

UDC: 614.253.6:159.9.07

DOI: <https://doi.org/10.32689/2617-2224-2019-18-3-273-287>

Lekhan Valery Nikitovna,

Professor, PhD/MD, Head of the Department of Social medicine and health management, Department of Social medicine and health management, Dnipropetrovsk Medical Academy of Health Ministry of Ukraine, State Institution (DMA, SI), 49027, Dnipro, avenue Yavornytsky, 24, tel.: +38 (067) 713-71-18, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-2953-3292



Лехан Валерія Микитівна,

доктор медичних наук, професор, завідувач кафедри соціальної медицини, організації та управління охороною здоров'я, ДЗ "Дніпропетровська медична академія МОЗ України", 49027, м. Дніпро, просп. Яворницького, 24, тел.: +38 (067) 713-71-18, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-2953-3292

Лехан Валерія Никитична,

доктор медицинских наук, профессор, заведующая кафедрой социальной медицины, организации и управления здравоохранением, ГУ "Днепропетровская медицинская академия МЗ Украины", 49027, г. Днепр, просп. Яворницкого, 24, тел.: +38 (067) 713-71-18, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-2953-3292



Kriachkova Lilia Viktorivna,

PhD/MD, Professor of the Department of Social medicine and health management, Department of Social medicine and health management, DMA, SI, Dnipro, 49027, Dnipro, avenue Yavornytsky, 24, tel.: +38 (066) 297-23-29, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0001-7635-2609

Крячкова Лілія Вікторівна,

доктор медичних наук, доцент, професор кафедри соціальної медицини, організації та управління охороною здоров'я, ДЗ "Дніпропетровська медична академія МОЗ України", 49027, м. Дніпро, просп. Яворницького, 24, тел.: +38 (066) 297-23-29, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0001-7635-2609



Крячкова Лилия Викторовна,
доктор медицинских наук, доцент, профессор кафедры социальной медицины, организации и управления здравоохранением, ГУ “Днепропетровская медицинская академия МЗ Украины”, 49027, г. Днепр, просп. Яворницького, 24, тел.: +38 (066) 297-23-29, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0001-7635-2609

Канюка Галина Степанівна,
Candidate of Sciences in Psychology, Head of the Laboratory of Psychophysiological Research, DMA, SI, Dnipro, 49027, Dnipro, avenue Yavornytsky, 24, tel.: +38 (050) 453-56-48, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-3091-4690

Канюка Галина Степанівна,
кандидат психологічних наук, завідувач лабораторії психофізіологічних досліджень,

ДЗ “Дніпропетровська медична академія МОЗ України”, 49027, м. Дніпро, просп. Яворницького, 24, тел.: +38 (050) 453-56-48, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-3091-4690

Канюка Галина Степановна,

кандидат психологических наук, заведующая лабораторией психофизиологических исследований, ГУ “Днепропетровская медицинская академия МЗ Украины”, 49027, г. Днепр, просп. Яворницького, 24, тел.: +38 (050) 453-56-48, e-mail: social.medicine.pg@dma.dp.ua

ORCID: 0000-0003-3091-4690

PERSONAL POTENTIAL SUCCESS OF THE MODERN HEALTH CARE MANAGER

Abstract. The purpose of the article was to study the psychological components of the personal potential of the success of the health care manager at the present stage of industry modernization and the formation of new archetypes of management. A psychodiagnostic survey of 65 managers of healthcare institutions in the Dnipropetrovsk region was conducted. Methods were used: the method of studying the orientation of the personality of V. Smekal and M. Kucher; test L. Shmishka to determine the type of personality accentuation; T. Leary personality test of ability to form relationships in groups; D. Francis, M. Woodcock “Unblocked manager” for studying the psychological limitations of managers; MACH-IV test of person Machiavellianism. It was revealed that there are management archetypes needed, sufficient opportunities for successful management, as evidenced by a small number of managerial blocks (from 0 to 3) for most

(70,8 %) of those studied. It was found that 67,7 % of managers dominated by the focus on the job. The most pronounced types of accentuations are a combination of hyperthymic, emotive, and stubborn accentuations of personality traits (the so-called triad of successful management – required management archetype). The dominant types of interpersonal relationships allow managers to successfully exercise their authority – 69,2 % (95 % CI 58,0–80,5 %) of the surveyed are characterized by power-leading, 27,7 %; (95 % CI 16,8–38,6 %) is a responsively generous type. In 84,6 % of the patients, a high level of archetype of Machiavellianism was found (from 50 points and above). In general, the current managers of healthcare institutions are characterized by a fairly high personal potential for successful management, the presence of the necessary archetypes of management, but they also have certain psychological traits that are shaped by the pressure of uncertainty in long-term health care development policies that may impede the implementation of large-scale changes in the industry – an unbalanced accentuation of level 2 managers and a high level of Machiavellianism compensating for the lack of confidence in their abilities in more than 80 % of those examined. It was determined that it is possible and necessary to influence the formation of a modern archetypal management strategy in health care, since this is the key to successful transformation of the industry.

Keywords: management archetypes, personal potential, psychological characteristics, health care institutions, managers.

ОСОБИСТІСНИЙ ПОТЕНЦІАЛ УСПІШНОСТІ СУЧАСНОГО КЕРІВНИКА ОХОРОНИ ЗДОРОВ'Я

Анотація. З метою визначення психологічних складових особистісного потенціалу успішності керівника охорони здоров'я на сучасному етапі модернізації галузі та формування нових архетипів управління проведено психодіагностичне обстеження 65 керівників закладів охорони здоров'я Дніпропетровської області. Використовувалися методики В. Смекала і М. Кучера для вивчення домінуючої орієнтації особистості; Г. Шмішека – для діагностики типу акцентуації особистості; Т. Лірі – для оцінювання відношення до навколишніх; М. Вудкока і Д. Френсіса “Аналіз обмежень” – для дослідження психологічних обмежень керівників; Мак-шкала для вимірювання рівня макиавеллізму особистості. Виявлено наявність необхідних архетипів управління та істотних можливостей до успішного менеджменту, про що свідчить невелика кількість управлінських обмежень (від 0 до 3) в більшості (70,8 %) досліджених. Встановлено, що у 67,7 % керівників домінує спрямованість на виконання завдання. Найбільш вираженими типами акцентуацій є сполучення гіпертимної, емотивної та демонстративної акцентуацій рис особистості (так звана тріада успішного управління – необхідний архетип управління). Домінуючі типи міжособистісних відносин дозволяють управлінцям успішно реалізовувати свої владні повноваження: 69,2 % (95 % ДІ 58,0–80,5 %) обстежених притаманний владно-лідуючий тип; 27,7 % (95 % ДІ 16,8–38,6 %) – відповідально-великодушний тип. У 84,6 % обстежених виявлено

високий рівень архетипу макіавеллізму (від 50 балів і вище). Загалом діючі керівники закладів охорони здоров'я характеризуються досить високим особистісним потенціалом успішності управління, наявністю необхідних архетипів управління, однак їм властиві також певні психологічні риси, що формуються під тиском невизначеності довгострокової політики стосовно розвитку охорони здоров'я, які можуть перешкоджати здійсненню масштабних перетворень у галузі — неврівноважена акцентуація у керівників 2 рівня і компенсуючий невпевненість у своїх силах високий рівень макіавеллізму більш як у 80 % обстежених. Визначено, що можливо і необхідно впливати для формування сучасної архетипічної стратегії управління в охороні здоров'я, оскільки це є запорукою успішної трансформації галузі.

Ключові слова: архетипи управління, особистісний потенціал, психологічні характеристики, заклади охорони здоров'я, керівники.

ЛИЧНОСТНЫЙ ПОТЕНЦИАЛ УСПЕШНОСТИ СОВРЕМЕННОГО РУКОВОДИТЕЛЯ ЗДРАВООХРАНЕНИЯ

Аннотация. С целью определения психологических составляющих личностного потенциала успешности руководителя здравоохранения на современном этапе модернизации отрасли и формирования новых архетипов управления проведено психодиагностическое обследование 65 руководителей учреждений здравоохранения Днепропетровской области. Использовались методики В. Смекала и М. Кучера для изучения доминирующей ориентации личности; Г. Шмишека — для диагностики типа акцентуации личности; Т. Лири — для оценки отношения к окружающим; М. Вудкока и Д. Фрэнсиса “Анализ ограничений” — для исследования психологических ограничений руководителей; Мак-шкала для измерения уровня макиавеллизма личности. Выявлено наличие необходимых архетипов управления и достаточных возможностей для успешного управления, о чем свидетельствует небольшое количество управленческих ограничений (от 0 до 3) у большинства (70,8 %) исследованных. Установлено, что у 67,7 % руководителей доминирует направленность на выполнение задания. Наиболее выраженными типами акцентуаций является сочетание гипертимной, эмотивной и упорной акцентуаций черт личности (так называемая триада успешного управления — необходимый архетип управления). Доминирующие типы межличностных отношений позволяют управленцам успешно реализовывать свои властные полномочия: 69,2 % (95 % ДИ 58,0–80,5 %) обследованных присущ властно-лидирующий тип; 27,7 % (95 % ДИ 16,8–38,6 %) — ответственно-великодушный тип. У 84,6 % обследованных выявлен высокий уровень архетипа макиавеллизма (от 50 баллов и выше). В целом действующие руководители учреждений здравоохранения характеризуются достаточно высоким личностным потенциалом успешности управления, наличием необходимых архетипов управления, однако им присущи также определенные психологические черты, которые формируются под давлением неопределенности долгосрочной политики по развитию

здравоохранения, которые могут препятствовать осуществлению масштабных преобразований в отрасли — неуравновешенная акцентуация у руководителей 2 уровня и компенсирующий неуверенность в своих силах высокий уровень макиавеллизма более чем у 80 % обследованных. Определено, что возможно и необходимо воздействовать на формирование современной архетипической стратегии управления в здравоохранении, поскольку это является залогом успешной трансформации отрасли.

Ключевые слова: архетипы управления, личностный потенциал, психологические характеристики, учреждения здравоохранения, руководители.

Problem statement. It is proved that the Healthcare (HC) System is one of the most important components of the social sphere, on which depends both the health of the population and the welfare of the state [1]. The sector has its own specific archetypal components of management, which form the policy in the medical field and have to undergo a certain transformation path to meet the requirements of the present.

At the present stage of development, the National Healthcare System in Ukraine is undergoing a complex path of large-scale transformation: the transition from the distribution system of financing to the purchase of medical services; steps are being taken to introduce financial incentives for medical personnel; institutional changes are being made, aimed at strengthening primary healthcare, establishing a Public Health System, etc. [2; 3].

The success of sectorial reforms depends not only on their content, the use of adequate tools and mechanisms of transformation, but also on the corps of managers of bodies and healthcare institutions that share the ideology of reform, have training in the field of modern health care management [4] and have a certain personal potential [5].

The concept of '**personal potential**' means the ability of a person to multiply their internal capabilities, first of all, the ability to develop. The potential of the individual is the ability to live a rich inner life and effectively interact with the environment, be productive, grow successfully and develop [6]. That is, a modern manager in the field of healthcare for the achievement of professional skills requires not only knowledge, skills and abilities, but also certain qualities of an individual that is a prerequisite for success [7].

Analysis of recent publications on research issues. According to the results of recent studies, it has been determined that the HC managers are dominated by managers who have a positive social state but who do not fully possess the knowledge and technologies of modern management, their practical everyday activities are based on outdated archetypes, available personal qualities and managerial skills acquired through research [8].

The Ukrainian scientists, namely: L. A. Melnyk, T. A. Vezhnovets, V. Buhro, N. I. Koltsova, O. Z. Detsyk, N. B. Fedorkiv, T. Stepurko, I. Hryha, N. Ya. Panchyshyn, V. L. Smirnova, R. Yu. Pohoriliak and O. P. Hulchii etc.

are developing measures to solve problems of improving the management of the healthcare sector, mainly through the development of new job requirements for management personnel, the development of the necessary competences and approaches to continuing vocational training [4; 8–13].

Most scientists agree that the qualification level of healthcare managers, which provides for contemporary archetypal strategies, plays an important role in the process of reforming the sector and is the key to its success [8–13].

Considerably less attention is paid to the problem of psychological readiness of healthcare organizers to professional activity in the context of modernizing the healthcare system. In individual works, personal professional psychological qualities of healthcare institutions (HCI) managers, their type of interpersonal relationships and activity orientation, etc. are considered [8].

Taking into account the changes that in early 2019 affected the management of the sector, namely the distribution of functions of the director and medical director of healthcare institutions [14], there was a need to revise the requirements to professional and personal qualities that form the archetypes of management in all representatives of the senior management of the medical sector, which caused the relevance of the study.

Formulating the purpose of the article. Definition of psychological components of personal potential of success of the head of healthcare at the present stage of modernization of sector and formation of new archetypes of management.

To solve this goal, a psychodiagnostic examination of the HCI managers was carried out using a number of techniques. In particular, the following methodology was used, namely by: V. Smekala and M. Kucher to study the dominant orientation of the individual; H. Smishek's method for diagnostics of personality accentuation type; T. Leary's methodology for assessing the attitude of others; Methodology by M. Woodcock and D. Francis '*Analysis of Constraints*' to study the psychological limitations of managers; Mac-Scale for measuring the level of personality of machiavellianism (man's predisposition to manipulation) [15–18].

Statistical processing of the results was performed using STATISTICA 6,1 software (StatSoft Inc., Serial № AGAR909E415822FA) using descriptive statistics and related tasks, data type and their distribution of statistical analysis methods. $p < 0,05$ (5 %) value was considered significant for all the statistical tests conducted.

Presentation of the main research material. The research was conducted in the framework of long-term dynamic monitoring of the socio-psychological portrait (collectively) of the managers of healthcare institutions, conducted by the Department of Social Medicine, the organization and management of healthcare of Dnipropetrovsk Medical Academy of Health Ministry of Ukraine, State Institution (DMA, SI) [19].

During the 2018–2019 academic year, 65 managers of healthcare institutions in the Dnipropetrovsk region were tested, among them 30 managers (46,2 %) of the 1st level of management (directors, chief doctors, etc.), 35 peop-

le (53, 8%) of the 2nd level of management (medical directors, deputy directors, etc.); 41 women (63,1 %) and 24 men (36,9 %). The age of the surveyed varied from 30 to 70 years and amounted to an average of 55,0 (43,0; 60,0) years (median and interquartile scale). Representatives of the 2nd level of management belonged to the younger generation versus top managers: 50,0 (39,0; 59,0) and 57,0 (55,0; 62,0) years respectively ($p = 0,007$ according to the Mann-Whitney criterion). Similar differences (20,0 (10,0; 30,0) and 11,0 (5,2; 19,0) years respectively for the 1st and the 2nd levels of management) are inherent in the average age of the surveyed at the position of the HCI head ($p = 0,010$), which for all surveyed makes an average of 13,5 (7,25; 27,0) years. Consequently, according to the age group of managers who participated in the study, it can be assumed that the emergence of new qualification requirements for directors and medical directors [14], which more closely relate to representatives of the first level of management, will lead to 'rejuvenation' of the top management of the HCI management.

Sufficient managerial experience in the surveyed managers can be considered as an indirect indicator of their success. The indicators of the success of management activities include such a researched characteristic as managerial restrictions of managers, since the effectiveness of the professional activity of managers is determined by certain frameworks that restrain the potential and performance of organizations [17].

In the course of the study, it was found that 15,4 % of the surveyed HCI managers did not find any restrictions,

more than half (55,4 %) were found in 1–3 restrictions, while in the rest (29,2 %) more than three. There are no differences between the levels of management regarding the distribution of the number of limitations of the managers of the difference ($p = 0,476$ by Pearson's Hi-square criterion (χ^2)).

The most frequent are the following limitations, such as weak managerial skills – a frequency of 41,5 % (95 % confidence interval (CI) 29,6–53,5 %); the inability to manage oneself and blurred personal values that met with the same frequency of 40,0 % (95 % CI 28,1–51,9 %); insufficient understanding of the features of management work – 33,8 % (95 % CI 22,3–45,4 %); inability to influence people and inability to teach – the same frequency is 32,3 % (95 % CI 20,9–43,7 %); lack of creativity and low ability to form a team: the same frequency is 29,2 % (95 % CI 18,2–40,3 %). The most commonly encountered restrictions were the suspended self-development – 18,5 % (95 % CI 9,0–27,9 %) and unclear personal goals – 7,7 % (95 % CI 1,2–14,2 %). Between management levels in relation to the frequency of occurrence of the constraints of discrepancies was not identified for all obstacles to successful management activities ($p > 0,05$).

According to the rank correlation analysis, blurred personal values correlate with such constraints as weak managerial skills (Spirman rank correlation factor $r_s = 0,84$; $p = 0,018$) and with inability to teach ($r_s = 0,79$; $p = 0,021$) Consequently, blurred personal values associated with inability to teach subordinates and weak managerial skills, can negatively affect the processes of

reforming the sector, as they will be hindered managers make sound management decisions within the framework of modern innovations.

In general, managers of health care have an average level of manifestation of the main types of orientation without statistically significant differences between levels of management ($p > 0,05$) according to the criterion of the Student for all types of orientation): self-orientation (personality) – 28,7 (5,30) points (arithmetic mean and standard deviation); collectivist orientation (on interaction) – 33,6 (5,82) points; the focus on the assignment (business) – 37,7 (5,90) points.

Consequently, the indicator of self-orientation is of the least pronounced orientation, the highest is the orientation to the task, the focus on interaction occupies an intermediate position. It should be noted that the level of business orientation is statistically significant ($p < 0,05$) exceeded other types of personality orientation.

This tendency is also observed in the structure according to the dominant orientation of the surveyed HCI managers. Among the surveyed, the majority (67,7 %) has a dominant orientation for the task, a quarter (26,2 %) for interaction, and only 6,1 % (4 persons among the surveyed) have the dominant orientation to themselves. This situation is favourable, as during the period of reforms it is important to increase the business activity of the management, which is possible in the context of the orientation of most executives in fulfilling their tasks.

With the experience of work in a leading position personal orientation correlates the feedback ($r_s = -0,36$;

$p = 0,048$), collectivist orientation is a direct connection ($r_s = 0,37$; $p = 0,046$). Consequently, the years spent on the managerial position contribute to a greater degree of interaction and lesser steadiness of the manager in their own interests.

Determination of the type of accentuation, personality traits according to the method of H. Shmishek (fig. 1) showed that the HCI managers are more likely to have hyperthymic (median and interquartile scale – 18,0 (15,0; 21,0) points) and emotional (15,0 (15,0; 18,0) points) personality accentuation and demonstrative (16,0 (12,0; 18,0) points) and stuck (rigorous, persistent) accentuation of personality (14,0 (13,5; 14,5) points).

Such a dominant combination of types of accentuation (hyperthymic, emotive, and demonstrative) can be called such an archetype of management, as the necessary 'trident' of the leader as a management triad, since it is this combination that provides successful management. Hyperthymic traits allow the HCI managers to easily adapt to the new situation, quickly engage in the process of work and inspire others with their vigor, thirst for activity and richness of ideas; emotive manifests itself in joy for others' good luck, a sense of duty towards other people (to a certain extent, is a reflection of professional medical qualities); persistence differs with the desire to achieve significant indicators in any case, a manifestation of high demands on themselves and others and a thirst for justice.

By levels of management, differences are determined only by the average score of the excitable (unbalanced) type

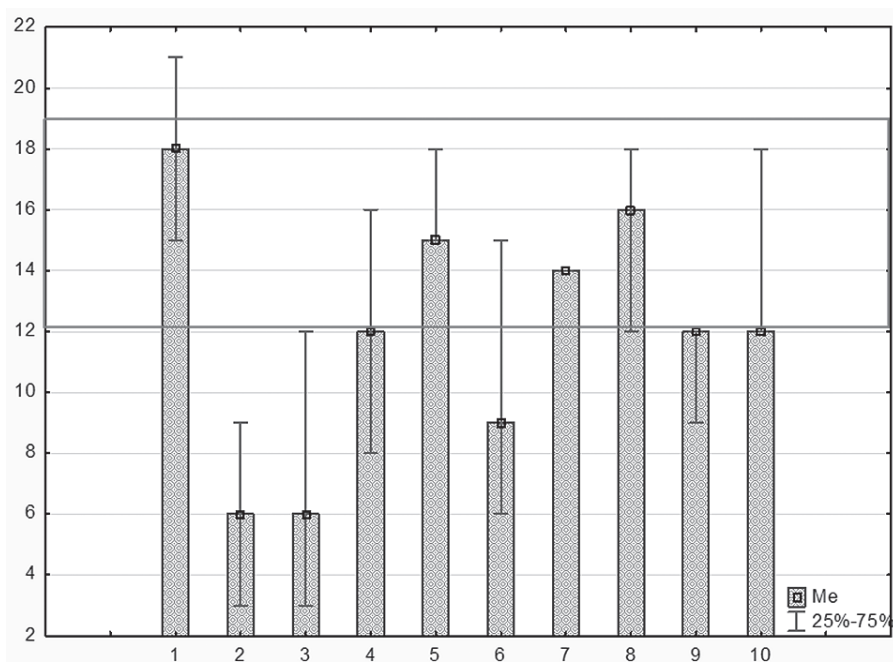


Fig. 1. A generalized character profile based on the methodology of H. Shmishek of the surveyed the HCI managers (mean score in the form of median and interquartile scale according to the type of personality accentuation: 1 – hyperthymic type, 2 – anxiety and fearful type, 3 – dysthymic type, 4 – pedantic type, 5 – emotive type; 6 – excitable type, 7 – stuck type, 8 – demonstrative type, 9 – cyclothymic type and 10 – affective exalted type)

of personality accentuation ($p = 0,004$ according to the Mann-Whitney criterion), which was more common to managers of the 2nd level of management (13,0 (12,0; 15,0) points) compared to the 1st level (9,0 (3,0; 9,0) points). The existence of such accentuations of the 2nd level managers can be interpreted as a psychological impediment to the introduction of innovative elements in the healthcare system, which is a projection of inconsistent healthcare policy, lack of a clear strategy for sector development.

The level of accentuation for the hyperthymic type correlates with the direct relation with the collectivist orientation of the individual ($r_s = 0,57$; $p = 0,009$) and inverse – with the total number of manager restrictions

($r_s = -0,53$; $p = 0,005$), therefore, the higher the level of manifestation of this accentuation, the less the number of managerial constraints inherent in the manager.

It should be noted that all the average marks are in the range of signs of accentuation (from 12 to 15 points) and range of tendencies (from 15 to 19 points). The managers, who had more than 19 points on a certain scale, determined a certain accentuation. Among the surveyed, there are no individuals with an affective exaltation, excitatory and unbalanced type of accentuation. They have not reached a statistically significant level; therefore, we cannot assert that there is a dysthymic, cyclothymic and anxiety-fearful type of accentuation.

The highest incidence is hyperthymic – 40,0 % (95 % CI 28,1–51,9 %), emotive – 15,4 % (95 % CI 6,6–24,2 %), demonstrative – 15,4 % (95 % CI 6,6–24,2 %) and pedantic – 6,2 % (95 % CI 0,3–12,0 %) types of personality accentuations.

The presence of hyperthymic, emotive and demonstrative accentuation correlates with the direct connections of the average force with the dominance characteristic determined by T. Leary's method (Spirman correlation factors $r_s = 0,40$; $p = 0,034$; $r_s = 0,45$; $p = 0,013$; $r_s = 0,38$; $p = 0,041$).

With the help of Leary's methods, the peculiarities of interpersonal behaviour of the HCI managers (fig. 2) refers to the fact that there are no significant differences in the assessment of the 'Real self' and 'Ideal self' and statistically significant differences in the assessments of managers of the 1st and 2nd levels of management ($p > 0,05$).

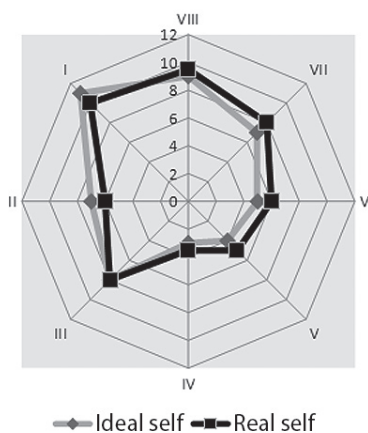


Fig. 2. A generalized profile of interpersonal relationships of the surveyed the HCI managers

(median significance for octants I – authoritarianism, II – egoistic, III – aggressiveness, IV – suspicion, V – conforming, VI – dependence, VII – benevolent and VIII – altruistic)

By the mark of 8 points, which is the limit of harmonious behaviour, only authoritarianism is obtained (median and interquartile scale of 10,0 (8,0; 12,0) points) and altruistic (9,5 (6,0, 12,0) points), indicating accentuation according to these directions. The least expressed suspicion is 3,5 (3,0; 7,0) points.

Depending on the dominance of a particular octant in the subjects, their type of orientation in interpersonal relationships is distinguished. For managers of health care institutions, there are predominantly two dominant types of interpersonal relations: the leader (69,2 %, 95% CI 58,0–80,5 %) and responsible generous (27,7 %, 95 % CI 16,8– 38,6 %) types of interpersonal relations, in which the dominance and vigor of leaders combined with cordiality and compulsion. Similar forms of interpersonal relations in medical institutions are observed for a long time [16; 19] and can be called peculiar archetypes as 'management reins'.

The analysis of the most characteristic vector of behaviour based on the calculation of integral indicators showed that the 'domination' vector, which indicates the degree of authority, authoritarianism, confidence, amounted to 8,5 (3,6; 12,0), which is statistically higher ($p < 0,001$) for the 'friendliness' value – 3,3 (–0,6; 8,0), which reflects the desire of the individual to establish friendly relations and cooperation with others.

The 'friendliness' vector in the interpersonal attitudes of the HEI managers correlates with direct relationships with the age ($r_s = 0,40$; $p = 0,007$) and work experience ($r_s = 0,32$; $p = 0,035$) managers, with a focus on interaction ($r_s = 0,43$; $p = 0,039$) and reverse with

a low ability to form a team ($r_s = -0,67$; $p = 0,047$) and an indicator of personality machiavellianism ($r_s = -0,36$; $p = 0,030$).

The degree of machiavellianism (propensity to manipulate), which can be attributed to one of the archetypes of management, ranged from 38,0 to 82,0 points in the surveyed. The average level measured on the MAC-scale is among all 59,6 (12,67) points scored (arithmetic mean and standard deviation) without statistically significant differences between levels of management ($p = 0,428$). 3 persons with a low level of machiavellianism from 30 to 40 points (4,6 %) were found only; 7 managers (10,8 %) have an elevated level in the range of 40 to 50 points; and the overwhelming majority of respondents – 55 (84,6 %) have a high level of machiavellianism (from 50 points and above). In 5 surveyed (7,7 %), the level of the value exceeds 80 points. Such a high level of machiavellianism involves a number of positive qualities, including criticality, persistence in achieving the goal, goal orientation, pragmatism, but at the other end, neglect of social approvals, self-esteem, internal conflicts and vanity, etc. People with high scores on the Mac-scale are much more likely to compete and win using others as a means.

Conclusions and prospects for further researches. The leadership of the healthcare institutions is characterized by the presence of a significant personal potential for success, the necessary archetypes of management, as evidenced by the predominance of the dominant orientation to the task, the combination of hyperthymic, emotive and demonstrative accentuation personality traits

(triad of successful management), power-leading and responsible, generous types of interpersonal relations, which causes the absence or small (1–3) administrative constraints in the vast majority (70,8 %) of the managers of the first (direct horses, chief doctors, etc.) and the second (medical directors, deputy directors, etc.) management levels.

At the same time, current managers have certain psychological characteristics, outdated management archetypes, which are formed under the pressure of uncertainty of long-term healthcare policy and can hinder the success of management activities in the context of sector reform: unbalanced accentuation of the 2nd level managers and compensating for the lack of self-confidence in the high level of machiavellianism in more than 80 % of the surveyed. This archetypal management can be defined as '*feudal management*' [20], when there is a departure of managers from the values of science, pragmatism becomes the norm of decision-making, and relations with a superior manager (head) become the only managerial reality.

This is to a certain extent a reflection of the peculiarities of the behaviour of the majority of managers, connected both with outdated archetypal institutions to management, the political and socio-economic situation, and with the system of selection and career development of management personnel and their postgraduate training and self-improvement. Under all these circumstances it is possible and necessary to influence the formation of a modern archetypal management strategy in healthcare.

Prospects for further research are to conduct research on the justification of

a set of measures aimed at strengthening and increasing the personal potential of the success of the management of healthcare institutions for the formation of modern management archetypes.

REFERENCES

1. *Figueras J. & McKee M.* (Ed.). (2012). Health Systems, Health, Wealth and Societal Well-being. Assessing the case for investing in health systems. European Observatory on Health Systems and Policies: Open University Press World Health Organization.
2. USAID Project “Supporting Healthcare Reform” (2018). Etapi vprovadzhennya reformi finansuvannya sistemi ohoroni zdorov’ya zakladami PMD u 2018 rotsi [Stages of Implementation of the Health Care Financing Reform in 2018]. Zbirka materialiv metodologichnoyi pidtrinky dlya zakladiv PMD. Retrieved from [https://storage.decentralization.gov.ua/uploads/library/file/311/USAID_2018_interactiv_1.pdf](https://storage decentralization.gov.ua/uploads/library/file/311/USAID_2018_interactiv_1.pdf) [in Ukrainian].
3. Rozporiadzhennia Kabinetu Ministriv Ukrainy vid 30 lystopada 2016 r. № 1013-r “Pro skhvalennia Kontseptsii reformy finansuvannya systemy okhorony zdorovia” [On Approval of the Concept of Health Care Reform Financing]. Retrieved from: <https://zakon.rada.gov.ua/laws/show/1013-2016-%D1%80>
4. *Melnyk L. A.* (2018). Suchasnyi kerivnyk medychnoho zakladu v umovakh reformuvannya zdorovo okhoronnoi haluzi [The modern head of the medical institution in the conditions reforming the healthcare industry]. Derzhavne upravlinnia: udoskonalennia ta rozvytok, 11, 7. Retrieved from: http://www.dy.nayka.com.ua/pdf/11_2018/24.pdf [in Ukrainian].
5. Golovneva, I.V. (2018). Psihologicheskie osobennosti lichnosti, vliyayushchie na uspehnost’ v professiyah “chelovek – chelovek” [The psychological features of the personality that influence success “the person – the person” in professions]. Vestnik Omskogo universiteta. Seriya “Psihologiya”, 1, 42–55. [in Russian].
6. *Tavtilova N. N.* (2013). Lichnostnyj potencial kak faktor uspehnoj realizacii kadrovoj strategii [Personal potential as a factor in the successful implementation of personnel strategy]. Psihologiya v Rossii i za rubezhom: materialy II Mezhdunar. nauch. konf. (g. Sankt-Peterburg, noyabr’ 2013 g.). SPb.: Renome, 98–103. Retrieved from: <https://moluch.ru/conf/psy/archive/109/4480/> [in Russian].
7. *Klimov E. A.* (1996) Psihologiya professionala [Psychology of a professional]. M.: Institut prakticheskoy psihologii, Voronezh: NPO “MO-DEHK” [in Russian].
8. *Vezhnovets T. A.* (2012) Osoblyvosti ukhvalennia upravlinskykh rishen kerivnykamy zakladiv okhorony zdorovia z riznym stazhem roboty [Peculiarities of making administrative decisions by managers of healthcare institutions with different leadership experience]. Klinichna farmatsiia, farmakoterapiia ta medychna standartyzatsiia, 3/4, 138–143. [in Ukrainian].
9. *Buhro V.* (2011). Pidhotovka menedzheriv z okhorony zdorovia [Training of health managers]. Praktyka upravlinnia medychnym zakladom, 6, 78–87. [in Ukrainian].
10. *Koltsova N. I., Detsyk O. Z., Fedorkiv N. B., Koval’chuk R. Y., Stovban I. V., Navchuk I. V.* (2011). Zastosuvannya metodiv aktyvnoho i interaktyvnoho navchannia v pislidyplomnii osviti kerivnykiv zakladiv okhorony zdorovia yak zasobiv dlia polipshennia pryiniattia upravlinskykh rishen

- [Application of active and interactive teaching methods in postgraduate education of managers of healthcare institutions as a means of improving management decision making]. *Bukovynskyi medychnyi visnyk*, 4, 125–128. [in Ukrainian].
11. *Stepurko T. & Hryha I.* (2013). Kompetensii administratoriv v okhoroni zdorovia: realii ta perspektyvy [Competence of administrators in health care: realities and prospects]. *Analitychna zapyska HC3/2013*. K.: Instytut ekonomichnykh doslidzhen ta politychnykh konsultatsii [in Ukrainian].
 12. *Panchyshyn N. Ia. & Smirnova V. L.* (2012). Otsinka efektyvnosti upravlinnia v systemi okhorony zdorovia [Assessment of the effectiveness of management in the health care system]. *Visnyk sotsialnoi hihieny ta orhanyzatsii okhorony zdorovia Ukrainy*, 3 (53), 57–59 [in Ukrainian].
 13. *Pohoriliak P. Iu. & Hulchii O. P.* (2015). Vychennia problemy pidhotovky suchasnykh kerivnykh kadrov okhorony zdorovia v Ukraini [Study of the problem of training modern health care professionals in Ukraine]. *Ukrayina. Zdorov'ya nacyi*, 4 (36), 76–80 [in Ukrainian].
 14. Nakaz MOZ Ukrainy vid 31.10.2018 № 1977 “Pro vnesennia zmin do Dovidnyka kvalifikatsiinykh kharakterystyk profesii pratsivnykiv. Vypusk 78 “Okhorona zdorovia” [On Amendments to the Guide to the Qualification Characteristics of Occupational Workers, Issue 78 “Health Care”]. Retrieved from: <http://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-31102018--1977-provnesennja-zmin-do-dovidnika-kvalifikacijnih-harakteristik-profesij-pracivnikiv-vipusk-78-ohorona-zdorovja>
 15. *Karelin A.* (2007) *Bol'shaya ehnciklopediya psihologicheskikh testov* [Great encyclopedia of psychological tests]. M.: EHksmo [in Russian].
 16. *Kanyuka G. S.* (2001) *Psihologicheskie osnovy uspeshnosti upravlencheskoj deyatelnosti rukovoditelej uchrezhdenij zdavoohraneniya* [Psychological basis for the success of management activities of managers of healthcare institutions]. Candidate's thesis. Dnepropetrovsk: DMA [in Russian].
 17. *Francis D. & Woodcock M.* (1996). *New unblocked manager: a practical guide to self development*. Aldershot, UK.
 18. *Znakov V. V.* (2001). *Metodika issledovaniya makiavellizma lichnosti* [Methods of research Machiavellian personality]. M.: Smysl. [in Russian].
 19. *Lekhan V. M., Kriachkova L. V., Kaniuka H. S., Romanova O. V., Korobko M. Yu.* (2015). *Sotsialno-psykhologichnyi portret kerivnykiv zakladiv okhorony zdorovia : suchasnyi stan i tendentsii zmin* [Social and psychological portrait of managers of health facilities: current state and trends]. *Ukraina. Zdorovia natsii*, 3, 75–81 [in Ukrainian].
 20. *Tarasenko V. V.* (2011). *Strategii razvitiya territorialnykh klasterov* [Development Strategies for Territorial Clusters]. *EHkonomicheskie strategii* 11, 82–92 [in Russian].

СПИСОК ВИКОРИСТАНИХ ДЖЕРЕЛ

1. European Observatory on Health Systems and Policies. *Health Systems, Health, Wealth and Societal Well-being. Assessing the case for investing in health systems* / Ed. by J. Figueras and M. McKee. — Open University Press World Health Organization, 2012. — 330 p.
2. Етапи впровадження реформи фінансування системи охорони здоров'я закладами ПМД у 2018 році:

- Збірка матеріалів методологічної підтримки для закладів ПМД. — К.: Проект USAID “Підтримка реформи охорони здоров’я”, 2018. — 20 с.
3. Розпорядження Кабінету Міністрів України від 30 листопада 2016 р. № 1013-р “Про схвалення Концепції реформи фінансування системи охорони здоров’я” [Електронний ресурс]. — Режим доступу: <https://zakon.rada.gov.ua/laws/show/1013-2016-%D1%80>
 4. *Мельник Л. А.* Сучасний керівник медичного закладу в умовах реформування охоронної галузі [Електронний ресурс] / Л. А. Мельник // Державне управління: удосконалення та розвиток. — 2018. — № 11. — 7 с. — Режим доступу: http://www.dyu.nauka.com.ua/pdf/11_2018/24.pdf
 5. *Головнева И. В.* Психологические особенности личности, влияющие на успешность в профессиях “человек – человек” / И. В. Головнева // Вестн. Омского ун-та. Серия: “Психология”. — 2018. — № 1. — С. 42–55.
 6. *Тавилова Н. Н.* Личностный потенциал как фактор успешной реализации кадровой стратегии / Н. Н. Тавилова // Психология в России и за рубежом: материалы II Междунар. науч. конф. (г. Санкт-Петербург, ноябрь 2013 г.). — СПб.: Реноме, 2013. — С. 98–103. — Режим доступа: <https://moluch.ru/conf/psy/archive/109/4480/>
 7. *Климов Е. А.* Психология профессионала / Е. А. Климов. — М.: Ин-т практической психологии, Воронеж: НПО “МО-ДЭК”, 1996 — 400 с.
 8. *Вежновець Т. А.* Особливості ухвалення управлінських рішень керівниками закладів охорони здоров’я з різним стажем роботи / Т. А. Вежновець // Клінічна фармація, фармакотерапія та медична стандартизація. — 2012. — № 3/4. — С. 138–143.
 9. *Бугро В.* Підготовка менеджерів з охорони здоров’я / В. Бугро // Практика управління медичним закладом. — 2011. — № 6. — С. 78–87.
 10. Застосування методів активного і інтерактивного навчання в післядипломній освіті керівників закладів охорони здоров’я як засобів для поліпшення прийняття управлінських рішень / Н. І. Кольцова, О. З. Децик, Н. Б. Федорків [та ін.] // Буковинський медичний вісник. — 2011. — Т. 15. — № 4. — С. 125–128.
 11. *Степурко Т.* Компетенції адміністраторів в охороні здоров’я: реалії та перспективи : Аналітична записка НСЗ/2013 // Т. Степурко, І. Грига. — К.: Ін-т екон. досліджень та політ. консультацій, 2013. — 12 с.
 12. *Панчишин Н. Я.* Оцінка ефективності управління в системі охорони здоров’я / Н. Я. Панчишин, В. Л. Смірнова // Вісн. соціальної гігієни та організації охорони здоров’я України. — 2012. — № 3 (53). — С. 57–59.
 13. *Погоріляк Р. Ю.* Вивчення проблеми підготовки сучасних керівних кадрів охорони здоров’я в Україні / Р. Ю. Погоріляк, О. П. Гульчій // Україна. Здоров’я нації. — 2015. — № 4 (36). — С. 76–80.
 14. Наказ МОЗ України від 31.10.2018 № 1977 “Про внесення змін до Довідника кваліфікаційних характеристик професій працівників. Вип. 78 “Охорона здоров’я” [Електронний ресурс]. — Режим доступу: <http://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-31102018--1977-provnesennja-zmin-do-dovidnika-kvalifikacijnih-harakteristik-profesij-pracivnikov-vipusk-78-ohorona-zdorovja>
 15. *Карелин А.* Большая энциклопедия психологических тестов / А. Карелин. — М.: Эксмо, 2007. — 416 с.
 16. *Катюка Г. С.* Психологические основы успешности управленческой де-

- яльності керівників закладів охорони здоров'я : дисс. ... канд. психол. наук : 19.00.05 / Канюка Галина Степановна. — Днепропетровск, 2001. — 189 с.
17. *Francis D. New unblocked manager: a practical guide to self development / D. Francis M. Woodcock.* — Gower Publishing, Ltd., 1996. — 251 p.
 18. *Знаков В. В. Методика исследования макиавеллизма личности / В. В. Знаков.* — М.: Смысл, 2001. — 20 с.
 19. Соціально-психологічний портрет керівників закладів охорони здоров'я : сучасний стан і тенденції змін / В. М. Лехан, Л. В. Крячкова, Г. С. Канюка [та ін.] // Україна. Здоров'я нації. — 2015. — № 3. — С. 75–81.
 20. *Тарасенко В. В. Стратегии развития территориальных кластеров / В. В. Тарасенко // Экономические стратегии.* — 2011. — № 11. — С. 82–92.