

Leadership configuration in crises: Lessons from the English response to COVID-19

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Abstract

Our study examines the empirical case of the political leadership response to Covid-19 in England. It shows that, rather than the ideal configuration of leadership suggested by theory, within which individualistic and collective leadership blend, a less balanced configuration emerged that can be characterised as incoherent. In England, an individual political leader behaved in an authoritarian way, which ignored evidence about how to address Covid-19. So, rather than an individual orchestrating a collective leadership effort to address complex issues, leadership was rendered fragmented and chaotic. We suggest that the English context, characterised by populist tendencies and neoliberal economic policy, shaped the poor leadership response to Covid-19.

Keywords

Leadership, Covid, England, populism, crisis, hubris

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Introduction

We respond to calls for more research that examines political leadership (Spector, 2020; Wilson, 2020) in addressing the Covid-19 crisis. Specifically, we examine how political leaders perform during a crisis, and the leadership dynamics that generate positive outcomes (Tourish, 2020). We define political leadership as that enacted by the holders of formal positions of authority who are elected (rather than appointed), act like representatives, and control the functioning of, as well as have an effect upon, constitutional and legal frameworks (Morrell and Hartley, 2006). It follows that political leaders' source of authority is a mandate: 'permission to govern according to declared policies, regarded as officially granted by an electorate ... upon the decisive outcome of an election' (Chambers Dictionary, 1993) (Morrell and Hartley, 2006:484).

Mainstream leadership theory suggests that a leadership configuration, encompassing both individual and collective leadership, is required during an uncertain and ambiguous crisis such as Covid-19, to move through the crisis to an appropriate learning response for recovery (Buchanan and Hällgren, 2019; Currie et al., 2022). Individual leadership plays a vital role in a crisis since individual leaders have to engage in decision making to advance shared commitment amongst the collective. Furthermore, individual leadership may be more readily accepted by followers (Mabey and Morrell, 2011), since in times of a crisis, leadership is symbolic, with the public expecting someone 'in charge' and accountable (Currie et al., 2009). At the same time, collective leadership, derived from multiple organisations and experts is required to address the complexities of a crisis (Chreim, 2015; Ospina et al., 2020). The configuration of leadership to address crises is likely to have a temporal dynamic over which the balance of individual and collective leadership changes (Currie and Lockett 2011; Hannah et al., 2009).

We derive our theoretical analysis from the empirical case of the leadership response to Covid-19 in England (the largest of the constituent nations of the United Kingdom [UK]). Our study highlights the significant effect of the context in which leadership is enacted. Neoliberal policy, populism with its overemphasis on symbolic leadership, leader incompetence and the social construction of leadership (Grint, 2005) create conditions that shape the leadership configuration response to the Covid-crisis 19 in England. Our level of analysis lies with the leadership relationships and dynamics that emerge in a newly formed leadership space by the crisis stretched over diverse teams, organisations and society (Chreim, 2015; Ospina et al., 2020). Although theory may call for an ideal leadership configuration encompassing formally appointed leaders and leaders that emerge more informally (White et al., 2014), our analysis shows that such an ideal leadership configuration proves challenging to implement (Crosby and Bryson, 2010; Currie and Lockett, 2011) in the face of the dominant political ideology of populism and neoliberalism in England.

Literature review

To better understand leadership in a crisis, we draw upon Grint's (2005) conception of wicked, tame and critical problems. Wicked problems are new, ambiguous, and uncertain problems with no easy answers. Addressing wicked problems requires leadership that is more inclusive and collective. The role of leaders here is to engender cooperation within, and across, multiple actors, to provide an orchestrated responses to a wicked problem. The focus of leadership is upon knowledge capabilities required to address multiple inter-related problems and challenges (Daviter, 2019). Individual leaders need to mobilise knowledge capabilities of others in a more collaborative manner to appropriately respond to a crisis (Boin and T'Hart, 2003). Crises, as Grint suggests, can also comprise of tame and critical problems. Critical problems require the ability to command a quick response to

react to a crisis. The nature of the problem is such that an individual leader, in the role of a commander, must intervene to influence their followers towards precise action to avoid a catastrophe. Finally, tame problems are complicated but well understood, and require functional expertise to follow standard operating procedures.

During a crisis, leaders need to be able to adapt to various types of problems and situations. However, as [Grint \(2005\)](#) reminds us, the leaders' influence dwells not so much in their capacity to detect a problem and propose a certain action, but more in the way they construct the context to legitimise a certain action (collaborative leadership, command, management). Typically, challenges arise for two reasons. First, leaders and their followers may not share the same perception or interpretation of the problem. According to such constructivist perspectives, achieving consensus during a crisis is very difficult since conflict might arise upon diverse interpretation of the facts ([Grint 2022](#)). Second, during a crisis, such as Covid-19, individualistic and collective leadership need to combine to address problems ([Fairhurst et al., 2020](#); [Hällgren, Rouleau and De Rond, 2018](#); [Holm and Fairhurst, 2018](#)). In our case of Covid-19, leadership derived from the scientific, policy-making, front-line providers and local communities is required as the crisis unfolds. For example, with a global pandemic, real time surveillance of its spread encompassing genomic, clinical and epidemiological data is required. Here the role of political leaders is to orchestrate collective intelligence from diverse experts and remain knowledgeable about challenges of, and potential solutions to, the crisis. Political leaders must learn fast from mistakes by engaging with experts and other key stakeholders within broad policy networks, who possess valid 'knowledge' about the crisis and its effects ([Baekkeskov, 2016](#)). In time of a crisis, political leaders have a choice to make about how to use all this diverse body of knowledge to frame the crisis ([Spector, 2020](#)). Able leaders pursue expert knowledge to make tough decisions to satisfy the interest of the collective during the global pandemic ([Tomkins, 2020](#)). The example of Jacinda Arden, Prime Minister of New Zealand exemplifies such a need ([Wilson, 2020](#)).

In a policy context where predominant ideologies and approaches to public management privilege individual leaders being in charge and accountable with formal performance targets, we run the risk of romanticising the heroic leader that handles a complex crisis ([Weber, 1947](#)). The context of the crisis can push toward individual leadership and hierarchical authority to monopolise power rather than aim for more collective and relational leadership ([Denis et al., 2012](#)). Pressures on leaders derived from a crisis amplify or exacerbate the role of individual leaders, and drive out collective leadership. This may cause leaders to propagate a heroic image. To borrow an analogy from Cowboy Westerns, a heroic leader rides alone on his or her horse into town to save the local population ([Currie, Lockett and Suhomlinova, 2009](#)).

In the context of a political ideology based on a mix of nativism, welfare chauvinism, suspicion about political and intellectual elites and institutions ([McKee et al., 2020](#); [Rinaldi and Bekker 2020](#)), then a populist leader might emerge. Political leaders of populist allegiance will be less inclined to consider new and critical information that emerges as the crisis unfolds. Populist political leaders commonly fail to take into account competing and multiple sources of information, tend to emphasise their charismatic ethos ([McDonnell, 2016](#)) and safeguard their dominance by relying on half-truths, lies and ambiguities ([Foroughi et al., 2019](#)). Associated with populist leadership is arrogance, hubris, a refusal to listen, blaming others and anti-leadership that fails to unify different interests and aims to satisfy individual needs at the expense of the collective ([Tourish, 2020](#)). Moreover, populist leaders exemplify elements of authoritarian leadership, with concentrated decision-making power to dictate rules and actions ([Joullié et al., 2021](#)). Typically populist authoritarian leaders will use top-down communication to control the dissemination of information, impose decisions and ignore expert contributions that come from others ([Harms et al., 2018](#)). They

prove incapable of accommodating debate and disagreement to respond to a crisis (Spector, 2020). A populist leader keeps hold of as much power and authority as possible, and demands unquestioning obedience and compliance (Chiang et al., 2021; Zheng et al., 2021).

Empirical case of England

We focus our inquiry upon the empirical case of England, a nation whose response to the Covid-19 pandemic illuminates our theoretical concerns. This is due to the emerging context of populism in England during Brexit and the anti-expert and anti-civil service stance evident from Government Ministers before the Covid-19 crisis began. Readers might note the other devolved nations of the UK (Scotland, Wales, and Northern Ireland) diverged in their leadership response from England.

Empirical analysis

The analysis of the English case involved several steps. We searched The Financial Times (FT), The Guardian, plus BBC News, widely considered to have different political leanings, to derive the ‘facts’ of our empirical case upon which we constructed our viewpoint. News articles offer a rich appreciation of what actual information was accessible, which challenges were prominent, as well as who was mobilised and involved or not in the resolution of these challenges (Greener et al., 2021).

We examined the various positions of media qualitatively, focusing upon their headlines regarding the English leadership response to the Covid-19 pandemic. While we considered different accounts within different media sources of the same ‘fact’, such as reports about England’s lack of preparation for the pandemic, accounts from media of different political persuasion were more convergent than might be imagined. Where relevant and publicly accessible, we accessed relevant documentation and reports, such as membership of Government advisory groups; for example, Nervtag and SAGE. To support our analysis, we also drew on the testimony of Dominic Cummings, a close advisor to Prime Minister Johnson during Covid-19, to the House of Commons Select Committee about the political leadership response to Covid-19 in England. We were aware of potential limitations that might derive from a single testimony, especially when one takes into account that Cummings was very much embedded in the leadership configuration for about a year before he was sacked by the Prime Minister, Boris Johnson, in November 2020. As Johnson’s top advisor, Cummings was criticised by the media for unacceptable behaviour and he was not known as a trustworthy witness, hence we approach his testimony with caution. For example, statements derived from Cummings might be partial or biased in their assignment of accountability (or lack thereof) for certain events and proposals (Brown 2004; Turner 1976). We recognise that such statements may inflict a certain sort of reality to its readers, and as such we do not just report on the Cummings testimony, but we cross check statements within this with our media analysis.

Case presentation

First, our analysis summarises the English Government response to the pandemic, followed by the way the English Government framed Covid-19, drawing on Grint’s work on wicked/critical/tame problems. We then detail the emerging configuration of leadership. Our analysis shows that leader incompetence and the social construction of leadership (Grint, 2005) in the face of the dominant political ideology of populism and neoliberalism in England created conditions that shaped the leadership configuration response to the crisis. Any configuration of individualistic with collective

leadership proved challenging to create and maintain. The emerging configuration of leadership in response to Covid-19 was fragmented and chaotic with catastrophic results.

The English Government response to Covid-19

The Government moved into a delayed lockdown, ignoring criticism for its slow response that lagged behind its European and other international peers (BBC News, 2 March 2020; The Guardian, 11 March 2020). Certainly, the relative positive achievements of countries such as China, South Korea and New Zealand that offered lessons to help mitigate the impact of the Covid-19 disruption were not taken into any deliberation for reflection. While England was characterised by global indicators as well-prepared for pandemics as recently as 2016, complacency appeared to take hold with Boris Johnson missing a total of five Cobra meetings (Government's main emergency committee) at the start of the outbreak of Covid-19. The economic imperative was dominant, encouraged by more libertarian Ministers described as 'hawkish'. The Government's belated response to lockdown was, in part, a consequence of concern about economic impact. Only when the ravages of Covid-19 became more apparent, including Boris Johnson's own hospital admission for Covid-19, did a public health imperative take hold with inclusion of scientific experts in the political leadership configuration alongside Prime Minister Johnson, specifically the Chief Medical Officer (Chris Whitty) and Chief Scientific Advisor (Patrick Vallance).

Some consequences of England's poor preparation for the pandemic were that it lacked surveillance infrastructure for Covid-19. Perhaps more crucially it lacked supplies of testing equipment and personal protection equipment for frontline professionals, in the wake of the Brexit decision, because it chose not to participate in European Union meetings for member nations to collaborate around this.

Further, a move from a crisis to learning response across political, if not scientific communities, seemed absent in England. England has not enjoyed a pre-eminent position in their policy and public services response to the Covid-19 crisis, indeed it has been seen internationally as somewhat of a laggard. It is obvious that England lacked surveillance infrastructure in the absence of mass community testing (a decision was made to stop this 12 March 2020), compared to near neighbours like Germany. England's unwillingness to use evidence from elsewhere about the spread of Covid-19 and how the 'curve might be flattened' so healthcare is not overwhelmed, and to give breathing space for testing and vaccine development, is hard to fathom. When presented with evidence of an accelerating spread of the virus in other countries, scientific leaders in England appeared to suffer from a systematic error in decision making, with Public Health England assessing only a 'moderate' threat from Covid-19. Anthony Costello, former Director of Maternal and Child Health at the World Health Organization (WHO) has been particularly critical of the English Government's response (The Guardian, 7 April 2020), asking why was leadership slow and inconsistent in their response to the Covid-19 crisis? Why was England so ill-prepared in infrastructure and equipment? Why was co-ordination lacking across agencies? The Government missed a series of opportunities to learn along the way from the early days of the crisis and try to lessen the impact of the outbreak.

Framing the Covid-19 crisis

No country knew with certainty what was needed to be done to resolve the wicked nature of the Covid-19 pandemic. The Government in England pushed for simple solutions, despite lacking vital knowledge to resolve the problem. Cummings emphasised that the Government held a prevalent belief until March 2020 that the only option was to manage the pandemic until herd immunity was

reached. The Government framed lessons emerging from other countries as irrelevant to the approach in England to deal with the pandemic. Leadership required to deal with wicked problems, needed to be more inclusive and characterised by humility and empathy. This was evident in other nations through political leaders such as Jacinda Ardern (New Zealand), Angela Merkel (Germany) and even in other parts of the United Kingdom, through Nicola Sturgeon (Scotland).

We agree that some degree of command may be necessary to respond to some of the problems related to Covid-19 (Grint, 2022). However, to emphasise our argument, what emerged within England was an unbalanced leadership configuration with an overemphasis on individual leadership. This was exacerbated by the political context of populism and in part Boris Johnson's inability to exercise leadership to address the wicked nature of the pandemic.

Leadership configuration and behaviours

Our analysis reveals three related characteristics of leadership: authoritarian leadership, heroic leadership, populist leadership. Their combination had the effect of generating an incoherent and chaotic leadership response to Covid-19 that was fragmented rather than collective.

Authoritarian leadership. At first sight, concentrated leadership pushes the Prime Minister, Boris Johnson, into the limelight. As the individual accountable for any response, Johnson enacts the individualistic leadership, which the public come to expect in times of a crisis. However, in so doing, it represents an approach that, in its initial phase, appears authoritarian. Along with some of his ministerial colleagues, he failed to engage and adhere to the advice of experts and produce a sufficient orchestrated response to the crisis. The Government relied upon a narrower range of knowledge capabilities than might be optimal, with evidence produced by epidemiologists and statistical modellers ignored, when moving towards loosening the lockdown at a later stage of the pandemic. For example, the Government ignored the advice on the 16 March 2022 by Professor Neil Ferguson, the lead scientist on the Covid-19 response team at Imperial College, urging the Government to switch its approach from mitigation, which focuses on slowing but not necessarily stopping epidemic spread, to suppression, which aims to reverse epidemic growth:

“There are profound questions to be answered, about why Johnson's Government stood alone among the countries of the world, pursuing that herd immunity approach, and why, when they realised stricter measures were needed, the lockdown was still delayed” (The Guardian, 29 April 2020).

Instead, the Prime Minister regarded himself and a few others close to him having complete authority over decision making without providing a clear explanation or rationale for such decision making. Professor John Ashton, former regional director of Public Health England, criticised the lack of transparency in leadership and the decision not to disclose the locations of new Covid-19 cases:

“They should be sharing the data as much as possible, to make the public equal partners in tackling this and help them make decisions about their own lives. The public needs to know if it's in their area on a daily basis. The planning documents talk a lot about openness, transparency and public involvement. But that hasn't applied to what's been going on for the last three weeks.” (The Guardian, 4 March 2020)

Authoritarian leadership by Government appears again later when calls for greater involvement of regional and local leaders in decision-making were ignored. This is apparent in the Government

mandating a local lockdown in a city in the English Midlands, Leicester, starting 29 June 2020, where local health and political leaders were both surprised by the lockdown and starved of the nationally held data they needed to control infections. The authoritarian leadership imposed by central government upon local government was to be even greater as a second lockdown extended later in the year. The Government communicated local lockdowns via Twitter late at night, without consulting affected local leaders, leading to variation in restrictions faced by the population across England. Such authoritarian leadership engendered conflict between central government and local government leaders, exemplified as a Northern English city, Liverpool, entered a “very high” Covid-19 alert level imposed by central government.

Heroic leadership. Leadership was socially constructed as ‘heroic’, encouraged by the media no doubt, if not his own narcissism, by Boris Johnson. Johnson aligned his role as one of a ‘wartime’ leader akin to Churchill, a Prime Minister regarded as hero now by the English public. Boris Johnson’s Government seized on “war rhetoric” (The Guardian, 16 March 2020) to frame the crisis (Spector, 2020). The FT notes the: “UK draws up ‘battle plan’ to beat coronavirus” (1 March 2020). The Guardian notes, “with the country in crisis and the NHS stretched to breaking point, Boris Johnson’s Government has seized on war rhetoric” (Guardian, 16 March 2020).

To address the wicked problem of the pandemic, Boris Johnson, rather than transferring authority to the collective, enacted a leadership style that was informed explicitly by the military discourse of the “war against the virus”. Yet, the Churchillian approach of hopeful speeches offered no direction or even guidance. The choice to use the “wartime” label to frame the pandemic meant the public accountability mechanisms and arrangements in place before the Covid-19 crisis became obsolete as the Government sought control and invoked decision making emergency powers (Atkinson et al., 2020). Framing the Covid-19 pandemic as a war and himself as a heroic leader, Boris Johnson engaged in self-promoting and self-aggrandising behaviour, demonstrating failure to recognise the nature and scope of the problem that needed to be addressed. Other countries, in contrast (such as New Zealand) conveyed belief in the scientific experts who were trying to protect the interests of society. The ideology of Boris Johnson, associated with the predominant political base of the ruling Conservative Party, dictated some major decisions aligned with the economic imperative. There was an absence of more inclusive form of leadership that might have struck a balance between public health, economic welfare and others consequences of the pandemic and lockdown measures on society and the well-being of individuals.

Boris Johnson’s leadership can be characterised as symbolic to show the Government was doing something to address the crisis. This was most obvious when large scale exhibition centres, which normally played host to lifestyle shows and conferences, were converted into temporary hospitals for Covid patients, albeit none of which were ever to see a patient:

“The planned transfer of more than 30 patients from established London hospitals to the Nightingale was “cancelled due to staffing issues”, according to NHS documents seen by the Guardian. All the patients had been intubated and were on a ventilator because they were so unwell” (The Guardian, 21 April 2020).

Populist leadership. Boris Johnson and his Government Ministers addressed problematic situations, such as lack of testing, and the supply of protective equipment, with claims that seemed unproven by data.

Boris Johnson used the power of his position to deny the probable impact of the pandemic, while also claiming “the UK was well-prepared” (The Guardian, 8 March 2020). Boris Johnson’s particular form of leadership was an anti-science one, similar to other populist leaders such as Donald

Trump in USA, Jair Bolsonaro in Brazil, and Narendra Modi in India, who all ineffectively handled the pandemic (Spector, 2020). It relied upon decisions based on emotions, interests and old routines and was inclined to dismiss new and critical information that emerged as the crisis unfolded. Boris Johnson prioritised his political demands and interests, expecting total backing for his leadership, and passive and uncritical followership.

Cummings highlighted the Prime Minister failed to show ‘caring’ leadership (Tomkins, 2020) by rejecting a proactive response to Covid-19 in the early stages of the pandemic. He only imposed a national lockdown, too late in March 2020, and only after the NHS started to feel the pressure from the intense hospitalisation of Covid-19 patients. Further, during the early stages of the pandemic, Boris Johnson encouraged the public to believe that “we should all basically just go about our normal daily lives”, providing they washed their hands frequently; indeed he boasted of shaking hands with infected patients. Cummings alleged that Boris Johnson had primarily rejected the Covid-19 pandemic as “the new swine flu” or “just a scare story”.

When the crisis lessened with Covid-19 numbers dropping, and lockdown restrictions much reduced, potentially this allowed space for reflection and learning regarding the effectiveness of leadership in anticipation of the much predicted second wave of the pandemic. Indeed, Boris Johnson promised to learn lessons “the whole time and we obviously will draw the right conclusions for the future” (BBC News, 15 July 2020). However, such reflection and learning appeared only a symbolic action to please people, since a Covid-19 Inquiry was reported to be years away with Johnson pushing back against an imminent inquiry as “too soon ... in the middle of really getting things going, still dealing with the pandemic, when everybody is flat out” (The Guardian, 29 June 2020).

The Government sought to counter blame for any lack of preparation to address the Covid-19 crisis. Cummings alleged:

“I certainly believe that the Secretary of State, Matt Hancock, used Patrick Vallance and Chris Whitty as shields for himself— yes. He used the whole “We are following the science” as a way so that he could always say, “Well, if things go wrong, we will blame the scientists and it is not my fault.” I saw him discuss that with the Prime Minister and I think it was one of the many appalling things that Hancock did”

Public Health England in particular was castigated for failure, with its leadership response described as “sluggish” (Financial Times, 22 July 2020). The BBC also revealed that Boris Johnson was trying to push the blame for Covid-19 deaths to care homes, quoting the Prime Minister saying that, “too many care homes didn’t really follow the procedures” (BBC, 7 July 2020). Further reflecting the Government’s disposition to blame others, the head of the Civil Service, Mark Sedwell, was ‘stood down’ by the Prime Minister, influenced by Cummings, who stated “a hard rain was coming following exposure of the weakness of the civil service in responding to the Covid-19 pandemic” (Financial Times, 27 June 2020). Similarly, Lee Cain, Director of Communications for the Government and one of Boris Johnson’s closest allies, blamed “bad policy” for failings to engage in learning to address Covid-19.

Chaotic leadership. The combination of authoritarian, populist, and heroic leadership fragmented and rendered chaotic the multi-agency leadership response required to address the complex crisis. Cummings described the Cabinet Office as totally overstrained and disordered. He mentioned lack of resources, capabilities, or data to efficiently react to such a crisis. Professor Jeremy Farrar, a pandemics expert on the SAGE Committee, told BBC One’s The Andrew Marr Show:

“Numbers in the UK have continued to go up. I do hope that we are coming close to the numbers reducing. But yes, the UK is likely to be certainly one of the worst, if not the worst affected country in Europe.” (The Guardian, 12 April 2020).

According to the FT, the UK, within which over 85% of the population lies in England, had registered 59,537 more deaths than usual between March and May 2020. This represented one of the highest death tolls in the developed world (Financial Times, 28 May 2020), which could have been avoided had the Government followed the advice of scientists and learned from political leaders in other nations.

Muddled communication and lack of preparation had serious consequences for frontline staff, left without sufficient personal protective equipment and without recourse to testing (The Guardian, 16 March 2020). Johnson’s decisions were perceived to be unclear, lacked scientific grounding, were too optimistic and confused the public. Take for example the slogan ‘stay alert, control the virus, save lives’, which the Government promoted at the same time as they sought to normalise the economy after 2 months of near draconian quarantine measures. When the Prime Minister was confronted about his tendency to disregard his Government’s guidance, he emphasised the significance of “liberty” as a British value. He argued the public should be responsible to make their personal choices, only to soon alter his response when the medical system came under threat, to urge the public to be “ruthless” in adhering to the rules (Guardian, 18 March 2020).

As Cummings said, “there is absolutely no excuse for delaying” the public inquiry into the Government’s handling of the Covid-19 crisis. He went on to say that Johnson and other “Minsters” were “completely out of their depth” during the Covid-19 crisis. Cummings described the Prime Minister as “like a shopping trolley smashing from one side of the aisle to another”. He further argued statements that the UK was ready for a pandemic were proven to be false. In his evidence to the Commons Health and Social Care and Science and Technology Select Committees, he quoted a senior official saying:

“We are absolutely f***ed” and “...there is no plan in the Department of Health, we’re in huge trouble. This country is heading for disaster, I think we are going to kill thousands of people.”

Responding to inquiries from the House of Commons Select Committee, Cummings highlighted the abdication of leadership that led to deleterious effects. “Chaos, panic and disorder” were some words he used to describe the Government as Covid-19 spread from China in January 2020. The consequence was disjointed policymaking, inadequate and disorderly communication and very high rates of infection and death. Cummings further emphasised the failure of the leadership to protect its people by explaining that:

“The Government failed terribly to explain to people that, point one, a lot of people are being infected asymptotically and, point two, it is airborne. Even now, even today, the Government communications are still over-stressing “wash your hands” and under-stressing airborne. That was a big problem. Lots of people were not isolating because they didn’t understand this basic point. It wasn’t their fault; it was our failure to explain to people”.

Cummings, further characterised Boris Johnson as not fit and the wrong person to lead the UK during the pandemic, following several “disastrous” mistakes that led to thousands of unnecessary deaths. At the same time, when talking about Hancock, Health Minister at the time, Cummings emphasised nobody was in charge:

“Hancock is completely incapable of doing the job, so he can’t be responsible, so no one got to grips with who was actually in charge”.

The role of the Government Cabinet in making disastrous leadership decisions was again illustrated when the Treasury Minister Sunak’s funded an ‘eat out to help out’ campaign to support restaurants, which, it has been argued, was partly responsible for the start of the ‘second wave’.

Further, the Government was criticised by the media for failing to inadequately source testing kit and personal protective equipment months after the issue became apparent. The media increasingly questioned privatisation and outsourcing policy of the Government. Their criticism was reflected in the chaos they reported around storage and distribution of personal protective equipment to the NHS and care homes through a contract awarded to a foreign-owned private company. In the context of such ‘heat’ from the media, politicians remained defensive and focused upon deflecting blame to the public sector based on the neoliberal assumption that the private sector is good, and the public bad. Alongside the media criticism, Cummings went on to say leadership was inadequate because of its failure to accept and respond to criticism:

“Closed group-think bubbles: everyone just reinforced themselves. The more that people from the outside attacked, the more people internally said, ‘Well, they don’t understand, and they haven’t got access to all this information’ and what not. It was this classic group-think bubble”.

Fragmented not collective leadership. We note inclusion of scientific experts in the leadership configuration at the top alongside Prime Minister Johnson, on the basis their knowledge capability was deemed essential to address Covid-19 (The Guardian, 15 March 2020). However the Government relied upon a thinner base of knowledge competences than may be ideal, with advice offered by clinical scientists (i.e. epidemiologists and public health experts) privileged, and to some extent behavioural scientists when moving towards loosening the lockdown. There was an absence of advice from those with organisation and management expertise around global supply chains for personal protective equipment and the challenge of mounting an effective operational response at organisational level to the delivery of health and social care. We note the emergence of attempts to exercise collective leadership influence, extending to and being enacted on the frontline, but it remained decoupled from the political level. We note, for example, senior doctors from the ground exercising their leadership influence by challenging the Government’s response to Covid-19:

“An open letter from a group including some of the UK’s most senior doctors asked the Government to publish the modelling and any other evidence for the policies it is pursuing. “Our country’s public health response to Covid-19 is demonstrably different to most other countries’ responses globally and in Europe ... There is also no clear indication that the UK’s response is being informed by experiences of other countries in containing the spread of Covid-19,” and “Public health experts and hundreds of doctors and scientists at home and abroad are urging the UK Government to change its strategy against coronavirus, amid fears it will mean the epidemic “lets rip” through the population” (The Guardian, 15 March 2020).

Leadership was fragmented. The overemphasis on individual leadership in the crisis and the political context in England meant that the synchronisation of leadership response across political, scientific and healthcare groups was absent. In part, such fragmentation derived from the plethora of agencies developed over the years; to name but a few, the Department of Health and Social Care, NHS England and similar bodies for the UK’s devolved nations), Public Health England (and similar bodies for the UK’s devolved nations), National Institute for Health Research, Chief Medical

Officer, Chief Scientific Advisor, Scientific Advisory Group for Emergencies (UK SAGE), Cobra (cross-government department committee to address national emergencies). Leadership appeared fragmented even amongst Government Ministers. For example, the Health Secretary, Hancock insisted the Government was “rolling out a big expansion of testing” – but declined to give a specific timetable, while the former Business Secretary, Clark pointed to the fact “that the number of patients being tested for the virus has declined in recent days, and asked how quickly capacity could be increased” (The Guardian, 11 March 2020).

Discussion

The aim of our study was to explore the leadership configuration that emerges during a crisis, using the English Government’s response to the Covid-19 pandemic as an exemplar. The main analytical contribution of the paper is to relate a crisis situation and national context to the type of leadership that is enacted during the crisis. Theory suggests that an ideal leadership configuration encompassing individual and collective forms of leadership is required during crises (Hannah et al., 2009). However, more critical leadership theory suggests leadership practice in ‘extreme times’ is not what is typically covered in the textbooks and warrants more careful and nuanced analysis (Tourish, 2020).

Our analysis suggests tension between symbolic leadership by an individual and the need to adopt a more collective approach to leadership in the context of the pandemic and political system in England. This led to a less than ideal leadership pattern than theory would suggest; i.e. England lacked a balance in the configuration of individualistic and collective leadership (Hannah et al., 2009). Our analysis points to an emerging configuration of leadership, characterised by authoritarianism, heroism, populism, and fragmentation. We note that such leadership configuration was dysfunctional, ineffective and grossly unbalanced towards individual leadership that was dangerous and generated catastrophic results. The enactment of collective leadership was undermined by a populist leader that promoted simple solutions to complex problems (Tourish, 2020). The result, in our case, was a leadership approach that appeared chaotic compared to other countries in Asia and Europe.

Using wicked problems as an analytical lens to unlock our analysis, we suggest the Covid-19 pandemic displays elements of complexity and creates confusion amongst key stakeholders that can lead to fragmented rather than collective leadership, even more so when the problem is misdiagnosed as tame or critical. It has been argued that the solution to wicked problems includes more collective leadership. However our analysis of the English case suggests that wicked problems with so many different issues that require attention (in the case of Covid-19: lockdowns, social distancing, well being and reduction in productivity), can cause fragmentation amongst key stakeholders. Stakeholders may have diverse objectives and agendas, different understandings about what the real problems are and how to solve them. Such fragmentation can make the development of collective leadership difficult to enact. One might wonder whether collective leadership, as it has been captured in the literature (Ospina et al., 2020), is at all possible within such a context caused by the misdiagnosis of wicked problems? To this end, we argue for the need to recognise the complex nature of wicked problems, to avoid reducing decision making to simple or perfect solutions, and embrace more creative and collective decision making and judgement (Grint, 2022).

Derived from the empirical case of the leadership response to Covid-19 in England, we discuss leadership configuration in extreme contexts around two ideas. First, leadership in a crisis requires individual leaders to play a key role. Our analysis points to challenges associated with the (mis) management/leadership of the Covid-19 crisis. Part of this derives from Boris Johnson’s efforts to

offer certainty and command despite the extreme uncertainty and ambiguity of the pandemic. His efforts led to bad decision making that eroded his authority, but also led to catastrophic results. In short, Boris Johnson failed to exercise influence. This dwells, in part, in his failure to accept the wicked nature of the pandemic and engage in an appropriate response, but also, in part, in the way he constructed an account of the Covid-19 crisis to legitimatise his authority (Grint, 2005; Mabey and Morrell, 2011). Our analysis points to Johnson's hubris, arrogance, anti-science viewpoint, and incompetence at managing and leading, that drove the emergence of an inappropriate form of leadership. In doing so, our analysis offers insight on the dangers of an incompetent authoritarian leader in time of a crisis.

Our empirical analysis also shows how the political context in England created an unbalanced and ineffective leadership configuration. In our view, even the most competent leaders might fail to shape a more effective leadership configuration in the English political context. The neoliberal policy direction aggressively pursued by England has given rise to dis-aggregation and decentralisation of public services, governed along quasi-contractual and quasi-market lines that reduced local agency capacity for public service delivery (Lodge and Wegrich, 2014; Rhodes, 1996). The effect of this upon leadership has been exacerbated by England's austerity policies, within which public spending has been severely cut, and any preparation for pandemic crisis curtailed.

Another important aspect of the English context is the roots of Brexit and the rise of Euro-scepticism reinforced by the resurrection of populism and the rise of an institutionalised discourse that accentuates "the people" against "the elites". This framed the scientist as the enemy (Pauwels, 2010), partly through relying on post-truths (Foroughi et al., 2019), but moreover through the simplification of multifaceted and complex situations (Tourish, 2020). As a result of which, England, as part of the UK, has moved away from collaboration with its close neighbours following its referendum decision to exit the European Union. In this light, its response to matters of global concern were more parochial.

Lack of preparedness for the crisis increased the difficulties in enacting an ideal leadership configuration. Preparatory work by leaders for a pandemic might include development of physical and social infrastructure, establishing monitoring and surveillance systems, redundant essential services, emergency action plans, medical systems and other capacities (Hannah et al., 2009; Leonard and Howitt, 2007).

The result was a leadership configuration in England that appeared dysfunctional and dangerous compared to other countries in Asia and Europe. In our case setting, a populist political leader failed to facilitate the involvement of other stakeholders in the leadership response (Ospina and Foldy, 2016).

Conclusion

In line with our argument, we need to move away from the duality between individual and collective forms of leadership and towards consideration of a balanced leadership configuration to address a crisis such as the Covid-19. Our analysis shows that individual and collective leadership configuration does not take place in a vacuum, but in a context where institutions (political and public) play a key role in shaping leadership challenges and responses. The antecedent context of the political and economic system in a country and the general political environment (Brexit for UK and associated rise of populism) shapes the challenges that leadership need to address. Our analysis shows that the enactment of an ideal leadership configuration was thus compromised. We can also attribute this to a variety of mistakes by Government: a failure to learn from them over time; simple solutions and the promotion of a strong authoritarian leadership; an ill-suited construction of the

Covid-19 crisis; and hubris, incompetence and arrogance of an individual leader (Grint, 2020; Tourish, 2020).

Our study provides a contextualised analysis of leadership configurations as a response to Covid-19 that generates more generalisable theoretical implications about leadership in crises. In particular, we argue that extreme situations, such as the Covid-19 pandemic, produce especially idiosyncratic contingencies, necessitating researchers to consider leadership configurations as fundamentally context dependent rather than the ideal type of individual and collective leadership suggested by theory (Hannah et al., 2009).

Our analysis relies on a single case study, media reports and a public inquiry, which may be perceived as inadequate. Further research might ensue that takes account of influence of context upon leadership (Liden and Antonakis, 2009; Ospina and Foldy, 2016), through examining leadership configuration in countries other than England. Ultimately, we hope our study will guide future theory-building and research to better understand the contextual nature of leadership configuration development and emergence in a crisis.

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References

- Atkinson P, Gobat N, Lant S, et al. (2020) Understanding the policy dynamics of COVID-19 in the UK: early findings from interviews with policy makers and health care professionals. *Social Science & Medicine* 266: 113–123.
- Baekkeskov E (2016) Explaining science-led policy-making: pandemic deaths, epistemic deliberation and ideational trajectories. *Policy Sciences* 49(4): 395–419.
- Brown AD (2004) Authoritative sensemaking in a public inquiry report. *Organization Studies* 25(1): 95–112.
- Boin A and Hart PT (2003) Public leadership in times of crisis: mission impossible? *Public Administration Review* 63(5): 544–553.
- Buchanan DA and Hällgren M (2019) Surviving a zombie apocalypse: leadership configurations in extreme contexts. *Management Learning* 50(2): 152–170.
- Chiang JT-J, Chen X-P, Liu H, et al. (2021) We have emotions but can't show them! Authoritarian leadership, emotion suppression climate, and team performance. *Human Relations* 74(7): 1082–1111.
- Chreim S (2015) The (non)distribution of leadership roles: considering leadership practices and configurations. *Human Relations* 68(4): 517–543.
- Crosby BC and Bryson JM (2010) Integrative leadership and the creation and maintenance of cross-sector collaborations. *The Leadership Quarterly* 21(2): 211–230.
- Currie G and Lockett A (2011) Distributing leadership in health and social care: concertive, conjoint or collective? *International Journal of Management Reviews* 13(3): 286–300.
- Currie G, Gulati K, Sohal A, et al. (2022) Distributing systems level leadership to address the COVID-19 pandemic. *BMJ Leader* 6(1).

- Currie G, Lockett A and Suhomlinova O (2009) Institutional limitations on distributed leadership in complex organisations: a ‘Catch 22’ in English public services. *Human Relations* 62(11): 1735–1761.
- Daviter F (2019) Policy analysis in the face of complexity: what kind of knowledge to tackle wicked problems? *Public Policy and Administration* 34(1): 62–83.
- Denis J-L, Langley A and Sergi V (2012) Leadership in the plural. *The Academy of Management Annals* 6(1): 211–283.
- Fairhurst GT, Jackson B, Foldy EG, et al. (2020) Studying collective leadership: the road ahead. *Human Relations* 73(4): 598–614.
- Foroughi H, Gabriel Y and Fotaki M (2019) Leadership in a post-truth era: a new narrative disorder? *Leadership* 15(2): 135–151.
- Greener I, Powell M and King-Hill S (2021) Intra-crisis lesson-drawing in real-time: the pandemic lessons available in the UK media during the first months of COVID-19. *Social Policy and Society* 20(4): 1–12.
- Grint K (2022) Critical essay: wicked problems in the age of uncertainty. *Human Relations*.
- Grint K (2020) Leadership, management and command in the time of the Coronavirus. *Leadership* 16(3): 314–319.
- Grint K (2005) Problems, problems, problems: the social construction of leadership. *Human Relations* 58(11): 1467–1494.
- Hällgren M, Rouleau L and De Rond M (2018) A matter of life or death: How extreme context research matters for management and organisation studies. *Academy of Management Annals* 12(1): 111–153.
- Hannah ST, Uhl-Bien M, Avolio BJ, et al. (2009) A framework for examining leadership in extreme contexts. *The Leadership Quarterly* 20(6): 897–919.
- Harms PD, Wood D, Landay K, et al. (2018) Autocratic leaders and authoritarian followers revisited: a review and agenda for the future. *The Leadership Quarterly* 29(1): 105–122.
- Holm F and Fairhurst GT (2018) Configuring shared and hierarchical leadership through authoring. *Human Relations* 71(5): 692–721.
- Joullié JE, Gould AM, Spillane R, et al. (2021) The language of power and authority in leadership. *The Leadership Quarterly* 32(4): 101491.
- Leonard HB and Howitt AM (2007) Against desperate peril: High performance in emergency preparation and response. In: Gibbons DE (ed), *Communicable Crises: Prevention, Response and Recovery in the Global Era*. Charlotte, NC: Info Age, 1–25.
- Liden RC and Antonakis J (2009) Considering context in psychological leadership research. *Human Relations* 62(11): 1587–1605.
- Lodge M and Wegrich K (eds), (2014). *The Problem-Solving Capacity of the Modern State: Governance Challenges and Administrative Capacities*. Hertie Governance Report.
- Mabey C and Morrell K (2011) Leadership in crisis: ‘events, my dear boy, events. *Leadership* 7(2): 105–117.
- Morrell K and Hartley J (2006) A model of political leadership. *Human Relations* 59(4): 483–504.
- McDonnell D (2016) Populist leaders and coterie charisma. *Political Studies* 64(3): 719–733.
- McKee M, Gugushvili A, Koltai J, et al. (2020) Are populist leaders creating the conditions for the spread of COVID-19? *International Journal of Health Policy and Management* 10: 511–515.
- Ospina SM and Foldy EG (2016) Collective dimensions of leadership. In: Farazmand A. (ed), *Global Encyclopedia of Public Administration, Public Policy, and Governance*. Geneva, Switzerland: Springer International.
- Ospina SM, Foldy EG, Fairhurst GT, et al. (2020) Collective dimensions of leadership: connecting theory and method. *Human Relations* 73(4): 441–463.
- Pauwels T (2010) Explaining the success of neo-liberal populist parties. *Political Studies* 58(5): 1029.
- Rhodes RAW (1996) The new governance: governing without government. *Political Studies* 44(4): 652–667.
- Rinaldi C and Bekker MPM (2020) A scoping review of populist radical right parties’ influence on welfare policy and its implications for population health in Europe. *International Journal of Health Policy and Management* 10(3): 141.

- Spector B (2020) Even in a global pandemic, there's no such thing as a crisis. *Leadership* 16(3): 303–313.
- Tomkins L (2020) Where is Boris Johnson? When and why it matters that leaders show up in a crisis. *Leadership* 16(3): 331–342.
- Tourish D (2020) *Introduction to the Special Issue: Why the Coronavirus Crisis Is Also a Crisis of Leadership*.
- Turner BA (1976) The organizational and interorganizational development of disasters. *Administrative Science Quarterly* 21: 378–397.
- Weber M (1947) *The Theory of Social and Economic Organization*. New York: Simon and Schuster.
- White L, Currie G and Lockett A (2014) The enactment of plural leadership in a health and social care network: the influence of institutional context. *The Leadership Quarterly* 25(4): 730–745.
- Wilson S (2020) Pandemic leadership: lessons from New Zealand's approach to COVID-19. *Leadership* 16(3): 279–293.
- Zheng Y, Graham L, Farh J-L, et al. (2021) The impact of authoritarian leadership on ethical voice: a moderated mediation model of felt uncertainty and leader benevolence. *Journal of Business Ethics* 170: 133–146.

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