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# SITUATIONAL LEADERSHIP OF MEDICAL TEAM IN CRISIS SITUATION

Nataša Podnar<sup>1</sup>, Milan Ambrož<sup>2</sup>

## ABSTRACT

Research studies on situational leadership often focus on matching leadership style with team maturity, but very few studies have explored situational leadership in pandemic situations. This study aims to identify the most effective leadership style during the COVID-19 pandemic. We introduce the situational model commonly used to enhance the performance of medical crisis teams based on team members' maturity. Additionally, we discuss the decision to implement delegating leadership during the pandemic. By identifying the most appropriate leadership style based on the team's maturity, we can recommend activities to help medical care teams maintain their performance during pandemics.

**Keywords:** pandemic, crisis, medical care team, leadership style, performance

## INTRODUCTION

The COVID-19 pandemic presented significant challenges for all organisations, particularly those in the healthcare sector. The sudden and unpredictable crisis made planning difficult, requiring quick and effective management responses (Weick, 1988; Bowers et al., 2017; Hannah et al., 2009). Both successful and unsuccessful must be prepared to overcome crises, which can result in material, physical, or psychological consequences (Mitroff & Pearson, 1993; Hannah et al., 2009). Furthermore, crises can limit access to necessary

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resources and prompt changes in organisational behaviour (Smircic & Stubbart, 1985; Furr-Holden et al., 2020). As such, even the most organised and successful organisations must continually prepare for crises by sharing information, organising teamwork, and embracing cognitive diversity (Jankelová et al., 2021).

According to Islam et al. (2021), crises often lead to inadequate leadership, negatively impacting the workplace and the team's productivity. Sarla (2020) suggests that there is no one-size-fits-all approach to leadership. Effective crisis management depends on various factors, such as leadership style, team dynamics, and the relationship between the leader and followers (McLaurin, 2013). However, Wisittigars and Siengthai (2019) emphasise that successful leaders possess adaptability, empathy, and the ability to tackle complex issues.

Fiedler and Chemers (1967) and Smithson (2022) reveal that certain leadership styles are more effective during crises. Mulyana et al. (2022) conducted a study that found that leaders who display socio-emotional skills are better equipped to handle stress, quickly adapt to changes, and make sound decisions. Many studies have shown that leaders during the COVID-19 pandemic adapted their leadership style to suit the situation (Francisco & Nuqui, 2020). They demonstrated an adaptive, instructional, planning, vigilant, and initiative-quick decision-making leadership style (Ambrož, 2011; Francisco & Nuqui, 2020; Boykin et al., 2020; Losty & Bailey, 2021; Balasubramanian & Fernandes, 2022). Pfeiffer (2013) suggests that leaders must respond decisively to crises' uncertainties and prioritise saving people's lives and property. Some experts, such as Hsu et al. (2006) and Veenema et al. (2017), agree that effective crisis leadership requires universal knowledge and experience gained through training or previous emergencies (Salas et al., 2005; Kalisch et al., 2009).

Crises are common and can arise suddenly or over time (Weick, 1988; Pearson & Sommer, 2011; Gkeredakis et al., 2021). External factors such as natural disasters and pandemics often contribute to these issues. The ongoing COVID-19 pandemic has necessitated the creation of new leadership strategies in many medical institutions, as highlighted in a study by Beilstein et al. (2012) and Saleem et al. (2022).

Mano-Negrin and Sheaffer (2004) argue that organisations may face challenges with limited resources to address concerns, as Mitroff et al. (1992) noted. This may hinder the utilisation of organisational members' intellectual and other potentials, as highlighted by Hannah et al. (2009) and Fener and Cervik (2015). With the ongoing pandemic, ethical dilemmas arise, and healthcare workers experience emotional stress that can impact their performance during crises, as Mitroff et al. (1992) noted. Followers' positive attitude towards the crisis leader results in a higher organisational crisis performance (Shen, 2019). When tackling a challenging situation, being a strong leader, having a solid strategy, and quickly adapting to new information is crucial (Mano-Negrin & Sheaffer, 2004; Balasubramanian & Fernandez; C., 2022).

However, it is clear that more research is urgently needed to fully understand the leadership qualities that drive success during a crisis. Leaders must grapple with novel problems that can significantly alter decision-making (Gordon & Yukl, 2004). Uncertainty only adds to the complexity, requiring timely and contextually appropriate decisions about personnel, resources, communication, and leadership style (Beilstein et al., 2012; Kerrisey & Singersara, 2020).

Situational leadership can be an effective model in times of crisis, guiding leaders to adapt to the specific characteristics of the problem and emphasize task-oriented leadership. According to Hersey and Chevalier (2000) and Muffet-Willett and Kruse (2009), this pragmatic approach to decision-making cannot be predetermined; instead, it must be based on functional considerations. With the sudden and unprecedented emergence of COVID-19, organizations have had to respond quickly and adjust to new circumstances, making effective organizational leadership and decision-making more critical than ever (Jankelová et al., 2021).

## **LITERATURE REVIEW**

### **Leadership**

Leadership behaviour is a multifaceted concept that entails beliefs, personality traits, experiences, work environment, and the leader's perception of the fit between their style and the situation (Stogdill, 1974; Giese et al., 1974). An effective leader must be able to guide and coordinate team activities, evaluate team performance, delegate tasks, develop competencies and skills, motivate team members, plan and organise, and promote well-being (Salas et al., 2000). The

success of a team depends on how efficiently leaders solve complex problems (Lancaster et al., 2020; Avolio et al., 2004; Fener & Cevik, 2015), and leadership is a crucial factor that determines the triumph or failure of an organisation or team (Al Khajeh, 2018).

Some researchers disagree that leadership plays a significant role in organisational performance (Podolny et al., 2004). Various leadership theories either favour natural-born leaders or take a contingency approach. Each theory contributes something and has scientific backing, but further explanations are required (Fiedler & Chemers, 1984).

### **Situational leadership**

Leadership effectiveness cannot be defined with a single approach, as many management theories have varying and sometimes conflicting explanations. Among these theories, the situational approach is particularly complex, positing that no leadership style is universally effective for all situations (Hersey & Blanchard, 1988). Instead, leaders must adapt their style to match the specific circumstances. This requires a nuanced understanding of different leadership styles and their applicability in different situations (Hersey & Blanchard, 1981).

According to Porter-O'Grady and Malloch (2015), the Situational Model enables leaders to adapt their leadership styles based on various factors in the workplace, such as tasks and employee relationships. Additionally, the Model emphasises the importance of leaders adjusting their styles to match team members' abilities and maturity levels, as Hersey, Blanchard, and Natemayer outlined in 1979. Maturity is defined by team members' independence, responsibility, and motivation towards achieving team goals, as stated by Thompson and Glasø in 2015. The Situational Leadership Model categorises team members into four levels: enthusiastic beginners, disillusioned learners, capable but cautious performers, and self-reliant achievers, and each matched with a corresponding leadership style: delegating, participating, selling, and telling. When the leadership style aligns with team members' abilities, it results in effective leadership.

According to Thompson and Vecchio (2009), a team of skilled individuals needs minimal direction, while a less capable group requires specific guidance and clear instructions from a leader. Additionally, research indicates that the effectiveness of a leader's

style and the team's competencies depends on the congruence of the leader's and followers' maturity ratings.

When faced with crises, effective leadership, teamwork, and the involvement of all team members in decision-making are crucial (Mayo, 2020; Kerrisey & Singer, 2020). A true leader steps up to the challenges and influences the successful resolution of crises (Yukl & Lepsinger, 2004). Flexible, innovative and interactive leadership and team member involvement (Boykin et al., 2021; Dowling et al., 2020; Mayo, 2020) lead to resilient crisis-solving. By leveraging crises to build strong relationships and empower team trust (Schiffecker & Mcnaughtan, 2022) and autonomy (Pierce & Newstrom, 1995), leaders enable their teams to tackle crisis problems effectively.

Providing a team with personal safety equipment, adapting to the working environment, and creating effective work schedules are all essential aspects of leadership (Leng et al., 2021). Additionally, leaders must ensure that they provide precise and timely information and instructions for the work (Joo & Liu, 2021) and productive hurdles that make sense of the team's progress rather than assuming crisis events (Barton et al., 2020).

When solving complex, unpredictable problems, the contingency leadership style is highly effective (Yukl, 2020; Losty & Bailey, 2021; Mclaurin, 2006). While personal traits like responsibility, stress resilience, and determination can also contribute to a leader's effectiveness, they may only be relevant in certain situations (Shen, 2019; Yukl, 2020). For example, in a crisis, a leader with high-status power, team support, and a task-oriented approach can be effective (Oliver, 1988). Recent situational and contextual theories highlight the importance of organisational stability, dynamic equilibrium, and operating on the edge of chaos. These factors play a role in determining leadership effectiveness during crises based on the flexible relationship between leadership and the situation (Osborn et al., 2002). It is worth noting that task-oriented leadership is just one piece of the puzzle. Task-oriented leaders can improve group performance, while relationship-oriented leaders can create a stronger sense of cohesion within the group (Taberner et al., 2009).  
Performance of a medical team in crisis

Research on crisis management highlights the importance of effective teamwork (Mayo, 2020). Communication and leadership are crucial for team success (Polis et al., 2017) and trust (He et al.,

2021). Factors such as practical work supervision, autonomous work, participation in decision-making, and interdisciplinary collaboration directly impact medical team performance (Ceravolo et al., 2013). Clear goals and a shared understanding of how to achieve them form the foundation of effective teamwork (Hunziker et al., 2011). Communication, leadership, and trust are critical for medical teams to perform at their best (Polis et al., 2017; He et al., 2021).

Cooperation among team members is essential for effective collaboration (Salas et al., 2000), affecting individual productivity, performance, and problem-solving ability (Sanyal & Hisam, 2018). When team members feel safe, they are more motivated to face crises (Williams et al., 2017). Both individual factors such as personality, competencies, skills, and personal motivation (Bell, 2007; Tovmasyan & Minasyan, 2020), and group factors like cooperation, communication, training, and internal organisation of work (Murphy et al., 2016) contribute to medical team performance. Additionally, organisational goals, strategy, technology, culture, and human resource management play a significant role (Rusu et al., 2016; Castner et al., 2013). However, team size, physical distance, poor communication, different personalities, lack of safety behaviour, lack of leadership competencies, and distrust in a group can hamper team performance during a crisis (Riley et al., 2010). Effective leadership and possessing unique expertise can help resolve the issues that medical teams face during emergencies (Veenema & Losinski, 2017).

According to Gordon and Yukl (2004), quick and well-coordinated responses are crucial in emergencies, and forming ad hoc medical teams can pose a challenge to consistent and safe care, as argued by Hannah et al. (2009) and Moldjord and Iversen (2015). Ad hoc teams are vulnerable due to their diverse membership, including members from different organisations with varying expertise, experience, and familiarity levels. Changing team members frequently can disrupt the team's history and hinder the learning process, as Van der Haar et al. (2008) noted. Clear goals and instructions on achieving them are essential for effective medical team performance. However, such goals may be challenging in an ad hoc medical team, as Hunziker et al. (2011) highlighted. During a crisis, medical groups established by organisations to function as ad hoc teams may lose their vision and struggle to identify the root

cause of the situation. The loss could endanger patient care (Williams et al., 2017).

Collaboration within ad hoc teams promotes the exchange of ideas and fosters trust among team members and leaders (Southwick et al., 2017). This trust is especially important when clear instructions are required to handle emergencies (Kerrisey et al., 2021). Effective communication of vital information significantly impacts the functionality of medical care teams (Jankelova et al., 2021). Additionally, such collaboration encourages innovation and creativity within ad hoc teams (He et al., 2021). However, the true key to enhancing team performance is resilience. Research has shown that building resilience is essential for team effectiveness, particularly for ad hoc groups that need to actively pursue it (Barton et al., 2020). These insights have been observed in various contexts, including emergency rooms, military firefighting teams, and sports (Williams et al., 2017).

## **METHODS**

### **Study design**

Our study was designed to provide a comprehensive understanding of the situational leadership model in the context of the pandemic. We conducted a quantitative analysis, employing descriptive and inferential statistics methods through the General Linear Model (Mardia et al., 1979). This method, which allows for the analysis of both categorical and continuous variables, was chosen for its robustness. To simplify our analysis, we utilised the principal factor analysis method with varimax normalised rotation to reduce the variables concerning the performance and effectiveness of the medical care team.

### **Participants and procedure**

Our research was conducted with the authorisation of Slovenia's largest medical community centre. All participants voluntarily agreed to participate in the study, and we ensured the confidentiality of their results while strictly adhering to ethical research principles. The survey was conducted between November 2021 and February 2022, and 73 team leaders from the largest community medical centre who worked during the pandemic crisis participated. For our research, we chose team leaders with experience managing medical care teams in various departments during a crisis.

## Instruments

Our study aimed to assess the impact of situational leadership on the performance of medical care teams during pandemics through the lens of a medical team leader. To achieve this, we developed a multi-item questionnaire that was not standardised, based on the Situational Model by Hersey and Blanchard (1981). This questionnaire evaluated team performance, leadership style, the maturity of medical team members, and the severity of the pandemic crisis, drawing from situational leadership literature and past leadership research.

## Hypotheses

We have developed a research model (Figure 1) and formulated hypotheses based on the findings from our literature review.

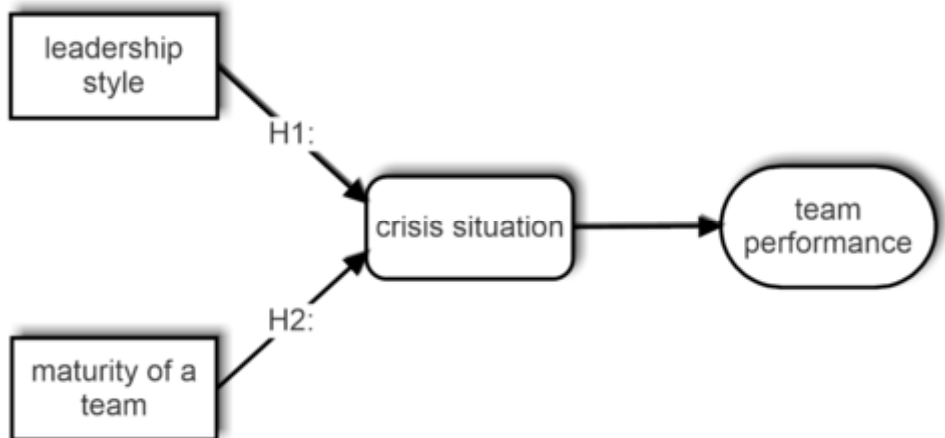


Figure 1: Crisis model of situational leadership of medical team

We also considered the results of quantitative and qualitative studies on applying the situational leadership model in improving the performance of medical care teams during crises.

H1: In a crisis, a team leader who practices delegating leadership style can improve the performance of a medical care team.

H2: An autonomous medical care team can positively impact team performance during a crisis.

## **Dependent and independent variables**

Our study measures the performance of a medical care team during crises based on several factors, including clarity of team goals, motivation, task completion, team effectiveness, self-confidence, cooperation, and communication. Team leaders evaluate these factors on a scale of 1 to 5. To determine independent variables, we analysed empirical and theoretical studies. Our independent variables include the medical care team leaders' assessment of leadership style implementation during pandemics (such as telling, directing, supporting, and delegating), their perception of team member maturity (inexperienced, motivated, capable, autonomous), and their projection of the crisis severity (latent, emerging, sudden, or devastating). We also considered demographic, leader status, and medical care team-type variables. To analyse our findings, we converted the ordinal variable of crisis severity perception into a dummy variable and utilised a General Linear Regression analysis.

## **RESULTS**

Out of the participants, 14 were leaders of a clinic department (19.17%), 14 were leaders of an intensive care team (19.17%), and 45 were leaders of the intensive care and internal therapy urgency team and anaesthesia (61.64%). 60.26% of the leaders had a college degree, 36.98% had a university degree, and 1.36% had a doctorate. Of the 94 questionnaires distributed, 73 were returned, making up 77.65% of the participants. On average, the leaders had 27.65 years of working experience in the organisation. 38 of the participants (52.05%) had little crisis leadership experience, 22 (30.11%) had much experience, and 13 (17.80%) had moderate experience. The majority of the participants (30 or 41.095%) perceived the crisis as emerging, 21 (28.767%) perceived it as a severe crisis, 17 participants (23.287%) perceived it as a devastating situation, and 5 participants (6.849%) perceived it as a latent crisis.

We used Principal factor analysis (PCA) to extract factors from the performance and efficiency questionnaire. All 67 variables were retained in the study, as their commonalities ranged from .56 to .79. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy test yielded a score of .801, and Bartlett's Test of Sphericity (Chi-Square = 792;  $df = 120$ ;  $sig. = .000$ ) indicated that the reduction of variables was favourable. We applied Varimax rotation to transform the factor structure. The PCA resulted in two factors: team performance, which explained 41.93% of the total variance with Cronbach's Alpha (.871),

and team effectiveness, which explained 20.21% of the total variance (62.14%) with Cronbach's Alpha (.928). We used the General Linear Model (GLM), which can handle categorical and continuous predictor variables and single and multiple dependent variables. We included factor performance as a dependent variable of team performance, which was normally distributed and showed no outliers.

Based on the research, the maturity level of medical care team members and the leadership style of the delegation were the only predictor variables that significantly impacted team performance during pandemics. Utilising a situation leadership model, it was found that there was a weak yet positive correlation between independent variables and outcome variables ( $R^2_{adj} = 0.192$ ;  $p = 0.002$ ). While the model had low predictive value ( $F = 3.856$ ), both regression coefficients TM ( $R^2_{adj} = 0.242$ ;  $p = 0.007$ ) and ( $R^2_{adj} = 0.153$ ;  $p = 0.041$ ) were positive ( $R^2_{adj} = 0.242$ ;  $p = 0.007$ ).

Table 1: Predicted power of the situational leadership model

Dependent Variable	Adjusted R2	F	p
Performance	0.192	3.856	0.002

According to the research, a medical team's level of maturity is directly linked to their ability to make independent decisions during a pandemic. This leads to improved team performance ( $\beta = 0.333$ ;  $p = 0.007$ ) and a delegation of leadership responsibilities through a delegating leadership style ( $\beta = 0.249$ ;  $p = 0.041$ ). When team members are considered highly mature, a delegating leadership style is more effective in enhancing team performance during a pandemic.

Table 2: Predictors of crisis medical team performance

Regression model	Independent variables	Adjusted R2	Performance Standardized beta ( $\beta$ )	Sig.	t - value
	(Constant)	3.205		0.000	5.641
1	telling	-0.050	-0.082	0.522	-0.644
2	directing	-0.001	-0.002	0.990	-0.012
3	supporting	-0.036	-0.051	0.662	-0.439
4	delegating	0.153	0.249	0.041*	2.089
5	team maturity	0.242	0.333	0.007*	2.780
6	severity of crisis	-0.082	-0.141	0.225	-1.225

## **DISCUSSION**

This study aimed to analyse how the team leader's leadership style and the maturity of medical care team members impact team performance during a crisis. As predicted, the maturity of team members and a delegating leadership style significantly and positively influence team performance during emergencies. These results are consistent with previous studies that have linked situational leadership with performance-oriented activities (Hersey & Chevalier, 2000). Furthermore, our research found that leaders who view their medical care team as mature tend to use a delegating leadership style that encourages collaboration with the team and promotes discussion of critical issues by asking essential questions about team performance (Alsaqqa, 2020; Al-Khaled & Chung, 2020). Numerous studies have provided conflicting results regarding the impact of team maturity perception on team performance. While some studies, such as Hersey and Blanchard's (1981) research, suggest that the perception of team maturity is subjective and that leadership styles can be adapted, other studies, such as Boykin et al.'s (2021) and Dowling et al.'s (2020), argue that a leader's perception of a matching leadership style to team maturity is crucial to team performance. Furthermore, the research highlighted by Pierce and Newstrom (1995) and Yukl and Lepsinger (2004) emphasises the importance of crisis experience in team performance. One study even suggests that the maturity of the crisis team should be given more attention in future crises as it influences team performance (Al-Khaled & Chung, 2020). To ensure effectiveness in emergencies, medical care team members should receive appropriate training, and leaders should select members based on their maturity and crisis experience.

## **CONCLUSION**

Several studies have shown that situational leadership yields consistent outcomes. However, unforeseen crises and obstacles within an organisation can pose new challenges to the effectiveness of this leadership style (Alsaqqa, 2020). However, the most significant predictor of success in coping with crises and pandemics is the team's experience and ability to work independently. A delegated leadership approach empowers the team to respond promptly and efficiently to urgent issues. This type of crisis management requires skilled and seasoned leaders willing to take risks and delegate responsibilities effectively.

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