

The importance of the individual pillars of social maturity of workers in healthcare organizations in the hierarchy of pillars of competence in management

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Abstract: *Social intelligence is currently a topic of discussion on human resources management in organizations in public sector and especially in healthcare organizations, is a key factor in success from a client perspective and other stakeholders. The main aim of the paper is to identify the key features of management bodies of healthcare organizations in public sector that directly affect social maturity, intelligence, workers. In total, 924 questionnaires were evaluated. These questionnaires were distributed to medium-sized healthcare organizations in the Czech Republic where the capacity of beds is 100 to 499. The research was conducted in the months of January 2017 to January 2018. All components of social maturity - character, will features, cognitive, creative qualities, temperament, emotional, somatic - physical and somatic - mental attributes, were ranked according to importance. Two research hypotheses, which were part of quantitative research, were identified. They were verified using the Pearson's Chi-square test method. Subsequently, one research question was identified as part of qualitative research. The result of the research is the survival of the statistical dependence between the selected characteristics of social maturity components and the respondents' gender, or the length of the employment relationship in years. The length of the employment relationship has been divided into five basic categories. These results are supported by well-established qualitative marketing research.*

Keywords: public sector, social maturity, social intelligence, health-care organizations, character, emotional qualities

JEL: I12, I23, M12, M55

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Introduction

The labor market is currently in the Y generation, the millennium. In this generation, we can see specific behaviors (Klapilová, 2016). Bencsik and Coll. (2016), which deal with the same generation of Z, also deal with the same theme.

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This generation is still largely on the labor market but actively preparing for entry into the labor market. It is also necessary to emphasize emotional and social intelligence in the course of study. Emotional intelligence is one of the youngest disciplines within the management, and it has entered the theoretical ground just two decades ago into the scene of a psychological investigation and has since gained a place in the scientific community. Emotional Intelligence can be defined as the ability to recognize emotions within and to others, to understand how it develops, develops and changes during emotional experiences, and uses this understanding to enhance thought and behavior.

Emotional intelligence is therefore the ability to understand, recognize and effectively use your own emotions to increase efficiency in the workplace. With the development of management, emotional intelligence gradually needed to transform and correspond to new trends in management, and therefore a new concept emerges, and social intelligence is emerging. Social intelligence is the ability to understand, recognize and effectively use other emotions to achieve a common goal. These skills not only help managers of healthcare organizations communicate intelligent goals, create problem-solving access, delegate, support and enhance coordination among team players. In addition, emotional and social intelligence are competencies to solve environmental problems and lead to success, whether personal or professional.

Although emotions and cognition have historically been considered as separate aspects of psychology, scientists have today demonstrated the existence of mutual interaction between these two processes. Emotional intelligence, or the ability to perceive, use, understand and regulate emotions, is a relatively young concept that attempts to connect both emotions and cognition. While emotional intelligence has been shown to have a positive relationship to well-being, mental and physical health and non-aggressive behavior, little is known about its basic cognitive processes. Emotional - social intelligence can be reflected in three basic aspects, such as physiological (eg increased heart rate as a result of the stress situation), cognitive (e.g., the thought of danger as a result of an individual's threat) and behavior (e.g. the urge to run as a project the stress situation). Two conceptually different approaches have been developed to study emotional intelligence: access to properties and capabilities (Petrides and Furnham, 2001). The first is emotional - social - intelligence as a disposition, such as a personality characteristic, and measures the construction with self - assessment questionnaires; the second conceptualizes emotional - social intelligence as an ability based on the processing of emotional information and evaluates it using performance tests (Mayer and Coll, 2002).

1. Literature Review

Emotional and social intelligence is devoted in practice not only to healthcare organizations of great importance. Emotional intelligence can be defined as the ability to understand, perceive, and manage emotions (Alkozei, 2016).

Emotional intelligence also predicts career decision-making self-efficacy, career indecision, and indecisiveness, above the effects of cognitive intelligence (Di Fabio and Saklofske, 2014). Thus, the evidence suggests that emotionally intelligent individuals may be better at managing their own emotions, ignoring irrelevant emotional information, and navigating the subtle biases introduced by various sources of emotional data when engaging in difficult decision-making tasks.

Over the past two decades, research has supported a link between emotional intelligence and adaptive life outcomes, including better mental and physical health (Martins et al., 2010). Physical and mental health is one of the key factors for the success of managers and employees.

Based on the maturity of these two components, stress resistance can also be determined, which is currently one of the key factors in both working and personal life. It is therefore extremely important to maintain your physical condition and mental health. Fiori (2014) emphasizes there is scarcity of tests measuring emotional intelligence as a form of intelligence. Emotional intelligence is broadly defined as competency in perceiving, understanding and regulating our own emotions and the emotions of others (Zeidner et al., 2009).

Two perspectives permeate the literature, trait emotional intelligence (TEI: emotion relevant self-perceptions and dispositions e.g., empathy, self-control) and ability emotional intelligence (AEI: cognitive abilities specialized for emotional information processing e.g., emotion perception, understanding), which are distinct in their measurement methods and underlying empirical bases (Petrides et al., 2007; Mayer et al., 2008). Joseph and Newman (2010) have recently proposed a new division: the authors suggest theoretically classifying the emotional intelligence construct into three perspectives, paying attention to the kind of instrument that is employed for measuring the construct: performance-based ability emotional intelligence, self-report ability emotional intelligence, and self-report mixed emotional intelligence. Emotional intelligence is seen as a core individual difference, relating to positive behavioral outcomes across multiple areas of functioning, including relationships, educational achievement, and occupational success (Petrides et al., 2016). Since trait emotional intelligence maps onto temperament and personality-related factors (e.g. optimism) that have been shown to influence attentional processing of emotion (Kress & Aue, 2017), it is expected that would also have a role in these processes. Gutiérrez-Cobo et al. (2016) emphasize the importance that systematic review assessed the relationship between Emotional intelligence and cognition (e.g. attention, memory, decision-making processes) through laboratory tasks.

Cognitive intelligence is psychological ability to construct theory-building and sense making, learning by experience, problem solving attitude, information gathering and analysis, and use of technology effectively (Boyatzis et al., 2002). Silberman (2000) described the characteristics of social intelligence as understanding others, expression of feelings and personal ideas, expression of personal needs, provision and receipt of feedback to/from audience, motivating and inspiring others, provision of innovative solutions to complex situations, teamwork

rather than individual work and being a good team member. Individuals with high levels of social intelligence are mainly able to solve problems in daily life and cope with threatening events through the use of appropriate strategies. Studies have also shown that social intelligence and various communications are essential for successful performance in life, occupation, and education (Garmaroudi and Vahdaninia 2006).

In general, social intelligence is positively correlated with life satisfaction. Ozben (2013) and Malinauskas et al. (2014) indicated a positive relationship between life satisfaction and social skills as one of the components of social intelligence among students. Brackett, Rivers and Salovey (2011) identify parts of emotional – social – intelligence in four main parts, which are: Perception of emotion, includes the ability to identify and differentiate emotions in the self and others. A basic aspect of this ability is identifying emotions accurately in physical states (including bodily expressions) and thoughts. Use of emotion to facilitate thinking, refers to harnessing emotions to facilitate cognitive activities such as reasoning, problem solving, and interpersonal communication. A basic aspect of this ability is using emotions to prioritize thinking by directing attention to important information about the environment or other people. Understanding and analyzing emotions, includes comprehension of the language and meaning of emotions and an understanding of the antecedents of emotions. Basic skill in this area includes labelling emotions with accurate language as well as recognizing similarities and differences between emotion labels and emotions themselves. Reflective regulation of emotions, includes the ability to prevent, reduce, enhance, or modify an emotional response in oneself and others, as well as the ability to experience a range of emotions while making decisions about the appropriateness or usefulness of an emotion in a given situation.

Rahim (2014) says that managers that have optimal mix of intelligence, i.e. emotional, social, and cultural are successful than others. Likewise, researchers found that emotional and social intelligent employees performed better in workplace compared to others. The need for emotionally intelligent and effective leadership in the health professions is acknowledged throughout the nursing and midwifery literature internationally (Collinson 2006,) and established a direct link between effective leadership behavior and the successful performance of an organization.

There is a growing body of evidence suggesting that emotional intelligence might be a useful attribute in health care organizations practice. It has been associated with measures of caring, compassion and clinical performance (Kaur, Sambasivan, & Kumar, 2013) and may be associated with retention (Marvos & Hale, 2015). Emotional intelligence is also thoroughly conceptualized in the psychology literature and valid measures exist. This study was therefore designed to investigate whether emotional intelligence might be a useful selection criterion for student nurses by examining associations with student retention and successful completion of their program (Snowden et al., 2018).

In the United Kingdom, the focus of student nurse selection has shifted towards attempting to identify individuals who possess the values to become compassionate and caring nurses. This shift is predicated on criticisms of nursing in the findings of inquiries into care failings (Francis, 2013) and Francis' specific recommendation of an "aptitude test" for student nurses. However, there is little evidence on which to base such a strategy and in fact the idea that student nurses should express unique personality characteristics on entry to training does not stand up to scrutiny (Nesje, 2016). Questions of which values are important, how these might be measured and the impact of the educational process on the development of these values remain.

The concepts of emotional intelligence and emotional social intelligence have emerged as important factors for effective leadership in the healthcare professions and require further exploration and discussion. (Carragher and Gormley, 2017). The concepts of emotional intelligence and emotional social intelligence (ESI) have emerged as important factors for consideration in relation to leadership in the healthcare professions (Akerjordet and Severinsson, 2008). Sadri (2012) asserted that EI is one of the primary elements of effective leadership. Holistic competence of management plays a pivotal role in the existence and development of enterprises, in spite of their categorization (Bilikova and Taraba, 2014)

On the basis of literary research, the six key components of social intelligence are defined, which are characteristic features, cognitive properties, temperament properties, emotional characteristics, somatic-bodily and somatic-intellectual properties. The other components can be determined by the will properties - dependent on the will of a human, which, although not directly described, but from the context of the literature, as well as creative qualities.

2. Methodology

The article deals with the analysis and statistical evaluation of the level of social maturity of the employees of selected health organizations and the individual components of social maturity. These components are identified as characteristic features, will features, cognitive, creative properties, temperament, emotional properties, somatic - physical and somatic - mental attributes. The aim of this article was to identify the key features of management organizations of healthcare organizations that directly affect social maturity, intelligence, workers. Selected healthcare organizations were classified as medium-sized, i.e. by number of beds. This classification includes healthcare organizations with a bed capacity of 100 to 499.

In order to meet the main objective of the article, qualitative and quantitative research was carried out. Qualitative research was conducted in January 2017 through semi-structured interviews with selected representatives of healthcare organizations. The aim of these interviews was to identify both the key areas and components of social maturity needed for work in healthcare

organizations, as well as to determine the order of importance of these components for work performance. On the basis of qualitative research results, a questionnaire was compiled and distributed to selected healthcare organizations, both electronically and in paper form. Pre-test questionnaires were conducted on a sample of 25 respondents in February 2017. Based on the evaluation of the results, the main research began in March 2017 and lasted until January 2018. The total number of respondents was 924, of which 701 were women, 223 men. From questionnaires received, 37 questionnaires had to be excluded due to data incompleteness. The identification data needed for research are shown in Table 1: Respondent Identification Data.

Table 1. Respondents Identification Data

Gender of respondents	Number of respondents	Length of employment (years)	Number of respondents
Female	701	< 1	12
		1 – 3	96
Male	223	4 – 7	322
		8 – 12	216
		13+	278

(Source: Authors results, 2018)

For research purposes, two hypotheses and one research question were defined. The results of the questionnaires were used to test hypotheses and research questions. Validation of the research hypotheses was determined using the Pearson Chi-square test method.

H1: There is a statistically significant dependence between the selected pillars of social maturity and gender.

H2: There is a statistically significant dependency between the selected components of the social maturity pillar and the length of the employment relationship.

Q1: Which of the pillars of social maturity is the most important for healthcare workers?

3. Empirical Results

The main aim of this article is to find out the current state of perception of employees of healthcare organizations about the importance of individual components of social maturity. The average response rate for respondents is shown in Table 2.

Table 2. Average value of social maturity components

Component of social maturity	Average value
Characteristic features	1,90
Will features	2,37

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Component of social maturity	Average value
Cognitive properties	1,74
Creative properties	2,59
Temperament	2,27
Emotional properties	2,01
Somatic – physical attributes	2,90
Somatic - mental attributes	1,91

(Source: Authors results, 2018)

Research includes descriptive statistical tools. Hypotheses will be verified using the Pearson test method of Chi-square independence on the research hypothesis. The evaluation was carried out using the statistical program Statistical Society for Social Sciences (SPSS). SPSS is a statistical software used to address a variety of business and research issues. Provides a variety of techniques, including ad-hoc analysis, hypothesis testing and reporting - facilitates data management, analytics selection and execution, and sharing of results. Part of the program is data processing using PivotTables. Qualitative research was conducted with 23 healthcare professionals working in management positions at least at middle management level. Research hypothesis 1 (H1): There is a statistically significant dependence between selected components of the social maturity pillar and gender.

H01: There is no statistically significant dependency between selected components of the social maturity pillar and gender.

HA1: There is a correlation between the selected pillars of social maturity and gender.

In order to be able to accept or reject a given hypothesis, it is necessary to perform a statistical evaluation for each component of the social maturity pillar separately. The results are shown in the following table 3.

Table 3. Statistical evaluation of components of social maturity pillar

H1: There is a statistically significant dependence between selected components of the social maturity pillar and gender.			
Component of social maturity	Chi-square	df	p-value
Characteristic features	114,214	4	,000
Will features	102,939	4	,000
Cognitive properties	49,209	4	,000
Creative properties	29,179	4	,000
Temperament	173,491	4	,000
Emotional properties	12,192	4	,016
Somatic – physical attributes	29,122	4	,000
Somatic - mental attributes	16,934	4	,002

(Source: Authors results, 2018)

On the basis of statistical results, it can be said that given that the p-value is less than 0.05 for all eight components of the social maturity pillar, the hypothesis H01 is rejected. Therefore, the hypothesis: There is no correlation between the selected components of social maturity and gender in a selected health organization, and we accept and confirm the alternative HA1 hypothesis. The confirmation of the hypothesis is that there is a relationship between the perception of social maturity pillar components and the respondents' gender in selected healthcare organizations. In other words, we can say that there is a statistical dependence on the perception of individual components of social maturity by respondent gender.

Research hypothesis 2 (H2): There is a statistically significant dependency between the selected components of the social maturity pillar and the length of the employment relationship.

H02: There is a no statistically significant dependency between the selected components of the social maturity pillar and the length of the employment relationship

HA2: There is a correlation between the selected pillars of social maturity and the length of the employment relationship.

Table 4. Statistical evaluation of components of social maturity pillar

H2: There is a statistically significant dependency between the selected components of the social maturity pillar and the length of the employment relationship.			
Component of social maturity	Chi-square	df	p-value
Characteristic features	293,118	16	,000
Will features	119,375	16	,000
Cognitive properties	109,609	16	,000
Creative properties	128,833	16	,000
Temperament	205,484	16	,000
Emotional properties	172,430	16	,000
Somatic – physical attributes	129,632	16	,000
Somatic - mental attributes	179,398	16	,000

(Source: Authors results, 2018)

The p-value for the H02 hypothesis is also less than 0.05 for all components of social maturity. So we also reject the hypothesis of H02 in favor of the HA2 hypothesis. So we confirm the alternative hypothesis HA2: There is a correlation between the selected pillars of social maturity and the length of the employment relationship. In other words, even in the perception of selected

components of social maturity in correlation with the length of employment in the organization, we find dependence that is directly related to the overall perception of social maturity of employees of selected health organizations.

Research question: Question 1: Which of the pillars of social maturity is the most important for healthcare workers?

As has been said, and as evidenced by the theoretical assumptions of the article, there are several components - components of social maturity. For our purposes, we will deal with eight basic ones, which are characteristic features, will features, cognitive, creative qualities, temperament, emotional qualities, somatic - physical and somatic - mental qualities. We will consider the given research question from two basic points of view, from the point of view of managers and from the perspective of employees of selected healthcare facilities. The qualitative research was used for the managers' view and the results are generalized, for the view of the employees, we will draw on the quantitative research carried out within selected health organizations.

Managers of healthcare organizations consider the most important for work in healthcare organizations, in particular, the character characteristics, as well as the will features and somatic - mental qualities. These features were most commonly referred to. Uncommon responses that may be statistically significant were emotional and cognitive-recognition properties. Other features have been seldom marked in the semi-structured interviews and therefore do not have a statistically significant value for the author's needs. To better identify and justify each of the key components, managers were asked for the reasons for naming the properties just given. Most of them expressed their character's characteristics, and the specific reasons for the provided services were the main reasons, as well as the personal and human approach to the patients. Will features were also marked as key. Here, the main reasons were the development of employees, their willingness to learn, to improve, to work on their not only theoretical and practical skills, but also on their social characteristics, especially in access to people, patients, relatives, colleagues, superiors and subordinates. Somatic-mental properties are closely related to stress resistance; therefore, they play a key role from the point of view of managers of selected healthcare organizations. Emotional and cognitive properties have also been identified as important and essential for successful people's work. Here the arguments were less frequent, and the main reasons for naming these responses were continuous improvement, critical situation recognition and adequate response.

From the point of view of employees of selected healthcare organizations, it is possible to identify on the basis of quantitative research those qualities which the employees have marked up to the average value 2. These characteristics are cognitive properties (median 1.74), characteristic properties (median 1.90), somatic - (median 1.91) and we can include emotional properties here (median 2.01). Based on these results, it is pleasing that managers and employees perceive key features as equally important. The only difference in perception is the will properties. This may explain the demands of employers and employees, which may vary in some

respects. And the will properties, i.e. properties controlled only by our will, are one of these characteristics. Employees are likely to be unaware of the importance of these properties, yet they are subconscious.

The importance of individual components of social maturity is crucial, based on qualitative and quantitative research, for the proper and proper performance of employees' work not only in healthcare organizations. Individual components may differ from a perceptions of individual employees by gender or duration of employment, as well as the family environment, the genetic basis of man, the social environment in which he grew up and the values he holds in work and personal life.

4. Research results and discussions

The research of social and emotional maturity - intelligence is dealt with by the authors only in a complex way; The results that focus on the continuity of emotional intelligence at work can be traced in professional literature. Cote and Miners (2006) found that cognitive and emotional intelligence influenced on job performance because both concepts are covered under the umbrella of intelligence. Moreover, individuals who possess high levels of skill but have lower self-perceptions of their abilities fare worse than those with more balanced profiles (Davis and Nichols, 2016).

Research on emotional, social and cognitive intelligence is also dealt with by Aslam and Coll. (2016). The results of research revealed that emotional, social, and cognitive intelligence have positive effect on managerial effectiveness and career success. Emotional intelligence is one of the strongest predictor that has significant impact of managerial effectiveness compared to other types of intelligence. Conversely, cultural intelligence has insignificant relation with managerial effectiveness and career success (Aslam, Ilyas, Imran and Rahman, 2016). Another study was conducted to investigate the relationship between the components of wisdom, social intelligence, perceived stress, perceived control of internal states, information processing styles, and life satisfaction. It also examined the role of these variables in predicting life satisfaction. It was found that emotion regulation and humor were the only components of wisdom that had significant positive correlations with life satisfaction. Three components of wisdom including experience, reminiscence and reflectiveness, and openness did not show statistically significant associations with life satisfaction. From the components of social intelligence, social awareness and social skills had significant positive correlations with life satisfaction, and social information processing had no statistically significant correlation with life satisfaction. Also, statistically significant associations between perceived control of internal states and perceived stress with life satisfaction were reported (Rezaei and Jeddi, 2018).

Studies have found associations between emotional intelligence and interpersonal aspects of nursing such as teamwork and leadership (Quoidbach & Hansenne, 2009). Aggregate team emotional intelligence was significantly related

to team cohesion and quality of care in a study of 421 nurses, physiotherapists and auxiliaries working in 23 nursing teams in a single hospital site (Quoidbach and Hansenne, 2009). Additionally, Erkutlu and Chafra (2016) identified that high team leader emotional intelligence increased the strength of the interaction between team empowerment and team proactivity, such that team leaders with higher emotional intelligence can motivate and support teams to perform to the best of their ability. At a wider level Vandewaa, Turnipseed, and Cain (2016) showed that emotional intelligence was strongly linked to conscientiousness and civic virtue behaviors. These behaviors were demonstrated by nurses providing care beyond minimum standards and contributing to activities related to improving services. This function of emotional intelligence at societal level was investigated in a systematic review finding that people with high emotional intelligence were less likely to exhibit aggressive or antisocial behavior than those with low emotional intelligence (García, Sancho & Salguero, 2014).

Social skill was only component of social intelligence, which could predict life satisfaction. Accordingly, when individuals benefit from greater social skills, have a high ability to get engaged in new social situations and adapt to these situations, they will become more satisfied with their life. Active listening, daring acts, and the establishment of relationship with others make individuals positively appraise their life. This result is consistent with other study findings (Malinauskas et al. 2014; Ozben 2013) that indicate the existence of a statistically significant relationship between social skills and life satisfaction. The professions of nursing and midwifery globally are facing serious challenges with difficulties in recruitment and retention, staff shortages, poor skill mix as well as reports of poor standards of care and lack of compassion. (Carragher and Gormley, 2017). The need for emotionally intelligent and ethical leadership in the professions is paramount to highlight and confront the challenges for all involved in health service provision. It is up to each nurse and midwife to explore their particular area of practice and reflect on where they may promote emotional intelligence leadership skills in themselves and their colleagues.

Promoting these skills in the professions may help empower nurses and midwives to become more pro-active in campaigning for better resources in the health services and professional education as well as caring for each other. This may help achieve the goals of safety and quality as well as compassionate care across the health services.

5. Conclusions

This paper deals with the importance of social maturity in the management of healthcare organizations. The aim was to examine the dependencies between the components of social maturity and gender, respectively. The duration of the employment relationship. At the beginning of the article, literary research was conducted dealing with the social and emotional intelligence of workers not only of

health organizations. The key element is the high social intelligence of healthcare workers, without whom this specific work cannot be done.

The individual components of social maturity can be defined as characteristic features, will features, cognitive, creative qualities, temperament, emotional properties, somatic - physical and somatic - mental qualities. These characteristics were examined in terms of statistical dependence on sex and length of employment. As demonstrated, there is a statistically significant dependence between the above-mentioned components and gender, as well as the length of the employment relationship.

Using qualitative research - semi-structured interviews - a research question on the importance of the individual components of social maturity was answered from the point of view of managers. The only difference in perceptions of managers and employees was in the field of will-standing properties, that is, properties that are controlled by the will of man.

These are prerequisites for further self-development of employees as well as managers of healthcare organizations. The perception of will properties appears to be key and is a logical outcome of the research problem. Managers see from the outlook also the necessity of personal development of their employees, and in connection with the will features, the inner motivation of employees, which is the strongest, is related.

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