Research Article

Emotional Leadership in Creative Organizational Healthcare Practices

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ABSTRACT
The problem is relevant because finding theoretical and practical organisational healthcare solutions (especially, for educational institutions) is one of the most topical lines of state and social policy as well as one of the international requirements as to the quality of life and education.
This article aims to investigate emotional leadership in creative organisational healthcare practices.
The key approach used for this investigation was integration of theoretical analysis with experimental pedagogical findings.
The article presents theoretical and methodical analysis of findings of some Russian and international studies of emotional intelligence and leadership and shows their importance fororganisational healthcare practices. Building upon this analysis, the article discovers peculiarities of the complex and non-linear nature of the organisational healthcare ontology. It is substantiated, that organisational healthcare may be effective only with bringing the management of organisation to the creative level. Healthcare is not possible with traditional management, because organisational healthcare is creative by nature. It acts mostly through creation of the positive social and psychologic climate and manages through the organisational culture. The core and the focus of all these creative practices is emotional leadership. The pedagogical study revealed the management and pedagogical staff had insufficient competences implying strong emotional intelligence. Methods of educational support to develop organisational healthcare solutions are proposed.
The article may be instrumental to improve the educational system human resources as well as to find healthcare solutions for educational institutions.

Keywords: creative healthcare practices, creative healthcare, organisational ontology of health, emotional leadership, emotional intelligence, organisational culture, organisational climate, future-oriented competencies.

INTRODUCTION

Leadership is rooted in emotions. Undoubtedly, primeval shamans and chieftains gained their status not least by their emotional appeal (D. Goleman, 2005). Daniel Goleman showed it

based on emotional intelligence in the modern era. The emotional intelligence concept was first suggested and developed by psychologists John Mayer and Peter Salovey in 1990. Their works were published only by academic media while the wider public knew nothing about them. The ideas of emotional intelligence were elaborated and made popular by Daniel Goleman through his remarkable books.

Another renown originator of the concept David R. Caruso is a management psychologist working in the Centre of Emotional Intelligence of the Yale University who has coauthored many studies and books with P. Salovey and J.D. Mayer notes, that we all know the managers walking to their goals over dead bodies. On the other hand, there are ones that everybody would work with. D. Caruso believes that to be an excellent illustration of importance of the emotional intelligence, which is important because charismatic leaders can infect others with their emotions. A high level of emotional intelligence wins higher loyalty and involvement of the staff (shorthand report of D. Caruso lection given in 2012).

Today, the studies confirming the direct influence of the emotional intelligence on human health are increasing in number (D. Goleman, 2005, 2013; Manfred Kets de Vries, 2007; P. Solovey, D. Caruso, 2017; etc.). "Observations made in intensive care wards showed, that encouraging presence of another person not only brings the patient's blood pressure down but reduces production of the fatty acids involving obstruction of the arteries" (D. Goleman, 2013, p. 22). In his book Emotional Intelligence, D. Goleman pays even more attention to the influence of one's emotional state on health than in his earlier works. He provides findings of the studies confirming the harmful effects of negative emotions on health. "For those experiencing permanent anxiety, long periods of grief or pessimism, incessant tension or infinite hostility, those whom the ruthless cynicism or suspicion are inherent to, the risk to get some disease including asthma, arthritis, headaches, peptic ulcer and heart diseases appears to *double* (D. Goleman, 2013, p. 304). Distress, anxiety and

depression weaken the immune system making a person susceptible to literally everything from plain cold to cancer. Conversely, there is more and more abundant evidence that positive emotions, optimism and emotional support enable to cope with even most serious diseases. D. Goleman marks the necessity to change the traditional medical practices and overcome the underestimation of emotions and empathy between the medic and the patient. "Emotional care is the possibility ignored in medicine too often today. It is a medicine's weak point" (D. Goleman, 2013, p. 331). "The time has come", - D. Goleman continues – "for medicine to use the dependence of health from emotions more efficiently. What is still an exception, shall become the norm. A more delicate and careful, or at least more humane medicine shall be available to all of us" (D. Goleman, 2013, p. 333).

However, while the importance of emotions is considered as applied to the medical practices, it is still not on the managerial and organisational agenda. But the matter is very important if you consider that medical factors make 8 to 25% and social ones make 25 to 55% of all things influencing health, which is especially important for educational institutions. Changing values and priorities with the special significance attributed to the health of the educational process participants as a guarantee of the quality of social development are characteristic of the modern society and culture. This makes the need to improve vocational training to meet the healthcare demands extremely topical.

Educational healthcare matters are actively studied by Russian scientists. The following lines may be singled out: application of healthcare technologies to education (G.I. Zaytsev, 1998; O.R. Kokorina, 2012; N.M. Poletayeva, 2001; N.K. Smirnov, 2013; D.D. Sharipova, 2013; etc.); healthcare organisation and management in educational institutions (V.N. Irkhin, 2002; E.M. Kazin, 2005; N.V. Tretyakova, 2011, 2012, 2013, 2014; etc.). However, most of the studies are built around the quality of pedagogical procedures and relationships between the teacher and the student. On the whole, healthcare organisational

and management practices are insufficiently studied. There is no works that would reveal the matter of organisational healthcare as a whole.

On the other hand, the findings of the modern and Russian emotional intelligence studies (I.N. Andreyeva, 2011; D. Goleman, 2005, 2013; Manfred Kets de Viers, 2007; P. Solovey, D. Caruso, 2017; etc.) has not been applied to solve organisational healthcare problems.

MATERIALS AND METHODS
Research Procedure

The following methods were used in the research: theoretical (comparative analysis, generalisation, pedagogical interpretation etc.); diagnostic (diagnostic condition and cause analysis, survey, correlation approach, expert evaluation, qualitative analysis methods); empirical (fact description, research results generalisation and measuring, grouping, selecting); modelling (model and questionnaire development etc.); statistical (to process the research data). The data were collected by standardised online expert questionnaire. The source information was collected using a special software (online platform) with custom user interface (monitorng.rsvpu.ru). The output data were processed statistically with SPSS statistical analysis software.

Research Facilities

The respondents were managers and teachers of secondary vocational institutions from 85 constituents of the Russian Federation. 485 expert opinions were received.

FINDINGS
Theoretical and Procedural Framework

Why so little attention is paid to the possibility to influence human health emotionally? Managers imply their staff to be healthy: ill people shall stay at home and their health is their own business. On one hand, it is due to the purely rational nature of management as it has developed so far, the view of a person as a managed entity, the high complexity of the emotional sphere and the absence of organisational healthcare as a concept.

The other principal reason of this state of things is, in our opinion, the fact that traditional managerial practices do not work when it comes to health. An order or decree to stay healthy or penal fines for not doing so are impossible, although there are organisations paying more to non-smoking or sporting employees which is doubtfully efficient. The traditional management techniques do not work not only since they cannot keep it susceptible to available stimuli (which is like drawing water in a sieve), but because the "organisational health ontology" is so complex and non-linear, that it takes new creative management practices to be developed. Today in most cases, healthcare issues are not addressed by managers daily being treated as innovations at best. At the same time, according to the studies, many managers do not tend to include them in the scope of their competence. So, the studies completed in 2008 and 2011 sowed that "a significant part of educational institutions principals (46.7%) believes that the work to encourage the healthy habits of the students shall not be done by educational organisations, and that their families shall be most responsible for that (86.6%)" (N.V. Tretyakova, 2014, p. 80). All this is despite the Federal Law on Education No. 3266-1 of July 10, 1992 charging educational institutions with the care for life and health of their students during the educational process (Art. 32).

Individual health is commonly determined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition was given in the Constitution of the World Health Organisation (WHO) ratified by 26 participating countries at its foundation on 7 April 1948 (WHO Constitution // World Health Organization, 2013). Any person is an open system, which is why his or her health must be regarded as an open complex of systems integrated in network, linear and non-linear, environmental, biological and social (to include organisational) processes with many interactions.

The main qualities of health as an organisational phenomenon are set out below.

Table 1 Healthcare in Medical and Organisational Practices

Health in medical practice	Health in organisational practice
Focused on deviations from the norm	Regards norm as the source state
Discriminated by diseases, apparatuses etc.; typified by a variety of health determinants	A syncretic phenomenon: abundance, multifacetedness of life – the individual set of phenomena peculiar to every particular person
May and need to be influenced directly in order to heal	Direct management stimuli may not be applied. Instead, must be influenced indirectly, has the resonant nature, has to be fine-tuned
Independent from the environment; may be regarded as a quality of a person (save from the epidemic, inherited or socially-induced forms of diseases)	Dependent from the background, environmental, not evident and situational factors as well as relations with other people, their behaviour, organisational climate etc.
Healing (bringing back to the norm) and prevention are the main tasks	The main task is to preserve health (the norm) and to form health

The main peculiarity of health as an organizational phenomenon is that the manager uses different (than the medic) constructs of reality. For him, a person or employee is not presented a systems and apparatuses of the body, anatomic views or symptoms. An employee is always a person in full health. That is why, for the traditional management, health is not a problem commonly ignored by top managers as it was mentioned before.

In the organisational reality, the condition and health of an employee is a collection of some ontological views of his/her relationships within the organisation, his/her positions, statuses – a certain mix of some flows, dispersions, tanglings, responses to situations, recognitions and rejections, stresses, agitations, successes and failures, experiences and joint experiences. Not only intra-organisational influences shall be noted here, but all the external factors encouraging and impeding realisation of all options available to an able and healthy person. These complexes of possibilities are all peculiar to an individual, which has to be kept in mind as well.That is why only a manager wielding the means to view these multifaceted sides of the organisational health ontology and capable of building, so to say, ontological health-support policies, can gain access to the significant humanitarian resource of their organisations traditional managers not even suspect to exist (E.M. Dorozhkin, T.V. Leontyeva, Y.Y. Scherbina, A.V. Shchetynina, & E.P. Pecherskaya, 2016).

Another feature of the organisational health ontology is the importance of soft leadership and indirect influences as opposed to direct managing stimuli, which may be compared to a sledgehammer used to carve a fine crystal vase. This is a sphere of resonant interactions where a manager must show himself as a leader not making the employees to do something but inspiring and supporting them. Emotional leadership described and researched by D. Goleman and his fellow scientists is most compliant with this. D. Goleman often calls emotional leadership resonant leadership considering its mechanism to be resonant by nature. "When leaders awake positive emotions in people ... they reveal their best facets. We call this effect resonance. Conversely, when they ... cause a negative reaction, they initiate dissonance undermining the community's benevolence" (D. Goleman, 2013, p. 21).

There is still one more important feature of the organisational ontology which is the dependence of an individual's health on background, environmental, non-evident and situational factors such as relations with other people, style of behaviour, organisational climate and culture, organisational atmosphere, emotional disposition. This is a sort of dependence on the "organisational field" (K. Lewin). The discovery of the role of organisational culture and social and psychological climate is connected with the new stage of management and what is taking place in the theory and practice of management is called a "*silent managerial revolution*".

Organisational climate is a relatively stable quality of organisational environment perceived by the members of the organisation, influencing

their behaviour and describable by a number of changes in the organisation's values. Organisational climate is measured by the degree of independence of an individual's actions, his status and roles, remuneration tactics, the level of mutual support, emotional warmth and attention, the degree of bureaucratisation, values and value paradigms of the organisation's members etc.The negative influence of "pathological organisational types" on people's health and overall condition of an organisation was brightly depicted by Canadian management professors and psychoanalysts Manfred Kets de Vries and Danny Miller (R. Riutinger, 1992, p. 114).

They were the first to apply psychopathological criteria to organisations which enabled them to describe some types of organisational realities with a fair precision. They defined paranoid, compulsive, dramatic, depressive and schizoid organisations.

In *paranoid organisations* suspiciousness and fear to be persecuted in general create the atmosphere of excessive control and watching over. Power is concentrated at the very top. Reactive strategies dominate. People are conservative avoiding anything extraordinary out of fear to be dealt away unreasonably. The climate is rather cold, emotionless and rational. Spontaneous actions are meant to be inadmissible, reality is often perceived in a distorted way and the main stake is on protection.In *compulsive organisation* perfection triumphs and everybody is in love with insignificances.

Mistakes, inaccuracies, unclear and indefinite point must be avoided at any cost. Everything is prescribed, classified and approved having proper principles, guidelines and instructions. Hierarchy, subordination and official status are decisive. Decisions are taken unwillingly because of the fear to make a mistake and readily postponed. No chance to deviate from once traced plan. Spontaneous actions are out of question.

In *dramatic organisations* everybody is hyperactive, impulsive, resourceful and easy. Audacity, risk and independence are at the core of activity. This is not bad for a young organisation to start. But there is too little place

for normal management. For people under such leadership the work is gradually turning into nightmare. Human relations are unstable. Colleagues idealise themselves enthusiastically or underestimate each other. Such organisations are doomed to more or less fast bankruptcy.

Depressive organisations function mostly as primitive mechanisms and can survive for a pretty long time in a stable environment. The top layer of management takes no strategic decisions and functions passively being interested in status quo. The staff is passive performing their duties mechanically, feeling themselves helpless and powerless. They are best termed with Mark Twain's saying: "When we lost our goal, we doubled our efforts".

Managers of *schizoid organisations* seem to be cold, insensitive, remote, shut in and sometimes even fearsome. The leader is actually deprived from contacts with his subordinates and hides behind the mask. He does not give clear directives to manage the enterprise. The whole in the organisational structure is filled by line managers fighting for attention of the indifferent leader.

They pursue, first of all, personal goals which creates jealously protected "apanage principalities" and makes resourcefulness and flexibility decisive criteria of aptitude. The situation is generally full of mutual attacks, coalition fights and feuds while the company is stagnating. Apathetic leaders view their organisation as follows: "Delving into reality would bring little satisfaction. Since human relations most often hurtfully break, it is safer for me to keep the distance not to be affected in any way".

Addressing these, not actually the newest, concepts is interesting because using the psychopathologic terms brings about an interesting effect of influence the organisation may have on the human psyche and well-being in it. It creates a clear notion, that psychopathologic organisations can induce psychopathology in people. Of course, these are only models or tools used to make some sense of the organisational world, but it once again emphasises the complexity of organisational health reality which may be represented in different ways including psychopathologic

models. The authors of the concept stress the tendency of all pathological organisations to have one or two top managers determining their strategies and creating their specific climate (R. Riutinger, 1992, p. 114–120).

Organisational word is not becoming simpler nowadays. On the contrary, in the time of global transformation "a modern organisation is like the inclining deck of a ship which everybody is trying to take hold of" (P. Weil, 1993, p. 173).Stresses of the stormy world influence employees and leaders alike. In this situation, not only the willingness of the management team to "unblock their feelings" but the ability to overcome the similar blocking within the organisation can become an ancor (P. Weil, 1993, c. 173).

"The managers have to relieve the press on their employees working out climate-improving strategies" (P. Weil, 1993, p. 173).Organisational climate is formed by the interaction of emotional (limbic) systems of the members and makes, according to the vivid expression of Daniel Goleman, "a sort of emotional stew seasoned by everyone. But it is the leader who adds the main spice" (D. Goleman, 2005, p. 24). "...Research records show, that about 20-30% of difference in productivity can be explained by people's attitudes to work. The ability to arouse the best in the people pays back materially... About 50-70% of the climate in an organisation depends on one person, the leader, who creates conditions making people labour earnestly" (D. Goleman, 2013, p. 41).

Summarising the talk, organisational healthcare practices are creative by their nature (L.M. Andriukhina et al. 2009, 2012, 2013, 2016, 2017; S.N. Degtiariov, 2013; A.G. Kislov, 2012; I.S. Ogonovskaya, 2013). Their principal kinds are creation of a favourable social and psychic climate and management via organisational culture. And both these creative practices are built around the emotional leadership.

As a leader, the manager works, first of all, with emotional and intellectual resources of the organisation, i.e. with values, wishes and visions of the ontological health constructs. The leader's emotional state and his actions influence psychic state of his subordinates and hence their health and performance.

As a factor of organisational culture, emotional leadership is based on the ability of the leader to inspire people showing that their efforts are meaningful. Managing through organisational culture creates meanings determining people's behaviour at high levels. The loss of meaning is most dangerous for human health causing depression, illnesses and even suicide.

PEDAGOGICAL RESEARCH

Today, developing the emotional intelligence and leadership is an indispensable competence of any educational institution manager or teacher as the analysis of future competences by various researchers from around the world reveals. Different studies call these competences differently defining them as professional, supra-professional or foresight competences (D. Konanchuk and A. Volkov, 2013 and others), "future work skills", new technological wave competences, world skills etc.

We term them as *future-oriented competences*. Of various sets of skills proposed by different foresight studies five principle groups of future-oriented competences were formed by response analysis and general importance including:

− information and communication;
− inter-cultural communication;
− creativity development and openness to innovations;
− project management andpedagogical design;
− professional development self-management.

In order to determine the willingness to implement healthcare practices, the level of future-oriented competences of managers and professional tutors was studied (L.M. Andriukhina, S.A. Dneprov, T.G. Sumina, E.Y. Zimina, S.N. Utkina, V.V. Mantulenko, 2016; L.M. Andriukhina, SS. Venkov, S.A. Dneprov, O.M. Ustyantseva, 2016).

The findings are presented in Table 1 and Diag. 1 by types of competences.

Table 2 Estimates by Groups of Future-oriented Competences (%)

No.	Competence group	Yes	Rather yes	Rather no	No
1.	Information and communication	25.5	20.3	15.6	38.6
2.	Inter-cultural communication	10.6	6.6	9.2	73.6
3.	Creativity development and openness to innovations	42.6	26.07	12.5	18.2
4.	Project management and pedagogical planning	29.3	16.3	2.5	51.9
5.	Prof. development self-management	40.2	11.7	0.2	47.9

Ошибка! Ошибкасвязи.

Diagram 1. "Yes" Answeres by Groups of Future-oriented Competences

The greatest concern raises the development of inter-cultural skills of the managers and vocational trainers, which is only 10.6% of "yes" answers and 6.6% of "rather yes" answers meaning that more than 73.6% of all teachers has not developed it properly.

According to the experts, only 29.3% of teachers has the skills of "project management and pedagogical planning", which means that more than a half of them (54.4%) have not used them.

The highest figures are for "creativity development and openness to innovations" (68.7% of "yes" and "rather yes" answers) "professional development self-management" (51.9% of "yes" and "rather yes" answers). However, the percentage of managers and teachers that have not used these competence is still very high.The study reveals – although indirectly – that future-oriented competences determined by emotional intelligence are developed least. This prevents from building and maintaining sound relationship within educational institutions and encouraging emotional leadership as well as from application of the modern healthcare-oriented managerial procedures.

4.DISCUSSION

Daniel Goleman asks himself "what shall be done to make emotional leadership benefit all?" He writes: "The key is, obviously, in the development of *emotional intelligence*, the ability of leaders to manage themselves and their relationships. Those leaders who use the advantages of emotional leadership to their best, channel emotional energy of their subordinates properly" (D. Goleman, 2013, p. 21). He knows six distinct styles of emotional leadership, the first four of them being resonant ones (creating positive emotional climate) and the las two being dissonant ones to be used subject to situational parameters with caution. Each manager must wield all the six and be able to use them flexibly.

Idealistic. The leader inspires people with attractive future. *Effect on Organisational Climate*: extremely positive. *Pertinent* when organisational change requires an attractive vision of the future or clearly defined goal.

Instructive.The leader binds people's wishes with organisational goals. *Effect on Organisational Climate*: rather positive. *Pertinent* to help an employee improve performance by development of his future-oriented abilities.

Friendly. The leader harmonises situation by making people closer to each other. *Effect on Organisational Climate*: positive. *Pertinent* to cure the aftermath of a disagreement and/or strengthen interpersonal ties.

Democratic.The leader appreciates the employees' contribution and wins their loyalty by letting them participate in the management. *Effect on Organisational Climate*: positive. *Pertinent* to muster support, ensure unanimity and encourage suggestions.

Ambitious. The leader pursues hard goals and solves most interesting problems. *Effect on Organisational Climate*: often extremely negative, especially, when fulfilled improperly. *Pertinent* for a team of highly-skilled professionals aiming high.

Authoritative. The leader disperses fears showing the clear way in unforeseen situations. *Effect on Organisational Climate*: very negative, especially, when abused. *Pertinent* in crisis times when the full reorganisation is required, or to manage troubled employees (D. Goleman, 2005, p. 69–70).

Research based on the most authoritative test MSCEIT (Mayer – Salovey –Caruso Emotional Intelligence Test) showed the people with high emotional intelligence initiating less conflicts, being less inclined to vandalism and more sociable. Such managers and leaders unite their personnel better, achieve goals faster, present better visions more efficiently to the people. D.

Caruso stresses it as the reason why they work actively with different companies understanding the importance of teaching their leaders to lead using emotional tools (WHO Constitution // World Health Organization, 2013).

The fact, that emotional intelligence can be developed and its great importance for efficient management is confirmed by Russian scientists as well. In Russia, the concept was first used by G.G. Garskova in 1999. Presently, emotional intelligence is studied by I.N. Andreyeva (2011), S.P. Derevianko (2007), N.V. Kovriga (2003), D.V. Liussin (2004), M.A. Manoylova (2004), M.A. Nguyen (2007), A.S. Petrovskaya (2007), A.I. Chebotar (1999), G.V. Yussupova (2002, 2006) and others. I.N. Andreyeva having analysed the vast massive of data on emotional intelligence writes: "Emotional intelligence may be regarded as a predictor of the ability to manage and be efficient in an organisation. It was revealed, that persons with high emotional intelligence prefer social functions as early as they choose future professions. Moderately high emotional intelligence makes a person efficient in interpersonal communications, especially, in service trades and management. Managers with high emotional intelligence are more efficient and flexible in their choice of managerial style and prefer pro-social co-ownership strategies" (I.N. Andreyeva, 2011, p. 238).

At the same time, emotional intelligence studies have not yet taken their place among healthcare topics in Russia, although attention is being drawn to the need for healthcare environment of educational institutions (O.R. Kokorina, 2012), health services and their management teams. It is stressed, that such teams must interact and integrate for healthcare purposes, be active, self-managed and dynamic in carrying out the decisions agreed between the members of the management team (N.V. Tretyakova, 2014).

5. CONCLUSION

The theoretical analysis and pedagogical research showed the growing importance of emotional leadership in creative organisational healthcare practices.The article reveals peculiarities of the complex and non-linear nature of the organisational ontology of health.Organisational healthcare practices are possible and efficient when organisational management rises to the level of creative management. They are impossible with the traditional managerial methods being creative by nature. Their principal kinds are creation of a favourable social and psychic climate and management via organisational culture. And both these creative practices are built around the emotional leadership.

In conclusion, it is pertinent to quote D. Goleman: "Influenced by a leader with high emotional intelligence, people feel themselves easy and natural. They exchange ideas, learn from each other, take joint decisions and work hand to hand. Thus, there appears a firm emotional bond helping them not to lose grip even under global changes and uncertainty" (D. Goleman, 2013, p. 36).

6. RECOMMENDATIONS

The findings of this study support the need to develop future-oriented competences of the managerial and pedagogic staff which necessarily imply the emotional intelligence and emotional leadership qualities. Table 2 suggests indicative programmes for supplementary education to solve this problem.

Table 2. Supplementary Education to Develop Future-oriented Competences

No.	Future-oriented competences	Programmes
	Information, communications and media	Modern telecommunications in vocational education
	Inter-cultural communication	Professional foreign language; international communication practicum; emotional intelligence development programmes
	Creativity development and openness to innovations	Pedagogical innovation; creativity coaching; emotional leadership development programmes; best educational practices
	Project management and pedagogical design	Project management in vocational education; pedagogical design
	Professional development self-management	Professional development self-management

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