During times of crisis – whether an individual, organisational, community, or national crisis – people will look to leaders for answers. Feelings of uncertainty and insecurity can give rise to the need for respected leaders to give credible information, ethical guidance, and authentic reassurance. The aim of this column is to explore the range of leadership styles that can be employed during times of crisis; and to discuss how the principles of mental health Recovery can be incorporated into these leadership styles to better support followers who are experiencing challenging times. Questions that are addressed include, which leadership style is the best fit when people are experiencing crisis? How can a Recovery-oriented strength-based frameworks be utilised by leaders, to achieve the best possible outcomes?

The column commences with a brief overview of the more common leadership styles and then discusses their usefulness when managing crisis situations. Consideration is given to the notion of gendered leadership during challenging times. The central tenets of mental health Recovery-oriented approaches, which include instilling hope and optimism, together with building resilience and promoting efficacy, are also discussed in light of approaches to leadership. It is argued that these tenets can be integrated into a range of leadership styles, to enable leaders to better support people and enable them to be adaptable, community-focussed and forward-looking, during times of crisis.

Leadership Styles

The large body of academic literature related to leadership, developed across many decades, attests to the high levels of interest, worldwide, in leaders, leadership, and the nature of effective and ethical leadership in a range of contexts and settings (Cleary, Horsfall, Deacon, & Jackson, 2011; Cleary, Kornhaber, Thapa, West, & Visentin, 2020; Cummings et al., 2018; Oc, 2018; Rudolph, Murphy, & Zacher, 2020). Long consideration has been given to the traits

or characteristics that are demonstrated by leaders, such as holding and communicating a vision or goal, possessing a strong drive to carry out this vision or goal, and demonstrating the ability to mobilize others to undertake a particular set of activities or achieve required outcomes (Folta, Seguin, Ackerman, & Nelson, 2012). Also important is the capacity to problem-solve, make decisions, communicate with respect, and share knowledge (Cleary, Kornhaber, West, McGarry, & Visentin, 2019). Other aspects of leadership discussed in the research literature include, first, whether leadership traits or characteristics are intrinsic to individual leaders or can be developed (e.g., Kirkham, 2020; Maijala, Eloranta, Reunanen, & Ikonen, 2018; Re & Rule, 2017); second, the diversity of leadership types and styles (Kilburg & Donohue, 2011); and third, the different ways in which leadership is enacted in various situations (Kreindler et al., 2020).

Leadership styles provide a useful means of explaining differences in the types and contexts of leadership. Table 1 outlines some of the more common leadership styles employed in health settings and provides a useful means of comparing and contrasting the similarities and differences in the approaches taken by leaders. For example, charismatic leaders are known for being confident and persuasive communicators, and presenting a forceful or magnetic personality that inspires and motivates followers. This leadership style is similar to the motivational leadership style, where leaders engage with followers and leverage on the followers' personal desires or drivers to achieve common organisational goals. Similarities are also apparent between the motivational and transactional leadership styles, with the latter utilising extrinsic motivational factors to inspire action. Transactional leaders, however, tend to have a greater focus on order, structure, key performance indicators, instructions, directives, tasks, and outcomes, than motivational leaders. Alternatively, the transformational and servant leadership styles draw on internal motivational factors in followers, to enable cooperation and power-sharing with the followers to generate results.

2

<Insert Table 1 here>

The differences between the leadership styles, outlined in Table 1, are less obvious and may be related to two main factors: first, the personal preference of the leader; and second, the situation or context in which the leader operates and the fit for a particular leadership style for that situation or context. For example, one leader may have the ability to adapt their leadership style according to the needs of the team, the organisation, and the situation in which they find themselves. This leader may find the adaptive or situational leadership approaches most useful, and employ this style while drawing on aspects of the other leadership styles, as required. For instance, a leader may demonstrate a compassionate leadership style during times of grief and loss; an ethical leadership style when faced by difficult choices; and a motivational leadership style to keep the team engaged over time.

Other leaders, however, may feel less comfortable in employing different styles of leadership and preserve, for example, a charismatic leadership approach regardless of the situation. In times of crisis, such leaders would need to surround themselves by a leadership team with leadership styles that align more with meeting the personal and professional needs of followers. This is discussed in more detail in the next section.

Table 1: Some common leadership styles

Leadership Style	Brief Overview
Adaptive leadership (Heifetz & Linsky, 2002; Rajiah & Bhargava, 2016)	Focuses on: • mobilising followers to adapt to complex and rapidly changing environments; • creating the circumstances to enable good problem-solving to achieve desired outcomes.

Leadership Style	Brief Overview
Authentic leadership (Avolio & Gardner, 2005; Blake, 2020; Puni & Hilton Sam, 2020)	Focuses on: • building legitimacy through honest relationships with followers; • valuing the input of followers; • being ethical and promoting openness.
Charismatic leadership (Joosse, 2014; Shao, Feng, & Wang, 2017)	Focuses on: • encouraging / inspiring particular behaviours in followers through persuasive communication and force of personality; • exhibiting high levels of self-confidence, mastery in their work and belief that what they are doing is right.
Compassionate leadership (Pitman, 2020/21; Willis & Anstey, 2019)	Focuses on: • recognizing every team member as a significant individual who is also essential to the organization as a whole; • enhancing the happiness and well-being of followers by supporting them and giving them what they need to excel.
Ethical leadership (Brown, Treviño, & Harrison, 2005;	Focuses on: • demonstrating personal integrity in actions and interpersonal relationships;

Leadership Style	Brief Overview
O'Keefe, Howell, & Squires, 2020)	• exhibiting and actively promoting ethical conduct to followers; • encouraging two-way communication.
Motivational leadership (Fransen et al., 2020; Rajiah & Bhargava, 2016)	Focuses on: • identifying the motivating factors for followers and employing these to help them to fulfill their individual and organizational goals and, for employees, achieving higher job satisfaction and higher levels of performance; • motivating followers through extrinsic factors (e.g. monetary or career reward) and intrinsic factors (e.g. autonomy, masters, purpose).
Servant leadership (Eva, Robin, Sendjaya, van Dierendonck, & Liden, 2019; Greenleaf, 1977)	Focuses on: • the needs of followers, which come first; • helping people to develop and perform to their personal optimum; • sharing power; • exhibiting the ten characteristics of "listening", "empathy", "healing", "awareness", "persuasion", "conceptualisation", "foresight", "stewardship",

Leadership Style	Brief Overview
	"commitment to the growth of people", and "building community" (Spears, 2010, pp. 27-29).
Situational leadership (Hersey & Blanchard, 1969; Walls, 2019)	Focuses on: • leadership according the needs of a specific situation; • 'telling, 'selling', 'participating' and 'delegating', in accordance with the task-behaviors and relationship-behaviors of followers, and the needs of the situation.
Transactional leadership (Bass, 1985, 2009; Boamah & Tremblay, 2019)	Focuses on: • order and structure, key performance indicators, and outcomes; • action-orientation and performance-orientation; • instructions and directives, and the delegation of specific tasks; • extrinsic motivators to achieve outcomes.
Transformational leadership (Bass, 1985, 2009; Burke & Erickson, 2020)	Focuses on: • inspiring cooperation between team members; • providing individualised support and positive development of followers; • the common good and team/group or organisational goals; • intrinsic motivators to achieve outcomes;

Leadership Style	Brief Overview
	• rewarding good outcomes.

Leadership styles during times of crisis

As noted in the previous section, not every leadership style is a good fit for all circumstances, with perceptions of leadership and what it is that makes a good leader differing according to a range of sociocultural and political factors. For example, in West Africa, definitions of leadership can include integrity, altruism, care and importantly, notions of nurturing or 'mothering', with leaders working for the greater good, both present and future (Chioma Steady, 2011). In Australia, indigenist leadership that is localised, contextual and personal, has been identified as enabling leaders to be more culturally-appropriate in the way they approach Aboriginal communities (Doyle, 2020). In light of these specific examples, the question may be asked, are there specific leadership styles that are better suited to crisis situations?

The research literature suggests that each of the leadership styles outlined in Table 1 can be applied during challenging times with good effect. For example, Shao et al. (2017) argue that charismatic styles enables leaders to positively influence followers, which is necessary in difficult situations. Richards (2020) suggests that the transactional style is effective when managing stressful circumstances in health settings, as it facilitates order and structure into a larger context that can seem disordered and chaotic to followers, guiding health professionals to complete tasks quickly and efficiently, often under pressure. Hu, He, and Zhou (2020) found that, during the COVID-19 crisis, servant leadership was crucial in helping staff to negotiate their anxiety and remain engaged in their jobs; while Flowers (2020) describes the need for leadership to be ethical and authentic during challenging situation.

Foster (2020), on the other hand, argues that leadership during times of crisis requires the five main characteristics: concern for staff; a capacity to engage with the community; a focus on the end goal and greater good; an ability to show empathy; and a sense of opportunity. These characteristics align with a variety of leadership styles, including the adaptive leadership, authentic leadership, compassionate leadership, ethical leadership, servant leadership, situational leadership, and transformational leadership styles.

Of particular interest is the suggestion that women are more likely to assume leadership roles in challenging times (Rink, Ryan, & Stoker, 2013). Significantly, this suggestion has been linked to the female's perceived superior capacity for interpersonal emotion management (Bruckmüller & Branscombe, 2010). For example, Post, Latu, and Belkin (2019) found that relational behaviours increased the followers' inclination to trust in leaders, which gives women a leadership advantage during situations when people were more likely to feel uncertain and insecure.

When considered in light of the styles of leadership, however, the suggestion that women have superior interpersonal capabilities is questionable. For example, servant leadership, which espouses the characteristics of empathy, nurturing and caring for others – stereotypically female characteristics – has been connected to great religious leaders, across the millennia, the majority of whom are male. The perception that women are more likely to be called to lead during a crisis, then, could be described as a gender stereotype.

Gendered leadership

According to the World Health Organisation (2021), 'gender' refers to the "socially constructed roles, behaviours, activities, and attributes that a … society considers appropriate for men and women". The gendering of attributes, including leadership attributes, is a complex process that is influenced by the many racial, cultural, social and economic factors that are at play in occupational settings (Lorber, 2018).

For example, transactional leadership styles have been traditionally connected with military settings, which are male dominated. This suggests why the characteristics of transactional leaders, such as action-orientation and performance-orientation (see Table 1), are more likely to be associated with males. Likewise, the characteristics of charismatic leadership, such as force of personality, high self-confidence and self-promotion (see Table 1), have had long association with the 'alpha' male stereotype (Braun, Peus, & Frey, 2012; Ellinas et al., 2019). Women, on the other hand, are more likely to be associated with the characteristics of mothering (Chioma Steady, 2011), nurturing (Folta et al., 2012) and 'nice' (McGowan & Stokes, 2019).

In many twenty-first century societies, traditional gender divisions have begun to blur as increasing numbers of women move into leadership roles in governments and associated organisations, key non-government organisations; key financial and business institutions, technology, philanthropy, media and entertainment. In 2018-19, women in Australia comprised 26.8% of directorships, 17.1% of Chief Executive Officers and 14.1% of board chairs, across the nation (Workplace Gender Equity Agency, 2020). This suggests that advances have been made in breaking down some of the barriers to women achieving leadership success – although, gender equity in this area remains a work-in-progress.

While many of the barriers faced by women who seek leadership roles are gender-based, however, leadership styles are not. The utilisation of particular leadership styles will depend, not on the leader's gender, but on the leader as an individual, their particular preference for leading, and also the context in which the leader is working. When faced by challenging circumstances, the best leaders will utilise aspects of the leadership styles that are most useful to support followers, including their health and wellbeing.

Leadership in health settings, crisis situations, and Recovery

In times of crisis, particularly long-term crises such as those experienced during the COVID-19 pandemic, front-line health professionals, will be faced by a range of stressors, including traumatic events. Other health professionals will also face challenging times, including changes in roles and the way in which health services are delivered; together with possible increases in experiences of isolation, financial hardship and other psychosocial challenges (Lewis, 2020). Dimino, Horan, and Stephenson (2020) suggest that, during stressful circumstances, the best leaders, regardless of gender, will understand the need to instil hope and optimism in their followers; and work to support development of resilience and efficacy in those who face long-term stressors in their professional lives, including the associated psychosocial issues. For mental health nurses, such suggestions are not new.

Instilling hope and optimism in others, and supporting the development of resilience and efficacy, are central tenets of the Recovery model of mental health service delivery (Cleary, Lees, Molloy, Escott, & Sayers, 2017; Hungerford, Dowling, & Doyle, 2015). Recovery-oriented approaches to mental health care were developed to support people with mental illness (Hungerford, Hodgson, Murphy, Clancy, & Doyle, 2021). Insights derived from the operationalization of these approaches over the past decade or more, including the results that can be achieved by instilling hope and optimism for the future, and supporting development of resilience and efficacy, can be applied in a range of situations. As such, mental health nursing leaders are well placed to integrate the tenets of Recovery-oriented approaches into their preferred leadership styles, particularly during crisis situations. To enable individuals, teams, families and communities to achieve the best possible outcomes, such integration would include the following:

- With regard to leadership styles, consider the benefits and challenges of each, in light of the leader's preferred leadership style and personality traits, with a focus on professionally developing the aspects of leadership that are most needed during challenging times.

- Placing gender aside, reflect on the need to exhibit compassion and to actively support followers, including their health and wellbeing during stressful circumstances.

- Draw on the principles of mental health Recovery-oriented approaches to support and empower followers by taking a strengths-based approach to leadership and developing the individual capabilities of your followers.

- Support followers to develop meaning and purpose for what is happening around them, during times of crisis, by instilling optimism in the future.

- Enable followers to see how they can or will grow personally from their experience of the crises, including growth in confidence and in their own abilities as health professionals.

- Wherever possible, encourage agency and empowerment in followers – for example, help followers to see that they are not the helpless victims of events but an important means of achieving the best possible outcomes in times of crisis.

Conclusion

This column outlined a range of leadership styles and their applications during challenging times. The notion that women are often called to be leaders in stressful circumstances, because of their interpersonal skills, was also discussed. Following this, the importance of instilling hope and optimism in followers, and building resilience and efficacy, was described. This approach was aligned to Recovery-oriented approaches to mental health service provision. It was noted that Recovery-oriented approaches can be readily incorporated into leadership styles

by mental health nurses, regardless of gender, with a view to supporting followers, particularly those who are experiencing prolonged levels of stress and associated psychosocial issues.

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