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## FORMATION OF EMOTIONAL INTELLIGENCE OF PERSONALITY: MEDICAL AND PSYCHOLOGICAL ASPECTS

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## ФОРМУВАННЯ ЕМОЦІЙНОГО ІНТЕЛЕКТУ ОСОБИСТОСТІ: МЕДИКО-ПСИХОЛОГІЧНІ АСПЕКТИ

**Abstract.** Modern medicine is moving to a new level of care, transforming into a patient-oriented model. This situation in the market of medical services leads to a change in approaches in the interaction of doctor and patient, doctor and relatives of the patient, doctor and society. An important role in such interaction is played by emotional intelligence (EQ from English – Emotion Quotient) – which is an understanding of their own and others' emotions, the ability to constructively express them, to understand the feelings and experiences of others. Today, the doctor faces certain tasks, such as: the ability to establish contact, clearly and understandably convey information to the patient, taking into account the patient's personality and the circumstances under which the disease occurred, the ability to persuade and become partners in treatment, to build trusted relations. The article considers the features of emotional intelligence of the individual; various scientific approaches (domestic, foreign) to the definition of "emotional intelligence" are analyzed; the connections of the emotional component of the medical employee with the psychological dimension are revealed; the model of emotional intelligence of the personality which is correlated with professional growth of the expert of medical institution is thoroughly outlined.

Developing the emotional intelligence of future physicians who are able to empathize, provide quality care, and ensure patient satisfaction with treatment is part of the health care system.

**Key words:** medical education; medical psychology; physician's personality; emotional intelligence; emotional culture; positive-emotional environment; self-awareness.

**Анотація.** Сучасна медицина переходить на новий рівень надання медичної допомоги, трансформуючись у пацієнт-орієнтовану модель. Така ситуація на ринку медичних послуг приводить до зміни підходів у взаємодії лікар і пацієнт, лікар і родичі пацієнта, лікар і суспільство. Важливу роль у такій взаємодії відіграє емоційний інтелект (EQ від англ. Emotion Quotient) – що є розумінням своїх і чужих емоцій, вміння конструктивно їх висловлювати, розуміти почуття і переживання оточуючих. Сьогодні ставить перед лікарем певні завдання, такі, як: вміння налагоджувати контакт, чітко і зрозуміло доносити інформацію до пацієнта, ураховуючи індивідуальність пацієнта й обставини, за яких виникло захворювання, вміння переконувати і ставати партнерами у лікуванні, створювати довірливі відносини.

У статті розглянуто особливості емоційного інтелекту особистості; проаналізовано різні наукові підходи (вітчизняні, закордонні) до дефініції «емоційний інтелект»; розкрито зв'язки емоційної складової медичного працівника із психологічним виміром; ґрунтовно окреслено модель емоційного інтелекту особистості, що корелюється із професійним зростанням фахівця медичної установи.

Формування емоційного інтелекту майбутніх лікарів, що здатні співпереживати, надавати якісні медичні послуги й забезпечувати задоволення пацієнтів від лікування, є складовою частиною системи охорони здоров'я.

**Ключові слова:** медична освіта; медична психологія; особистість медика; емоційний інтелект; емоційна культура; позитивно-емоційне середовище; самосвідомість.

**Introduction.** At the present stage of human development and medical education, emotional intelligence is becoming an important component of a person's psychological health [12]. Today's realities motivate modern medical students to be able to feel, perceive, understand quickly, distinguish and control their emotional state, the range of different emotions, feelings, experiences, and at the same time to teach others (students, patients, colleagues) and more [2, 10]. We consider that a future highly qualified physician should not only provide professional care, but also have good emotional competence [17], or rather feel (locally) the emotional (mental) state of the patient; show sincerity and kindness; be flexible in work; respond quickly to changes and outline a model for resolving the situation (illness, trauma, relapse) in its own imagination and quickly offer the best option for recovery (success) [4]. Thus, medical students of different courses should be aware of the importance of their occupation, the mission of a doctor, as well as strive for establishing of a constructive dialogue with patients of a certain age group and have a positive feed-back about themselves and the institution they present (hospital, clinic, center) [14].

**The aim** of the study is to learn theoretically features of the emotional process, to determine the forms of its manifestation in students (future patients, heads of modern clinics).

In accordance to the purpose of the study, the following tasks were set:

1. Carry out a theoretical analysis of scientific approaches to the study of the phenomenon of "emotional intelligence", substantiate its essence and impact on the personality and further activities of the student.
2. Identify the features of the formation and forms of manifestation of the emotional component in medical business.

Research methods: theoretical: analysis, systematization and generalization of scientific, medical, psychological and pedagogical literature on the problem of research; empirical: construction of problem cases, systematization and generalization of data, observation, dialogic communication.

**Theoretical framework.** Theoretical analysis has shown that within medical education and psychology should be formed not only occupational but also emotional level of culture, harmony and peaceful communication at all levels and stages of interpersonal relationships (doctor-patient). However, most scientists emphasize on the development of emotional environment, positive communication and treatment, self-

management of your own emotions, understanding of yours own individual emotional state in different conditions (comfortable, stressful, force majeure) and more.

Both domestic and foreign scientists are focusing on the emotional component of the physician's personality, also touching the problem of emotional intelligence, which is a determining factor in its impact on the patient treatment (types, methods, tools) [5, 13]. In the psychological aspect, at each stage of personal development, according to D. Goleman, on one hand, the emotional elements of the professional "I" are complicated and modified by such personal qualities as persistence, responsibility, empathy, and on the other – ambition, capriciousness, adherence to principles. In this point of view, we can assume that the benevolent intentions of the future physician toward the patient guarantee a high rate of success and a positive attitude. As a result of research, it was found that the period of study in higher education institutions is favorable for the formation of the emotional sphere of students.

In a medical practice, the phenomenon of emotional intelligence often resonates with the processes of psychophysiology, psychotherapy, psycho-rehabilitation, physiological features of the nervous system, psychosomatic diseases and more.

Modern researcher M. M. Shpak in her works focused on the psychological development of emotional intelligence of the individual in primary school children, where the emphasis was on active, mental activity, which is associated with this process. According to this scientist, emotional intelligence is an integrative personality trait, which is determined by the dynamic unity of affect and intellect through the interaction of emotional, cognitive, conative and motivational features and aims to understand their own emotions and emotional experiences of others, provides emotional management, subordination of emotions promotes self-knowledge and self-realization through the enrichment of emotional and social experience [8].

We agree with G. Gardner that emotional intelligence should be considered from two aspects (dimensions). The first aspect is internally personal (directed to the actual "I" of emotion), the second – interpersonal (aimed at the external "I" – others). It is the intrapersonal aspect of emotional intelligence is characterized by self-awareness, reflection, self-esteem, self-control, motivation for achievement, while the second – interpersonal aspect includes tolerance, balance, emotional stability, empathy, sociability, dialogue [15, 16].

Such researcher as N. Koval outline the model of emotional intelligence, which consists of components

that directly affect the professional and emotional growth of the individual in various spheres of life [3].

In our understanding, the modern physician must be able to define clearly the algorithm of the patient's self-rescue in the emotional and sensory dimension, as the latter will affect the speedy recovery or vice versa – the path of hopelessness, helplessness, difficulty and incompatibility. From a medical and psychological point of view, lack of self-perception, misunderstanding of others, lack of emotional positive response to the opinions of others, can lead to emotional stress, exhaustion, chronic fatigue and irritation with yourself and others. As a result of it, chronic diseases can quickly become active and at the same time the psychosomatics of a person's personality will suffer [7].

The appropriately formed high level of emotional intelligence and doctor's competence will prevent the development of emotional burnout, as work-pleasure has a positive effect on the health (indicators) of the specialist's mental activity to solve complex, force majeure situations and offer various successful alternatives.

According to T. Yavorska, regarding the increase of emotional awareness of physicians, there are the following parameters that correlate with emotional manifestations (presentation of emotional "I"): emotions serve as signals that correct actions; negative emotions as signals for change; ability to reflect the emotional state; the ability to evoke positive emotions in yourself; rapid emotional recovery from stress; ability to listen to others; ability to calm down; creative approach for solving problems; ability to improve the mood of others; ability to influence the emotions of others for self-help, etc. Thus, we can conclude that the above-described emotional parameters of personality are decisive for both the physician and the patient, because the achievement of parity, in particular in communication, will be successful in achieving a common goal (recovery) [9].

The connection of emotional intelligence with professional maladaptation of physicians, which can be manifested in increased occupational stress, emotional instability, emotional burnout is noted. Given this, it is necessary to take the right approach to overcoming our own emotional troubles, stress, because the resources of the individual reflect and enrich us with cognitive, emotional, volitional capabilities, potential aspirations to promote controlled, decent behavior. A high level of emotional intelligence has a positive correlation with the ability to build a therapeutic alliance, empathy, teamwork, communication skills, stress management skills, organizational and leadership skills.

It is emphasized that the emotional competence of a doctor is important in maintaining one's own peace, balance, resilience and quick avoidance of irritation, depression, anxiety. Thus, the psychological conditions for the development of personal and professional qualities of future physicians are special conditions of the educational process that initiate the development of their own "I" (emotional, behavioral, intellectual). Such psychological conditions for the development of empathy are the dialogue of the educational process and modeling of educational and professional situations that we may encounter in the future [1].

In our article we will outline different approaches (pedagogical, psychological, social, medical) in the scientific and practical interpretation of "emotional intelligence" of the individual.

From a pedagogical point of view, each medical teacher must be able to plan, outline their own trajectory of professional and emotional "I", accompanied by the ability to acquire the modern generation skills of self-regulation of behavior and communication. Because student youth, mostly focused on their own strengths, capabilities, resources, aspirations, interests, experience, and ultimately, at first glance, do not need support from adults. However, these are false, diffuse ideas, because the individual during his adulthood in the subconscious level expects a qualified help from their parents, friends, peers, acquaintances. Thus, the teacher in his professional activity skillfully applies emotional culture in various interactions with students, parents, colleagues, administration, where the values of kindness, professionalism, positive emotions, justice, sensitivity, mercy, sincerity and love for others.

*In the psychological and pedagogical context*, the definition of "emotional intelligence" is seen as a skill of the individual (D. Goleman); emotional competence; structural components of emotional stability of personality; a set of personal, emotional, social competencies; attribute of professional competence of the person (Bar-On); emotional competence as a positive, constructive dialogue; emotional culture as an integral professionally significant quality; element of self-correction, self-regulation and self-realization.

*In the psychological context*, the development of emotional intelligence is vividly illustrated in the scientific works of such researchers – G. Gardner, D. Goleman, D. Caruso, J. Mayer, P. Salovey, etc., where the emphasis is on the importance of this process, which correlates with personal development and successful professional growth [14].

*In the social context*, the emotional component is present in the communicative, conative, affective spheres of future healthcare employees, which consists in understanding, recognizing, accepting patients, positive attitude toward difficulties (diseases), positive emotions, feelings about “instilling” hope for fast recovery, trust in patients of different ages, social status, family well-being, constructive attitude, positive perception of themselves and others, despite fatigue, employment, time limits, psychological incompatibility with patients, etc. We consider that a highly qualified doctor should be able to provide quality services, quickly establish positive emotional contact (dialogue) with their interlocutors (patients), where the latter can have both positive and negative intentions. From our scientific point of view, negative intentions of patients lead to certain threats, contradictions, and interpersonal challenges in further treatment or receiving comprehensive therapy, rehabilitation, especially the lack of self-motivation of the patient can lead to non-compliance with medical prescriptions. We are fully convinced that the future doctor must have communication skills, in particular in communication with the patient, first of all, he must find out for himself what motivation prevails in the patient, what he is guided by his own intentions for his own health and recovery support and help from a specialist, what he thinks about himself: perception, understanding, feelings, emotions. Having clarified certain issues, the doctor can confidently begin further steps and prescribe a holistic comprehensive treatment, maintenance or rehabilitation therapy, etc. The most sincere, frank, friendly communication between a doctor and a patient of any age creates a “picture” of confidence, trust, optimism, increases self-esteem, self-understanding, self-worth, emotionality, tolerance, reduces stress, burnout, and ultimately promotes a rapid recovery of the patient. First of all, the patient trusts such a doctor and fulfills all his instructions, requests and prescriptions and at the same time recommends this specialist to others (relatives, colleagues or friends). Thus, the emotional component or emotional competence is contained everywhere, after all, it is pervasive, namely in communication, actions, deeds, intentions, aspirations, desires of the physician, which is realized in the right, quick decisions, it is characterized by emotional stability, tolerance, balance, moderation, as well as guided by various resources to restore their own strength, a sense of harmonious “I” and “I–other”, high spirits, well-being, positive emotional state.

*From a psychological point of view*, emotions must be balanced and managed by the personality of the

physician, the patient, and ultimately, this allows us to see the skill and qualifications of the specialist.

*In the medical field*, “emotional intelligence” is reflected in such dimensions as an indicator of pure intelligence, cognitive abilities (K. Ravichandra, G. Ravi); feeling of emotional satisfaction, joy, happiness (S. Azimi); internal capabilities, ability to adapt and manage their stress (Parker J.), etc. [11, 13].

#### 1. *Self-awareness:*

- emotional competence (to recognize their emotions and their consequences);
- level of self-esteem (know your strengths, qualities and their limitations);
- self-confidence (self-esteem and ability).

#### 2. *Self-regulation:*

- self-control (manage destructive emotions, impulses);
- reliability (maintain standards of honesty, integrity);
- good faith (responsible for personal activities);
- adaptability (to be flexible in change management);
- innovation (to be open to new ideas, aspirations, information).

#### 3. *Self-motivation:*

- mechanism of achievement (strive to improve or meet the standard of excellence);
- commitments (to be consistent with the goals of the group or organization);
- initiative (be ready to act as much as possible);
- optimism (to be persistent in achieving goals, despite obstacles and failures).

#### 4. *Empathy:*

- empathy (to feel other people’s feelings and prospects, to show active interest in the problems of others);
- focus on services (anticipate, recognize, meet needs, aspirations);
- development of others (feel that others need to develop special abilities);
- use of diversity (develop opportunities through different individuals).

#### 5. *Social skills:*

- influence (have effective tactics of persuasion);
- communication (transmit clear and convincing messages);
- leadership (to be among the steering groups);
- catalyst change (initiate or control changes);
- conflict management (negotiate and solve problems);
- develop relationships (to maintain relationships);
- cooperation and collaboration (work with others to achieve common goals);

– team capabilities (to help the group achieve collective goals).

Thus, the development and formation of emotional intelligence in future medical students occurs due to the holistic disclosure of various manifestations, parameters, components of their own professional “I”. Future physicians must consciously and purposefully carry out their professional responsibilities, freely possess personal and professional competencies and abilities, as well as enrich themselves with innovative technologies in their field.

**Conclusions and Prospects for Research.** Summarizing the above, it should be noted that the culture of emotional intelligence of the individual is manifested through the prism of their own “I”, their essence, personal education – a professionally significant quality that acquires the values of self-awareness, self-regulation, self-motivation, empathy and social skills. From our point of view, the future doctor of a modern institution (clinic) should be in harmony, feel their own emotional satisfaction, happiness from doctor’s occupation, love themselves and their patients, treat everyone with dignity, behave adequately (emotionally) in different situations, control themselves and provide qualified

support and assistance. Creating and maintaining an atmosphere of mutual understanding and trust between patients and doctors, helps patients with better understanding of their health problems, and involvement of patients in the treatment decision-making process, makes them to be aware of their responsibility to follow all instructions and recommendations of doctor.

Given the relevance of research and a significant number of works on this topic, it is necessary to develop research methods that would take into account the realities of our country, as well as the conditions of distance learning. It should be noted that the comparison of research results that will be conducted in Ukraine in contrast with existing foreign studies will allow comparing of the level of emotional intelligence of future professionals in different countries. It is worth noting that differences can be caused by cultural differences and variances of countries in general, and not just by the peculiarities of learning factors.

The following works of the authors will be devoted to research on the identification of the current level of emotional intelligence in future specialists in the field, as well as recommendations for possible ways to improve it.

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