



LEADING THROUGH COVID

PHASE 3: THE COMPLICATED RETURN

Goal

To provide actionable insights and guidance for leading effectively toward a safe and prosperous ‘new normal.’

Level Setting: The way back will be harder than the way in

Despite shutdown fatigue, we are not ‘on the other side’ of the pandemic. It appears that getting ‘there’ will be more journey than event. **The challenges are:**

- COVID-19 is unprecedented, complicated, and still calling the shots. We may be fatigued, the virus is not.
- We are not all having the same experience—not medically, socially, financially, chronologically, educationally, culturally or geographically; not in terms of pandemic losses or gains; and not in terms of emotional reserves or overdrafts.
- It is safest, but not practical, for everyone to stay home. We can trust the effectiveness of social distancing and masks. But it would be unwise to count on universally perfect adherence.
- Leaders are tasked with crafting, communicating, and overseeing a ‘return path.’ Yet they will be unsuccessful unless people (employees and consumers) choose to walk that path.
- Because of COVID-19’s lengthy transmission and variable recovery timelines, there will be a lag of weeks between any new actions and knowing those actions were safe.

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- There may be setbacks and even a second wave. We still need a vaccine.

Paving the Road Back

Given the economic challenges or unexpected windfalls of this pandemic, it has become a little too easy to forget that the overriding—and still unresolved challenge of this situation—is a deadly virus. History will look back at the decisions we make for ourselves and those we might be asked to make for others. Take heed.

Experts strongly recommend that return plans be: openly shared, flexible, ‘humble’ versus directive, phased, conditional on data-based milestones, and responsive to employees’ and customers’ needs and concerns until we are safely on the other side.

Here are some key topics to wrestle with:

1. **Success:** What is your—no kidding around—top measure of success? What would failure look like? What is your timeframe for ‘fully returned’? Paraphrasing Churchill during WWII, success should be thought about in ‘ultimate,’ not immediate, terms. Is your top leadership aligned on these decisions?
2. **Confidence:** What do your employees and customers need to ‘return’ confidently? Have some people been ‘overworking’ and now need a break? Are there upcoming changes in travel expectations (including reliance on public transportation, air travel, hotels, cabs)? How will people’s real and perceived safety needs be addressed?
3. **Safety:** Who owns it? How can it co-exist and yet be protected from the paradoxical goal of returning to former organizational priorities? Is there role clarity around the responsibilities of ‘people safety’ (masks, opportunity for social distancing) and ‘place safety’ (break rooms, elevators, meeting areas)?
4. **Conditional Progress:** What will be the conditions or metrics that propel you to go faster or further versus slower or back? How will lack of adherence be noted and remediated?

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Signage

Who doesn't want great signage on a perilous road heading home? So please: Communicate, communicate, communicate: formally and informally; written and spoken; one-way, two-way, group-way; initially and ongoing. Until there's almost nothing left to say or learn. Really. You may be 'over it' and someone may have just lost their mother.

The most common errors in communications include:

- **Being directive:** *"Time to come back to the office. See you Monday."*
- **Unwarranted certainty:** *"We are very confident..."* (Really?! With a virus that has asymptomatic transmission, hard-to-get testing, and no vaccine?)
- **Aggressive expectations:** *"This is no time to let sales slip!"*
- **False closure:** *"Phew! What a weird experience that was!"*
- **Full autonomy/no shared responsibility:** *"Do whatever is best for you."*
- **Patronization:** *"We've got a plan, but you don't need to know it."*

A helpful checklist: Are your communications and conversations:

- Balancing optimism with judgment?
 - Revealing the science and facts underlying new decisions?
 - Demonstrating composure and compassion?
 - Tempering action with oversight and examination?
 - Flexibly adjusting to new information and feedback?
 - Showing you care as purposefully as you say you care?
- Think ■ Plan ■ Align ■ Communicate ■ Execute ■ Reflect ■ Learn ■ Rest ■ Repeat ■

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Who is Dr Laurie Anderson and Why Should We Care What She Says?

For over 30 years, Laurie Anderson has been helping leaders see and then implement the **atypical pivots across a range of moments and challenges** that lead to **exceptional** versus average impacts.

Then the COVID-19 pandemic arrived, and we entered a collective moment where leadership thinking and decision making became directly tied to life and death, economic success or demise, building or reacting to a new way of operating. The stakes increased exponentially.

For the past three months, every day (yes, even on ‘weekends’) Laurie has had conversations with a range of leaders, in a range of industries, about how best to guide their organizations in this unprecedented moment. The content for *LEADING THROUGH COVID* is a direct result of these conversations, and an effort to widen the discussions.

Laurie’s recommendations are based on her doctoral training; decades of experience as an executive coach, business advisor, and clinical psychologist; and near-constant immersion in the rapid advances in social and brain science. Luckily, she genuinely enjoys updating what she thinks she knows.

Finally, as her two adult sons can attest, she has personally made every mistake she advises against. Just getting better is the new goalpost.