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Leadership and team dynamics in healthcare

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OBJECTIVE **To focus on leadership as an outcome which results from the process of team dynamics.** METHOD **The research method used is the qualitative method of the executives who already hold a position of responsibility or are in a potential position of responsibility in the areas of medicine, nursing, administration and social work, in two hospitals of the 5th Health District, the General Hospital of Livadia and the General Hospital of Thiva. Data collection took place in the period between March to October 2021. The interviews lasted from one to one and a half hours each. Individual interviews were conducted on 24 healthcare workers based on an interview guide.** RESULTS **It was found that there is a need for existence and application of a leadership skills style that consists of combining the activities of the leader with the team through a relationship that gradually develops with the working group members. Leadership could then be a means of influencing team behavior and thus achieving team commitment to the project.** CONCLUSIONS **The team leader-coordinator that also participates as a member is strengthened and empowered in terms of his coordination-leadership role, promoting cooperation and acceptance to his personality, rendering leadership from role to function.**

Ηγεσία και δυναμική της ομάδας στους οργανισμούς υγείας

Περίληψη στο τέλος του άρθρου

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In the recent years, the concept of leadership and its relationship with administration and management has been the subject of extensive studies and research in the field of healthcare. Despite the many definitions that have been formulated, it is found that researchers approach leadership both in terms of processes personal qualities, *focusing on the influence of a working group* to achieve desired goals.[1]

The term "role of leader" includes a set of duties and rights that arise from the position held by the individual in a social context.[1] In the field of modern management, this is usually combined with leadership, causing the person in a position of responsibility for the organization and management of the unit and the coordination of people to achieve common goals. Through the process of influencing individuals, their activation is sought after, in order to work willingly to achieve group goals.[2,3]

The literature review shows that the role of leadership, either individual or collective, has attracted the interest of researchers mainly due to the constant changes that are continuously attempted in healthcare units. As recorded, leadership is effective when the leader-coordinator pays particular attention to the quality of the relationship. Maintaining good interpersonal relationships with the staff facilitates his work and there is a plethora of characteristics attributed to the manager/leader, yet it is not enough just to be present, but to be considered as a harmonious set of personality traits and abilities as well.[4]

According to research focused mainly on the workplace, management plays an important role in working relationships, as do the ability to collaborate, creativity, and the pursuit of quality in the work produced by the team. The interest of the specific studies is therefore focused on the needs, expectations, incentives and motivation of the staff in order to investigate a better quality of life of the employees and a better provision of services to the customers.[5]

In addition to the above, studies are added arguing that in a modern society environment, the leader needs to have "social skills", such as problem solving in the organization he manages through the initiatives of his team, the ability for work organization through human resource management, communication and team working skills, and finally the ability to learn on his own from the team.[6,7]

Consequently, the focus shifts to human resources and the way they are utilized. As it is understood, the trend

that has been created through the studies, leads to the ever-increasing use of groups as a way of organizing work. Therefore, in the present study, the need to investigate into the existence or the way of development of that personality of the leader has aroused, who is able to utilize the working group in order to achieve the maximum performance of the work by human resources, composing the individual values-needs with the collective becoming, the philosophy and the vision that governs the healthcare system.

After all, the new theories of the effective leader refer to the emotional responses of subordinates to leadership, such as *self-feeling*, values, motivations and the degree of confidence in the leader. It is important that the leader can create a strong desire for identification on his part of his associates. Acceptance, trust, and mutual support can be key elements of this "interpersonal attraction" between leader and team.[8]

Previous leadership models have failed to explain the full extent of leadership, from charismatic and inspiring leaders to avoidant-laissez faire. However, research has shown that empowering healthcare workers with their emotional involvement in the hospital, the essential function of quality cycles, the placement of leaders with a systemic approach and emotional intelligence that will orchestrate the collective effort, can lead a public hospital to change the culture model and turn it from a bureaucratic model gradually into a participatory one with elements of flexibility and creativity.[9]

MATERIAL AND METHOD

The present study was a field research and was part of (the field of) qualitative research. The research approach of qualitative analysis concerns the study of relationships, social groups, and meetings, as well as how to manage various situations of specific groups and in general conditions that cannot be quantified, through the in-depth analysis of qualitative interviews.[10]

Another reason for choosing the qualitative method of data analysis is because it investigates more accurately and effectively the investigation and in-depth understanding of social phenomena, offering the advantage of extracting rich complex information about the role and work of the leader in team dynamics.[10]

By giving answers to questions related to "why" and "how", the qualitative approach is a fundamentally exploratory method, aiming more at the emergence of new ideas and theoretical models. The main advantage is the flexibility that characterizes the research process in the in-depth investigation of individuals' attitudes, perceptions, motivations, feelings and behaviors. This is because, in the present case, the goal of qualitative investigation is not just to describe a behavior or attitude, but a holistic understanding.[10]

By applying the qualitative method in this study, the experience of individuals and all the subjective meanings that make it up is highlighted, while the small sample of individuals involved and the thematic analysis are some of its most basic characteristics, without them being an obstruction to the validity and reliability of the results.[10]

The quality data collection tool: Interview guide

The in-depth interview on the subject under study is a semi-structured individual interview with open-ended questions through which discreet encouragement is used so that the respondent can speak freely and express detailed perceptions, views and opinions on the questions posed to him. The aim of this technique is to allow the researcher-interviewer to penetrate under the superficial reactions and to reveal the most basic reasons that interpret the perceptions and behaviors of the respondent. During the pilot phase of the field research and after gathering a sufficient number of conceptual dimensions, characteristics and parameters, the final question guide of the semi-structured open-ended interview was formed, which was re-tested and constituted the interview guide.[11]

The individual interviews were recorded on a press videotape and then what was said was transcribed, so as to reduce the error and have a secure and permanent record of the interviews. In addition, immediately after each interview, notes were kept in the researcher's personal diary regarding the researcher's remarks and thoughts, in order to make the analysis of the data more complete.

Continuous comparison techniques and data coding procedures (open coding, axis coding and selective coding) were used as basic methods and techniques for analyzing the qualitative data of the research. During the research process, the instructions and good practices regarding the issues of ethics and code of conduct of scientific research, such as informed consent and confidentiality, were followed. Participants were informed about the purpose and objectives of the research from the early beginning.

Findings from a previous study[12] showed that healthcare workers from Athens hospitals take team work and leadership seriously, emphasizing concepts such as emotional intelligence, communication, resilience, education, and transformation. Accordingly, the interview guide in this area of research interest included the minimum criteria set by the accepted definitions of team leadership and dynamics in order to ensure content validity. These minimum criteria require the use of the basic concepts for: (a) active participation, (b) interaction, (c) conflict-crisis management, (d) emotional intelligence and (e) empathy.

The present study was based on a multidimensional approach, examining whether the practices used by those in a position of responsibility in the practice of their leadership influence the perceptions of subordinates and through this how they act on the subordinates' trust in the leader's personality, on the one hand, and if and how the working group influences the decisions and the attitude of the leader having their trust, he will receive feedback from the team on the other hand. As has been seen from the aforementioned research, the utilization of team dynamics has not been explored to date.

The sample

The sample was selected from the source population, which is essentially the study population. The main criterion for selecting the sample was the prospective participants who had all those characteristics related to the research case, which provided the greatest possible information for the explanation and interpretation of the studied topic. The sampling method used was purposive sampling.[13]

The sample consisted of men and women working in two public hospitals of the region belonging to the 5th Health District. They held positions of responsibility (leaders) and positions of potential responsibility (deputy coordinators), belonged to the medical, nursing, administrative and social service staff, spoke the Greek language and had at least one year of service in the specific health units.

Combined with the choice of qualitative research as a method of approaching the research field, the number of the sample rose to 24 individuals with repeated in-depth interviews during the period of March to October 2021.

Although the sample size was small, repeated interviews and in-depth investigation provided both more and richer data, and it should be noted that as with qualitative research stages, research design is flexible.[13]

RESULTS

Active participation

The participants in the present study agreed that *in the group, the leader, in addition to being the coordinator, is also a member of the group*. The answers of the respondents stated that "… the leader is usually a member, at the same time, because since he works in the hospital, he cooperates".

Similarly, a clinic director pointed out that "the team leader-coordinator is not different from the team. He is a member of the team. I can do the job of the assistant, that of a simple curator, I also can be the manager when needed. When a subordinate does not join the group, they do not become a group. The group is not convened. But I assure you that, despite the negative attitude of some in the beginning, when they see the style, the ethos, and the character of the team, everyone comes. They are actively participating".

Also, as documented by the participants, the role of the member strengthens the role of the coordinator, as it was found that "when decisions are made, you cannot necessarily be a member and coordinator and there you take on the role of coordinator. However, the role of the member helps you in the way you will function as a co-ordinator. I think that if it was just my role as coordinator and I was not a member of this team working here, I could not understand the objections that the staff may have, the disagreements that may arise, all of that. So I cannot impose my own opinion. I want things to be calmer for me and the staff, so that they feel that they are actively involved in the decisions of the department…".

According to the directors of the clinics, it was stated that "…every day, there is a small discussion on the issues of the clinic. We officially talk about the events of the clinic once a week. The existing doctors are involved and our topic is the incidents, their treatment, the X-rays we have done, the result of the surgery, while we often *talk about our behavior as a clinic. Our behavior both as individuals and as a clinic*. The clinic has a goal and that goal is the good façade we need to bring not only to our patients, but also to the patients' relatives. Sometimes, the behavior of existing colleagues goes beyond these contexts or through their personal culture and somewhere there we try to give the stigma... to give *a common stigma*".

Meetings did not have a fixed duration. They usually lasted from a few minutes to hours. Issues related to, for example, leave, absences from work, problems related to employment relationships, but also issues of common interest concerning interpersonal relationships of staff, are discussed jointly by the director-coordinator of the department and healthcare officials.

As characteristically stated by the management of the medical service, that is in the emergency department (ED), "it is not every day that a team is formed. The ED team is about every three months, then we manage to form a team. It is the team of ED doctors and the team of ED on-call staff, because we also have the peculiarity that not only hospital doctors are on duty at the ED, there are also doctors on duty who have organic positions in the regional clinics and health centers in the area, which are Erythron Health Center and Aliartos Health Center… They always want to reintroduce the issue of on-call time and they must know how we work and know and deal with any problems that exist in that time. Since most of them are not doctors in the hospital, some of them have problems with the procedures. Now, as far as the hospital is concerned, it consists of the surgical field and the pathological field. The surgical sector does not respond very well to teams. The pathological sector responds. The department of cardiology, physicians and cardiologists, we cooperate quite well, almost on a daily basis".

He goes on to clarify, "the group coordinator can be a member at the same time. I personally have not stopped... I have not left my medical capacity to have the managerial position. In no case! I work as a doctor normally in the ED

and from there on I am a member of the team and of course I move around and I know the problems from within. Now the point is practically that when you have patients to deal with and even at the emergency level it is a problem to be consistent in administrative duties. In a small hospital, however, it cannot be done differently, because we simply should have had other doctors downstairs with the patients. So when we do not have doctors, I am forced to deal only with the medical part and leave behind the administrative part. In cases where there are enough doctors as much as possible, there is a balance and I can do both things at the same time. In the administrative part now as a director, my role is to train doctors. It is, if we can say this, *the coherence of the departments and the help so these departments are able to interact with each other,* because they are also different departments with different specialties. It is the approval of licenses. It is the information of the doctors for conferences or for bibliographic information. And of course the control that they come every day, that they do their job every day and that there are no problems, as well as the discussion of some possible issues that may arise and of course the most important of all is that the director of medical service is his replacement commander. So he has the administrative part in case of absence of the hospital commander".

Therefore, people meeting at work at least on a non-regular basis in the two hospitals, there is a common goal which predisposes members to collective action and creates the need to develop common perceptions and expected attitudes and behaviors. These are sometimes *Homogeneous working groups* because they consist of people who share some common characteristics, which at a given time are more important than their differences with the main advantage that they offer the staff greater security, especially when managing sensitive issues, such as health, which requires preparedness and respect for scientific ethics. Sometimes the working group becomes *heterogeneous,* as it consists of people from different jobs, but they give the participants the opportunity to work more effectively in decision making, as they have the opportunity to hear and use different perspectives on the same issue.[14]

In addition, there are two types of groups: the formal and the informal. Formal teams are created to carry out specific projects and achieve specific goals that are directly related to the core business goal. Depending on the time period for which they are formed, they are divided into *permanent* (such as the board of directors, the boss and his immediate subordinates) and *temporary* ones which are formed to perform a specific task within a certain time and then dissolve their execution (a medical visit to study the course of an incident).[14]

Interaction of leadership and dynamics of the working group

In both hospitals, the people in charge who coordinate the administrative, medical, nursing and social services and departments report that they seek interaction and cooperation of their subordinates. A key means of interaction is the *dialogue* between the leader and team members and between members as well. The understanding of the difficult position of a member or some members in the interaction is perceived by all participants, but is not treated the same by all, as for example through empathy in order to facilitate the process.

Decisions are always made by the person in charge (of the team), but as stated in most responses, the coordinator is influenced by the team members in their final decision, which is demonstrated in the interaction the dynamics of the groups.

The word *trust* is very often mentioned as a key component for the functioning of working groups, as something that must the leader has to gain of his coordinates, though this is not something that everyone can achieve. In other words, trust seems to be more easily cultivated in the smaller hierarchical meetings than in the large ones. A first explanation given is that in the smaller hierarchical groups, issues of a personal nature are opened in addition to the professional ones, thus promoting a more honest relationship between the one in charge and the staff. In large hierarchical groups, such as meetings of the commander with the staff and the board, interaction is limited to issues of responsibility, planning and targeting, while in large groups, such as meetings of the departments with the director of the medical service, stating issues is related to staff training in an environment of multiple empowerment.

In most answers it is considered that position, training, as well as the way the subordinates are approached by the leader, play a role in the interaction with the team members. Experience is added these, especially when the leader has been in this position for many years, which strengthens confidence in his person.

The participants wanted to talk extensively about the leader's approach to subordinates. More specifically, they reported that the leader-coordinator approaches the staff better when he treats each employee according to the specialty and the category to which he belongs because, as it is stated "… each employee is a separate entity and has a different role in the team". He should also be interested in patients, believe that subordinates are equal and the only thing that separates him from them is making decisions that are his own responsibility. *Understanding the staff's problems*

and showing it, helps to strengthen good cooperation on both a professional and personal level.

In addition, the approach of the leader depends on *how subordinates see the leader*, that is the role his position plays or the knowledge he has, as stated in the participants' responses, "… other employees behave based on the authority of the leader and others according to his knowledge". What they focus on is that *the leader's compromising attitude,* that is, always being available for discussion and elaboration on what the staff wants, could help boost the leader's appreciation and trust in the team.

The existence of the leader's interpersonal contact with the teams works positively in solving the problems. This is the first reason for the appreciation and trust on the part of the staff in the person of the leader, who then feels that he is creating.

The leadership-team interaction identified difficulties in management/coordination that individuals in a position of responsibility encounter to date and relate to staff shortages and consequently lack of duties, lack of logistics, fatigue, *loss of boundaries and team roles*. Also, the personal relationship that exists among the staff often creates more personal type reactions, as a result of which the behavior and the implementation of the process are modified. There is an established way of thinking, perceptions that come from the older generations of healthcare workers. The prevalence of the medical center system and the different level of education with categories university education (UE), technological education (TE), secondary education (SE) prevent the proper functioning, as well as the difficulty to understand that the coordinator may have many parameters which must be taken into account when reaching a final result.

Senior people at the hierarchy are not always willing to function effectively. In the answers, it is also mentioned as a difficulty-obstacle that "… the administration is exercised by persons who are elected, appointed and change, everyone has his own perceptions and likes. The staff is already selected, without special knowledge, there is no strict disciplinary framework, there is a sense of relaxation and there is no organization chart…".

Conflict-crisis management

Differences of opinion, attitudes, perceptions and disagreements are located *between the management and the service agents, in the relations between the persons in charge and the staff members of the working group of the department, between the members of the team among themselves*.

The views of the participants in the present study converged on the fact that disagreements inevitably exist, because not everyone had the same opinion, the one in charge prevailed, when there was a deplorable atmosphere in the team, the main concern of the leader was to calm down, support and strengthen the team. When the parity in the team was threatened, the leader tried to infuse it into the members but in practice it was not always possible. A common belief was the resolution of disputes or conflicts that *require interpersonal involvement from the leader at various levels, his participation in everything,* while trying to manage and coordinate through his own working model, and while maintaining a relationship of trust with staff. The disagreements caused a mood of self-criticism and internal reflection to the leader-coordinator of the group to some extent.

The tools used to resolve disagreements and conflicts are dialogue, self-esteem, patience and persuasion. *Those in a position of responsibility aim to prevent disagreements*. They identify the causes that may undermine the parity in the group, in order to promote the cooperation of the conflicting parties, to be constantly involved and not to isolate the leader-coordinator from the events and procedures.

Participants in this study reported that conflict management does not leave them emotionally intact. Most of the time, they experienced negative emotions, especially when there was a depressive atmosphere which are summarized in stress-tension, anger, frustration, sadness, anxiety, fear, agony.

In the questions related to crisis and crisis management, the participants showed the importance of pandemic management, which brought about changes through the establishment of a vaccination center in the two hospitals and the transfer of staff to the special Coronavirus departments (COVID-19 wards) from other wards, as well as in the treatment of the disease. To date, respondents agreed on the fact that in critical situations the team did not operate independently. It is informed by the manager, who in turn may need to inform and get advice from superiors.

Emotional intelligence

In most of the answers the participants stated that emotions play a role in the field of administration and in the work that is produced and in the personal issues that the leader experiences, at the same time.

Emotions are very important in management but they do not determine the way of management. As it was characteristically stated "the leader must care for, take care of and protect his position of responsibility. Awareness of emotions

helps him in this direction, but it is good not to express his feelings to the staff when making decisions, while when the climate is more relaxed on a more human basis it is only natural to express oneself on a more emotional basis".

Therefore, the human side of the leader was emphasized as the participants did not fail to add that the leader as a person had weaknesses. For example, he often feels insecure, especially when the atmosphere in the team is not calm and stress and suspicion prevail. There, the leader's character is considered to play a critical role. For instance, *"the influence he receives depends on the emotional state he experiences in the team".*

The head of the department, documenting the above, noted "… when, say, I came here and saw the atmosphere of confrontation, it made me suspicious… My suspicion, extended to the personnel, who gave me of course a foothold, the truth is... they are the cliques…. All this if you do not know how to manage it in the sense of calming it down, it can become catastrophic. That is, to become so suspicious, to become aggressive, not to talk to the staff, to be closed in my office…it could happen, couldn't it? On the contrary, I tried… *it has to do with the character of course*… on the contrary I tried to calm it down, regardless of whether I was oppressed, to be able to work, because at some point I said I cannot work with the staff to have a position of responsibility, I have to find solutions…".

As characteristically stated by a manager "… I think it is also human, but it also helps in the whole that everyone understands that we are all people with our weaknesses, with our strengths, with our shortcomings… *It is important to inspire the team and even more to make them experience that the particular outcome, the work that will be produced, stems from their own personal, let's say, decision to participate, to assist, when we talk about the initial stage of decision making, because in the process, provided it has happened, it has been achieved, they experience it objectively*".

Empathy

Participants in the present study showed that they place great value on the concept of empathy and focus on the leader's ability to manage as if he was in the patient-client position, because only then is the sense of teamwork achieved "team function under the umbrella called *common pursuit, common soul and common mind…".*

When asked about how easy it is for someone to come in the place of the other, the subordinate and the patient, they answer "…it's the way you should operate, otherwise everything is based only on, say, power relations. *In relation to the existing ones I feel that it is the wealth of the mosaic of people. For the patients, I feel that this is the reason why we exist experientially…".*

Although empathy is an integral part of almost all participants, what the patient experiences is expressed by all. *What the subordinate feels, however, they answer that they are not able to understand and control it as they would like, when needed.*

Head of department stated "…I try to always be in the position of the subordinate who is in the team I coordinate and if I feel wronged, I try to change the way I manage the situation… for patients I do not feel so well and I do not feel so well not because I am personally responsible, because the national health system is like that. Unfortunately! I mean, I wish things could be different, but it's not up to me. I have people of my own who are sick and I take their place… but can't always be the one who will change anything in this regard. My position is such that I cannot control it, but that I enter in this position, I do…".

The management of the medical service states in this regard: "As for healthcare workers, I try to understand the feeling, but also their position in the workplace. I have been an attending; I have been a community doctor… In all phases of my life, I was in the position and I remembered what I was at that time at that age, in my youth. If you can keep that in old age, it is good, because you can immediately stir up, say, the emotions, but also the way, the thoughts of some people who are younger and work that way… However, I cannot stand people who cannot speak, who do not have the ability to properly communicate with the environment, because quite simply most of them are selfishly crazy. Well, I cannot communicate…".

He added "…*my patients are sick and to me a patient is sacred*. At any age he needs help and for me the motto in here, everyone knows it, is *that guys the person is hurting, do something to relieve the pain, first let's see what he has and then we can decide what to do, but he is hurting, do not let him hurt*. I cannot…".

Thematic analysis of research findings

The material processing of individual interviews was completed through five consecutive steps, *the recording and conversion* of audio information into a written text according to the rules of semiotics, *the careful reading of the written narrative speech* for locating and compiling excerpts that refer to research questions, coding, that is, *the rendering of conceptual definitions* from the summary of ideas-categories and schemes that result from the elaboration and in combination with the theory related to the subject of the present research. Subsequently, from the excerpts

corresponding to each code, more abstract and general conceptual constructions emerged, which constituted *the thematic categories-sections.*[15]

The categories of the interview guide worked heuristically. That meant that they helped to decode the empirical data and to identify aspects that are of interest to the subject under investigation. The coding created three thematic units; the working group, the leadership, and team dynamics interaction, and the role of the leader.

The working group exists in terms of employee interaction on a regular and non-regular basis, where the leader is called apart from being a coordinator to be a member of the team. There are common goals that require collective action to be achieved. Hierarchy needs to be maintained, while dialogue and discussion are used as means of communication. Decisions need to be the product of a collective process. Not only does the group not exist without the presence of the leader-coordinator, but also the development of a common policy between subordinates and leadership is everyone's goal.

The interaction between leadership and team dynamics should form common beliefs and dialogue should promote interpersonal learning by enhancing trust in the leader's face. The way the leader approaches team members and subordinates in general, is considered of the utmost importance in the way they interact, influencing attitudes and behaviors and shaping a dynamic in the team. In turn, the way members interact also influences the leader's way of thinking, attitude and behavior, which when he/she expresses interest in the patient makes the staff respect him/her more and this in turn creates conditions for better cooperation. Although the knowledge and character of the leader play an inferior role, they sometimes lead to action and avoidance of caution or even to stagnation, especially when the knowledge on the subject is incomplete and his character is not humane.

The role of the leader must include his personal involvement in events through a compromising attitude and having the equality of the team members as a starting point. He needs to be able to appreciate not only the specialty, but also the personality of each individual. Self-criticism, composure, adaptability and flexibility are cited as elements that, if possessed or cultivated within the team, can better manage any unexpected changes or difficulties that arise when they are not expected.

DISCUSSION

As can be seen from the above, the participants talk about *a management model that is based more on combination and composition,* considering that both the position and the knowledge, and the way the subordinates are approached by the leader, should play a role in interaction with team members so that management is transformed into a collective project, while in almost all responses emphasis is placed on how the leader approaches others.

According to the central administration of the two hospitals "… the leader has to manage as if he is in the position of the patient, to focus on the benefit of the patient. His aim and pursuit should be teamwork and cooperation, because *the leader is with his team an indivisible whole that you cannot divide because when something is missing, the rest cannot work*… All this happens under an umbrella called *common pursuit* and is nothing more than serving the Boeotian patient. *We need a common soul, a common mind*…".

In addition, based on the first results of the present research, *trust in the leader's face is something that is gained through the synthesis of key elements that the leader needs to show and give to the team,* such as: charm, experience, knowledge of the subject, limits, controlled expression of emotions and self-confidence. This mode of operation could better help the leader to be accepted by his subordinates and create a climate of balance. *Inspiration* is very important in the interaction between leadership and team in a way that the existing members feel that the work that will be produced, comes through their own personal decision to contribute, to participate, because in the process when this is achieved, they experience it objectively. Everyone is basically available to give part of the solution so that on a whole the closest possible outcome is achieved in relation to the ideal one.

In conclusion, in order for the current leader-coordinator to be in the position of responsibility, he must work together with the staff, participating and trying at the same time to manage and mobilize the staff through his own example, facing the difficulties as challenges, in order to create.

ΠΕΡΙΛΗΨΗ

Ηγεσία και δυναμική της ομάδας στους οργανισμούς υγείας

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ΣΚΟΠΟΣ Η ηγεσία ως προϊόν που προκύπτει μέσα από τη διεργασία με τη δυναμική της ομάδας. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Η μέθοδος έρευνας που εφαρμόστηκε είναι η ποιοτική μέθοδος, μέσα από την οποία επιχειρήθηκε η σε βάθος διερεύνηση της γνώμης, των αντιλήψεων και της στάσης των στελεχών που κατέχουν ήδη θέση ευθύνης ή είναι σε εν δυνάμει θέση ευθύνης στην ιατρική, στη νοσηλευτική, στη διοικητική και στην κοινωνική υπηρεσία, σε δύο νοσοκομεία της 5ης Υγειονομικής Περιφέρειας, το Γενικό Νοσοκομείο Λιβαδειάς και το Γενικό Νοσοκομείο Θήβας. Η συλλογή δεδομένων πραγματοποιήθηκε τη χρονική περίοδο μεταξύ Μαρτίου και Οκτωβρίου του 2021. Οι συνεντεύξεις είχαν διάρκεια μία έως μιάμιση ώρα η κάθε μια. Διεξήχθησαν ατομικές συνεντεύξεις με οδηγό συνέντευξης σε 24 λειτουργούς υγείας. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Στην παρούσα έρευνα προέκυψε η ανάγκη ύπαρξης και εφαρμογής ενός στυλ ηγετικών ικανοτήτων που να συγκροτείται από τον συνδυασμό των δραστηριοτήτων του ηγέτη μαζί με την ομάδα, ώστε να μπορεί ο ηγέτης να εμφυσήσει την οπτική του, μέσα από μια σχέση η οποία αναπτύσσεται σταδιακά με τα μέλη της ομάδας εργασίας. Η ηγεσία μπορεί τότε να αποτελέσει μέσο επηρεασμού της συμπεριφοράς της ομάδας και με αυτόν τον τρόπο να επιτύχει τη δέσμευσή τους στο έργο. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Η άσκηση της ηγεσίας υπό το πρίσμα της δυναμικής της ομάδας εργασίας απαιτεί την ικανότητα του ηγέτη να εμπνέει και να επηρεάζει τους συνεργάτες του, ώστε να διαφοροποιείται η συμπεριφορά τους, ηθελημένα, με σκοπό την επίτευξη των στόχων της ομάδας. Ο ηγέτης-συντονιστής της ομάδας, που συμμετέχει και ως μέλος της, ενισχύεται και ενδυναμώνεται ως προς τον συντονιστικό-ηγετικό ρόλο του, προάγοντας τη συνεργασία και την αποδοχή στο πρόσωπό του, καθιστώντας την ηγεσία από ρόλο σε λειτούργημα.

Λέξεις ευρετηρίου: Αλληλεπίδραση, Δυναμική ομάδας, Ηγεσία, Οργανισμός υγείας, Συνεργασία

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