

MODULE 6

HUMAN RESOURCE MANAGEMENT*(1 day – 7 academic hours)*

Topic Overview: The keys to good management are creativity and the effective use of personnel. Under the old Soviet system, these elements were not under a manager's control, but today, they can control the size and role of their workforce. In many cases, changes in these areas are needed. Unfortunately, many managers do not know how to go about making changes, such as downsizing their staff to match the needs of their facilities and the population's health problems. Another example is diversifying staff. While family doctors, internists or mid-level staff are responsible for the health of the population in their area, preventive health and treatment should receive equal emphasis. Due to a complex payment system, these health professionals are not always as efficient as they could be, presenting a perfect example of a health care management problem.

Objectives of the Module:

1. Participants should recognize the importance of addressing potential social and psychological problems that can arise in the workplace, especially problems related to group dynamics.
2. Participants should understand that creative approaches to management can change the structure of state health care institutions as well as the roles and numbers of state health care personnel. In the end, such changes should have a positive influence on institutions and personnel, resulting in more effective working methods and better results in patient care.

STRUCTURE OF THE MODULE:

Lecture 1: *(1 academic hour)*

Human Resource Management: The Social and Psychological Aspects of Group Dynamics

(Y. Onyshko)

Case 1: *(3 academic hours)*

Being the "Good Guy" is Not a Profession!

(Y. Onyshko)

Case 2: *(3 academic hours)*

A Dream Hospital

(Y. Onyshko)

HUMAN RESOURCE MANAGEMENT: THE SOCIAL AND PSYCHOLOGICAL ASPECTS OF GROUP DYNAMICS

By Yuriy Onyshko

Human Resource Management: Social and Psychological Aspects of Group Dynamics

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Stages of Group Development

1. Formation of the group;
2. Expression of dissatisfaction;
3. Establishment of rules;
4. Completion of tasks.

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Group dynamics is a complex multidimensional process in group development, which involves changes within and between group members, their motivations and attitudes.

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Factors Influencing Individual Behavior and Group Development

- Individual needs;
- Group expectations;
- Requirements of carrying out the task at hand.

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The “Iceberg” of Group Dynamics

- The content of a group’s work is the visible part of the iceberg, above the waterline;
- The partly obvious and partly hidden problems involved in group work are the “waterline.”
- Below the waterline there are:
 - Group problems;
 - Values, beliefs and perceptions of rights and responsibilities;
 - Subconscious motives and desires.

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Group Development

Stages of Development	Group attention to needs and tasks:		
	Individual needs	Group needs	Tasks
Formation	maximum	minor	minimum
Expression of dissatisfaction	maximum	maximum	minimum
Establishment of rules	minor	maximum	minor
Completion of tasks	minor	minor	maximum

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Attitudes of Individual Members Toward Group Activity

Elements of becoming a group member	Attitudes toward the group and its goals		
	Negative	Neutral	Positive
Intellectual agreement	Disagreement with the task at hand, methods, roles, responsibilities and goals of the group	The tasks, goals, duties and own role in the group are not identified	Clearly identified goals and tasks, understanding of own role
Emotional agreement	Negative emotions	Emotional attitude is not expressed; indifference	Positive emotions
Willingness to act in accordance with the group’s goals	Refusal to participate in group activities	Establishing personal goals in the context of the group’s activity	Readiness to act in order to implement the group’s goals

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In the First Stage of Group Formation, the Group Leader should...

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- Provide leadership;
- Clearly define the group's goal and tasks, group members' roles, working conditions, etc;
- Provide constructive criticism;
- Provide a forum for informal communication, and sharing of information.

In the Second Stage, when the Group Expresses Dissatisfaction, a Group Leader should...

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- Ensure that the individual interests of group members correspond to the group's overall goal;
- Listen to the needs of each group member and define group values and rules with those in mind;
- Motivate group members for success;
- Avoid conflict;
- Pay attention to informal power plays;
- Clearly define individual and group goals.

In the Third Stage, when Rules are Established, a Group Leader should...

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- Ensure that the group abides by its values and standards;
- Encourage interaction and the formation of relationships between members;
- Support the group;
- Motivate group members for success;
- Support innovations and independence;
- Encourage group solidarity and coordination.

A Group will go through the Stages of Development when...

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- It faces a new task and must go through the stages of development while adjusting to the task and choosing the best way forward;
- It performs a task in a disorganized way, without a clearly defined goal, tasks and consequences;
- New members join the group and change the established balance of power.

Group Effectiveness Depends on Two Factors:

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- The attitudes of group members to the completion of the task(s);
- The attitudes of group members to the stages of group development.

The Following Functions Develop Within a Group

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- Division of labor;
- Expression of initiative;
- Search for information and ideas;
- Development of a forum for sharing ideas;
- Clear definition of the problem and options for solving it;
- Summary of results;
- Reaching consensus and testing the agreed path

An Effective Group should be able to Perform the Following Functions

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- Maintain harmony within the group;
- Resolve conflicts;
- Reach compromises;
- Provide encouragement and support.

Social Roles in the Group:

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- Initiator
- Informer
- Researcher
- Communicator
- Moderator
- Integrator
- Advisor
- Stimulator

Functional Roles in the Group:

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- Cheerleader and encourager;
- Harmonizer;
- Humorist;
- Guard;
- Follower.

Destructive Social Roles in the Group:

17

- Blocker;
- Aggressor;
- Gossip;
- Recognition seeker.

Two Factors that can Hamper Group Effectiveness and Bring About Dysfunction:

18

- Group thought (consciousness);
- Some group members dominate the discussion.

Attributes of Group Consciousness by I. Janis (1982)

19

- When most group members share a sense of invincibility, this often results in undue optimism or excessive risk;
- General ignorance with respect to rational ideas;
- Unlimited commitment to group morale;
- A misperception that accepting help indicates weakness or stupidity;

Attributes of Group Consciousness by I. Janis (1982)

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- Pushing the minority to agree with decisions of the majority;
- An illusion of unity;
- Self-censorship in the name of group consensus;
- Unintentional emergence of group defenders who reject all information that deviates from the norm.

Protection Against the Group Consciousness Phenomenon

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- Continually provide constructive criticism;
- Encourage innovation and learning from mistakes;
- Prevent group divisions or illusions of privilege;
- Employ independent experts;
- Appoint a "devil's advocate" during group discussions.

Two Phases That Characterize Group Dynamics:

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- Divergence of opinions;
- Gradual convergence of opinions on the issue at hand.

Reasons for Unequal Participation in Group Activities:

23

- The reaction of individual group members to particular events;
- Certain group members who dominate;
- An inability or unwillingness to listen to the opinions of others;
- Lack of self-confidence;
- Doubts by some group members that others will pay attention to their ideas and understand them;
- Other psycho-social barriers.

Using Patterns of Group Dynamics in the Decision-Making Process Results in the Following

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- Support for differences between group members, so as to reach agreement through discussion and not unanimous decision;
- Identification of a range of possible ideas and the objective appraisal of opinions;
- Consideration and approval of the best decision;
- Growth in each group member's potential;
- Building mutual trust and respect within the group;
- Mutual understanding between group members.

Comments to slides

Slide 2. Every group encounters a number of problems of group dynamics. Group dynamics affects both the energy of a group and the extent to which it can accomplish its goals.

Certain aspects of this process are obvious and easy to deal with. Others are more subtle, or even hidden, making them difficult for group members to see. The processes of effective group dynamics require the investment of time and effort, both from the group leader and its members.

Slide 3. In 1994, B. Reddie compared the nuances of group dynamics to “an iceberg,” with five major characteristics, both below and above the “water level”:

1) The content of a group’s work is the visible part of the iceberg--that is, it is above the “water line.” Group members know what they should be doing and need to agree on how to complete the task(s);

2) The more subtle problems involved in organizing a group’s work constitute the “water line.” These include the interaction between group members, interpersonal conflicts and the division of labor;

3) Solving the hidden problems of a group, such as each member’s sense of belonging, his/her influence and power, is necessary for a group to succeed. This element exists “under water;”

4) A group’s values, beliefs and perceptions of their rights and obligations are heavily influenced by individuals’ personalities, their relationships, needs and interests. These elements are “under water;”

5) There are even aspects of group dynamics that exist at a subconscious level, for example fears, motives and emotions. These exist “under water.”

Slide 6. At each stage, special attention must be paid to the needs and tasks of each group member.

The stage of group formation is dominated by individuals’ motives. Each individual is seeking his/her role in the group, striking a balance between meeting group objectives and personal objectives.

Slide 7. The attitudes of group members toward group activities can gauge to what extent they acknowledge and respect the group’s objectives.

At this stage, group members’ attitudes toward the group will differ. Some may see the group’s objectives as reasonable, yet still experience negative emotions. Others may not see the group’s objectives as reasonable, but still be ready and willing to participate. Still others may be ambivalent both about the group and their participation in it.

Despite differing attitudes toward the group, there is usually consensus that the group needs clear objectives and a definition of roles in order to be productive.

Slide 8. The need for leadership becomes apparent from the beginning of the group formation stage. The group leader acts as a manager and should perform the activities detailed in the slide.

Slide 9. This stage, when group members express their dissatisfaction, is unpleasant but it is an inevitable part of group development. It is also known as “storming.” It may manifest itself in different ways from one group to another.

Disagreement characterizes the exchange of information and comparison of expectations with reality by group members. Disagreements can be magnified by differ-

ences in professional levels, ambitions, power and perceptions of group goals and activities.

At this stage, individual motives prevail, as members try to establish their individual roles within the group. Group members are continuously assessing each other, which results in power struggles.

Members' perceptions of their roles and the group's activities will differ from reality. This is compounded by an imbalance of attention, which is generally focused on the struggle for power, rather than on accomplishing tasks. This affects efficiency and productivity, resulting in growing dissatisfaction. Group members may try to deal with this dissatisfaction by accusing their peers and complaining to the group leader or manager. Often, the group singles out a "scapegoat" to shoulder the blame for everyone's dissatisfaction.

At this stage, the group leader will inevitably lose authority if he/she shows uncertainty, assumes the blame or changes the goal of the project. At this time, the group will revert back to the early stages of development.

On the other hand, if the leader maintains command of the situation, the atmosphere will gradually improve, as the group becomes more cohesive and its members more willing to compromise. The leader's responsibilities at this stage are outlined in the slide.

Slide 10. The conflict of the previous stage leads the group to understand the importance of consent and group unity. Each member begins to feel growing responsibility for the outcome of group work. This lays the groundwork for the third stage of group development, where the group determines its own rules. During this stage, the roles of each member and the balance of power are solidified. Group attention gradually shifts from issues of group dynamics to fulfilling group objectives. At this stage, the leader's responsibilities are as outlined in the slide.

Slide 11. How is the effectiveness of a group leader tied to the problems of group dynamics and stages of group development? When do the stages of group development occur? A group and its leader go through the stages not only when forming but also when facing certain situations, as presented in the slide.

Slide 13. Both the group and its members perform a number of functions.

Slide 15. A group is most effective when its members fulfill certain roles:

- 1) *Initiator*: generates new ideas, procedures and goals. This member initiates group activities. Starting something is difficult, so this member's role is crucial in getting activities off the ground;
- 2) *Informer*: provides the information needed to reach objectives;
- 3) *Researcher*: asks questions to heighten group awareness of a particular problem, while explaining difficult issues and areas that require clarification;
- 4) *Communicator*: shares beliefs, emotional experiences, thoughts and assessments. This role is generally fulfilled by several members. The more members are involved in exchanging ideas, the more effectively they will interact;
- 5) *Moderator*: facilitates discussions by asking direct questions and involving the quieter members of the group;
- 6) *Integrator*: brings together in a cohesive way all the ideas and activities of the group;
- 7) *Advisor*: ensures that the group remains on task. This member correlates group achievements with individual achievements to provide encouragement and motivation;

8) *Stimulator*: encourages the group to be active and energetic.

Slide 16. To foster and nurture good group dynamics, members take on the following roles:

1) *Cheerleader and Encourager*: encourages others to express their emotions and opinions openly; contributes to a warm and friendly atmosphere;

2) *Harmonizer*: ensures that members compromise on difficult problems and settles differences. This member improves group cohesion by settling conflicts;

3) *Humorist*: relieves tension through humor. This member “infects” others with his/her positive emotions, allowing them to see a problem from a new point of view;

4) *Guardian*: controls the balance of communication, so each person takes an equal part;

5) *Follower*: expresses a readiness to cooperate, tries to meet the wishes of other members and encourages them to be proud of belonging to the group.

Slide 17. A group will develop problems if just one or two of its members take on destructive social roles:

1) *Blocker*: constantly criticizes the ideas of others. This member’s attitude toward everything is negative;

2) *Aggressor*: offends, mistreats and criticizes other members. This member displays destructive behavior through his/her actions, by mocking and humiliation;

3) *Gossip*: tells made-up stories about other members. Distracts the group from the real problems;

4) *Recognition seeker*: interrupts group discussions, makes comments and calls unnecessary attention to his/her individual achievements and successes.

Slide 19. When a group becomes exclusive and isolated from outside influences, loyalties to the group perspective may develop. This will affect the ways the group thinks (not only about issues but also about itself as a unit) and change the way it makes decisions. In 1982, I. Janis described this phenomenon, whose features are outlined in the slide.

Slide 21. The phenomenon of group thinking limits the possibilities for innovative ideas and solutions and suppresses individual creativity and initiative. The group focuses too much on its unity and loses its purpose. Group thinking prevents individuals from taking personal responsibility for decisions, whether good or bad.

Slide 22. Group dynamics can also be characterized by two phases: a divergence of opinion followed by a convergence of opinion.

If these two phases coordinate with the process of decision-making, then the group can be highly effective. However, if these phases diverge from that process, the group loses the opportunity to find a constructive solution.

Slide 23. Reaching consensus on a decision is an important part of group dynamics and each member of the group must have an equal opportunity to participate in this activity.

Slide 24. Providing equal opportunity for all group members to participate means that each individual will participate on his/her own terms. Not all group members want to participate. Interrupting one person and giving the floor to another who is not yet ready to speak leads to frustration. It also results in members being less motivated to participate actively in group work.

Providing equal opportunity for participation is not the only factor that results in consensus. When members decide to participate in a discussion, they expect to be heard and understood.

THE STAGES OF GROUP DEVELOPMENT

Dealing with how a group functions and performs is often a matter entirely separate from the technical tasks with which the group is presented. No matter how compatible or similar individuals in a group may be, people have different personalities, ambitions, experience and goals. These differences will inevitably result in complicated group situations. Thus, often it does not matter if a manager is well-versed in the technical topic at hand (although that is certainly a plus), but it is more important that he/she is well-versed in group dynamics and knows how to keep a group functioning smoothly, even during rocky periods. Luckily for managers, groups tend to experience similar stages of development and performance. With the proper nurturing and support, a group can move easily through these steps to successfully meet its goals, bringing satisfaction to the group members and their manager. In the 1960s at Ohio State University, American psychologist Bruce Tuckman defined five stages of group development. The following is a summary of the normal stages.

STAGE 1: FORMING

- Transition from individual to member status
- Members explore acceptable group behavior
- Feelings of excitement, anticipation, optimism, suspicion, fear
- Attempt to define tasks and responsibilities
- Many distractions – little work accomplished

STAGE 2: STORMING

- Members realize the task is different and difficult
- Decision-making process is not yet defined
- Members are short-tempered and argue a lot
- Members resist collaboration and doubt success
- Pressures prevent work and progress
- Members begin to understand each other

STAGE 3: NORMING

- Group norms established
- Members accept roles and responsibilities
- Conflict is reduced
- Cooperation replaces competition
- Feeling of relief that things will work out
- Members express criticism constructively
- Differences resolved
- Time and energy spent on work

STAGE 4: PERFORMING

- Diagnosis and problem-solving begin
- Changes implemented
- Members accept strengths and weaknesses
- Satisfaction with team's progress
- Members develop attachment to one another
- Team is cohesive and effective

STAGE 5: ADJOURNING

- Group disbands and members must deal with issues of separation

Case 1

BEING THE “GOOD GUY” IS NOT A PROFESSION!

By Yuriy Onyshko

Petro Ivanovich was the chief doctor of a local hospital. He was also a father and had several nieces and nephews, making him very conscious of the issues facing youth in his hospital. After looking through his statistics at the end of a quarter, he realized that there were a significant number of young men and women in the city with sexually transmitted infections (STIs.) There were more cases of gonorrhea, Chlamydia and herpes than ever before. Petro Ivanovich knew that something had to be done to treat these young people and protect them in the future. The majority of STIs can be treated, or at least controlled (in the case of herpes); but getting treated for STIs was not popular, since admitting to having one involved shame and embarrassment.

But Petro Ivanovich’s statistics did not lie. He knew there was a problem that needed to be addressed. His niece had recently been devastated when she found out she had gonorrhea. He remembered how embarrassed she was when she came to him for treatment. He had tried to comfort her, telling her that it happens to many people, that it was entirely curable and that it did not reflect poorly on her in any way. He knew that she was lucky to have a doctor in the family because most young people were too embarrassed to come in for treatment at all. Instead, they suffered silently or unknowingly passed on a disease to other people. Petro Ivanovich remembered what it was like when he was a student and he was sure that things hadn’t changed very much.

Petro wasn’t a dermatovenereologist and didn’t have a background in reproductive health. Nevertheless, he knew the key was in prevention, testing and timely treatment. He had heard about youth-friendly clinics at a conference in Moscow sponsored by UNICEF, and he very much wanted to create a similar safe space for young people in his city. He envisioned a small clinic with a gynecologist, urologist, dermatovenereologist and psychologist where young people could get tested for STIs, learn about safer sex practices and get treated confidentially and without judgment or punishment. Petro Ivanovich took advantage of every opportunity to promote his idea, so it would gain popularity. He spoke with the press, local radio and television, international organizations, local council members and even the mayor himself. After much persuasion on the part of Petro Ivanovich, the local health administrator agreed to the plan for a youth-friendly clinic and issued the relevant order. Petro Ivanovich succeeded in obtaining funds to cover some organizational expenses, such as the cost of equipment and staff salaries.

However, Petro Ivanovich was in charge of a large hospital and had no time to manage the youth-friendly clinic. Without second thoughts, he asked his colleague and former classmate, Mykita Vasylyovych, who worked as the head of gynecology in his hospital, to take on the organization of the clinic. “Who else could do it better?” thought Petro Ivanovich, “I know him very well. As students, we lived together in the dorm. He is a good gynecologist and he will be able to handle this challenge.”

Mykita Vasylyovch was allowed to make staffing decisions for the clinic, which he did based on the applicants’ level of professionalism. A team of four doctors was formed just as Petro Ivanovich had envisioned. Each came from a different healthcare facility and was well respected as a specialist. In fact, the urologist had even come from Kyiv!

The new clinic team enthusiastically exchanged ideas and information about their future work. They discussed how they would implement modern methods of family planning counseling, STI education, prevention and treatment and new approaches to adolescent psychology. They shared their individual visions and aspirations, suggested effective procedures and discussed

available resources. Although they appeared to cooperate, the doctors prioritized their individual motives and ambitions. Each had already decided what role he/she wanted to assume in the development of the clinic, and none wanted to compromise. Everyone wanted an influential position, while avoiding any real responsibility. Each doctor's personal ambition made it difficult for them to work together as a team. The urologist from Kyiv was particularly power-hungry and did not even mask his desire to become the director of the clinic.

In spite of their differences, the doctors agreed on the fact that they all needed to clarify their roles and the group's objective. They also wanted to explore ways to coordinate their activities and interact with management. Unfortunately, after recruiting the group and giving them the goal of creating a youth-friendly clinic "like the ones designed by UNICEF," Mykita Vasylyovch had removed himself from the discussions. He barely watched over the proceedings. He believed, mistakenly, that the doctors would not need any help to agree on how the clinic should run. His attitude was rooted in the belief that he was ultimately in charge: "Let them play at democracy," he thought. "In the end I have the final say, since Petro Ivanovich is my friend and he will always support me!"

The staff's discussions about how duties should be distributed and how activities should proceed were characterized by disagreement. The doctors clashed because of differences in their professional levels, personal ambitions, individual influence within the group, understanding of the assignment and vision for implementation. They sized each other up and judged each other's abilities, which created tension in the group around the division of responsibilities and how to move forward. This conflict divided the group into opposing subgroups and prevented them from making any real progress toward their goal. The group had concentrated its efforts on fighting for power, rather than on fulfilling their assignment. The differences between their expectations further increased their disappointment and dissatisfaction. Before long, the doctors blamed their failure on Mykita Vasylyovch, Petro Ivanovich and each other.

When Petro Ivanovich checked in on the group's progress two months later, he found hardly any results. Petro Ivanovich's niece kept asking her uncle when she could come to the clinic for examination, counseling and treatment. What could he tell her? That she wouldn't be able to receive treatment for her gonorrhoea because of four doctors' egos? "What is going on, Mykita Vasylyovch?" Petro Ivanovich asked his friend. "Nothing. Everything is fine. The doctors are just asking for too much," responded Mykita without really understanding why the group had gotten out of hand.

A few days later, Mykita Vasylyovch found out that the group unanimously blamed him for their failure. "They say it is your fault, Mykita, for not giving them a concrete goal or guidance," reported his friend and colleague who had recently spoken with the gynecologist at the clinic. "I am not sure what you should do, but you need to do something. The doctors are about to leave the clinic and you will lose your staff." Mykita Vasylyovch was uncertain about how to proceed, but he found his colleagues' criticism compelling. He decided to change his organizational tactics for the youth-friendly clinic and began to take an interest in the doctors' discussions.

At the group's next organizational meeting, the doctors were surprised to see Mykita there. He apologized for his previous absence and admitted that he had been wrong in not providing them with more guidance. Mykita told the doctors that he wanted to play a larger role in the clinic's development by playing a more proactive role. Unfortunately, he was unable to provide an explanation of his new vision of how he would lead the organizational process. Even after this meeting, the doctors found themselves leaderless and a little confused as to how the whole process would proceed. The change in Mykita's level of involvement and organizational style had no effect on the progress of setting up the clinic or the doctors' willingness to collaborate. They continued to quarrel among themselves, dividing into two factions. The doctors decided to bypass a leader

they saw as ineffective and went directly to Petro Ivanovich. Each group wanted Petro Ivanovich to appoint its own representative as head of the clinic.

DISCUSSION QUESTIONS:

1. What do you think of the initial steps taken by Petro Ivanovich to implement his idea, such as lobbying for the youth-friendly clinic and beginning to set it up? Did he have a clear-cut plan of action beyond receiving funding?
2. What were Petro Ivanovich’s motivations for appointing Mykita Vasylyovich as head of the Youth Friendly Clinic? What do you think about these reasons and was Petro Ivanovich right in appointing him? Why or why not?
3. What would you have done if you were in Petro Ivanovich’s place?
4. What were the criteria that Mykita Vasylyovich used to hire his staff? Evaluate Mykita Vasylyovich’s hiring process. What would you do in his place?
5. Identify the stages of group development as they progress through the case.
6. What actions should a manager take at each of these stages? Were Mykita Vasylyovich’s actions correct? What could he have done differently (if anything)?
7. What sort of approach did Mykita Vasylyovich take in addressing the conflict among the doctors? Evaluate Mykita Vasylyovich’s reaction. What would you do in his place?

TEACHING NOTES:

Teaching Objective:

1. Participants should understand how incorrect approaches to human resource problems and a disregard for group formation and dynamics lead to unsuccessful management.
2. Participants should recognize the importance of paying attention to understanding and dynamics within a group. They should discuss issues that have an overall impact on staff and human resources.

This may require further discussion questions, including:

- Who had the original idea for creating a youth-friendly clinic?
- Is there any evidence that Mykita Vasylyovich was involved in lobbying for the creation of the clinic?
- Did the head doctor have a team of associates who supported and helped develop his idea for the clinic?
- What motives guided the head doctor in lobbying for and then selecting an organizer for the clinic?
- Do you think it important that the person chosen as organizer of the clinic is a close friend of the head doctor?
- What characteristics do you seek in a person to whom you delegate significant responsibility?

In addition, participants should realize that “good ideas” are not enough to plan and execute a project. If Petro Ivanovich were truly invested in this idea, he should have had a complete

plan for how he would proceed once funding was secured. If he himself could not carry out the plan, he needed to have a qualified and reliable colleague ready to do so.

Discussion should center around the role that group dynamics plays in human resource management. The participants should understand the phases of group dynamics (see Appendix 1, *The Stages of Group Development*.) When discussing “forming,” the first phase of group development, participants must clearly understand the varying needs of group members at this early stage. A manager can increase his/her influence in the group if he starts paying attention to issues that arise at this phase and makes efforts to meet the needs of group members. These needs include involvement, control and devotion.

Involvement is related to a sense of personal significance and self-esteem. This need is met in the struggle of individuals for membership and a particular position in a group. Some members are unwilling to cooperate, while others readily connect with all members. The more confident members of the group tend to communicate best with people with similar interests and experience.

Control is a need for decision-making power. This need is related to self-esteem, a sense of competence and the relationship among forces, influences and power in the group. In an ever-changing situation like a group, an individual tries to find the best balance between power and dependence as well as adaptation.

Devotion is the need to maintain friendly and sociable relationships. Devotion manifests itself in an individual establishing close contacts with other group members and in feeling satisfied with these relationships.

Keeping these group needs in mind, the manager at this stage should:

- Ensure his/her own leadership;
- Clearly outline the group’s goal and tasks, as well as the roles of each group member;
- Provide positive feedback and constructive criticism;
- Provide venues for informal communication and information exchange.

This may require some additional discussion questions, including:

- Was Mykita Vasylyovich right in gathering four experienced and highly qualified experts into one group? (Generally, having four powerful and ambitious personalities in one group is not a wise idea because there is no clear leader or follower. Such a situation will usually end up in conflict.)
- Did Mykita Vasylyovich pay attention to the processes of group formation? What was his attitude to the group? (By not paying attention to the group after its initial formation, Mykita Vasylyovich abdicated his managerial responsibilities at a very crucial point. Without leadership, there was no direction for the doctors and their project.)
- Did Mykita Vasylyovich analyze the nuances of the inter-group relations? Did he pay attention to the distribution of influence and power within the group or to each member’s claim to the position of informal leader? (Again, with so many powerful personalities and no official leader, the doctors had no choice but to identify a new leader.)

When discussing internal conflicts during the second phase of group formation, known as “storming,” participants need to understand that, while unpleasant, this is an inevitable part of group development.

At this point, group members are more focused on the struggle for power than on the task facing them. Differences between group expectations and reality affect the efficiency and produc-

tivity of the group, resulting in growing dissatisfaction. Group members may complain to the group leader as to address cognitive dissonance. Everyone attempts to avoid personal responsibility for failure of the group and find someone else to blame (a scapegoat)--often the group leader. If the leader shows uncertainty, assumes blame or changes the goal or strategy of the group’s work, he/she will inevitably lose authority and influence in the group, causing it to revert to the first stage of development.

At this point, the leader can guide the situation by consistently helping group members define their individual roles and coordinating group activities. As members of the group begin to feel more comfortable with their roles and become more prepared to address the group task, the atmosphere in the group will begin to change and members will be more willing to accept tradeoffs. The tasks of the group leader at this stage are as follows:

- Coordinate the individual interests of the group members with the overall goal of the collective;
- Show interest in the specific needs of group members;
- Maintain specific group goals and functions;
- Motivate group members;
- Prevent conflicts and clashes; and mediate them as they arise;
- Facilitate the distribution of informal power and influence.

At this stage, conflict that undermines the achievement of result helps the group understand that agreement and solidarity are important ingredients for success. At this point, each member will feel greater personal responsibility for the end product of the group’s work. The group will then move to the third stage of development, “norming,” in which they establish common rules for interaction and for carrying out activities. Once group members have developed a balance of power and influence, they will feel secure in their roles. Then the group’s attention gradually shifts from the problems of group dynamics to completion of the task at hand.

This may require some additional discussion questions:

- Did Mykita Vasylyovich report all aspects of the situation involving the doctors to Petro Ivanovich? What did he leave out? (Mykita Vasylyovich did not adequately explain the situation to Petro Ivanovich, which reflected his own refusal to acknowledge the group’s issues. Had he been well-versed in the stages of group development, he might not have been as shaken by the group conflict and would have been better prepared to deal with it.)
- Was Mykita Vasylyovich right in accepting the group’s criticism and blame? (Mykita Vasylyovich should not have acted as he did, since he admitted to the group that he was wrong without providing a clear picture of the future. While he did need to deal with the conflict within the group, he should have done so by addressing the concerns of the group in regard to their goals and roles.)
- How could Mykita Vasylyovich restore his authority and regain command of the situation? (Again, Mykita Vasylyovich needed to keep in mind his role as manager and human resource coordinator by addressing the concerns of the group in terms of their overall goals and roles. Though he could trust the doctors to deal with the technical aspects of developing the youth-friendly clinic, he needed to act as a moderator and manager within the group in order to make sure it functioned smoothly.)

EXPECTED RESULTS:

At the end of the case, participants should be prepared to:

- Keep group dynamics in mind when forming groups; and safeguard the position of group leader during the stages of group development;
- Properly use human resources as a way to motivate employees;
- Think creatively about conflict resolution.

Case 2

A DREAM HOSPITAL

By Yuriy Onyshko

PART 1:

Dr. Oles Mindyuk, head doctor at the Lviv Oblast Children's Hospital № 2 and a health care manager with 42 years' experience, has lived through many different periods of history. Through them all, his attitude toward life has always been optimistic. He believes that every situation—even if it's a setback—can teach you a lesson. No matter what happens, he tries to learn from the situation by analyzing the problems, drawing conclusions and remaining open-minded.

In Dr. Mindyuk's opinion, Ukraine needs to empower its youth population—now more than ever. He believes that “There are many bright young people” and that “There is no such thing as an average citizen.” He believes that, “Each person has the potential to be great, but that potential needs to be fostered.” It was this philosophy that drew Dr. Mindyuk to pediatrics. He knew that Ukrainian children were dying and falling ill unnecessarily and believed that a commitment to child health was the best kind of commitment to building the future of Ukraine.

Throughout the years, Dr. Mindyuk's studies and career choices reflected this philosophy. As a student, he was part of a university research society, where he gained invaluable analytical experience that he later applied to analyzing the problems behind infant and child mortality in Ukraine. He also worked extensively in emergency medicine, where he saw a need for a special children's emergency care and rehabilitation unit. With energy and initiative, he managed to transform this idea into a reality.

In 1975, Dr. Mindyuk moved to Lviv, where he planned to continue his research. Unfortunately, he was stopped by the authorities, which accused him of participating in anticommunist activities. Dr. Mindyuk went on to work in an outpatient clinic, where he was finally able to realize his goal of establishing a specialized emergency care and rehabilitation unit for children.

The promising young doctor quickly attracted the attention of the Lviv medical community and was offered a position in the Intensive Care Unit of the Lviv Oblast Children's Hospital “Okhmadit.” At that time, about 200 children died while hospitalized each year. With his research experience, Dr. Mindyuk began to analyze the causes behind such a high mortality rate. After examining the problem, he decided that intensive care wards were needed in different rayons of Lviv Oblast. If these facilities were available, children with life-threatening conditions could be treated locally, rather than transported long distances to the Central Oblast Hospital in Lviv. The idea was supported by the local Department of Health. Once the wards were in place, there was a significant reduction in the child mortality rate in the oblast.

The young doctor's organizational talents continued to develop. In 1979, he set up the first resuscitation unit in the Lviv Oblast Children's Hospital. To do so, he followed his previous decision-making process. He analyzed the reasons behind negative trends, such as high child mortality rates, and sought ways in which to influence the trends through relevant managerial solutions. Since Dr. Mindyuk was not opposed to learning from the experience of others, he used the best Moscow clinics as models for his own unit and made use of available resources, even in times of scarcity. For example, he managed to improvise catheters using the most limited materials. “It is a life and death decision that obliges me to do such things. There are tremendous shortages of medical equipment at this moment, but we still need to provide medical care!” Dr. Mindyuk explained to his colleagues.

Luckily, Dr. Minyuck's colleagues were qualified professionals who were also committed to improving children's health care services through innovative approaches. By the early eighties, this cohort of specialists—five in total—had gained considerable experience in critical care for children. They dreamed about setting up a children's hospital in Ukraine that would provide world-class health care services. They spent a lot of time together discussing passionately what needed to be done and how to do it. However, they realized that, in spite of the changing political environment during *perestroika*, it would still be difficult for them to realize their dream.

The problems seemed numerous and the doctors were unsure how to approach them at a time of acute economic stress. For example, there wasn't enough room in the "Okhmandit" facility for innovations, since the hospital was almost 100 years old and intended for only 100 beds, although it now housed up to 350 patients. Ukraine was in a late stage of *perestroika*, which was characterized by chaos, dramatic shortages in medication and food and obsolete medical equipment.

Dr. Mindyuk expected the highest levels of professionalism and performance from his staff, encouraging them to think clinically while keeping in mind patient-centered care. He believed that true professionals should constantly improve their knowledge and continue their education by being open to new ideas, technologies and opportunities. But it would prove difficult to find staff who would be completely committed to the future of the hospital and their work there without providing financial incentives. In addition, Dr. Mindyuk and his colleagues had already seen the effect of the "brain drain" on Ukraine, as good specialists emigrated to Western Europe and the United States in the hope of finding better opportunities. Dr. Mindyuk knew that, as *perestroika* continued and the political situation relaxed further, the "brain drain" would become even more significant.

In spite of all this, the situation with child health in Lviv and in Ukraine was so urgent that Dr. Mindyuk and his colleagues knew they had to do something to improve care and set a good example for the rest of the nation, which was just beginning to pull itself together after the collapse of the Soviet Union. Children were still dying in larger numbers than in Western Europe from diseases that were easily treatable with qualified professionals, adequate equipment, modern standards and efficient referral and transport systems from the rayons to the Central Oblast Hospital. Knowing that Ukraine and its medical professionals could do better, Dr. Mindyuk and his team were determined to set up a children's hospital to provide health care services following the highest international standards.

They were lucky enough to find a location for the hospital of their dreams, thanks to support of Vyacheslav Chornovol, a member of the Rukh democratic movement and the head of the Lviv Oblast Council of People's Deputies. Together with Chornovil, the doctors developed a lobbying strategy to advance the idea of their hospital all the way up to the Supreme Council, the decision-making body for the entire Soviet Union at that time. The doctors' lobbying efforts proved successful and the Supreme Council turned over a former hospital for Ukrainian government officials to the doctors, so they could create the Lviv Oblast Children's Hospital № 2. The building was in good working order, although it lacked furniture. The doctors' spirits were lifted by this show of support for their project.

Now the doctors faced the next question: who would be the hospital director? Who would lead not only the original team, but also the entire hospital staff? The group discussed the issue but had difficulty agreeing, since the position involved so much responsibility. Dr. Mindyuk did not see himself as a leader, but nevertheless, his colleagues chose him for the position. It was not easy for him to agree to take on the position, since he, like his colleagues, considered himself first and foremost a doctor. However, Dr. Mindyuk realized that he had already begun taking on managerial responsibilities without knowing it and he recognized the trust his colleagues placed

in him. Even so, he was still unsure, because he loved his clinical practice and could not imagine giving it up for a purely managerial role—even that of head doctor.

Several decisions had to be made at this point, before the new hospital could succeed. The doctors had a good starting point—their facility—but now they had to carefully plan and execute the next steps for their project to stay on track.

DISCUSSION QUESTIONS:

1. Could Dr. Mindyuk be both a doctor and a hospital manager? Why? Or why not?
2. How would the group identify the problems in the system of child health care that they wished to address? How is this process based on Dr. Mindyuk's previous approaches to research, analysis and problem solving?
3. In your opinion, what issues could and should the group address as they start up the new hospital?
4. How can the group attract, assess and keep the kinds of professionals they want with limited financial resources?
 - a. What is the profile of an ideal staff member for the new facility?
 - b. Would it be better to hire young professionals and train them from scratch or to hire seasoned professionals and retrain them in your new philosophy?
 - c. How could you evaluate an employee's ability to achieve?
 - d. How could you attract good employees and ensure that they stay with the hospital? How can you weed out bad employees—or the ones who are applying for the wrong reasons?
5. Other than money, how can the team motivate the staff?
6. How can the group find money to purchase equipment and furniture?
7. How can the group expand the hospital and continue to build support amid the chaos of *perestroika*? Are there any benefits to starting an ambitious project, such as this one, during *perestroika*?

PART 2 :

The hospital had been functioning for just over a year, and Dr. Mindyuk was feeling increasingly confident about his abilities as a manager as well as his staff's ability to meet the standards set in the original plan. Dr. Mindyuk's personnel strategy had been based on finding people who could think outside the box. They were not only good specialists and managers, but also creative people with strong leadership skills. Dr. Mindyuk's criteria included:

- The highest possible level of professionalism and the potential for further professional growth. (This does not necessarily imply an advanced academic degree, since success in academia does not necessarily imply success in clinical practice);
- Enthusiasm and passion to carry the staff through difficult times. (This was important since there were few financial resources to motivate the staff.);
- Ambition, a good work ethic, innovation, creativity and an inclination to use scientific methods for situational analysis, while being able to provide critical analysis and also think realistically;
- The willingness and ability to resolve any problem, to the extent allowed by their medical specialty;

- A desire not only to deliver health care services but to improve the level and quality of services provided, using every possible method.

To his surprise and good fortune, it seemed that the above criteria were relatively easily met. The medical community in Lviv had potential, as well as some prominent professionals. Moreover, the political and economic situation meant that there was a shortage of jobs for doctors. Qualified candidates were eager to work in a hospital they believed would value their work. Dr. Mindyuk was able to quickly assemble a capable team.

The next component in Dr. Mindyuk's personnel strategy had been to shape the conditions that would enable each staff member to realize his or her potential. This involved creating motivation for the staff, including:

- Equipping them with the most up-to-date knowledge in their areas of expertise;
- Appointing mostly young people as resident doctors and paramedical personnel, since Dr. Mindyuk believed in teaching people new approaches from the very beginning rather than retraining seasoned professionals;
- Organizing personnel training through professional contacts in the best clinics in Europe and the United States and financing these trips with money from international organizations;
- Choosing staff in part based on their knowledge of foreign languages so they could more easily be trained abroad;
- Equipping hospital staff with up-to-date information technology by setting up an information center at the hospital;
- Encouraging doctors to use the Internet and libraries to access up-to-date information;
- Teaching hospital employees methods of scientific analysis to enable them to effectively use evidence-based medicine;
- Making arrangements for special training on data processing methods;
- Supporting continuing education initiatives by providing opportunities for part-time work at Lviv Medical University. In this way, clinical data could be used for research purposes, including writing doctoral theses;
- Providing each hospital professional with a separate room, rather than having common rooms for resident doctors (as was the case in other hospitals).

Because he had such a wide pool of participants to choose from, and because he believed that the success of the hospital was largely dependent on collaboration with and input from the staff, Dr. Mindyuk selected his employees carefully, taking into consideration the advice of his colleagues.

To facilitate input from the staff and to ensure candidates' commitment to the hospital, hospital management employed a probation period as an admission tool for new staff members. Each new applicant's candidature was discussed at a general staff meeting prior to his/her admission for a probationary period. According to the procedure, the applicant could not attend the meeting while the decision on his/her admission for a one year probationary period was made by open ballot, with 51% of votes required for admission. If the applicant had another place of work or was fulfilling his/her internship requirement, he could work at the children's hospital in his/her free time as a volunteer during the probationary period. After the probationary period was over, the Medical Council, consisting of 19 members, made a final decision about the applicant. The decision was made by secret ballot, but both the outcome of the initial open ballot and the opinion of specialists from the department in which the particular applicant was seeking employment were

taken into consideration. A similar process was used for employment of paramedical personnel, although these applicants had a probationary period of just one to two months.

Dr. Mindyuk was pleased with the results that this hiring process had yielded thus far. He had a strong staff of qualified and committed professionals that was constantly growing. He knew that the success of the hospital and funding for the ideas behind it were contingent on the continued commitment of the staff. If they were willing to give up so much, he knew he had to do everything in his power to provide good working conditions and create an environment where they felt valued and professionally fulfilled. Unfortunately, Dr. Mindyuk faced the same financial problems he had already encountered at the time of the hospital's establishment. He still could not afford higher wages. How would he make sure that his staff felt satisfied and continued to perform at a high level? He could only use his organizational skills to improve the situation.

DISCUSSION QUESTIONS:

1. How did Dr. Mindyuk's strategies for hiring qualified, committed personnel differ from your own? What would you replicate and what would you change about his approach?
2. What conditions can you create so that every employee feels he/she can perform to full potential?
3. How would you create an environment where employees feel that their ideas, their work and their contributions are valued?
4. How would you ensure that employees maintain a high level of professionalism over an extended period of time?
5. What sort of feedback system could you employ, both among patients and among staff, so that both staff and management could continue to examine and improve their performance?
6. How would you ensure that the Medical Council and others involved in voting on hiring/admissions are sincere in their motives for choosing a certain job applicant over another?
7. What structures would you put into place to improve the skills and training of potential employees during their probation period? How would you ensure that they are treated with respect by the staff and feel welcomed?

TEACHING NOTES:

Teaching objective: Participants will be able to recognize and implement measures in their facilities that increase the motivation and morale of employees in an environment with limited financial resources.

PART 1. DISCUSSION QUESTIONS:

1. Could Dr. Mindyuk be both a doctor and a hospital manager? Why or why not? Here, the instructor should lead a discussion on what differentiates a good doctor from a good manager. Students should try to identify the qualities in Dr. Mindyuk that might make him one or the other. The basic goal of this question is to get participants to understand that management is a full time job that requires its special skills and not something that can be done "on the side."

2. How would the group identify the problems in the child health care system that they wish to address? How is this process based on Dr. Mindyuk's previous approach, involving research, analysis and problem solving? Participants can look at the way Dr. Mindyuk solved problems in the past and employ this rubric for evaluating the needs of the oblast in establishing a new hospital. It is very important not to say what would actually be done, but in a broader sense, what approaches could be used to get things done, such as employing research techniques, using reliable data, analyzing the underlying issues and involving representatives from multiple sectors.
3. In your opinion, what issues could and should the group address as they create the new facility? Participants may bring up improving the transportation and referral system to make sure that the sickest children get to the Central Oblast Hospital as quickly as possible; making sure that all staff are up to date on training; and ensuring that the necessary equipment is available and in working order. These are all issues that can be identified, even without a background in pediatrics, using a sharp managerial eye and a big-picture perspective.
4. How would the group attract, assess and keep the kinds of professionals and specialists they want, with limited financial resources?
 - a. What is the profile of an ideal staff member for the new facility?
 - b. Would it be better to hire young professionals and train them from scratch or to hire seasoned professionals and retrain them in your new philosophy?
 - c. How could you evaluate an employee's ability to achieve?
 - d. How could you attract good employees and ensure that they stay with the hospital? How can you weed out bad employees—or the ones who are applying for the wrong reasons?

For these questions, it would be interesting to see how participants' responses compare to the actions taken by Dr. Mindyuk. His choices are not the only way of managing the hiring process. In general, the instructor should guide participants away from conventional approaches to hiring, based on connections or academic degrees, and more towards qualitative means of assessing candidates, such as on-the-job performance, demonstrated commitment to hospital ideals, and recommendations.

5. Other than money, how can the team motivate the staff? Ideas can include increased staff involvement in the management of the hospital, access to trainings and information and management demonstrating trust in the employees.

PART 2. DISCUSSION QUESTIONS:

1. How did Dr. Minyuck's strategies for hiring qualified and committed personnel differ from your own? What would you replicate and what would you change about his approach?
2. What conditions can you create so that every employee feels he/she can perform to full potential?
3. How would you create an environment where employees feel their ideas, their work and their contributions are valued?
4. How would you ensure that employees maintain a high level of professionalism over an extended period of time?
5. What sort of feedback system could you employ, both among patients and among staff, so that both staff and management could continue to examine and improve their performance?

6. How would you ensure that the Medical Council and others involved in voting on hiring/admissions are sincere in their motives for choosing a certain job applicant over another?
7. What structures would you put into place to improve the skills and training of potential employees during their probation period? How would you ensure that they are treated with respect by the staff and feel welcomed?

With these questions, emphasis should be placed on how to maintain employee morale. Participants should be encouraged to include staff in management decisions through regular staff meetings, an open attitude to criticism and comments from staff and continued investment in professional education for staff. In this way, employees will feel that they have a stake in the hospital. As much as possible, participants should try to create an environment where employees feel they can speak to their superiors about issues, both personal and professional, without fear of being fired or demoted. Participants should be encouraged to employ feedback measures to make sure that the medical staff, management and patients are all getting what they need from the hospital.

Generalization and Conclusions

Participants may be interested to know the true outcome of the story:

- To facilitate the development of new ideas, Dr. Mindyuk held an open session of the Hospital Medical Council in the early part of each year. At these meetings, participants shared information about last year's achievements, analyzed their accomplishments and determined the prospects for development in each subdivision of the hospital. During these events, each member of the hospital staff had the opportunity to share his/her vision for the hospital and its management, as well as to suggest ideas for future development and improvement. If a suggestion resonated well, a special group or committee was formed to develop a plan of action. Each Monday, there was a special conference and discussion in the hospital on various aspects of research and practice. In fostering such an open atmosphere, the hospital management encouraged initiative presented by the staff.
- Dr. Mindyuk believed that an essential part of maintaining employee morale was making staff feel they were trusted in their positions. Once a staff member was hired, he or she was trusted completely. Since a good deal of effort went into maintaining a good reputation for the hospital, each staff member demonstrated his/her pride in being part of a successful team by contributing to the best of his/her ability.
- Even though there were no special trainings to build a team spirit among hospital staff, hospital management paid particular attention to staff morale. Two psychologists worked full-time in the hospital. Their professional duties involved providing counseling to sick children and their families, but they were also actively involved in counseling staff members. The staff was encouraged to visit the psychologists if they needed any sort of support. The hospital staff treated this situation with complete understanding and tolerance, since they understood how emotionally taxing pediatrics can sometimes be. Dr. Mindyuk even made use of this service: he consulted with a psychologist whenever his team faced a difficult situation.

GLOSSARY OF TERMS

Group Dynamics – The complicated and multidimensional process of group development, which involves changes within and among group members, their incentives and attitudes. It dictates the speed of group development, acceptable group behavior, and the level of effective decision making.

The stages of group development are as follows:

1. Formation
2. Disagreement over how to proceed
3. Setting of rules and norms
4. Completion of the tasks at hand

Role Model – An individual who is confident in him/herself, his/her opinions and his/her role in a given society. This person sees him/herself as a reflection of his/her social interactions and service.

Figurehead – An individual who is either deemed or self-proclaimed to hold a specific status and role. He/she distances him/herself from others by masking his/her thoughts and emotions. He/she is very sensitive and aware of his/her looks, checking the mirror before appearing in public. To understand this individual, one can only try to come to understand his/her role in a society.

Conventional Roles – The standardized rules and responsibilities in relationships, for example between a father and son or other members of a family. The relationships between these roles are inherent and obvious: a father is usually regarded as the head of a family and makes his role known to other members of the household. His son, as part of the “father and son” system, helps him, much like a worker fulfills tasks and orders given from his boss. However, the system of relationships does not always work in this way. Ignoring his customary role, a father does not have to be the head of a family. A son might not respect his parents, just like a worker might be lazy and insolent. In such cases, these roles change and become interpersonal.

Unlike conventional roles, interpersonal roles are played out in opposition to usual rules and responsibilities and depend on the individual personalities of group members.

As interpersonal roles are played out, people develop interpersonal relationships and define their social status—each person has a given social status.

The word “individual” has a double meaning. First, it corresponds to the word “person”— a human belonging to the species *Homo Sapiens*, a product of evolution and life-long development. Second, in a more conceptual sense, an “individual” is a representative of a society, who can go beyond his/her biological limitations and use his/her skills and knowledge to control his/her behavior and emotions.

Social Role – The pattern of behavior expected from a person in a certain situation. These expectations define what is to be done, how to address a topic, a responsibility or a goal, as well as how to confront and work with others. The function of this role is to define rules and procedures to apply in carrying out responsibilities. Thus, the function of the social role combines both the conventional and the interpersonal roles.

Subject – An individual who can independently recognize and reflect upon his/her actions and those of others around him/her. The label “subject” is used in this way when highlighting a certain individual, who has the power to determine appropriate action in a given situation.