Inspirational and/or Contextual COVID-19 Crisis Leadership^

Prof Colin Coulson-Thomas*

Inspirational leadership is one of many different kinds of leadership, whether individual or collective or of a particular team, group, community or organisation. Forms of leadership that are desirable or should be avoided can vary depending upon the arena, context or sector, the situation and circumstances, aspirations and priorities, and also one's perspective (Coulson-Thomas, 2021b). Community, corporate and team leadership and business, social, political, scientific, intellectual, moral, thought and other forms of leadership can also overlap and combine in different ways according to challenge, opportunity and changing requirements.

If the role of a leader is to encourage and inspire others to achieve results, should inspiration be regarded as a core element of all leadership (Adair, 2009)? Is inspirational leadership only appropriate when and where a particularly or exceptionally high level of inspiration is required? Are there particular aspects of inspirational leadership that might be especially relevant in a crisis situation and what can be learned about its relevance and limitations from a public health crisis such as the international COVID-19 pandemic?

The impact of inspirational political leadership may depend upon its purposes and/or the policy outcomes and degree of change sought and how it is used (Körösényi and Patkós, 2017). Is it more relevant when there is a threat, survival is at stake and/or extraordinary achievement or effort is required? Might crisis leadership need to be competent rather than inspirational to have a beneficial impact on public opinion when public protection and health rather than motivation are sought and subjective feelings are involved?

International Pandemic Leadership

People in leadership positions need to know what types of leadership to exercise and/or delegate and to whom, when and where (Coulson-Thomas, 2021b). Those for whom they are responsible should be clear about what is expected of them and properly supported, particularly those in the front line in crisis situations. In the first wave of the COVID-19 pandemic, many health systems had severe shortages of critical care beds and personal protective and other equipment. A year later despite what had been learned about the disease and its treatment, certain countries were caught unprepared for a second wave, with such basics as oxygen, required medicines, beds and ventilators in short supply.

Characteristics associated with inspirational leadership include inspiration, motivation, creativity, passion and positivity and activities such as catalysing, energising, innovation, visioning and the releasing of potential. How relevant are they to the exercise of leadership in the context of a public health crisis such as the COVID-19 global pandemic? Vision and visioning have been identified as central to inspirational leadership (Bonau, 2017; Molenberghs et al, 2017). In the context of COVID-19 the vision and desirability of one or more vaccines to offer some protection against the disease and the subsequent inoculation of populations may have spurred their development and roll-out.

In relation to handling a pandemic, it is important to understand the distinction between leadership and management, and where, when and with whom the different elements relating to inspiration apply (Bonau, 2017). Even if inspirational leadership might be relevant, is there time to develop it during a crisis situation (Waldman, et al, 2011)? Even where their pronouncements and decisions may be misguided and counter-productive it might not be possible to over-rule, redirect or replace political leaders during a period of crisis. While leadership arrangements and personnel that were acceptable pre-crisis might not be appropriate in an unfolding crisis situation, they may have to be lived with until there is an opportunity to take stock and make changes.

Relationships between Leaders and Led

Effective leadership involves mutual respect and trust, and good relationships between key players and important stakeholders (Coulson-Thomas, 2021b). Key relationships in the case of the COVID-19 pandemic were those between elected politicians, civil servants and public administrators, emergency and health service leaders and scientific and medical advisers. In relation to receiving advice during a pandemic, listening leadership is particularly important (Coulson-Thomas, 2014). To work well it requires secure personalities who are open to ideas and who invite challenge rather than seek to avoid it or stifle questioning. Are some inspirational leaders more concerned with transmitting than receiving?

Effective leaders may inspire followers by providing inclusive visions of the future that followers can identify with (Molenberghs et al, 2017). However, people can be over-led. Individualistic inspirational leaders who aspire to motivating and enabling people to achieve more of their potential should try not to overshadow and inhibit others. More collectivist and democratic forms of leadership may be better at widening participation and encouraging discussion and debate, and also enlisting interest, commitment and support (Coulson-Thomas, 2021b). However, they may not be a practical option in crisis situations when rapid responses are required.

In democratic societies some voices might express concern that charismatic forms of leadership, whether or not they are inspirational, could lead to authoritarian, dominant and exploitative forms of leadership (Coulson-Thomas, 2021b). Responses to COVID-19 such as lockdowns and other restrictions that may infringe cherished individual freedoms can be effective. While more consensual forms of leadership may be better at holding people together, and they and servant, supportive and enabling leadership can work well in more stable situations, might decisive and interventionist leadership be needed in a crisis?

Adapting to the Situation

It has been suggested that leading rather than managing may be the key requirement in a crisis (McGinn, 2017). In a rapidly changing crisis such as a pandemic in which very little is known about a relatively new virus, do leaders need to both lead and ensure the effective management of a response? In a democratic context, are successful political leaders those

who can quickly adapt to a changing situation, even when a virus such as COVID-19 is involved that does not recognise or respond to rhetoric or persuasion?

The dangers and consequences of absent, arrogant, ineffectual, delusional, weak and otherwise inadequate leadership can be quickly and cruelly exposed during a pandemic. For many followers and even some leaders, drift and delay might prove fatal. Sensible leaders should listen to informed medical and scientific advice and endeavour wherever possible to take evidence based decisions (Coulson-Thomas, 2014). Rational and timely choices and action may be more important than inspirational words.

Where innovation and entrepreneurship is required, more attention may need to be given to inspiration and imagination, breaking down barriers to creativity, discovery and experimentation, and giving people greater freedom to explore, invent and test (Coulson-Thomas, 2021b). In the case of the UK response to COVID-19, forming a vaccine task force with members drawn from the private sector and with a remit to quickly achieve an objective was more effective than following normal administrative procedures, and using traditional public procurement and approval processes.

Flexible, pragmatic and outcome focused leadership could be a means of coping, or doing the best one can at a moment in time in reaction to market or other pressures (Coulson-Thomas, 2021b). It could also be a practical way of combining whatever elements or combinations of other approaches might seem relevant in an evolving situation. At a time of crisis, insecurity and uncertainty, it may seem more sensible than attempting to adopt or develop an approach that might not stand the test of time.

Crisis Decision Making

What about resilient leadership? People and teams can vary in how they react to a crisis. Their ability to cope with adversity, take decisions when under pressure and bounce back is an indicator of resilience (Baker, 1982, Rutter, 1985). Team membership and dynamics can be important. During crises some people fall apart, while wise counsel and resilient responses can sometimes arise in unexpected quarters. One or more particularly robust members of a group might be able to anchor or focus the others. Stronger members may also support those who are less able to handle the pressures (Flint-Taylor and Cooper, 2017).

The capability and resilience of a small group of key decision makers may be largely unknown at the start of a crisis and the applicability of assessments made in other contexts might be problematic (McEwen and Boyd, 2018; Hartwig et al, 2020). Some reactions to public health crises such as a pandemic may be similar to those found in other arenas and international military and diplomatic crises (Allison, 1971; Allison and Zelikow, 1999). For example, the urgency of a situation and shortage of time can lead people consciously or unconsciously to reduce the range of inputs they seek and receive, simplify issues and limit the number of options considered to make it easier to reach conclusions and/or make choices.

Embracing uncertainty has been described as the essence of leadership (Clampitt and DeKock, 2015). Decision makers in crisis situations may lack current and accurate

information at critical moments. This can add to uncertainty and insecurity, especially in fast moving situations. In the absence of time to identify and approach experts, seek opinions and/or commission analyses, a key decision maker role can seem a lonely one. When a situation is novel or unprecedented, those in charge might also be unable to sustain a claim that they relied upon expert advice if sufficient such counsel cannot be accessed.

Public Health Crisis Decision Making

The features of the COVID-19 pandemic encompass characteristics of crisis leadership that have been identified such as threat and uncertainty (Johnson, 2017). In crisis situations, political leaders used to balancing contending interests and priorities can find their options constrained by realities, whether economic, environmental, social or military and strategic, depending upon the situation and context. The COVID-19 pandemic has been a reminder that public health crises can confront decision makers with both health and economic realities. A combination of the two can give rise to competing pressures and difficult choices.

During the COVID-19 pandemic many countries have experienced discontinuity, disruption and unprecedented impacts on healthcare systems and extensive and intrusive Government responses (Jovanovic et al, 2020; Wang et al, 2020; WHO 2021b). Community transmission and mutations of the virus have contributed to its persistence and spread (REACT, 2021). In some places and certain countries, despite what has been learned about how to treat the disease, the impacts of second waves of infection have been greater than those of the first.

The spread and subsequent mutation of COVID-19 precipitated an extending public health emergency that quickly threatened national and international economic slowdowns and recessions. The pandemic has had financial implications for the provision and funding of healthcare and it has highlighted inequalities of access to healthcare and of health outcomes (Blumenthal et al, 2020). It has also had macroeconomic as well as public health impacts for both developing and developed countries (Loayza and Pennings, 2020; Harari and Keep, 2021).

Public Health Context Issues

The public health context creates particular problems for leaders. Pandemics have been a risk factor over the past century (Potter, 2001; Barry, 2005; Honigsbaum, 2020). Population movements, exploration, occupation and travel spread disease and increase exposure to contagion. Overseas journeys for leisure rather than work reasons have grown with increasing discretionary incomes. People can become infected as well as infecting others while moving about. Encroachment on the natural world, more intensive agriculture and local practices have exposed people to contact with other species, increasing the risk of a cross-over of a virus from one of these species to human beings, followed by human to human transmission.

Humans appear to be relatively gregarious and social animals. Restricting their interaction, for example by quarantine, can have psychological impacts (Brooks et al, 2020). However, it may be necessary. Gathering together in an enclosed space, whether dancing in a basement night club or in a cinema, theatre or concert hall, like breathing toxic air in cars in a traffic jam, can have public health consequences. Crowds at these and sporting and music events, in cities and slums and on public transport such as buses, trams and other urban transit systems, aircraft, and underground and aboveground trains can all increase the risk of contagion.

Work, family, leisure, learning, artistic, religious, sporting and service activities can all involve closer contact with other people than the distancing required to avoid the transmission of respiratory viruses. Modern lifestyles also result in factors such as obesity and stress that can increase vulnerability to ill health. Conditions associated with affluence and old age, and the increased cost of treating them, can limit the resources available for public and mental health measures and preventive medicine. Given lifestyles, practices and conditions that favour the spread of viruses, it is vital that COVID-19 public health lessons are learned (Nuzzo, 2021).

Public Health Crisis Management Issues

Contagions were known public health risks before COVID-19 (Herlihy, 1997; Barry, 2005; Oldstone, 2009; Alfani and Murphy, 2017; Honigsbaum, 2020). A global pandemic is a white swan event, in that there is great certainty that one will eventually take place (Taleb, 2010). Risks that could have a very high impact, but which are judged to have a low probability of occurrence, can be difficult to mitigate and manage. Their insurance might be problematic and their prevention may be difficult. Costly expenditure on preparing for an eventuality that is considered unlikely to occur might be put off until subsequent years. Opinions may also differ on the cost-effectiveness of various mitigation measures. In healthcare and related areas there may be other demands on resources. Shorter-term priorities may have more support.

There may also be uncertainty as to the level of resilience and ability to cope of key parts of the system, for example intensive care units in the case of a pandemic (Mealer et al, 2011). In some public health arenas, pre-event planning and putting contingencies in place is complicated and may be costly. Medical supplies from vaccines to PPE might be expensive to purchase and store. They may also have a shelf life or use by date. The development, testing and production of vaccines ahead of the genetic analysis of a new or mutated virus might be neither possible nor economically viable. Flu vaccines are produced annually to address the most likely strain.

There might be a range of other public health crisis management issues to address. Handling diverse opinions and split scientific advice can be a challenge in any arena. Not all the identified experts may agree on the most desirable responses or their likely impacts. It may take some time for lay decision makers to decide to whom they should listen or for a consensus to emerge. Whether or not a particular course of action should be followed may depend upon one's perspective, Ministerial portfolio or particular interests or influences. On occasion, all policy options may involve some collateral damage.

Crisis Decision Making Issues

A combination of increasing reliance upon a small group of decision makers and their advisers, a shortage of time and a desire to reduce inputs and simplify, can lead to the risk of significant and informed viewpoints being ignored or excluded (Allison and Zelikow, 1999). As a consequence, valid and desirable options might be missed. A lack of diversity of perspectives and viewpoints, limited challenge and/or an absence or shortage of counter-argument and contrary opinions can also increase the risk of groupthink (Janis, 1972).

One consequence of the COVID-19 pandemic has been the sharing of information across national borders, motivated in part by collective vulnerability to a respiratory virus that is relatively easy to transmit. This could be increased by the development of international standards and infrastructure improvements (Hancock, 2021). Public healthcare systems might also benefit from experience sharing at sub-national level, as closer links are forged between local administrations and other bodies (Garcetti and Hachigian, 2020).

The same or a similar combination of factors can also result in decision makers largely reacting to events rather than pro-actively taking steps to tackle root causes. Confronting immediate issues can take priority over longer-term implications. Those who are used to calling the shots and making things happen can find themselves losing control of a situation (Coulson-Thomas, 2021a). This is a particular risk when one is confronted by a virus whose mutations might be able to circumvent certain defensive measures that are put in place.

System and Societal Factors

Leadership requirements and expectations can depend upon the context. Advanced, connected and open societies are potentially vulnerable to disruption and unrest. Practices such as just in time manufacturing and distribution can quickly result in shortages and reduced levels of production when supply chains are interrupted. There may also be only so much pressure and stress that public health systems and the medical teams within them can cope with (McEwen and Boyd, 2018; McGarry et al, 2013). Their resilience has become an important consideration of what might succeed (Carthey et al, 2001; Jovanovic et al, 2020).

Individual and social resilience has also been required to cope with social isolation and lockdown requirements and restrictions. Resilience, or the ability to bounce back from adversity, has been identified as an individual success and a protective factor (Baker, 1982; Rutter, 1985). Some people and societies are more likely to conform than others (Hofstede, 1983 & 2001). Dislike of imposed restrictions that are viewed as questionable, unfair and/or unreasonable can lead to objection, resistance and disorder. In many democratic states, while opposition might be viewed as legitimate, policy and military resources may be insufficient to keep internal order in the event of large scale disobedience and protest.

The handling of public health situations and crises can require sensitive and responsible leadership and communication. The content, context and/or tone of a public health announcement might result in welcome concern, but in some circumstances they might also lead to responses such as excessive buying or other overreactions. A tension may exist between a desire for openness and the avoidance of panic. The consequences of messages should be thought through for reasons such as the stigmatisation of particular minorities that might be linked to a medical issue, such as the import of a drug resistant strain of TB or a high rate of refusal to be vaccinated for various reasons.

Individual Interests and Social Responsibilities

Inequalities in social and economic conditions can contribute to negative and unequal health outcomes (Marmot et al, 2020). The extent to which people might be prepared, or should be compelled, to contribute towards addressing such inequalities may vary according to the degree of social responsibility they feel towards others and the community. A key issue in the COVID-19 pandemic is the extent to which younger people are prepared to conform to guidelines and restrictions designed to protect older citizens, those with underlying health conditions, and front line health and care home staff who are more at risk from the disease.

Within the populations for which political leaders may be responsible, the balance that different people strike between their individual desires and their social responsibilities can vary greatly. Responses and positions can range from those of people who are socially minded and publicly spirited, and who follow official guidance and may feel it is a public duty to observe restrictions, to those of others who are essentially selfish and who largely continue as before, regardless of the consequences for their fellow citizens and society.

To encourage others to follow suit, politicians sometimes exaggerate the proportion of those who observe official guidance. In communications, they may suggest transgressors are a "small minority" regardless of their actual numbers. In democracies, errant voters might simply be described as "irresponsible". Punitive action may be avoided by decision makers, even where the behaviour of some threatens the welfare of fellow citizens, until such times as it is felt absolutely necessary to introduce penalties, for example to control the spread of a virus, and that they will have an acceptable measure of support from concerned electors. .

Political Leadership and Decision Making

A feature of the COVID-19 pandemic has been the handling of key choices of approach, emphasis and priority, and the timing decisions that impact strongly upon people's lives and livelihoods, by political decision makers, rather than public service officials. The politicians in turn have often stressed their reliance upon 'scientific advice', whether to help ensure informed and objective decision making, or to avoid blame should particular decisions have negative consequences. The backgrounds, careers and experiences of some leaders may have given them inner strength and a heightened ability to relate to their followers and the general public and to view situations from their perspective (Warner and April, 2012).

Attempts to dodge association with failure are not limited to politicians, but many political leaders endeavour to avoid bad news and negative headlines, especially in democracies. Failures and disappointments may be concealed from electors. In public health situations, delay can be costly in terms of the spread of a virus and resulting mortality and morbidity (Horton, 2020). Reluctance to acknowledge a condition such as leprosy for reasons of national pride can adversely affect those afflicted. They may find themselves a low priority and largely forgotten, ignored or shunned. Support for public health measures and related expenditures may grow as and when people feel and/or realise that they themselves and their families and friends are at risk.

Leading teams in crisis situations presents particular challenges in various contexts, including healthcare (James and Wooten, 2009). In the case of COVID-19, many senior officials and political decision makers have been visible and put under pressure. Many of their decisions, and the consequences of them, have been in the public domain and have attracted the attention of political opponents, the media and those with contrary opinions. Deficiencies, failings and weaknesses can be exposed, exaggerated and exploited. Leadership teams can benefit from having members who, as a result of past experience and personal resilience, may be able to support their colleagues (Flint-Taylor and Cooper, 2017; Lewis, 2021).

Rhetoric and Reality

Rhetoric has been associated with inspirational leadership in some past crisis and wartime situations, both real and fictional (Churchill, 2007; Olivier, 2013). To what extent has it been a positive or negative factor during the COVID-19 pandemic? Significant gaps can appear between political rhetoric and reality, as attempts are made to conceal the latter. Actual deaths from COVID-19 in some countries may exceed reported numbers. In crisis situations clarity of responsibilities and messages can be more important than collective or shared leadership when their negotiation might represent a distraction (Coulson-Thomas, 2019b).

It may take some time to assess whether, where, when and to what extent the actions of some politicians have been helpful or harmful in relation to controlling the spread of COVID-19 and to rolling out vaccines, especially to protect vulnerable elements of populations. The tendency of some leaders to exaggerate their ability and that of a health system to cope can raise false hopes (Lewis, 2021). It can also lead to disappointment, undermine confidence and

result in distrust. Some recipients of over-positive messages may be less inclined to comply with restrictions. They may ignore guidance and/or flout rules and restrictions.

Much depends upon awareness (Funk et al, 2009). Weaker leaders may be reluctant to face reality and risk alienating electorates by introducing measures that while justifiable on health grounds would be unwelcome. A desire to save face and protect reputation by avoidance and delay can rebound with a vengeance if a public health situation deteriorates. A positive approach may have psychological advantages in some circumstances (Mak et al, 2011). However, some leaders, whether due to idleness or optimism, exhibit a tendency to hope for the best. They may also delay taking difficult decisions and imposing tough measures.

In other arenas, a crisis might go off the boil, situations might be sorted by the parties involved, or people may tire of an issue and move on. With a public health challenge such as a respiratory virus, delay can lead to the exponential spread of the disease concerned. In crisis and difficult situations, while the challenge of reacting to evolving events and coping with a developing situation might seem overwhelming, there may also be proactive steps that can be taken (Coulson-Thomas, 2020d). Some of these and lessons learned may have beneficial longer-term consequences and create opportunities (Corfe, 2021; Hancock, 2021).

Unwelcome Pandemic Responses and Impacts

A crisis situation can create a common and shared exposure to risk, threat, pressure and stress that can cause people to come together, unite and collaborate (Sarnoff and Zimbardo, 1961; Gump and Kulik, 1997). However, a proportion of the population may resort to selfish and even illegal activity if it is beneficial for them to do so. This may be especially so if there is a low chance of detection. In public health crises it may soon become apparent that a state does not have sufficient resources to enforce compliance and is itself greatly in need of items that are in short supply. Laxity and non-compliance with guidelines and rules may result.

The COVID-19 pandemic quickly disrupted established supply chains and led to an initial scramble for items such as personal protective equipment (PPE). Various risks crystalized as challenges that needed to be managed (Jovanovic et al, 2020). Invariably, as well as those with a desire and/or ability to help, there will be opportunists and the unscrupulous who try to take advantage of such situations. Economic support packages can be targeted. Some people may claim grants to which they are not entitled and/or, where they can, force furloughed staff to work. Inspiring rhetoric may be ineffective against the prospect of personal gain. A variety of scams may arise during a pandemic when those targeted are naïve or distracted.

It is in the nature of some crises, that in order to move quickly, normal checks and procurement rules might have to give way to slimmed-down and accelerated procedures. These can create opportunities for the unprincipled. In order to protect life and livelihoods and ensure health and economic support measures reach the majority of their intended targets, decision makers might need to tolerate the risk of criminal behaviour at levels that in normal circumstances would be unacceptable.

Confronting Vested Interests

People and organisations vary in how and where they strike a balance between self-interest and public good. Vested interests abound in many societies and these can vary in power, significance and the extent to which they can exert influence. Medical scientists and specialists who advise and inform political decision makers may not be free of them (Little, 2000). Dependency upon certain vested interests and the ability to resist demands can vary by location and from crisis to crisis. In the early stages of the COVID-19 pandemic, some of those with access to personal protective equipment (PPE) were able to sell it to the highest bidder. Certain intermediaries had an opportunity to exploit their positions.

Advantage can also be taken of a crisis for positive reasons. There may be opportunity for moral leadership. For example, an imminent and severe public health threat might be used by a decision maker to justify moving quickly and pressing ahead without first engaging certain interests. COVID-19 caused a speeding up of the process of developing some treatments and approving certain vaccines. Government funding and/or purchasing commitments enabled some pharmaceutical companies that would normally wait for the result of one stage of trials before risking expenditure on the next stage and regulators to undertake certain activities in parallel rather than sequentially. The Oxford AstraZeneca vaccine is being offered to low and middle-income developing countries on a non-profit basis (Hancock, 2021).

A distinguishing feature of public health crises is that a public health chain can be as strong as its weakest link. In the case of a contagious disease, a few early cases involving people who are sociable, have a wide network of active contacts and who refuse to self-isolate can quickly put many others at risk and result in a whole population having to be locked down. Widespread compliance with guidelines and restrictions can be critical in dealing with a pandemic. Those in charge need to observe the guidance they themselves issue and the restrictions which they impose on others. The flouting of rules by a key player or adviser can undermine trust and confidence and reduce compliance.

Economic Considerations

The COVID-19 pandemic and measures to deal with it can have multiple short-term economic impacts and implications for the future (Barro et al, 2020; Jorda et al, 2020; Harari and Keep, 2021). Despite its severity and impacts, there are lessons that can be learned from past crises and steps that can be taken (Coulson-Thomas, 2020 a-d; Sneader and Singhal, 2020). When dealing with economic consequences, is transactional rather than inspirational leadership required? The impact of COVID-19 has highlighted how economic and healthcare activities are inter-related and the contribution which effective public healthcare systems can make to economic prosperity. This in turn can enable the financing of preventative measures and steps to increase access and reduce inequalities (Marmot et al, 2020).

People want good health, but they also usually desire a range of other things. Funding healthcare is a challenge for many countries, especially where health services are a free good for which demand is always likely to exceed supply. The taxes required to pay for them might not be welcomed by many citizens. Allocating the costs of public health crisis responses and the economic consequences of measures such as lockdowns and restrictions by

a mixture of taxation and borrowing can be challenging (Jorda et al, 2020). In a severe pandemic, normal fiscal rules and prudence may have to be put to one side.

A number of current challenges facing mankind result from the fact that when individuals and organisations make decisions, the factors taken into account tend to include the costs and benefits that directly affect them. Indirect and external costs and benefits that are experienced by others and the environment are often ignored. Many externalities, especially those which are difficult to compute, are usually not taken into account. The consequences include degradation of the environment, the erosion of biodiversity, the excessive over-exploitation of natural capital and global warming and climate change. A consensus on market mechanisms such as carbon pricing is yet to be achieved in the public health arena. .

Externalities and Collateral Damage

A challenge for economists, Governments, regulators and concerned citizens is to find ways of internalising externalities when individual and corporate decisions are made. In the case of the COVID-19 pandemic, significant numbers of people have appeared to think only or largely of themselves when ignoring guidelines relating to social distancing and social isolation and restrictions on travel and the numbers of people involved in indoor and outdoor meetings. The costs of such irresponsible conduct have been born by those who have been infected or who are on waiting lists as a result of a lack of capacity due to COVID patients, and those whose taxes pay for the additional expenditure and debt repayments and interest.

Responsible leaders should seek to address the collateral damage caused by both direct and indirect consequences of the impacts of a pandemic and responses to it. While excess deaths might be apparent after some delay in its reporting, other consequences might be felt by people who suffer in relative silence across a health system. These could include delays and inconvenience experienced by patients in trying to secure access to health services in respect of conditions unrelated to a pandemic (The Patients Association, 2021).

Differing Economic and Social Responses

Leaders can impose a standard set of pandemic measures on a national basis, or vary them by region or local area according to the prevalence of a disease (HM Government, 2020). Many businesses and other organisations have been adversely impacted by COVID-19 and new ways of working and models of operation have been introduced as a result (Coulson-Thomas, 2020a & b). The ability to both survive and do well in adverse circumstances is an aspect of resilience (Garcia-Dia et al, 2013). Some organisations, sectors and economies have been more flexible and resilient than others. Economic and health impacts can depend upon factors such as deference to authority and conformism.

Differences in compliance and whether or not measures are opposed may depend upon the extent to which a society and/or community is either individualistic or collectivist, decentralised or centralised, diverse or homogenous and/or democratic or controlled by a single party or the military (Hofstede, 1983, 1993, 1994, 2001; Hofstede and Hofstede, 2005). In some contexts leaders may be able to impose restrictions without having to worry

about the inspiration, persuasion and justification that might be required in individualistic and democratic societies where more people might prefer to think for themselves and may oppose or ignore restrictions. In collectivist and controlled societies, people might be more concerned with adherence to norms, conforming and taking the public good into account.

In a democracy there may be multiple views, with debate and dissent regarded as legitimate. Powers to act might be decentralised and responsibilities shared among different levels of Government. There may also be a diversity of communities, contending interests and active opposition. People might disagree on what action to take. Political rather than inspirational leadership per se may be needed. In contrast, obedience and compliance might be easier to achieve and more authoritarian leadership may be possible where there is homogeneity of perspective and interests, and single and centralised control of the levers of power and enforcement. Leaders may instruct rather than inspire. Public officials may feel less need to engage, explain, justify and secure consent. Public health measures might be rigorously enforced. Those who transgress may face severe penalties.

Balancing Health/life and Economic/livelihood Considerations

Simultaneously inspiring opposing factions can be a challenge. Fair and legitimate leadership may be the issue. There may be different aspects and contending interests, loyalties and values for decision makers to balance or reconcile, such as health and economic considerations (Seldon et al, 1999). In the case of COVID-19, while most may argue that both life and livelihoods should be protected, some might favour steps to safeguard those who are particularly vulnerable, such as the elderly or people with certain pre-existing medical conditions. Others might put greater priority on protecting jobs and the economy.

In the case of vaccines members of the public need to trust what is offered to them. In relation to COVID-19 many political decision makers have respected the integrity of independent mechanisms to ensure the safety of medicines and treatments. Despite public longing for an approved vaccine, many regulatory bodies have been allowed to complete their own independent investigations. Time has been saved by undertaking different stages of trial in parallel and earlier exchanges of information. Public purchasing commitments have also enabled some production of vaccine for stockpiling ahead of final approval.

Another management issue has been the need to maintain central overview, direction and coordination, and reconcile this with local engagement and action. In the US and India, certain responsibilities that in other countries would be handled by a central Government controlled body or unit are dealt with by individual states. In the UK, a central and national ‘track and trace’ approach was adopted, although opinions were expressed that public health teams in local authorities should have had a more prominent role and been used earlier. The unprecedented nature of the crisis resulted in military personnel and resources being called upon to assist with activities such as planning, logistics, distribution, testing and vaccination.

Consistent, Adapting and Evolving Messaging

Stress in healthcare workers and the general population can be anticipated in a pandemic (Vinkers et al, 2020). It can also be exacerbated by uncertainty. Authoritative, accurate, timely and effective communication can be critical during crises (Coleman, 2020; Mendy et al, 2020). Clarity and understanding rather than inspiration and motivation may be the issue. It may take some time for consistent messaging to build confidence and trust. While various people may call for more consistent messaging, Government responses may need to adapt as new evidence emerges or unexpected developments occur. They might have to be reviewed and amended to cope with an evolving situation.

Leadership and messages should be clear, authoritative and trusted. While necessary from a public health perspective, frequent changes of activity and related messaging can result in wasted expenditures. Their implementation may also take some time if planning, legislative approval and the arrangement and/or redeployment of resources are required. Some ongoing activities cannot be switched on and off with the flick of a switch. People may need to know what is required before they can implement a change or observe a new measure. If a virus has a reproduction rate greater than one, delay can mean more infection, illness and death (Horton, 2020). Timely communication and unambiguous messages can make a difference.

Addressing Fake News

The accessibility of social media allows them to be used by various interests and in ways that might help or hinder public health authorities (Austin and Jin, 2018). During the COVID-19 pandemic fake news and contrary, misleading and incorrect views and opinions that lack supporting evidence have sown doubt. They can undermine confidence and trust. If social distancing and vaccinations are ignored, the ability of a public health team to control a virus can be compromised. Policies and counter measures may be required. Might messages that counter and correct be more important than those which inspire? World Health Organisation guidance for reducing stress includes reducing exposure to unsettling media (WHO, 2021a).

After a time, population fatigue with restrictions can set in, particularly if people cannot see a personal benefit for the restraint they have shown by following guidelines and rules while others question or flaunt them. Some people may decide they have had enough and refuse to comply with restrictions. Dealing with fake news can become an unwelcome distraction during a crisis. Deciding what to do with transgressors can be another problem facing those who are endeavouring to control a pandemic. It can be frustrating when people, whether because of selfishness or thoughtlessness, make what is already a serious challenge even more difficult. Public authorities and other organisations may find that resources that could be used for more beneficial purposes are required to deal with negative and hindering factors.

Leadership Team Dynamics

Once a decision has been made a process of rationalisation may begin. Having achieved an accord and determined a course of action, there is sometimes a danger that consensus relief might lead to some reluctance among members of a decision making team to subsequently review agreed positions. Key decision makers might wish to limit further debate in order not to open up or re-open divisions and court any or further delays to the implementation of approved steps. As a result of not keeping pace with events and reviewing a course of action, a hard won response might be overtaken by events and need to be changed.

Sometimes there can be a tension between keeping a core decision-making team tight and avoiding distractions, and the requirements for wider engagement, for example with local authorities and other parties who might need to contribute to the implementation of measures or elements of a wider solution. Having too many balls in the air at any one time can result in all of them being dropped. At the same time, too few may mean that vital pieces needed to complete a jigsaw puzzle might be overlooked, missed of lost.

In the case of the COVID-19 pandemic one decision maker has suggested that international scientific cooperation needs to be matched by greater political collaboration (Hancock, 2021). Protective nationalism and a reluctance to be open and share knowledge and capability across national borders can make it more difficult to contain a virus. International solidarity is especially important in the control of a pandemic and reducing the risk of virus mutation (IPPPR, 2021).

Narrowing Focus or Embracing Opportunity

When under pressure, some people limit their aspirations, narrow their objectives or pursue fewer aims (Allison, 1971). Sometimes this narrowing of focus is in order to put more emphasis upon outcomes that are easier to achieve and quantify. Political decision makers are sometimes keen to use particular indicators to demonstrate their achievements. They may be attracted to simple measures that are easy to communicate. While responses to COVID-19 have concentrated on the reduction of transmission, mortality and morbidity, the implications for the mental health of healthcare workers and the wider public should not be overlooked (Shaukat et al, 2020; Urdaneta et al, 2020). They may have longer-term consequences.

While under pressure and striving to be responsibly open and receptive, crisis decision-makers should concentrate on their rationale for existence and not forget their wider ambitions, goals and objectives. To do so can lead them to being unprepared for future situations and requirements. A crisis might be an opportunity to progress a longer-term agenda or tackle another issue that could or might be overlooked or lost under the pressure of events (Corfe, 2021). Some people appear more limited than others in terms of the number of different considerations they can handle at one time, especially in a crisis situation.

The behaviours, responses and views of the very people public health decision makers are seeking to protect can greatly complicate their task. Political decision makers and senior officials can sometimes find that maintaining focus on public health outcomes while coping with the consequences of fake news, fending off vested interests and enduring the sniping of

opposition politicians are extremely challenging. Whatever they do will not be enough for some and they are likely to be blamed for disappointments and reverses.

Allies and Supporters

Crisis decision makers should not overestimate those they are seeking to help or the intentions of other parties. It is important that they distinguish between awareness, understanding, commitment and action. People might have some awareness of a public health issue without understanding its consequences and implications for them and others. Of those who do understand, the first thought of many will be their own interests. A smaller proportion might have the bandwidth and capability to help tackle the public health challenge.

Of those who do display some interest in assisting, only a proportion might commit to action. Of these, fewer still might actually be able and willing to take active steps beyond doing their best to follow official guidance. At the height of a crisis, when there is maximum uncertainty, some decision makers may find themselves largely alone with a few loyal and trusted supporters (Allison, 1971). As a crisis subsides, and if success or some form of victory can be declared, larger numbers of people may emerge to claim some credit for what has been achieved. This is the time to thank those who have put themselves out to make a difference.

Crises create opportunities as well as presenting challenges, both of which need to be addressed by relevant leaders (James and Wooten, 2009). The pressures they create can result in procedures, processes and practices being challenged and replaced by more flexible alternatives (RCGP, 2020 & 2021). At a local level in a healthcare system and situation, the inspirational leadership of a multidisciplinary team might be conducive of innovation (Mitchell and Boyle, 2019).

Learning from Past Healthcare Experience

Over the years mortality and morbidity have been reduced by a variety of means as varied as china dishes and the use of penicillin. Public health measures and related laws, regulations and institutions have played their part in protecting the public, and steps to slow and prevent the spread of a contagious disease such as TB have been particularly effective. More recently, in many countries the rate of improvement has slowed and/or gone into reverse and older people and particular groups continue to suffer worse outcomes than the population as a whole (Raleigh, 2019; Whitty, 2020). COVID-19 has exposed their vulnerability.

There are various lessons that can be drawn from past experience, including the impact a contagion can have upon a civilisation (Herlihy, 1997; Barry, 2005; Alfani and Murphy, 2017). Viruses evolve and mutate if required to ensure their own survival (Potter, 2001). Hence, if policy outcomes fall short of complete eradication, continuing success cannot be assumed and ongoing and constant vigilance is required. Awareness of the reality of the spread of a disease is particularly important (Funk et al, 2009). When offense and defence are engaged in a persistent, evolving and sometimes intense struggle, political decision makers should avoid premature declarations of victory. As with COVID-19, an initial wave of infection may be followed by further ones, whether of an existing strain or a new one.

A multifunctional and international leadership perspective is especially helpful. Protective nationalism and a reluctance to be open and share knowledge and capability across national borders can make it more difficult to contain a virus (IPPPR, 2021). The UK now offers its genomics expertise and capacity via a 'New Variant Assessment Platform' to enable the quicker identification of new strains of COVID-19 (Hancock, 2021).

Learning and Sharing COVID-19 Lessons

Public health systems and decision makers should absorb lessons from experience of the pandemic (Sneader and Singhal, 2020; Lewis, 2021). Some Asian countries moved relatively quickly in relation to COVID-19 as a result of having encountered other virus pandemics. Learning from a crisis might also benefit identification of the key elements of system and response resilience and how they may be defined, sought, managed and measured (Windle et al, 2011; Fletcher and Sarkar, 2013). The interdependence and interaction of trust, confidence and compliance can be particularly significant. Trust in decision makers, their advisers and the guidance they issue can build public confidence and increase compliance,

Contemporary lifestyles and development need to be more sustainable in terms of both public health and the environment (James et al, 2015). The COVID-19 pandemic has increased awareness of opportunities to build back better and the importance of health and social care services as compared with production and consumption activities that damage our health, degrade the environment, reduce biodiversity and deplete natural resources. A political health system decision maker believes greater international solidarity and closer cooperation between countries and multilateral agencies is needed to strengthen national and global systems to improve health security and better prepare against future pandemics. He has set an international public healthcare agenda for G7 during the UK Presidency (Hancock, 2021).

Pandemics may become more frequent (Hilsenrath, 2020). As well as global initiatives, there may also be local post-COVID-19 scope to improve public health, for example by converting closed retail units into health and social care centres (Corfe, 2021). Public health crises can affect large numbers of people. One lesson of the COVID-19 pandemic has been how many of them have risen to the occasion, followed guidance and complied with restrictions. Successes achieved have depended upon front line and support-workers in a range of services, from health workers to those in logistics and distribution. Many people have benefitted from the caring, responsibility and public spiritedness of others.

Contextual and Situational Leadership

Some impacts of COVID-19 may take longer than others to affect public views of how political leaders have handled the crisis (Shrimsley, 2021). It may be too early to draw definitive conclusions. Longer term consequences have yet to emerge. Given the lack of preparation for a second wave of the virus in India it is not clear what lessons will be learned and where. The Independent Panel for Pandemic Preparedness & Response reports delay and denial. It finds leadership failures at national and international level and calls for a radical transformation of approach (IPPPR, 2021). Critical views were also expressed relatively early in the course of the pandemic (Horton, 2020; Mackenzie, 2020).The requirement may be for

a competent contextual and situational form of leadership that is appropriate and relevant in the circumstances, rather than one which is consciously and/or noticeably inspirational.

Many medical practitioners, health professionals and emergency workers may be inwardly motivated by their calling. They may not need to be externally inspired and stimulated to respond in a caring and responsible way. Their main requirement may be for practical help and support and whatever they need to safely treat their patients. Ideally, leadership should be consistent with their values, where possible evidence based and, in a democracy, acceptable. Whether or not it is authentic or inspirational may be less important than whether it is contextual and regarded as effective, timely, responsible and proportionate.

Inspirational leadership may be more important during the earlier stages of a pandemic, especially in relation to the geographically dispersed elements of a public health system (Joshi et al, 2009). At this stage, when people face what might appear an alarming threat, it might be felt desirable to provide encouragement and hope. As and when more is known, realities, evidence and science may become more important than inspiration and rhetoric.

References

Adair, John (2009), *The inspirational leader: how to motivate, encourage and achieve success*, London: Kogan Page

Alfani, Guido and Murphy, Tommy E. (2017) Plague and Lethal Epidemics in the Pre-Industrial World, *The Journal of Economic History*, Vol. 77 Issue 1, pp 314–343.

Allison, Graham T (1971), *Essence of Decision: Explaining the Cuban Missile Crisis*, New York, NY, Little Brown

Allison, Graham T and Zelikow, Philip (1999), *Essence of Decision: Explaining the Cuban Missile Crisis* [2nd edition], London, Longman

Austin, Lucinda and Jin, Yan [Editors] (2018), *Social Media and Crisis Communication*, London, Routledge

Barro, Robert J., Ursua, Jose F. and Weng, Joanna (2020), *The Coronavirus and the Great Influenza Pandemic: Lessons from the "Spanish Flu" for the Coronavirus's Potential Effects on Mortality and Economic Activity* [Technical Report], NBER working paper no 26866, Cambridge, MA, National Bureau of Economic Research

Barry, John M. (2005), *The Great Influenza: The Story of the Deadliest Pandemic in History*, London, Penguin Books

Baker, Jeremy (1982), *Tolstoy's Bicycle: Who did What When?* , New York, NY St Martin's Press

Blumenthal, David; Fowler, Elizabeth J.; Abrams, Melinda and Collins, Sara R. (2020), Covid-19 – Implications for the Health Care System, *New England Journal of Medicine*, Issue 383, pp 1483-1488

Bonau, Sarah (2017), How to become an inspirational leader, and what to avoid, *Journal of Management Development*, Vol. 36, Issue 5, pp. 614-625

Brooks, Samantha, K., Webster, Rebecca K., Smith, Louise F., Woodland, Lisa, Wessely, Simon, Greenberg, Neal, Rubin, Gideon James (2020), The psychological impact of quarantine and how to reduce it: rapid review of the evidence, *The Lancet*, Vol. 395 Issue 10227, 14-20th March, pp 912-920

Carthey Jane, de Leval M. R. and Reason J. T. (2001), Institutional resilience in healthcare systems, *BMJ Quality & Safety*, Vol. 10 Issue 1, pp 29-32

Churchill, Winston S. (2007), *Blood, Toil, Tears and Sweat: Winston Churchill's Famous Speeches***,** London, Penguin Books

Clampitt, Phillip G and DeKoch, Robert J (2015), *Embracing Uncertainty: The Essence of Leadership*, Abingdon, Oxon, Routledge

Coleman, Amanda (2020), *Crisis Communication Strategies: How to Prepare in Advance, Respond Effectively and Recover in Full*, London, Kogan Page

Corfe, Scott (2021), *Health on the High Street* [Available at: https://www.smf.co.uk/publications/health-on-the-high-street/], London, Social Market Foundation

Coulson-Thomas, Colin (2014), Listening Leadership, *Effective Executive*, Vol. XVII No. 3, September, pp 11-18

Coulson-Thomas, Colin (2019b), Board Leadership, Crisis Governance and Governance in Crisis, *Effective Executive*, Vol. XXII No 3, pp.42-58

Coulson-Thomas, Colin (2020a), COVID-19: Impacts, Responses and the Implications for Productivity, *Director Today*, Vol. VI Issue XII, December, pp 19-22

Coulson-Thomas, Colin (2020b), COVID-19: Virtual Operations and the Implications for Productivity, *Management Services*, Vol. 64 No. 4, Winter, pp 13-17

Coulson-Thomas, Colin (2020c), Implications of COVID-19 for Directors and Boards, *Director Today*, Vol. VI Issue VIII, August, pp 7-11

Coulson-Thomas, Colin (2020d), Supporting Proactive Recovery from Recession, *Management Services*, Vol. 64 No 3, Autumn, pp 39-43

Coulson-Thomas, Colin (2021a), Refreshing Directorship and Corporate Direction for a New Era, *Director Today*, Vol. VII Issue I, January, pp 54-57

Coulson-Thomas, Colin (2021b), Reviewing and Rethinking Board and Corporate Leadership, *Director Today*, Vol. VII Issue II, February, pp 31-34

Fletcher, David and Sarkar, Mustafa (2013), Psychological Resilience: A Review and Critique of Definitions, Concepts, and Theory, *European Psychologist*, Vol. 18 No. 1 [https://doi.org/10.1027/1016-9040/a000124, 8th April]

Flint-Taylor, Jill, and Cooper, Sir Cary C. L.(2017), Team resilience: Shaping up for the challenges ahead. In Monique F. Crane (Ed.), *Managing for resilience: A practical guide for employee wellbeing and organizational performance*, London, Routledge.

Funk, Sebastian, Gilad, Erez, Watkins, Chris and Jansen Vincent A. A. (2009), The spread of awareness and its impact on epidemic outbreaks, *Proceedings of the National Academy of Sciences*, Vol.106 No. 16, April, pp 6872–6877

Garcetti, Eric and Hachigian, Nina (2020), Cities Are Transforming US Foreign Policy, *Foreign Affairs,* 29th December [https://www.foreignaffairs.com/articles/united-states/2020-12-29/cities-are-transforming-us-foreign-policy]

Garcia-Dia, Mary Joy, DiNapoli, Jean Marie, Garcia-Ona, Leila, Jakubowski, Roita and O'Flaherty, Deirdre (2013), Concept Analysis: Resilience. *Archives of Psychiatric Nursing*, Vol. 27 Issue 6, December, pp.264-270

Gump, Brooks B. and Kulik, James A. (1997), Stress, affiliation, and emotional contagion. *Journal of Personality and Social Psychology*, Vol. 72 Issue 2 pp 305–319

Hancock, Matt (2021), *The Future of Global Health* (Lecture delivered by webinar 26th January) [Available at: https://www.youtube.com/watch?v=6RIYbPiBSMg], London, Chatham House

Harari, Daniel and Keep, Matthew (2021), *Coronavirus: Economic Impact*, Briefing Paper No. 8866, 18th January, London, House of Commons Library

Hartwig, Angelique, Clarke, Sharon, Johnson, Sheena and Willis, Sara (2020), Workplace team resilience: A systematic review and conceptual development. *Organizational Psychology Review*, Vol 10 Issues 3-4, pp.169-200.

Herlihy, David (1997) *The Black Death and the Transformation of the West*, Cambridge, MA, Harvard University Press

Hilsenrath, Jon (2020), Global Viral Outbreaks Like Coronavirus, Once Rare, Will Become More Common, *Wall Street Journal*, 6th March, Available at: https://www.wsj.com/articles/viral-outbreaks-once-rarebecome-part-of-the-global-landscape-11583455309

HM Government (2020), Analysis of the health, economic and social effects of COVID-19 and the approach to tiering [Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944823/Analysis_of_the_health_economic_and_social_effects_of_COVID-19_and_the_approach_to_tiering_FINAL_-_accessible_v2.pdf] 30th November, London, HM Government

Hofstede, Geert (1983). Culture's Consequences: International Differences in Work-Related Values, *Administrative Science Quarterly*, Vol. 28 Issue 4, December, pp 625–629.

Hofstede, Geert (1993). Cultures and Organizations: Software of the Mind, *Administrative Science Quarterly*. Vol. 38 Issue1, March, pp 132–134

Hofstede, Geert (1994). *Cultures and Organizations: Software of the Mind (Successful Strategist)*, New York, NY, HarperCollins

Hofstede, Geert (2001). *Culture's Consequences: comparing values, behaviors, institutions, and organizations across nations* (2nd ed.), Thousand Oaks, CA, Sage Publications

Hofstede, Geert and Hofstede, Gert Jan (2005), *Cultures and organizations: software of the mind* (Revised and expanded 2nd ed.), New York, NY, McGraw-Hill

Honigsbaum, Mark (2020), *The Pandemic Century: A History of Global Contagion from the Spanish Flu to Covid-19*, London, W H Allen

Horton, Richard (2020), *The COVID-19 Catastrophe: What's Gone Wrong and How to Stop it Happening Again*, Cambridge, Polity

IPPPR (2021), *COVID-19: Make it The Last Pandemic*, Geneva, The Independent Panel for Pandemic Preparedness & Response, 12th May

James, Erica Hayes and Wooten, Lynn Perry (2009), Leading teams in crisis situations: From chaos to extraordinary performance. *Effective Executive*, Vol. 12 Issue 5, pp. 14-19.

James, Paul with Magee, Liam, Scerri, Andy, and Steger, Manfred B. (2015), *Urban Sustainability in Theory and Practice: Circles of Sustainability, London, Routledge*

Janis, Irving L. (1972), *Victims of groupthink: A psychological study of foreign-policy decisions and fiascoes, New York, NY,* Houghton Mifflin

Johnson Tim (2017), *Crisis Leadership: How to lead in times of crisis, threat and uncertainty*, London, Bloomsbury Business

Jorda, Oscar, Singh, Sanjay R. and Taylor, Alan M. (2020), , *Longer-run Economic Consequences of Pandemics*, NBER Working Paper no. 26934, Cambridge, MA, National Bureau of Economic Research

Joshi, Aparna, Lazarova, Mila B. and Liao, Hui (2009), Getting Everyone on Board: The Role of Inspirational Leadership in Geographically Dispersed Teams, *Organisation Science*, Vol. 20, No. 1, January–February 2009, pp. 240–252

Jovanovic, A., Klimek, P., Renn, R. Schneider, R., Øien, K., Brown, J., DiGennaro, M., Liu, Y., Pfau, V., Jelić, M., Rosen, T., Caillard, B., Chakravarty, S. and Chhantyal, P. (2020), Assessing resilience of healthcare infrastructure exposed to COVID-19: emerging risks, resilience indicators, interdependencies and international standards, *Environment Systems and Decisions*, Vol. 40 Issue 2, pp 252–286

Körösényi, András and Patkós, Veronika (2017), Variations for Inspirational Leadership: The Incumbency of Berlusconi and Orbán, Parliamentary Affairs. July, Vol. 70 Issue 3, p611-632

Lewis, Michael (2021), *The Premonition: A Pandemic Story*, New York, NY, W. W. Norton & Company

Little, Miles (2000), Conflict of interests, vested interests and health research, *Journal of Evaluation in Clinical Practice*, Vol. 6 Issue 4, December, pp 413-20

Loayza, Norman V and Pennings, Steven (2020), *Macroeconomic policy in the time of COVID-19: A primer for developing countries*, Research and Policy Briefs, No. 28, Washington, DC, World Bank

MacKenzie, Debora (2020), COVID-19: *The Pandemic that Never Should Have Happened, and How to Stop the Next One*, New York, NY, The Bridge Street Press

Mak, Winnie W. S., Ng, Ivy S. W. and Wong, Celia C. Y. (2011), Resilience: Enhancing well-being through the positive cognitive triad, *Journal of Counseling Psychology*, Vol. 48 No. 4, October, pp.610-617.

Marmot, Sir Michael; Allen, Jessica; Goldblatt, Peter; Herd, Eleanor and Morrison, Joana (2020), Build Back Fairer: The COVID-19 Marmot Review, London, UCL Institute of Health Equity

McEwen, Kathryn and Boyd, Carolyn M. (2018), A measure of team resilience: Developing the resilience at work team scale, *Journal of Occupational and Environmental Medicine*, Vol. 60 No. 3, March pp.258–272.

McGarry, Sarah, Girdler, Sonya, McDonald, Ann, Valentine, Jane, Lee, Shew-Lee, Blair, Eve., Wood, Fiona and Elliott, Catherine (2013), Paediatric health-care professionals: Relationships between psychological distress, resilience and coping skills, *Journal of Paediatrics and Child Health*, Vol. 49 Issue 9, pp.725-732.

McGinn, Daniel (2017), Leading, Not Managing, in Crisis, *Harvard Business Review*, November-December, Vol. 95 No. 6, pp 164-166 [https://hbr.org/2017/11/leading-not-managing-in-crisis]

Mealer, Meredith, Jones, Jacqueline, Newman, Julia, McFann, Kim, Rothbaum, Barbara and Moss, Marc (2011), The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: Results of a national survey, *International Journal of Nursing Studies*, Vol. 49 Issue 3, pp.292-299.

Mendy, Anna, Stewart, Mary Lass and VanAkin, Kate (2020), *A Leader's Guide: Communicating with teams, stakeholders and communities*. April, 17th [Available at: https://www.mckinsey.com/business-functions/organization/our-insights/a-leaders-guide-communicating-with-teams-stakeholders-and-communities-during-covid-19]

Mitchell, Rebecca and Boyle, Brendan (2019), Inspirational leadership, positive mood, and team innovation: A moderated mediation investigation into the pivotal role of professional salience, *Human Resource Management*. May/June, Vol. 58 Issue 3, p269-283

Molenberghs, Pascal, Prochilo, Guy, Steffens, Niklas K. Zacher, Hannes and Haslam, S. Alexander (2017), The neuroscience of inspirational leadership: The importance of collective-oriented language and shared group membership, Journal of Management, September, Vol 43 Issue 7 , pp. 2168-2194

Nuzzo, Jennifer (2021), To Stop a Pandemic: A Better Approach to Global Health Security, *Foreign Affairs*, January/February, 03 [https://www.foreignaffairs.com/articles/china/2020-12-08/stop-pandemic]

Oldstone, Michael B A (2009), *Viruses, Plagues, and History: Past, Present and Future: Past, Present and Future*, Oxford, Oxford University Press

Olivier, Richard (2013), *Inspirational leadership: timeless lessons for leaders from Shakespeare's Henry V*, London : Nicholas Brealey

Potter, C.W. (2001), A history of influenza. *Journal of Applied Microbiology*, Vol. 91 Issue 4, October, pp 572–579

Raleigh, Veena S. (2019), Trends in life expectancy in EU and other OECD countries: Why are improvements slowing? [Available from OECD-iLIbrary.org], OECD Health Working Paper, Paris, OECD

REACT (2021), REACT-1: real time assessment of community transmission of coronavirus (COVID-19) in January 2021, [Available at: https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-january-2021-interim-results/react-1-real-time-assessment-of-community-transmission-of-coronavirus-covid-19-in-january-2021], 21st January, London, Imperial College and Ipsos MORI

RCGP (Royal College of General Practitioners) (2020), *Remote versus face-to-face: which to use and when*?, London, RCGP, November

RCGP (Royal College of General Practitioners) (2021), *The future role of remote consultations & 'patient triage': General practice COVID-19 reconvery*, London, RCGP, May

Rutter, Michael (1985), Resilience in the Face of Adversity, Protective Factors and Resistance to Psychiatric Disorder, The British Journal of Psychiatry, Vol. 147, Issue 6, December pp 598-611

Sarnoff, Irving and Zimbardo, Philip (1961), Anxiety, fear, and social isolation, *The Journal of Abnormal and Social Psychology*, Vol. 62 Issue 2, March, pp.356-363.

Seldon, Sally Coleman, Brewer, Gene A. and Brudney, Jeffrey L. (1999), Reconciling Competing Values in Public Administration: Understanding the Administrative Role Concept, *Administration & Society*, Vol. 31 No. 2, May, pp 171-204

Shaukat, Natasha,;Ali, Daniyal Mansoor and Razzak, Junaid (2020) Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review, *International Journal of Emergency Medicine*, 13, 40 [https://doi.org/10.1186/s12245-020-00299-5]

Shrimsley, Robert (2021), Boris Johnson must face up to multiple Covid aftershocks, *Financial Time*s, 5th May [https://www.ft.com/content/034b77b5-ec27-4c7c-8fc9-2dbbe2d27e70]

Sneader, Kevin and Singhal, Shubham (2020), *And Now Win the Peace': Ten Lessons from History for The Next Normal*, July 27th [Available at: https://www.mckinsey.com/featured-insights/leadership/and-now-winthe-peace-ten-lessons-from-history-for-the-next-normal].

Taleb, Nassim N. (2010), (2nd edition) *The Black Swan: The Impact of the Highly Improbable*, London, Penguin

The Patients Association (2021), *Pandemic Patient Experience II: From lockdown to vaccine roll* out, Harrow, The Patients Association

Urdaneta, Felipe; Stacey, Mark and Sorbello, Massimiliano (2020), The Adverse Impact of COVID-19 on Health Care Providers: Time to Start Measuring, *Anesthesia & Analgesia*, Vol. 131 Issue 4, pp e187-e189 [doi: 10.1213/ANE.0000000000005088]

Vinkers, Christiaan, H., Amelsvdort, Theresevan, Bisson, Jonathan I., Branchi, Igor, Cryan John F., Domschke, Katharina, Howes, Oliver D., Manchia, Mirko, Pinto, Luisa, Quervain, Dominiquede, Schmidt, Mathias, V., van der Wee, Nic J. A. (2020), Stress resilience during the coronavirus pandemic, *European Neuropsychopharmacology*, Vol. 35, June, pp 12-16

Waldman, David A. , Balthazard, Pierre A. and Peterson, Suzanne J. (2011), Leadership and Neuroscience: Can We Revolutionize the Way That Inspirational Leaders Are Identified and Developed?, *Academy of Management Perspectives*, February, pp 60-74

Wang, Chen, Horby, Peter W., Hayden, Frederick George, and Gao, G. F. (2020), A novel coronavirus outbreak of global health concern. *Lancet*, Vol. 395 Issue10223, February 15th pp 470–473

Warner, Rod and April, Kurt (2012), Building personal resilience at work, *Effective Executive*, Vol. 15 No. 4, pp.53-68

Whitty, Prof Chris (2020), *Chief Medical Officer's annual report 2020: health trends and variation in England*, London, Department of Health and Social Care, 18th December

Windle, Gill, Bennett, Kate M. and Noyes, Jane (2011), A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes*, Vol. 9 Article no. 8, February

WHO (2021a), Coping with stress during the 2019 nCoV outbreak [Available at: https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf] Geneva, WHO (The World Health Organization)

WHO (2021b), WHO Coronavirus Disease (COVID-19) Dashboard [Available at https://covid19.who.int/?gclid=CjwKCAiA6aSABhApEiwA6Cbm_4w0kHsR5TSzQZin0pCtVWCeLSLVofamX_Ipt9EnfZw4_te7CFi0fhoC3UsQAvD_BwE], Geneva WHO (World Health Organisation)

Note:

This article draws upon points made by the author in a Keynote Address to a Global Webinar on Public Health and Crisis Management organised by the Sri Sharada Institute of Indian Management-Research (SRISIIM) and a subsequent and related paper for SRISIIM by the author on Public Health Decision Making.

Abstract

Inspirational leadership is one of many different forms of leadership. The COVID-19 pandemic provides an opportunity to assess its relevance in relation to other approaches in the context of decision making during this international public health crisis. The experience suggests the relevance of inspirational leadership may vary over the course of a pandemic and according to the nature of the society and culture concerned. The requirement may be for a competent contextual and situational form of leadership that is appropriate, relevant and supportive in the circumstances, rather than one which is consciously and/or noticeably inspirational. For many medical practitioners, health professionals and emergency workers who are inwardly motivated, whether or not leadership is authentic or inspirational may be less important than whether it is contextual and regarded as effective, timely, responsible and proportionate, messages from leaders are clear and unambiguous, and their decisions are thought to be balanced and fair and to reflect evidence and scientific advice.

*Author

Prof (Dr) Colin Coulson-Thomas, President of the Institute of Management Services and an experienced chairman of award winning companies and vision holder of successful transformation programmes, has helped directors in over 40 countries to improve director, board and corporate performance. He leads the International Governance Initiative of the Order of St Lazarus, is Director-General, IOD India, UK and Europe, Chancellor and a Professorial Fellow at the School for the Creative Arts, an Honorary Professor at the Aston India Foundation for Applied Research, a Distinguished Professor and President of the Council of International Advisors at the Sri Sharada Institute of Indian Management-Research, a Visiting Professor of Direction and Leadership at Lincoln International Business School, and a member of the advisory board of the Aravind Foundation and ACCA's Governance, Risk and Performance Global Forum.

Colin is the author of over 60 books and reports. He has held public appointments relating to healthcare and the protection of public health at local, regional and national level and

professorial appointments in Europe, North and South America, Africa, the Middle East, India and China. He was educated at the London School of Economics, London Business School, UNISA and the Universities of Aston, Chicago and Southern California. He is a fellow of seven chartered institutes, an honorary fellow of professional bodies in both the UK and India and a fellow of the Institute for Responsible Leadership. Colin obtained first place prizes in the final exams of three professions and his awards include a CSR Lifetime Achievement Award and a Global Excellence Award in Renewable Energy from the Energy and Environment Foundation. Details of his most recent books and reports can be found on: http://www.policypublications.com/

^ Publication

Published in *Effective Executive*, a quarterly peer reviewed journal of IUP (ISSN 0972-5172).

The citation is:

> Coulson-Thomas, Colin (2021), Inspirational and/or Contextual Covid-19 Crisis Leadership, *Effective Leadership*, *Effective Leadership*, Vol. 24 No. 2, pp 14-37