



The Courage to Lead with Small Things like Kindness

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Abstract

During Covid-19, many people lost loved ones, be they friends or family members, while others struggled with depression, and many felt anxious and overwhelmed. This chapter examines how in the workplace, particularly an academic library, it is possible to offer staff members support as they grieve, deal with depression and/or anxiety, and feel overwhelmed. Drawing on two data sets, the chapter explores how a caring form of leadership was exercised in the library at the University of Johannesburg and what impact this had on the wellbeing of the staff.

Keywords: Depression; anxiety; grief; Covid-19; leadership

Introduction

The impact of the Fourth Industrial Revolution (4IR) and the extraordinary global crisis in the form of the Covid-19 pandemic have shaken our world. This chapter explores leadership innovations and insights gained by working with the library staff at the University of Johannesburg (UJ) in South Africa during the first 18 months of the pandemic. The chapter draws on two data sets:¹ Semi-structured interviews and a survey questionnaire, asking the staff about their experiences of the pandemic and its effects on their lives. Overall, the data showed that 80% of the staff were negatively affected by Covid and experienced heightened levels of grief, depression, anxiety, a feeling of being overwhelmed, and a lack of control. At the same time, they also felt a high degree of purpose, motivation, and hope, with 90% of the staff reporting that they felt supported by the library at UJ – all or most of the time. The chapter explores the intervention put in place by the library and argues that a courageous form of leadership is required that focusses on the ‘small things’ like kindness, compassion, listening, and placing employee needs at the centre

¹ Ethical Clearance Number: REC-01-153-2019, as issued by UJ Humanities Ethical Clearance Committee.

of the organisation. For the society to globally overcome the grief, depression, anxiety, lethargy, and post-traumatic stress experienced by so many people due to the multiple effects of Covid (Semo & Frissa 2020), workspaces need to become spaces of support and healing. This chapter outlines interventions put in place by the library to support its staff during the period of April 2020 to October 2021, and lessons learnt from this experience.

This chapter is divided into three sections. In the first section we discuss the methodology used to do this research which draws on semi-structured open-ended interviews and an online questionnaire. The second section details the key findings showing how more than half of the respondents reported feeling depressed, anxious, and overwhelmed during the first 18 months of Covid. The findings also point to the fact that several of the interventions put in place by the library were helpful to the staff. Therefore, the third section explores the interventions put in place to support the staff. In this section we look at the support given to people struggling with grief and how we tried at the UJ library to prevent grief from being a taboo subject that should not be spoken about and should be ignored. We also outline the principles we used to try and keep the staff feeling motivated, hopeful, and experiencing a sense of purpose in what they were doing.

Methodology

The research for this chapter is based on two data sets that explore the lived experiences of the staff in the library at UJ between April 2020 and October 2021. During this time, several 'small' interventions were made with the staff, which are discussed in the chapter. In the interviews and questionnaire, people report on their experiences and the impact of the interventions. In November 2020, 25 staff members were selected from a staff total of 142 people. They were interviewed by one of five staff members who had received interview skills training. Each interviewer did interviews with people who did not work in their division, and for whom they were not the line managers, while the interviewees were also not the line managers of any of their interviewers. For these interviews, five people from each division within the library were randomly selected. The staff members were asked semi-structured open-ended questions about their experiences, working during the first seven months of Covid. The questions were clustered around three themes: Technology, emotional wellbeing, and the lived experience of working from home during the pandemic. The questions which focussed on technology, asked if they had the technology they needed, had learnt how to use it, and what challenges they might have around technology. The questions on emotional wellbeing focussed on illness because of Covid, grief because a loved one had died of the virus or during the pandemic, anxiety, depression, their sense of control over

their lives, as well as their sense of hope, motivation, and purpose. The third section focusses on their work experience, if they felt they received the support they needed, if there was clarity in what was expected of them, if they felt their line managers were giving them the guidance they needed, and if they felt connected with their colleagues. Using Atlas TI, the interviews were analysed, using thematic and content analysis. From these interviews it became clear that the supportive intervention put in place during 2020 by the library management team to support the staff, was regarded as helpful, and further interventions, discussed later in the chapter, were then put in place during 2021. In October 2021, an electronic questionnaire was sent to the staff who could voluntarily complete it anonymously. Each question in the questionnaire was designed on a five-point Likert scale, asking staff members to reflect on their experiences during the pandemic. In total, 39 of the 142 library staff members from all divisions within the library answered the questionnaire. To ensure that the data remained anonymous, and information given did not affect staff members' relationships with each other, google forms were used, and the e-mail addresses were hidden from the research team. The questionnaire focussed on the same three themes/issues discussed in the interviews the year before. A Likert scale was used because this type of quantitative data is well suited to operationalise personality traits or experiences. By using a positive and negative framing of questions, the reliability of the data was enhanced. The data were treated as ordinal level data, therefore enabling us to get an overall impression of the common experiences or findings of the respondents. This type of data collection and analysis was used as it enabled us to record in a measurable way the quantitative experiences of staff members, which could then be discussed in statistical measures according to the different themes and topics.

Key Findings

From these two data sets, three issues arose as key for the library staff at UJ during the first 18 months of Covid. The first was learning to use new technologies. In the interviews and questionnaire, 95% of the staff reported that learning to use new technologies had been an extreme learning curve for them and they had learnt a lot of new skills. Much has been written about organisational leadership and technology (Groscurth 2018; Kelly 2018; Temelkova 2018; Du Preez & Sinha 2020) and the disruption of sectors and reshaping of socio-economic systems that are and will be brought about by it (cf. Oosthuizen 2017). Therefore, this chapter will not focus further on that.

The second area of impact was the negative emotional impact that Covid had on the staff. In the questionnaire, 80% of the staff reported being negatively impacted by the pandemic. Overall, 41% of the respondents reported having

experienced the loss of a family member and/or close friend. Yet, in leadership and management research there is a lacuna on grief, trauma related to grief in the workplace, and how to lead a group of people where many are grieving at the same time. Research by Gilbert (2007) shows how grief is usually hidden and ignored in the workplace. The study of Tehan and Thompson (2013) shows how underprepared most leaders are to deal with grief in the workplace as it remains one of the last workplace taboos. This chapter aims to contribute in some way to fill the gap on how to lead one's staff who are dealing with grief.

The third issue to arise from the data, first came out in the interviews done at the end of 2020, suggesting that while people felt higher than normal levels of anxiety, depression, a lack of control, and a sense of being overwhelmed, they also felt motivated, that their lives had a purpose, that they were supported, and that they had hope. These findings were echoed in the questionnaire done in October 2021. In this questionnaire, 72% of the respondents sometimes or most of the time felt overwhelmed, 64% felt often or sometimes depressed, and 44% felt anxious all the time or most of the time. Yet 59% of the respondents reported feeling hopeful all or most of the time, 58% said they felt motivated often or most of the time, and only 8% reported having little or no sense of purpose. Overall, 56% of the respondents reported feeling supported by the library all the time and 33% felt supported by the library most of the time. In this chapter, we outline the type of support that was exercised by the library management team,² assisting the staff being in vulnerable emotional spaces, resulting in them feeling that they had the support, motivation, sense of purpose, and hope they needed to get through this difficult experience. Primarily this chapter focusses on how to lead people who are dealing with grief and the kind of interventions that can be put in place to support them. In this way the chapter fills a lacuna in the literature on leadership. Building on the idea of humanistic leadership, below are five interventions we put in place in the library, and how they worked.

Leading People who are Dealing with Grief

Our research found that 41% of the respondents had experienced the trauma of mourning the death of a loved one. More than once, people were dealing with multiple deaths in the space of a few weeks or even days. One colleague shared in the interview that he had lost his mother, wife, and grandfather to Covid-19 in the space of ten days. A week after burying the last family member, he was back at work. In one interview, a middle-aged woman, Tumi,³ who had lost her mother and husband in close succession, said, 'It was so hard you know,

2 In the UJ library, the management team refers to all the people who are line managers in the library and have people reporting to them.

3 Pseudonyms are used throughout, and no reference is made to the division in which people work in order to keep their identities confidential.

because my mother would have helped me to deal with my husband's passing but now, she is also gone because of the virus' (Interview Tumi 5 November 2020). People grieving multiple deaths in a family are also dealing with the reality that the very people who would have supported them through the death of a loved one have also passed away. At the same time, they are dealing with high anxiety levels about who will die next, worrying about when they will get sick, and dealing with multiple other uncertainties caused by the pandemic. A staff member, Sarah is in her forties. She has lost her sister to Covid, saying, 'I worry if it will be me next and then what will happen to our children...um...I am now looking after my sister's children' (Interview Sarah 8 November 2020).

The extensive literature on dealing with grief and bereavement (e.g., Staudacher 1987; Sanders 1989; Humphrey 2009; Altmaier 2011; Worden 2018) highlights that it is a process that takes time, and there are several stages that people go through, from anger and disbelief, through depression, and finally to acceptance. No one grieves in the same way, and different people go through the stages in various ways. Lehr and Vaughan (2021) argue that a humanistic leadership style is needed to help people grieve, find resilience, and overcome loss during Covid-19.

Provide Clarity and Certainty

When people are grieving, the world seems overwhelming and confusing (Attig 2018:7). A grieving person starts by feeling shocked, then they protest against the reality of the death of a loved one, and then they enter a time of disorganisation (Attig 2018:9-13). Staff members in the library reported feeling overwhelmed by work demands yet wanting the order and security that their work gave them. They felt like they did not know how to respond to the trauma of death and found it a relief to be at work because, 'I know what is expected and how to act' (Interview Sarah 8 November 2020). As a leader, a meaningful way to help people is to give clear instructions and create order and certainty for them by being clear about what you expect, by when and how the work should be done. As leaders, we need to remember that people who are grieving and are back at work are in a valuable space in which their world is entirely disorganised on an emotional level. They are trying to find a new identity as a widow, widower, a parent who has lost a child, or a child who has lost a parent. Giving them clarity about what is expected of them at work, helps them to feel that at least one area of their life has clarity. Thembi who had lost several close friends said, 'My life feels upside down. I don't know what to do. Um... but my line manager is always clear about what I need to do at work. That...um...helps so much.'

Reduce the Workload

The line managers in the library tried to help colleagues to decide what work is urgent and what can be deferred or done by someone else. Giving clear guidelines about the reduced workload for the next three months, and then reviewing how people are coping was regarded as very supportive. This gave people time to breathe but also made it clear that they are valued and their input is needed; they are not being sidelined forever, as employees in the study of Gropman (2004) felt when they were grieving and back at work.

Focus on Routine Work and not Innovation or Creative Problem Solving

In the space of grief and trauma, people are less creative and often have less innovative solutions to problems (Gropman 2004). Grieving colleagues were asked to focus on more routine work, which enabled them to develop a sense of order in their work lives if not personal lives too. Knowing what to expect from people who are grieving, helps managers to create realistic expectations. Through this process people felt that they were supported and that the expectations were manageable.

Focus on People's Strengths

A key challenge that people are facing when they go through trauma is that they quickly feel useless and unable to do things (Gropman 2004). This is mainly because they are dealing with the loss of their own identity, the loss of a key support structure/person and the loss of confidence in themselves (Epstein & Epstein 2010; Parker, McCraw, & Paterson 2015). Therefore, it proved helpful to encourage people to focus on the work they enjoy and are good at, rather than their weaknesses or work they struggle to do. This enabled them to rebuild confidence at a time when they were feeling vulnerable.

In the UJ library, we tried to implement these strategies. In the interviews we did with our staff, people whose line managers could implement this, reported feeling supported and managed to continue working. There were divisions where more than one person was grieving simultaneously, where it was more challenging to reduce people's workloads or allow them only to focus on the things they were particularly good at. In these divisions, the staff reported feeling overwhelmed and struggling to cope emotionally with their work. Grief affects people deeply on an emotional, social, and physical level. While the above strategies helped the grieving staff members to cope with their workloads, it did not address the social aspect of grief. Below are a few examples of what was done in the library to deal with grief on a social level and remove the silence and taboo around grief in the workplace.

Developing a Workplace Environment that Acknowledges Grief

Reflective Conversations

The library aimed at creating a space where people felt they could legitimately bring their grief to work and did not need to hide it. At the end of 2020, we held guided conversations with small groups of colleagues in which everyone reflected on and then shared their experiences of life during Covid. The conversations were very simple – we asked six key questions:

- What/Who have you lost this year?
- How has Covid and your experiences of the pandemic impacted you physically?
- In this year, what achievement are you most proud of?
- What challenges did you face during this time?
- How has Covid impacted you emotionally?
- What have you learnt this year?

People wrote down one sentence answers to each question on separate pieces of paper, which they kept anonymous. Once everyone had written down their responses, we put all the pieces of paper up on a wall and shared them with the group. People found it encouraging to see how many issues overlapped and reported feeling less lonely when they saw how others had had the same experiences. What made the engagement so powerful was that people shared on a deep and personal level because the notes they wrote were all anonymous, and no one knew whose ideas or feelings were being read out by the exercise leader. The comments from the staff about this exercise are summarised by James who said, 'I felt truly seen' (James, a man in his early fifties lost a child to Covid). James said that he was 'allowed to bring his grief into the workspace,' stating, 'I didn't have to hide anymore' (Interview James 4 November 2020). This sentiment was echoed by most of the staff, and they reported feeling better when they saw that they were not alone or unique in battling with a loss. In September 2021, we ran an online workshop for staff in the library and at UJ on dealing with grief in the workplace. This hour and a half workshop, another way in which we brought the conversation about grief to the workplace, showed that grief was not a taboo subject. Gianpiero Petriglieri and Sally Maitlis (2019) highlight that grief is still one of the biggest taboos in the workplace and how few executives talk about grief or allow people to speak about it. Petriglieri and Maitlis (2019) argue that healing is not possible if people cannot speak about their grief in the workplace where they spend most of their time.

Sessions of Remembrance

Early in 2021, we held an online session of remembrance for staff who had passed away or wanted to remember family and friends who had died during the pandemic. We asked different people to read poetry, share a song, read out the names of all the people who have passed away in the organisation, as well as the names of family members of the people who worked in the library. This offered people a space to take a break in the business of work and recognise that many people are mourning and finding the experience of Covid challenging. People reported that this was a powerful way to acknowledge death and embrace grief rather than ignore it in the workplace. While the session offered a space of healing for many people, it took on an unplanned Christian focus as people said Christian prayers and talked about how God (meaning the Christian God) was helping them in their grief. This alienated non-Christian colleagues.

Sharing how We are Doing

During the pandemic, many line managers began meetings asking, 'What are you struggling with this week, and would you like to share your experience?' When we first started, people shared non-threatening issues, but over time they shared more personal matters. This might seem stylised, but the online and hybrid environments required us to become more intentional about creating spaces in which we could share, connect, and engage with each other (Chanana 2021). In the pre-Covid world, these conversations would have happened organically around the water cooler or in the tearoom, but now they had to be 'created.' The feedback from staff was that these encounters made them feel as if they were being heard and supported. By the end of 2021, a remarkable 48% of the respondents to our questionnaire reported feeling supported by their line manager all the time and 28% felt supported most of the time. In the 4IR and online environment, the staff said they quickly felt their humanity was 'being lost.' One person reported in the interviews at the end of 2020, 'You can feel like they (managers and co-workers) have forgotten that you are human' (Interview Themba 13 November 2020). Yet at the end of 2021, people said that these discussions with their colleagues made them feel like they were working with other people who recognised their personal struggles.

The second way in which we encouraged connection was through our wellness task team. In this team of 12 members, each person was given about 10 staff members to look after. The wellness task team members would phone those in their care group, mainly when people were grieving, sick, or feeling particularly down. According to many staff members, these phone calls were a powerful space of hope, connection, and recognition. This echoes findings in the study by Hazen (2003) on perinatal grief: When women worked in

companies that created a culture of listening and support, the workplace became a space where they experienced healing.

Grief has not been the only emotional challenge faced by our staff during the pandemic. In the questionnaire completed during October 2021, 18 months after the start of the pandemic, 64% of the respondents self-identified as struggling with depression some of the time or a lot of the time, while 2% were depressed all the time. When asked about their levels of anxiety, 65% self-identified as being anxious a lot of the time or quite often, whereas 10% felt anxious all the time. Among the people interviewed by the end of 2020, over a half of the staff talked about feeling depressed, anxious, and overwhelmed, yet also feeling that they had a purpose, being motivated and hopeful. They reported that it was the support they received at work that was helping them feeling as if they still had hope, purpose, and some degree of motivation. Sloman, Gilbert, and Hasey (2003) show that a sense of failure, a lack of motivation, and purposelessness often accompany depression and anxiety. This was one of the findings that inspired us to follow up the 2020 interviews with a questionnaire by the end of 2021 to see if the feelings of support, hope, motivation, and purpose continued or were just part of the unique situation experienced in 2020. In this next section, we outline key interventions that helped to maintain this sense of purpose, motivation, hope, and a sense of being supported.

Leading with Hope, Purpose, and Motivation

As a leadership team in the library, we focussed our efforts on leading people with hope and purpose, motivating them to keep on going. We did this by encouraging people through phone calls from line managers to staff, short motivational videos by the Executive Director sent out on WhatsApp to the staff, reflections by the Executive Director on the emotional difficulties of the lockdown and the pandemic and how to deal with it, shared with the staff in the weekly library staff newsletter, clarity about people's roles, the goals of the library, recognition for people's and teams' achievements, and acknowledgment of the obstacles and difficulties that people faced. Our engagements were informed by an awareness of three factors which often drive depression and anxiety. The first is the hero complex, the second is the feeling that we are never good enough, and the third is a lack of self-worth.

The psychiatrist, Ahmed Hankir speaks powerfully about the hero complex and depression in his talks called *The wounded healer*. Dr Hankir, a practicing psychiatrist, does research on how best to help people with depression, anxiety, and mental distress without relying solely on medication (Hankir 2021). He has struggled with debilitating depression and talks about it in his research and public lectures. His research shows that feelings of lethargy,

unhappiness, suicide, sadness, or being uninterested in life, do not always accompany depression. Instead, depressed people can often be over achievers who feel the weight of the world on their shoulders. They believe that if they are not the hero to rescue the work situation, family, and community, then everything will fall apart, and it will be their fault. In times of crisis, it is easy for leaders to overload themselves and the people they work with in order to 'keep going.' We did not necessarily get this right in the library, but we did communicate that a hero complex can be a sign of burnout and depression which people should be aware of.

Depression also manifests in the form of sadness, being withdrawn, having a lack of self-worth, feeling unloved, or feeling rejected (Sloman *et al.* 2003:108). To this end we tried to place a lot of emphasis on recognising people and motivating them by helping them feel that they had a purpose and were important. In doing so we tried to deal with the reality that depression can also come about when people feel that they have no value and are not wanted or needed, as the study of Gilbert (2000) highlights. One line manager held weekly feedback sessions with their staff called, 'The good, the bad, and the extra-ordinary,' in which the staff were all given a chance to express what they had done in the week. These sessions were a space in which the whole team could congratulate each other on small and big successes and support each other if they faced challenges.

Third, our staff engagements also centred on an awareness that with depression and anxiety, people often feel that they are not good enough. In the interviews done in 2020, several people reported that the pandemic was making them feel that they were not good enough. Many women said that they did not feel as if they were good enough at supporting their families, or being good enough as friends, largely because it was not possible to physically meet with friends and family members. Donald Winnicott, a paediatrician and psychoanalyst working in the 1950s and 1960s, developed the idea of the 'good enough mother' (Ratnapalan & Batty 2009:239-241). He argued that mothers needed to be 'good enough, not perfect.' The same principle of the good-enough mother can be applied to being the good enough employee or the good enough colleague. Our wellness task team tried to inspire people to be available to and caring for one other person at work, in this way being a 'good enough colleague.' This encouraged people to be aware of the small things like kindness, compassion, listening, and taking people's needs and emotional realities into account. Our focus was not on achieving big successes, but on the small acts of kindness.

Conclusion: Leading with Small Thinking

The pandemic has turned our world upside down. Semo and Frissa (2020) argue that the pandemic has increased the levels of anxiety, depression, and other mental health illnesses in most population groups. They found that 45% of the adults in the US and 33% of the adults in the UK reported feeling anxiety and stress during Covid. In China, 92% of the inpatients who had overcome Covid, experienced post-traumatic stress. The research of Semo and Frissa (2020) in Southern Africa shows that in this region there have also been heightened levels of depression and anxiety. They argue that these mental health effects of the pandemic are even more challenging to address and support in Southern Africa, where there is a chronic shortage of mental health workers and support. In the interviews and questionnaires done with the library staff at UJ, 64% of the respondents felt depression sometimes or most of the time, while 65% of the respondents said that they felt anxious. Among this cohort, 41% said they were grieving the death of loved ones and 80% reported feeling negatively affected and overwhelmed by Covid.

Research on the effectiveness of leaders during and after the COVID-19 crisis should examine an array of activities, including the degree to which remote leaders are persuasive if they (a) clearly state their values that will guide institutional actions, (b) understand and openly discuss the travails and hopes of their collectives, (c) clearly communicate an ambitious vision of the direction that the unit will head toward, and (d) demonstrate confidence that strategic goals can be achieved (Kniffin, Narayanan, Ansell, Antonakis, Ashford, Bakker, Bamberger, Bapuji, Bhawe, Choi, & Creary 2021:70).

While these activities of leadership are important, and this chapter has given examples of how the leadership team at the UJ library has tried to do this, it does not go far enough. We argue that we need a form of leadership that actively and intentionally aims to create healing spaces in workplaces. If we do so, employees will be able to heal from the various traumas and stresses brought about by the pandemic. In this chapter we argue that this requires a leadership style that focusses on 'small things' where regular 'small' interventions of kindness, understanding, compassion, and listening are enacted, creating a workspace where people can heal. The idea of thinking small is a shift away from the neoliberal capitalist economy and its values, as it gave us only a few tools to cope with the Covid crisis. In this chapter we outlined some of the important interventions that the staff in the UJ library did during the first 18 months of the pandemic. The two data sets used to measure staff wellness in the library suggest that while 41% of the staff were grieving and many people felt depressed, anxious, and overwhelmed, most of the staff

also felt motivated, hopeful, and that they had a purpose, as a remarkable 56% of the respondents reported feeling supported by the library leadership and their colleagues all the time. As workspaces enable people to begin to heal from the ravages of Covid, it will enable people to engage once again in the creative, innovative problem-solving behaviour that is essential in the 4IR.

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