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Social Intelligence as a Factor of Volunteer Activities by Future Medical Workers

**Liana Onufrieva¹, Oksana Chaikovska², Oleksandr Kobets³,
Roman Pavelkiv⁴, Tetiana Melnychuk⁵**

Abstract

The article presents the results of theoretical and empirical studies of social intelligence of students of a medical College in the implementation of socially useful activities by means of volunteer work.

Social intelligence is considered as a relatively stable system of intellectual abilities, which are expressed in social behavior of the individual. The author highlighted the role of social intelligence in the activities of future health professionals.

The article analyzes psychological studies on the problem of social intelligence.

During the empirical study revealed the level of social intelligence of students-volunteers, established its relationship with the level of empathic tendencies and the type of interpersonal relations.

It is noted that the formation of social intelligence defines social perception, social sensitivity, social thinking, reflection and empathy. Social intelligence is the ability to develop in social interaction. The level of development of social intelligence in General and its individual abilities associated with the personal characteristics and features identify companies.

Found that social intelligence is part of the communicative-reflective component of psychological readiness of students to volunteer activities, include the appropriate communicative competence as the ability to formulate their opinions and to understand the other person's opinion, the ability to recognize both verbal and nonverbal cues in the communication process, accounting for age and individual aspects of communication, availability of appropriate perceptual mechanisms (empathy, reflection, identification), the ability to interact with colleagues and people assisted, ability to work in a team and find a way out of conflict situations and etc.

It is concluded that the development of social intelligence of future specialists due to empathic tendencies, the prevailing structure of values, respect for others, their behavior and actions, types of interpersonal relations.

The identified level of social intelligence of students and volunteers, its relationship with the level of empathic tendencies and the type of interpersonal relations indicates the need to develop experimental psychological program of formation of social intelligence in future medical professionals.

Keywords: Social intelligence, Student volunteers, Medical professionals, Volunteering, Empathy, Socially useful activities.

¹ PhD in Psychology, Assistant Professor, Head of the Department of General and Applied Psychology, Kamianets-Podilskyi National Ivan Ohienko University, Kamianets-Podilskyi (Ukraine), E-mail: kpnu_lab_ps@ukr.net

² PhD in Psychology, Senior Lecturer of the Department of General and Applied Psychology, Kamianets-Podilskyi National Ivan Ohienko University, Kamianets-Podilskyi (Ukraine), E-mail: chaikovska.oksana@ukr.net

³ Doctor of Psychological Sciences, Professor of Department of Psychology, Pavlo Tychyna Uman State Pedagogical University, E-mail: akad_msd@i.ua

⁴ Doctor of psychological sciences, Full professor, Head of the Department of Lifespan & Pedagogical Psychology, Rivne State University of the Humanities, (Ukraine), E-mail: pavelkiv_rv@ukr.net

⁵ Ph.D. in Psychological Sciences, Senior Researcher, Laboratory of Organizational and Social Psychology, G.S. Kostiuk Institute of Psychology, National Academy of Pedagogical Sciences of Ukraine (Ukraine), E-mail: mti_kiev@ukr.net

Introduction

Against the background of socio-economic, political, national and cultural transformations there is a need to form an intellectual, active personality, who not only adapts to a fast and changing world as a passive observer, but also capable of anticipating its dynamics and acting as the driving force of change. The current socio-economic situation in Ukraine and its orientation towards the EU states that the constant complication of public life, the rapid changes in its various spheres require young people to have a clear understanding of what is happening and how they can realize their own potential in life and in their professional environment. . It is futile to expect that a person will work effectively, coherently, progressively, if he does not seek self-development and progress. The gradual development and utilization of human resources make it possible for the person to be able to provide and organize the training itself in order to achieve the goals set by the subject, as well as to improve skills and competences, increase knowledge, increase competence, ability to study and enthusiasm of young people, which contributes to the continuous growth of their personality.

Therefore, given the rapid development of society and its institutions, the European integration processes, it becomes an urgent task to study the organization of social intelligence, its potential and functional purpose in a positive transformation of reality.

The problem of social intelligence has played a key role in the scientific search for famous psychologists N. Bulka (Bulka, 2004), O. Bezpalko (Bezpalko, 2005), I. Vashchenko (Vashchenko, 2018), O. Vlasova (Vlasova, 2005), E. Ivashkevich (Ivashkevich, 2019), M. Kubishkina (Kubishkina 2006), V. Kunitsyna (Kunitsyna, 2003), O. Sasko (Sasko, 2005), Onufrieva L.A. (Onufrieva, 2017) and others.

The role of social intelligence in the activities of modern professionals is certainly high: the level of its development largely determines the peculiarities of the interaction of the medical specialist in the professional group and the degree of effectiveness of providing the necessary assistance. The problem of social intelligence becomes especially relevant in the process of forming the personality of a modern worker. However, the concept of social intelligence is often not included in the numerous lists of professionally important qualities and in the educational and qualification characteristics of modern specialists. At the same time, personal qualities that form the basis of social intelligence are presented: communicative competence, sociability, effective interaction with people, etc.

Some scholars and leaders of the volunteer movement believe that a person's willingness to volunteer is a kind of gift and is determined by the presence of a certain set of personal qualities. Some of the researchers also point to social intelligence, which enables the volunteer to be able to predict the client's behavior in terms of their verbal and non-verbal manifestations, to understand the needs and problems of their wards, to be able to perceive and understand their feelings, to adequately evaluate themselves and their actions.

However, some psychological mechanisms of social intelligence, especially its manifestation as a factor of socially useful activity, have not been studied yet.

Theoretical foundation

In the modern world, there is a reform of the system of higher educational establishments. The main goal is to educate students in competitiveness as a result of mastering a wide range of humanitarian competencies of future medical professionals. Priority areas for improving the competitiveness of future physicians are formed skills in solving complex professional problems, developed social intelligence, as well as awareness of medical traits students.

Therefore, research into the development of social knowledge and skills is in demand, as

social reality is constantly complicated, and the number of contacts between people in various spheres of life increases: in business interaction, career advancement, professional and personal development. The efficiency of health care workers' work depends not only on professionalism and skill, but also on the ability to establish reliable and constructive relationships with a wide range of people. Social intelligence is gaining the importance of a professionally important quality for future physicians who seek successful work and community activities.

In the socio-psychological literature is quite deeply disclosed the concept of general intelligence, which determines the effectiveness of the individual and the success of solving various problems (Adler, 2001; Bulka, 2004; Vlasova, 2005; Onufrieva, 2017).

As an independent phenomenon, social intelligence manifests itself in specific situations when solving a social situation, in interaction with people. Most researchers recognize that social intelligence is aimed at adapting to the social environment (Lyakhovets 2008; Sasko 2005).

In studying social intelligence, M. Kubishkina notes that the leading features of people with a clear motive for achieving social success are activity and self-confidence, high self-esteem with actualization of their charm, and highly developed social intelligence (Kubishkina, 2006).

V. Kunitsyna understands social intelligence as a global capacity that arises based on a complex of intellectual, personal, communicative and behavioral traits, including the level of energy support for self-regulatory processes. These traits make predicting the development of interpersonal situations, the interpretation of information and behavior, readiness for social interaction and decision-making (Kunitsyna, 2003). And so, the researcher greatly expands the content of social intelligence, defining it as a multicomponent ability that is closely related to personal characteristics.

In the works of I. Vashchenko, L. Onufrieva (Vashchenko & Onufrieva, 2018), L. Onufrieva (Onufrieva, 2016) and others. the relationship between the levels of development of social intelligence and communicative competence of the individual is characterized.

Modern domestic researchers E. Ivashkevich, L. Onufrieva view social intelligence as the ability to perform rational, thinking operations, the object of which are the processes of interpersonal interaction (Ivashkevich & Onufrieva, 2019). Thus, E. Ivashkevich argues that social intelligence is an independent neoplasm in the structure of personality intelligence and defines it as an integrative ability to adequately perceive, understand, and predict the behavior and activities of other people (Ivashkevich, 2016).

Thus, when determining the structure of social intelligence, researchers emphasize its connection with the knowledge of social objects and situations, as well as the understanding of the processes of interpersonal interaction.

It should be noted that with the beginning of the active use of the term "social intelligence" in the psychological literature, such a category is increasingly found in the list of important qualities required for professions of the type "person-person".

The profession of medical worker fully reflects all the characteristics of a profession of type "person-person": the subject of work is another person; the main tools of work - verbal and non-verbal means of communication; the main professional tasks of the physician are related to the direct effect on other people; the success of an activity depends largely on the ability to establish direct social contacts. It is worth noting that the level of development of social intelligence determines the success of the future medical profession.

Regarding the theoretical study of volunteer activity, it is regarded as a conscious, voluntary, unpaid activity for the benefit of others. Volunteering promotes the preservation of human values,

the realization of people's rights and responsibilities through personal growth through awareness of human potential (Bezpalko, 2005; Liakh, 2001).

We believe that participation in voluntary volunteer activity for students is an important condition for the formation of the necessary cultural competences, the acquisition of social practice, the development of communication skills, the expansion of knowledge about the social environment.

The purpose of the article is to theoretically substantiate and empirically investigate the role of social intelligence of medical college students in the process of socially useful activities through volunteer work.

Objectives of the research: to carry out a theoretical analysis of the role of social intelligence in the structure of psychological readiness of student youth to volunteer work; to select psychodiagnostic tools for studying social intelligence and personal characteristics of medical college students; identify the importance of social intelligence in the process of socially useful activities, describe the relationship of social intelligence and its components with the level of empathetic tendencies and the type of interpersonal relationships.

Research methods and techniques

The following methods of theoretical and empirical research were used to solve these problems: theoretical (generalizations and systematization of scientific sources on the problem of research), empirical (observations, comparisons, complex of methods ("Method of Social Intelligence Research" by J. Guilford and M. Sullivan, adapted O. Mikhailova, empirical tendency test questionnaire, developed by A. Mehrabian and N. Epstein, methods of diagnostics of interpersonal relationships T. Leary), qualitative and quantitative analysis of psychodiagnostic results methods (mathematical statistics package SPSS): primary (statistical calculation of average values and standard deviation) and secondary (calculation Student t-test between two samples), Pearson correlation analysis).

Results and Discussions

The results of the empirical study were able to identify the level of social intelligence of volunteer students, to establish its correlation with the level of empathic tendencies and the type of interpersonal relationships.

An experimental sample of our study was made by students of Chemerovets Medical College, Khmelnytsky region. The study involved 50 students of 4 courses of specialties "Medical" and "Nursing", of which: 25 people are engaged in volunteer activities (experimental group) and 25 people are not volunteers (control group). The heterogeneous sample consisted of 9 male and 41 female 17-17 year olds.

A study of the level of development of social intelligence by the method of J. Guilford and M. Sullivan (based on composite assessment) found that in the experimental group (volunteers) no student has a low level of social intelligence, social intelligence below the average (average) 28% average social intelligence (average sample rate) - 68% of students, 4% of students have social intelligence above average (average), none of the students showed a high level of development of social intelligence (Table 1).

In the control group (not volunteers), the level of development of social intelligence was distributed as follows: no student has a low level of social intelligence, social intelligence below average is peculiar to 40% of students, average social intelligence - 60% to students, no student has found social intelligence above average and high level (Table 1).

Table 1: Results of diagnostics of the level of social intelligence

Group	Level of development of social intelligence (%)				
	Low level	Medium-weak	Medium-sample rate	Medium-strong	High level
Experimental	-	28%	68%	4%	-
Control	-	40%	60%	-	-

Comparative analysis of diagnostic sections by the "The assessment of social intelligence" by J. Guilford and M. Sullivan in the experimental and control groups shows the absence of significant statistically significant differences in the indicators of the three subtests "Story with completion", "Verbal expression", "History and completion" composite estimates (Table 2).

Table 2: Comparative analysis of social intelligence factors in control and experimental groups

Group	Subtest 1 Story with completion	Subtest 2 Expression groups	Subtest 3 Verbal expression	Subtest 4 Addition Stories	Composite score
Experimental	9,60	6,04	7,96	5,92	29,40
Control	9,44	7,44	7,28	4,56	28,28
Student's t-test	0,30	2,72** p<0,01	1,13	1,81	0,90

** p<0,01.

The slight differences in subtest # 1 "History with Completion" (average statistical value in the experimental group is 9.60, in the control group - 9.44) are explained by the specificity of theoretical and practical training of future physicians and motivation aimed at optimizing relations with others. Effectiveness in establishing and maintaining contacts with others is ensured by the students of the experimental and control groups also the ability to analyze real communication situations, anticipate events, based on the understanding of the feelings, thoughts, intentions of participants of communication.

Note that successfully (4-5 points standard value) completed subtest # 1 48% of students in the experimental group and 52% of the control group. Of these, 12% of the volunteers of the experimental group and 4% of the students of the control group have high scores on the Behavioral Cognition Factor (SVI), which is a testament to the high ability to predict people's subsequent actions based on the analysis of real communication situations (family, business, friendship), anticipate events based on

understanding the feelings, thoughts, intentions of the accomplices of communication. However, it is likely that the predictions of these subjects may be incorrect when they deal with people who behave unexpectedly and atypically. Such people can clearly develop a strategy of their own behavior to achieve the goal.

According to the results of Subtest # 2 of the Expression Group, it is observed that the average of volunteer students is lower than that of students not engaged in volunteer activities ($t = 2.72$; $p < 0.01$), in particular, 44% of students in the experimental group and 8% of the control group had low scores on this subtest. We can assume that in this sample volunteer students have problems with the correct assessment of states, feelings, intentions of people in their non-verbal manifestations (facial expressions, poses, movements, gestures). This can be explained by the high complexity for the young men of the process of distinguishing between mimic and pantomime signals. Subtest # 2 measures the factor of cognition of classes of behavior (SHS), namely: ability to logical generalization, selection of common essential features in various nonverbal reactions of the person. In the experimental and control groups, no students with a high score on this subtest were found, indicating that participants in this sample were not sufficiently sensitive to non-verbal expression, which significantly increased the ability to understand others.

Minor differences in the results of the experimental and control groups were observed during the execution of subtest No. 3 "Verbal expression" (average statistical value in the experimental group is of 7.96 in control of 7.28). Subtest measures the factor of knowing the transformation behavior (SVT), namely: the ability to understand the meaning of similar verbal reactions depending on the context of the situations that caused them. No one diagnosed the experimental and control groups showed high performance (the default is 5) this subtest. At the same time, 20% of students in experimental and 24% of the students in the control groups showed low indicators on these subtests (default value is 2) that is due to the discrepancy between the volume of theoretical knowledge of students about verbal communication and the form of representation proposed practical tasks. Theoretically, the future physicians know that verbal communication is the interaction between the two systems, each of which simultaneously sends and receives messages to and is a social system based on the principle of feedback. During the execution of the students of this subtest they have had some complications which have also had an impact on his performance, namely: first, the lack of non-verbal signals from participants of the dialogue; secondly, the uncertainty of status and group membership communicants; thirdly, the uncertainty representations studied on what role stereotypes affect the behavior of participants in a situation; finally, the vagueness of the context of individual tasks.

The results of subtest # 4 "Addition Stories" (average volunteer score of 5.92, non-volunteer score of 4.56) showed no statistically significant differences. At the same time, according to the subtest, 12% of students among volunteers showed high results (standard value - 5), no student did not show high results. Noteworthy is the fact that low scores for the results of the Subtest "Addition Stories" were not found in volunteer students, 15% of non-volunteer students had a standard low value of 1.

Sub-test # 4 diagnoses the ability to understand the system of behavior and is the most complex and informative of the general weight factor in the structure of social intelligence. We believe that the minimal differences in the performance of the test are explained by the fact that only a small number of volunteers diagnosed from the group have a deep knowledge about the peculiarities of psychological portraits of communication participants, are able to navigate their behavior quickly enough. However, most other diagnoses from the experimental and control groups solve the problem of subtest, focusing on intuition, their own communication experience, and the random nature of choosing the right answer is not excluded.

Correlation analysis (Table 3) was used to identify the intersystem connections of social intelligence.

Table 3: The matrix of intercorrelations of social intelligence scores

Subtest	Experimental Group	Control Group
	r	r
	Composite score	Composite score
1	0,43	0,68
2	0,47	-
3	0,56	0,49
4	0,46	0,57

Analysis of the inter-correlation relationships of social intelligence in the experimental group shows that in it the composite score positively correlates with all subtests (subtest 1 "Expression groups", subtest 2 "Expression groups", subtest 3 "Verbal expression", subtest 4 supplement ") (the average relationship is in the range 0.43 - 0.56).

The control group found a positive correlation of composite score - the average correlation with subtests # 3, # 4 ("Verbal Expression", "Addition Stories"). Thus, by developing the ability to anticipate the consequences of behavior and subsequent actions of people, based on an understanding of their feelings, thoughts and intentions, it is possible to influence the overall development of the social intelligence of the individual.

In order to identify the existing level of empathy development of the experimental and control group students, a test questionnaire of empathic tendencies was developed, developed by A. Mehrabian and N. Epstein. The data from the empirical study are presented in Table 4.

Table 4: Results of diagnosis of empathic tendencies of students of experimental and control groups

Group	Empathy development rate (%)			Average statistical value
	Low	Average	High	
Experimental Group	(16%)	(56%)	(28%)	26,36
Control Group	(36%)	(48%)	(16%)	21,96

As can be seen from Table 4, there are differences in the levels of empathy of the experimental and control students: low was demonstrated by 16% of volunteer students and 36% of non-volunteer students, medium - 56% of volunteer students and 48% of non-volunteer students , high - 28% of volunteer students and 16% of non-volunteer students. Noteworthy is the statistical significance of differences in the mean values in the experimental and control groups: they are higher for volunteer students (26.36) than for non-volunteer students (21.96) ($t = 2.72$; $p < 0.01$).

Summarizing the results of the study of student empathy, we note that empathy is one of the most important characteristics of a volunteer personality. It is obvious that without emotional sensitivity to the excitement of the other (important moral sense) of the volunteer, it will be difficult for the future medical student to understand the problems of others and to sympathize with them. It is this property that becomes the driving factor (desire) in the desire to selflessly help solve other people's problems. Empathy in the form of compassion or emotion, whether compassion or sadness, is related to one's ability to "penetrate" into the sensual world of others. In a variety of life situations, emotional sensitivity depends on the adequacy of the perception of people's experiences and emotions of animals, as well as on the understanding of the causes that caused them. Noteworthy is the fact that young students have lower levels of empathy than girls. We can assume that young people partially hide their experiences without showing them openly and are not always inclined to reflect them.

The development of emotional sensitivity depends on many factors, including: the degree of actualization of the well-being needs of others; ability to correctly perceive non-verbal information about the condition of a person or animal by posture, facial expressions, gestures, voice intonation, etc.; life experience; the nature of upbringing in the family and the school.

As you can see, in the second parameter (the ability to correctly perceive non-verbal information about the state of a person or animal by posture, facial expressions, gestures) theoretically there is a connection to subtest # 2 "Expression Groups", which determines the ability to generalize, the allocation of common essential features in various nonverbal human reactions.

The results of diagnostics of interpersonal relationships by T. Leary method are presented in table 5.

Table 5: Comparative analysis of the types of interpersonal relationships in the control and experimental groups

Group	Average statistics of types of interpersonal relationships									
	Authoritarian	Independent - dominant	Aggressive	Distrustful - skeptical	Humble - shy	Envious	Collaborator	Altruistic	Domination	Friendly
Experimental	9,12	5,44	6,08	6,24	7,33	6,24	9,84	10,12	4,24	6,48
Control	9,80	5,56	7,88	6,28	8,16	8,44	10,20	8,76	1,36	4,76
Student's t-test	0,86	0,23	2,92 ** p<0,01	0,04	0,88	3,32 ** p<0,01	0,43	1,56	1,53	0,95

** p<0,01.

Analysis of the results showed that the highest average statistical value in the experimental group was obtained by octant 8 "Altruism" (9.84, maximum value - 14, minimum value - 4), in the control group - octant 7 "Collaborator" (10.20, maximum value - 15, minimum value - 4).

The dominance of a group of future medical students who are volunteers of the "responsible-generous" type of interpersonal relationships is the expected result for us, because people of this type have easy access to different social roles, flexibility in contacts; sociability, kindness, dedication; the pursuit of activities that benefit all people; charity, charity. This type of relationship is related to the expressed need to conform to social norms of behavior, with a tendency to achieve harmony in interpersonal relationships.

The cooperative-convention type of interpersonal relationships is statistically typical of the control group of subjects. We will consider that the members of this group are more characterized by a stronger reaction to the influences of the environment, the dependence of the self-esteem of a part of the group members on the opinions of significant people, the desire to participate in group events, cooperation; the urgent need to extend friendliness to others, to seek recognition in the eyes of the most authoritative personalities, the desire to find rapport with others; enthusiasm, sensitivity to the emotional mood of the group.

We note that in both groups the lowest average statistical indicator is the indicator of independent-dominant (selfish) octant (experimental group - 5.44, control group - 5.56). Independent-dominant type of interpersonal relationships is related to such features as: complacency (or narcissism), distance, self-centeredness, excessive level of demands, a pronounced sense of competitiveness, which is manifested in the desire to take a special position in the group. Here, dominance is less likely to be shared with a group of interests and does not manifest itself in the desire to lead people behind them by infecting their ideas. Thinking style is non-template and creative. The opinion of others is perceived critically, one's own opinion is translated into the rank of dogma or quite categorically defended. Emotions lack warmth, actions - conformity. Explaining the above, in our opinion, it is necessary to take into account the specifics of the profession of medical worker. For active professional activity, in addition to having the practical skills necessary to provide effective assistance to patients, the ability of the health worker to perceive and understand the patient's problems and feelings, to be empathetic, to evaluate his or her mental state and to provide psychological assistance is important.

Therefore, the low average of the independent-dominant type of interpersonal relationships for future medical students is a positive sign.

The results of T. Leary's method revealed statistically significant differences in parameters:

- "Aggressive" (mean statistical value in the experimental group - 6.08, in the control group - 7.88; $t = 2.92$; $p < 0.01$);

- "Envious" (mean statistical value in the experimental group was 6.24, in the control group - 8.44; $t = 3.32$; $p < 0.01$).

As part of the study of volunteer students' social intelligence, we were also interested in correlating relationships of social intelligence indicators with the level of empathic tendency development and the type of interpersonal relationships.

Analysis of correlation matrices (Figure 1, 2) makes it possible to state:

1) in the experimental group, there is a strong correlation between the composite score of social intelligence and the verbal expression index ($r = 0.56$), the verbal expression index and the empathy index ($r = 0.44$);

2) in the control group revealed a positive correlation between the composite score of social intelligence and the indicator "verbal expression" ($r = 0,49$), expressed a negative correlation between the indicator "verbal expression" and the type of interpersonal relationships "Aggressive" ($r = - 0.50$).

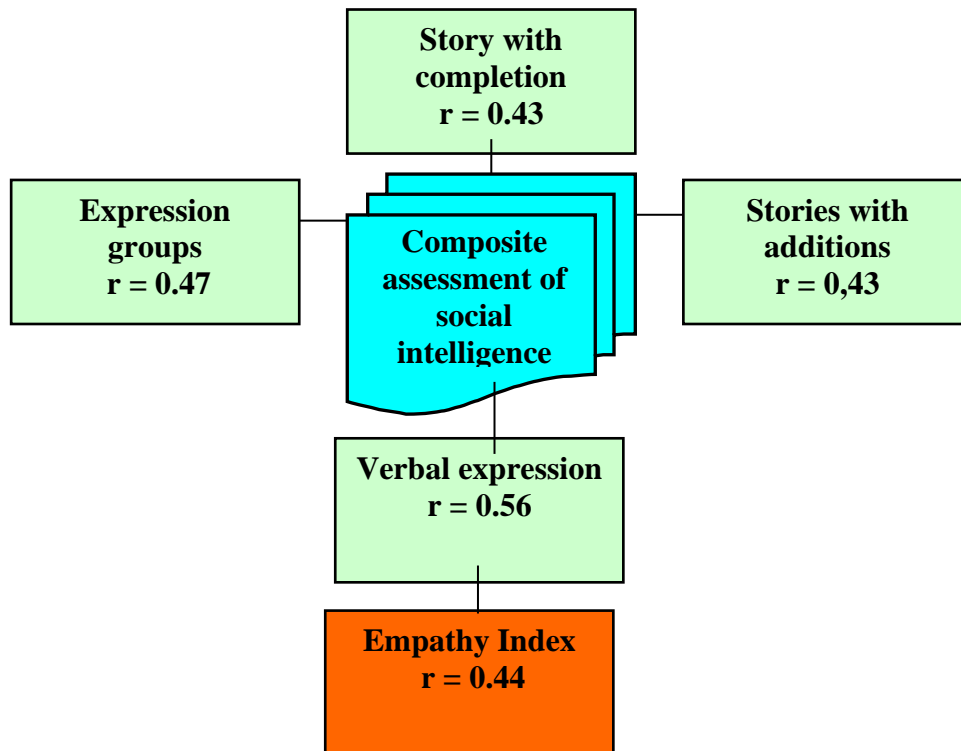


Figure 1. Correlating galaxy of social intelligence indicators and empathic trends in the experimental group

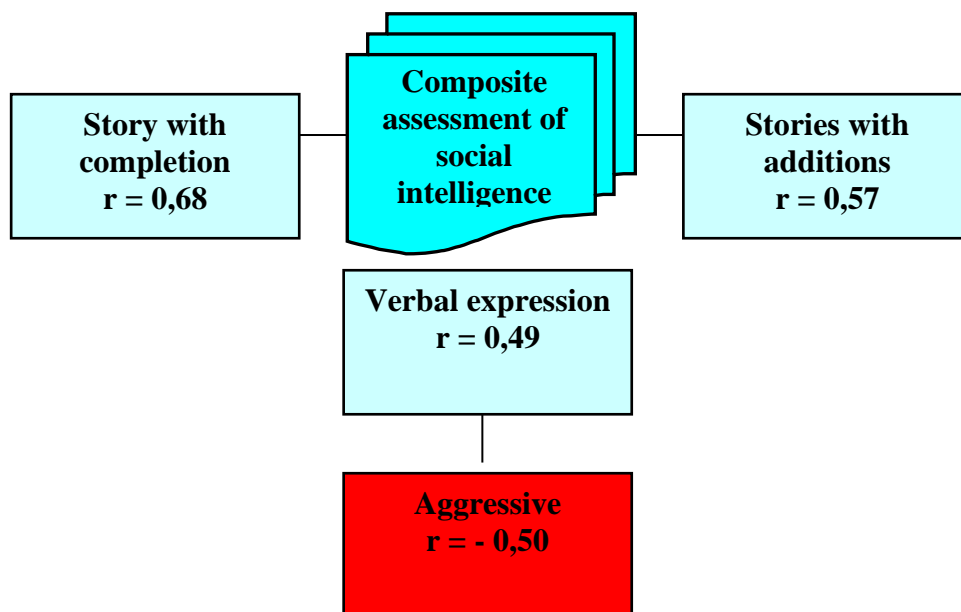


Figure 2. Correlating galaxy of indicators of social intelligence and type of interpersonal relationships in the control group

Thus, the results of the study of social intelligence by the method of J. Guilford and M. Sullivan make it possible to state that in the experimental group he is in the positions: medium-weak - medium-sample rate - average, in control: medium-weak - mid-sample rate.

The study of the level of development of social intelligence demonstrates that the ability of students of control and experimental groups to understand the behavior of others and predicting interpersonal events does not differ significantly, except for the ability to generalize, the selection of common essential features in different non-verbal subtleties² better in control students.

Conclusions

Social intelligence is a component of the communicative-reflective component of psychological readiness of students to volunteer activities, which implies: the availability of appropriate communicative competence as the ability to formulate their opinions and to understand the other person's opinion, the ability to recognize both verbal and nonverbal cues in the communication process, taking account of the age and individual aspects of communication, availability of appropriate perceptual mechanisms (empathy, reflection, identification), the ability to interact with colleagues and people assisted, ability to work in a team and find a way out of conflict situations and etc.

Empirical evidence shows that the structure of social intelligence of future health workers included the ability of the individual, which was measured by reliable test methods for the study of social intelligence. The development of social intelligence of future specialists due to antichnymi trends prevailing structure of values, respect for others, their behavior and actions, types of interpersonal relations.

Social intelligence is the factor that makes qualitative component of socially useful activities. Because people with a developed social intelligence is included in the broader social context, active and flexible, and usually more contented life, easy to integrate into new social structures and conditions, is able to resist and withstand multiple stresses and, consequently, has more chances for personal fulfillment and for a long, interesting and active social life. A high level of self-actualization, psychological autonomy and independence of the subject who accompany developed social intelligence, allow firmly to resist the pressure of the environment and circumstances.

The prospect for further research we see the development of the experimental psychological program for the formation of social intelligence of future health professionals.

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