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GROUP LEADER IN HEALTH CARE INSTITUTION: EMPIRIC SUBSTANTIATION OF PSYCHOLOGICAL MARKERS

Bela Yasko (a)*, Evgenia Kharitonova (b), Marina Ostroushko (c)

*Corresponding author

(a) Kuban State University, Krasnodar, Russia, shabela@yandex.ru, 8(918)169-80-38

(b) Kuban State University, Krasnodar, Russia, veba_2000@mail.ru, 8(918)414-62-12

(c) Krai Clinical Hospital no. 2, Krasnodar, Russia, marina-ostroush@mail.ru, 8(918)932-90-99

Abstract

The article gives results of an empiric study in psychological markers of managerial intelligence of a group leader in health care institution. Three most pronounced styles of managerial decision-making have been identified: liberal-situational, “implementational”, authoritarian. Leaders pertaining to “implementers” show high activity and working capacity. At that, in implementation of the functions of authority they actualize themselves as soft, accommodating, flexible. Health care managers with pronounced *authoritarian* trends in making managerial decisions combine directivity with production of problem situations. They are independent, seek to investigate everything personally. Factorization of the data array allowed establishing three types of managerial intelligence. The first type is *Emotional-creative management oriented towards interpersonal interaction*. It is based on the *liberal-situational* style of managerial decision-making, aspirations for personal growth, active orientation towards the resource of combining visual and symbolic thought, creative and emotional abilities. The second type is based upon the *implementational style of managerial decision-making*. This type is characterized with an ability of combining requirements of practical activity, managerial tasks and interactions with personnel. The third type of the managerial intelligence has been called *ego-centric*, with orientation towards objective cognition in solving managerial problems. It is related to the *authoritarian* style of managerial decision-making. The managers have clear-cut personal values, aspire to constant self-development, find support in the objective cognition. The directions of the “routes” of developing work with the active managerial personnel in the health care system have been analyzed in the context of different types of personnel’s managerial intelligence.

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1. Introduction

A personality of a manager takes an image of successfully-functioning leader when it finds abilities to provide joint activity with a stable, non-contradictory dynamics (Kouzes & Posner, 2010). We share the point of view of Zankovskii (2012, 2015), who differentiates phenomena of group and organizational leadership. In a work group, joint activity is ensured by the group leadership that is actualized in the process of direct interaction between the leader and the group with the help of pragmatic (“oriented towards results”) and relational (“oriented towards people”) functions. At the level of an organization, the joint activity is regulated with organizational leadership, which Zankovskii (2012) understands as value-oriented management aimed at formation of common organizational motivation and stable agreement of individual and group objectives of employees with the general objective of the organization. At that, the organizational leader uses primarily informational and personal resources of influence to achieve the managerial goals (Zankovskii, 2012).

Different sources identify the main attributes of leadership: high level of activity and initiative of a person in group solution of joint problems; high degree of awareness (competence) in the problem being solved and members of the group, their professional and personal resources; pronounced ability to influence other people (charisma); correspondence between the behavior and opinions, positions and values common in the group; more vivid appearance of personal qualities characteristic for the given group (Zankovskii, 2012, 2015; Kouzes & Posner, 2010)

Behavioral models of group leadership created in the context of typological approach (Menkes, 2008) are widely known. At the same time, as the authors have previously noted (Yasko, Kasarin, & Rimmavin, 2011), these models propose certain vectors for understanding the managerial style of the group leader, but their application inevitably finds pragmatic, discipline, gender, age and psychology-specific features of leader's managerial preferences. Thus, it is logical to state the research problem of studying organizational and psychological features of group leadership as a phenomenon that has a differential-typological nature.

The concept of managerial intelligence has arisen recently and is being filled with concrete content. It has been noted that the managerial intelligence is a unique instinct and perception in the field of business. An important role is played by cognitive facilities that largely determine whether a leader becomes successful or fails (Menkes, 2008; Sternberg, 2000). In the flow of different daily tasks, each leader makes accents on problems, people, with whom the problems are being solved and turns to self to make managerial decisions. These three subject aspects of managerial activity may proceed successfully on condition that the leader has a set of cognitive abilities that form the managerial intelligence. At that, it is noted that their foundation is largely formed by a well-developed critical thinking, “defined by availability of skills in collecting, processing and applying information with the aim of selecting the best way for achieving a certain goal or resolving a problem situation” (Menkes, 2008, p. 170). Menkes (2002, 2008) has developed an interview-based tool for managerial intelligence diagnostics to be applied in selection of candidates for managerial positions.

Nowadays, the timely objective is operationalization of the managerial intelligence concept from the positions of psychological characteristic of the work group leader as a manager.

2. Problem Statement

Existence of a certain contradiction between the current concepts of organizational and group leadership on the one hand, and lack of practically-oriented operationalization of these concepts from the position of traditional differential-typological methodology on the other hand, define the problem of our research. It consists of an empiric substantiation of psychological markers of managerial intelligence of a group leader in health care institution. Solution of the stated problem may be seen as a contribution to the practice of organizational-psychological work with the current body of managers and candidates pool in the health care system.

3. Research Questions

Subject of the research is managerial intelligence of group leader in health care institution. The analysis is aimed at revealing the most pronounced types of the managerial intelligence in line managers and psychological, organizational-psychological markers characteristic of each established type in the form of: managerial decision-making style; combination of abilities determining managerial competences; type of professional cognition, creativity; emotional intelligence.

4. Purpose of the Study

The purpose of the study is to give empiric substantiation of the group leader's markers of managerial intelligence in health care institutions from the positions of differential-typological approach.

5. Research Methods

A Managerial Decision-Making Style survey has been developed by its authors to operationalize the concepts of style-related mechanisms in implementation of a leading managerial function, the one of decision-making. The test consists of 51 statements that shall be evaluated with a 7-point scale. The questions (statements) are distributed along the two scales: Authoritativeness and Behavior in a problem situation. A combination of individual indicators from the survey gives an opportunity to determine typological belonging of a given personal style of managerial decision-making. The authors introduce the concepts of five most common styles: Authoritarian, marginal, implementational, laissez-faire and situational.

Bruner's (2019) questionnaire Cognition Profile is intended for determining cognition types and the level of personal creativity. Four basic types of cognition are established (objective, visual, sign-oriented, symbolic), in accordance to which the questionnaire includes four scales consisting of 15 statements each. The fifth scale, also consisting of 15 statements, allows accessing the personal level of creativity. During the interpretation, three levels of the basic cognition type and that of creativity are determined: low (0 – 5 points); average (from 6 to 9 points); high (from 10 to 15 points). Applying this method, we draw on the leading role of the cognition type in formation of personal ability to comprehend and recognize one's interior and exterior world with support from emotional and rational components of cognition (Lutskovich, 2013).

Managerial Competence package is intended for self-diagnostics of managerial competences. According to the authors of this concept, a successful leader shall have eleven types of abilities, skills and knowledge in the area of interaction with subordinates. Among them are: abilities to lead, control oneself, creative approach to problem solving, skills and experience in problem solving, influence over others, teaching the subordinates, organize group work. Besides, a leader shall have clear and stable personal values and objectives, pursue continuous self-improvement, understand peculiarities of managerial labor. This method includes two tests: You yourself and My activity. The first one (You yourself) allows the respondent to see the level of development of professional (managerial) competences as defined in the concept of Woodcock and Francis (1991). The second test (My activity) is intended for revealing a set of competences required of the management subject in a specific institution and in a specific position. Comparison of results from both tests clearly demonstrates points of growth, as well as unclaimed resources in the manager's competence that may facilitate inclusion of this employee into the candidate pool for career advancement. The maximum number of points for each type of competence is 10. During the research the authors introduced an additional indicator: Management Competence Strain Indicator (MCSI). It is defined as a mathematical difference between the average indicators from the total evaluation of competences in the Myself test and corresponding indicator of the My Activity test. A positive value of MCSI is an evidence of overestimation of ones competence or an evident of a lack of demand for skills and experience in the performed activities. A negative value is a signal to concentrate HR attention on training and development of the employee's managerial potential.

N. Hall's Emotional Intelligence method had been developed to reveal capabilities of a person to manage their own emotional sphere and influence the emotional sphere of others (as cited in Ilyin, 2001). The questionnaire includes 30 statements and 5 scales (so called partial components of the emotional intelligence) that mark emotional intelligence as a psychological phenomenon: Emotional Awareness, Management of Emotions, Self-Motivation (Arbitrary control of one's emotions), Empathy, Recognition of Emotions of Others (a skill in influencing the emotional state of other people). The research considered a cumulative indicator – emotional intelligence (EQ) as an integrative ability of a person. In data interpretation the authors were guided by the EQ levels determined in the work of Sirotkina (2006): high (70 – 90 points); average (from 40 to 69 points); low (less than 39 points).

Statistical processing was conducted in Microsoft Excel and SPSS-20 software package.

Empirical base: Regional multi-specialty health care institution. Sample: Doctors heading structural divisions, 57 persons in total.

6. Findings

During the first stage of the research, the respondents were tested to identify their managerial decision-making (MDM) styles. It has been established that 40.4% (23 persons) of clinical unit managers drift towards the liberal-situational style of MDM. In such leaders, the decision making process is determined by features of the working situation, while in their relations with subordinates that are determined by the Authoritativeness scale they tend to build on humanistic methods, trustful, friendly relations with the group.

Managers that showed implementational style of MDM (19 persons; 33.3%), believe that the situation of independent decision-making is a norm. They show high activity and working capacity, an aspiration to personally keep everything under control. At that, in actualization of authoritative functions they manifest themselves similar to those with the liberal-situational style: soft, compromising, flexible.

The third group comprised doctor-managers with pronounced authoritarian trends in managerial decision-making (15 persons; 26.3%). High group averages in diagnostic data obtained for both scales are witnessing to the respondents combining directivity and production of problem situations, which they see as a normal phenomenon of their activity. They are independent, seek to investigate everything personally and have total control over the labor processes in the division entrusted to them.

The next stage of the research was to analyze the structure of managerial competences, cognitive profile, creativity level and emotional intelligence characteristic of line managers in health care.

Primary observations showed that the common, invariant phenomenon in the surveyed group is strain of managerial competences as measured with MCSI: it is positive in averages (2.0 points). Structural division heads gave the highest rating to personal ability to influence others ($M=9.3\pm 1.33$) and teaching abilities ($M=9.3\pm 1.14$). However, only 26.3% of those surveyed (15 persons) believe that their competence readiness to influence others is actualized during the managerial activities, while 24.6% (14 persons) do not see demand for this type of competence. Invariant characteristic of the managerial intelligence of a line manager in health care is admission of insufficient personal readiness to apply creative approach ($M=6.8\pm 1.93$), showing positive correlation ($r=0.312$; $p<0.05$) with the average level of creativity ($M=7.7\pm 2.22$) as diagnosed for the sample as a whole.

Sign-related and symbolic cognition dominate in doctors ($M=9.3\pm 2.60$ and 9.0 ± 2.58 , respectively), obviously, reflecting specifics of medical work.

Search for specific attributes characteristic for each of the identified MDM styles was conducted with a one-way ANOVA test. Averages in "Authoritativeness" and "Behavior in a problem situation" were considered as dependent variables for each of the MDM types.

Dispersion analysis results.

Liberal-situational style is formed under the influence of competence readiness to provide continuous personal growth ($F=4.90$; $p<0.04$); well-developed imaginative ($F=3.42$; $p<0.05$) and symbolic ($F=3.58$; $p<0.05$) cognition, creativity ($F=2.78$; $p<0.08$), as well as abilities determining the average level of emotional intelligence in such leaders ($F=3.44$; $p<0.05$). From the point of view of systematizing abilities that determine the managerial intelligence, it means that the identified factors provide orientation of the management subject onto solving professional tasks with support from creative, emotionally-controlled interpersonal interaction.

Leaders who showed orientation towards implementational style of MDM aspire to combine their tendency to solve tasks drawing on professionalism of employees (orientation "towards people") and their own social abilities reflected in their emotional intelligence. It is evident from the following indicators of factor interaction: high self-evaluation of competence in "understanding peculiarities of management work" ($F=4.11$; $p<0.04$); "skills in organizing group work" ($F=3.73$; $p<0.05$); average level of integral values that mark the emotional intelligence ($F=3.86$; $p<0.05$).

Leader who orient themselves towards the *authoritarian* style of MDM show pronounced ego-centric orientation. In this group, the factors influencing the managerial abilities are: clear-cut personal values ($F=4.82$; $p<0.05$); aspiration to continuous self-development ($F=5.01$; $p<0.04$), as well as objective type of cognition ($F=3.92$; $p<0.05$). Such a combination of factors shows predominant orientation *towards oneself* in the managers' self-consciousness in those abilities that determine the managerial intelligence.

7. Conclusion

The conducted empiric substantiation of certain psychological markers of managerial intelligence allows for a number of conclusions.

The managerial intelligence as a concept cannot have stable content-related definition orientation towards which would allow high-reliability diagnostics and determining development directions for management subjects in various industries and organizations. This phenomenon requires analysis from the positions of the differential-typological approach that assumes orientation towards specifics of labor in a given field where the manager operates, as well as determining pragmatically determined invariant markers that reveal a general descriptive characteristic of abilities of a management subject as a holder of managerial intelligence.

Sharing the point of view according to which the managerial intelligence is seen as a set of qualities that determine leader's ability to achieve success in three main directions (problem solving, interaction with people, adequate self-image) (Sternberg, 2000), we have determined that it is practical to look at this set of qualities through a prism of management competences, managerial decision-making styles, peculiarities of professional thinking and emotional capabilities in the form of emotional intelligence.

It is possible to talk about predominance of three styles of managerial decision-making (MDM), typical of line managers of health care institutions: liberal-situational, "implementational", authoritarian.

Invariant characteristics show that medics who are group leaders base their managerial activity on high self-assessment of competence readiness to the managerial activity. Abilities, skills and experiences that in their opinion have been developed, are obviously becoming frustrated as they do not receive a full-scale actualization in the official duties of a department head. Cognition of line managers is predominantly of sign-symbolic type, corresponding to the content of the tasks that a doctor solves in their clinical practice, however, it shall not be extrapolated unchanged into the managerial activities where the main decisions are made on the basis of practical thinking.

Interpretation of the established psychological factors (markers) that have significant influence over formation and manifestation of each named MDM style allows considering the three types of managerial intelligence and highlighting their weak and strong sides.

The first type may be called Emotional-creative management oriented towards interpersonal interaction. A leader is skillful in organization of interpersonal interaction, tends to draw on professionalism of employees. This type is based on the liberal-situational style of managerial decision-making, aspirations for personal growth, more active in comparison to other types orientation towards the resource of combining imaginative and symbolic thought, creative and emotional abilities. These leaders experience the least frustration of competence abilities, as evident from MCSI (1.7 points), which is significantly lower than this indicator for two other types.

Development routes of the managerial intelligence in leaders pertaining to the first type of managerial intelligence shall be constructed to form cognitive abilities with respect to tasks and adequate perception of self.

The second type of the managerial intelligence, based on the implementational style of MDM, the authors called Emotionally-controlled pragmatist direction with orientation towards professional interaction with subordinates. This type is characterized with an ability of combining requirements to practical activity, managerial tasks and interactions with personnel. The main direction (route) of development of the managerial intelligence in such leader may be seen as activation of motivation for personal growth, self-development and self-improvement.

The third type of managerial intelligence is related to the authoritarian style of MDM. It is the type that the authors call Ego-central, with orientation towards objective cognition in solving managerial problems. Representatives of this type of managerial intelligence showed the highest level of MCSI (2.2 points). Development of managerial intelligence in such group leaders may include formation of adequate self-assessment, experience in interpersonal interactions, skills of authoritative leader.

The conducted research is the first step in the search of psychological markers of group leader managerial intelligence. We considered the research resource of the differential-typological approach as applied to the example of health care institution. The obtained results translate into objectives for the subsequent research stages. In particular, it seems practical to consider, which cognitive, reflective abilities and skills ensure successful managerial activity and achievement of satisfaction of line managers with their work in the three main directions (problem solving, interactions with people, adequate self-image) for each of the established type of managerial intelligence.

Solution of the stated problem the authors see as a contribution of the practice of organizational-psychological work with the current body of managers and candidates pool in the health care system.

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