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LEARNING TO LEAD THROUGH THE CLIMATE CRISIS

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ABSTRACT

This article explores the authors' critical reflections on the challenges of coming to terms with the realities of the climate crisis and what these realities mean for clinicians, educators and leaders in healthcare. Using a framework of the personal, professional and the political, the author navigates learning how to lead through the biggest health crisis and social injustice of our time, whilst emphasising the need for both action and hope in this space.

LEARNING TO LEAD THROUGH THE CLIMATE CRISIS

My journey to understanding the climate crisis, and what it means for humanity, was initially a story of loss. It is now, however, a story of hope.

I began, as many do, in a state of blissful ignorance and denial. I convinced myself that if it was that bad, then surely the political establishment would be doing more. However, as I started to appreciate the realities of what the future holds if we continue our current path, my denial soon transformed into anger. Anger at the inaction of consecutive governments, as well as fury at the generations before us who would have had more time to act. Spiraling climate anxiety and depression soon prevailed, along with a sense of hopelessness and loss of what might have been: “What sort of future will my 4-year-old son have?”, I often wondered. My emotional response was also exacerbated by a growing sense of injustice at the realisation that the burden of the climate crisis both disproportionately and devastatingly affects those who have contributed the least to global emissions.

It is only now, in hindsight, that I can see the parallels between my emotional journey and the Kübler-Ross model of grief, with the messy back and forth between each emotional state. (1) Some of which I still occasionally slip into now.

My attempts to communicate the dark and almost unthinkable reality of climate change to friends and colleagues were mostly met with responses that reflected their own denial of reality (or, at best, their discomfort with it), which was likely a mechanism of self-protection. I soon learnt that my stories of doom were having no impact. If anything, they were turning people away. Whilst there has been some debate as to whether overly negative climate narratives are beneficial or counter-productive for inspiring climate action (2), I recognised from my own experience that I needed to take a different approach.

The final stage of the Kübler-Ross model is acceptance, where emotions stabilise and we come to feel more able to move, grow and evolve into our new reality. This stage for me is an acceptance of where we are now, but with a view to shaping a more positive future and building a sense of “active hope”, a term coined by eco-philosopher Joanna Macy, PhD and physician and coach Dr Chris Johnson. (3) The notion of active hope is considered something we do rather than

something we have. It emphasises an important concept that many authors on social and ecological change often neglect – how we, as the humans responsible for the crisis we face but also a critical part of the solution, nourish and strengthen our own capacity and resilience to make a difference in this world through a journey of interconnection and transformation. Active hope involves first being clear on what it is we hope for and subsequently playing our part in the process of moving in that direction.

Stephen Covey's well-known circles of influence and control (4), a concept used by many in the leadership field to refocus our attention on meaningful proactivity, can also be helpful for considering what playing our part might look like in this complex and uncertain landscape. Moreover, it occurred to me in my exploration of my own circle of influence in the climate change arena that we can view these circles as spanning across the three Ps: personal, professional and political.

Personal

Before exploring the contribution we can make in a personal capacity in terms of reducing our own carbon footprint, it is worth acknowledging at this point that the coining of the term “carbon footprint” is thought to have been a calculated PR stunt by oil companies to convince the public to focus on our personal contributions to climate change and to distract attention from the oil industry's primary role in this space. (5) That is not to say our personal changes are not important – they are, of course, since every fraction of a degree in global warming makes a big difference, and therefore any reduction in emissions will reduce the burden on future generations. Whilst we all, particularly those of us with privileged lifestyles, have potential to make changes in our personal lives that can contribute positively to climate action (reducing our personal consumption, exploring plant-based alternatives as food sources and utilising low-carbon forms of transport, for example), our personal contributions can often feel dwarfed by the carbon emissions within our professional capacities. This is especially true for those of us who work in healthcare. I found myself feeling proud of my relatively low-carbon personal lifestyle, but this emotion would change to overwhelm and frustration the moment I entered my place of work, a clinical setting, of which I, initially, felt I had no control of.

Professional

The healthcare industry contributes to 4 – 6% of global emissions, with the NHS accounting for 5% of the UK's total carbon emissions, producing roughly the same volume of emissions as countries like Denmark or Croatia. (6) When we remind ourselves of our guiding principles of “First Do No Harm”, it can be overwhelming to acknowledge the damage that we, as a healthcare community, can be doing to the health of our planet, and in turn, the health of our patients, simply by our methods of providing care.

Within the healthcare community itself, there will always be some who do not see such topics as important for healthcare professionals. (7) Reassuringly, however, research has consistently found that majority of healthcare professionals are in fact concerned about the threat of climate change and feel a sense of responsibility for educating the public, and where relevant, policy makers on the issue. (8) NHS England, the first healthcare organisation to commit to net zero ambitions, states that 90% of NHS workers support its commitment to a greener NHS, and its plan to reach net zero by 2040. (9) These figures alone bring hope as it means that we only need to look to our own colleagues to build momentum for change.

Often for those of us at the early stages of that building of momentum, it can feel lonely, particularly in what feels like the early adopter phase. However, it is clear from these figures and from an increasing number of positive stories from within the NHS (10), that the mobilising of the healthcare community is in progress. It is possible that we may even be on the verge of the tipping point, with this thrilling sense of momentum also creating a feeling of powerful connection. Focusing on momentum rather than milestones in movements such as this reminds us increasingly of the role of good followership, where engaged and critical thinking followers (or team members) can constructively challenge and push for change. (11) We are seeing these sorts of movements increase in the present age of employee activism. (12)

Crucially, research has also identified that the public support the NHS's net zero ambition and are generally willing to play a supportive role by, for example, returning unused medication to ensure it is disposed of safely, but may be less supportive of measures that could directly impact their treatment or delivery of care. (13) Listening to and involving patients increases the

likelihood of making policy decisions that will work and can guide health professionals in their implementation of net zero plans. Ongoing patient education, consultation and engagement are needed to explore future measures that may be required to enable the NHS to meet its net zero commitments, as some of these will require a paradigm shift in how care is delivered and, more broadly, a deeper awareness of the inseparable nature of human and environmental health.

For those of us working in healthcare, a helpful first step in our journey to a more sustainable system, can include familiarising ourselves with the four principles of sustainable healthcare; prevention, patient empowerment, lean pathways and low carbon alternatives. (14) A deeper appreciation of these concepts, as a doctor working in General Practice, has enabled me to be more intentional and confident in my commitment to tackling climate change on a professional level. A powerful community of those working in General Practice (15) is also a guiding light for clinicians wanting to do more and provides a strong reminder that we are not alone in this struggle.

Many clinicians, like me, have overlapping roles in education; another professional circle of influence we can expand. In recent years, students (16, 17) and educators (18) have become increasingly vocal about the need to update curriculums and explore learning opportunities that would enable our future healthcare workforce to have a deeper understanding of planetary health. As a result, I have become increasingly convinced that we do a disservice to our students (and in turn our patients) if they, as the next generation of healthcare professionals, leave our classrooms without a meaningful understanding of the relationship between climate change and health, an appreciation of sustainable healthcare, and a consideration for what their roles and responsibilities might be as healthcare professionals in this era. Whilst there have been some notable improvements in the uptake of climate-related content in educational arenas (19, 20), unfortunately progress is limited as not all professional regulators are sufficiently explicit about the requirements for education on this topic, which is clearly a barrier to meaningful change. However, the strength of feeling in the academic community has led to the development of frameworks (21) and a global Consensus Statement (22) on what is needed to transform education in this field. Moreover, there is a notable sense of collaboration in this space, with networks of educators keen to support one another (23) and a wide range of open-source

educational material on this topic which exponentially increases our abilities and capacity to facilitate the learning required. These operating principles of collaboration and collective success are exactly what is needed to maximise our ability to prepare the next generation of healthcare professionals for the biggest health crisis of our time.

The leadership required, across both healthcare and academia, for us to succeed in our active hope for a livable planet, is described persuasively by McKimm & McLean as “eco-ethical leadership”. (24) This style of leadership adopts several contemporary leadership theories (authentic, servant, collaborative, compassionate and inclusive) to define a leadership approach that centers sustainable practice, patient advocacy, collaborative action and social justice at its core. The intersections between social justice and the climate crisis, appropriately termed “climate justice”, receives growing acknowledgement in the literature (25) with an appreciation that the climate crisis interacts with social systems and embedded injustices, thereby leaving the most vulnerable and oppressed populations most at risk. Catastrophic climate-related events such as the 2022 floods in Pakistan (a country which contributes minimally to global emissions) which saw one third of the country submerged under water, is a prime example of such injustice. (26) Similar divides exist at domestic level too, with climate consequences mirroring systemic inequities in the United Kingdom alone. (27) In essence, the notion of climate justice recognises that it is the communities of colour, indigenous people and those from low-income backgrounds that will be burdened the most by climate change, whilst also being the least able to adapt. Recognising these broader political aspects surrounding the climate crisis, whilst also appreciating the style of leadership that may be required to tackle these challenges, is the perfect segue for exploring my (and our) political circle of influence.

Political

For many, our explored circles of influence will be, at best, restricted to who we vote for, which petitions we sign or how frequently we communicate with our representative parliamentarians on topics that matter to us. Whilst these are, of course, powerful tools of influence, the scale of the urgency of the climate crisis has pushed some of us to expand our circles of influence into

deeper arenas of activism, including non-violent direct action. History tells us that civil disobedience is often the only route to meaningful change, particularly when the injustice in the prevailing system has become too great.

Doctors for Extinction Rebellion (soon to be formally renamed Health for Extinction Rebellion to reflect the increasingly multi-professional membership) formed in 2019, in order to emphasise the health community's concerns for the need for urgent political action on climate change. (28) It is unfortunate that we have reached a stage where a growing number of healthcare professionals feel obliged to act in such a way, and there has, unsurprisingly, been some debate as to whether we should be participating in civil disobedience in response to the climate change health emergency. (29) Senior leaders in medicine and academia, however, have been quick to speak up in support of this movement. (30, 31)

As a group of professions that may be viewed by some as traditionally more cautious, reserved and conventional, it may come as a surprise that many healthcare workers feel compelled to partake in this action. However, the increasing awakening of the healthcare community to the implications and injustices of climate change on our patients, our communities and our planet has left many, myself included, with no choice but to blur the boundaries of leadership and activism.

After all, if the oceans are rising, then so should we.

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