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Abishova P.B.¹, Nurtayeva M.M.², Aimaganbetova O.Kh.², Tashymova F.S.⁴

¹second year student of masters degree in psychology of the department of general and applied psychology, Al-Farabi Kazakh National University, Kazakhstan, Almaty, e-mail: abishova.p@gmail.com, phone: +7 778 289 70 39

²second year student of masters degree in psychology of the department of general and applied psychology, Al-Farabi Kazakh National University, Kazakhstan, Almaty, e-mail: nurtayeva.malika@gmail.com , phone: +7(747)7194635

³doctor of psychological sciences, professor of the department of general and applied psychology, Al-Farabi Kazakh National University, Kazakhstan, Almaty, e-mail: alnara25@mail.ru, phone: +7 (701) 4803425

⁴doctor of psychological sciences, professor of the department of general and applied psychology, Al-Farabi Kazakh National University, Kazakhstan, Almaty, e-mail: fatima_tashimova@mail.ru, phone: +7 (707) 6895372

RELATIONSHIP OF EMOTIONAL INTELLIGENCE LEVEL AND COPING STRATEGIES INVESTIGATION

The question of the psychological health of the individual is key in the process of his life. Inside this phenomenon, a huge place is occupied by emotional intelligence, as a complex element that influences both the somatic and the mental state of a person. The growing interest in the subject of emotional intelligence demonstrates the importance of this competence for a person in the 21st century, in his professional activities. In this paper, emotional intelligence is one of the key elements of professional health. The ability to identify, understand, manage your emotions and the emotions of others contributes to effective interaction in the work system, in our case, the doctor-patient system. An adult spends most of his time at work and his general health correlates with the emotional background in the workplace, satisfaction with his work and the effectiveness of communication. The working environment, for an adult person is the main source of stress and tension, which affects its overall productivity, as a unit of labor. Work on the emotional competence of professional doctors, will allow not only to establish local work of medical services, but also increase the overall health index in the country.

Key words: emotional intelligence, coping strategies, professional health, doctors.

П.Б. Абишова¹, М. М. Нуртаева², О. Х. Аймағанбетова³, Ф. С. Ташимова⁴

¹Психология мамандығы бойынша магистратура болімшениң екінші жыл студенті, әл-Фараби атындағы Қазақ ұлттық университеті, Қазақстан, Алматы, e-mail.: abishova.p@gmail.com, тел.: +7 778 289 70 39

²Психология мамандығы бойынша магистратура болімшениң екінші жыл студенті, әл-Фараби атындағы Қазақ ұлттық университеті, Қазақстан, Алматы, e-mail.: nurtayeva.malika@gmail.com , phone: +7(747)7194635

³Психология ғылымдарының докторы, жалпы және қолданбалы психология кафедрасының профессоры, әл-Фараби атындағы Қазақ ұлттық университеті, Қазақстан, Алматы, e-mail.:alnara25@mail.ru, тел.: +7(701)4803425

⁴Психология ғылымдарының докторы, жалпы және қолданбалы психология кафедрасының профессоры, әл-Фараби атындағы Қазақ ұлттық университеті, Қазақстан, Алматы, e-mail.:fatima_tashimova@mail.ru, phone: +7 (707) 6895372

Эмоционалдык интеллект деңгейі және қиындықты жою стратегияларының арасындағы қатынас

Адамның психологиялық денсаулығы туралы мәселе оның өмірінің маңызды кезеңі болып табылады. Бұл құбылыстың ішінде адамның соматикалық және психикалық жай-күйіне әсер ететін күрделі элемент ретінде эмоциялық интеллект үлкен орынға ие. Эмоционалдык интеллект тақырыбына деген қызығушылықтың артуы 21-ғасырдағы адамға, оның кәсіби қызметінде осы құзырлылықтың маңыздылығын көрсетеді. Бұл мақалада эмоционалдык интеллект кәсіби денсаулықтың негізгі элементтерінің бірі болып табылады. Өзіңіздің сезіміңізді және басқа адамдардың эмоцияларын анықтау, түсіну, басқару қабілеті жұмыс жүйесіндегі, біздің жағдайда доктор-пациенттер жүйесіндегі тиімді өзара әрекеттесуге мүмкіндік береді. Ересек адам өз уақытының көп бөлігін жұмысқа жұмсайды және оның жалпы денсаулығы жұмыс орнындағы эмоционалдык фонға, оның жұмысымен қанағаттануына және қарым-қатынас тиімділігіне байланысты. Ересек адам үшін жұмыс ортасы стресс пен кернеудің басты көзі болып табылады, ол еңбек өнімділігі ретінде оның жалпы өнімділігіне әсер етеді. Кәсіби дәрігерлердің эмоциялық құзыреттілігі бойынша жұмыс тек медициналық қызметтің жергілікті жұмысын ғана емес, сонымен қатар елдегі жалпы денсаулық сақтау индексінің деңгейін арттыруға мүмкіндік береді.

Түйінді сөздер: эмоционалды интеллект, бірге иелену стилі, кәсіби денсаулық, дәрігерлер.

Абишова П.Б.¹, Нуртаева М.М.², Аймаганбетова О.Х.³, Ташимова Ф.С.⁴

¹магистрант отделения психологии кафедры общей и прикладной психологии, Казахский национальный университет им. аль-Фараби, Казахстан, г. Алматы, e-mail: abishova.p@gmail.com, тел.: +7 778 289 70 39

²магистрант отделения психологии кафедры общей и прикладной психологии, Казахский национальный университет им. аль-Фараби, Казахстан, г. Алматы, e-mail: nurtayeva.malika@gmail.com, phone: +7(747)7194635

³доктор психологических наук, профессор кафедры общей и прикладной психологии, Казахский национальный университет им. аль-Фараби, Казахстан, г. Алматы, e-mail: alnara25@mail.ru, тел.: +7(701) 4803425

⁴доктор психологических наук, профессор кафедры общей и прикладной психологии, Казахский национальный университет им. аль-Фараби, Казахстан, г. Алматы, e-mail: fatima_tashimova@mail.ru, phone: +7 (707) 6895372

Исследование взаимосвязи уровня эмоционального интеллекта и копинг-стратегий

Вопрос психологического здоровья личности является ключевым в процессе его жизнедеятельности. Внутри этого феномена огромное место занимает эмоциональный интеллект как комплексный элемент, оказывающий влияние как на соматическое, так и на психическое состояние человека. Рост интереса к теме эмоционального интеллекта свидетельствует о важности этой компетенции для человека в XXI веке, в его профессиональной деятельности. В данной работе эмоциональный интеллект – один из ключевых элементов профессионального здоровья. Умение идентифицировать, понимать, управлять своими эмоциями и эмоциями окружающих способствует эффективному взаимодействию в рабочей системе, в нашем случае системе «врач-пациент». Большую часть своего времени взрослый человек проводит на работе и его общее здоровье коррелирует с эмоциональным фоном на рабочем месте, удовлетворенностью своей деятельностью и эффективностью коммуникаций. Она же, рабочая среда, для взрослого человека при этом является основным источником стресса и напряжения, что оказывает влияние на его общую продуктивность, как единицы труда. Работа над эмоциональной компетентностью профессиональных врачей, позволит наладить не только локальную работу медицинских служб, но и увеличит общий индекс здоровья в стране.

Ключевые слова: эмоциональный интеллект, стратегии совладания, профессиональное здоровье, врачи.

In psychological science, and in particular in the psychology of occupational health, an “emotional revolution” occurs. Emotional intelligence is one of the most popular psychological topics among specialists and ordinary people, and the number of studies on empirical research and research that is valuable for development is growing. Each

author wants to contribute to the disclosure of this phenomenon, sets out his vision of the situation. However, the statement with which no one can argue is that a high indicator of the level of emotional intelligence is an important competence of the 21st century. In general, emotional intelligence is understood as the ability to recognize, understand

and regulate their emotions and the emotions of those around them. A. Neubauer and H. Freudenthaler (Neubauer, Freudenthaler, 2005) in their joint work examined in detail all the existing concepts of emotional intelligence. As a result of their research, they identified two main developed approaches, which differ in the basic concept of considering the phenomenon of emotional intelligence and the methods of measuring its level. These are models of abilities where emotional intelligence is considered as mental capacity. These models include the concept of P. Salovey and J. Mayer (Salovey, Mayer, 2005). In the second approach, models of mixed type, which include the concept of K. Bar-On, where emotional intelligence is a combination of personal characteristics.

The issue of coping with problem situations / stressful situations is also one of the new directions in modern psychology. His study in the West began to engage in the second half of the XX century. An important point of this issue is the separation of coping behavior into psychological defense and coping strategies. These two concepts differ in the level of awareness. If psychological defense is the term of the psychoanalytic trend and implies subconscious activity, then copy-on is a conscious strategy of action. In one of the most common theories of R. Lazarus and S. Folkman (Lazarus, Folkman, 1984), coping is mediated by

the constantly changing cognitive and behavioral efforts of a person to overcome a stressful situation. The authors argue that coping is affected by possible risks and threats to the situation, assessment of available resources and possible successes. They distinguish two main techniques of coping:

- Problem-oriented;
- Emotionally-oriented.

However, the researchers agreed on the allocation of one style of coping - avoidance. Also, two researchers have identified eight basic methods of coping, which are carried out in two coping techniques. These include: self-control, positive assessment, confrontation, systematic problem solving, avoidance, search for social support, distancing and acceptance of responsibility (Petrov, Skugarevskaya, Valchuk, Kogutenko, 2006). A bright representative of Russian science L.I. Antsyferova (Antsyferova, 1981), who coined the term “co-ownership,” suggests her own classification of condominiums:

- Transforming coping strategies - the situation is analyzed, an action plan is outlined;
- Methods of adaptation - change your personal attitude to the situation;
- Auxiliary self-preservation techniques - psychological care or flight.

In general, coping solves several problems, they are listed in Figure 1.

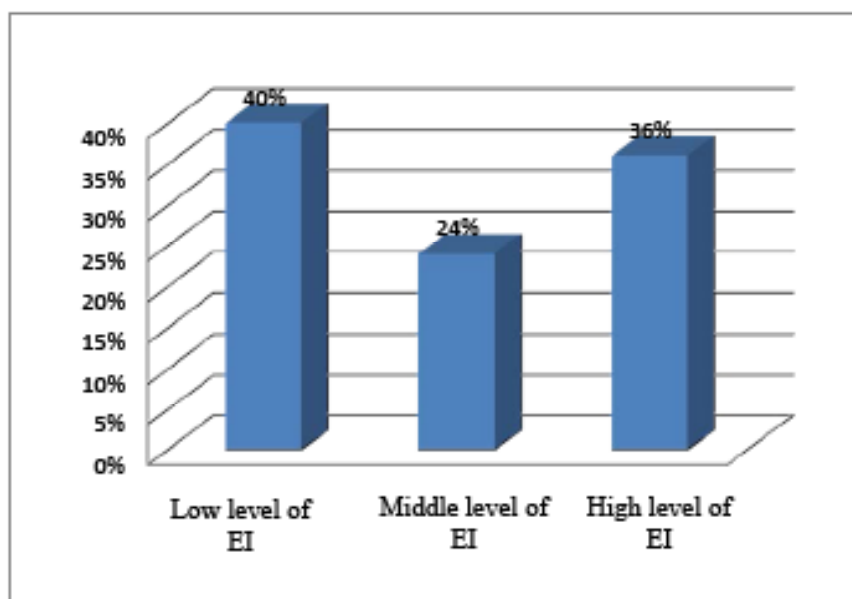


Figure 1 – General level of emotional intelligence in doctors

A certain way of coping sets a person's behavior in a stressful situation. In general, coping refers to the big issue of human adaptation to a changing reality. And stress itself can be viewed as a multifaceted process of interaction between the situation and the individual. R. Lazarus and S. Folkman (Lazarus, Folkman, 1984) considered stress as a transactional process consisting of consecutive elements:

- identification and assessment of stress;
- metabolic disease;
- activation of coping behavior;
- evaluation of the result and the new situation.

After studying the two psychological phenomena described, the purpose of our study was to identify the characteristics of coping with the health problems of doctors with different levels of emotional intelligence. The relevance of this issue is related to the aspect of professional health of doctors and the effectiveness of the current health care system.

Occupational health is becoming one of the most pressing issues of modern science. This is due to the role of professional activity in a person's life today. Thus, work is not only a source of funds for a modern person, but also a guide for self-actualization, self-realization, a space for creativity and a platform for socializing and forging relationships. In other words, work is our living lab, where we learn, grow and form as professional and social personalities. So, for the first time about the "psychology of occupational health" (occupational health psychology) was written in the scientific works of 1986. In particular, in the work of George Everly (Everly, 2013), where he considered the application of practical knowledge of occupational health and psychology. In 1990, researchers Raymond J.S., Wood D.W., Patrick W.D. (Raymond, Wood and Patrick, 1990) in one of their articles formed the idea of a new task of psychological science: creating a healthy professional environment and healthy jobs. The solution of this problem, the authors have seen the organization of active training in psychology programs of occupational health. In general, health is a state of complete physical, mental and social well-being, and not only the absence of diseases and physical defects. This definition is given in the 1946 Charter of the World Health Organization (WHO). WHO has differentiated human health

into three components: physical, mental and social. If we consider the work activity of a person, then his productivity as a specialist directly depends on his health. In this case, it is possible to distinguish another category, professional human health. Then, occupational health will be determined by the body's ability to maintain protective mechanisms and compensatory, causing performance under all working conditions. Its criterion is performance, which means maximum efficiency of work and depends on the state of the human body. At the same time, professional performance includes the physical and mental status of a person, as well as socio-psychological characteristics. The socio-psychological factors of effective activity include:

- professional training;
- management and quality of communication;
- staffing of working groups;
- interpersonal relationships;
- psychological climate in the team;
- informal leader;
- socially significant assessment of activities;
- motivation to work.

Obviously, these factors may have a negative color.

Organizations such as hospitals and other health care facilities are places of concentration of non-ordinary labor situations that require psychologists and psychological readiness from doctors other than intellectual competence. The overall efficiency of the health care system depends on the state of health of doctors from various fields. Despite this fact, little attention is paid to preserving the health of medical workers. This can be explained by the fact that they are considered specialists who are able to take care of their own health. The issue of creating a system for protecting the professional health of doctors is solved by determining various factors affecting the overall health of the worker and his illness. Features of the health system also affect workers, but such changes require significant systemic reforms. In all types of hospitals, the following types of hazards can be identified:

- nervous and emotional stress;
- chemical substances;
- biological agents;
- high voltage analyzer systems;
- the possibility of injury;
- daily mode of operation, violating the biological rhythm.

It is believed that this issue is covered by financial compensation, “for harm”, which is a percentage of the salary. But the imprint of all this on the general condition of the doctor and any other employee of a medical institution remains with him for life.

A special side of this question is the attitude of the doctors themselves to their health, who forget about the possibility of subjective judgments and prescribe their own treatment and rarely turn to their colleagues for help. Studies show that it is the gastrointestinal tract diseases, cardiovascular pathologies, gynecological diseases and pregnancy complications among medical staff that are prevalent in various hospitals. However, the main adverse factor in the hospital environment, employees call emotional stress. At the same time, less importance is attached to contact with chemicals, antibiotics, infections. As mentioned earlier, the emotionally negative impact on the workplace affects the basic attitudes and perceptions of the employee about his work, which forms a certain attitude. As a result of an analysis of research by foreign and domestic authors, it is said that the interests of the scientific community went beyond somatic health. Scientists are interested in the consequences that affect the psyche of the doctor. Already conducted studies in the West show that the level of emotional burnout of general practitioners in Europe and Latin America varies between 20 and 45%. The same rates among novice interns in the US are 75%. Data on the state of health of doctors in the former USSR indicate that 30-32% of doctors have an increased level of arterial hypertension. In other countries, this figure is 7-18%.

The empirical study was attended by 25 health care workers, namely doctors from various branches of medicine, aged 27 to 54 years. It is worth noting that a small sample is due to the very specifics of the target audience of the study. Doctors are always loaded with current work related not only to the direct treatment of patients, carrying out operations, but also filling in various necessary documentation, as well as in general, access to professionals is rather limited. In connection with these factors, it was decided to conduct online research and create online forms of selected methods. To conduct the empirical part of the study, three questionnaire methods were used to reveal the basic concepts of work and identify the difference between groups of participants with high and low levels of emotional intelligence.

Questionnaire of emotional intelligence adopted by D.V. Lusin, “Coping behavior in stressful situations” method (an adapted version of the NS Endler method, D. Parker “Coping Inventory for Stressful Situations”), Four-dimensional symptomatic questionnaire 4DSQ.

The questionnaire was sent to the electronic addresses of doctors, who then sent the already completed forms. At the beginning of each section, precise instructions were given for each technique.

The input materials were the author's questionnaire for obtaining characteristic information: name, age, specialization, work experience, the presence of chronic diseases. It is worth noting that the questionnaire included a question about the presence of chronic diseases in the subjects, in order to analyze the state of health of specialists. As a result of the survey, it turned out that most of the surveyed medical workers have chronic diseases. In this case, the following groups of diseases are most often encountered: diseases of the visual organs, diseases of the circulatory system, urinary system, and skin diseases. So among the study participants were: anesthesiology and resuscitation specialists, surgeons, hematologists, cardiologists, neonatologists, radiologists, neurosurgeons and neurologists. The age category of participants ranged from 27 years to 54 years, respectively, work experience. A little about the methods used:

- Questionnaire of emotional intelligence adopted by D.V. Lucin consists of 46 statements, to which the subject responds “agree / disagree” and which are combined into five subscales, combining, in turn, into four more general scales: understanding emotions, controlling emotions, interpersonal emotional intelligence and intrapersonal emotional intelligence.

- CISS (Coping Inventory for Stressful Situations). The technique of “Coping - behavior in stressful situations” consists of forty-eight statements, which are grouped into three factors. Each factor is represented by a scale of sixteen questions, the third factor, avoidance, has two subscales (distraction and social distraction). The technique is an adapted version of the method of NS NS, a leading Canadian specialist in the field of health psychology and clinical psychology, in collaboration with Parker D.A. “Coping Inventory for Stressful Situations” CISS. The author of the adapted version is T.L. Klyukova. The main goal

of CISS is to study human responses in stressful, difficult life situations.

- 4DSQ (TheFourDimensionalSymptom Questionnaire). Questionnaire to determine the level of stress. The technique consists of 50 items divided into 4 scales: distress (16), depression (6), anxiety (12) and somatization (16). The purpose of this questionnaire is to qualitatively determine the difference between syndromes associated with stress and mental disorders. The use of the 4DSQ questionnaire allows identifying anxiety and depressive disorders, as well as assessing the severity of the disease over time, facilitating discussion of the psychological state with the patient.

According to the results of the Test of emotional intelligence D.V. Lucina of the total number of respondents 12% (3) have very low indicators of the level of Interpersonal Emotional Intelligence (IEI), which means their inability to understand and control the emotions of other people. 44% (11) showed an average level of IEI and 12% - a very high level, i.e. good abilities to understand the emotional states of other people and to control them. Indicators of intrapersonal emotional intelligence were the following: 12% - a low value of InEI, 28% - a high value of InEI, 16% - a very high value. High value

in this scale InEI means an effective understanding of their emotions and the ability to control them. In the Understanding of UE Emotions scale, the lowest and highest rates were obtained by 8% of participants (2 in each). In the scale of management of emotions, UE, there were no extreme points of expression (very low rates / very high rates).

And according to the general level of emotional intelligence, the following results were obtained: 40% (10) of the subjects had a low GEI value, which indicates their incompetence in recognizing, understanding and controlling their emotions and the emotions of others. And 36% (9) have a high GEI value.

At the next stage, the subjects were asked to answer the questions of the 4-D symptomatic 4DSQ questionnaire. As a result, it was found that on the Depression scale, 16% (4) of the subjects had the highest rates outside the normal range, i.e. severely elevated levels of depression. This scale indicates the likelihood of having depressive disorders. Also, high rates were obtained in the Distress scale, the level of moderate elevation, in 28% of participants, which means that there are significant consequences after stress. Below are the data for each scale of the questionnaire, in Figure 2.

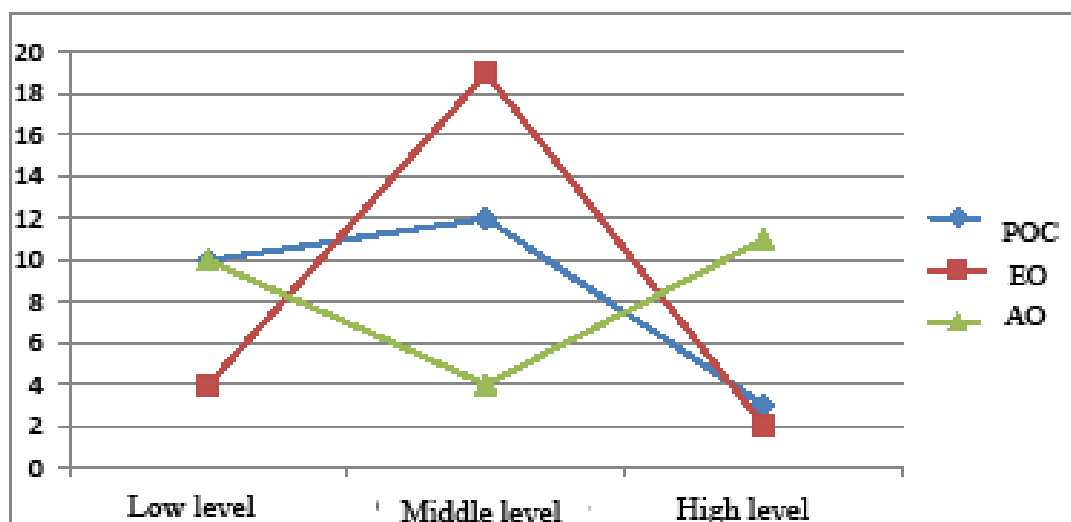


Figure 2 – Distribution on each scale of the questionnaire

The answers obtained by the method of "Coping behavior in stressful situations" showed that in 68% of respondents the dominant style is problem-oriented coping. Emotionally-oriented coping is peculiar only to 8% of participants. The remaining

24% unite the participants, who tend to avoid solving problems in stressful situations. Figure 3 shows the levels of distribution of coping styles, i.e. the extent to which one or another style of coping, of the total number of participants

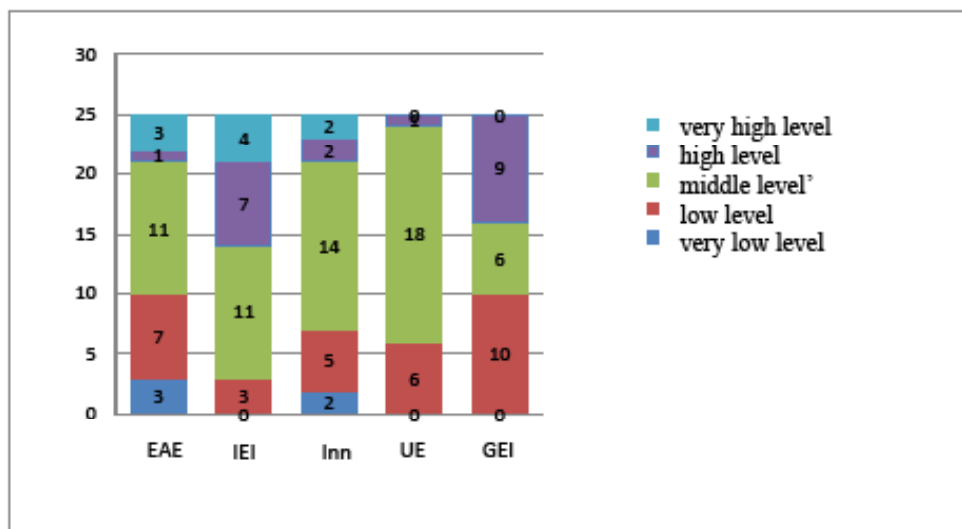


Figure 3 - Distribution Levels of Coping Styles

In processing the results of our data, the Spearman rank correlation coefficient was used in the IBM SRSS Statistics Subscription statistical processing program. As a result of mathematical processing, the following correlations were obtained.

The length of experience correlates positively with the scale of problem-oriented coping at a significance level of 0.05, i.e. the more the doctor has a work experience, the more he is inclined to the problem-oriented approach to stressful situations.

The scale of interpersonal emotional intelligence (IEI) negatively correlates with the scale of anxiety at a significance level of 0.05, i.e. the more IPEI the doctor has, the less prone he is to anxiety disorders.

The scale of IEI positively correlates with the scale of problem-oriented coping at a significance level of 0.05, i.e. the greater the level of IPEI, the more the physician is prone to problem-oriented coping in a stressful situation.

The scale of IEI negatively correlates with the scale of emotionally-oriented coping at a significance level of 0.05, i.e. the greater the level of IPEI at the doctor, the less he is prone to emotionally-oriented coping.

The scale of IEI negatively correlates with the scale of coping based on avoidance at a significance level of 0.01, i.e. the greater the level of IPEI at the doctor, the less characteristic of coping to avoid stressful situations.

The scale of intrapersonal emotional intelligence (InEI) negatively correlates with the scale of

anxiety at a significance level of 0.05, i.e. the more the doctor has a InEI level, the less he is prone to anxiety disorders.

The InEI scale correlates positively with the problem-oriented coping scale at a significance level of 0.05, i.e. the higher the level of InEI, the more the doctor is focused on solving the problem situation.

The InEI scale negatively correlates with the scale of emotionally-oriented coping at a significance level of 0.05, i.e. the greater the level of InEI at the doctor, the less he is prone to emotionally-oriented coping.

The InEI scale negatively correlates with the avoidance-oriented coping scale at a significance level of 0.01, i.e. the greater the level of IPEI at the doctor, the less characteristic of coping to avoid stressful situations.

The scale of understanding emotions (UE) negatively correlates with the scale of emotionally-oriented coping at a significance level of 0.01, i.e. the greater the level of PE at the doctor, the less he is focused on emotions in stressful situations.

The UE scale is negatively correlated with the avoidance-oriented coping scale at the 0.05 significance level, i.e. the higher the UE level at the doctor, the less prone he is to coping avoidance.

The scale of emotion management (EM) negatively correlates with the scale of emotionally-oriented coping at a significance level of 0.05, i.e. the more UE indicators, the less the doctor is focused on emotions in stressful situations.

The scale of the general level of emotional intelligence of GEI negatively correlates with the scale of anxiety at a significance level of 0.05, i.e. the greater the importance of GEI at the doctor, the less anxiety disorders are characteristic of him.

The GEI scale positively correlates with the problem-oriented coping scale at a significance level of 0.01, i.e. the greater the level of GEI at the doctor, the more problem-oriented it is in stressful situations.

The GEI scale negatively correlates with the scale of emotionally-oriented coping at a significance level of 0.05, i.e. the higher the scores on the GEI scale, the less the doctor is prone to emotionally-oriented coping.

The GEI scale negatively correlates with the avoidance-oriented coping scale at a significance level of 0.01, i.e. the higher the value of GEI, the less the coping to avoid stressful situations is characteristic of the doctor.

Table 1 - The results of the correlation analysis between the scales of the test of emotional intelligence adopted by D.V. Lusin, methods «Coping behavior in stressful situations» and the Four-dimensional symptomatic questionnaire

Scales	Anxiety	Somatization	POC	EOC	AOC
Experience			.489*		
IEI	-.436*		.467*	-.481*	-.643**
InEI	-.449*		.482*	-.490*	-.497*
UE				-.537**	-.497*
EM				-.400*	
GEI	-.435*		.541**	-.474*	-.607**

We have verified the significance of the differences between samples of doctors with high and low overall levels of emotional intelligence and coping strategies with the non-parametric Mann-Whitney test.

1. Comparison of the level of emotional intelligence and problem-oriented coping-style between samples of doctors with high and low emotional intelligence.

Statistical Analysis Hypotheses:

Hypotheses H_1 : Inter-physicians with low and high levels of emotional intelligence have

statistically significant differences in the dominant problem-oriented coping style.

Hypotheses H_0 : There is no statistically significant difference in the dominant problem-oriented coping style between doctors with low and high levels of emotional intelligence.

The results include the following indicators:

- test value U, determined using the test of Mann and Whitney,
- the smallest value of both rank sums (Wilcoxon W-test),
- the exact value of the error probability p when the number of observations is less than 10.

The H1 hypothesis is accepted at a significance level of 0.05 on the presence of statistical significance between problem-oriented coping and the level of emotional intelligence, which is also confirmed by the results of correlation analysis. Namely, problem-oriented coping is characteristic of doctors with a high level of emotional intelligence.

2. Comparison of the level of emotional intelligence and emotionally-oriented coping-style, between samples of doctors with high and low emotional intelligence.

Statistical Analysis Hypotheses:

Hypotheses H_1 : There are statistically significant differences in the dominant emotionally-oriented coping style between low-and high-level emotional intellects.

Hypotheses H_0 : There is no statistically significant difference in the dominant emotion-oriented coping style between doctors with low and high levels of emotional intelligence.

The hypothesis H1 is accepted at a significance level of 0.05 on the presence of statistical significance between the level of emotional intelligence and emotionally-oriented coping.

3. Comparison of the level of emotional intelligence and avoidance-oriented coping, between samples of doctors with high and low emotional intelligence.

Statistical Analysis Hypotheses:

Hypotheses H_1 : Inter-physicians with low and high levels of emotional intelligence have statistically significant differences in dominant avoidance-oriented coping.

Hypotheses H_0 : There are no statistically significant differences in dominant avoidance-oriented coping between doctors with low and high levels of emotional intelligence.

The hypothesis H1 is accepted at a significance level of 0.05 about the presence of a statistically significant relationship between the level of emotional intelligence and coping, based on avoidance. Namely, avoidance-oriented coping is typical of doctors with a low level of emotional intelligence.

The topic of our research was chosen not only because of the boom of the problem of emotional intelligence in psychology, but also because of personal interest and desire to contribute to the development of this industry. Studying the characteristics of any professional activity requires

careful theoretical and empirical work, and the topic of professional health from the point of view of emotional intelligence is of particular practical importance at this stage of development of the health care system.

The profession of a doctor belongs to the system of relations "person - person", while it has the specificity of "doctor - patient" Since ancient times, the requirements for the personality of a doctor have been quite high and more carefully developed than for representatives of other specialties. Modern concepts of professionally important qualities of a specialist doctor also put forward a wide list of professional requirements. It is important for us to emphasize in it emotional competence and adaptability to changing environmental conditions. As shown by studies of Western scientists, it is important for patients that the doctor perceive them as individuals and try to hear them. But specific working conditions, which very often become extreme, exert great strain on the mental state of specialists. This cause is considered to be one of the main causes of stress in the workplace, causing many adverse effects, including leading to somatic diseases. The most common chronic diseases among doctors are: diseases of the visual organs, diseases of the circulatory system, urinary system and skin diseases.

Emotional intelligence is not a panacea for this, as many people claim today. However, it can significantly change the perception of the world by man and those around him. In our case, it serves as a tool for effective interaction with the advantage in developing and maintaining one's mental health. A certain coping strategy determines the person's response and actions to stressful situations, including those related to health problems.

Measuring the level of emotional intelligence showed that the number of specialists with a low level of general emotional intelligence is 40% of the subjects, almost equal to those who have high rates on this scale 36% of the subjects. The purpose of our work was to identify the features of coping with the health problems of doctors with different levels of emotional intelligence. We concluded that doctors with high and doctors with low levels of development of emotional intelligence may have health problems, but there are some peculiarities of mastering these problems.

In particular, the more a doctor has, he understands the emotions of other people and controls them, the more he is prone to problem-oriented coping in a stressful situation and less inclined to emotionally-oriented coping, or avoidance of stressful situations. Similarly, the more a doctor is able to understand and control his emotions, the less he is prone to anxiety disorders and more inclined to problem-oriented, rather than emotionally-oriented coping.

In general, the higher the general indicator of emotional intelligence, the more the physician is inclined to problem-oriented copying and the less inclined to avoid stressful situations, or to prefer an emotional way of reaction.

Thus, it is practically important for doctors to develop their emotional intelligence, since it contributes to the problem-oriented way of solving professional problems in the difficult conditions of their life activity.

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