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# Peculiarities of Medical Personnel Behavior Styles in Conflict Situations

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## Abstract

**Introduction:** Leadership style is a way, a system of methods of influence of the leader on subordinates. This is one of the most important factors of the effective work of the institution, the full realization of the potential capabilities of people in the team. Leadership style, as an individual way of carrying out management activities, is mostly associated with the person of the manager. The management style is formed under the influence of the relationship between the manager and the team in the process of making and implementing management decisions, individual characteristics and preferences of the manager. The objective of the study was conflicts in the field of healthcare in the system "medical personnel of a healthcare institution—patients and relatives of patients". **The objective of the study** was to determine management styles in conflict situations among medical workers. **Materials and Methods:** With the help of a direct individual survey, according to an anonymous questionnaire developed by us, the opinion of 582 medical workers (422 doctors and 160 nurses) of general hospitals and primary care centers of Chernivtsi and Chernivtsi region regarding the ceilings of behavior in conflict situations was studied. **Results:** In a conflict situation, the leading form of behavior for medics, both doctors and medical personnel, is the subordinate type (29.6% and 38.1%, respectively). The second most frequent method of conflict resolution is an authoritarian strategy (20.6% for doctors and 15% for nurses), in which personal aspirations and the achievement of one's own goals come to the fore. Dependent style (17.8% for doctors and 13.75% for nurses) ranks third. A selfish style of behavior in a conflict situation is characteristic of 13.7% of doctors and 13.1% of nurses. A friendly style of behavior during the resolution of conflict situations is characteristic of medical workers at a rather

low level (12.3% for doctors and 12.5% for nurses). Aggressive style (5.9% for doctors and 7.5% for nurses) is the least popular as a model of behavior in a conflict situation among respondents. **Conclusion:** The style of behavior of doctors and nurses in conflict situations is ambiguous, which is due to personal qualities, the degree of leadership, professional relationships and the specifics of the work environment.

## Keywords

Management Style, Behavior Style, Conflict Situations, Medical Organizations

## 1. Introduction

Conflicts in the field of health care have recently become more frequent. Objective factors include the imperfection of the regulatory framework, the low quality of education of individual medical workers, the spread of the spectrum of paid services, and the destructive influence of the mass media. The subjective factors of the conflict are related to the deformation of the professional consciousness of doctors, low work motivation, the imbalance of the human resources management system, the weakening of control by the heads of medical institutions, etc. [1]. Effective behavior in conflict is considered as a component of the general communicative competence of an individual and is designated as conflict competence [2]. The modern doctor is completely unfamiliar with the strategies and tactics of communication when communicating with a conflicted or manipulative patient with a mismatch of interests [3]. Increasing the doctor's knowledge about communication and its tasks, getting to know the methods and tactics of communicative correction, the ability to correct a conflict situation is an urgent need today [3].

Medical personnel are the main and quite important part of the health care system, which can greatly increase the efficiency of the industry and achieve the best results. Labor resources ensure effective and efficient activity not only of the industry as a whole, but also of its individual objects and structures. The organization and management of the resource personnel component of the industry in this regard acquires a corresponding importance in solving the problems of personnel policy in Ukraine [4]. Currently, the problem of increasing the efficiency of the activities of medical institutions is relevant for the domestic health care system. It is necessary to find ways to solve the following tasks: resource provision of the industry, rational use of available resources, development of alternative sources of financing and creation of conditions for the introduction of high-tech medical technologies. This requires new forms, methods and models of management of all sectors of the health care system, including the creation of a management model at the level of a medical institution, which depends on the style of management, the number of personnel, the size of the institution, the level of labor organization and the level of bureaucracy [5].

The problem of training and provision of industry institutions with managerial personnel in Ukraine is important given the fact that the modern development of the health care system in Ukraine takes place in the conditions of strengthening and development of market relations and transformation of the industry. The accelerated rhythm of life, the latest information opportunities, progressive medical technologies force "classical" health care institutions to adapt, change and improve the organizational features of their activities.

An important task of the head of a medical institution is to ensure effective management of resources and obtaining the necessary results of medical activity. For this, it is necessary to collect the necessary data, provide them to the end user (doctors, heads of departments, nurses and administrators) and inform them about real alternative ways of providing medical care [6]. The most difficult task of the manager is to combine the interests of doctors and the institution. This requires the use of new models of interaction in "doctor-organization" relations, the involvement of a greater number of doctors in the management of a medical institution. Without their participation, it is difficult to solve the problems of improving the quality of medical services, implementing strategic planning and using resources.

The management style of one or another manager can be considered an ordered set of working, practical methods of his behavior and relations with subordinates in the management process, which is understood as development, decision-making, and organization of their implementation and control of activities. In the style of management, the conceptual principles of the manager, his personality traits, experience, outlook, outlook, and character are revealed. This is, so to speak, business manners, professional literacy. The management style reflects and combines the professional, organizational, ideological and political, moral and other qualities of the manager [7].

With the same personnel and material capabilities, the best results are achieved by teams where the manager has a high level of competence, the ability to predict and assess the situation, make non-standard decisions and ensure their practical implementation. Modern experience shows that the training of the head of a health care institution should be aimed primarily at the formation of a personality capable of creating new things, at improving the relevant personal qualities necessary for managing a health care institution.

The results of the manager's work, as well as the results of the organization's activities, are evaluated not only from the point of view of their profitability, but also from the point of view of safety for a person, his environment, and environmental safety.

The effectiveness of management is evaluated by the effectiveness of management structures, the quality of work of the institution and units, the socio-psychological climate of the organization, its image and business culture [8].

Special attention is paid to the internal atmosphere of the organization and the quality of external relations when evaluating the manager's performance; these criteria largely depend on the manager's personality and professional ca-

pabilities. Therefore, the training of specialists of the appropriate level must be of high quality and meet all the requirements of the modern stage of development of the health care system.

Today in Ukraine, the heads of medical institutions of all levels are doctors, as a rule, without thorough special management training. That is why, according to a number of specialists, one cannot expect a high level of efficiency of the institution, region, or region, if the manager does not meet a sufficient professional level [9].

Recently, many managers of various levels, starting with the head of the office and ending with the head of health care departments of the regional state administration and heads of structural divisions of the Ministry of Health of Ukraine, are receiving management education.

This trend is gaining positive momentum from year to year. First of all, this happens because specialists who strive to develop and keep up with the times felt the need to acquire special knowledge, and also understood that they need confirmation of their existing status in a changing competitive environment, where at any time it can be put under doubt the qualifications of a specialist holding a certain position.

## 2. The Objective of the Study

It is aimed at determining management styles in conflict situations among medical workers and substantiating the role and place of the manager in the effective management of a health care facility.

## 3. Materials and Methods

In our study, through a direct individual survey, the opinion of 582 (50.2%) medical workers who held managerial positions in the investigated hospitals and PMDs of the Chernivtsi region among 1160 who worked there in January-December 2021 was studied. Among all respondents, 422 (72.5%) are doctors and 160 (27.5%) are middle-level medical personnel. We conducted anonymous individual interviews with doctors and nurses, focusing on in-depth study of conflict situations in medical teams, allowing participants to express their opinions freely, without pressure. Based on our research questions, we developed open-ended interview questionnaires. The interviews began by gathering general information about the participant and his/her work experience. After that, we considered more specific points regarding the determination of the behavior of practicing doctors and nurses in resolving conflict situations.

## 4. Results

Health care managers work in a dynamic field characterized by a constant desire to provide the most effective, safe and high-quality care. To be successful, they must lead administrative and clinical teams while effectively managing resources. In an industry known for changing regulations, rapid technological and

clinical advances, rising costs, and increasing ethical concerns, healthcare leaders must constantly adapt and innovate. Health care managers plan, direct, and coordinate health care services. This may include managing a specific department or managing the entire enterprise. Their work includes the following:

- Integration of new technologies
- Ensuring compliance of activities with legislative and regulatory acts
- Improvement of efficiency and quality

Healthcare managers also set goals and objectives, manage finances and monitor budgets, and communicate with clinical staff and department managers. Accomplishing these tasks requires both a wide range of skills and significant leadership qualities.

Recent studies have shown that the implementation of effective leadership demonstrates positive results in the health care system, especially for professionals, and has a direct beneficial effect on patients. As health care professionals believe that certain leadership styles are associated with better quality of life, the number of subspecialists is increasing [10]. Effective leadership enhances professional autonomy and clinical governance by adapting management actions to the needs of patients and communities rather than responding to the demands of an outdated hierarchical management system. In today's scientific literature, different styles of leadership are distinguished and evaluated [11]. Traditionally, the most researched form of leadership in European countries and America is transactional leadership, although recently transformational leadership has become a fairly common style, since it includes the expectations and goals of professionals not only in their communication, but also in their expectations for changing values, attitudes and beliefs in group or team [12] (**Table 1**). In fact, this is exactly the style we believe should be used in organizations that build their health care model on interdisciplinary and teamwork, focusing on people's needs. Professionals with clinical experience and comprehensive knowledge of PMD are factors that can provide transformational leadership while providing whatever health services are needed to meet the needs of the population [11].

According to recent studies, two leadership styles coexist most often in medical institutions in European countries and America—transactional and transformational leadership [10]. At the same time, the transactional style is predominant, which is most likely related to the traditional management strategy of praise and economic reward, established more than 10 years ago in most medical organizations and based on target management. When comparing nurses and doctors, the transactional style was almost 3 times more prevalent among nurses than the transformational style. Given that transformational styles are characterized as generators of self-confidence, they should be matched by perceptions of support, guidance, and training from healthcare professionals. Also, based on research, transformational leadership style has a positive effect on the quality of medical care provided by the organization [13] [14] [15]. This effect can be measured using indicators that compare the effectiveness of the medical organization

**Table 1.** General characteristics of the main leadership styles in medical organizations of European countries and America.

| Characteristic | Advantages | Disadvantages | When to apply |
|---|---|---|---|
| **Transactional leadership** | | | |
| When a leader forces a follower to act in a certain way in exchange for something the follower wants to gain or avoid.<br>By accepting their positions, employees unconditionally agree to obey management. Employees accept and carry out orders given to them, and health care managers in turn pay them their salaries. | Healthcare executives who prefer a transactional approach to leadership may be well suited to address cyber security challenges. Their penchant for close supervision and adherence to standards and procedures aligns well with the requirements of security planning. Clearly defined roles and guidelines are also critical in addressing cyber threats. | Does not promote creativity and does not inspire problem solving. | People work best when they are under clear command. Close supervision ensures that people achieve their work goals.<br>The main goal of employees is to carry out the orders and instructions of their superiors. |
| **Innovative leadership** | | | |
| Focuses on how to succeed in unpredictable circumstances and how to create an environment that fosters innovation in the healthcare organization. | Because this leadership style encourages employees to explore their own ideas, people tend to feel intrinsically motivated under innovative leaders. Intrinsic motivation often makes people perform better. It can also lead to high job satisfaction and lower turnover. | To harness the full power of data, healthcare leaders need to invest in technologies that can turn data into actionable information. They also need to ensure compliance with privacy laws regarding how health information can be used. | Adaptation to changes<br>Increasing team efficiency<br>Making a decision<br>Multi-stakeholder management. |
| **Charismatic leadership** | | | |
| Charismatic leaders depend on their ability to communicate emotionally and emotionally. By powerfully expressing their vision and inspiring trust, they influence those they lead and persuade them to act. | Many of the strengths of a charismatic leader can be especially useful in high-stakes, stressful environments where team morale can easily suffer. The ability to emotionally connect and unite groups around common goals can foster loyalty and commitment to the cause, thereby reducing the risk of employee burnout and disengagement. | Because of their popularity, charismatic leaders may not hear critical feedback. However, constructive criticism plays a role in the success of the health care organization. For this reason, charismatic leaders must seek criticism and create opportunities for feedback. | Charismatic leaders can motivate their employees and involve them in their ideas. Because charismatic leaders are mission-driven, they often succeed in bringing about needed change in their healthcare organizations. |
| **Situational leadership** | | | |
| Situational leaders study the tasks before them and determine which approach to leadership is most appropriate. | Compliance with the rules of the shift requires the participation and commitment of all personnel. Situational leaders' skills in providing directives, encouraging participation, and delegating responsibilities are well suited to regulatory compliance. | Situational leadership recognizes that a one-size-fits-all approach does not always work. Health care managers may find great advantage in using a leadership style that provides flexibility in dealing with complex social situations. | The developers of the theory of situational leadership suggest that leaders check the maturity levels of individuals or groups, how to choose how to approach them. In this context, maturity refers to the level of competence and knowledge of people. |
| **Transformational leadership** | | | |
| It is aimed at giving employees the opportunity to participate in initiating changes that can change the health care organization for the better. Transformational leaders look for ways to share the leadership process with employees at all positions. | Adopting a transformational approach to leadership can be helpful when managing disruptive change. Healthcare leaders may also find it useful to take a transactional approach to leadership to meet the specific metrics required for value-based care. Cost control and data collection require strict adherence to roles and procedures. | In situations where employees lack skills and need close supervision, a transformational leadership style may not be best or helpful. | If necessary, motivate and inspire employees to work on improving the health care organization. Leaders inspire loyalty by building trust and a shared vision among employees. |

with an external standard or "gold standard". However, researchers emphasize that it is not enough to be a transformational leader; leaders need to constantly improve their transformational behavior in order to maximize the benefits of this effective leadership style [16] [17].

Recent published works show that there is a positive effect, mostly weak to moderate, of transformational leadership on the quality of medical care, represented by general quality indicators [18]. Findings indicate that there is an opportunity to improve the quality of care by improving transformational leadership through training, education, experience, and professional development.

In Ukraine, as in all post-Soviet countries, the following three leadership styles are considered the most widespread: authoritarian, liberal and democratic [19]. Of course, the given classification of leadership styles is quite conditional, since one manager can simultaneously observe features characteristic of different leadership styles. In our research, we chose 6 styles that, in our opinion, most accurately characterize the behavior styles of leaders of health care institutions: authoritarian, dependent, benevolent, subordinate, selfish, and aggressive.

As can be seen from **Table 1** and **Table 2**, management styles in Ukraine and Western countries are significantly different, which is most likely related to different models of functioning of health care systems, conceptual principles of the manager, his personality traits, experience, outlook, outlook and professional literacy .

With the same personnel and material capabilities, the best results are achieved by teams where the manager has a high level of competence, the ability to predict and assess the situation, make non-standard decisions and ensure their practical implementation. Modern experience shows that the training of the head of a health care institution should be aimed primarily at the formation of a personality capable of creating new things, at improving the relevant personal qualities necessary for managing a health care institution.

More and more studies confirm that the properly organized participation of doctors in the management of a medical institution contributes to the improvement of the results of the work of these institutions. Research conducted by McKinsey and the London School of Economics showed that in medical institutions where doctors actively participated in management, important indicators were 50% higher than in others. According to the results of scientific research in the USA and other countries of the world, successful medical organizations usually pay a lot of attention to the quality of medical care and the establishment of close relations between medical and administrative workers, and also quickly adopt new work methods [20] [21]. The National Service of Great Britain (NHS) investigated 11 projects to improve medical care and found out that higher performance results were achieved by organizations in which doctors were actively involved in solving management tasks [22]. Another study in the UK proved that the leaders of the most successful medical institutions connected doctors to discuss important issues and solve problems together [23].

**Table 2.** General characteristics of the main leadership styles in medical organizations of Ukraine.

| Characteristic | Advantages | Disadvantages | When to apply |
|---|---|---|---|
| **Authoritarian leadership** | | | |
| It is characterized by the concentration of power in the same hands, assumes minimal collegiality in decision-making. Leaders of this style are guided first of all on discipline and strict control over the activities of subordinates, which is mainly based on the power of government (coercive power). | The only advantage of this type of leadership is that it is most effective in emergency or confusing situations where there is very little time for discussion. | 1) high probability of erroneous decisions;<br>2) suppression of initiative, creativity of subordinates, slowing down of innovations, stagnation, passivity of employees;<br>3) dissatisfaction of people with their work, their position in the team;<br>4) an unfavorable psychological climate that causes increased psychological stress and is harmful to mental and physical health. | This management style is expedient and justified only in critical situations (accidents, military operations, etc.). |
| **Dependent leadership** | | | |
| The style, when the manager allows subordinates to be made a victim, does not encourage them to openly talk about their feelings, desires, thoughts or express them in an inappropriate way (insecure, apologetic, fading), which makes it easy to ignore them. | Avoiding any conflicts in the team. | Dependent behavior reflects a lack of respect for oneself, for one's rights, and this, in turn, causes disrespect from employees. They perceive you as an unreliable partner who does not want to take responsibility and does not know how to solve problems. | Such people try to be pleasant to people and avoid all kinds of conflicts. |
| **Friendly (benevolent) leadership** | | | |
| Characteristic of a manager who is concerned about both the successful completion of his tasks and the well-being of his subordinates. Bringing to the forefront the solution of certain tasks, he takes into account the wishes, feelings and needs of his subordinates. | The manager fully trusts his subordinates, listens to them, allows them to exchange information, and behaves equally with others. Employees freely express their opinions without fear of retaliation. Failures are divided in half by the manager and employees. | This style does not contribute to increasing the efficiency of the organization as a whole, weak control, low level of discipline, creates a duality under management: the manager formally has the authority; the team is actually managed by its leader (the emergence of an informal leader in creation). | These people are reliable and have good counseling skills. |
| **Subordinate leadership** | | | |
| The leader tries to force acceptance of his point of view under any circumstances, he is not interested in the opinion of others. | The manager, in his desire to win a team role, shows maximum activity and assertiveness, which will necessarily lead to the resolution of the set goals. | This style is associated with the aggressive behavior of the leader, power based on coercion is used to influence other people. | This style can become effective if it is used in a situation that threatens the existence of the organization or prevents it from achieving its goals. |
| **Selfish leadership** | | | |
| Focused on achieving one's own goals. | Selfish aspirations of a self-interested leader can help to obtain material advantages and additional psychological benefits for the team. | Such people are not capable of constructive interaction, because they are endowed with personal traits that turn interpersonal contacts into destructive relationships, accompanied by humiliation, suffering, complications. | After some time, interpersonal contacts in the team turn into destructive relationships, accompanied by humiliation, suffering, complications for subordinates. |
| **Aggressive leadership** | | | |
| Within this style, attempts to force acceptance of one's point of view prevail at any price. | Possessing the strongest power, any conflict can be taken under control by oppressing your opponent, wresting from him a concession by the right of a superior. | This style suppresses the initiative of subordinates, creates a high probability that not all important factors will be taken into account, since only one point of view is presented. | For conflict resolution, this style can be effective in situations where the manager has significant power over subordinates. |

At the core of large health care systems are hundreds of difficult decisions that thousands of people make every day and on which the lives of patients depend. The command-administrative approach to management is unsuitable for use in such complex and uncertain conditions: management cannot be responsible for prompt decision-making in each specific case. Successful models in which management functions are distributed allow for effective local decision-making in accordance with the overall goals and standards of the institution, while avoiding unnecessary bureaucracy and interference from top management. The most successful medical institutions consider all their employees as potential leaders in their field of activity.

For many, managing the activities of a health care institution is associated with official management positions. However, studies conducted by McKinsey state that there are at least three different types of managers in medical institutions (Table 3).

582 respondents took part in our study, most of whom held positions of deputy managers (86.3%) and only 13.7% held management positions in medical institutions. More than seven-ten percent of the respondents (72.5%) were doctors, and the remaining 27.5% belonged to the average medical staff. Most of the participants (70.8%) worked in hospitals of various profiles, with 3.1% in managerial positions, 67.7% as deputy managers; 29.2% worked in outpatient polyclinic institutions of primary care (10.3% as managers, 18.9% as deputies). Women (60.4%) outnumbered men (39.6%) by almost 1.5 times. Regarding the category

Table 3. Styles of heads of medical institutions.

| Type of manager | General characteristics | Opportunities | Requirements for leadership skills and knowledge |
|---|---|---|---|
| **Formal leader** | - the medical manager who manages the institution as a whole;<br>- a small volume of direct interaction with patients | - enjoys the trust of colleagues as a doctor and manager;<br>- is able to convey to the staff the concept of development of the institution | - strategic analysis at the institution level;<br>- the makings of a politician;<br>- negotiation skills |
| **The leader of the direction** | - a representative of his department, ready to protect his interests, feels responsible for clinical and financial results;<br>- the average volume of direct interaction with patients | - enjoys the trust of colleagues primarily as a doctor;<br>- is constantly in search of innovative solutions;<br>- ready to take risks | - developed leadership skills in a specific field of activity, for example, skills in strategy development, staff development, budget planning;<br>- excellent knowledge of factual material in the field of medical specialization |
| **A leader on the ground** | - a talented doctor who tries to provide patients high-quality assistance and improves the approach to work;<br>- a large volume of interaction with patients | - is passionate about his work, uses trust colleagues;<br>- interacts closely with patients and knows the realities of medicine;<br>- able to identify opportunities for improvement | - understanding of methods of improving quality and improving management systems, for example, methods of drawing up process diagrams, measures to increase the efficiency of operational activities;<br>- initiative, ability to work in a team |

of work, group leaders were mainly female nurses (11.5%), aged 36 - 55, who worked at the primary level in primary care centers, in contrast to doctors, among whom only 1.9% were leaders and worked they are mostly in hospitals. The average age of the entire sample was 51 years; the average age of deputy managers was 37.5 years, and group leaders 49.5 years. Regarding the period of tenure in management positions, most of the participants were in the relevant position for more than 5 years. The characteristics of the respondents are presented in Table 4.

For each respondent who took part in our study, an assessment of the applied style of conflict resolution behavior was determined; the summarized data are presented in Table 5.

The obtained results show that in a conflict situation, the leading form of behavior for heads of medical institutions is an authoritarian style that does not involve collegiality and any objections from employees (for doctors—69.2%,

Table 4. Characteristics of survey respondents (n = 582).

| Variables | Categories | Deputy heads (n = 502) | | Heads of medical institutions (n = 80) | |
|---|---|---|---|---|---|
| | | absolute value | % | absolute value | % |
| Profession | Doctor | 409 | 70.3 | 13 | 2.2 |
| | Nurse | 93 | 16 | 67 | 11.5 |
| Gender | Men | 220 | 37.8 | 11 | 1.9 |
| | Women | 282 | 48.5 | 69 | 11,9 |
| Medical institution | Hospital | 394 | 67.7 | 18 | 3.1 |
| | Outpatient polyclinic institution | 110 | 18.9 | 60 | 10.3 |
| Age (in years) | 18 - 35 years old | 151 | 25.9 | 0 | 0 |
| | 36 - 55 years old | 242 | 41.6 | 62 | 10.7 |
| Years of management experience | 56 and older | 109 | 18.7 | 18 | 3.1 |
| | Up to 5 years | 187 | 32.1 | 17 | 2.9 |

Table 5. Styles of behavior in conflict situations among medical managers and their deputies.

| Behavioral style | Doctors | | Deputy managers | | Heads of medical institutions | | Average medical staff | | Deputy managers | | Heads of medical institutions | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | abs. value | % | abs. value | % | abs. value | % | abs. value | % | abs. value | % | abs. value | % |
| Authoritarian | 87 | 20.6 | 78 | 19.1 | 9 | 69.2 | 24 | 15 | 5 | 5.4 | 19 | 28.4 |
| Dependent | 75 | 17.8 | 75 | 18.3 | - | | 22 | 13.75 | 16 | 17.2 | 6 | 9 |
| Friendly | 52 | 12.3 | 49 | 12 | 3 | 23.1 | 20 | 12.5 | 10 | 10.8 | 10 | 14.9 |
| Subordinate | 125 | 29.6 | 125 | 30.6 | - | | 61 | 38.1 | 56 | 60.2 | 5 | 7.5 |
| Selfish | 58 | 13.7 | 58 | 14.2 | - | | 21 | 13.1 | 5 | 5.4 | 16 | 23.9 |
| Aggressive | 25 | 5.9 | 24 | 5.9 | 1 | 7.7 | 12 | 7.5 | 1 | 1.1 | 11 | 16.4 |
| **In total** | **422** | **100** | **409** | **96.9** | **13** | **3.1** | **160** | **100** | **93** | **58.1** | **67** | **41.9** |

nurses—28.4%). Evaluating the behavior of deputy managers, they are most characterized by a subordinate style of behavior similar to authoritarian (doctors—30.6%, nurses—60.2%), when the manager under any circumstances tries to force to accept his point of view. The second most frequent method of conflict resolution among doctors-managers is a friendly strategy (23.1%), in which there is a desire for cooperation to achieve their own goals, and for nurse-managers, an egoistic style (23.9%) oriented towards achievement is more characteristic primarily own goals. For deputy managers, the dependent style is in second place (doctors—18.3%, nurses—17.2%), which involves avoiding any conflicts. In the future, aggressive (16.4%), friendly (14.9%), dependent (9%) and subordinate (7.5%) styles are observed in conflict situations among nurse managers. Only three of the listed styles are characteristic of medical managers, and the aggressive (7.7%) style was chosen as the last and least popular style.

Deputy managers in conflict situations for doctors prefer authoritarian (19.1%), dependent (18.3%), selfish (14.2%) and friendly styles (12%); and deputy managers for nurses-dependent (17.2%), friendly (10.8%) and equally authoritarian and selfish (5.4%) styles. The least popular behavior style for deputy managers, as well as for managers, is an aggressive style (doctors—5.9% and nurses—1.1%). Deputy managers in conflict situations more often balance the aggressiveness of their points of view and are more concerned about the opponent's opinion compared to managers.

Among the surveyed respondents, there were 1.5 times more women than men (60.3% to 39.7%, respectively). The dominant strategy of conflict behavior for both women (32.8%) and men (30.7%) is a subordinate, dependent style, and the weakest is the strategy of aggression (men—4.8%; women 7.4%) (**Figure 1**).

In general, comparing the behavior styles of men and women in conflict situations among medical personnel, it was found that men prefer authoritarian (20.3%), dependent (19%) and friendly (13.4%) styles, and subordinate (32.8%), selfish (14.8%) and aggressive (7.4%) styles are more characteristic of women.

Evaluating the strategy of the behavior of medical workers in conflict situations among all age groups (**Figure 2**), both for doctors and for the average medical staff, a subordinate style of behavior is most often inherent (at the age of 18 - 35 years—31.6%; 36 - 55 years—34%; 56 years and older—27.6%). In the second place in the age category of 18 - 35 years, the authoritarian style prevails for both doctors (24.1%) and nurses (19.6%); at the age of 36 - 55, doctors also have an authoritarian style (19.9%), and nurses prefer a dependent style of behavior; at the age of 56 and older, doctors are characterized by a dependent style (20.2%), and nurses are characterized by an egoistic style (18.2%). The least relevant in practice for these age groups is an aggressive style: 18 - 35 years old (doctors 7.1%, nurses—6.5%); 36 - 55 years old (doctors—4.2%, nurses—4.9%); 56 years and older-doctors 8.5%. The exception is only nurses in the age category of 56 years and older, for whom the least characteristic style in a conflict situation was a friendly style.

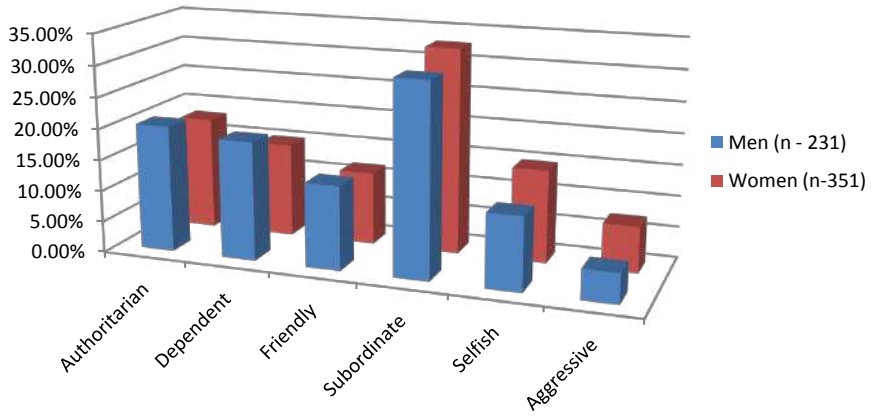


**Figure 1.** Gender distribution of respondents on the formation of interpersonal conflict resolution styles.

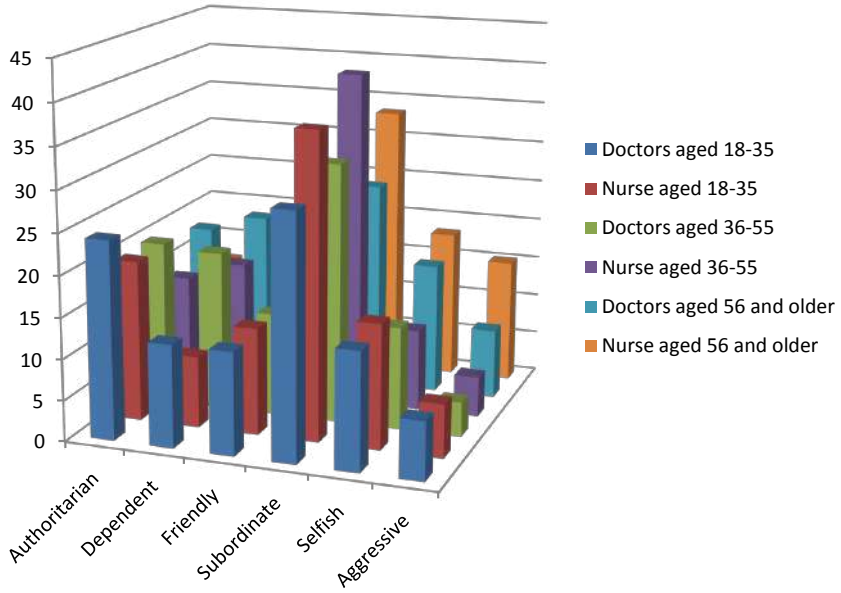


**Figure 2.** Distribution of respondents by age on the formation of interpersonal conflict resolution styles.

## 5. Discussion

Effective leadership in health care is already widely studied in the literature, especially in recent decades [24]. Thirty-five recently published studies support the view that investment in leadership development is key even in difficult times [25]. Medical leaders must be prepared for their role and able to make sensitive decisions [26]. The field of palliative medicine lacks any leadership development guidelines for geriatric care [27], and nurses lack specific training in leadership and management in clinical settings [28]. In rural areas, nurses provide the majority of health care and need to be better trained, encouraged and empowered to play a leadership role, especially when information technology is a key element of care management. After all, little attention is paid to the training of doctors, as a result of which their weak tendency to cooperate is not resolved and

in many cases remains a reality [29]. Thus, it is important that young medical practitioners have appropriate leadership training [30].

Healthcare is a complex system and leadership in this sector needs to be considered in all its aspects [31]: professionals need to be able to be supported by frameworks that incorporate systemic principles—interdependence of workplace systems, emotional considerations, etc. [32]. Internally distributed and collective leadership is an element key that complements formal leadership positions and promotes greater alignment between clinicians and managers [33]. Where leadership is distributed, different leadership styles are less differentiated and leader effectiveness less variable [34]. In general, leadership and organizational culture cannot be seen as separate elements [35] and management and leadership, which together can be a key factor in providing a successful environment [36], change the negative perception of the general public about the management and strategies of the health care system [37]. The correct approach [26] to leadership in health care should start from a specialized society, then a medical group, a medical center, all the way to the health care system.

In all cases of doctor-patient interaction, the doctor's professionalism plays an important role at the level of his communicative competence, which is basic during conflict resolution and is directly related to the analysis of the patient's psychological state as an individual, a significant role. It is important for the doctor to maintain an interested attitude towards the patient, empathy, desire to help him, cooperate with him. This at the same time protects him from professional deformation, formalism, indifference and ensures his emotional stability and balance. Skills of communicative interaction with the patient increase professional flexibility [38].

Performing the position of the head of a health care institution requires new skills and leadership competencies, confidence, the ability to control quality, use the achievements of science and technology, be able to solve complex tasks and be able to act in an uncertain and unstable environment [39].

A favorable social and psychological climate is the main condition for increasing production activity, employee satisfaction with work and the team [40]. The socio-psychological climate is created independently. However, a positive climate vector does not appear thanks to slogans and the active participation of managers. Today, a feature of a manager's work is a creative approach and entrepreneurship. For effective management, a manager must possess two qualities: the ability to foresee and the ability to act effectively. All types of managers are necessary for the effective operation of a health care institution, and doctors who perform the functions of managers should in no case underestimate the importance of their main task—providing medical care to patients.

The main problems in the management of a medical institution are:

- lack of internal flexibility;
- incorrect sequence of actions;
- incorrect delegation of powers;

– imperfection of regulatory documentation;
– low level of qualification [41].

Increasing the efficiency of management of health care facilities is an important factor in improving the quality, culture and availability of medical care based on the rational use of financial, material and personnel resources.

## 6. Conclusions

The style of management of a medical institution largely depends on the characteristics of the style of organizational behavior of both the manager and subordinates. The style of leadership in a health care institution can reflect a combination of individual stylistic features in the "leader-subordinate" interaction, which ensures their compatibility and focus on improving the efficiency of the department. The effectiveness of the style depends on the peculiarities of the organizational culture and can be manifested in a different nature of balancing the indicators "orientation on organizational tasks" and "team management".

The style of behavior of doctors in conflict situations is ambiguous and has complex determinants. This makes it necessary to take into account the complex conditions of the individual, the type of labor relations, the specifics of the production environment, which affect the occurrence of conflicts in medical institutions and measures to resolve them.

## Research Project

The work is a fragment of the research project of the department of social medicine and public health of Bukovinian State Medical University—"Substantiation and development of medical and social technologies for the prevention of major non-infection diseases" (State Registration No. 0120U102625).

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## Author Contributions

All the authors contributed evenly with regards to data collecting, analysis, drafting and proofreading the final draft.

## Ethical Approval

The study acquired ethical approval by the ethical commission at the Bukovinian State Medical University (order No. 447-Adm, November 13, 2019).

## Data and Materials Availability

All data associated with this study are present in the paper.

## Conflicts of Interest

The authors declare that there are no conflicts of interests.

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