

TOLERANCE AS EMOTIONAL INTELLIGENCE DEVELOPMENT FACTOR

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ABSTRACT

In this article tolerance is viewed as emotional intellect development factor and describes results of randomized research conducted by author to study tolerance development effective methods promoting emotional intellect increase among hospital physicians. Author highlights deductive techniques which create conditions for tolerance disclosure and inductive techniques forming tolerance. The psycho diagnostics results through N. Xoll “Emotional intelligence” method are described in this article. Author compares psycho diagnostics results before an experiment and three months after. The experiment conducted in two groups with different deductive techniques. Among participants of group 1 the experiment was conducted using motivation-constructive approach where information material delivered through open didactic deductive technique motivating tolerance but among participants of group 2 through behavioral (action)-oriented approach where information material delivered close didactic inductive technique forming tolerance. Comparing dynamic of changes among participants of two groups, author makes conclusions on effectiveness of one or another deductive approach in individual tolerance development. Based on research results author concludes on effectiveness of deductive techniques which expand individual tolerance inner potential which in turn increase possibility of emotional intelligence increase.

Keywords: Tolerance, emotional intelligence, deductive, inductive, didactic technology.

INTRODUCTION

During professional life hospital physician has to face various situations which require both rational expression of emotions and adequate perception of entourage emotional reactions. Capacity to effectively understand emotional sphere of life, emotions and emotional undertones of relations, use emotions in motivation increases not only effectiveness of hospital physicians’ interpersonal relations but also efficiency of their professional activity. In psychology this capacity is called emotional intelligence.

Emotional intelligence (eng. emotional intelligence, EI) – it is individual capacity to recognize emotions, understand intentions, motivation and own as well as other persons wishes as well as capacity to manage personal and other persons emotions to solve practical tasks [1]. Considering that emotional intelligence is one of the backbones in formation, development, retrieval and expansion of interpersonal relations, its development becomes crucial.

LITERATURE REVIEW

In psychology there are controversial opinions on possibility of emotional intelligence development. Number of scientists considering that emotional intelligence is substantially stable capacity, adhere opinion on inability of its development. For example, according to Dj. Mayer it is possible only to increase emotional competence through learning [2]. But D. Goulman thinks that emotional intelligence can be developed since brain nervous paths continue develop until mid of human life [3].

According to our opinion, individual tolerance level disclosure increases emotional intelligence probability without use of techniques aimed to its formation.

METHODOLOGY

After signing informational voluntarily agreement to take part in this scientific experiment, participants randomly split into two groups by random numbers method: group 1 – 45 persons and group 2 – 43 persons. Training sessions for group 1 conducted with motivational-constructive approach where training material presented using didactic deductive technique while in 2 group sessions conducted with behavioral(action)-oriented approach where training material presented using didactic inductive technique.

The deductive education technique facilitates initiation of emotional and cognitive processes among students resulting in their sense-formation activity with formation of relevant behavior. Inductive education technique has modulating impact on students; training sessions are in emotion-forming and sense-forming format creating certain patterns, concepts and skills development by specific behavioral restrictions among students.

The diagnostics conducted twice: before the experiment and three months after. To identify emotional intelligence level N. Xoll “Emotional intelligence” method applied. This method has 5 scales enabling identification of the emotional awareness level, how an individual can control its emotions, self-motivation, empathy and recognition of other persons’ emotions. Calculation of scores done for each emotional intelligence partial and integrated levels. The higher scores the more this emotional expression is fierce [4].

To verify distribution forms of obtained sampling the Kolmogorova-Smirnova test applied which value in many parameters was $p < 0,05$. Taking into account that variables deviate from normal distribution, to compare results prior and after trail within dependant selections non-parametric Wilcoxon test is used.

RESULTS

Comparison of results by “Emotional intelligence” method prior the trail (initial testing) and three months after (post testing) in each group separately using Wilcoxon sign-ranks criteria revealed a significant difference. The analysis results are demonstrated in below table.

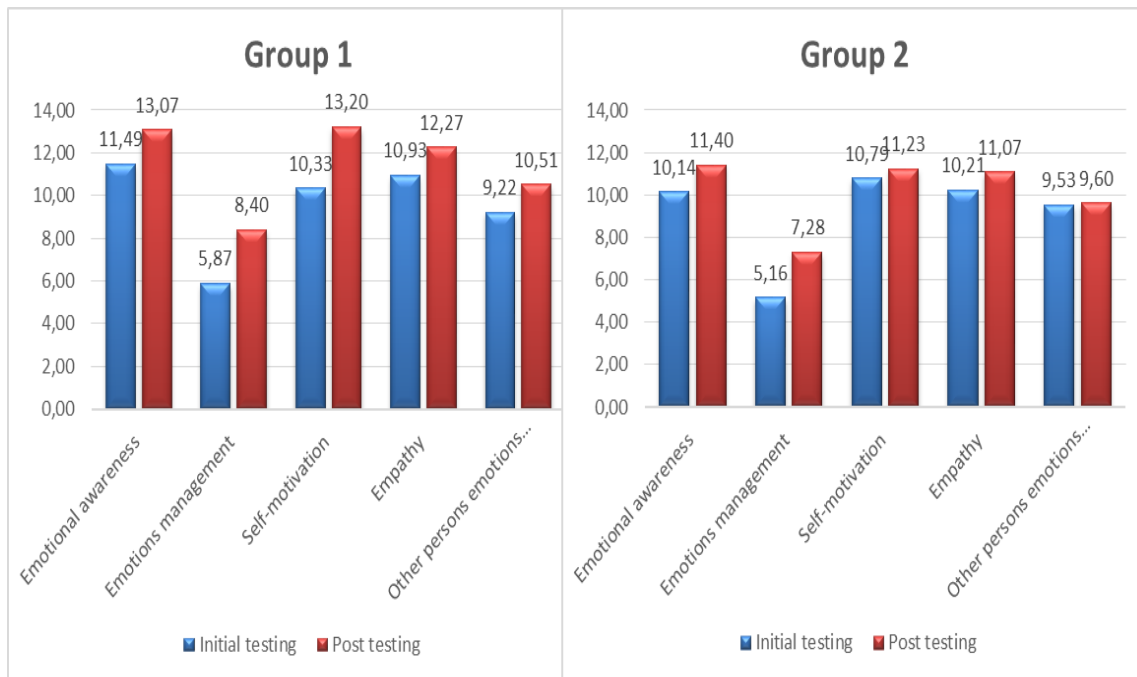
Emotional intelligence level dynamics among hospital physicians

Scales	№*	Group 1				Group 2			
		M	σ	z	P	M	σ	z	P
Emotional awareness	1	11,49	5,30	-3,65	0,000	10,14	6,67	-2,76	0,006
	2	13,07	4,14			11,40	4,85		
Emotions management	1	5,87	7,24	-3,40	0,001	5,16	7,08	-2,93	0,003
	2	8,40	5,77			7,28	3,83		
Self-motivation	1	10,33	6,36	-3,57	0,000	10,79	5,41	-0,65	0,514
	2	13,20	4,92			11,23	3,75		
Empathy	1	10,93	5,55	-2,94	0,003	10,21	5,89	-1,77	0,077
	2	12,27	5,03			11,07	4,21		
Other persons emotions recognition	1	9,22	5,20	-3,39	0,001	9,53	5,04	-0,08	0,938
	2	10,51	4,73			9,60	4,22		
Total emotional intelligence	1	47,84	23,08	-3,77	0,000	45,84	22,67	-2,79	0,005
	2	57,44	20,43			50,58	16,23		

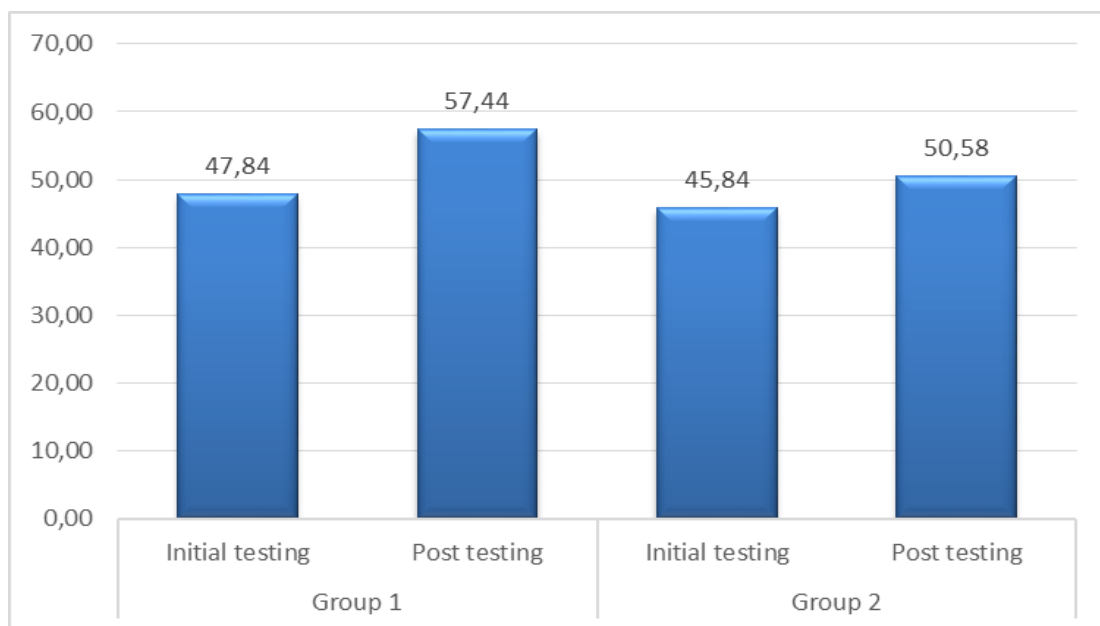
*1 – Initial testing ; 2 – Post testing

As shown in the table there are significant changes in all measuring scales among participants of group 1 and minor changes among participants of group 2 after forming trail. Emotional awareness level has increased in both groups: in group 1 from $11,49 \pm 5,3$ to $13,07 \pm 4,2$; resulting value $z = -3,65$; $p < 0,001$; among group 2 participants from $10,14 \pm 6,7$ to $11,40 \pm 4,9$; resulting value $z = -2,76$; $p < 0,01$. Emotions management level also significantly increased in both groups: in group 1 changes from $5,87 \pm 7,2$ to $8,40 \pm 5,8$; $z = -3,40$; $p = 0,001$; in group 2 from $5,16 \pm 7,1$ to $7,28 \pm 3,8$; $z = -2,93$; $p < 0,01$. Self-motivation among group 1 participants is significantly increased – from $10,33 \pm 6,4$ to $13,2 \pm 4,9$; $z = -3,57$; $p < 0,001$; and among group 2 participants this indicator slightly changed – from $10,79 \pm 5,4$ to $11,23 \pm 3,7$; $z = -0,65$; $p > 0,05$. Empathy level has also significantly increased in group 1 from $10,93 \pm 5,5$ to $12,27 \pm 5,1$; $z = -2,94$; $p < 0,01$; while in group 2 this indicator has slightly changed – from $10,21 \pm 5,9$ to $11,07 \pm 4,2$; $z = -1,77$; $p > 0,05$. Emotions recognition among participants of group 1 significantly increased from $9,22 \pm 5,2$ to $10,51 \pm 4,7$; $z = -3,39$; $p = 0,001$; and in group 2 has slightly changed – from $9,53 \pm 5,1$ to $9,6 \pm 4,2$; $z = -0,08$; $p > 0,05$. In total emotional intelligence level has a significant dynamics among participants in two groups; in group 1 from $47,84 \pm 23,1$ to $57,44 \pm 20,43$; $z = -3,77$; $p < 0,001$; in group 2 from $45,84 \pm 22,7$ to $50,58 \pm 16,2$; $z = -2,79$; $p < 0,01$.

These changes demonstrated in picture 1 and 2 showing the dynamics of proportional and overall emotional intelligence level among hospital physicians.



Pic. 1. Emotional intelligence level dynamics among hospital physicians



Pic. 2. Emotional intelligence overall level dynamics among hospital physicians

DISCUSSION

Thus, the analysis shows that at the emotional intelligence level there is a markedly influenced positive dynamic in all measured components of the emotional intelligence among participants of group 1, where information material delivered by deductive technique. However, among participants of group 2 where information materials delivered through inductive technique, there is slight positive dynamics. Level of the emotional awareness, the emotions management and the emotional intelligence overall level has significantly increased among participants in both groups. However, self-motivation, empathy and emotions recognition level has significantly increased only among participants in group 1, and slight

changes in group 2. Apparently, deductive techniques, stimulating disclosure of individual tolerance inner potential, impact on emotional intelligence development among students.

CONCLUSIONS

In conclusion of conducted survey it may be inferred that tolerance is a emotional intelligence development factor; application of deductive techniques disclose individual tolerance inner potential which in turn increases probability of emotional intelligence increase.

ACKNOWLEDGEMENTS

The survey conducted based on agreement №2015/01 dated 8 June 2015 between National University of Uzbekistan named after Mirzo Ulugbek and Tashkent Advanced Training Institute for Medical Staff in the framework of Ms. Abidova Z.A. PhD work “Social-psychological mechanisms of tolerance formation among medical personnel” in 19.00.05 – social psychology, ethno-psychology.

REFERENCES

1. Smith M.K. (2002) «Howard Gardner and multiple intelligences», The Encyclopedia of Informal Education, downloaded from <http://www.infed.org/thinkers/gardner.htm> on October 31, 2005.
2. Mayer J. D., Salovey P., Caruso D. R., & Sitarenios G. Emotional Intelligence As a Standard Intelligence. – Emotion, 2001.
3. Goleman D. Primal Leadership: Learning to Lead with Emotional Intelligence / D.Goleman, R.Boyatzis, A.McKee – M.: Alpina Biznes Buks, 2005. – 301 p.
4. N.P.Phetiskin, B.B.Kozlov, G.M.Manuylov “Social-psychological diagnostic of individual development and small group”. M., 2002. – pages.57-59.