

PRACTICAL AND PSYCHOLOGICAL BASES OF RESEARCHING THE SOCIAL INTELLECT OF MEDICAL ATTENDANTS

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ABSTRACT

This article is dedicated to the analysis of the materials related to the empirical research of the social intellect of medical attendants. This article gives a general overview the social intellect, emotional intellect, personal types, personal features and mental intellect levels of the medical attendants, and studies them in accordance with the aims of the research. We tried to find the connection between social intellect and socio-psychological competences. In order to study the general case of manifestation of medical attendants` social intellect indicators, a total of 132 medical attendants working at different stages of medical services in Bukhara, Tashkent regions were involved in experiments. In addition, this article substantiates certain thoughts about psycho-diagnostic methodologies, their standard norms and methods of applying them to the objects of the research that help to study the social intellect within the framework of the professional activity and assess its formation level.

INTRODUCTION, LITERATURE REVIEW AND DISCUSSION

The researches on the formation of the social intellect were conducted by G.Allport, L.Terstone, G.Eysenck, P.Salovey and J.Mayer, V.Keller, K.Dunker, M.Wertheimer, J.Campion, W.Charlesworth, J.Piaget, J.Bruner and L.Levi-Brul¹.

In their scientific investigations, R.Nemov, A.Luria, L.Vygotsky, S.Rubinstein, V.Shadrikov, L.Venger, V.Aseev, K.Abulkhanskaya-Slavskaya, D.Lucin, E.Khlystova, E.Ilin, B. Ananyev, E.Stepanova and B.Velichkovsky studied the intellect as the main form human activity and revealed its psychological features².

On the basis of the interpretation of the data which we obtain during the experiment we should point out that the medical attendants developed their abilities to predict the outcome of behaviour in the process of their professional activity while communicating with the administration, colleagues, patients and others. This means they could see the end of the communication coming out of the real situation, sometimes did not make a mistake to predict people`s unexpected actions, and were able to work out their careful plans to achieve own goals.

As a result of the application of the social intellect development program, the medical attendants could improve the shortcomings in their personal and professional growth during the professional period. This was also testified by the results obtained at the stage after the application of the psycho-training program.

During the psycho-training program, the medical assistances tested themselves in various situations and analysed the results through the exercises devoted to increasing the social intellect functions.

At the same time, it is important to determine the effectiveness of the special psycho-correction program worked out by us by studying the medical attendants' social intellect degrees (high, medium, low) during the research. In this sense, certain correlation analyses were carried out to diagnose such effectiveness. At the final experimental stage of the research, there was noticed a significant increase in the number of social intellect indicators. Moreover, at the beginning and end of the academic year the activities of more than 500 medical attendants working on the basis of special programs were studied and analysed according to the aims of the research as an "experimental" group and the general traditional activities of 518 medical attendants as a "control" group (Table 7).

The analysis of the obtained empirical data showed that there was a noticeable difference between the "experimental" and "control" groups. We can particularly point out that "high" intellect indicators increased from 40 to 170 and "low" indicators decreased from 260 to 112 among the medical attendants of the "experimental" group, and there was no big difference among such indicators of the respondents of the "control" group. This confirms the effectiveness of the psychological approach program worked out on the social intellect correction.

Table 7: Average general indicators of performance of medical attendants' social intellect degrees in experimental and control groups

| Groups | n ₁ ; n ₂ ; | Degrees | | | | | |
|---|--------------------------------------|---------|------|--------|------|-----|------|
| | | High | | Medium | | Low | |
| | | n | % | n | % | n | % |
| "Experimental" group a) before the experiment b) after the experiment | 500 | 40 | 8.0 | 200 | 40.0 | 260 | 52 |
| | 500 | 170 | 34.0 | 218 | 43.6 | 112 | 22.4 |
| "Control" group a) before the experiment b) after the experiment | 518 | 50 | 9.6 | 300 | 57.9 | 168 | 32.5 |
| | 518 | 69 | 13.3 | 197 | 38.0 | 252 | 48.6 |

The obtained data were analysed on the basis of Student-Fischer criteria. If we consider the assessment results (of the cases after the experiment) in the "experimental" and "control" groups as Choices 1 and 2, the following variation row is produced. There:

| | | | |
|----------------------|---------------------|--------|-----|
| Choice 1 | X _i high | medium | low |
| (experimental group) | n _i 170 | 218 | 112 |
| m=500 | | | |

| | | | |
|-----------------|---------------------|--------|-----|
| Choice 2 | Y _i high | medium | low |
| (control group) | n _i 69 | 197 | 252 |
| n=518 | | | |

At the same time, the modal values for the experimental and control groups make $M_e=5$ and $M_c=3$ respectively. So, $M_e>M_c$. In turn, this indicates in advance that the medium values appropriate for these choices also satisfy the $X>Y$ conditions. When they are calculated using the following formula, it turns out that the number of positive indicators in the experimental group is higher than the number of such indicators in the control group. $X>Y$

$$n_1 \times_1 \frac{1}{500}(170 \cdot 5 + 218 \cdot 4 + 112 \cdot 3) = \frac{1}{500}(850 + 872 + 336) = \frac{2058}{500} = 4.1$$

$$n_1 \times_1 \frac{1}{518}(69 \cdot 5 + 197 \cdot 4 + 252 \cdot 3) = \frac{1}{518}(345 + 788 + 756) = \frac{1889}{518} = 3.6$$

Based on these results, we calculate the quality indicators of our psycho-correction work conducted with the medical attendants during the research. We know that $X=4.1$; $Y=3.6$; $\Delta_m=0.003$ $\Delta_n=0.003$.

Of these, the quality indicators are:

$$I_1 = \left(\frac{x - \Delta m}{y + \Delta n} \right) = \frac{4.1 - 0.003}{3.6 + 0.003} = \frac{4.098}{3.603} = 1.13 > 1$$

$$I_2 = (x - \Delta_m) - (Y - \Delta_n) = (4.1 - 0.003) - (3.6 - 0.003) = 4.098 - 3.603 = 0.495 > 0$$

From the obtained results, we can see that the criterion for the assessment of the effectiveness of the psycho-correction programs introduced during the research is higher than one and the criterion for the general assessment of the medical attendants' psychologic competences is higher than zero. This confirms that the number of all the empirical indicators obtained in the experimental group is higher than the number of the indicators in the control group.

As a result of the experiments, the research hypothesis about developing the psychological bases of social intellect of the medical attendants working in the continuous education system was fully confirmed.

The conducted theoretical and empirical analyses showed the possibility of making an adequate assessment of medical attendants' social intellect indicators through the diagnostic and psycho-correction apparatus presented by the author.

CONCLUSION

Medical attendants' social intellect indicators can be determined on the basis of the requirements of 4 criteria according to the method of Guilford (understanding medical attendants' emotional experiences within the framework of communication, understanding the essence of verbal and non-verbal actions, assessing the possibilities of interpersonal interactions), 5 criteria according to the method of Hall (emotional literacy, empathy, feeling the other people's emotional experience, self-stimulation, controlling own emotions), 10 criteria according the method of Cattell (sociability, social perfection, social courage, trustfulness, self-confidence, independence, self-control, calmness, aspiration for domination, emotional stability) and 5 criteria according to the method of the author (ability to understand the others, social skills, awareness of communication secrets, purposefulness of communication, mirror of conformity in communication).

Additionally, according to the results of the analysis of correlative relations among the indicators, there was observed a characteristic tendency for developing such features as "sociability", "emotional stability", "social perfection", "social courage" and "self-control" in medical attendants so that they mastered the skill "understanding non-verbal communication actions" and their aspiration for eliminating the inclination to "nervousness and stress"; developing such features as "sociability", "emotional stability", "social perfection",

“independence” and “self-control” so that medical attendants mastered the skill “understanding verbal communication actions”; paying special attention to such features as “sociability”, “emotional stability” and “social courage” for the stable formation of the ability “analysing interpersonal interaction”.

We did not notice sharp differences in medical attendants’ gender questions between the social intellect and emotional intellect, personal types and personality features. At the same time, we found out that such main personality features as trustfulness, sociability and social courage had positive correlative interrelations in the manifestation of social intellect indicators in male and female medical attendants from the point of view of professional activity.

The correlation between medical attendants’ social intellect and socio-psychological competences was clearly seen mainly in understanding communication actions, moral instructions and communicative competences. This testifies further intensification of requirements at all the stages of medical attendants’ professional activities for specific social experiences and skills, and following certain socio-psychological factors in interpersonal relations.

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