

Case Study Analysis Report: Comparative Report On Covid-19 Leadership Responses

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Executive Summary

This report is a comparative case study analysis of the COVID-19 pandemic responses in Spain, South Korea, and Canada, in terms of the vital health system design and the overall leadership of a nation. The report employs a Rich Picture approach to the visualisation of complicated processes in every country. The analysis concludes that even though the extent of centralisation of a system predetermined the first response capabilities, the final performance was based on the capacity of the leadership to change its style according to the circumstances that it faced. Centralised and post-MERS infrastructure and technocratic leadership allowed Korea to quickly and effectively contain the outbreak in South Korea. Canada and Spain, on the other hand, had an early fragmentation of their systems, which were decentralised. Nevertheless, their leaders have changed: the Prime Minister of Canada, Trudeau, employed the transformational leadership approach to establish the spirit of national unity, whereas the Health Minister of Spain, Illa, employed the situational leadership style by shifting their roles between the authoritative commander and the consensus-maker to reach the global leader in vaccination efforts. It is concluded in the report that the resilience to pandemics in the future does not rely on the perfect system, but rather on the development of adaptive, system-conscious leadership.

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1.0 Introduction

The outbreak of the COVID-19 pandemic at the beginning of 2020 was the largest global public health crisis in a century, which was the stress test of countries on an international scale (World Health Organisation, 2021). The pandemic at an unforgiving rate revealed the fundamental strengths and the hidden weaknesses of the national healthcare systems as well as placed political leadership in a situation of high-stakes crisis management (Greer et al., 2020). The three democratic nations that have been selected on a strategic basis in this report include Spain, South Korea, and Canada in terms of how they responded to the pandemic. The countries are a good opportunity to study since they embody various types of health systems organisation: the regionally autonomous European organisation of Spain, the highly centralised East Asian model of South Korea, and the strongly decentralised North American federalism of Canada.

The main point of this report is that even though the level of centralisation in the country predetermined the level of preliminary response, the use of specific leadership styles eventually had a decisive impact on the delivery of good health to the population. The analysis will dive into the conceptual ground of centralisation and decentralisation and their direct influence on crisis response (Forman et al., 2020). In addition, it will appraise the leadership style of leaders who played important roles in how their efforts increased the strengths or remedied weaknesses of their system (Boin et al., 2017). In order to be able to have a holistic picture of these multifaceted situations, this report employs a "Rich Picture" approach to graphically depict the reaction of each country and then moves on to a deeper reading into the details of their systems and leadership approach.

2.0 Rich Picture

This report has used the approach of the Rich Picture in order to understand the complex, multifaceted approach in response to the pandemic in each country. A Rich Picture is based on systems thinking, which is a hand-drawn image or schematic that includes the most important stakeholders, structures, processes, and, most importantly, the tensions and relationships in a complicated situation (Checkland, 2000). Its aim is not to be accurate but rather broad-based, as a way of arriving at a holistic and shared goal of understanding a problem, unlike a formal model. It enables the representation of objective and subjective perspectives (e.g., frustration of a citizen) by simple icons, symbols, keywords, and speech bubbles, and this is crucial to the

analysis of a socio-political crisis such as a pandemic (Berg and Pooley, 2013). The three Rich pictures (Figures 1, 2, and 3) were developed in order to provide the visual anchors to the actual analysis that is to be done as follows. They are structured in such a way that they narrate to the reader the response of each nation at a glance, and they depict the essence of the dynamics that will be discussed in this report.

2.1 Spain's Rich Picture

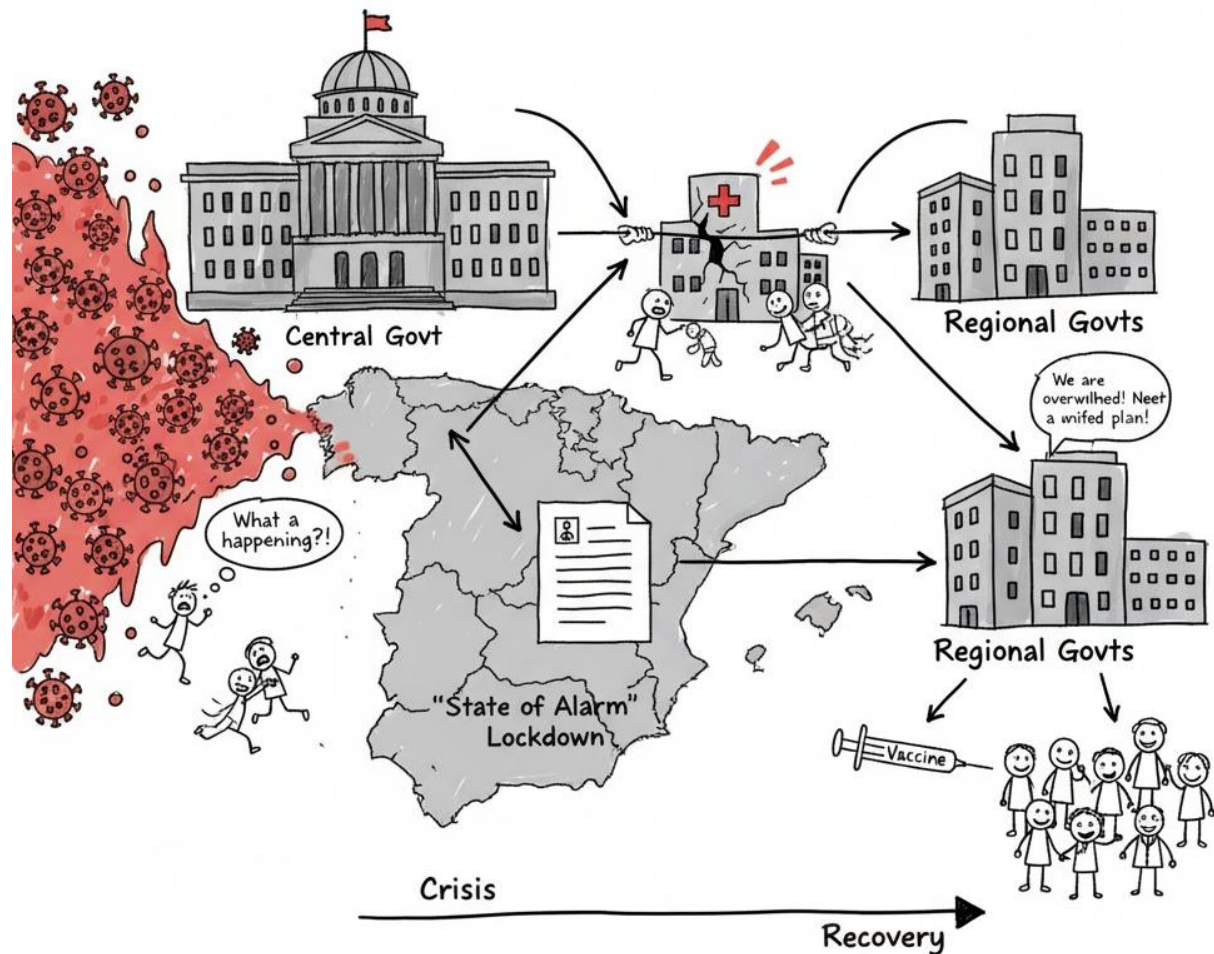


Figure 1. Spain's Rich Picture

2.2 South Korea's Rich Picture

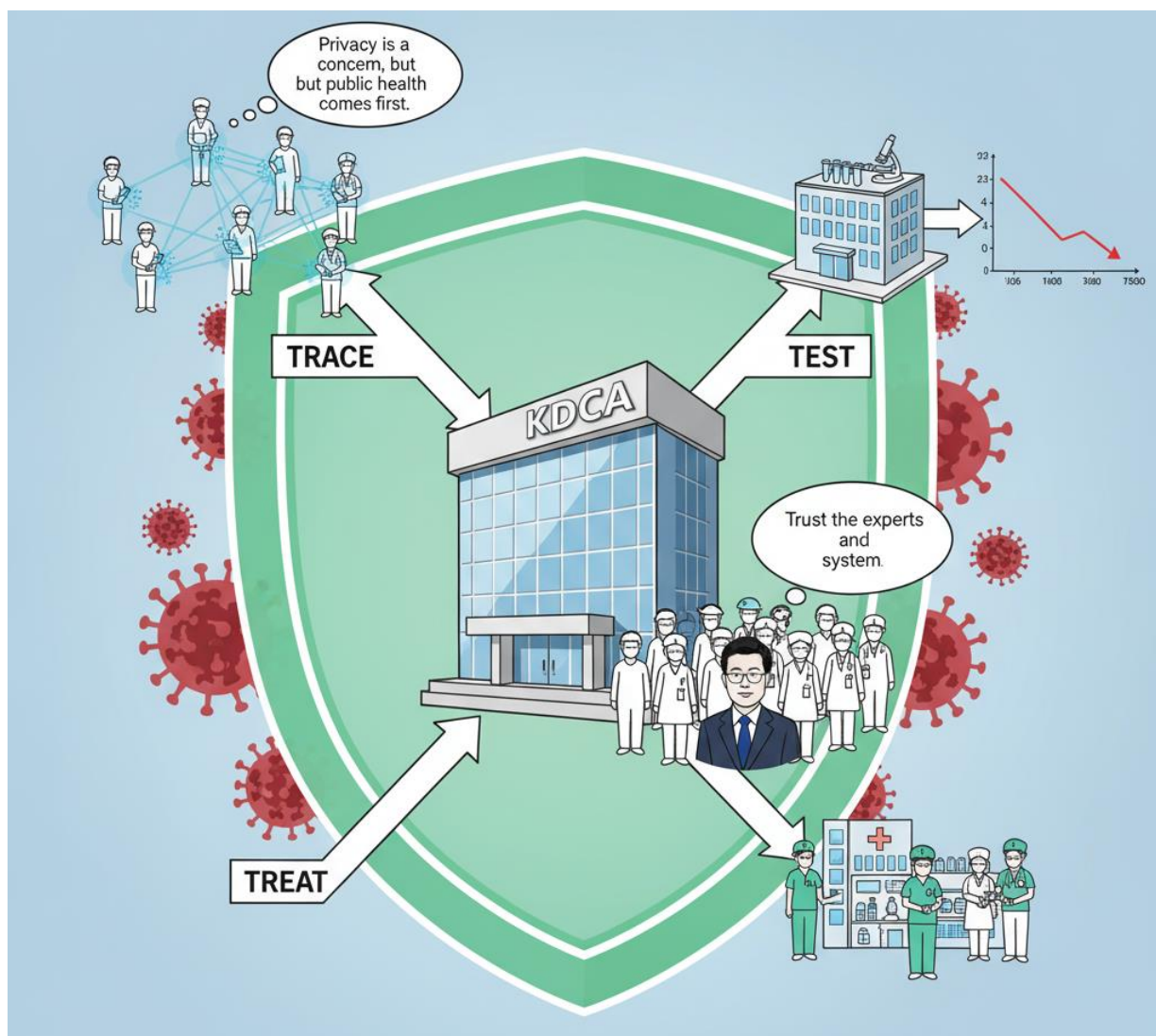


Figure 2. South Korea's Rich Picture

2.3 Canada's Rich Picture

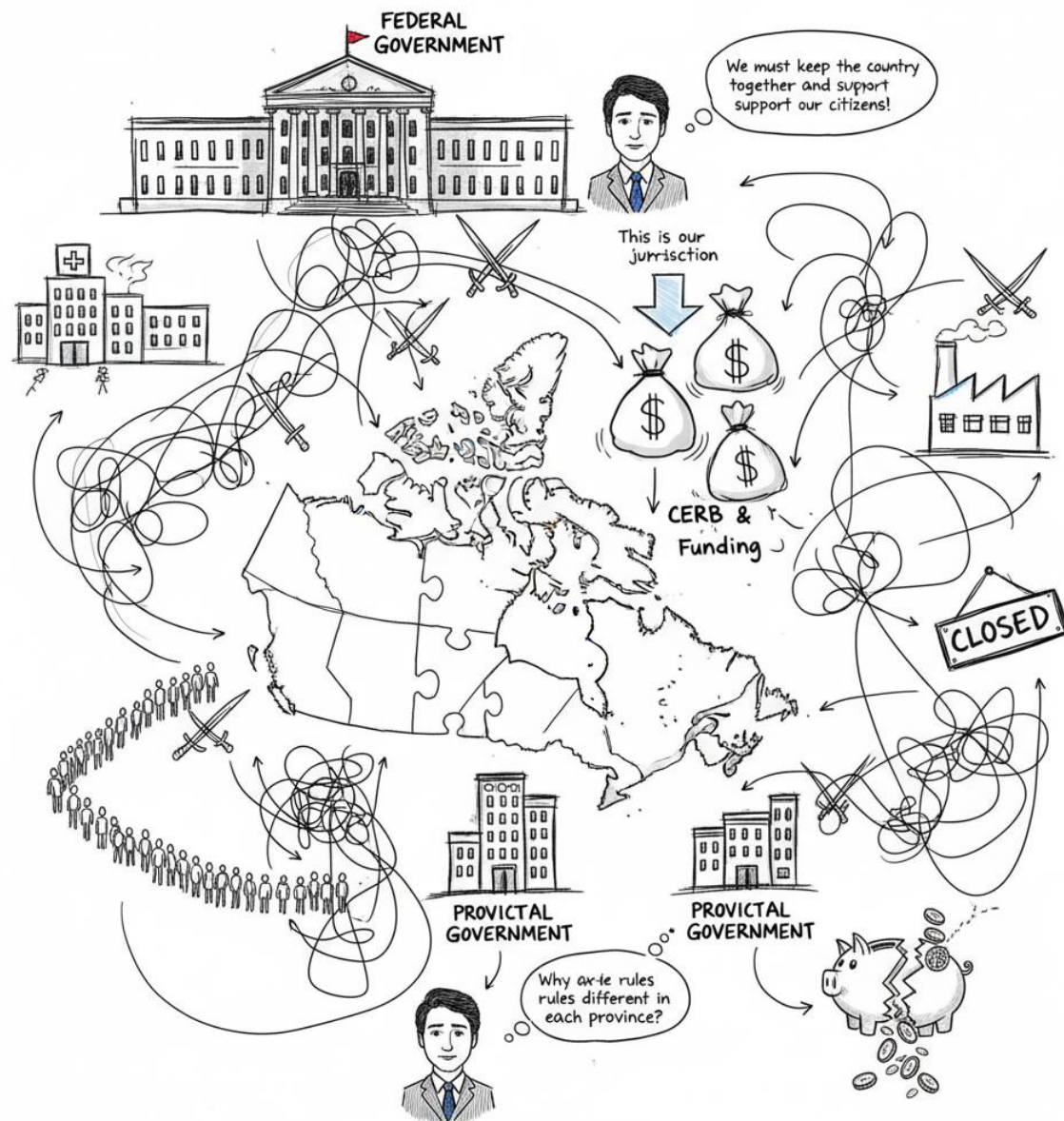


Figure 3. Canada's Rich Picture

2.4 Key for Rich Pictures

This key indicates the most important symbols and representations in order to have a clear comprehension of the diagrams.

The gist of crisis and recovery is captured in the Rich Picture of Spain (Figure 1). The crashing wave of the red virus icons as a huge and uncontrolled mass coming into the country to the left symbolises the rising speed and overwhelming power of the original viral wave. The escaping

stick persons with a speech bubble ("What a happening?!") are the representatives of the pop panic and disorientation. The main conflict is demonstrated between the Central Government building, which is big, and the Regional Government buildings, which are small. The hospital, which is seen to have cracks and a flashing red cross, is between the speech bubbles of the healthcare workers (We are overwhelmed!). The frontline view!) defining the frontline opinion. The major centralised intervention is the State of Alarm document that is presented on the map of Spain. The diagram will then turn to the right on the Crisis-Recovery arrow, with the vaccine being allocated in an organised manner by the central government and the regional government to an already quiet and united group of citizens, a successful second phase.

The theme of efficiency and control is present in the South Korea Rich Picture (Figure 2). The whole response is contained in a green shield of protection, which is a symbol of effective containment. The KDCA building is in the centre, which signifies the stronger central public health agency. Based on it, there are three strong arrows, namely, TRACE, TEST, and TREAT, which radiate outwards and are at the centre of the strategy. TRACE identifies with a network of digitally connected citizens, a speech bubble of the delicate public acceptance of surveillance (Privacy is a concern, but public health comes first). TEST uses a laboratory as an example and a plummeting graph as a visual representation of a success derived through data. TREAT makes reference to a hospital that is well-resourced. The image of the leadership is that of a confident person before the experts and a speech bubble that explains the technocracy philosophy: Trust the experts and the system.

The theme of the rich picture in Canada (Figure 3) is that of complexity and fragmentation. The fading puzzle pieces that are seen on the map of Canada are a major metaphor of its decentralised federation. The stress between the large Federal Government building on top and the smaller Provincial Government buildings on the bottom is represented in the form of the tangled and messy lines, intertwined with crossed swords, as the symbols of the conflict of jurisdiction. The Federal Government is illustrated with its main weapon in large bags of money, whereas the Prime Minister emphasises his unity with his speech bubble in the form of a speech bubble (CERB & Funding). Socio-economic impacts are depicted by a shut factory and a shattered piggy bank. The speech bubble of a citizen expresses the frustrations of people about why the rules vary in every province.

3.0 Centralised and Decentralised Healthcare Systems

The extent of centralisation of the health system of a country is one of the determinants of its ability to respond to a crisis since it defines how fast, consistent, and effective its activities are (Forman et al., 2020). A centralised system is where the power of authority and decision-making is usually vested in the national level, and, as such, one can issue top-down commands and have uniform policy execution in all regions. On the contrary, a decentralised system transfers much power to regional or local governments, which facilitates local responsiveness and adjustment, but the system runs the risk of fragmentation, delays, and lack of coordination in a national emergency (Marchildon, 2013). The subsequent review focuses on the way these theoretical models worked in practice in Spain, South Korea, and Canada.

3.1 Spain

The National Health System (Sistema Nacional de Salud) of Spain is among the most deeply decentralised systems of Europe, which is a direct result of the 1978 Constitution that created the so-called State of Autonomy to confer on regions important self-governing powers (Colino, 2021). Although this model is aimed at making the regions responsive, it turned out to be one of the weak points in the turbulent outbreak of the COVID-19 pandemic. The first reaction was disjointed and slow because the governments of the regions took action separately, resulting in uneven policies on testing, contact tracing, and mass gatherings. This was one of the main drawbacks; such a structure of commands was not unified, and it quickly and severely spread the virus during the first wave (Rico and Gari, 2021). These shortcomings of the system were evident at a glance in problematic areas; the national database of ICU beds and ventilators was absent, and the process of procuring Personal Protective Equipment (PPE) turned into a free-for-all fight between regions and each other on the free market (Barrio and Hierro, 2021). This in-house rivalry was creating a price increase as well as unfair distribution of the same, leaving some of the frontline workers in a very dangerous position. The situation got so intense that the central government had to invoke an emergency at the national level in March 2020, an extreme act that, at least temporarily, consolidated control over the healthcare system. Nevertheless, such a centralised system was strongly opposed by the politicians, especially by such regions as Catalonia or the Basque Country, which interpreted the action as an expansion of the central authority (Simón, 2020). Such a latent political friction complicated the execution of the national instructions and damaged the confidence of the population, which proved to be a major problem: despite the legal possibility of temporary centralisation, it can be practically

destroyed by the political culture of regional independence, inherent in the system (Lopez-Doriga et al., 2022).

The flaws in the infrastructure of this decentralised system were catastrophically revealed in the long-term care (LTC) sector. LTC facilities, which were fragmented between the public, the private, and the subsidised providers, did not have good coordination between the homes and the primary healthcare system, making them epicentres of mortality (Artuso and Taltavull, 2021). Absence of a common data and response protocol had the effect of practically placing many facilities on their own island, incapable of testing or transferring their vulnerable residents to a hospital during the high point of the first wave. Nevertheless, the system was also demonstrated to have latent strengths due to the pandemic. The very disorganised system that did not work during the first crisis was an effective resource in the context of the long-lasting logistical problem of the vaccination campaign. The basis of this stage was the strong and well-established primary healthcare networks in the country and highly qualified nurses (Garcia-Basteiro and Bar-Zeev, 2021). The centros de salud (primary health centres) form the foundation of the Spanish society, and their extensive penetration into the communities was an important resource. The Estrategia de Vacunación of the central government, with its good coordinating structure of prioritisation and distribution, was crushed, however, by the local success of its operations. The autonomous communities had the opportunity to use their personalised know-how of the local communities, creating convenient vaccination locations, and relying on the available primary care patient database to effectively target communities. The crucial aspect to the prevention of a low level of vaccine hesitancy was public trust in local nurses and doctors who are highly integrated into the community (Costa-Font and Turati, 2018). It brings a very important lesson, which is that decentralisation is a weakness in the acute crisis that needs to be managed quickly and efficiently with a clear line of command, but it can be quite an advantage when the crisis becomes one of community involvement and logistical execution. It was a story of two stages to the health outcome, with an initial disaster and a story of tremendous success of public health.

3.2 South Korea

South Koreans reacted to the pandemic in a very centralised and empowered national command structure, which is in stark contrast with Spain and Canada. This system was not an incidental heritage but a planned solution to the issue of social reforms in the field of public health in the wake of a painful experience of the country with the 2015 outbreak of MERS (Lee and Lee,

2021). The previous crisis was a national trauma, revealing both shortcomings in inter-hospital communication, a lack of governmental transparency, and an inability to carry out effective contact tracing, which caused a lot of public distrust (Choi, 2020). The government responded by making massive amendments to its Infectious Disease Control and Prevention Act and included provisions that empowered the state to have overall legal authority to conduct surveillance and gather data during a public health emergency. The Korea Disease Control and Prevention Agency (KDCA) was the core of this system that received considerable legal power to guide a national approach, in spite of the regional interests, to assure the health security of the population (Kim, 2021). The national leaders of the South Korean government could direct a uniform and instantaneous strategy towards its Trace, Test, and Treat strategy throughout the country, as opposed to the decentralised states, where they had to negotiate with the regional heads. The main benefit of such a centralised model was that it was the fastest and most homogeneous in its action.

The result of this centralised authority is that both public and private resources were rapidly mobilised at the beginning. At the very beginning of its existence, the system was put to a severely tested point when a super-spreader event, which happened at the Shincheonji Church in the city of Daegu, threatened to overwhelm the country. Nevertheless, the centralised system reacted with massive force, overflowing the region with medical workers and testing devices, and managed to contain the outbreak, which, in turn, became a strong demonstration of its strategy. The government invoked its emergency authority to expeditiously grant permission to the privately owned biotech firms to design and manufacture testing kits in large quantities, a public-corporate collaboration that played a key role in increasing capacity (Yoon, 2020). This resulted in the development of new and rather convenient ways of testing, like the well-known drive-thru and walk-thru testing facilities that reduced the risk of infection and provided maximum exposure to the population. Their "Trace" aspect of the strategy was quite offensive, as they employed a centralised epidemiological investigation support system that combined mobile phone GPS, credit card transactions, and CCTV footage to trace the path of the infected people (Oh et al., 2021). The third stage, entitled Treat, consisted of a tiered care scheme, where the most severe of the patients went to dedicated hospitals, and those with mild symptoms went to temporary living treatment centres, leaving the hospital capacity to focus on the most serious patients (Park and Chung, 2021). The analysis-based approach was attributed to bending the epidemiological curve much more efficiently at the initial stages of the pandemic than its decentralised analogues (Park, 2020). The primary drawback of such a top-down, centralised

strategy is the threat of the violation of civil liberties, which was often raised by the international community. But the model was very well received by the population that has a strong collectivist culture and a high level of trust towards the state, a social contract that is supported by the collective recollection of the MERS crisis (Shin, 2021). The other notable obstacle was the socio-economic consequences on the service sector, which was overwhelmed by the mounting pressure of the granular yet frequently limiting levels of social distancing under the government, and was criticised as having an inadequate financial support to small businesses and taking excessively long to reach them. A successful containment of the health result was a clear demonstration of how effective a prepared centralised system is during the acute stage of a pandemic.

3.3 Canada

The healthcare system of Canada is a well-established paradigm of decentralisation in which the ten provinces and three territories play a major role in the management and provision of health services based on the Constitution Act, 1867 (Marchildon, 2013). The role of the federal government is primarily restricted to the establishment of national principles by way of the Canada Health Act, financial assistance, and border control. This framework formed the multifaceted and even conflicting patchwork of the responses to the COVID-19 pandemic (Parliament of Canada, 2020). The main drawback was that there was no national cohesion. The lockdowns, mask requirements, testing requirements, and school openings were very unevenly determined across the jurisdictions, and that contributed to the confusion of people and further discouraged a national approach. The Atlantic provinces established a rigid so-called Atlantic Bubble, which limited entry and kept their case numbers extremely low, in contrast to the open borders and aggressive strategies such as curfews in other provinces, such as Ontario and Quebec (Volden, 2021). The effort by the federal government to implement a national COVID Alert contact tracing app was an ideal representation of this division; since its adoption was optional by provinces, its performance was crippled, whereas the integrated system - mandatory and adopted in South Korea - was compulsory. Provinces tended to be very protective of their jurisdiction to the point that the application of uniform policies was almost impossible (McMaster Health Forum, 2021). This conflict was one of the characteristic features of the pandemic management of Canada, which led to a slower and more reactive response compared to centralised countries.

The structural issues were worsened by the infrastructural weaknesses. The disintegrated systems of public health data that could not easily communicate across borders due to decades of devolved responsibility resulted in the inability to create a clear national epidemiological image (Gibson and Taddio, 2022). The PHAC was not in a position to dictate, merely to recommend, and it had difficulties in assembling nationwide statistics out of the different provincial mechanisms. This lack of data did not favour effective national modelling and resource planning. Moreover, the system of long-term care in Canada, similarly to Spain, is in a catastrophic state caused by the lack of uniform provincial standards and failure to become a part of pandemic preparedness, resulting in catastrophic first-wave mortality rates (Armstrong et al., 2020). In Ontario and Quebec, the state of affairs was so bad that the LTC homes had to be assisted by the military, which in turn reported horrific conditions of neglect and understaffing, which revealed a huge systemic failure (Office of the Auditor General of Canada, 2021). The LTC homes with a profit motive were especially acute, as they demonstrated the worst outcomes because of staffing levels and the business model that did not prepare them in the case of a public health crisis (Gagnon, 2022). Nevertheless, there were positive aspects of the system. One of the most prominent strengths of the federal government was the well-organised portfolio of large-scale and diverse vaccinations, and the experience in the logistical delivery of the provinces was ultimately converted into a successful but slowing down vaccination campaign with extremely high adherence rates (Ismail et al., 2022). Nonetheless, with the stabilisation of the supply, the provinces had an opportunity to rely on local infrastructure and establish mass vaccination facilities in hockey arenas and convention centres and collaborate with pharmacies to make them widely available. This was one strength of the decentralised model since it allowed this localised delivery. The Canadian experience proves the fundamental trade-off of a decentralised federal system, that it loses the speed and uniformity of a centralised state in exchange for a more bargained, regionally-sensitive approach. This was mixed health outcomes, as they were better than the United States but worse than other federations, such as Australia, as there are immense problems in coordinating a national response without national authority.

4.0 Leadership Styles

In addition to the healthcare system structures, the nature of leadership practised by the key decision-makers played a critical role in their response to the pandemic. Crisis leadership is not a matter of decision-making but of meaning-making, that is, framing the nature of the crisis in

a manner that will minimise uncertainty, instil confidence in people and bring the people to action (Boin et al., 2017). Various situations will require different styles, and the best theory to explain this is the Situational Leadership Theory, which holds that a successful leader should change their style (e.g., from directive to collaborative) depending on the task at hand and the maturity of followers (Hersey and Blanchard, 1969). Other theories, including Transformational Leadership that is concerned with inspiring a shared vision (Bass, 1990), and transactional Leadership that is concerned with clarifying the role and processes to ensure stability (Judge and Piccolo, 2004), offer other theories that can be used to explain the leaders of Spain, South Korea and Canada. This part will discuss how the leadership style of each leader intermingled with the system of their respective countries to give them distinct results.

4.1 Leadership Styles in Spain

The case study of adaptive, situational leadership given by the leadership of the Minister of Health, Spain, who is called Salvador Illa, is a very interesting case. He was a surprise appointment, a philosopher by training and with a completely clean track record in terms of health portfolio; most of the people viewed this as a political manoeuvre by Prime Minister Sánchez to have a Catalan minister in such a high-profile position and to tacitly address the tension among the regions. He was originally treated with suspicion and politically attacked so hard by opposition parties that viewed him as an unqualified political appointee (Garea, 2021). He dramatically changed the style of the decisions through the course of the crisis, acquiring the ability to apply the Situational Leadership Theory (Hersey and Blanchard, 1969). Illa became a very directive and commanding leader in March 2020 when the systemic failure and the disjointed response of the autonomous communities were approaching. In order to consolidate power, make national decisions at the top, and enforce a strict lockdown, he relied on the legal power of the so-called state of alarm (Jones, 2020). This was a suitable manner of a low-readiness, high-crisis situation, which offered the decisive move to avoid a total disaster. The good thing was that it laid a compulsion, though a temporary one, on a disintegrated system. This was the drawback in that it was politically unsustainable since it created a lot of tension with the regional governments, who believed that their autonomy was being overthrown.

Upon realising this, after the first wave was over, Illa shifted to a participating and delegating style easily. He did not command, but pacified, negotiated, and organised the influential regional health ministers through the Inter-territorial Council of the National Health System

(Fernández, 2021). This was his leadership strength as he could revert to a crisis commander and be a consensus-building chairman. It is possible to comment on his communication style in terms of the transactional type of leadership, which is oriented at explaining the roles and responsibilities to ensure stability (Judge and Piccolo, 2004). Instead of rhetoric, his daily press conferences were not only intentionally technical but also packed with data, aimed at the transaction of delivering transparent information and describing the subsequent procedural course of action. This developed credibility by consistency and reliability. When his political opponents were using their violent, populist rhetoric, the deliberately boring approach of Illa was depriving them of controversy, and it gave the impression that he was non-politically competent. He was not interested in inspirational rhetoric, but came out to be a trusted manager. Such a transactional style did not aim to motivate the nation but rather to make the decentralised system, with its complexity, work as a clockwork, and this strategy was particularly successful in organising the successful vaccination process (Sanmartín, 2021). This style was beneficial since it neutralised political opposition and could not easily be attacked by his opponents, as it would seem an opposition to science itself (Tezanos, 2021). The drawback of this is that a transactional style cannot provide the vision that is required to make a long-term change to be deeply motivated. Nonetheless, the leadership that was needed in the context of Spain, with its hyper-partisan atmosphere, was the one that was flexible and aimed at getting the status quo functioning. The attitude of calmness and sobriety that seemed to be a vulnerability at first turned out to be one of the major strengths, which gave the impression of stability in a country tired of political polarisation.

4.2 Leadership Styles in South Korea

The way of leadership by the government of South Korea, which was led by Prime Minister Chung Sye-kyun, can be described as a mixture of technocratic leadership and the delegating approach of Situational Leadership Theory. The centralised system and governmental necessity to take decisive measures after the MERS crisis have permitted the government to make the key decision of sharing enormous powers with experts in the field of public health at the KDCA (Park and Chung, 2021). The given delegating style is most practical in situations when the team is very competent and confident, and the strategic decision of the political leadership of South Korea was to view the pandemic as a technical issue that could be resolved by technocrats. It is a complex leadership type: it is understanding when not to make a decision, but to enable the people who are well fitted to make the decision. The leadership of President Moon Jae-in, who gave high-level political cover and actively promoted the work of the KDCA

publicly, which was an essential factor that contributed to gaining the authenticity of the expert-led response and ensured its resistance to political influence, supplemented this. The success of this dual-layer leadership of technocrat frontline supported by a politically supportive executive was one of its main aspects. The future of the fintech-driven ecosystem can be illustrated by the example of the proactive investment in test kits by private biotech companies (Yoon, 2020). This strategy was effective, and it was the main strength of this method; it depoliticised the response and made it possible to make evidence-based decisions quickly and rescue lives.

Technocratic style was a direct continuation of this in governmental communications, with the intention of gaining trust by being as fact-filled and open-handed as possible, and not necessarily through political charisma. The leadership team achieved this by briefing experts daily and releasing anonymised and detailed case data, which sent the message that the system and not an individual was in charge (Lee, 2020). This builds trust, as it is competent and a process. The leaders were also custodians of the future of the nation, which is a vision of leadership that aims at serving the interests of society in the long term (Block, 1993). This was the most visible in the move to place the KCDC in the stronger and more independent KDCA, a different structural modification that institutionalised the experience of the pandemic and established a permanent residence of the professional authority they had been dependent on (KDCA, 2020). The main drawback of this highly technocratic method was that it could also lead to a case of tunnel vision. It has been argued by critics that due to their over-reliance on a limited segment of epidemiologists, this resulted in the adoption of an overly conservative economic policy, where the government was slower to provide the type of universal financial relief seen in the West, which caused much suffering to owners of small businesses (Kim, 2022). This is a possible drawback of a wholly technocratic approach: it can lead to a sacrifice of a more holistic approach to the social and economic aspects of a crisis in favour of maximisation of a single variable (epidemiological control). This was seen in the long and strict limitations imposed on service industries, and this created a lot of protests by the business fraternities, who felt that their interests were being sidelined by another one-sided public health agenda. Moreover, the fact that the digital contact tracing was intrusive, although it was successful and had a high acceptance level domestically, attracted international criticism in terms of privacy. Nevertheless, the uncompromised attention to the health mission of the population by the leadership led to unquestionable outcomes in terms of virus containment.

4.3 Leadership Styles in Canada

One of the brightest examples of transformational leadership is the situation with Prime Minister Justin Trudeau, who encourages the followers and inspires them by making an appeal to a higher ideal and a common vision during the pandemic (Bass, 1990). With the huge challenge of leading a decentralised federation, the major concern of Trudeau was to preserve the social and political unity. His daily press conferences were always structured as a test of one of Team Canada based on the rhetoric of unity, sacrifice, and nationalism (Maly, 2021). This reference to the inspirational motivation, which is one of the fundamental elements of the theory, was an intentional approach to establish a sense of unified purpose in the country where the real rules of public health were in a piecemeal state. In the case of his sympathetic voice and frequent appearances, symbolising idealised influence, he tried to become a face of a consistent national reaction. One element of this plan was the speedy development of the Canada Emergency Response Benefit (CERB), which served as more than just an economic relief but also as an eloquent expression of the federal government's determination to exercise individualised consideration, which is another principle of transformational leadership by directly targeting the financial concerns of millions of citizens. The benefit of this form of inspirational style was that it was successful in getting the population to buy into massive federal income support programs and turned a health crisis into a story of national strength and solidarity (Paquet, 2020). This was an essential strategy to ensure that the country did not tear as the ten provincial pandemic strategies stretched it.

Nonetheless, at the decision-making level, the facts of federalism provided Trudeau with a limited choice of situational leadership style, which he had to embrace either the participating or collaborative style of leadership. He was not able to instruct the provinces; he must treat them as associates. The spending power of the federal government was his greatest weapon, not the executive power. He played the role of a negotiator and consensus-builder on core health policies, which were mostly achieved by the frequent First Ministers' Meetings with the provincial premiers (Greystone, 2022). Such conferences were frequently accompanied by political confrontation between the political leaders of various ideological groups, especially conservative premiers in provinces such as Alberta and Ontario, and concrete national action could hardly be made. This was a fundamental conflict in leadership between Canada. This type of collaboration was a weakness in the sense that it was quite a slow and reactive process. Moreover, continuous negotiation frequently resulted in the country standards being established at the point of the lowest common denominator, with the federal government trying

to force less willing practices to take more serious actions (MacDonald, 2021). The other weakness of his transformational approach to communication came through when the realities of operations, initially delayed procurements of vaccines, came into conflict with the inspirational message of national competency and resulted in instances of high levels of public cynicism (Wherry, 2021). This credibility gap between inspirational rhetoric and transactional failures turned out to be a common theme, with the polls of the population indicating that his approval ratings were going high and low, depending on how the government was functioning. This brought to the fore the fact that effective transformational leadership should be supported by a good transactional delivery to have long-term credibility. The legacy of Trudeau was not the structural transformation of the healthcare system, but the revitalisation of the role of the federal government in social protection. He manipulated the balance of power, which is a classic transformational result which alters attitudes to the role of the state by encouraging long-term care in provinces by providing fiscal transfers to lure them into using the national standards (Gagnon, 2022).

5.0 Conclusion

The comparative analysis of the Spanish, South Korean, and Canadian responses to COVID-19 allows drawing a clear and strong conclusion that there is no universal model of the healthcare system of a country during a pandemic. Rather, performance is the result of the dynamic nature of the interplay between the structure of a system and the flexibility of its leadership. The unity of command proved to be the essential benefit in such a disorganised initial step of a crisis that South Korea proved to have due to its centralised and prepared system, with a technocratic and expert-oriented leadership. On the other hand, the decentralised systems of Spain and Canada were not coping with fragmentation, and the leaders were able to adapt. The transformational leadership style of Prime Minister Trudeau helped the nation to maintain its ragged federation with the required political stability and financial resources, and the situational leadership of Minister Illa in Spain demonstrated that the weaknesses inherent in a decentralised system could be eliminated and the strengths could be increased, especially with the successful vaccination campaign. In the end, it is evident in this report that the ability to endure a pandemic lies not in the structural blueprint designed to handle universal situations, but rather in the ability of leaders to recognise their situation in the country and efficiently differentiate their response to the changing needs of a sustained crisis.

References

- Armstrong, P., Armstrong, H. and Daly, T. (2020) 'A dreadful sense of déjà vu: COVID-19 and the future of long-term care in Canada', in Z. A. Levitt, A. M. Chreim, & R. J. B. Struthers (eds.), *COVID-19 in Canada: A One-Year Update*, Ottawa: Royal Society of Canada, pp. 112-120.
- Artuso, A. and Taltavull, P. (2021) 'The impact of COVID-19 on the long-term care sector in Spain', *International Journal of Health Governance*, 26(2), pp. 145-159.
- Barrio, C. and Hierro, M.J. (2021) 'The governance of the COVID-19 crisis in Spain: a tale of political fragmentation and polarisation', *South European Society and Politics*, 26(1), pp. 1-24.
- Bass, B.M. (1990) 'From transactional to transformational leadership: Learning to share the vision', *Organisational Dynamics*, 18(3), pp. 19-31.
- Block, P. (1993) *Stewardship: Choosing Service Over Self-Interest*. San Francisco: Berrett-Koehler Publishers.
- Boin, A., Stern, E. and Sundelius, B. (2017) *The Politics of Crisis Management: Public Leadership Under Pressure*. 2nd edn. Cambridge: Cambridge University Press.
- Capano, G. and Howlett, M. (2021) 'The knowns and unknowns of policy instrument analysis in the time of COVID-19', *Policy and Society*, 40(1), pp. 1-15.
- Carbert, A. and Jones, D. (2021) 'Communication Breakdown: Federalism and the Challenge of Public Messaging during the COVID-19 Pandemic in Canada', *Canadian Journal of Political Science*, 54(3), pp. 545-565.
- Cho, H.J. (2020) 'Why South Korea's COVID-19 response was so successful: a sociopolitical analysis', *Journal of Public Health Policy*, 41(4), pp. 499-509.
- Colino, C. (2021) 'Intergovernmental Relations in the COVID-19 Crisis: The Case of Spain', in *Federalism and the COVID-19 Crisis*, Brussels: European Parliamentary Research Service, pp. 87-95.

- Costa-Font, J. and Turati, G. (2018) 'Regional health care decentralisation in Spain: An empirical analysis of its effects on health outcomes', *Regional Science and Urban Economics*, 73, pp. 53-63.
- Fafard, P. and Levasseur, K. (2021) 'The new fiscal federalism: The COVID-19 pandemic and the federal spending power in Canada', *Canadian Public Administration*, 64(S1), pp. 78-98.
- Fenwick, T. (2020) 'Governing in a crisis: Canadian federalism and the COVID-19 pandemic', *Federal Governance*, 14(1), pp. 1-15.
- Fisher, D. and Wilder-Smith, A. (2020) 'The global community needs to learn from the lessons of the COVID-19 pandemic', *The Lancet*, 395(10232), p.1245.
- Forman, R., Atun, R., McKee, M. and Mossialos, E. (2020) 'COVID-19: the catalyst for a new G20 health agenda?', *The Lancet*, 396(10260), pp. 1368-1370.
- Gagnon, M. (2022) 'A New Era for Social Policy? The COVID-19 Pandemic and the Federal Role in Long-Term Care in Canada', *Journal of Aging & Social Policy*, 34(3), pp. 385-403.
- Garcia-Basteiro, A.L. and Bar-Zeev, N. (2021) 'Spain's COVID-19 vaccination campaign: a tale of success', *The Lancet Public Health*, 6(11), p.e795.
- Government of Canada (2021) *Safe Restart Agreement*. Available at: <https://www.canada.ca/en/intergovernmental-affairs/services/safe-restart-agreement.html> (Accessed: 11 September 2025).
- Greer, S.L., King, E.J., da Fonseca, E.M. and Peralta-Santos, A. (eds.) (2020) *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*. Ann Arbor: University of Michigan Press.
- Hersey, P. and Blanchard, K.H. (1969) 'Life cycle theory of leadership', *Training and Development Journal*, 23(5), pp. 26-34.
- Ismail, S.J., Langley, J.M. and Halperin, S.A. (2022) 'Canada's COVID-19 vaccine procurement strategy: a case study in portfolio management', *CMAJ*, 194(1), pp. E15-E19.

- Jones, S. (2020) 'Spain declares state of emergency as coronavirus cases soar', *The Guardian*, 13 March. Available at: <https://www.theguardian.com/world/2020/mar/13/spain-declares-state-of-emergency-as-coronavirus-cases-soar> (Accessed: 11 September 2025).
- Judge, T.A. and Piccolo, R.F. (2004) 'Transformational and Transactional Leadership: A Meta-Analytic Test of Their Relative Validity', *Journal of Applied Psychology*, 89(5), pp. 755-768.
- Kim, J. (2021) 'South Korea's COVID-19 strategy: a model for other countries?', *Health Policy and Management*, 31(1), pp. 110-114.
- Lee, M. and Kim, Y. (2022) 'Vaccine sovereignty as industrial policy: South Korea's COVID-19 strategy', *Asia Pacific Journal of Public Health*, 34(2-3), pp. 235-241.
- Legido-Quigley, H., Glinos, I.A., Baeten, R., Mckee, M. and Jarman, H. (2020) 'Analysing the responses of European countries to the COVID-19 pandemic: a health policy perspective', *Eurohealth*, 26(2), pp. 20-25.
- Ministerio de Sanidad (2021) *Actuaciones de respuesta coordinada para el control de la transmisión de COVID-19*. Madrid: Gobierno de España.
- Oh, J., Lee, J.K., Schwartz, D.G. and Lee, W. (2021) 'National response to COVID-19 in the Republic of Korea and lessons learned for other countries', *Health Systems & Reform*, 7(1), p.e1882296.
- Office of the Auditor General of Canada (2021) *Report 1—Pandemic Preparedness, Surveillance, and Border Control*. Ottawa: Office of the Auditor General of Canada.
- Paquet, M. (2020) 'Leading from the front porch: Justin Trudeau's leadership during the COVID-19 pandemic and the politics of presence', *American Review of Canadian Studies*, 50(4), pp. 467-483.
- Public Health Agency of Canada (2019) *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector*. Ottawa: Government of Canada.
- The Lancet (2021) 'Spain: a COVID-19 vaccination champion', *The Lancet*, 398(10305), p.1021.

Volden, C. (2021) 'Federalism in the Time of COVID-19: A View from Canada', in *The Forum: A Journal of Applied Research in Contemporary Politics*, 19(1), pp. 49-74.

World Health Organisation (2021) *Timeline: WHO's COVID-19 response*. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline> (Accessed: 11 September 2025).