8 Russian managers and doctors’ indexes of latent motivation associated with social frustration

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Introduction
Studies of motivation and frustration do not take language and cultural peculiarities into account. This is a comparative cross-sectional study aimed at researching the personal and motivational peculiarities of 102 managers and 99 doctors living in the Russian North, associated with frustration. The study found differences in the semantic field, which correlated with frustration indexes; for example, doctors and managers have different relationships between semantic field indexes and frustration level; doctors use feelings of discomfort to check many situations and are more focused on the inner world in comparison with managers. These findings require further research among other occupational groups.

Background
The development of the modern economic situation in Russia had both positive and negative consequences for human life. In spite of the fact that the number of poor people is decreasing by 5–6 million per year, the mortality level of those able to work is now increasing at a much faster rate than that of the whole population (Velichkovskii, 2005). The number of cases of disability is growing by 5% and the number of disability days by 1% per year. Mental health disorders morbidity has increased by 7.5% during the last two decades. Some 40% of the disability costs are related to a poor work environment (Trumel, 2002).

Typically, patients of ‘standard’ outpatient clinics are those aged 40–49 years (25.3%) and 20–29 years (24.1%), university graduates (57.8%) and those with chronic diseases (54.9%). The total percentage of people aged 60 and 20 is only 8.0% (Babenko et al., 2005).

Social stress is becoming an epidemic. The mortality rate of people able to work is higher than that in vulnerable groups of people (children and pensioners) in a situation of social stress. The main reason for social stress is specific – the loss of motivation to work (Velichkovskii, 2005).

The social and economic situation in Russia is changing dramatically, the level of emotional and informational pressure is increasing, and the competition is becoming very tough. People need more certainty about moral rules in society and more confidence in their abilities (Bandura, 1989), especially in their professional activities (Roginskaya, 2002). In Russia the situation is very specific because of a lack of definite rules in the labor market. Russian business is totally different from that in the West; what is seen as ‘business’ in Russia is sometimes a crime in the USA (Tretyakova et al., 2001).

The major burden rests with managers, because they have to organize other people’s work. Managers’ responsibilities differ from those in any other kind of occupation. They are constantly put under emotional and informational pressure.
These facts put managers’ health increasingly at risk. Managers’ duties are characterized by high intensity, diverse activities, numerous interpersonal contacts and oral communication with other people, which is why the study of frustration factors and managers’ motivation is very important in terms of forecasting risks of diseases and health improvement (Gerchikova, 1995; Bobrovnikov, 2003; Bursak, 2005).

As an integral part of the country’s economy, the Russian healthcare system is also in a state of flux. Charging for medicines is an emerging feature in the market. On the one hand, it is necessary to clarify the character of stress caused by diseases in order to apply new therapeutic strategies; on the other, changing the duties of medical staff is equally important.

‘Burnout syndrome’ is one of the manifestations of stress. This syndrome is more typically found in people from the communicative professions, including doctors and all types of managers (Bursak, 2005). Lack of motivation is one of the features of burnout. The substance and structure of human motivation are important signs of health and appropriate behavior (Mikhaylov, 2002; Krymov, 2004).

There is ample information about motivation and adaptation in Western scientific literature. But these models do not take into account national thinking patterns, based on semantic peculiarities, which are closely connected to values and motivation. The situation is very demanding in terms of studying mechanisms of stress development among the most vulnerable groups of people, including managers and doctors.

The objective of this study is to carry out a comparative study of managers’ and doctors’ personal and motivational peculiarities associated with frustration, and the following hypotheses were tested:

**H1:** (a) managers’ social characteristics are different from those of doctors; (b) managers’ estimations of job demands are higher than those of doctors.

**H2:** adaptation and social frustration levels correlate with values and behavior stereotypes in both groups.

**H3:** (a) managers’ and doctors’ behavior stereotypes are different in similar situations; (b) managers are more anxious.

**H4:** (a) the frequency of different life situations varies in these groups and the criteria for estimating these situations also vary; (b) managers use positive but doctors use negative criteria in estimating different situations.

**H5:** (a) future self-development is the main goal for both managers and doctors; (b) their basic values structures are different.

**H6:** (a) the main need for both groups is safety; (b) the need for rest is also very important.

**H7:** (a) semantic field characteristics are closely connected with adaptation and social frustration, taking profession into account.
Method

Participants
This cross-sectional survey of a sample of the population living in the Russian North was conducted in March–May 2006. In this typical northern industrial town there are three big factories and two big hospitals, including outpatient clinics. Within this framework, we randomly selected one factory and one hospital. In the factory, a department was randomly selected and interviewers sought a face-to-face interview with every nth eligible manager. In this department, the interviewer asked for a respondent matching an education grid. In the hospital, every doctor was asked to participate in the study. A total of 301 eligible respondents were identified: 163 managers, working in the big factory, and 138 doctors, working in the big city hospital. Of these, 67 were unable to answer because of poor health or other reasons, and 33 interviews were interrupted or rejected during a control session, yielding an overall response rate of 66.8%. This chapter is based on data obtained from questionnaires completed by the remaining 102 managers and 99 doctors. This sample comprised 87 males (43.3%) and 114 females (56.7%). Ages varied from 21 to 64 years.

Materials

Social characteristics Vasserman’s questionnaire (Vasserman et al., 2004) was used in this study. The questionnaire contains 20 points describing social characteristics (sex, age, education, marital status, number of children) and job conditions (intensity of physical, emotional and intellectual pressure at work, level of responsibility, contacts with people, monotony and work-related harmful aspects). Two points aimed at discovering compulsive thoughts and self-criticism were added to the questionnaire.

Social frustration This was assessed using the ‘scale of social frustration’ (ibid.), devised at the Bekhterev psychoneurological institute for a rapid psychological diagnosis of satisfaction using different aspects of social life and evaluation of adjustment disorder emergency risk. This questionnaire is aimed at detecting areas where social frustration is most evident, with the help of subjective evaluation. These areas are most important for assessing personality in the micro- and macro-social milieus. Social frustration was tested in the 20 most important social fields for any adult person able to work and living in the defined society. Respondents used a five-point ‘satisfaction–dissatisfaction’ scale to indicate how they felt, ranging from 1 = very strongly to 5 = not at all. Extensive normative, reliability and validity data for this questionnaire are reported in the test manual (ibid.). There are five basic sets, each containing four questions, describing satisfaction with: relationships with close relatives (a spouse, parents and children); social environment (friends, colleagues, boss, opposite sex); social status (education, professionalism, field of professional activities and work as a whole); socioeconomic status (income, conditions of life, rest and social status); and health and working ability (physical health, emotional state, working ability and way of life). The sum of points in all five sets reflected the total level of social frustration.

Adjustment and personality The multilevel personality questionnaire ‘Adaptability’ was used to measure a person’s resilience. The questionnaire was based on an
estimation of the psychophysiological and sociopsychological characteristics of personality, reflecting integral peculiarities of mental and social development. The theoretical basis of the test is that adjustment is the permanent process of active adaptation of the individual to the social environment, including all levels of human life and professional activities. The questionnaire consists of 165 questions and has four levels. Respondents are required to agree or disagree with each item with a ‘yes’ or a ‘no’. Several scales of this questionnaire correspond to the basic Minnesota Multiphasic Personality Inventory (MMPI) scales. Another four scales show the level of adaptation of a person according to three groups: 5–10 points – high and normal level of adaptation; 3–4 points – satisfactory adaptation; and 1–2 points – low level of adaptation. Extensive normative, reliability and validity data for this questionnaire are reported in the test manual (Nikiforov et al., 2001).

Values structure and person’s attitude to him/herself, other people and different types of activities This was tested using the ‘Color Metaphors Test’ (Solomin, 2001). This is the modified version of the ‘Color Attitude Test’, aimed at the diagnosis of a person’s emotional attitude to concepts that are important for the person. The Color Attitude Test is based on the principle that assigning one color to different concepts is a sign of their subjective similarity. The Color Metaphors Test does not employ the total psychological meaning of colors and is based on two principles: first, a person assigns an attractive color to an attractive concept, and an unpleasant color to an unpleasant concept; second, assignment of the same color to different concepts is a sign of their subjective similarity. So, if the person assigns the same color to two or more concepts, these concepts have something in common for this person and he/she treats them equally. The number of colors and their concept position are similar to the number of colors and their position in Lusher’s (1993) standard test. In the test, respondents assigned one color of eight to each concept in the list. The list contained 61 different concepts, defining different kinds of activities, different needs and life values, different emotional experiences of different people, including the respondent and at different periods (see Appendix 8A). After being shown the concepts, respondents indicated the position of colors according to the ‘short eight-color Lusher test’.

Structure and content of a person’s needs, of the motives for different kinds of activities, and of conscious and unconscious relationships These were studied using G. Kelly’s ‘Repertory Frames Method’, modified by Solomin (2001). Respondents were shown scales developed by Solomin, their content was predetermined, and respondents’ subjective bunching was later assessed using factor analysis and then evaluated. There were 23 different life situations, which served as the estimated objects (elements), and 26 different states, which were the subjective indicators of different needs. Situations included different spheres of human life (work, home, relaxation, relationships with different people, conflicts, illness etc.), and the states indicated such biological and social needs as food, sex, safety, impressions, activities, sleep and rest, emotional contacts, self-affirmation and so on (see Tables 8.3 and 8.4, below). Respondents estimated how often they experienced each state in each situation. The scale required respondents to agree or disagree with each
item on a four-point scale of 1 (never) to 4 (always). Thus, respondents were given a form by the researcher, indicating elements and constructs. The situations were elements and the states were constructs. In contrast to conventional tests and inventories, this method is likely to yield a truthful response (Solomin, 2001).

Statistical analyses
Since we were interested in the determinants of vulnerable groups of people involved in communicative occupations with a high level of responsibility, only university graduates and executives participated in the survey. The objective was to compare managers and people who are not involved in managing. Senior doctors did not participate in the study. Qualitative data were represented as absolute frequencies and percentages. The mean (M) and standard deviation (SD) represented quantitative data. The normality of the distribution was assessed using the Kolmogorov–Smirnov criterion. Two groups were compared using qualitative criteria on the basis of Fisher’s exact test (two-tailed). The comparison of two groups by normally distributed quantitative criteria was conducted using t-criteria for independent samples. When the data were not normally distributed, the Mann–Whitney U-criteria were applied to two groups using quantitative criteria. Bivariate correlation analysis was used for the detection of quantitative criteria relations using the Pearson correlation coefficient (for data with normal distribution) and the Spearman correlation coefficient (for data with abnormal distribution).

The data were analyzed using Microsoft Excel and the Statistical Package for Social Sciences SPSS 10.0) (Buhl & Zofel, 2000). Analysis of data received by the psychosemantic diagnosis of ulterior motivation method was realized using the original method of Solomin (2001) with the special program ‘Psychosemantica’, version 2.0 (ibid.), which included principal component analysis with varimax rotation with normalization.

Results

Managers’ and doctors’ social image
The managers’ average age was 38.4 ± 10.4 and that of the doctors was 38.2 ± 9.0 years. Among the managers, the average period of living in the Russian North was 34.8 ± 11.5 and among the doctors it was 30.5 ± 12.1 years. All the respondents were university graduates.

The average time spent in the present position was 8.6 ± 0.8 years among managers and 9.5 ± 1.0 years among doctors. All the managers worked for a large machine building plant. Doctors worked for different departments in a town hospital; none of them was a senior doctor.

The marital status of the managers was as follows: 67.6% were married, 18.9% were single, 10.8% were divorced, and 2.7% were widows/widowers. The majority of the managers had children: 24.3% of them had no children, 27.0% had one child, 45.9% had two children, and 2.7% had more than two children. Among the doctors, 63.3% were married, 16.7% were single, 13.3% were divorced, and 6.7% were widows/widowers. The majority of the doctors also had children: 26.7% had no children, 30.0% had one child, 36.7% had two children, and 6.7% had more than two children.

The larger part of both groups did not associate their work with high physical strain: 97.3% of the managers and 93.3% of the doctors; however, the majority of respondents did associate their work with high emotional and intellectual pressure (Figure 8.1).
Both the managers’ and the doctors’ activities involve a high degree of decision making; only 5.4% of the managers and 4% of the doctors did not agree with this (Figure 8.2).

Both groups’ responsibilities involve close relationships with people (Figure 8.3).

The majority of respondents did not consider their work to be monotonous; only some of them considered it to be somewhat monotonous (Figure 8.4).

The doctors associated their responsibilities with occupational hazards. Most of the managers faced no such hazards ($p < 0.001$) (Figure 8.5).

There were no differences in compulsive thoughts and self-criticism between the two groups (Figure 8.6).
On the whole, the social image of both groups was similar. They dealt with people, and were involved in decision making and subjected to high informational and emotional pressure. The doctors believed that their responsibilities involved occupational hazards, but the managers did not face such problems.

**The social frustration level**

The total social frustration level of both groups was estimated as medium, without significant differences. The level of satisfaction in each subscale was almost the same (Table 8.1).

The period of living in the Russian North and the respondents’ age correlated negatively with satisfaction with the social environment \((r = -0.5; p = 0.002)\), socioeconomic status \((r = -0.36; p = 0.03)\), and total satisfaction \((r = -0.5; p = 0.003)\). Satisfaction with their health correlated positively with high physical job strain \((r = 0.5; p = 0.006)\).
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Figure 8.5  Connection of doctors’ and managers’ professional activity with occupational hazards

Figure 8.6  Managers’ and doctors’ susceptibility to compulsive thoughts and self-criticism

Table 8.1  Level of social frustration of managers and doctors

<table>
<thead>
<tr>
<th>Index of frustration</th>
<th>Managers</th>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close relations</td>
<td>7.9 ± 3.3</td>
<td>7.9 ± 2.7</td>
</tr>
<tr>
<td>Relations with social environment</td>
<td>8.1 ± 3.6</td>
<td>7.6 ± 2.3</td>
</tr>
<tr>
<td>Social status</td>
<td>10.2 ± 3.5</td>
<td>8.6 ± 3.0</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>10.3 ± 3.0</td>
<td>10.3 ± 3.2</td>
</tr>
<tr>
<td>Health and working ability</td>
<td>10.2 ± 2.77</td>
<td>10.1 ± 3.9</td>
</tr>
<tr>
<td>Total level of social frustration</td>
<td>46.7 ± 12.2</td>
<td>43.8 ± 9.9</td>
</tr>
</tbody>
</table>
Among the doctors, the period of living in the region correlated positively with dissatisfaction with their social environment ($r = 0.42; p = 0.049$), and the increase in compulsive thoughts frequency correlated positively with dissatisfaction with their socioeconomic status ($r = 0.6; p = 0.022$), health ($r = 0.46; p = 0.001$), and total level of social frustration ($r = 0.53; p = 0.002$). The indexes of adaptability of both doctors and managers were similar (the indexes of emotional stability, communicative potential and pursuit of moral standards). Since they were of medium value (Table 8.2), the adaptability was satisfactory.

The doctors were more worried about their image than were the managers, as evidenced by their higher indexes of hypochondria, hysteria and psychasthenia ($p < 0.05$) (Figure 8.7).

### Table 8.2  Doctors’ and managers’ indexes of adaptation

<table>
<thead>
<tr>
<th>Index of adaptation</th>
<th>Managers</th>
<th>Doctors</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>22.3 ± 8.2</td>
<td>29.9 ± 14.8</td>
<td>0.04</td>
</tr>
<tr>
<td>Communicative potential</td>
<td>13.3 ± 4.5</td>
<td>12.9 ± 3.7</td>
<td>0.98</td>
</tr>
<tr>
<td>Pursuit of moral standards</td>
<td>8.1 ± 3.1</td>
<td>8.5 ± 3.0</td>
<td>0.51</td>
</tr>
<tr>
<td>Personal adjustment potential</td>
<td>43.9 ± 12.3</td>
<td>51.9 ± 18.9</td>
<td>0.04</td>
</tr>
</tbody>
</table>

**Notes:**
L – Lie; F – Frequency; K – Correction; HS – Hypochondriasis; D – Depression; HY – Hysteria; PD – Impulsivity; MF – Masculinity-Femininity; PA – Rigidity; PT – Psychasthenia (anxiety); SC – Individualism; MA – Optimism; SI – Social introversion-extroversion.
* Difference is significant at the 5% level.

### Figure 8.7  Doctors’ and managers’ personality profiles

Among the doctors, the period of living in the region correlated positively with dissatisfaction with their social environment ($r = 0.42; p = 0.049$), and the increase in compulsive thoughts frequency correlated positively with dissatisfaction with their socioeconomic status ($r = 0.6; p = 0.022$), health ($r = 0.46; p = 0.001$), and total level of social frustration ($r = 0.53; p = 0.002$). The indexes of adaptability of both doctors and managers were similar (the indexes of emotional stability, communicative potential and pursuit of moral standards). Since they were of medium value (Table 8.2), the adaptability was satisfactory.

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### Values of doctors and managers
friend’, ‘Family’, ‘My child’, ‘Children’, ‘My future’ and ‘My company’, and associated them with the first position. ‘Interesting activity’ and ‘My hobby’ were rated similarly. This confirmed that the basic values of the managers were self-actualization and self-affirmation in terms of friends, family, love and managing people. Concepts ‘What I am in fact’ and ‘What I want to be in future’ are on the same position as that above that that confirms assertiveness and future security. Thus the respondents were satisfied with themselves and had an adequate self-esteem, related to awareness of success at work and in their private relationships. The basic needs of the respondents were satisfied (‘My present reality’ was ranked accordingly) and managers subconsciously planned to satisfy them in the future (‘My future’). Placing ‘My future’ far from the first position positively correlated with the dissatisfaction with their social environment ($r = 0.36; p = 0.03$), socioeconomic status ($r = 0.44; p = 0.007$) and total level of frustration ($r = 0.43; p = 0.01$). The majority of managers put ‘My father’ in this position. It may be assumed that there is some relationship between self-actualization and leadership abilities development and the manager comparing him/herself with the image of his/her father. Moreover, according to Lusher’s test, these values are instrumental, which mean that managers use control of situations relations with their parents as instruments for self-actualization and planning for the future (Lusher, 1993).

The second position of the managers’ values contained the following concepts: ‘Joy’, ‘My work’, ‘My mother’, ‘Art’, ‘My home’, ‘Creativity’, ‘Wealth’, ‘My career’, ‘My profession’, and ‘Housekeeping’. This position was usually ranked as additional to the first one. It is closely connected with the basic personality values. Lusher’s access theory allows us to assume that wealth and creation are basic aims for the majority of the managers. In fact, values determined by these concepts are complementary to the basic ones, but focused more on the process than on the result.

Managers associated ‘My study’, ‘Knowledge’, ‘Education’, ‘Finances’, ‘Administration’, ‘Science’, ‘Information’, ‘Earnings’, ‘My clients’, and ‘Business’ with the third and the fourth positions by assigning relatively indifferent colors. The majority of managers subconsciously consider their present reality to be a process of studying and administration, which was rewarding. Interestingly, the further from the first position that ‘Business’ and ‘My clients’ were situated, the higher was the level of their dissatisfaction with their socioeconomic status ($r = 0.53; p < 0.001$) and total level of dissatisfaction ($r = 0.38; p < 0.05$). The fifth and sixth positions contained the ‘Machinery’, ‘People’, ‘Labor’, ‘Competition’, ‘Advertising’, ‘Changes’, ‘My boss’, ‘My duties’, ‘Psychology’, and ‘Service’ concepts. Daily duties and relationships with the boss were estimated to be routine. Such concepts as ‘Medicine’, ‘Sorrow’, ‘Failure’, ‘Illness’, ‘Conflicts’, ‘Worry’, ‘Threat’, ‘Fear’, and ‘Irritation’ were put on the seventh and eighth positions by the majority of managers. This correlated with their profession and human values. Moreover, moving ‘Threat’ and ‘Conflicts’ away from the first positions correlated positively with an increased level of dissatisfaction with the social environment ($r = 0.4; p < 0.05$).

Thus, the managers were focused on the future and felt confident about it. They associated it with the satisfaction of the basic need of self-actualization, helped by mastery and private relationships building, considering them to be a creative process. The father image was often an indication of progress in those terms, but the mother image was an indication of progress in creativity. Moreover, the further ‘My mother’ was from the first positions, the higher the level of dissatisfaction with their socioeconomic status ($r = 0.48; p < 0.01$).
The doctors assigned the most attractive color to the same concepts as the managers. The differences involved only three concepts: ‘Success’ and ‘Medicine’ were placed at the second position and ‘Administration’ at the sixth \((p < 0.05)\). For the doctors, there were more correlations between the level of social frustration and different positions of concepts compared to the managers. Thus, the further ‘Failure’ was from the first position, the higher the level of dissatisfaction with close relations \((r = 0.37; p = 0.048)\), socioeconomic status \((r = 0.42; p = 0.02)\), and total level of frustration \((r = 0.39; p = 0.03)\). The further ‘What I want to be in future’ was from the first position, the higher the total level of dissatisfaction, as well as dissatisfaction with the social environment and socioeconomic status \((r = 0.4; p = 0.01)\). There were similar correlations: ‘Education’ – social status \((r = 0.38; p = 0.008)\) and ‘Education’ – socioeconomic status \((r = 0.48; p = 0.04)\). The position of ‘Earnings’ correlated negatively with satisfaction with close relationships \((r = -0.48; p = 0.007)\), social environment \((r = -0.4; p = 0.03)\) and total level of satisfaction \((r = -0.42; p = 0.02)\). Moving ‘My profession’ away from the first position correlated positively with the dissatisfaction with socioeconomic status \((r = 0.36; p = 0.049)\) and the total level of dissatisfaction \((r = 0.47; p = 0.009)\).

Thus, success, being the basic value for both groups, was associated unconsciously with real goals by doctors, and for managers success was of instrumental value. Managers associated administration with their daily routine, placing it at the third position, but the doctors did not recognize any such association. A similar situation could be observed with ‘Medicine’, which was a goal for doctors and a concern for managers.

*The behavior strategy in different situations*

Strong emotions emerged in situations connected with interpersonal relationships, rest and financial troubles in both groups. Professional activities did not provoke emotional reactions. Relationships with parents and intimate relations were significantly more important for the doctors than for the managers (Figure 8.8).

In spite of the fact that these situations were quite significant for both doctors and managers, they used different criteria in estimating them. Managers’ criteria were the feelings of comfort, indicated by the following concepts: ‘I feel cheerful and powerful’, ‘I’m calm and self-confident’ and ‘I feel sexual attraction’. Doctors more often estimated different situations by such feelings of physical and emotional discomfort as ‘I worry’, ‘I would like to be alone’, ‘I need understanding and sympathy’, ‘I’m cold’, ‘I need peace and quiet’, ‘I’m depressed’, ‘I worry’, ‘I’m offended’, ‘I want to sleep’, and ‘I’m displeased’ (Figure 8.9).

Factor analysis of the states of the managers revealed two factors, covering 65% of all states. The first (51.5%) was a factor of anxiety and emotional discomfort, and the second (14%) was the need of recognition. For the doctors, the first factor (47%) was that of depression and anxiety, associated with emotional discomfort and a need for relationships with people. The second (14%) expressed the need for recognition.

Thus, independently of respondents’ awareness, the most important needs for them appeared to be safety, indicated by the first factor and rest, indicated by the second (Table 8.3).

Factor loadings of situations expressed the most important need for safety, revealed in the situations of conflicts and situations connected with physical discomfort in both groups. This need was least in situations connected with pleasant relationships with
Notes:
* Difference is significant at the 5% level.

Figure 8.8  Ranking of frequency of different situation by doctors and managers
Notes:

* Difference is significant at the 5% level.

Figure 8.9  Ranking of frequency of experiences by managers and doctors
people. When the managers faced situations not related to definite duties and the workload, the need for rest was indicated. For the doctors, the need for rest was expressed more in the situation associated with passivity, and less in situations related to active behavior (Table 8.4).

Thus, the needs for safety and rest were expressed by both the managers and the doctors in different situations. The major difference was that the need for rest was revealed differently by each group.

For the managers, three groups of situations are shown in a two-factor space scattergram (Figure 8.10). The first contained business relations and relations with friends in situations at and away from work. These situations did not provoke negative emotions; they were routine and frequent. The second group combined relations with friends of the same and opposite gender. The third involved situations arousing positive emotions and those related to rest.
For the doctors, four groups of situations are shown (Figure 8.11). The first and second groups were similar to those of the managers in similar situations. The third group contained situations related to family, including relationships with parents. Situations associated with intimate relationships, with high emotional reaction, formed the fourth group.

In both groups, the situations that provoked negative emotions were located at a distance, as were exciting activities and reading (Figures 8.10 and 8.11).

Correlation analysis showed a large number of links between the level of social frustration, the indexes of adaptation and the semantic field ($r > 0.5$).

For the managers, the level of dissatisfaction with their social environment correlated negatively with experiences of pleasant communication with people (Nos 3–7, Table 8.3) and positively with boredom (No. 9, Table 8.3), but the higher the level of dissatisfaction with their status, the closer to the first position was ‘Business’ (No. 44 in the Color Metaphors Test). Emotional stability and communicative potential correlated closely with the level of frustration.

For the doctors, the desire to be alone (No. 8, Table 8.3) and to be independent (No.
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Table 8.3 correlated positively with dissatisfaction with their health; the desire to be independent (No. 16, Table 8.3) correlated positively with dissatisfaction with social status. Respondents felt depressed (No. 18, Table 8.3) in situations related to health and problems with relationships; health problems correlated closely with worries (No. 22, Table 8.3). Compulsive thoughts correlated positively with socioeconomic status problems and general dissatisfaction. The indexes of adjustment correlated negatively with the dissatisfaction with health.

Thus, in both groups there were strongly significant correlations between adjustment, frustration and the semantic field indexes. For the doctors, these correlations were evident in the field of health (Table 8.5).

In sum, the hypothesis that the managers in a large factory have personality traits and motivational peculiarities associated with the level of social frustration different from those of the doctors in a large clinic fits the current dataset well.

Hypothesis 1 is wrong: the social characteristics of the managers and doctors were

Notes:

Figure 8.10 Scattergram of managers’ situations

16, Table 8.3) correlated positively with dissatisfaction with their health; the desire to be independent (No. 16, Table 8.3) correlated positively with dissatisfaction with social status. Respondents felt depressed (No. 18, Table 8.3) in situations related to health and problems with relationships; health problems correlated closely with worries (No. 22, Table 8.3). Compulsive thoughts correlated positively with socioeconomic status problems and general dissatisfaction. The indexes of adjustment correlated negatively with the dissatisfaction with health.

Thus, in both groups there were strongly significant correlations between adjustment, frustration and the semantic field indexes. For the doctors, these correlations were evident in the field of health (Table 8.5).

In sum, the hypothesis that the managers in a large factory have personality traits and motivational peculiarities associated with the level of social frustration different from those of the doctors in a large clinic fits the current dataset well.

Hypothesis 1 is wrong: the social characteristics of the managers and doctors were
similar; the doctors’ estimations of their job demands were higher than those of the managers.

Hypothesis 2 is true: the levels of adaptation and social frustration are satisfactory and correlated with values and behavior stereotypes.

Hypothesis 3 is partly true: the managers’ and the doctors’ behavior stereotypes are similar in similar situations, but the doctors have stronger emotional reactions, they tend to worry more and have an ‘escape to illness’ reaction.

Hypothesis 4 is not proved: life situations and criteria for estimating them are similar among both groups, but the suggestion that managers use positive but doctors negative criteria for estimating different situations is correct.

Hypothesis 5 is correct: the main goal for both groups is a future associated with self-development; however, their basic value structures are different.

Hypothesis 6 is also true: the main need for both groups is safety; then comes the need for rest.

Hypothesis 7 is correct: the semantic field indexes are closely connected with adaptation and social frustration, taking the profession into account; for the doctors, there are significant correlations in the field of health.
Discussion
This chapter provided a comparative study of managers’ and doctors’ personal and motivational peculiarities associated with frustration. Important and interactive peculiarities of personality and semantic field were discovered.

The social image of both groups was similar. The total level of social frustration was middling and homogeneous in both groups. The indexes of adaptability were similar to those of social frustration: those of emotional stability, communicative potential and pursuit of moral standards were satisfactory and homogeneous in both groups.

Note that frustration in these groups correlated with different aspects. The level of social frustration in the group of managers focused on the outer world correlated...
positively with the period of living in the region (quantitative index), while the level of social frustration in the group of doctors focused on the inner world correlated positively with the frequency of compulsive thoughts (qualitative index).

The managers’ professional responsibilities involved little physical strain and the higher the level of physical job strain, the lower the level of dissatisfaction with their health ($r = -0.5; p = 0.006$). Their professional duties, requiring frequent social contacts and decision making, involved high informational and emotional pressure. Only the doctors considered their duties to be potentially harmful. This may be explained by the fact that doctors are more informed about health issues.

The doctors were more focused on their health, demonstrative and psychasthenic ($p < 0.05$) than the managers, which might also be related to their duties. Doctors have to work with symptoms, feelings and subtle differences in diseases – everything associated in Eastern philosophy with ‘yin’, that is, ‘inner’, ‘passive’ and so on. Managers have to work with external matters such as meetings, plans and production – everything associated in Eastern philosophy with ‘yang’, that is, ‘outer’, ‘active’ and so on. This was supported by value structures. Success was unconsciously associated with final goals by the doctors (the second position in the Colors Metaphors Test), and it was of instrumental value for the managers (the first position in the Colors Metaphors Test). Administration was routine for the managers, but it was of no value for the doctors. The father image (the first position in the Colors Metaphors Test) was often an indication of success for managers, but the mother image (the second position in the Colors Metaphors Test) was an indication of creativity. There were no significant differences in the choice of positions for ‘My mother’ and ‘My father’ made by either group, so we cannot conclude that such images affected these groups differently.

For the doctors, there was a greater correlation between the level of social frustration and different positions of concepts, than for the managers.

The most important unconscious needs for respondents of both groups were those for safety and for rest, revealed in different situations. For the managers, the need for rest manifested itself when they immersed themselves in situations not related to definite duties and the workload, and for the doctors when they immersed themselves in a situation associated with passivity. Both managers and doctors unconsciously grouped the situations similarly. Strong significant correlations between adjustment, frustration and semantic field indexes could be seen in both groups. For the doctors, these correlations appeared in the field of health.

**Limitations of the study**

The generalizability of the results is limited by the small size of the population sample as representatives of only two occupations were involved in the study and the findings may not be applicable to other occupations. The strength of the survey is that the sample was homogeneous and typical for the region. People of both genders were involved in the study and dispersion could be seen only in the age variable. Since the semantic field was culturally determined, it is important to study interrelations between social frustration and motivation, taking language aspects into consideration. Nevertheless, this fact also sets some limitation on the study, as the constructs cannot be translated into another language and culture without preliminary adaptation. Finally, it was a cross-sectional study and there is no information about stability and changes in motivation and frustration of
respondents. This limitation could partly be compensated by the similarity with results obtained by the Color Metaphors Test and the Repertory Frames Method.

**Implications and Conclusions**

This chapter has findings in relation to an under-researched aspect of motivation and behavior strategies of such stress vulnerable professions as managers and doctors, associated with social frustration. In spite of having similar social characteristics and social frustration levels, the doctors evaluated their activities as harmful, and revealed a tendency to ‘escape into illness’ but the managers did not react in the same way.

The semantic field indexes in both groups correlated closely with the different aspects of social frustration; these correlations were different for each group. The finding concerning personal and behavior strategy differences for each group is of particular interest. The doctors were more sensitive and used concepts of discomfort experiences. They were focused on feelings and thoughts more than on external manifestations, which has implications for the type of prevention strategies for these occupations. Several features of the current study suggest that behavior strategies correlate strongly with social frustration. Importantly, in contrast to including all professions in a ‘burnout group’, the current study finds different criteria for estimating the situations for managers and doctors.

In summary, the study found key differences in the semantic field, connected with frustration, for building prevention strategies in terms of stress. Specifically, (i) doctors use feelings of discomfort for checking many situations, (ii) doctors are focused on their inner world, managers on the outside one, and (iii) doctors and managers have different correlations of semantic field indexes with frustration. These findings require replication and extension in further research involving other occupations.

**Acknowledgments**

The author is deeply grateful to Pavel Sidorov, the rector of Northern State Medical University, who was the inspiration for the project, and two assistants, Elena Nazarova and Artem Tarakhtii, for collecting the data. The author acknowledges the help provided by the top management of the factory and the hospital where the data were collected, and would also like to thank Svetlana Pestovskaya, who helped him to express his ideas in English.

**Note**

1. An ‘attractive color’ is the color that respondents choose first and an ‘unpleasant color’ is the color that they choose last.

**References**


### Appendix 8A  Concepts in the Color Metaphors Test

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. | Success | 21. | Education | 41. | Worry |
| 2. | Failure  | 22. | My spouse | 42. | Absorbing activities |
| 5. | Illness  | 25. | Competition | 45. | Children |
| 7. | My study  | 27. | Art | 47. | My duties |
| 12. | What I want to be  | 32. | What I am in fact | 52. | My personnel |
| 13. | Love  | 33. | Earning | 53. | Irritation |
| 14. | My work  | 34. | Changes | 54. | My career |
| 15. | Conflicts  | 35. | Sorrow | 55. | Administration |
| 17. | Nature  | 37. | My boss | 57. | My company |
| 20. | Power  | 40. | My child | 60. | Psychology |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

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