

ОРГАНІЗАЦІЙНІ ТА СОЦІАЛЬНО-ЕКОНОМІЧНІ ЗАСАДИ ФАРМАЦЕВТИЧНОЇ ДІЯЛЬНОСТІ

UDC 615.15:159.9.072.43

<https://doi.org/10.24959/sphhcj.22.257>

N. V. ANDRIENKO, R. V. SAHAIDAK-NIKITIUK

National University of Pharmacy of the Ministry of Health of Ukraine, Kharkiv

MONITORING OF THE PSYCHOSOCIAL CLIMATE STATE IN THE PERSONNEL MANAGEMENT SYSTEM OF A PHARMACY INSTITUTION

Aim. To develop a program for monitoring the psychosocial climate state in the personnel management system of a pharmacy institution.

Materials and methods. The study used the methods of generalization, analysis and synthesis, content analysis and questionnaires. The state of the psychosocial climate in the pharmacy was determined using a diagnostic questionnaire of the psychosocial climate in the group. Assessments of the emotional, cognitive and behavioral components of the psychosocial climate in the pharmacy workforce were ranged from -1 to +1. The psychometric test of C. E. Seashore was used to assess group cohesion. 571 People from 167 pharmacies took part in the survey. According to the validation results, the representative sample is 563 pharmacists. The study covered all regions of Ukraine: Kharkiv (23.1 % of respondents), Poltava (17.4 % of respondents), Vinnytsia (4.9 % of respondents), Sumy (14.2 % of respondents), Zaporizhzhya (13.3 % of respondents), Ternopil (5.6 % of respondents), Zhytomyr (3.9 % of respondents), Rivne (7.1 % of respondents), Lviv (5.7 % of respondents), Ivano-Frankivsk (2.9 % of respondents) and Khmelnytskyi (1.9 % of respondents) regions of Ukraine. 92.7 % of respondents have a higher education, 7.3 % have a professional pre-higher education. According to their work experience, respondents are divided as follows: up to 1 year – 5.4 % of respondents, from 1 year to 5 years – 13.9 % of respondents, from 5 to 10 years – 18.3 % of respondents, from 10 to 20 years – 35.5 % of respondents, over 20 years – 26.9 % of respondents.

Results. The necessity of managing the psychosocial climate in a pharmacy workforce and its monitoring has been proven. The essence of the psychosocial climate state of a pharmacy institution has been determined. The system for monitoring the state of the psychosocial climate in the workforce of a pharmacy has been proposed, namely: the monitoring object; the subject of monitoring; monitoring functions; monitoring indicators; control of the work of the pharmacy staff. The functions of monitoring the state of the psychosocial climate in a pharmacy workforce include analytical, diagnostic, predictive and organizational and managerial functions.

Conclusions. The relevance and necessity of managing the psychosocial climate in a pharmacy workforce has been determined. The stages of monitoring the psychosocial climate state in a pharmacy workforce have been proposed.

Key words: psychosocial climate; pharmacy; workforce; monitoring; management.

Н. В. Андрієнко, Р. В. Сагайдак-Нікітюк

Національний фармацевтичний університет

Міністерства охорони здоров'я України, м. Харків

МОНІТОРИНГ СТАНУ СОЦІАЛЬНО-ПСИХОЛОГІЧНОГО КЛІМАТУ В СИСТЕМІ УПРАВЛІННЯ ПЕРСОНАЛОМ АПТЕЧНОГО ЗАКЛАДУ

Метою дослідження є розроблення програми моніторингу стану соціально-психологічного клімату в системі управління персоналом аптечного закладу.

Матеріали та методи. У дослідженні застосовували методи узагальнення, аналізу й синтезу, контент-аналізу та анкетування. Стан соціально-психологічного клімату в аптечному закладі визначали за допомогою діагностичного опитувальника соціально-психологічного клімату в групі. Оцінки емоційного, когнітивного та поведінкового компоненту соціально-психологічного клімату в трудовому колективі аптечного закладу перебували в інтервалі від -1 до +1. Для оцінювання групової згуртованості використовували психометричний тест К. Е. Сішора. В опитуванні взяла участь 571 особа зі 167 аптечних закладів. За результатами валідизації репрезентативна вибірка складає

563 фармацевти. Дослідження охоплювало всі регіони України: Харківську (23,1 % респондентів), Полтавську (17,4 % респондентів), Вінницьку (4,9 % респондентів), Сумську (14,2 % респондентів), Запорізьку (13,3 % респондентів), Тернопільську (5,6 % респондентів), Житомирську (3,9 % респондентів), Рівненську (7,1 % респондентів), Львівську (5,7 % респондентів), Івано-Франківську (2,9 % респондентів) та Хмельницьку (1,9 % респондентів) області України. 92,7 % респондентів мають вищу освіту, 7,3 % – фахову передвищу освіту. За стажем роботи респонденти складають такий відсоток: до 1 року – 5,4 % респондентів, від 1 до 5 років – 13,9 % респондентів, від 5 до 10 років – 18,3 % респондентів, від 10 до 20 років – 35,5 % респондентів, понад 20 років – 26,9 % респондентів.

Результати дослідження. Доведено необхідність управління соціально-психологічним кліматом у трудовому колективі аптечного закладу. Визначено сутність моніторингу стану соціально-психологічного клімату аптечного закладу. Запропоновано систему моніторингу стану соціально-психологічного клімату в трудовому колективі аптечного закладу, а саме: об'єкт моніторингу; суб'єкт моніторингу; функції моніторингу; індикатори моніторингу; контроль діяльності трудового колективу аптечного закладу. Як функції моніторингу стану соціально-психологічного клімату в трудовому колективі аптечного закладу виокремлено аналітичну, діагностичну, прогностичну та організаційно-управлінську функції.

Висновки. Визначено актуальність і необхідність управління соціально-психологічним кліматом у трудовому колективі аптечного закладу. Запропоновано етапи моніторингу стану соціально-психологічного клімату в трудовому колективі аптечного закладу.

Ключові слова: соціально-психологічний клімат; аптечний заклад; трудовий колектив; моніторинг; управління.

Introduction. In the conditions of coronavirus pandemic, monkeypox and the martial law currently operating in Ukraine, the existing management system is not always able to effectively solve the problems of the operation of a pharmacy institution, which the institution is facing due to the rapid change in the external environment and the increase in the number of social tasks. This, in turn, leads to the emergence of management problems and an increase in the burden on the manager of a pharmacy. One of the manager's tasks is to create a healthy psychosocial climate that allows the staff of the institution to effectively perform their professional duties. In addition, the psychosocial climate state in the pharmacy is influenced by value orientations of a pharmacist; they are determined by the moral requirements for the profession and form a number of socio-psychological qualities in him (responsibility, justice, empathy, compassion, sensitivity and others [1]), on which, according to scientists [2], the authority of a specialist is based. Thus, communicative processes arise in the work team since the system of relationships formed between members based on the communication laws, individual and group interaction determinants, formal and informal relations and psychological features of the participants of the work process. Employees who have a high level of psychological responsibility demonstrate such level of management; negative interpersonal and intergroup relations in the organization create the phenomenon of confrontation between the work team members

and emotional and professional burnout of specialists.

Analysis of recent research and publications. The theoretical aspects of the psychosocial climate are studied in the scientific works by J. W. Aikins and S. D. Litwack [3], E. Aronson, T. D. Wilson and R. Akert [4], Yu. P. Skidanchenko and M. V. Shkurko [5], G. V. Popova [6]; approaches to the formation of the psychosocial climate are described by G. Bossaert, H. Colpin, S. J. Pijl and K. Petry [7], L. Berkowitz [8], O. P. Vasylychenko [9]; factors of the psychosocial climate formation are given in the studies of J. Scott [10], A. H. N. Cillessen [11]. The issues of the psychosocial climate in pharmacy institutions are covered in the scientific works of V. M. Tolochko, I. V. Mishchenko, T. O. Artyukh [12], A. S. Nemchenko, and N. V. Teterich [13]. Research on aggressive behavior in the workplace (rudeness, insults, physical violence, hostility, sexual harassment, intimidation) was carried out by C. Giousmpasoglou, S. J. Han, E. M. Ineson, M. Kitterlin, Y. Lyu, and others [14-18].

Identification of aspects of the problem unsolved previously. In their publications, scientists considered the essence of the psychosocial climate and approaches to its formation. Despite the elucidation of certain aspects of the issues studied, approaches to managing the psychosocial climate in the workforce of a pharmacy and the issue of monitoring this process remain unexplored.

The aim of the study was to develop a program for monitoring the psychosocial climate

state in the personnel management system of a pharmacy institution.

Presentation of the main material of the research. In the conditions of martial law, the attitude of the head of the institution, his care for the well-being of the employee becomes important for the employees of the pharmacy. This has a positive effect on their individual work results. The results of the professional activity of the pharmacy's staff are influenced by the involvement and positive attitude of the employee to work and his emotional commitment. Involvement in work is considered an indicator of the employee well-being [19], and the emotional commitment is an emotional connection between an employee and a pharmacy. Employees with a high level of work engagement will not separate themselves from their work and identify with the work they do. This strengthens the emotional relation with the pharmacy, the manager and colleagues, and contributes to the reduction of emotional exhaustion and the increase in job satisfaction, commitment and innovative behavior when providing pharmaceutical services to a pharmacy visitor [20, 21]. Therefore, the condition for achieving significant results in the professional activity of the staff of a pharmacy is the creation of a favorable psychosocial climate in the workforce of a pharmacy.

In general, the definition of "psychosocial climate of a pharmacy" can be considered as the mood and relationships that have developed in the work team and are manifested as a set of psychological conditions that promote or hinder joint activities and the development of the personality of each employee. It is built on interpersonal relations, which represent a system of attitudes, orientations and expectations of the work team members in relation to each other, determined by the content and organization of the professional activity and values, on which their communication is built [22].

The specificity of the psychosocial climate of the labor team is that it is an integral and dynamic characteristic of the mental states of all its members, each of them, depending on the psychosocial and individual psychological qualities, positively or negatively affects the well-being of others and the psychosocial climate of the institution as a whole.

In turn, a favorable psychosocial climate of the work team increases the employee's performance,

stimulates all types of activity, improves the mood and well-being of the members of the work team. An unfavorable psychosocial climate is experienced individually as dissatisfaction with relationships in the work team, conditions and content of work, which affects the mood and productivity of the employee, interaction with visitors to the pharmacy and inhibits the development of the team and an individual employee.

With the help of a diagnostic questionnaire of the psychosocial climate in the group, the authors determined the state of the psychosocial climate in the pharmacy. Assessments of the emotional, cognitive and behavioral components of the psychosocial climate in the pharmacy workforce were ranged from -1 to +1.

571 People from 167 pharmacies took part in the survey. According to the validation results, the representative sample is 563 pharmacists. The study covered all regions of Ukraine: Kharkiv (23.1 % of respondents), Poltava (17.4 % of respondents), Vinnytsia (4.9 % of respondents), Sumy (14.2 % of respondents), Zaporizhzhya (13.3 % of respondents), Ternopil (5.6 % of respondents), Zhytomyr (3.9 % of respondents), Rivne (7.1 % of respondents), Lviv (5.7 % of respondents), Ivano-Frankivsk (2.9 % of respondents) and Khmelnytskyi (1.9 % of respondents) regions of Ukraine. 92.7 % of respondents have a higher education, 7.3 % have a professional pre-higher education. According to their work experience, respondents are divided as follows: up to 1 year – 5.4 % of respondents, from 1 year to 5 years – 13.9 % of respondents, from 5 to 10 years – 18.3 % of respondents, from 10 to 20 years – 35.5 % of respondents, over 20 years – 26.9 % of respondents.

On the basis of the psychosocial climate diagnosis in the pharmacy workforce, it was determined that the evaluations obtained for the emotional (0.3) and cognitive (0.28) components were interpreted as uncertain or contradictory, while the behavioral component was assessed as the lower limit of a positive evaluation (0.36) (Fig. 1).

The ratio of scores for three specified components allows us to characterize the psychosocial climate in the workforce as contradictory. Quantitative results for pharmacies indicate that 11.38 % of the pharmacies involved

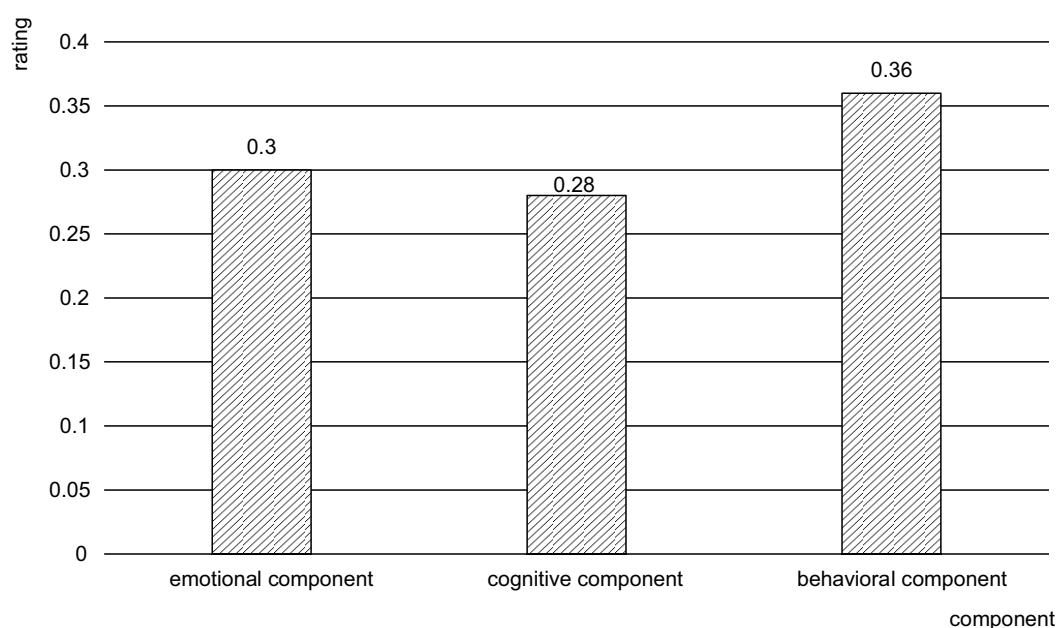


Fig. 1. Assessment of the psychosocial climate components of the workforce of the pharmacy institutions studied

in the study have a negative psychosocial climate. In 48.5 % of pharmacies, the psychosocial climate is characterized by uncertainty. Only 40.12 % of pharmacies have a positive psychosocial climate.

An important characteristic of the psychosocial climate in the pharmacy workforce is group cohesion. We studied it using the psychometric test of C. E. Seashore. Only 10.78 % of the pharmacy collectives studied have a high degree of group cohesion, and the vast majority of pharmacies are characterized by average and below-average levels of group cohesion – 38.32 % and 25.15 %, respectively. There are even 1.2 % of work teams with extremely low cohesion (Fig. 2).

Therefore, a significant part of labor teams in the pharmacy institutions have certain problems with the psychosocial climate. This is due to an insufficient level of professionally important personal qualities of managers, unsatisfied needs for trusting, but at the same time principled relationships in the team, in communication and recognition, and personal authority, as well as low group cohesion.

This situation requires the development of a strategy for managing the psychosocial climate in the pharmacy workforce in the long term and its monitoring.

Summarizing the opinions of scientists [3, 4, 7, 8, 10, 11] we proposed that monitoring of the psychosocial climate state in the labor

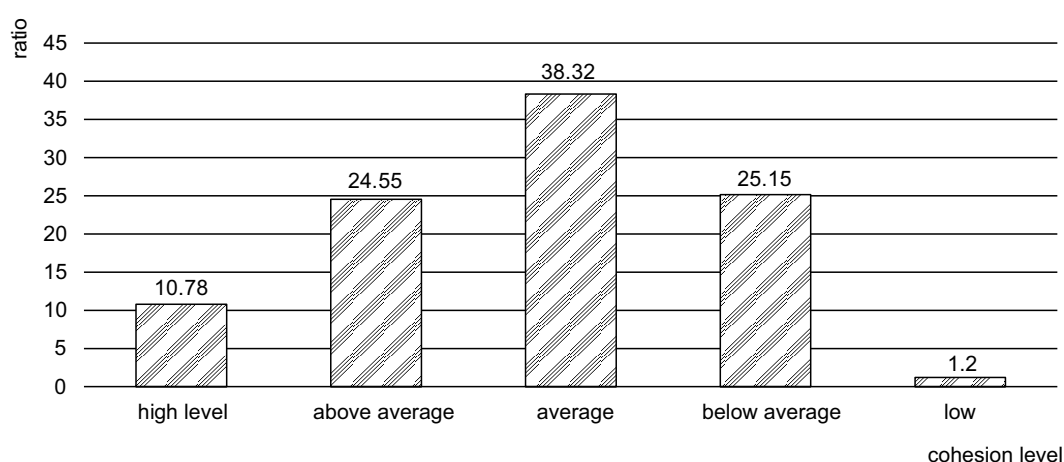


Fig. 2. Distribution of pharmacy institutions by levels of group cohesion

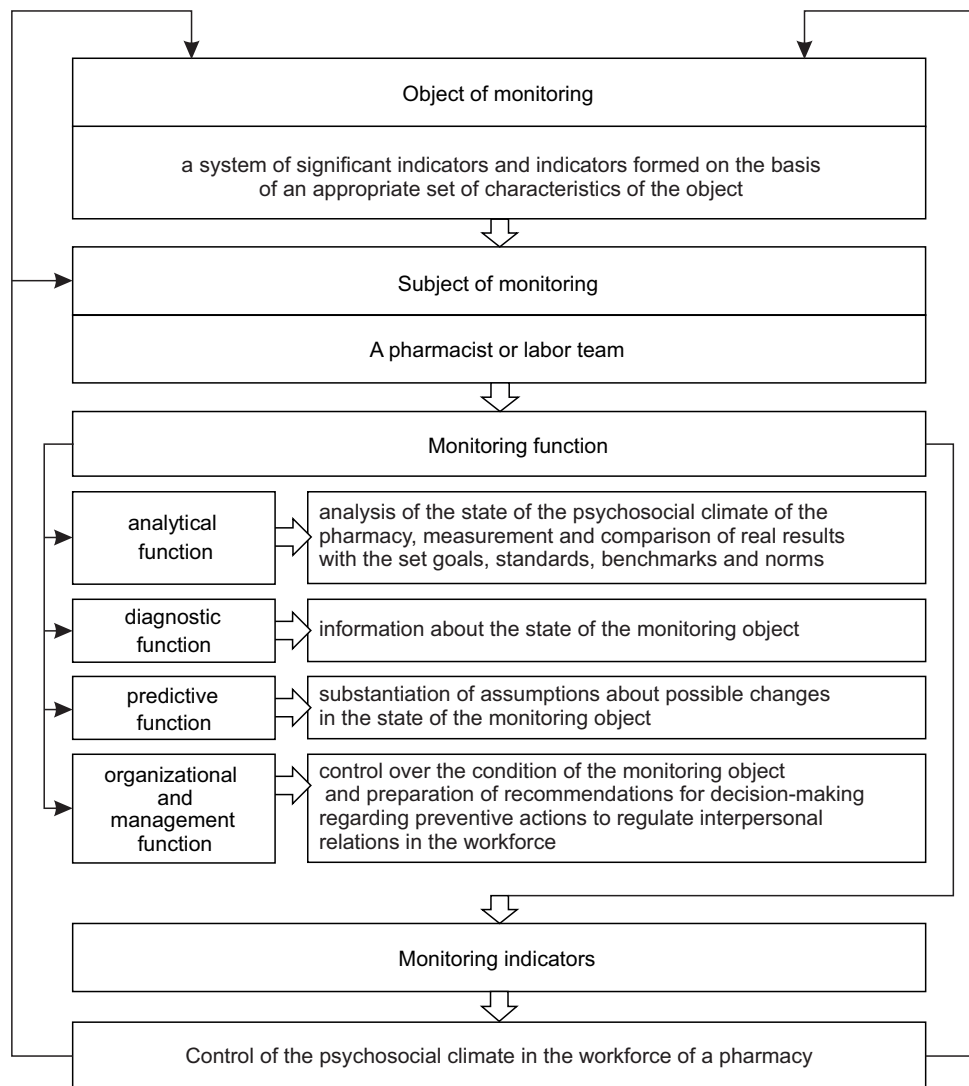


Fig. 3. The system proposed for monitoring the state of the psychosocial climate in the workforce of a pharmacy

team of a pharmacy institution should be understood as a set of measures taken by the heads of pharmacy institutions to prevent the emergence of an unhealthy psychosocial climate in the work team.

The purpose of monitoring the psychosocial climate state in the pharmacy workforce is to constantly monitor the processes taking place in it taking into account the impact of external and internal environmental factors. The results are used to substantiate management decisions to ensure the psychological safety and emotional health of members of the workforce, as well as to identify discrepancies. It is important for timely overcoming or reducing the identified undesirable trends in the workforce development taking into account the pharmacy mission approved.

The system for monitoring the state of the psychosocial climate in the workforce of a pharmacy institution includes: the object and subject of monitoring and its functions, monitoring indicators and control over the state of the psychosocial climate in the workforce of a pharmacy institution (Fig. 3).

The object of monitoring can be considered as a system of psychosocial climate components in a pharmacy, including the skills, abilities and knowledge of pharmacists regarding the features of creating trusting relationships between patients and the staff, the perception of the psychological well-being of the staff, the state and processes of maintaining and developing a healthy climate in the workforce. It is worth noting that the peculiarities of the monitoring object in a pharmacy are the

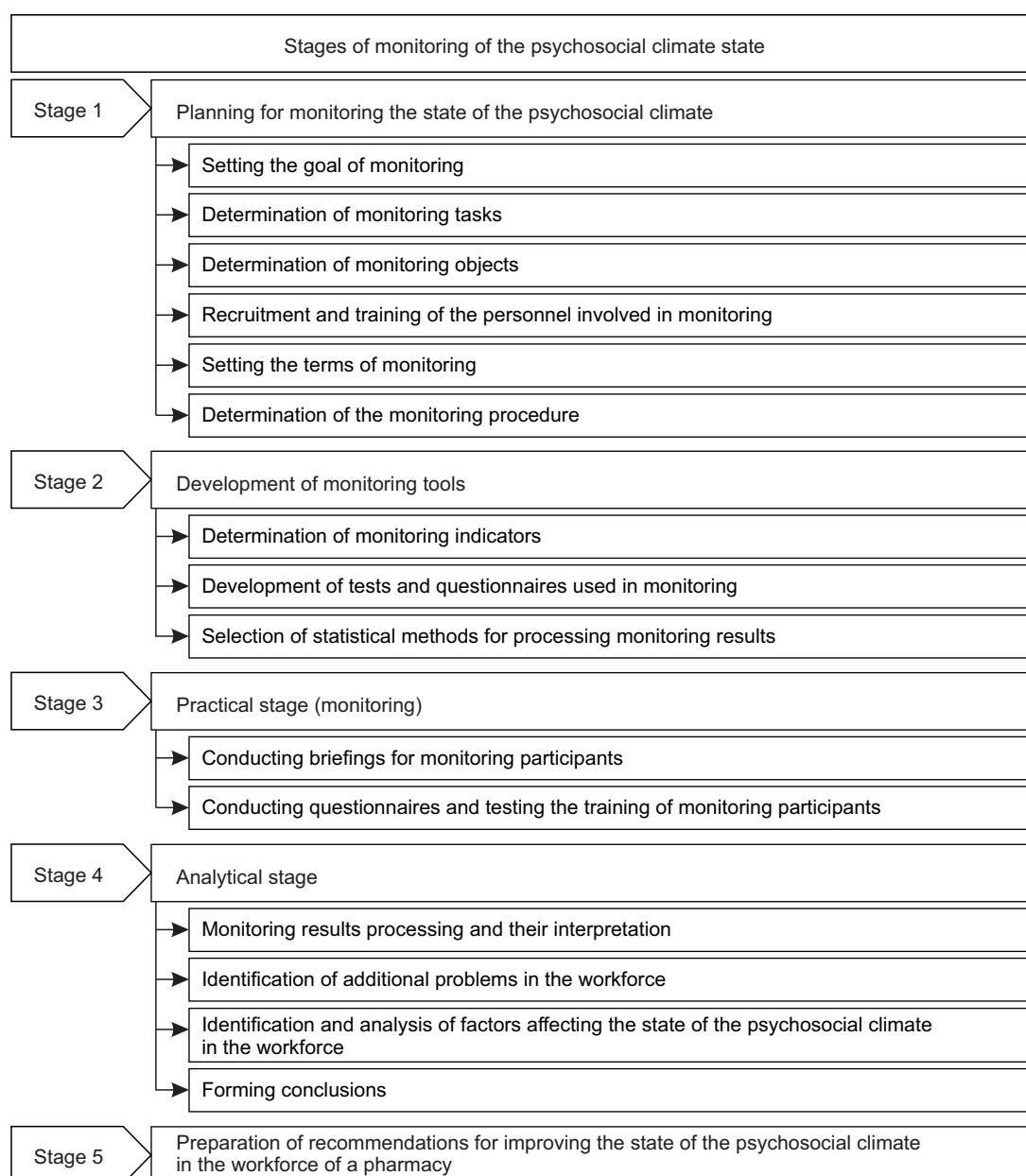


Fig. 4. Stages of monitoring the psychosocial climate state in the workforce of a pharmacy

dynamism of processes that change under the impact of external and internal factors, and the presence of danger that arises in the process of functioning of the monitoring object [23].

The subject of monitoring is a pharmacist or the workforce as a whole.

Analytical, diagnostic, prognostic and organizational-management functions are included in the functions of monitoring the state of the psychosocial climate in the workforce of a pharmacy.

It is expedient to assess the psychosocial state of the pharmacy workforce based on the relevant indicators available for observation and study of the monitoring object.

The purpose of monitoring the state of the psychosocial climate in the workforce is to ensure the achievement of the goals of its development with the formed state and behavior of the resource subsystems. The tasks of monitoring the psychosocial climate state in a pharmacy workforce include: determination of the psychosocial state in a pharmacy workforce; validity and effectiveness of assessing management decisions regarding the personnel management; evaluation of the results of implementing management decisions; detection of deviations in the functioning of the labor team under norms and rules established; development of corrective measures to prevent destructive deviations.

Thus, control is a process that ensures that the system achieves its goal by comparing the actual state of the system with the desired one. It is carried out by the head of the pharmacy. Feedback prevents the managed system from going beyond the established limits, maintains the equilibrium state of the system, synthesizes the influence of external and internal factors on the functioning of the pharmacy, and creates conditions for the performance of management functions.

Monitoring, like any procedure, should be presented in the form of a certain sequence of actions that must be followed to achieve maximum efficiency in solving the problem identified (Fig. 4).

At the first stage, the purpose, tasks and object of monitoring the state of the psychosocial climate in the pharmacy workforce are developed. The selection and training of the personnel involved in monitoring are also performed in the specified terms, and the procedures for its implementation are determined.

The second stage is devoted to development of monitoring tools, namely: determination of monitoring indicators, development of questionnaires, tests, and selection of statistical methods for processing the monitoring results.

Then the participants are instructed to monitor the state of the psychosocial climate in the workforce of the pharmacy and its direct implementation (the third stage).

The fourth stage is devoted to the processing of the monitoring results, identification of additional problems that exist in the pharmacy workforce, and the factors affecting the psychosocial climate state. The fourth stage ends with the preparation of conclusions.

The fifth stage is devoted to application of the results in management activities with the subsequent feedback.

Summing up, it can be concluded that the use of monitoring the psychosocial climate state in a pharmacy workforce timely reveals the relationship between the interpersonal interaction processes of management subjects of all levels with the degree of trusting attitude of patients to the pharmacy staff as a whole. Therefore, the necessity of monitoring the psychosocial climate of a pharmacy is caused by the

necessity and importance of a favorable attitude forming within the pharmacy workforce and the trusting attitude of patients towards the pharmacy.

Conclusions. The necessity of managing the psychosocial climate in a pharmacy workforce has been determined, and a constant monitoring of this process has been substantiated.

The psychosocial climate state in the work teams of pharmacy institutions has been studied. It was determined that a significant part of the labor teams of pharmacy institutions has definite problems with the psychosocial climate caused by an insufficient level of professionally important personal qualities of managers, dissatisfaction with trusting relationships in the team, in communication and in recognition and the personal authority, as well as low group cohesion.

The essence of monitoring the psychosocial climate state in a pharmacy and its purpose has been determined.

The system for monitoring the psychosocial climate state in the workforce of a pharmacy has been proposed; it includes the monitoring object; the subject of monitoring; monitoring functions; monitoring indicators; control of the work of the pharmacy staff.

The stages of monitoring the psychosocial climate state in the workforce of a pharmacy have been developed: stage 1 – planning the monitoring of the state of the psychosocial climate; stage 2 – development of monitoring tools; stage 3 – practical stage; stage 4 – analytical one; stage 5 – preparation of recommendations for improving the state of the psychosocial climate in the pharmacy workforce.

Prospects for further research. A program to optimize the psychosocial climate in the workforce of a pharmacy should be developed. The components of monitoring of the psychosocial climate in the workforce of a pharmacy institution have been proposed; they include the subject, object, functions, evaluation of the results of monitoring and control of the activity of the pharmacy institution. The stages of monitoring the psychosocial climate in the workforce of a pharmacy have been determined.

Conflict of interests: the authors have no conflict of interests to declare.

Перелік використаних джерел інформації

1. Гаркуша М. І. Наукове обґрунтування системи соціально-психологічних характеристик фахівців фармації в умовах пацієнтоорієнтованого простору : дис. ... канд. фарм. наук. Харків, 2019. 246 с.
2. Hernández F. G. *Tratado de medicina del trabajo*. 3rd ed. Barcelona, España : Elsevier, 2018. 1112 p.
3. Aikins J. W., Litwack S. D. *Prosocial skills, social competence, and Popularity*. New York : The Guilford Press, 2011. 356 p.
4. Aronson E., Wilson T. D., Akert R. *Sozialpsychologie*. Hallbergmoos : Pearson, 2014. 201 p.
5. Скиданенко Ю. П., Шкурко М. В. Удосконалення соціально-психологічного клімату в малій групі на основі соціометричного дослідження. *Вісник Сумського державного університету*. Сер. Економіка. 2012. № 2. С. 76–83.
6. Попова Г. В., Богдан Ж. Б. Социометрическое исследование динамических процессов в малой группе : моногр. Warszawa : Diamond trading tour, 2014. 36 с.
7. Bossaert G., Colpin H., Pijl S. J., Petry K. Truly included? A literature study focusing on the social dimension of inclusion in education. *International Journal of Inclusive Education*. 2013. No. 17 (1). P. 60–79. DOI: 10.1080/13603116.2011.580464.
8. Berkowitz L. On the consideration of automatic as well as controlled psychological processes in aggression. *Aggressive Behavior*. 2008. No. 34 (2). P. 117–129. DOI: <https://doi.org/10.1002/ab.20244>.
9. Васильченко О. П. Социально-психологический климат – диагностика и формирование. *Справочник кадровика*. 2011. № 8. С. 8–9.
10. Scott J. *Social Network Analysis*. 3rd ed. Los Angeles, 2013. 51 p.
11. Cillessen A. H. N. *Toward a Theory of Popularity*. New York : The Guildford Press, 2011. 426 p.
12. Толочко В. М., Міщенко І. В., Артюх Т. О. Організаційно-психологічні аспекти управління робочою групою : метод. рек. для підготов. та проведення практик і семінар. занять з курсу «Управління та економіка фармації». Харків : НФаУ, 2015. 28 с.
13. Тетерич Н. В. Дослідження соціально-психологічного клімату у професійному фармацевтичному середовищі. *Управління, економіка та забезпечення якості в фармації*. 2015. № 5 (43). С. 68–72.
14. Giousmpasoglou C., Marinakou E., Cooper J. Banter, bollockings and beatings the occupational socialisation process in Michelin-starred kitchen brigades in Great Britain and Ireland. *Int. J. Contemp. Hosp. Manage*. 2018. No. 30 (3). P. 1882–1902.
15. Han S. J., Bonn M. A., Cho M. The relationship between customer incivility, restaurant service burn-out and turnover intention. *Int. J. Hosp. Manag.* 2016. No. 52. P. 97–106. DOI: 10.1016/j.ijhm.2015.10.002.
16. Ineson E. M., Yap M. H., Whiting G. Sexual discrimination and harassment in the hospitality industry. *Int. J. Hosp. Manag.* 2013. No. 35. P. 1–9. DOI: 10.1016/j.ijhm.2013.04.012.
17. Kitterlin M., Tanke M., Stevens D. P. Workplace bullying in the foodservice industry. *J. Foodserv. Bus. Res.* 2016. No. 19 (4). P. 413–423. DOI: <https://doi.org/10.1080/15378020.2016.1185874>.
18. Lyu Y., Zhu H., Zhong H. J., Hu L. Abusive supervision and customer-oriented organizational citizenship behavior: the roles of hostile attribution bias and work engagement. *Int. J. Hosp. Manag.* 2016. No. 53. P. 69–80.
19. Zhang H., Luo J. M., Xiao Q., Guillet B. D. The impact of urbanization on hotel development: evidence from Guangdong province in China. *Int. J. Hosp. Manag.* 2013. No. 34. P. 92–98. DOI: 10.1016/j.ijhm.2013.02.013.
20. Dhar R. L. The effects of high performance human resource practices – on service innovative behaviour. *Int. J. Hosp. Manag.* 2015. No. 51. P. 67–75. DOI: 10.1016/j.ijhm.2015.09.002.
21. Karatepe O. M., Yavas U., Babakus E., Deitz G. D. The effects of organizational and personal resources on stress, engagement, and job outcomes. *Int. J. Hosp. Manag.* 2018. No. 74. P. 147–161. DOI: <https://doi.org/10.1016/j.ijhm.2018.04.005>.
22. Andrienko N. V. The study of factors affecting the socio-psychological climate in the labor collective of a pharmacy institution. *Вісник фармації*. 2022. № 1 (103). С. 101–107. DOI: <https://doi.org/10.24959/nphj.22.84>.
23. Майоров А. Н. *Мониторинг в образовании*. Санкт-Петербург : Образование – Культура, 2006. 344 с.

References

1. Harkusha, M. I. (2019). *Naukove obhruntuvannia systemy sotsialno-psykholohichnykh kharakterystyk fakhivtsiv farmatsii v umovakh patsiiientooriientovanoho prostoru*. Kharkiv, 246.
2. Hernández, F. G. (2018). *Tratado de medicina del trabajo*. (3rd ed.). Elsevier, 1112.

3. Aikins, J. W., Litwack, S. D. (2011). *Prosocial skills, social competence, and Popularity*. New York: The Guilford Press, 356.
4. Aronson, E., Wilson, T. D., Akert, R. (2014). *Sozialpsychologie*. Hallbergmoos : Pearson, 201.
5. Skidanenko, Yu. P., Shkurko, M. V. (2012). *Visnyk Sumskoho derzhavnoho universitetu. Seriya Ekonomika, 2*, 76–83.
6. Popova, H. V., Bohdan, H. B. (2014). *Sociometric study of dynamic processes in a small group*. Warszawa : Diamond trading tour, 36.
7. Bossaert, G., Colpin, H., Pijl, S. J., Petry, K. (2013). Truly included? A literature study focusing on the social dimension of inclusion in education. *International Journal of Inclusive Education, 17 (1)*, 60–79. doi: 10.1080/13603116.2011.580464.
8. Berkowitz, L. (2008). On the consideration of automatic as well as controlled psychological processes in aggression. *Aggressive Behavior, 34 (2)*, 117–129. doi: <https://doi.org/10.1002/ab.20244>.
9. Vasilchenko, O. P. (2011). *Handbook of personnel officer, 8*, 8–9.
10. Scott, J. (2013). *Social Network Analysis*. (3rd ed.). Los Angeles, 51.
11. Cillessen, A. H. N. (2011). *Toward a Theory of Popularity*. New York: The Guildford Press, 426.
12. Tolochko, V. M., Mischenko, I. V., Artiuh, T. O. (2015). *Organizational and psychological aspects of managing a working group*. Kharkiv : NPhU, 28.
13. Teterich, N. V. (2015). *Management, economy and safety in pharmacy, 5 (43)*, 68–72.
14. Giousmpasoglou, C., Marinakou, E., Cooper, J. (2018). Banter, bollockings and beatings the occupational socialisation process in Michelin-starred kitchen brigades in Great Britain and Ireland. *Int. J. Contemp. Hosp. Manage, 30 (3)*, 1882–1902.
15. Han, S. J., Bonn, M. A., Cho, M. (2016). The relationship between customer incivility, restaurant service burn-out and turnover intention. *Int. J. Hosp. Manage., 52*, 97–106. doi: 10.1016/j.ijhm.2015.10.002.
16. Ineson, E. M., Yap, M. H., Whiting, G. (2013). Sexual discrimination and harassment in the hospitality industry. *Int. J. Hosp. Manage., 35*, 1–9. doi: 10.1016/j.ijhm.2013.04.012.
17. Kitterlin, M., Tanke, M., Stevens, D. P. (2016). Workplace bullying in the foodservice industry. *J. Food-serv. Bus. Res., 19 (4)*, 413–423. doi: <https://doi.org/10.1080/15378020.2016.1185874>.
18. Lyu, Y., Zhu, H., Zhong, H. J., Hu, L. (2016). Abusive supervision and customer-oriented organizational citizenship behavior: the roles of hostile attribution bias and work engagement. *Int. J. Hosp. Manage., 53*, 69–80.
19. Zhang, H., Luo, J. M., Xiao, Q., Guillet, B. D. (2013). The impact of urbanization on hotel development: evidence from Guangdong province in China. *Int. J. Hosp. Manage., 34*, 92–98. doi: 10.1016/j.ijhm.2013.02.013.
20. Dhar, R. L. (2015). The effects of high performance human resource practices on service innovative behaviour. *Int. J. Hosp. Manage., 51*, 67–75. doi: 10.1016/j.ijhm.2015.09.002.
21. Karatepe, O. M., Yavas, U., Babakus, E., Deitz, G. D. (2018). The effects of organizational and personal resources on stress, engagement, and job outcomes. *Int. J. Hosp. Manage., 74*, 147–161. doi: <https://doi.org/10.1016/j.ijhm.2018.04.005>.
22. Andrienko, N. V. (2022). The study of factors affecting the socio-psychological climate in the labor collective of a pharmacy institution. *Visnyk farmatsii, 1 (103)*, 101–107. doi: <https://doi.org/10.24959/nphj.22.84>.
23. Maiorov, A. N. (2006). *Monitorinh v obrazovanii*. Sankt-Peterburh : Obrazovanye – Kultura, 344.

Information about authors:

Andriienko N. V., postgraduate student of the Department of Management and Public Administration, National University of Pharmacy of the Ministry of Health of Ukraine (<https://orcid.org/0000-0001-9117-6068>). E-mail: management@nuph.edu.ua
Sahaidak-Nikitiuk R. V., Doctor of Pharmacy (Dr. habil.), professor of the Department of Management and Economics of Enterprise, National University of Pharmacy of the Ministry of Health of Ukraine (<https://orcid.org/0000-0002-9337-7741>). E-mail: management@nuph.edu.ua

Відомості про авторів:

Андрієнко Н. В., аспірантка кафедри менеджменту та публічного адміністрування, Національний фармацевтичний університет Міністерства охорони здоров'я України (<https://orcid.org/0000-0001-9117-6068>). E-mail: management@nuph.edu.ua

Сагайдак-Нікітюк Р. В., докторка фармацевтичних наук, професорка кафедри менеджменту та публічного адміністрування, Національний фармацевтичний університет Міністерства охорони здоров'я України (<https://orcid.org/0000-0002-9337-7741>). E-mail: management@nuph.edu.ua

Надійшла до редакції 18.05.2022 р.