybody together? Are we forcing others to play by our rules? Are we doing this because we are afraid of something (loss of resources, fear of not providing, loss of prestige, fear of failure), or are we doing this because we believe in what we are doing? As Dr. Carse (1986) aptly points out, “What one wins from a finite game is a title. A title is the acknowledgment of others that one has been the winner of a particular game” (p. 24). So we ask ourselves, are we playing to be seen as a winner, or playing for the sake of the game?

The more we focus on the infinite games, the more we see each other as fellow players instead of the enemy. Even those we thought we had to compete against can now be part of our team as we reach toward that better world we want to build. We don't have to beat someone else to be happy; when they get ahead in the game, we can cheer. Because ultimately, people who play the infinite games purposefully make the game better for all of us. That's what makes good leadership. The more we see things in terms of abundance, the easier it is to be at peace with where we are and have the hope and inspiration to get to where we want the world to be. We influence others more, because they see we are not trying to get them to stop playing so we can have their resources. We want them to play their hearts out in a game that never ends.

REFERENCES

- Carse, J. P. (1986). *Finite and infinite games*. Free Press.
- Corbeil, P. (1999). Learning from the children: Practical and theoretical reflections on playing and learning. *Simulation & Gaming*, 30(2), 163–180. <https://doi.org/10.1177/104687819903000206>
- Faro, E. Z., & Bauman, L. J. (2020). Tribalism in a pediatric emergency department. *Human Organization*, 79(1), 24–32. <https://doi.org/10.17730/0018-7259.79.1.24>
- McLean, B., & Elkind, P. (2004). *The smartest guys in the room: The amazing rise and scandalous fall of Enron*. Portfolio Trade.
- Payne, K. (2017). *The broken ladder: How inequality affects the way we think, live, and die*. [eBook Edition]. Viking.
- Raworth, K. (2017, July 28). Monopoly was invented to demonstrate the evils of capitalism. *BBC Worklife*. <https://www.bbc.com/worklife/article/20170728-monopoly-was-invented-to-demonstrate-the-evils-of-capitalism>

MOTHER JONES:

“Pray for the Dead, and Fight Like Hell for the Living”

FRANKIEJO ELLIS

UNIVERSITY OF OKLAHOMA

Perhaps best known for her war cry, “Pray for the dead and fight like hell for the living,” Mary Harris Jones has become one of the most influential labor organizers and agitators of the late 1800s and early 1900s. Coal miners affectionately called her Mother Jones but to the United States District Attorney she was extremely dangerous. Standing a mere five feet tall, Mother Jones dressed in all black, wore matronly dresses, wire-rimmed glasses, and black hats with lace she tied beneath her chin. Her hair was snow white and her eyes were a brilliant blue. Her physical appearance belied her. By just looking at her, you would never have thought her to be the fiery and outspoken labor organizer and leader that she was. Wherever working people were being oppressed, Mother Jones was there. Anywhere there was a demand for better pay, an eight-hour workday, and safer working conditions for the working people, Mother Jones was there. She was a champion of the working class and claimed she was not an angel, but actually a hell raiser.

On November 19, 1918, Vladimir Lenin was greeted with thunderous applause as he spoke these words to the first All-Russia Congress of Working Women, “The experience of all liberation movements has shown that the success of a revolution depends on how much the women take part in it.”¹ Perhaps these words were written for the working women of Russia; however, they could have been written about Mary Harris Jones, better known as “Mother Jones.”² Mother Jones was once referred to by a United States District Attorney as, “the most

¹ Vladimir Lenin, “Speech at the First All-Russia Congress of Working Women, November 19, 1918,” Marxists Internet Archive, <https://www.marxists.org/archive/lenin/works/1918/nov/19.htm>.

² History Making Productions, “Mother Jones’ ‘Children’s Crusade’ Returns to Philadelphia,” *Philadelphia Inquirer*, August 17, 2013, <https://www.inquirer.com/philly/blogs/TODAY-IN-PHILADELPHIA-HISTORY/Mother-Jones-.html>.

dangerous woman in America.”³ Wherever there were social injustices and oppression to the working poor of America, Mother Jones was there.

Mary Harris was born August 1, 1837, in County Cork, Ireland, during the Industrial Revolution. She was no stranger to political unrest, incitement of discontent against an oppressive government, or civil disobedience. Her paternal grandfather was an Irish freedom fighter who was hanged. She was very young when she was subjected to witnessing British soldiers marching through her Irish town with the heads of Irishmen impaled on their bayonets.⁴

In 1861, she married George Jones who was a very active member of the Iron Molders Union.⁵ Mary and George had four children and were living the ideal life. This happiness lasted for only a short time. In 1867, Memphis was hit with an epidemic of yellow fever. Within one week, George and all of their children were dead.⁶ Alone, Mary returned to Chicago to work as a seamstress. In 1871, the Great Chicago Fire took everything she owned; it was around this time she began her activism.⁷ This activism would become a lifelong devotion and dedication to working people and propel her into the national spotlight. Her most significant cause was eliminating oppression. “The Great Pittsburgh Railroad Strike,” in 1877, was when she became active in the labor movement. It was during the railroad strike that her brilliance as an organizer and orator was discovered.⁸

³ Jake Stump, “The Most Dangerous Woman in America,” *West Virginia University Magazine*, accessed April 3, 2022, <https://magazine.wvu.edu/stories/2017/03/15/the-most-dangerous-woman-in-america>; Debra Michals, “Mary Harris Jones,” National Women’s History Museum, 2015, <https://www.womenshistory.org/education-resources/biographies/mary-harris-jones>.

⁴ “Women in History: ‘Mother’ Mary Harris Jones Biography,” Women In History, accessed April 3, 2022, <http://www.womeninhistoryohio.com/mother-mary-harris-jones.html>; Michals, “Mary Harris Jones.”

⁵ Michals, “Mary Harris Jones.”

⁶ “Mother Jones Biography,” A&E Television Networks, accessed April 3, 2022, <https://www.biography.com/activist/mother-jones>.

⁷ Jone Johnson Lewis, “Biography of Mother Jones, Labor Organizer and Agitator,” ThoughtCo, July 9, 2019, <https://www.thoughtco.com/Mary-Harris-mother-jones-3529786>.

⁸ Michals, “Mary Harris Jones.”

By just looking at Mary Harris Jones, one would never have thought her to be a fiery and dedicated orator, labor organizer, and agitator. She stood a mere five feet tall, she dressed in all black, wore matronly dresses, wire-rimmed glasses, and black hats with lace she tied beneath her chin. Her hair was snow white, her eyes brilliant blue. Her physical appearance belied her. Mary Harris Jones would become one of the most influential labor organizers, agitators, and champions of the working people of the late 1800s on through the first quarter of the 1900s. She was a folk hero: wherever working people were being oppressed, Mary Harris Jones was there, helping the working people fight for better pay, an eight-hour workday, and a demand for safer working conditions. She traveled from town to town and was involved in many union strikes.⁹ When asked her address, she simply replied, “anywhere there is a fight.”¹⁰ It was in June of 1897, during a railway union convention that Mary Harris Jones was given her beloved nickname, Mother Jones.¹¹

Mother Jones’ most notable work was activism with coal miners and child labor. Her name first appeared in newspapers around 1890. The United Mine Workers had enlisted her help with organizing unions throughout the country. Norton, West Virginia was the site of her first coal mine strike in 1891.¹² Mother Jones was absolutely fearless in her fight for workers and wholeheartedly believed in direct militant action.¹³ She was banished from towns and jailed—so she couldn’t agitate the miners even further. After leading a strike in West Virginia, she was brought up on capital offense charges by a military tribunal and held under house arrest. She was convicted of conspiracy to commit murder and was sentenced to twenty years in prison. Because of public attention and outrage she was

⁹ Michals, “Mary Harris Jones.”

¹⁰ “Who Was Mother Jones?,” Mother Jones Museum, last modified April 6, 2019, <http://www.motherjonesmuseum.org/information/who-was-mother-jones/>.

¹¹ “Mother Jones,” AFL-CIO: America’s Unions, accessed April 3, 2022, <https://aflcio.org/about/history/labor-history-people/mother-jones>.

¹² Michael Barga, “Mary Harris ‘Mother’ Jones (1837-1930): Labor Activist and Organizer, Speaker, Teacher,” VCU Libraries: Social Welfare History Project, <https://socialwelfare.library.vcu.edu/organizations/labor/jones-Mary-Harris-mother/>.

¹³ Mary K. Haman, “Mary Harris ‘Mother’ Jones, ‘Speech at a Public Meeting on the Steps of the Capitol Charleston, West Virginia’ (15 August 1912),” *Voices of Democracy 2* (2007): 215, <http://voicesofdemocracy.umd.edu/wp-content/uploads/2010/08/haman-harris.pdf>.

finally pardoned and released from imprisonment eighty-five days later by Henry D. Hatfield, Governor of West Virginia.¹⁴

When Mother Jones was called the “miner’s angel” she retorted, “I’m no angel.”¹⁵ When she was once introduced to a college crowd as a “great humanitarian,” she took the floor and exclaimed, “I’m no humanitarian, I’m a hell-raiser.”¹⁶ Perhaps she was best known for her “war cry,” “Pray for the dead, and fight like hell for the living.”¹⁷ As a speaker, Mother Jones was eloquent and exceptional. Rather than becoming high-pitched and shrill when she was excited, her voice dropped in pitch. It was said that “the intensity was almost something you could feel physically.”¹⁸

Mother Jones didn’t limit where her “hell-raising” would lead her. She believed labor equality was a global issue. While organizing copper miners in Douglas, Arizona, she witnessed the kidnapping of Mexican rebel Manuel Sarabia.¹⁹ She led protests leading to his release. She felt that the fight for freedom in Mexico was part of a greater cause and during the strike of 1913-1914, she went to Chihuahua, Mexico to meet with Pancho Villa, the military leader of the Mexican revolution. As a result, Villa became one of her key supporters. In 1914, Mother Jones was held in military prison without charges for making speeches in the Colorado mine fields. Pancho Villa demanded that President Wilson use his power to get the “Rockefeller forces” to release her.²⁰

¹⁴ “Mother Jones,” Introduction to US History, accessed April 14, 2022, <https://www.u-s-history.com/pages/h1635.html>; “Mother Jones Prison,” National Historic Landmarks, last modified August 29, 2018, <https://www.nps.gov/subjects/nationalhistoriclandmarks/mother-jones-prison.htm>.

¹⁵ “Who Was Mother Jones?,” Mother Jones Museum.

¹⁶ John Shepler, “Mother Jones: How Mary Harris Jones Became the Miner’s Angel Grandmother of All Agitators,” accessed April 14, 2022, <https://www.johnshepler.com/articles/mojo.html>.

¹⁷ Elliot Gorn, “Mother Jones: The Woman,” Mother Jones. May-June 2001. <https://www.motherjones.com/politics/2001/05/mother-jones-woman/>

¹⁸ David Wilma and Patricia Long, “Labor Activist Mother Jones Speaks in Seattle on May 30, 1914,” HistoryLink.org, last modified March 9, 2002, <https://www.historylink.org/File/3720>.

¹⁹ Mother Jones and Mary H. Jones, “XVI The Mexican Revolution,” in *The Autobiography of Mother Jones* (Chicago: Charles H. Kerr Publishing Company, 1990), 156.

²⁰ Friedrich Katz, *The Life and Times of Pancho Villa* (Stanford, California: Stanford University Press, 1998), 322.

It could be argued that Mother Jones was not an angel. Even she agreed. Although, to “her boys,” the coal miners who wanted nothing more than to be treated with dignity and respect, she was absolutely an angel. These men were fighting to be given an eight-hour working day, to earn a decent wage by which they could support their families, and safe working conditions. They also fought for the children, so those as young as eight years old would not be subjected to the evils of child labor. To these men and children, she was absolutely, an angel. Mother Jones wasn’t afraid of any fight.

And fight she did. Despite her matronly and small stature, she was feared by many. Mother Jones was asked to visit Utah by the United Mine Workers (UMW) union. She arrived in Carbon County, Utah in April 1904, to help coal miners in the strike against the Utah Fuel Company.²¹ The *Deseret Evening News* wrote that while Mother Jones was a nobody, she promised to “agitate, educate and aggravate” for the miners. The article states that she boldly disregarded the law and “before being subjugated by her influence they were the most peaceable strikers in Carbon County.” In the same article it is reported that “[Jones] has become a ranting vixen seeking to lead a mob of destructionists into the execution of some diabolical plot...”²² The *Deseret Evening News* tried to slander her name again when they wrote that she was a brothel-keeper in Denver and was good friends with the most notorious of the early “scarlet women of Salt Lake,” Kate Flint.²³

Mother Jones was also concerned about children working in factories, in coal mines, and on street corners selling newspapers. She did not want child labor to be hidden in the dark corners of society, but wanted it to be brought to the forefront of America’s mind. Hidden in the darkness, the abuses and exploitation of labor bosses could be overlooked and ignored. America would be more likely to acknowledge the problem and care if these abuses were brought out into the open. The 1900 census reported

²¹ Jeffrey D. Nichols, “Legendary Mother Jones Came to Help Striking Utah Coal Miners,” History to Go, accessed April 14, 2022, <https://historytogo.utah.gov/mother-jones/>. She had already been ordered to leave Colorado by the governor of the state.

²² “Mother Jones’ Work in Carbon County,” *Deseret Evening News*, April 30, 1904, <https://newspapers.lib.utah.edu/details?id=2473212>.

²³ Nichols, “Help Striking Utah Coal Miners.”

that one-sixth of American children were working—most likely, this was a gross underestimation. At the turn of the century, twenty-six percent of boys and ten percent of girls, between the ages of ten and fifteen were gainfully employed—in states like Alabama the official number for male child labor was closer to sixty percent.²⁴

In June 1903, just as had happened for years, whistles blew in the textile mills signaling the beginning of the workday, but that morning workers failed to show up for their shifts at the factories. Instead, they gathered in the Philadelphia neighborhood of Kensington in what became one of the most massive strikes in history. Factory workers walked off the job to demand better pay, a reduction in the work week from sixty to fifty-five hours, and the demand that women and children be prohibited from working night hours. Of these 90,000 workers, more than twenty-five percent were children under the age of fifteen.²⁵ Wherever there were social injustices and oppression to the working poor of America, Mother Jones was there. She traveled to the Kensington neighborhood from West Virginia, where she had been doing more organizing work for coal miners.²⁶

Mother Jones was deeply disturbed by the conditions, in which she found the children she met. The large industrial machinery had maimed many of the children. Many were missing fingers, and for some, entire hands. Most of them looked malnourished. While the law prohibited children under the age of twelve from working, many of the mill owners looked the other way. Families were in such desperate degrees of poverty that “it was a question of starvation or perjury,” even lying about the ages of their children so that they could work in the mills.²⁷

On July 7, 1903, Mother Jones and her “children’s army” of about one-hundred children, began a march from Philadelphia to New York City. The 125-mile trek would last until the end of the July—about three

²⁴ Thomas Fortuna, “Philadelp[h]ian Mill Children March Against Child Labor Exploitation, 1903,” Global Nonviolent Action Database, accessed April 14, 2022, <https://nvdatabase.swarthmore.edu/content/philadelphian-mill-children-march-against-child-labor-exploitation-1903>.

²⁵ History Making Productions, “Mother Jones’ Children’s Crusade.”

²⁶ Fortuna, “Mill Children March, 1903.”

²⁷ Fortuna, “Mill Children March, 1903.”

weeks. During the journey, they frequently stopped to give speeches and to bring attention to the exploitation of children. The children carried signs that said, “We Want to Go to School and Not to the Mines.”²⁸ The end stop was at the mansion of Theodore Roosevelt on Long Island where they were turned away—the president said there was nothing he could do. While the march was unsuccessful, it brought awareness to the plight of child laborers.²⁹

Mother Jones was extraordinary in her standing up and fighting for those who were unable to do so for themselves. In an age where women were the subjugates of men and men were the subjugates of the company bosses, Mother Jones broke out from the status quo. She was proud of her reputation as hell-raiser.

On November 12, 1923, Mother Jones wrote a special request to the Miners of Mt. Olive in Illinois:

When the last call comes for me to take my final Rest, will the Miners see that I get a resting place in the same clay that shelters the miners who gave up their lives on the hills of Virden, Illinois on the morning of October 12th, 1897, for their heroic sacrifices of their fellow men. They are responsible for Illinois being the best organized labor state in America. I hope it will be my consolation when I pass away to feel I sleep under the clay with those brave boys.³⁰

Seven years after writing this request, on November 30, 1930, Mother Jones walked on from this earthly existence—she was ninety-three-years old. Mother Jones is buried in the Union Miner’s Cemetery, in Mt. Olive, Illinois, where she was asked to be buried here with “her boys.”³¹ Behind a little wrought-iron gate in the cemetery, rises an eight-ton Minnesota-granite monument honoring the “grandmother of all agitators,” “the

²⁸ “Mother Jones,” AFL-CIO: America’s Unions.

²⁹ History Making Productions, “Mother Jones’ Children’s Crusade.”

³⁰ Mary Harris Jones, “Mother Jones to the Miners of Mt. Olive, Illinois (transcript),” American Catholic History Classroom, accessed March 15, 2022, <https://cuomeka.wrlc.org/items/show/884>.

³¹ “Union Miners Cemetery and Mother Jones Monument in Mt. Olive,” accessed March 15, 2022, <https://illinoisroute66.smugmug.com/Southern-Illinois-Route-66-Attractions/Union-Miners-Cemetery-and-Mother-Jones-Monument/>.

hell-raiser,” and “the miner’s angel.”³² The monument stands twenty-two feet high and bears a remarkable resemblance to Mother Jones. It seems fitting that on each side of her monument are two larger-than-life, bronze coal miners complete with their sledges.³³ “Her boys,” the coal miners, will eternally protect her in death as she protected them in life.

Mother Jones’ activism may seem extreme to many. Her fight was far different than the nonviolent civil disobedience experienced in the 1960s. Her fight was violent. This fact, perhaps, may be brought into proper perspective when we realize that those whom she fought for were at the mercy of mine and factory bosses who cared for little more than making the greatest profit. The lives of the coal miners and factory workers living in the late nineteenth and early twentieth centuries were often cut short in horrific explosions, cave-ins, and industrial accidents. Those who toiled in the mines and factories had lives that were hardly their own. Mother Jones passionately fought so that bosses were held accountable for keeping workers safe and able to feed and clothe their families. Mother Jones gave the people something to live for. She gave those she fought for a chance for dignity and self-respect. Mother Jones may have been small in stature, but she was anything but small in her fight for workers and children. Her leadership, activism, and desire to make changes to the lives of the oppressed were legendary.³⁴

The following is a song written by someone unknown. It is titled, “The Death of Mother Jones” and was first recorded by Gene Autry, in 1931.³⁵

The world today’s in mourning
O’er the death of Mother Jones;
Gloom and sorrow hover
Around the miners’ homes.
This grand old champion of labor
Was known in every land;
She fought for right and justice,
She took a noble stand.

³² “Mother Jones Monument.”

³³ “Mother Jones Monument.”

³⁴ Nichols, “Help Striking Utah Coal Miners.”

³⁵ Gene Autry, “The Death of Mother Jones,” by Unknown, recorded February 1931, on Oriole, American Record Corporation, vinyl LP.

O'er the hills and through the valley
 In ev'ry mining town;
Mother Jones was ready to help them,
 She never turned them down.
On front with the striking miners
 She always could be found;
And received a hearty welcome
 In ev'ry mining town.

She was fearless of every danger,
She hated that which was wrong;
 She never gave up fighting
 Until her breath was gone.
 This noble leader of labor
 Has gone to a better land;
While the hard-working miners,
 They miss her guiding hand.

May the miners all work together
 To carry out her plan;
And bring back better conditions
 For every laboring man.³⁶

³⁶ Autry, "The Death of Mother Jones."

REFERENCES

- “Mother Jones Biography.” A&E Television Networks. Accessed April 3, 2022. <https://www.biography.com/activist/mother-jones>
- “Mother Jones Prison.” National Historic Landmarks. Last modified, August 29, 2018. <https://www.nps.gov/subjects/nationalhistoriclandmarks/mother-jones-prison.htm>
- “Mother Jones.” AFL-CIO: America’s Unions. Accessed April 3, 2022. <https://aflcio.org/about/history/labor-history-people/mother-jones>
- “Mother Jones.” Introduction to US History. Accessed April 14, 2022. <https://www.u-s-history.com/pages/h1635.html>
- “Mother Jones’ Work in Carbon County.” Deseret Evening News, April 30, 1904. <https://newspapers.lib.utah.edu/details?id=2473212>
- “Union Miners Cemetery and Mother Jones Monument in Mt. Olive,” Accessed March 15, 2022. <https://illinoisroute66.smgug.com/Southern-Illinois-Route-66-Attractions/Union-Miners-Cemetery-and-Mother-Jones-Monument/>
- “Who Was Mother Jones?” Mother Jones Museum. Last modified April 6, 2019. <https://www.motherjonesmuseum.org/who-was-mother-jones>
- “Women in History: ‘Mother’ Mary Harris Jones Biography.” Women In History. Accessed April 3, 2022. <http://www.womeninhistoryohio.com/mother-mary-harris-jones.html>
- Autry, Gene. “The Death of Mother Jones.” By Unknown. Recorded February 1931. On Oriole. American Record Corporation, vinyl LP. <https://www.youtube.com/watch?v=TKDFdwqXX68>
- Barga, Michael. “Mary Harris ‘Mother’ Jones (1837-1930): Labor Activist and Organizer, Speaker, Teacher.” VCU Libraries: Social Welfare History Project. <https://socialwelfare.library.vcu.edu/organizations/labor/jones-mary-harris-mother/>
- Fortuna, Thomas. “Philadelp[h]ian Mill Children March Against Child Labor Exploitation, 1903.” Global Nonviolent Action Database. Accessed April 14, 2022. <https://nvdatabase.swarthmore.edu/content/philadelphian-mill-children-march-against-child-labor-exploitation-1903>
- Friedman, Gail. “March of the Mill Children.” Encyclopedia of Greater Philadelphia, 2014. <https://philadelphiaencyclopedia.org/archive/march-of-the-mill-children/>
- Gorn, Elliot. “Mother Jones: The Woman.” Mother Jones. May-June 2001. <https://www.motherjones.com/politics/2001/05/mother-jones-woman/>
- Haman, Mary K. “Mary Harris ‘Mother’ Jones, ‘Speech at a Public Meeting on the Steps of the Capitol Charleston,

REFERENCES

- West Virginia' (15 August 1912)." *Voices of Democracy* 2 (2007): 210-226, <http://voicesofdemocracy.umd.edu/wp-content/uploads/2010/08/haman-harris.pdf>
- History Making Productions. "Mother Jones' 'Children's Crusade' Returns to Philadelphia." *Philadelphia Inquirer*. August 17, 2013. <https://www.inquirer.com/philly/blogs/TODAY-IN-PHILADELPHIA-HISTORY/Mother-Jones-.html>
- Johnson Lewis, Jone. "Biography of Mother Jones, Labor Organizer and Agitator." *ThoughtCo*. July 9, 2019. <https://www.thoughtco.com/mary-harris-mother-jones-3529786>
- Jones, Mary Harris. "Mother Jones to the Miners of Mt. Olive, Illinois (transcript)." *American Catholic History Classroom*. Accessed March 15, 2022. <https://cuomeka.wrlc.org/items/show/884>
- Jones, Mother, and Mary H. Jones. "XVI The Mexican Revolution." In *The Autobiography of Mother Jones*, 136. Chicago: Charles H. Kerr Publishing Company, 1990.
- Katz, Friedrich. 1998. *The Life and Times of Pancho Villa*. Stanford, California: Stanford University Press, 1998.
- Lenin, Vladimir. "Speech at the First All-Russia Congress of Working Women." November 22, 1918. *Marxists Internet Archive*. <https://www.marxists.org/archive/lenin/works/1918/nov/19.htm>
- Michals, Debra. "Mary Harris Jones." *National Women's History Museum*. 2015. <https://www.womenshistory.org/education-resources/biographies/mary-harris-jones>
- Nichols, Jeffrey D. "Legendary Mother Jones Came to Help Striking Utah Coal Miners," *History to Go*. Accessed April 14, 2022. <https://historytogo.utah.gov/mother-jones/>
- Shepler, John. "Mother Jones: How Mary Harris Jones Became the Miner's Angel Grandmother of All Agitators." Accessed April 14, 2022. <https://www.johnshepler.com/articles/mojo.html>
- Stump, Jake. "The Most Dangerous Woman in America." *West Virginia University Magazine*. Accessed April 3, 2022. <https://magazine.wvu.edu/stories/2017/03/15/the-most-dangerous-woman-in-america>
- Wilma, David, and Patricia Long. "Labor Activist Mother Jones Speaks in Seattle on May 30, 1914." *HistoryLink.org*. Last modified March 9, 2002. <https://www.historylink.org/File/3720>

CONTRIBUTING AUTHORS AND ARTISTS

KATY CERNA was born and raised in Salt Lake City, Utah in a little community called Rose Park. She has been painting since she was 4-years-old and hasn't been able to put a pen down since. She is a senior at Utah Valley University, graduating in art and design with a minor in Spanish.

FRANKIEJO ELLIS studied philosophy, history, and American Indian studies at Utah Valley University and graduated in December 2021. She is currently working towards a Master of Legal Studies in Indigenous Peoples Law at the University of Oklahoma.

MCKENNA GOADE is currently working toward her BFA in painting and drawing at Utah Valley University and expects to graduate in 2023. Her work has been shown in the JKR Gallery in Provo, Utah and in galleries organized by the Utah Valley University Department of Art and Design.

JEFFREY DEAN GODDARD is a first-generation college student and will be attending medical school in the fall. He is a father and husband, and he is always thinking about how to make the world better for everyone.

ALICIA GOODRICH is a current student at Utah Valley University and plans on graduating Spring 2022. After graduation she hopes to spread the joy of creating inspiring art to younger generations.

CHRISTOPHER M. GREEN is currently working toward his Ph.D. in health science at Rush University in Chicago, Illinois. Colleagues know him to be trustworthy, committed to patient care, and attentive to results. He is also a proud veteran of the US Navy. After graduation, he plans to continue working in the mental health care industry and teaching on the topic of leadership to healthcare organizations.

CRISTINA GUTIERREZ is a Mexican-American artist who creates work relating to her identity and is beginning to explore new techniques in her work. She primarily works digitally and with oil paint.

CHRISTIAN HEFTEL has been published in venues such as *Intergalactic Medicine Show, Dialogue*, and *Essais*. He is currently a student and tutors German at Utah Valley University.

KAYDEE JACOBSON is obtaining her bachelor's in English with a writing studies emphasis at Utah Valley University and expects to graduate in 2022. She has worked on the staff of *Essais*, and enjoys reading, writing, and editing. She aspires to one day be an author and an advocate for a better world.

CHANDLER JOLY is a recent graduate from Utah Valley University. Upon entering college, he had one goal: to “do it right.” To him, this meant pushing his limits as far as they could go. After successfully holding nearly every student leadership position on campus, he now offers his advice.

MAILYN MILLWARD grew up in Utah County. She is currently studying ceramics and sculpture at Utah Valley University. More of her work can be found on her Instagram: @mai.mailyn

JESSICA SOUSA is currently working toward her master's degree in Teaching English to Speakers of Other Languages (TESOL) at Brigham Young University. Her thesis work emphasizes using positive psychology interventions in education. Along with teaching at local private institutions, Jessica enjoys working as a tutor at the writing center at Utah Valley University.

CAITLIN STEWART-JOHNSON is a senior graduating from Utah Valley University in May 2022. She is finishing her bachelor's in art and design with an art history minor and plans to get a Master of Fine Arts in the future. She also is very passionate about bringing to the forefront social injustices through different forms of art.

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 submit their papers to the editors of the journal for feedback and consideration for publication.

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.

How to Submit an Article or Essay

For the latest on submission criteria, consult the following:

Email the editors at JOSL@uvu.edu

uvu.edu/slss/jsl/

<https://journals.uvu.edu/index.php/jsl>