

Studying the Social Intelligence of Health Personals as a Socio-Psychological Problem

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Abstract— This article provides practical and theoretical information on the humanization of medical workers, the creation of a new conceptual approach to the individualized, cultural and globalized environment.

Keywords— professional activities, phenomenological, genetic, sociocultural approaches, intellectual performance, socio-psychological productivity.

I. INTRODUCTION

Analyzing the literature on social psychology in particular on social psychology, we have to explore some common aspects of the methodology of social intelligence in the context of specific social psychological needs.

In covering the nature of social intelligence, we consider it appropriate to analyze the general state of existing psychological approaches to the intellectual. To date, existing approaches can be mentioned as following intellectual approaches.

In general, there are eight main approaches to the study of intellectual problems around the world, which can be summarized as follows.

1. Phenomenological Approach to Intelligence: Intelligence is regarded as the main form of the content of consciousness (V. Keller; K. Dunker; M. Wertheimer; J. Kampion and others).
2. Genetic Approach to Intelligence: The genetic requirements associated with the environment in the natural environment of the human interaction with the outside world are taken into account. (U.R. Charlesworth; J. Piaje).
3. Sociocultural Approach to Intelligence: It is acknowledged that the intellect is the result of socialization of the individual, as well as the intended effect of culture (J. Brunner; L. Levi-Brule; AR Luria; LS Vygotsky and others).

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4. A process-active approach to the intellectual: Intelligence is interpreted as a cognitive factor in human activity (S. Rubenstein, AV Brushlinsky, LA Wenger, KA Abulkhanskaya-Slavskaya, etc.).
5. Educational approach to the intellectual: the intellectual is seen as a product of purposeful learning (A. Staats; K. Fisher; R. Feyer-Stein, etc.).
6. The Information Approach to the Intelligence: Intelligence is regarded as a reflexive product of information processing (G. Ayzenk; E. Hunt; R. Sternberg etc.).
7. Functional-level approach of the intellectual: the intellect is expressed as a systematic analysis of different levels of cognitive processes (B.G. Ananov; E.I. Stepanova; B.M. Velichkovskiy, etc.)
8. The Regulatory Approach of Intelligence: The Intelligence is based on the tendency to interpret mental activity as a factor in self-regulation (L.L. Terstoun etc.).

The purpose of our research is not only to identify the nature of general intellectual approaches, but also to highlight the general psychological nature of the intellect that may reflect its approaches to social development and social existence. Our analysis of the above scientific approaches and research leads us to interpret social intelligence as a manifestation of socially beneficial adaptation.

In the 1960s and '70s of the last century there was extensive research on social cognition and communicative abilities. This led to a focus on the problem of social perception and the creation of scientific bases for its study on the basis of scientific understanding of the nature and composition of social intelligence.

Having created the first reliable test for measuring social intelligence, Gilford studied it as a system of intellectual abilities that was beyond the general intellectual factor and primarily related to the understanding of behavioral information [1].

Sufficient formation of social intelligence factors allows us to interpret possible events and events in the individual, to predict future events. Therefore, the ability of the individual to solve practical problems, verbal and social relations are the main components of the social intelligence.

E. Thorndike argued that social intelligence is different from common intelligence. Many authors (Keating, Gilford) describe social intelligence as an independent group of mental abilities that differ from academic and formal intellectual abilities [2].

In the past, the problem of the formation of social intelligence and the formation of social psychology in the world has attracted a number of researchers. In our analysis of the theoretical or methodological foundations of our research, we should focus on the research and conclusions of scientists on social intelligence, its relation to other types of intelligence, its structure, the approaches of scientists to it, and their descriptions of social intelligence.

The author of the earliest research on social intelligence, E. Thorndayk, notes in his research that high levels of academic intelligence provide a high level of social success. At first, E. Thorndike considered social intelligence to be able to foresee interpersonal relationships, to understand human beings, and to be able to reasonably treat them.

- Comprehensive Logical intelligence is the ability to comprehend abstract, verbal and mathematical symbols and to act on them.
- Social intelligence is the ability to understand and interact with people.
- On Concrete intelligence is the ability to understand objects and objects in the material world.

Also, Thorndike considered that the person who serves as one of the leading factors for successful interpersonal relationships to the core function of social intelligence predicts other people and their behavior [3].

This led to the separation of two aspects of social intelligence, from the perspective of the scientist: cognitive and behavioral aspects. We think that this way of representing the intellectual structure is quite clear and logical. Consistent with this idea, social intelligence, as a unit of cognitive and behavioral abilities that is not linked to general abilities, is presented by G. Alport, D. Wexler, EP Vernon, J. Gilford, O. John, S. Kosmitsky, and G. Geranyushkina. [3; 4;].

In summary, the problem of intellect is widely studied in the psychology of foreign (Western Europe, USA) and has been studied based on different theories, concepts, approaches, positions and directions. At the same time, criteria for measuring intellect, criteria, indicators of development, specificity, testing, and its use in the study of mental development of different ages are built on different scientific and theoretical foundations. Therefore, when we analyze them, we try to divide them into several dimensions, to understand the nature of interpretation more easily, to refer to a particular character, form, level, logical coherence of ideas.

In the present study, we considered it appropriate to use the Gilbert Test of Social Intelligence Measurement as one of the techniques used to uncover social intelligence factors. This methodology helps to identify the following factors that are relevant to the purpose of the study:

- It allows for the pure study of social intelligence;
- test stimuli are designed to solve situational tasks;
- behavioral, interpersonal situations, assessment of the expression of the individual, and the study of relevant situations.

When selecting other research methods, it is also important to consider the individual's social intelligence.

When referring to standard scores that reflect the level of methodology results, it looks as follows:

The standard score of the Gilbert test, which indicates the ability of health care providers to understand behavior, is as follows:

- 1 score - low ability to understand human behavior;
- 2 score - lower ability to understand human behavior;
- 3 score - moderate level of human behavior;
- 4 score - above average ability to choose human behavior;
- 5 score - high ability to choose human behavior

The study of the general state of the social intelligence of health workers is based on the values obtained from the implementation of the Gilford test. Based on the Gilbert test, we assess the social intelligence of health workers on the conditionally presented standard scores.

We have already discussed how the data presented in the theoretical analysis of social intelligence research can serve as a methodological basis for interpreting empirical results. In turn, the study of social workers' professional intelligence is one of the most pressing problems of today's psychology, and the effectiveness of activities is related to social skills, interpersonal skills, self-control, and self-control in the system of "subject-to-subject" communication. The focus is on how they understand and respond to their moods.

Now, let's take a look at the general case of preliminary quantitative analyzes (average values and correlation coefficients) for the study of the social intelligence of health workers (see Table 1.1).

Selection and research of the criteria for social intelligence, to some extent, helps to open up the possibilities of social intelligence in the professional work of medical professionals.

1.1-table Indicators of Social Workers' Social Intelligence on the Gilford scale N = 920

Social intellect steps		Understanding the feelings, thoughts, and intentions of the participant	Understandin g Nonverbal Communicati on Actions	Understand ing Verbal Communica tion Actions	Analysis of interperson al interaction
Medical staff with up to five years of experience	χ	2,48	2,12	2,52	2,67
	σ	0,83	1,6	1,26	1,27
Medical staff with ten years or more of experience	χ	3,25	3,10	2,82	3,10
	σ	0,84	0,86	1,0	1,20

Note: * p≤ 0,05, *** p≤ 0,01

It is possible to say that health care providers with less than five years of experience have been ranked among health care providers, meaning that health workers' scores on social intelligence scales were slightly lower than those of other phases: understanding the participant's feelings, thoughts and intentions (2,48); understanding nonverbal communication movements (2,12); understanding verbal communication movements (2,52); analysis of interpersonal interaction (2,67). As can be seen, the characteristics and abilities that reflect the social intelligence of medical personnel reflect the average level of standard scores (see Table 1.1). These medical professionals with more than ten years of experience show below average ability to understand human behavior in their professional activities. This could result in poor understanding of the consequences of behavior and related behavior in these health care providers, often misunderstandings and conflicts, poor understanding of their own behavior and the

actions of others, and poor orientation for behavioral and commonly accepted rules; Incompetent in speech and gestures, it is difficult to comprehend what is being said by the speaker, who focuses on word-for-word information in communication; tendency to perceive different meanings, difficulties and misunderstandings of their communication partners, difficulty in analyzing interpersonal interactions, and difficulty adapting to interpersonal relationships.

Thus, as social intelligence is one of the factors determining the effectiveness of health care providers, it is important to remember that this is one of the most important tasks facing the health care system today.

Summarizing the above comments, we identify the social intelligence factors and the research methodology. Furthermore, the selection of methodologies for the social intelligence study of health care providers and their modification for the purpose of research has led to the following conclusions in these chapters:

1. The use of a set of content-analyzes, questionnaires, tests and additional methods dedicated to a special study of the social intelligence problem has allowed to expand the practical tasks of research.
2. It is stated that medical workers have different dynamics and effects on each of the social intelligence factors, and that it contributes to the consolidation of social intelligence, which is important in determining the effectiveness of social intelligence in social psychology.
3. The role of social intelligence in the work of medical professionals is invaluable. This may be due to the growing demand for professional work of medical personnel and the formation of social experiences.

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