

Practicing Care-Centered Leadership in a Pandemic: Narratives and Notes on Care Ethics Experiences and Practices in Extraordinary Times

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Résumé de l'article

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Practicing Care-Centered Leadership in a Pandemic: Narratives and Notes on Care Ethics Experiences and Practices in Extraordinary Times

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Abstract

This case explores experiences of practicing care-centered leadership during the COVID-19 pandemic. The case narrative is the author's anonymized account of responding with care ethics to specific challenges encountered during the pandemic and the complexities of transitioning into a new leadership role in 2020. The teaching notes and activities invite readers to consider the ways in which care-centered leadership practices might continue beyond pandemic times by asking: In what ways might pandemic-enabled compassion for students be sustained post-pandemic; in what ways might flexibility for teaching and learning modalities persist; and how has this crisis offered an opportunity to critically examine the ways in which we lead in educational settings?

Keywords: Care ethics, higher education, educational administration, leadership, pandemic

Case Narrative

A Pandemic Begins

On the heels of nearly two decades working at her alma mater in increasingly senior roles, in February 2020, Lee accepted a decanal position leading a university continuing education academic unit at a new-to-her university in a new-to-her province. By the beginning of March 2020, Lee was beginning to prepare for the transition that would take place over the summer months, meeting colleagues at the new institution, preparing a transition plan for the work that she was leaving, and completing a dissertation on the experiences and practices of care-centered leadership in higher education.

In the midst of this transition, on Thursday, March 12, 2020, everything changed. Even though Lee had been reading everything she could about COVID-19 for weeks, connecting regularly with a friend in Barcelona as if those stories were a glimpse into the future, the turning point still caught Lee off guard. On March 11, the National Basketball Association (NBA) cancelled its season. The morning of March 12, Lee met with her Faculty colleagues in anticipation of some kind of change at her university, but without knowing what direction would come from central administration. That afternoon, Lee invited the instructional designers and eLearning specialists on her team to make sure they had everything they would need to work from home immediately, to buy the software they would need for their home computers right away, *just in case*. That evening, Lee shared a glass of wine with a colleague at a restaurant and they hugged before parting. And that night, in the wee hours, the university cancelled all in-person classes effective Friday, March 13. And with that decision, Lee experienced the pandemic's beginning.

Like many working in education, the early days of the pandemic were very long days as Lee worked

to transition from a face-to-face world to an online one, figuring out what to say to students, instructors and teachers, and colleagues. She felt like she knew what to do, what her small part of the immediate response needed to be. Like many, Lee's focus was on the tasks at hand, working with the faint hope that the pandemic might be a two-week problem, but expecting the possibility of something much worse.

Thoughts of Lee's research lingered as a backdrop to her experience. She wondered how practicing care ethics might guide her decisions—and if she could live the care ethics she had been drawn to as a researcher—when called to make very real and very difficult pandemic-driven decisions.

Towards a Practice of Care-centered Leadership in a Pandemic

When Lee first encountered Nel Noddings' work and the idea of care ethics in education (Noddings, 2013/1984), she wondered if care ethics could be at home in leadership practice too, much as care ethics had found a home in teaching practice. She wondered if (and how) it would even be possible that leaders in higher education settings might embrace care ethics practices. Lee began to understand "care" as actions that center on relationality and reciprocity between individuals, actions that hold relationships with people as just as or more important than processes and results. In time, care ethics began to guide and take the shape of a theoretical framework for her research ideas, understanding care ethics as a normative ethical theory, normative in that care ethics is directed towards understanding ethical action and how we ought to make decisions and then act. Guiding her thinking, Lee regularly returned to Virginia Held's (2006) suggestion that care ethics can be thought of as both a value and a practice.

Gradually, as the immediate rush to transition to working and learning from home subsided, as the sounds of city traffic began to return alongside greater availability of toilet paper, masks, and hand sanitizer, Lee found herself challenged to live the care ethics she embraced in her research. As a result of a shifting organizational context, driven in part by cuts to institutional funding, during the early months of the pandemic, Lee was responsible for delivering the news of a so-called position disruption (that is, a permanent layoff) and delivering the news that a long-standing contract would not be renewed. Lee recognized her responsibility and that the decision was not negotiable, but this was not news she wanted to deliver. She thought of the individuals and the lives that would be impacted—the reach into the families of the impacted individuals too—and how difficult it would be to find a new job during a pandemic. But what options did she have? Lee had imagined herself as someone who cared for the personal and professional growth of all those who were part of her teams, not someone who would casually deliver the news of a layoff in the early months of a pandemic. The system and the situation forced her hand, but she still felt personally responsible, culpable.

And so, she also wondered: How can care ethics be lived in these circumstances? In delivering the news, she focused on the person and their needs, and how the university could offer support through the transition period. But the care she could offer personally was formal and limited. She did her best to recognize that she was working and living in relation with an individual who would, likely, be experiencing *not-care* in those moments. She wondered if they experienced *any* sense of care in those moments. Indeed, even though she delivered the news with care and in the best ways she could, she could not sincerely convince herself that the receivers of the news would have experienced any care at all. She continued to reflect on this duality of care-centered leadership: that care offered and expressed will not always be received as care. And, perhaps even more challenging, she began to wonder if there are circumstances in which care is not possible. She thought back to her own research into the experiences and practices of care ethics in leadership that kept reminding her that living and leading with care ethics is not always easy.

At the same time, emphasizing the complexity of lived experience, Lee also found herself expressing care by regularly checking in with her teams to ensure that they had what they needed to carry on, to continue to provide direct support to students and instructors, and to listen to the stories of those who were suddenly experiencing online or remote teaching and learning for the first time. She noticed that many individuals were worried—about the unknown, about friends and family who were more vulnerable, about loved ones who were far away. Lee gave time to listening. She noticed that there were limits to what care could do, but she witnessed collective and extraordinary efforts to navigate a difficult and complex time together.

Beginning a New Role with an Ethic of Care

Lee carried these tensions, this ambiguity, these dilemmas—*how* to live and work with an ethic of care during a global pandemic—with her as she completed a dissertation and started her position at her new university. Upon arrival (virtually, of course), members of the senior leadership team spoke about their framework for making decisions and responding to the pandemic. They were committed to *care, compassion, and calm*. Moving into Fall 2020, Lee observed that this refrain empowered decision-makers across the organization to respond with care ethics and relationality in mind.

For Lee, as she settled into her decanal role, thereby thrusting her into a position of making many more decisions, including those connected to student appeals and students' exception requests, she consistently returned to the questions: Is this caring? And: How is this decision living an ethic of care? In practical terms, this meant that she approved, for instance, exam and term work deferrals on compassionate grounds. A student for whom the pandemic yielded a death in the family due to COVID-19, by way of these ethics, should be granted an exception to the rule(s), an opportunity to complete a course beyond the specified deadlines. While such cases were not numerous, they drew her attention to the ways in which students themselves were experiencing the hardships and harsh realities of the pandemic, and the ways in which academic leaders and administrators had opportunities to shape students' lives by responding with care. In at least one case, one of her decisions was challenged for being (too) compassionate. She wondered if this might create inequitable treatment for some students; she continued to reflect and think about this possibility. Yet, she remained confident that offering care alongside careful consideration is the path she wanted to travel.

To Carry on Caring in New Ways Because of What We've Learned

Amid the fourth wave of the pandemic, Lee had to acknowledge that uncertainty continued too, that no one seemed to know when the pandemic would truly wane. Alongside such uncertainty, she wondered about the ways in which care ethics, especially connected to students, might be grown and sustained. She wondered if she and her colleagues had become more comfortable with the expansiveness of life experiences, experiences that demanded that flexibility and care be part of the collective response in these institutional and rule-bound places. She wondered: Are we, collectively, now more attentive to the ways in which we recognize that life's circumstances impact the ways we live and learn? She wondered if the *care, compassion, and calm*—with which many had become more familiar since the pandemic was declared in 2020—would be part of future lived experiences. She returned, as she pondered these questions, to Joan Tronto's (2013) definition of care as "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible" (p. 19). In other words, she began to ask: As educational administrators and academic leaders, what can be done to shape—and, indeed, *repair*—our work and our world going forward?

Even with uncertainty in her midst, Lee began to hope that one of the teachings of the pandemic might be that we, collectively, can be flexible and, even, change the ways in which we approach educational practice. While she certainly wouldn't wish pandemics upon the future or future educators, Lee began to advocate that we take time to gather our thoughts and gather (at least virtually) to ask what we have learned. What might (and will) we do differently now that we have had this experience? What do we wish to retain and what would it take to do so? What might be possible because of efforts to make care-centered leadership visible, giving language and voice to ways of leading in higher education that center on care and relationality. And, if we wish it, how can we, in leadership roles, carry on caring for our students, our staff and each other, now and into the future?

As Lee and other educational administrators and academic leaders have started to plan for future terms and look for ways to keep our campuses safe, the challenge has been one of weighing the balance of the impacts on faculty, staff, and students' health and well-being alongside the ongoing impacts of remote teaching, learning, and working. It is a perennial reality that it is too early to know what future terms will bring, what decisions will ultimately be made, and what the impact will be. And, so, in the midst of uncertainty, it is worth wondering what will drive collective decisions going forward and how individuals called to make difficult decisions will navigate the haphazardness (and hazards) of leadership.

Teaching Notes

Much of this case encourages readers and those in educational administration and leadership positions to consider caring practices experienced because of the COVID-19 pandemic and the ways in which these experiences may shape our collective future in positive ways. While these considerations are worthwhile and important, they emerge at a time when neoliberal forces are also shaping the decisions many of us are making in educational settings across Canada.

Broadly speaking, K-12 students and teachers in Canada returned to their classrooms in September 2021. Schools across the country have experienced COVID-19 cases and outbreaks, with some jurisdictions implementing mask mandates only after significant outbreaks occurred or after some classes moved online yet again. While recognizing that school is a life support for many students, reaching far beyond the curriculum, it is hard to put aside the pervasive rhetoric of *supporting the economy* as a factor that helped to shape the decisions leading to a return to school.

Similarly, in higher education in Canada, much attention has been paid to the lingering financial impact of the pandemic—from a devastating decline in international student enrolments (and tuition) to the loss of revenue from ancillary services on campus, including sources such as residences, parking, and food services.

These teaching notes, therefore, imagine a graduate classroom or a community of practice of emerging and/or active educational administrators and leaders, many of whom will have had some teaching or leading experience during the COVID-19 pandemic.

As facilitators/instructors and participants approach the activities, it is recommended that all participants begin by spending a few minutes reflecting on and writing about their own initial or memorable experiences of the pandemic.

To conclude the activities, facilitators may wish to ask participants to engage in conversation about (a) what they wish they'd known before the pandemic, (b) what would be their best advice for navigating the COVID-19 pandemic, and (c) what they wish to know now or carry with them because of the pandemic. The questions are intended to encourage participants to think about new questions and new knowledge that might inform their future practice.

All reading resources listed are recommended—not required—for participation in the activities.

Activity 1: Small Group Discussion: Creating Pandemic-enabled Compassion for Students and/or Staff

In this activity, the facilitator/instructor will ask participants, in small groups, to reflect upon and share with each other the ways in which they have experienced care-centered practices during the pandemic. In reporting back to the full group, participants will be given a chance to reflect upon and respond to the ideas shared.

Reading Resources

Noddings, N. (2002). *Educating moral people: A caring alternative to moral education*. Teachers College Press.

Note. The facilitator/instructor may wish to focus on Chapter 2 for an overview of the origins of considering care ethics in an educational context.

Questions to guide this discussion:

1. How did living in the midst of a pandemic shift the ways in which you made student-centered and/or staff-centered decisions?
2. Did you have the opportunity, because of the pandemic, to offer exceptions or exceptional care to students or staff? Why or why not? How did responding with/without care feel? Did the experience of caring stand out as exceptional or did you experience it as relatively normal?
3. During the pandemic, did you observe examples of *not-care* in your classrooms or administrative spaces? What did you do? How did this feel? What was the outcome?
4. How did students and staff respond to your care and compassion? Were they comfortable or uncomfortable? What steps did you take to support students through the uncertainty and, especially, the shift in the ways in which you approached your teaching or decision making?

5. As you think about future decision-making given what you have learned, what will you carry with you? What actions will you take going forward?

Activity 2: Role Play: Creating Flexibility for Teaching and Learning Modalities

The pandemic required many of us to adapt, to shift our teaching and learning modalities to those that could primarily take place online rather than in person. In this activity, the facilitator/instructor will support participants to connect care ethics and the modalities of teaching and learning. In this role play activity conducted in pairs, questions are provided as prompts, intended to draw on participants' own experiences of the pandemic and the benefits of online and remote modalities.

Recognizing that online and remote learning is not optimal in some circumstances—perhaps especially in emergencies when there is little time to adapt—the questions are intended to draw on the elements of newly experienced teaching and learning modalities that may be integrated across a wide range of teaching and learning settings.

The Role Play Activity

The following guidance is provided for the facilitator introducing and structuring the role play activity:

Purpose. The purpose of the role play activity is to encounter and navigate the tensions experienced by those who might wish to retain teaching modalities adopted during the early months pandemic and those who wish to return to the “old normal.” The objective is to think through the ways in which an optimal balance between both perspectives can be achieved.

Roles. *Person 1:* Carla is a school principal nearing retirement. She has embraced technology in her school, ensuring that every classroom has a computer, screen, and access to the internet. She encourages teachers in her school to experiment with new technologies in their classrooms and report successes and challenges at staff meetings. Yet, she is concerned that online teaching is sub-par and she prefers to know that the teachers at her school are fully engaged in their work by seeing them every day. She has asked all teachers to be prepared to return to the classroom as soon as public health orders allow for a return.

Person 2: Carl graduated with his Bachelor of Education degree in 2018. He is so happy to have found a continuing teaching position in his hometown. Since he started, he has been teaching Grade 1, his favourite grade to teach. And yet, the pandemic has brought forward worries he didn't expect. His wife is expecting their first child. He knows that teaching online is not the same as in-person teaching, but he would rather teach his students online to ensure that his family is safe. He has asked the principal to consider his request to continue teaching online.

Setting. Imagine that the role play conversation takes place via Zoom in August 2021 in a mid-sized city in Canada. The principal is in her office in the school; the teacher is in his home at his kitchen table. Participants can assume that in this jurisdiction, some teachers will be teaching online beginning in September 2021.

Process. Carl learned a collaborative four-stage model for engaging in a difficult conversation in one of his courses and is prepared to introduce and implement the process during this dialogue. Carla accepted his invitation to meet.

Carl reviews the stages of the four-stage model suggested in Chapter 14 of *The Joy of Conflict Resolution* before he meets with Carla.

Stage 1: Create a climate of safety and respect. Acknowledge power dynamics.

Stage 2: Prepare an agenda of neutrally framed topics. Prioritize discussion order.

Stage 3: Listen to understand; speak to be understood. Summarize common ground and unique needs.

Stage 4: Generate options to mutually satisfy both participants' needs, to the greatest possible degree. Choose and implement a solution. Follow-up and evaluate success.

Time. The role play conversation should take place over 20 minutes. The debrief and discussion time should be 30 - 50 minutes, depending on time available.

Optional role play approach. Instead of having all participants work through the role play in pairs, two participants can volunteer to perform the role play in front of the rest of the group. In that case, the seating structure may need to be adjusted. The debrief would still take place as a full group.

Reading Resources:

- Bawa, A. (2020). Role-play. In R. Kimmons & S. Caskurlu (Eds.), *The students' guide to learning design and research*. [Online book]. EdTech Books. <https://edtechbooks.org/studentguide/roleplay>
- Harper, G. (2004). *The joy of conflict resolution: Transforming victims, villains and heroes in the workplace and at home*. New Society Publishers.
- Noddings, N. (2006). Educational leaders as caring teachers. *School Leadership & Management*, 26(4), 339–345. <https://doi.org/10.1080/13632430600886848>

Reporting back to the group:

1. Given the personas described, what would you recommend as a course of action should additional pandemic waves occur?
2. What advice would you give to Carla, the principal?
3. What advice would you give to Carl, the teacher?

Questions to consider while debriefing this role play activity:

1. What were the first advantages and disadvantages you noticed when shifting to online or emergency-remote teaching and learning modalities? How did your perception of these early advantages and disadvantages change over time?
2. Describe the *students* who benefited most and least from online/remote learning. What impact has this observation had on your practice and has your perspective changed over the course of the pandemic to date?
3. Describe the *teachers* who benefited most and least from online/remote learning. What impact has this observation had on your practice and has your perspective changed over the course of the pandemic to date?
4. Considering the flexibility of teaching and learning modalities we've now, collectively, experienced, what do you want to keep and retain from pandemic times in your own practice?

Activity 3: Personal Action Plan: What Have You Learned and What Will You Do Differently Because of the Pandemic?

Educational administrators and academic leaders have continued to live and lead through the pandemic. As individuals, educational administrators and academic leaders have encountered challenges and struggles that have, in many cases, shaped the ways in which we approach both our professional work and our personal lives. In this activity, the facilitator/instructor will support participants to reflect upon their own personal experiences of the challenges and lessons of the pandemic, leading to the development of individual plans for future action.

Reflecting on leaders' wellbeing, the purpose of this activity is for individuals to develop a personal action plan that can be referenced should unexpected leadership challenges emerge, especially challenges similar to those encountered during the pandemic. Given that the pandemic may continue for some time, the personal action plan developed may have near-term value as well. Facilitators/instructors should begin with a small-group brainstorming approach, generating a list of possible options. Then, participants should evaluate the options, thinking about what is realistic, fair, and timely. Finally, participants should craft a written personal action plan that can be referenced going forward. Facilitators may wish to ask participants to present their personal action plans to the group.

Questions to guide the development of a personal action plan:

1. How has the pandemic changed the ways in which you lead?
2. As an individual, how have intentionally prioritized (your) care during the pandemic? Will you—or how will you—carry this practice forward as you progress in your career?
3. With what you have learned and experienced, what would you do differently?
4. What advice would you give yourself—or someone you care about—should they find themselves in a similar situation of uncertainty and disruption in the future?

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5. Based on your discussions connected with these activities, what specific actions will you take to help enable care-centered leadership in your teaching and/or leadership practice?

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