

Editorial

Transformative leadership in healthcare: Embracing wholistic care through empathy and self-reflection

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I am a two-spirited, non-binary, gender non-conforming person of Indigenous First Nations descent. I have been a pharmacist for almost 17 years and have held various leadership roles in healthcare, both on the provincial and Indigenous sides. I have the unique privilege of working within more Western-focused and Indigenous-led systems. I experience life as a gender non-conforming individual, navigating my identity while also benefiting from privileges associated with being white-presenting and appearing cisgender. Additionally, I embrace my femininity and Indigenous culture and heritage.

My unique perspective as a gender non-conforming individual shapes my interactions with the healthcare system. In this editorial, I discuss what healthcare professionals should consider integrating into their practices to apply the knowledge and skills gained from their education. How do we take that knowledge and apply it, and how do we realize that there are other modalities of thought and ways of knowing that are not in Western society but do overlap in principles?

During my formal education, I learned about wholistic care, which treats the whole person by considering their physical, mental, emotional, and spiritual well-being. This approach is vital for patient-centered care (Shane & Vogt, 2013; McCloughen & Foster, 2018). However, I truly grasped the meaning of wholistic care later in my career, as my education primarily focused on quantitative measures like lab values and diagnostic imaging. In our interactions, we often forget we are dealing with people. Indigenous ways of knowing emphasize that care improves when we treat individuals wholistically, acknowledging their entirety (Absolon, 2010; Miles et al., 2023). This approach demonstrates genuine wholistic care. As healthcare professionals and leaders, we must critically examine our stories and perceptions of the world. Understanding our values and those of the people we serve is not just essential; it's our responsibility, as misalignments can influence our care (Morrisseau & Fowler, 2024). This self-reflection is not just a key aspect; it is the cornerstone of transformative leadership in healthcare, empowering us to provide better care.

Based on my experience, individuals who conform to societal norms generally receive better care in the healthcare system than those who don't. We observe significant differences in care between those deemed more successful and marginalized communities. Despite receiving the same diagnostic tests, marginalized groups often



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face gaps in healthcare quality. Healthcare providers must recognize their narratives, beliefs, and biases toward these communities, as these can impact patient interactions. We must improve our self-reflection to ensure our biases do not influence our care.

For example, if we believe that First Nations people are more prone to addictions and poor health outcomes, it's essential to challenge these assumptions. Our preconceived notions can prevent us from asking the right questions or lead us to conclusions. We can improve our care by questioning these narratives and avoiding making harmful assumptions about marginalized groups. This self-reflection is a vital tool for enhancing our healthcare practices.

This applies to the 2SLGBTQIA+ communities which includes 2-spirited, lesbian, gay transgender, queer, intersex and asexual people. We must be aware of the narratives surrounding this marginalized group, as they can influence our beliefs and interactions. Despite our efforts to avoid these assumptions, they often persist in our thinking. Self-evaluation and emotional intelligence are crucial for questioning these narratives, which is essential for our practice.

As a First Nations gender-diverse individual, I recognize these narratives in myself. While I work to dispel them, I still make assumptions about others in my community. We often create harmful hierarchies based on levels of indigeneity and various sexual orientations and gender identities, which negatively affect our healthcare interactions.

To transform our current leadership model, we must return to the basics and self-reflect on our beliefs and societal hierarchies (Brown et al., 2015). By questioning these beliefs, we can recognize our biases and work towards improvement. Additionally, we need to evaluate wholistic care free from judgment and bias. What would it be like if we challenged the narratives we have been taught? Then, we will start to see people as equals, who they are and how they want to present themselves.

We must focus on self-awareness and recognize our biases to achieve transformative leadership. I challenge those who believe they are bias-free, as everyone carries some assumptions. This is essential, especially in discussions around diversity, equity, inclusion, and accessibility (DEIA).

When considering individuals with substance use disorders or mental health challenges, we often perpetuate the narrative that they made poor choices. While mistakes are part of being human, specific communities may lack the support systems needed to recover, leading to homelessness, addiction, or mental health crises.

Individuals with more privilege often have better support systems, allowing them to recover from mistakes more easily than those without such resources. This disparity is crucial when providing care to patients.

Transformative leadership requires empathy in every patient interaction (Nembhard et al., 2023; Moudatsou et al., 2020, January). We should learn Indigenous teachings about love, respect, and truth and meet individuals where they are, setting aside preconceived notions. It's essential to recognize that every person deserves our care, time, and inclusion in our community.

Empathy is essential for transforming healthcare. Recognizing that people face different challenges allows us to provide care without sharing their experiences. By fostering empathy in patient-clinician interactions, we enable better reception and transfer of clinical knowledge, enhancing the overall healthcare experience.

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