

Article

# Engaging “Care” Behaviors in Support of Employee and Organizational Wellbeing through Complexity Leadership Theory

Merike Kolga 

Garnet Learning Solutions, Vancouver, BC V6C 1H2, Canada; mkolga@uwo.ca

**Abstract:** During the COVID-19 pandemic, the attributes of nurturing, empathy, and relating rather than directing moved into the spotlight as important skills for leadership. These skills are representative of the concept of “care” that is often associated with women’s or feminine leadership. The importance of care as a component of leadership had not received significant attention in the leadership literature until the pandemic brought the need for care onto center stage. This article argues that care will continue to be an important attribute of leadership and an essential attribute of an androgynous leadership style—that includes behaviors typically classified as male and those behaviors typically classed as female—that is needed to navigate the increasing complexity of the world most effectively. The article further argues that complexity leadership theory provides the most appropriate leadership approach through which complex adaptive organizations can initiate and foster the development of “care” behaviors as part of an androgynous approach to leadership which produces system-wide benefits in complex systems more capable of addressing the global challenges of the climate crisis and increased environmental disasters, future pandemics, local wars, terrorist attacks, and other phenomena.

**Keywords:** care; complexity leadership theory; leadership in COVID-19; women’s leadership



**Citation:** Kolga, M. Engaging “Care” Behaviors in Support of Employee and Organizational Wellbeing through Complexity Leadership Theory. *Merits* **2023**, *3*, 405–414. <https://doi.org/10.3390/merits3020023>

Academic Editors: Randal Joy Thompson, Chrys Egan and Tina Wu

Received: 26 March 2023  
Revised: 26 May 2023  
Accepted: 29 May 2023  
Published: 1 June 2023



**Copyright:** © 2023 by the author. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

The COVID-19 pandemic posed a major global adaptive challenge [1] and created an imbalance in the familiar socio-emotional dynamic between employees and their leaders. As navigation of the pandemic continued, the changes and challenges became more significant. Employee wellbeing needed to be fostered. At the same time, leaders needed to deliver messages about public safety, issue cautions, provide updates on the science and progression of the virus, and keep their organizations functioning under challenging circumstances. Leaders also had to navigate organizational as well as personal challenges. Leaders who communicated messages that expressed empathy as well as strategies to deal with the pandemic were observed to connect effectively with their constituents, followers, and employees. The behaviors that were leveraged represented a blend of task and relational skills. The key behaviors that supported the successful communication and relation building achieved by leaders included nurturing, empathy, cooperation, sensitivity, and warmth, behaviors often attributed to women’s or feminine leadership. These behaviors can be categorized as “care”. I argue that the importance of care behaviors during the pandemic illustrated the importance and value of these behaviors for leadership in general and for navigating the increased uncertainty and complexity the world faces because of phenomena such as the climate crisis and increased disasters, future possible pandemics, global financial meltdowns, local wars, terrorism, and others. Such care behaviors have also been proven to be necessary because the workforce has increasingly demanded more humane and flexible work environments, better work–life balance, and more inclusive organizations as part of the post-pandemic workplace. I also argue that care behaviors should not replace

leadership behaviors commonly identified as masculine but rather should complement such behaviors in a blended masculine–feminine “androgynous leadership approach”.

Finally, I argue that complexity leadership theory provides the most appropriate leadership approach through which complex adaptive organizations can initiate and foster the development of “care” behaviors as part of an androgynous approach to leadership which produces system-wide benefits in complex systems including the ability to generate more inclusive outcomes among followers.

This leadership theory, which is relational, recognizes the dynamic interactions between people and processes that take place within organizations as they change, create innovation, and evolve with a focus on complex relationships and network interaction rather than controlling, standardizing, and autocratic behavior [1,2]. Leadership in complex systems needs to operate at all levels in a process-oriented, contextual, and interactive fashion [1,2]. In such a complex environment, both so-called masculine and feminine leadership behaviors are required depending upon the leadership challenge and where in the system leadership is operating.

I base my argument on information gathered from studies regarding the impact of the pandemic on mental health, stress, and burnout, examples of successful leadership approaches that included care communication highlighted during the pandemic and needed afterwards, experiences in my own organization, and an analysis of complexity leadership theory in complex adaptive systems. My argument is grounded in the academic literature, while some examples of care communication during the pandemic are taken from the media.

## **2. Impact of the Pandemic on Wellbeing and the Challenges Leaders Faced**

The onset of the coronavirus COVID-19 pandemic [3] introduced an exceptional and unique adaptive challenge for leaders around the world beginning in early 2020. Faced with an unprecedented event of a severe, acute respiratory disease that spread through contact with respiratory droplets produced by an infected person (refs. [4,5]) leaders across all levels of organizations, communities, regions, and governing bodies were abruptly called upon to navigate an adaptive challenge that encompassed managing the safety of their employees, constituents, communities, and followers. As the pandemic spread, wide-scale health orders at the governmental level encouraged physical restrictions including social distancing. World leaders, together with health authorities, needed to rapidly determine best practices for enforcing public safety, managing organizational adjustments, and the wellbeing of their employees. The pandemic response introduced new ways of working where physical distancing, wearing personal protective gear, and working remotely as much as possible became the new norm [6].

At the organizational level, the combination of remote working and prolonged periods of necessary social distancing from friends, often augmented by a need to be in quarantine due to being infected with COVID, the requisite ‘bubbles’ of isolation for infected individuals [7], caused high levels of stress among employees and employers. The physical landscape of many organizations across the world shifted to an online platform. Operating at a distance created unique challenges including developing new ways of working within which the balance of home life and organizational priorities became challenging. In addition to the blend of work and home living spaces, the pandemic introduced augmented challenges for employee wellbeing. Overall, wellbeing represents wellness. The Global Wellness Institute defines wellness as “the active pursuit of activities, choices and lifestyles that lead to a state of holistic health” [8].

Organizationally, higher levels of stress among employees and leaders resulted from their efforts to stay connected and engaged in a largely virtual and highly stressful environment caused by the disruption of their previously familiar working arrangements and the loss of the resources and activities previously enjoyed to nurture their wellness and wellbeing [9]. These challenges were especially visible among employees of various organizations working in direct contact with the general public. Within the healthcare systems,

the burnout and feelings of being overwhelmed of front-line workers increased as a result of limited access to personal protective equipment [10,11]. Increased sources of stress negatively impacted the emotional, psychological, and mental wellness of employees [12,13]. Along with this, the factors of wellbeing that had contributed to pre-pandemic employee health, happiness, job satisfaction, and work–life balance [14] were fully distressed and imbalanced by the onset of the coronavirus.

### 3. Leadership Communications

Another, perhaps more subtle, adaptation that began to take place with the onset and evolution of the coronavirus was the change in leadership communications. Within the messages issued from governments and local-level leaders and organizations, a concept of “care” emerged and led to recognizable results among constituents, followers, and employees. Leaders who communicated care were responding to the recognition that their constituents and followers were undergoing stress and reduced wellbeing.

Leaders increased their efforts to offer relief from stress as the pandemic continued [15]. While organizational activities included developing safe working policies and procedures for enabling employees to work as safely as possible with one another, leadership communications began to regularly include actionable steps for staying safe and facilitating modifications to traditional in-person working spaces by offering virtual work and flexible hours. Effective leadership communications in which a balance of shared personal experience along with supportive verbiage and pragmatism for collectively responsible health-oriented behaviors articulated by the leader seemed to nurture an affinity among stakeholders. In this time of crisis, this unique messaging seemed to encourage a regeneration of follower socio-emotional wellbeing among those whom they led. This was also visible in the communications offered by leaders in areas where more individuals engaged in shared activities of survival [16]. Their messages also advocated the importance of engaging in physical activity including online or live options in modified spaces and conditions [17]. This extended to the encouragement of socializing and going outdoors for walks in support of enabling wellness with guidelines for added safety. Leaders who expressed concern for the wellbeing of others established higher levels of relatability [18]. Similarly, while responses from leaders at global levels varied, in countries where communication was consistent and culturally informed, this created an affinity representing mutual trust between leadership and constituents [19].

Empathetic and relational leadership communications were observed at global and local levels. International examples included New Zealand Prime Minister Jacintha Arden and Irish Prime Minister Leo Varadkar among others. Arden was often described as caring and trustworthy, while exemplifying a rational approach with agility alongside of maintaining an empathetic communication style [20]. Irish Prime Minister Leo Varadkar was characterized as building connectivity with his people through being ‘human and personable’ [21]. In Denmark, Prime Minister Mette Frederikson was observed as having taken decisive action which carried over to local level descriptions of political leaders expressing empathy and confidence in their constituents [22]. Altogether, leadership behaviors that promoted affinity and relatability, together with taking smart and rapid decisions to slow the spread of COVID, became widely shared as public examples of success. Kerrissey and Edmonson applauded the leadership of Arden and Adam Silver, the commissioner of the National Basketball Association (NBA), for their proactive decisions in response to the pandemic along with their empathy. As they wrote [23]:

Leadership in an uncertain, fast-moving crisis means making oneself available to feel what it is like to be in another’s shoes—to lead with empathy . . . . It will be incumbent on leaders to put themselves in another’s suffering, to feel with empathy and think with intelligence, and then to use their position of authority to make a path forward for us all.

Within each of these examples where leaders were observed to have expressed a combination of empathy, nurturing, and relationship building in their leadership com-

munications, their governance remained strong. Constituents and followers alike were provided direction in support of forward momentum and the rebalancing of individual and collective socio-emotional and organizational equilibriums. These efforts supported an expressed combination of personal experience, open communication about the crisis event, its progression, and necessary actions that offered realistic hope amidst ambiguity [24]. The result of this approach highlighted how care and action can be paired in a human-centric approach that is available to all leaders across all levels of organizations. Through a purposeful, blended approach, leaders demonstrated an ethic of care toward the wellbeing of others [25]. Leaders “acknowledged the personal and professional challenges that their employees and loved ones experience during a crisis” [26]. In doing so, their ability to engage and connect with their stakeholders increased. Empathetic communication from the space of care resulted in closer relations between leaders and their constituents and/or employees, and the perception that these leaders were managing the pandemic effectively. Both men and women leaders who were applauded employed care communication. Employing care communication has not been shown to have had a direct relationship with reduced COVID mortality but rather with the increased perception by constituents that leaders were on top of the pandemic.

Since care is typically associated with women’s leadership, some studies attempted to measure whether women’s care communications in fact did result in fewer COVID deaths. Sergent and Stajkovic found that states in the United States that were led by female governors did experience less COVID deaths [25]. The authors quoted a number of public statements of these female governors that illustrated their care for their citizens, such as “You do not have to go through this alone. Don’t hesitate to reach out to me personally, to reach out to my family because they are in the same boat and experience the same situation” “You are our warriors, and we can’t win this fight without you. Thank you . . . for being the best self”. On the other hand, based on a complex analysis of a number of variables, including cultural and political differences and number of women in Parliament, Windsor et al. concluded that there was no correlation between women leaders at the helm and reduced deaths [26]. They concluded that the presence of a woman head of state did not make a country fare better in reducing mortality during the pandemic unless the country also had the cultural values that supported female leadership. Both articles pointed out that the literature related to women’s leadership predicted that women would manage disasters better than men because they typically institute better preparatory systems and build resilience to endure such disasters as part of their leadership mandates. However, both articles were written early in the pandemic so that their conclusions were preliminary. Further, these studies do not negate the importance of care communication in the leadership of both male and female leaders during the pandemic.

#### 4. The Significance of Care and Relations

Although care has not been systematically included as a key behavior in all leadership theories and approaches, the ethics of care has become an increasingly highlighted concept in social, political, and economic discussions and theories. Care is considered as ontologically foundational and the core of all moral reasoning and action with its value deriving from being in an “active relationship and caring for concrete others in ways that result in enhancing the others’ wellbeing” [27]. Held argued that the care of a child serves as an appropriate paradigm to think about the ethics of care [28]. Caring for a child emphasizes vulnerability, affective bonds, relations of mutual dependence, and obligation that underlie the ethics of care. Singh contended that care is not only relegated to the familial but underlies the economy and polity, which are relational systems [29]. Brazilian philosopher and theologian Leonardo Boff took the concept of care to the global level as he argued that:

Care is a way of being, that is, it is the key way through which the human-being structures itself and through which it interacts with others in the world. In other words, it is a way of being-in-the-world in which the relations that are established with all things are founded [30].

Noddings defined care as “a set of relational practices that foster mutual recognition and realization, growth, development, protection, empowerment, and human community, culture, and possibility” [31]. Care includes mutuality and obligation toward each other. It is a relational concept based on responsibility. Ciulla contended that “the job of a leader includes caring for others or taking responsibility for them . . . especially in times of crisis.” [32].

The crisis of the pandemic laid bare the necessity for leadership that includes care as an essential component. This necessity led some authors to reflect on the essential role of care in leadership in the post-pandemic world. Schultz, for one, structured a case study to investigate whether educators would continue their care-based leadership perfected during the pandemic into the future [33]. Basing her case on Noddings’ definition of care quoted above, as well as Tronto’s definition of care as “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible,” Schultz [34] made it clear that care should be fundamental to the way people interact and should comprise the ethical foundation of all leadership.

### **5. The Importance of Both Male and Female Leadership Behaviors**

When the contributing elements of actions that are embedded within the “care” message by leaders are unpacked, a significant contribution from recognized female or women’s leadership skills become visible. Care has been a fundamental concept in feminist research and is considered a key behavior in women’s or feminine leadership. Other behaviors typically associated with women’s or feminine leadership that were displayed during the pandemic included collaboration, self-determination, interpersonal orientation, and engagement toward others [35,36]. Unlike the gender-oriented leadership behaviors associated with masculinity through which leadership has traditionally been characterized, these skills have not previously received significant attention as being essential elements of all successful leadership [11,37]. The inclusion and emerging reliance of engaging the behaviors contributed by women’s leadership now serve to broaden the scope of leadership behaviors that leaders need to develop and demonstrate if they are to be successful when navigating adaptive challenges such as the pandemic and complex environments.

Examples of successful leadership demonstrate a combination of stereotypical masculine and women’s leadership behaviors. They personify a unique blend of the “care” approach that connects them to their stakeholders. The ability of a leader to combine specific, care-inducing behaviors invites leaders to focus on the socio-emotional needs of stakeholders, identify what leadership needs to provide, and craft the degree to which each selected behavior can be applied in support of establishing relatability while providing strategic direction to the constituents, followers, and employees. Having a blended construct can also support lessening future gender stereotyping in management where perceptions of how men and women ‘should’ act characterize how leaders ‘should’ lead as imparted by implicit leadership practices [38] (p. 113). Further, emphasizing the value of engaging a blend of leadership behaviors from both masculine and women’s leadership can embrace leadership as an androgynous concept. Instead of leadership skills being identified or viewed from a biased, or stereotyped perspective, they represent a broad collection of behaviors that can be strategically combined to communicate and connect from a non-gendered, androgynous frame.

A blended, so-called androgynous approach can increase the perception of skills originating in women’s leadership such as empathy, vulnerability, and self-awareness [39,40] to be indicators of strength. Another advantage is the relatability that the blend of skills embodies—supporting the activities of problem solving, being result-oriented, and being supportive of others, which are symbolic of effective modern leadership [41]. A sample of “care” behaviors that can support leader and leadership development to develop the relational–strategic competency is identified in Table 1.

**Table 1.** Sample of male and female leadership behaviors.

Stereotypical Male or Masculine (m), and Female or Feminine Leadership Behaviors (w)			
Independent (m)	Certain (m)	Sensitive (w)	Cooperative (w)
Self-confident (m)	Goal-oriented(m)	Expressive (w)	Intuitive (w)
Objective (m)	Bias for action (m)	Tactful (w)	Sympathetic (w)
Logical-rational (m)	Business-oriented (m)	Nurturing (w)	Warm (w)
Active (m)	Achievement-oriented (m)	Understanding (w)	Receptive (w)
Energetic(m)	Competitive (m)	Helpful (w)	Bias for flow (w)
Self-reliant (m)	Self-promotional (m)	Relationship-oriented (w)	Socio-expressive (w)
Risk-taker (m)	Individual (m)	Holistic (w)	Other-oriented (w)
Context-independent (m)		Context-dependent (w)	Interdependent (w)

Table 1 has been developed from an aggregation of research identifying gendered traits in role theory and descriptive indices [34,42–46]. The behaviors have been listed with their gendered orientations. The blend of behaviors that can foster the appropriate blend of “care” behaviors is not prescriptive. The approach of determining which behaviors to draw on is also flexible. Even when the gendered origins are not identified, leaders can find they will combine behaviors that originate in masculine as well as women’s leadership. A blended concept is supported by studies showing success in the blended application of leadership skills as the strength of a balanced skills portfolio for leaders in today’s complex environment [11].

Bertram argued that androgynous leadership is the leadership of the future. She emphasized that “androgynous managers are courageous and willing to take risks as well as warm-hearted, understanding and supportive”, and that “it has been shown that an androgynous mix of hard and soft skills contributes significantly to employee satisfaction and productivity” [47].

## 6. The Impact of Care Behaviors on Relations within Organizations

When leaders in organizations can establish psychological or socio-emotional connections with their followers through care communication, they are perceived by their followers to be fostering relatedness [48–51]. From this perspective, when the “care” behaviors are part of the competencies that organizations seek from their leaders, leadership development can support building the knowledge, skills, and experiences leaders need in business and social literacies among leaders [52]. Moreover, relationship building is among the top-ranking skills leaders need today [53,54]. Person-centered leadership approaches are also found to have the greatest psychological impact on employees [15]. Therefore, in response to leadership approaches that foster autonomy, control, and a sense of being cared for among stakeholders, the employees among them find they can work better with others around them. This is further supported by the engagement and relatability the blend of “care” behaviors represents for leaders as they focus on developing a human connection with the sense of self in their stakeholders. Lastly, in connecting with their person and their heart and mind, leaders who develop the heightened ability to engage self-awareness and self-belief empower themselves to engage a balance of energies that entrusts them to their followers [55]. When the experience between the leaders and followers include emotional engagement, the ability to evolve existing meaning into new meaning can occur [56,57]. This, in turn, supports the regeneration of employee wellbeing.

## 7. Complexity Leadership Theory in Complex Adaptive Organizations

Complexity science has provided a useful approach to explaining the functioning of complex organizations, especially as complex global challenges such as the climate crisis and environmental disasters, future pandemics, local wars, terrorist attacks, and other potential calamities are on the increase. Such challenges are adaptive in the sense that they require more than technical solutions but rather rapid and agile changes in the way organizations function and the underlying values that guide them [1,2]. Complexity

leadership theory in particular recognizes organizations as complex adaptive systems with interdependent parts. In complexity leadership theory, leadership is seen as a relational process that occurs throughout different system functions performed by both organizational staff as well as organizational processes. Given the complexity of global challenges, an androgynous leadership approach that includes both stereotypical masculine and feminine leadership approaches is required [1,2]. Care and people orientation are required by leaders throughout the system to establish and strengthen the required relationships, and task orientation is required in order to implement solutions.

One of the founders of complexity leadership theory, Uhl-Bien [1,2], recognized that complexity leadership theory is also a relational leadership theory [57]. Relational leadership emphasizes interpersonal experiences and personalized exchanges [58–60]. The engagement of relational leadership within complexity leadership theory as a framework offers flexibility to leaders as they are responsible for choosing how they engage with their followers in leader–follower exchanges. Within complex adaptive systems, administrative–procedural, operational, and human elements of the organization are in constant engagement with themselves as part of its operations. Complexity leadership theory offers leaders a frame within which to recognize the interdependencies of their system and how the system is highly influenced by its internal and external environment. Accordingly, leaders need to be able to adapt to changing conditions and enable solutions in response to these changes. Leaders engaging the “care” behaviors need to be able to communicate effectively with stakeholders and enable adaptive change. Collectively, enabling adaptive responses as well as the adaptive space within which these responses can be cultivated is key to leadership in complex adaptive systems [1]. Adaptive space and responses can be enabled through leadership activity which is influenced by the relationship leaders have with their followers. It is through the willingness to innovate and be creative and entrepreneurial in their thinking and actions that adaptive spaces are enabled. Moreover, engaging approaches that have adaptability and relatability built into them can further enhance the leader’s ability to navigate, communicate, and lead through complex adaptive challenges.

Complexity leadership theory also recognizes how administrative, adaptive, and enabling powers in the organization work together [57–59]. Innovating leadership approaches through the lens of complexity leadership theory encourages the expansion of perspective as well as the broadening of the familiar scope of leadership competencies. The adaptivity and constant negotiation of interdependencies with complex adaptive systems organically provides an environment in which leaders who develop the “care” behaviors can thrive through successful relationships with their employees. Subsequently, the development of “care” behaviors and the wellbeing they can enable can increase co-creation, which in turn can enable adaptive solutions and adaptive spaces [1]. When communicating with each other, leaders in these areas can be guided to apply a blend of “care” behaviors especially when navigating complexities or projects, processes and organizational needs. Once familiar with how to combine “care” behaviors, leaders can learn to harness the tension between the novelty and stability of their environment and apply their blend of strategic relatedness to encourage innovation and continuous growth through the exchange of feedback [1].

In addition to the potential for influencing relationships throughout the organization, leaders can enhance their leadership approaches to blend the “care” behaviors in support of working with unexpected and non-linear challenges. Leaders need to be skilled to enable flexible options as part of their “fitness landscape” [60,61]. Subsequently, their ability to engage and influence their stakeholders is paramount. Leaders can benefit from the inclusive dynamic represented in complexity leadership theory to exemplify their engagement.

## 8. Conclusions and Future Study

I have argued that the care communication of certain leaders during the pandemic helped to build relationships with their constituents and followers and contributed to

the perception that these leaders were implementing effective strategies to manage the pandemic. I further argued that the care manifested during the pandemic illustrated the importance of care to leadership in general and that care will be essential to include in leadership approaches to solve future global challenges. I pointed out that care is typically conceived of as feminine leadership and argued that feminine and masculine leadership are both important and should complement each other in androgynous leadership. I further contended that complexity theory and the concept of complex adaptive systems provides a conceptual framework within which to understand the challenges facing the global world. Within complex adaptive systems, complexity leadership theory illustrates that leadership occurs at all levels of the system and through all system processes, and that an androgynous leadership approach that highlights care and the importance of relationships is necessary to address these challenges.

Further, employee wellbeing can be fostered through enhanced leadership communications in which relationship building is demonstrated. Engaging a combination of behaviors originating in androgynous masculine and feminine leadership represents a strategic–relational blend of “care” behaviors that leaders can develop and apply toward stakeholders inclusive of constituents, followers, and employees in support of their wellbeing. These blended, accessible, and non-gendered behaviors available for leaders support the balanced skills portfolio essential for modern-day leaders in complex environments. The development of care awareness can further the understanding of the situation a leader has along with recognizing what their followers need from them and how they can build relatability. As a result, the “care” behaviors are essential to supporting the socio-emotional gap that can occur as a result of an imbalance in the wellbeing of employees.

Future studies can include, firstly, discussions and research into questions about which combinations of “care” behaviors are perceived to be most beneficial to different organizations or operating systems, and, secondly, research into the effects that the continuous development of “care” behaviors being leveraged over time in complex adaptive systems can have on influencing and sustaining employee as well as organizational wellbeing from an individual and collective perspective.

**Funding:** This research received no external funding.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** Not applicable.

**Conflicts of Interest:** The author declares no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

## References

1. Uhl-Bien, M. Complexity and COVID-19: Leadership and Followership in a Complex World. *J. Manag. Stud.* **2021**, *58*, 1400–1404. [CrossRef]
2. Uhl-Bien, M.; Marion, R.; McKelvey, B. Complexity Leadership Theory: Shifting Leadership From the Industrial Age to the Knowledge Era. *Leadersh. Q.* **2007**, *18*, 298–318. [CrossRef]
3. BC Centre for Disease Control. Available online: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks> (accessed on 18 March 2023).
4. BC Centre for Disease Control. Available online: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19> (accessed on 18 March 2023).
5. Blake, H.; Yildirim, M.; Wood, B.; Knowles, S.; Mancini, H.; Coyne, E.; Cooper, J. COVID-Well: Evaluation of the Implementation of Supported Wellbeing Centres for Hospital Employees during the COVID-19 Pandemic. *Int. J. Environ. Res. Public Health* **2020**, *17*, 9401. [CrossRef] [PubMed]
6. Llopis, G. Leadership Will Change Forever after the Coronavirus Pandemic. Available online: <https://www.forbes.com/sites/glennllopis/2020/04/06/leadership-will-change-forever-after-the-coronavirus-pandemic/?sh=7e0d1da661eb> (accessed on 20 January 2023).
7. COVID-19: What to Do If You or Someone in Your Home Is Sick. Available online: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/how-care-someone-covid-19-home.html> (accessed on 11 March 2023).



8. Global Wellness Institute What Is Wellness. Available online: <https://globalwellnessinstitute.org/what-is-wellness/> (accessed on 11 March 2023).
9. Koppe, H. Wellbeing: Part 1—What is it? *Aust. Fam. Physician* **2002**, *31*, 374–375.
10. Bamberry, L.; Neher, A.; Jenkins, S.; Sutton, C.; Frost, M.; Roberts, R.; Dwivedi, A.; OMeara, P.; Wong, A. The Impact of COVID-19 on the Workplace Wellbeing of Police Services in Australia. *Labour Ind.* **2022**, *32*, 28–54. [[CrossRef](#)]
11. Blake-Beard, S.; Shapiro, M.; Ingols, C. Feminine? Masculine? Androgynous Leadership as a Necessity in COVID-19. *Gen. Manag.* **2020**, *35*, 607–617. [[CrossRef](#)]
12. Acai, A.; Gonzalez, A.; Saperson, K. An Iterative Approach to Promoting Departmental Wellbeing during COVID-19. *J. Eval. Clin. Pract.* **2022**, *28*, 57–62. [[CrossRef](#)] [[PubMed](#)]
13. Social Distancing Comes with Psychological Fallout. Available online: <https://www.sciencenews.org/article/coronavirus-covid-19-social-distancing-psychological-fallout> (accessed on 15 October 2022).
14. Yu, J.; Park, J.; Hyun, S. Impacts of the COVID-19 Pandemic on Employees' Work Stress, Well-Being, Mental Health, Organizational Citizenship Behavior, and Employee-Customer Identification. *J. Hosp. Mark. Manag.* **2021**, *30*, 529–548. [[CrossRef](#)]
15. Ollis, L.; Shanahan, P. Stress, Psychological Distress and Support in a Health Care Organization during COVID-19: A Cross-Sectional Study. *J. Nurs. Manag.* **2022**, *30*, 359–366. [[CrossRef](#)] [[PubMed](#)]
16. Piotrowski, D.; Piotrowska, A.I. Operation of Gyms and Fitness Clubs during The COVID-19 Pandemic—Financial, Legal, and Organisational Conditions. *J. Phys. Educ. Sport* **2021**, *21*, 1021–1028. [[CrossRef](#)]
17. Ruiu, M.L. Mismanagement of COVID-19: Lessons Learned from Italy. *J. Risk Res.* **2020**, *23*, 1007–1020. [[CrossRef](#)]
18. Lazarus, J.V.; Ratzan, S.; Palayew, A.; Billari, F.C.; Binagwaho, A.; Kimball, S.; Larson, H.J.; Melegaro, A.; Rabin, K.; White, T.M.; et al. Covid-Score: A Global Survey to Assess Public Perceptions of Government Responses to COVID-19 (COVID-Score-10). *PLoS ONE* **2020**, *15*, e0240011. [[CrossRef](#)] [[PubMed](#)]
19. Kerrissey, M.; Edmonson, A. What Good Leadership Looks Like during This Pandemic. Available online: <https://hbr.org/2020/04/what-good-leadership-looks-like-during-this-pandemic> (accessed on 20 January 2023).
20. McCarthy, J.; Langfitt, F.; Kuhn, A. The Global Leaders Who Have Been Effective during the Coronavirus. Available online: <https://www.npr.org/2020/04/16/835710001/the-world-leaders-who-have-been-effective-during-the-coronavirus> (accessed on 20 January 2023).
21. COVID-19: How World Leaders Responded to the Crisis. Available online: <https://www.theguardian.com/world/2020/apr/12/covid-19-how-world-leaders-responded-to-the-crisis>. (accessed on 20 January 2023).
22. Williams, R. Crisis Leadership during COVID-19. Available online: <https://ceoworld.biz/2020/05/08/crisis-leadership-during-covid-19/> (accessed on 20 January 2023).
23. D'Auria, G.; De Smet, A. Leadership in a Crisis: Responding to the Coronavirus Outbreak and Future Challenge. Available online: <https://www.mckinsey.com/business-functions/people-and-organizational-performance/our-insights/leadership-in-a-crisis-responding-to-the-coronavirus-outbreak-and-future-challenges> (accessed on 22 January 2023).
24. Eagly, A.; Johnson, B.T. Gender and Leadership Style: A Meta-Analysis. *Psychol. Bull.* **1990**, *108*, 233–256. [[CrossRef](#)]
25. Sergent, K.; Stajkovic, A.D. Women's Leadership is Associated with Fewer Deaths during the COVID-19 Crisis: Quantitative and Qualitative Analyses of United States Governors. *J. Appl. Psychol.* **2020**, *105*, 771–783. [[CrossRef](#)] [[PubMed](#)]
26. Windsor, L.C.; Yannitell, G.; Windsor, A.J.; Ostergard, R.; Allen, S.; Burns, C.; Wood, R. Gender in the time of COVID-19: Evaluating national leadership and COVID-19 fatalities. *PLoS ONE* **2020**, *5*, e0244531. [[CrossRef](#)]
27. Nicholson, J.; Kuruc, E. Relational Leadership for Sustainability: Building an Ethical Framework from the Moral Theory of 'Ethics of Care'. *J. Bus. Ethics* **2019**, *156*, 25–43. [[CrossRef](#)]
28. Held, V. *The Ethics of Care: Personal, Political, and Global*; Oxford University Press: Oxford, UK, 2006.
29. Singh, D. Foreword in R. Thompson. In *Proleptic Leadership on the Commons: Ushering in a New Global Order*; Emerald Publishing: Bingley, UK, 2020.
30. Boff, L. *Essential Care: An Ethics of Human Nature*; Baylor University Press: Waco, TX, USA, 2008.
31. Noddings, N. The Cared-for. In *Caregiving: Readings in Knowledge, Practice, Ethics, and Politics*; Gordon, S., Benner, P., Noddings, N., Eds.; University of Pennsylvania Press: Philadelphia, PA, USA, 1996; pp. 21–39.
32. Ciulla, J.B. Leadership and the Ethics of Care. *J. Bus. Ethics* **2009**, *88*, 3–4. [[CrossRef](#)]
33. Schultz, C. Practicing Care-Center Leadership in a Pandemic: Narratives and Notes on a Care Ethics Experiences and Practices in Extraordinary Times. *Can. J. Educ. Adm. Policy* **2022**, *200*, 115–201. [[CrossRef](#)]
34. Tronto, J. *Caring Democracy: Markets, Equality, and Justice*; New York University Press: New York, NY, USA, 2013.
35. Elliot, C.; Stead, V. Constructing Women's Leadership Representation in The UK Press during a Time of Financial Crisis: Gender Capitals and Dialectical Tensions. *Organ. Stud.* **2018**, *39*, 19–45. [[CrossRef](#)]
36. DeFrank-Cole, L.; Tan, S.J. *Women and Leadership: Journey Toward Equity*; SAGE: Los Angeles, CA, USA, 2022; ISBN 978-1-5443-6147-5.
37. Lawton-Misra, N.; Pretorius, T. Leading with Heart; Academic Leadership during the COVID-19 Crisis. *S. Afr. J. Psychol.* **2021**, *51*, 205–214. [[CrossRef](#)]
38. Post, C.; Latu, I.M.; Belkin, L.Y. A Female Leadership Trust Advantage in Times of Crisis: Under What Conditions? *Psychol. Women Q.* **2019**, *43*, 215–231. [[CrossRef](#)]
39. Decoding Leadership: What Really Matters. Available online: <https://www.mckinsey.com/featured-insights/leadership/decoding-leadership-what-really-matters> (accessed on 22 January 2023).

40. Park, D. Sex-Role Identity and Leadership Style: Looking for an Androgynous Leadership Style. *J. Leadersh. Stud.* **1996**, *3*, 49–59. [[CrossRef](#)]
41. McLean, W.P.; Unter, K.A. Sex Role Stereotyping and Requisite Management Characteristics: An Examination of the Think Manager-Think Male Phenomenon Among Public Administration Students. *Econ. Manag. Financ. Mark.* **2010**, *5*, 127–132.
42. Hutchins, G.; Storm, L. *Regenerative Leadership*; Wordzworth Publishing: Tunbridge Wells, UK, 2019; pp. 9–19. ISBN 978-1-78324-119-4.
43. Berkery, E.; Morley, M.; Tiernan, S. Beyond Gender Role Stereotypes and Requisite Managerial Characteristics: From Communal to Androgynous, the Changing Views of Women. *Gend. Manag.* **2013**, *28*, 278–298. [[CrossRef](#)]
44. Appelbaum, A.L.; Miller, J.C. Gender and Leadership? Leadership and Gender? A Journey Through the Landscape of Theories. *Leadersh. Organ. Dev. J.* **2003**, *24*, 43–51. [[CrossRef](#)]
45. Metcalf, L.; Benn, S. Leadership for Sustainability: An Evolution of Leadership Ability. *J. Bus. Ethics* **2013**, *112*, 369–384. [[CrossRef](#)]
46. Chamorro-Premuzi, T.; Gallop, C. 7 Leadership Lessons Men Can Learn from Women. Available online: <https://hbr.org/2020/04/7-leadership-lessons-men-can-learn-from-women> (accessed on 23 January 2023).
47. Bertram, S. Androgynous Leadership Is the Future. 2021. CISION. Available online: <https://www.prnewswire.com/news-releases/androgynous-leadership-is-the-future-301438610.html> (accessed on 18 April 2023).
48. Deci, O.A.H.; Ryan, R.M. Self-Determination Theory in Work Organizations: The State of a Science. *Annu. Rev. Organ. Psychol. Organ. Behav.* **2017**, *4*, 19–43. [[CrossRef](#)]
49. Roche, M.; Harr, J.M. A Metamodel Approach Towards Self-Determination Theory: A Study of New Zealand Managers' Organisational Citizenship Behaviours. *Int. J. Hum. Resour. Manag.* **2013**, *24*, 3397–3417. [[CrossRef](#)]
50. Pinos, V.; Twigg, N.W.; Parayitam, S.; Olson, B.J. Leadership in the 21st Century: The Effect of Emotional Intelligence. *Acad. Strateg. Manag. J.* **2006**, *5*, 61–76.
51. Leadership Skills You Need to Learn Fast (Especially 1 to 7). Available online: <https://www.imd.org/imd-reflections/reflection-page/leadership-skills/> (accessed on 16 February 2023).
52. Mutale, J. Leading the Modern Organization: 6 Skills Leaders Need. Available online: <https://trainingindustry.com/articles/leadership/leading-the-modern-organization-6-skills-leaders-need/> (accessed on 16 February 2023).
53. Caro, C. Mastering the Duality of Feminine and Masculine Energies in the Workplace. Available online: <https://www.forbes.com/sites/forbescoachescouncil/2019/04/25/mastering-the-duality-of-feminine-and-masculine-energies-in-the-workplace/?sh=da6d8601af73.com> (accessed on 20 February 2023).
54. About Gallup. Available online: <https://www.gallup.com/corporate/212381/pressing-problems-solved.aspx> (accessed on 15 March 2023).
55. Clarke, N. *Relational Leadership: Theory, Practice and Development*; Routledge: London, UK, 2018; ISBN 978-1-31562-043-5.
56. Cunliffe, A.L.; Eriksen, M. Relational Leadership. *Hum. Relat.* **2011**, *64*, 1425–1449. [[CrossRef](#)]
57. Uhl-Bien, M. Relational Leadership Theory: Exploring the Social Processes of Leadership and Organizing. *Leadersh. Q.* **2006**, *17*, 654–676. [[CrossRef](#)]
58. Geer-Frazier, B. Complexity Leadership Generates Innovation, Learning, and Adaptation Of The Organization. *Emergence* **2014**, *16*, 105–116.
59. Héraud, J.-A.; Kerr, F.; Burger-Helmchen, T. *Creative Management of Complex Systems*; Wiley: London, UK, 2018; pp. 55–98. ISBN 978-1-11933-246-6.
60. Benigson, M.; Goldstein, E. It's Lonely at the Top: How Senior Leaders Can Stay Resilient and Look after Their Mental Health during COVID-19. Available online: <https://www.thembsgroup.co.uk/internal/its-lonely-at-the-top-how-senior-leaders-can-stay-resilient-and-look-after-their-mental-health-during-covid-19/> (accessed on 10 March 2023).
61. Gray, P. Leaders: It's Important to Maintain Your Mental Health in the COVID-19 Era. Available online: <https://www.techrepublic.com/article/leaders-its-important-to-maintain-your-mental-health-in-the-covid-19-era/> (accessed on 22 January 2023).

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.