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Leadership Styles in Crisis Management: Lessons from the COVID-19 Pandemic

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Abstract

The COVID-19 pandemic represented an unprecedented exogenous shock to global governance and organizational functionality, providing a unique opportunity to analyze leadership effectiveness under systemic duress.¹ This paper analyzes empirical evidence across organizational and national levels to identify effective and detrimental leadership styles utilized during this period. We confirm that the initial phase of the crisis triggered a surge in Directive Leadership (DL), consistent with the threat-rigidity hypothesis.² However, sustained effectiveness and organizational resilience required a rapid and intentional shift toward Transformational (TL) and Supportive/Emotive Leadership to maintain employee psychological capital and adaptive capacity.¹ At the national level, outcomes were significantly determined not solely by policy stringency, but by political leadership quality, trust, State Capacity⁴, and cultural dimensions. Pragmatic, evidence-based responses were correlated with favorable outcomes, whereas populist approaches that rejected expert advice were associated with disproportionately high mortality rates.⁵ The overarching conclusion is that effective crisis leadership is fundamentally contingent and adaptive, demanding that leaders fluidly modulate between task-oriented command and people-oriented support, prioritizing



psychological safety, transparent communication, and systemic flexibility over rigid command-and-control structures.⁶

Keywords: Leadership Styles, Crisis Management, COVID-19 Pandemic, Organizational Resilience, Directive Leadership, Transformational Leadership, State Capacity, Uncertainty Avoidance, Adaptive Leadership.

1. Introduction: The Exogenous Shock and the Leadership Imperative

1.1. Contextualizing the Crisis: COVID-19 as a Systemic Shock

The emergence of SARS-CoV-2 in late 2019, followed by the declaration of a Public Health Emergency of International Concern (PHEIC) by the World Health Organization in January 2020, marked the beginning of a profound global crisis.⁸ This event was not a localized or predictable disaster, but a sustained, complex, novel, and global systemic shock that threatened the fundamental operation and viability of organizations and governments worldwide.¹ This environmental instability imposed destabilizing impacts on personal, social, and organizational resources.¹

Traditional crisis management protocols often rely on scripted, command-and-control responses suitable for routine emergencies where the problem is familiar



and well-understood.⁷ However, the characteristics of the COVID-19 pandemic—scientific uncertainty, rapid change, and massive societal disruption—instantly rendered these rigid models inadequate.¹¹ Leaders were immediately forced to make rapid decisions with limited knowledge, requiring exceptional decisiveness and adaptive capability.¹²

1.2. The Theoretical Gap in Crisis Leadership Research

Leadership research had historically allocated relatively limited attention to leadership effectiveness during crises, particularly those that were not short-lived.¹ Before COVID-19, theory regarding leadership effectiveness in novel crises was nascent.¹ The pandemic, therefore, presented a unique research opportunity to study leadership behavior under systemic duress and advance the field.¹

Initial governmental responses faced massive failures concerning judgment and inaction, particularly during the critical early period of January, February, and March 2020.¹⁴ These failings were attributed to insufficient preparation and capacity, poor leadership, inadequate coordination, and regulatory failures.¹⁴ The magnitude of the crisis emphasized that while existing leadership theories (e.g., Transformational, Transactional) provide frameworks, they often failed to capture the nuances of behavioral shifts required when stable organizational settings were overturned by remote work and acute stress.¹ The consensus among leadership scholars is that there is "no situation where leadership is most important" than a crisis.¹



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1.3. Research Objectives and Paper Structure

This paper addresses the theoretical gap by synthesizing empirical findings from studies conducted during the COVID-19 pandemic. The objectives are fourfold: (1) to identify the spectrum of leadership styles utilized across different levels of governance; (2) to analyze the contingent effectiveness of these styles concerning organizational resilience and public health outcomes; (3) to determine the moderating roles of psychological capital, national culture, and state capacity; and (4) to propose an evidence-based model for adaptive crisis leadership. Following this introduction, the paper reviews relevant literature, describes the methodologies adopted by pandemic researchers, presents key findings, discusses the adaptive necessity, and concludes with lessons learned and future research directions.

2. Literature Review: Leadership Styles and Contingent Effectiveness in Crisis

2.1. Directive, Transactional, and the Threat-Rigidity Hypothesis

Directive leadership, also known as the authoritative or commanding style, involves a strong leader taking charge and making quick, top-down decisions.¹⁵



Transactional leaders operate similarly in a crisis, providing strong control and ensuring employees understand clear expectations and rewards for adherence, which is useful when tasks require strict adherence to processes.¹⁵

The onset of the pandemic, characterized as an exogenous shock, activated the Threat-Rigidity Hypothesis, which posits that external threats compel organizations and managers to restrict information processing and centralize control, leading to a significant increase in directive leadership behavior.² Decisiveness is often considered a foundational skill during a crisis, as hesitation can be costly, especially when conditions are changing rapidly.¹³ However, relying solely on autocratic or command-and-control approaches beyond the initial acute phase risks "paralyzing the organization" and inhibiting the necessary creative problem-solving required in novel situations.⁷

2.2. Transformational and Charismatic Leadership

Transformational Leadership (TL) involves inspiring and motivating teams through a shared vision and values, leading followers to go beyond basic responsibilities.¹⁵ This style is effective for building organizational adaptability, resilience, and success over time, particularly through the encouragement of creative thinking and innovation.¹⁵ Charismatic leadership, a closely related concept, provides the leader with the opportunity to depart from the current state of affairs, innovate, and rally support from followers during times of stress.¹⁸



Crucially, TL has been empirically linked to enhancing organizational resilience during crises.¹ This relationship is often mediated by employees' psychological capital (PsyCap).¹ While Directive leadership imposes control, Transformational and charismatic approaches secure commitment and foster motivation, which is essential when employees face destabilizing forces like remote work, health anxiety, and sudden procedural shifts.¹

2.3. Supportive, Servant, and Emotionally Intelligent Leadership

A necessary shift in leadership focus became evident during the protracted period of the pandemic. Servant leaders, who prioritize the needs and well-being of their team members above all else, provided a conducive environment for engagement when autocratic measures proved unsustainable.¹⁶ Empirical findings indicate that effective managers intentionally adapted their styles to be supportive, informative, and motivational to match the unique situation.³

The sustained crisis required a pivot from purely task-oriented competencies to incorporating people-oriented and adaptive competencies, such as displaying empathy, listening actively, and prioritizing psychological safety.²⁰ Leaders moved away from hierarchical models of power and control toward adaptable models that foregrounded Emotional Intelligence (EI).³ This focus on emotional management and employee welfare was critical for mitigating the stress and anxiety introduced by the uncertainty of the pandemic.¹¹



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2.4. Political Leadership: Populism, Pragmatism, and Public Outcomes

At the national level, differences in leadership quality profoundly affected public health outcomes. Research comparing governmental responses demonstrated that populist leaders, who often express disdain for scientific evidence and distrust of experts, consistently acted later and with less intensity in implementing crucial public health measures, such as lockdowns and physical distancing.⁵ Countries led by populists accounted for a disproportionately large number of COVID-19 cases and deaths relative to their populations.⁵

In contrast, countries where leaders adopted a more pragmatic, evidence-based response often achieved higher public approval and better containment.²³ Leaders who built public trust by emphasizing science, providing consistent messaging, and communicating clearly and regularly (e.g., New Zealand and Germany) were generally more successful.²⁴ This consistency and reliance on experts were fundamental to ensuring public compliance, demonstrating that trust and transparent communication are decisive public health variables impacting community responsiveness to policy.²⁵

3. Methodological Approaches in Pandemic Leadership Research



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3.1. Research Design and Data Sources

The study of leadership during the COVID-19 pandemic employed diverse research methodologies commensurate with the complexity of the subject matter. Given the necessity of capturing both rapid behavioral changes and broad statistical correlations, a mixed-methods approach was prevalent.

Qualitative studies, such as those relying on semi-structured interviews with managers, were crucial for understanding the intentional shifts in leadership style and the effects on employee emotions and organizational performance.¹¹ These analyses often utilized thematic approaches rooted in grounded theory to compare and cluster emergent themes related to leadership competencies, such as communication skills, decision-making, and emotional intelligence.²⁰ Concurrently, quantitative survey-based approaches were adopted to test proposed models and hypotheses, often employing advanced techniques like Multilevel Structural Equation Modeling (MSEM) to test relationships between leadership styles and organizational resilience.¹ For governmental responses, comparative case studies using most similar system designs were common, supplemented by content analysis of policy documents and media.²³ The successful deployment of these varied methods captured the nuanced nature of crisis leadership, ranging from identifying the precise timing of behavioral shifts to testing broad correlation effects.

3.2. Variables and Levels of Analysis



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Research was conducted at two primary levels: the Organizational Level (focusing on SMEs, public sector bodies, and healthcare systems) and the National/Governmental Level (focusing on macro-outcomes).

At the organizational level, key independent variables included specific leadership styles (Transformational, Directive, Ethical, Supportive).¹ Dependent variables focused on internal metrics such as Organizational Resilience, Employee Performance, and Employee Psychological Capital.¹ At the national level, the independent variables included regime type, political orientation (Populist vs. Pragmatic), and specific cultural dimensions.⁵ The dependent variables at this level were primarily Public Health Outcomes, including Mortality Rates and Infection Rates, moderated by factors such as State Capacity and public responsiveness.⁴

4. Findings: The Dual Mandate of Crisis Leadership

4.1. The Initial Directive Surge and the Threat-Rigidity Effect (Organizational Level)

Empirical evidence robustly supported the threat-rigidity hypothesis during the initial phase of the pandemic. Analysis of monthly managerial data covering nearly



27,000 managers across 48 countries confirmed that during the first lockdown (March to June 2020), directive leadership behavior increased significantly.² This action reflected the necessity for rapid, decisive imposition of policy—a foundational skill in crisis response.¹³ Leaders needed to quickly assess complex, uncertain situations, formulate a plan, and take swift action, understanding that hesitation would incur significant costs as conditions evolved.¹³ This mandate for decisiveness resulted in the initial implementation of strong, top-down control measures, often mirroring transactional approaches useful when immediate process adherence is critical.¹⁵

4.2. Shifting to Adaptive and People-Oriented Styles (Organizational Level)

While Directive leadership was necessary for the immediate response, sustained organizational resilience required a dynamic adjustment. Studies utilizing multilevel structural equation modeling demonstrated that both directive and transformational leadership styles were significant and positive predictors of organizational resilience.¹ Critically, the effectiveness of both styles was often channeled through the mediating role of employees' psychological capital.¹

As the crisis persisted and remote working became the norm, leadership behaviors intentionally shifted to be more supportive, informative, and motivational to address employee stress and anxiety.³ Successful leaders moved away from rigid hierarchical control toward an adaptable model rooted in Emotional Intelligence (EI), emphasizing empathy, belonging, and open communication.³ Leaders



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focusing on supportive care and concern for humanity were found to perform better in terms of organizational effectiveness.³⁰ This necessity for adaptive leadership helps explain an important contingency finding: one quantitative study found that Transformational Leadership had no significant direct impact on employee performance during the sustained pandemic period, suggesting that the broader transformational vision must be delivered through an operational style that is explicitly supportive when dealing with the realities of remote work and high uncertainty.³¹

4.3. Key Finding III: The Moderating Role of National Culture on Health Outcomes (National Level)

The strongest findings linking leadership outcomes to macro-structural factors emerge from cross-country comparisons involving national culture. Cultural attributes were found to account for significant global disparities in COVID-19-attributed health outcomes.³⁴ Specifically, high scores in certain Hofstede cultural dimensions correlate positively with adverse public health outcomes, fundamentally challenging national leadership efforts to enforce non-pharmaceutical interventions (NPIs).³²

The quantitative results demonstrate that in countries with strong individualism, high masculinity, and high uncertainty avoidance cultures, there was a significant positive association with confirmed COVID-19 cases and deaths.³²



Table 2: Correlation between National Cultural Dimensions and COVID-19 Outcomes

Cultural Dimension	Outcomes (Confirmed Cases & Deaths)	Beta Coefficient (Deaths)	Significance Level	Leadership Implication
Individualism (IDV)	Positive correlation with cases and deaths.		(**)	Hinders collective action/compliance with public mandates. ³²
Uncertainty Avoidance (UAI)	Strong positive correlation with cases and deaths.		(***)	High reliance on established rules can delay necessary innovation and flexible



				response. ³²
Masculinity (MAS)	Positive correlation with cases and deaths.		(*)	May indicate a culture less focused on nurturing/car e, potentially affecting healthcare response prioritization ³² .

Source: Adapted from synthesis of empirical quantitative studies on cultural dimensions and COVID-19 outcomes.³²

The exceptionally high positive correlation of Uncertainty Avoidance (,) with deaths suggests that cultural reluctance to accept ambiguity and uncertainty led to delays in adopting flexible policies, while strong individualism reduced voluntary public adherence to NPIs such as masks and social distancing.²⁵ Leaders operating in these contexts faced inherent cultural barriers to behavioral change.

4.4. Key Finding IV: State Capacity and the Failure of Populism (National Level)



The effectiveness of any policy, regardless of leadership style, hinged on the ability of the state to enforce its will and administer complex operations—a measure known as state capacity.⁴ States possessing greater capacity successfully mitigated increased death rates and demonstrated superior ability in implementing large-scale logistical tasks, such as vaccine distribution in early 2021.⁴ Less-capable states, conversely, often demonstrated a reactive posture, delaying effective measures until the crisis had already escalated beyond control.³⁶

Political leadership style profoundly influenced state capacity. Populist leaders—characterized by a systematic rejection of evidence-based policies and discrediting of public health experts—actively undermined the very administrative and technical capacity necessary for an effective response.⁵ While autocratic regimes did not uniformly fail, and some democracies stumbled, the overall finding is that leadership quality combined with high state capacity (exemplified by countries like South Korea) was paramount for achieving positive outcomes.³⁷ Policies only significantly reduced death rates in higher-capacity states, highlighting capacity as a critical prerequisite for crisis mitigation.⁴

5. Discussion: Synthesizing Adaptive Leadership in Uncertainty

5.1. The Contingency Model: Moving Beyond 'One Best Style'



The research comprehensively demonstrates that there is no singular, universally effective leadership style for managing a sustained, systemic crisis like COVID-19.⁶ Instead, effectiveness requires a situational and dynamic approach. The most successful leaders intentionally modulated their style based on the crisis phase, demonstrating agility, flexibility, and systemic thinking.⁴⁰

This dynamic leadership spectrum dictates that a leader must begin with decisive, Directive action during the acute shock phase (e.g., implementing initial disaster plans and lockdowns) but must quickly transition to Transformational vision and Supportive engagement for the sustained period of uncertainty.² The shift in accountability is also critical: effective crisis management demands empowering others and delegating decision-making authority away from a small executive group toward a decentralized "network of teams" for rapid problem-solving and execution under chaotic conditions.⁷

5.2. Core Competencies of the Adaptive Crisis Leader

Adaptive crisis leadership can be summarized through three interconnected competency groups: Task, People, and Adaptive.²⁰ Effective leaders successfully balanced these pillars throughout the pandemic.

Task-oriented competencies involve preparation, planning, collaboration, and clear crisis communication.²⁰ People-oriented competencies center on supporting the human element through empathy, motivational techniques, listening actively, and



ensuring psychological safety.²¹ Adaptive-oriented competencies include flexibility, creativity, and the ability to improvise, allowing leaders to change prior decisions as new scientific evidence emerges.⁴¹

Successful leaders exhibited critical personal qualities such as "deliberate calm"—the ability to detach and think clearly under stress—and "bounded optimism"—a combination of confidence tempered by realism.⁷ Humility, decisiveness, stability, and creativity were also consistently identified as essential leadership qualities.²¹

The following conceptual model illustrates the necessary modulation of leadership emphasis across the phases of a complex crisis:

Figure 1: Conceptual Model of Adaptive Crisis Leadership Competencies

Phase of Crisis	Leadership Style Emphasis	Core Competencies Required
I. Acute Shock (Initial 3-6 Months)	Directive/Transactional	Decisiveness, Task- Oriented Planning, Clear Priority Setting, Strong Control. ²
II. Sustained Uncertainty (Mid-	Supportive/Transformat ional (Emotive)	Empathy, Communication



Pandemic)		(Transparency, Frequency), Psychological Safety, Improvisation, Delegation. ³
III. Recovery and Mitigation (Long-Term)	Transformational/Change-Focused	Systems Thinking, Incorporating Lessons Learned, Innovation, Organizational Resilience Building. ²²

5.3. Ethical and Communicative Imperatives

In highly volatile environments, leadership credibility becomes a multiplier for policy effectiveness. Effective crisis communication must be clear, transparent, honest, and frequent, and must explicitly rely on the counsel of technical experts and public health professionals.²¹ Leaders who communicated poorly, provided untrustworthy information, or vacillated in their messaging damaged organizational and public adherence.¹²

The failure of populist leaders stemmed partly from their inability to establish this credibility, resulting in a breakdown of public responsiveness that contributed to



vastly divergent mortality rates across countries.²⁵ Conversely, successful leaders ensured that decisions were linked to core mission and values, reinforcing a sense of purpose and galvanizing commitment among frontline workers and the public.⁴¹

6. Conclusion: Lessons Learned for Future Crises

6.1. Recalibrating Preparedness: Mindful Data and Systems Thinking

The leadership challenges of COVID-19 reveal critical strategies for future crisis preparedness. Leaders must avoid cognitive biases that antecede failure, such as optimistic bias and the illusion of control, and instead adopt the precautionary principle ("better safe than sorry").¹² Preparedness must involve comprehensive "systems thinking" that anticipates complex resource constraints and logistical demands.²¹

A primary operational lesson is the need to move beyond rigid, centralized information processing. Future crisis management requires the establishment of resilient data supply chains and the creation of "mindful data"—data that is rigorously constructed and rapidly presented to support crisis teams.⁴³ Data visualization through public dashboards is essential not only for external transparency but also for internal team decision-making, enabling the decentralized



network of teams to quickly assess facts and implement solutions without waiting for top-level approval.⁷

6.2. Recommendations for Policy and Practice

Based on the evidence reviewed, the following actionable recommendations are proposed for organizational and governmental leaders:

Recommendation 1: Culturally Informed Policy Design. Given the statistical finding that national cultural dimensions (specifically high Individualism and Uncertainty Avoidance) negatively correlate with public health outcomes³², policymakers must explicitly incorporate cultural attributes into the design and implementation of future non-pharmaceutical interventions.³⁴ Policies must be tailored to maximize adherence despite inherent cultural tendencies that may favor individual autonomy over collective compliance.

Recommendation 2: Invest in Psychological Capital and Emotive Training. The effectiveness of even positive leadership styles on organizational resilience depends on the psychological capital of employees.¹ Organizations must proactively invest in training leaders in emotional intelligence, empathy, and supportive management techniques to build staff resilience and psychological safety before a crisis occurs.³

Recommendation 3: Mandate Adaptive Leadership Training and Decentralization. Leadership training must focus on the dynamic, situational modulation of styles,



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moving away from the belief in a fixed "best style".⁶ Organizations must practice shifting responsibility from hierarchical command structures to empowered networks of teams during simulations, ensuring that leaders at all levels possess the "deliberate calm" and decision-making architecture necessary to respond without paralyzing delays.⁷

6.3. Limitations and Future Research Directions

Research conducted during the pandemic faced limitations related to the sheer volume of rapidly published material, fragmentation of methodologies, and contextual challenges, including lack of data transparency in certain regimes.³³

Future research should focus on longitudinal studies to determine the sustained impact of these leadership shifts post-pandemic.¹⁰ Further comparative analysis is also needed to investigate the specific mechanisms through which populist leadership degrades state capacity.³⁷ Finally, given initial indicators that some female leaders performed admirably, deeper exploration into the development of a gender-sensitive theory of crisis leadership is warranted, while ensuring such analysis remains robust against the significant role played by underlying state capacity.³⁹

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