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COPING BEHAVIOR AND EMOTIONAL INTELLIGENCE AMONG HEALTH PROFESSIONALS IN THE CONTEXT OF WORK STRESS

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Abstract. *The article presents the initial results of a conducted study aimed at tracking the relationship between coping behavior and emotional intelligence among healthcare professionals under conditions of work stress. In Bulgaria it's insufficiently studied among this professional group. A solid understanding of this issue is crucial for developing effective stress management programs.*

Sample and Methods. An online survey was carried out through Google Forms among 127 health professionals from medical institutions in the city of Sofia in period 01.09. - 01.12.2023. The main criterion for the selection of the subjects in this study is their voluntary willingness to participate.

The following methods were used: Documentary method; Survey method; Questionnaire to assess preferred strategies for coping with stress - COPE Questionnaire (Carver et al., 1989); Trait Emotional Intelligence Questionnaire Short Form (Petrides and Furnham 2001); Statistical methods.

Results. In analyzing the EI traits, which was the most significant in the selection of adaptive strategies, stand out: the sense of well-being, self-control and sociability. The initial results shows that higher emotional intelligence of medical specialists was related to adaptive stress coping strategies. The age positively correlates with the Seeking social support and Behavioral decision planning.

Conclusions. The results of a detailed study of health professionals' individual coping resources and the level of EI as a basis for adaptive coping with stress would be useful to developing effective models for managing stress at the personal and organizational level among health professionals.

Keywords: work stress; health professionals; coping behavior; emotional intelligence.

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INTRODUCTION

Healthcare professionals often work in high-risk environments, frequently facing time and information deficits. There is a number of data from studies in Bulgaria, conducted among medical personnel aimed at specifying the main reasons that determine the presence of work stress among this group of professionals (Rusina, Vasileva, Zhilova, 1997, 2008; Vassileva, 1996; Tzenova, 2002, 2003; Georgieva, Karaslavova, Todorov, 2008; Marinova, Dobrilova, Stefanova, 2010; Alexandrova, 2011; Peev, 2018, 2019). Moreover, the European directive on health and safety at work obliges employers to detect and promptly correct stressful factors in the work environment. The review and analysis of the scientific literature highlight both the relevance of the issue the topicality of the problem, and on the other - the insignificant number of studies in Bulgaria, referring to a more detailed understanding of personal resources for dealing with occupational stress in the field of healthcare. We define this aspect as a significant issue for medical practice both in terms of preserving the health of the medical staff and in terms of the quality of the health care provided to patients. These facts and considerations motivated us to choose the topic of the present study.

THEORETICAL FRAMEWORK OF THE STUDY

Coping refers to the mobilization of an individual's cognitive and behavioral efforts to manage stressors. Lazarus (1966) considered the stress response solely in the context of the personality structure as it interacts with the world through cognitive functioning in the processes of threat assessment and coping with stress. Evaluative process is significant in understanding the transition between stimulus and response. It involves a primary appraisal related to the process. „Coping plays an important role in the study of the personal significance of the person-environment relationship. It is associated with an influence on the evaluative process, therefore also on emotions through feedback“ (Karastoyanov, Rusinova, 2000, p. 50). Coping strategies are conscious means and styles for dealing with stressful situations. Lazarus' classical cognitive approach categorizes coping strategies into two main groups: problem-focused coping (problem focused coping) or often defined as active coping and emotion-focused coping (emotion focused coping) or passive coping (Lazarus, Folkman, 1984); Karastoyanov, Rusinova, 2000, p. 53). These are actually the two main functions of stress

management. Lazarus (1991) considers constructive coping - self-control, seeking social support, taking responsibility, planning a behavioral solution, positive reappraisal and non-constructive coping - escape, distancing and confrontation.

Problem-focused coping includes specific strategies such as active coping, planning, suppression of competing activities, seeking instrumental support. They are aimed at removing the influence of the environmental stressor and/or changing the attitude towards it, which in turn changes the person-environment interaction itself (Karastoyanov, Rusinova, 2000).

Emotionally-focused coping includes specific strategies such as expressing emotions, denial, acceptance, seeking emotional support, behavioral disengagement, mental disengagement, turning to religion (Karastoyanov, Rusinova, 2000, 54). They are aimed at changing the real person-environment interaction and its meaning for the individual, and from there also at changing the emotional reaction to the stressor (Karastoyanov, Rusinova, 2000). This group includes: escaping into the realm of dreams, seeking social support, expressing emotions, denial, acceptance, seeking emotional support, behavioral disengagement, psychological disengagement, conversion to religion. Although most stressors require both types of coping, the literature indicates that problem-focused coping is used when people feel that something constructive can be done about the situation, while emotion-focused coping is used when the stressor it is valued as something that must be endured and experienced (Folkman, Lazarus, 1980, Karastoyanov, Rusinova, 2000).

Emotions play a significant role in determining a person's activities and behavior both personally and professionally. Emotional intelligence (EI) defines an individual's ability to sense, control and manage their own and others' emotions. EI is defined as an ability by Mayer and Salovey (1997) and as a mixture of skills and traits (Bar-On, 2004, 2006; Goleman, 1995; Schutte et al., 2002; Petrides, 2004). EI is a basic ability that can be developed (Emmerling & Goleman, 2003) and learned (Goleman 1998) at all ages, as stated in most theories of this phenomenon. There are ability-based models of emotional intelligence (such as Salovey and John D. Mayer, 1990) and trait-based models (Petrides, Pita & Kokkinaki, 2007). The scientific interest in the emotional culture of man seeks an understanding of how certain skills to be aware of and control one's emotions contribute to being more adaptive, more integrative and more constructive in relationships and communication with others.

The theoretical basis for planning, organizing and conducting this research contains our understanding of:

1. *Coping behavior as an individual's readiness to solve life problems and adapt to the circumstances.* It is an individual way of interacting with the situation in accordance with the individual's personal understanding, his values and mental capabilities to compensate for harm and protect against the impact of the stressors. The characteristics of this skill are related to self-esteem, locus of control, empathy, and environmental conditions. Coping choices are determined by personal factors, characteristics of the situation and the environment and is a situationally determined cyclical process of evaluation and reevaluation. (Karastoyanov, Rusinova, 2000; Lazarus, 1991). It is appropriate to note that we support the view of Lazarus and Folkman (Folkman, Lazarus, 1980; Karastoyanov, Rusinova, 2000, p. 55) regarding coping as a dynamic process, which changes at each stage of the stressful experience. In view of this, building a stress coping style would be counterproductive because it imposes restrictions on the individual's choice of response, rather than giving them the flexibility and freedom to change their responses to stress depending on the circumstances. In this process, the role of emotions is undeniable. This implies the definition of individual levels of EI.

In the study, we take coping behavior as an individual's readiness to solve life problems. It is aimed at adapting to circumstances. Presupposes a developed ability to use certain means to overcome emotional stress. When choosing active actions, the probability of eliminating the impact of stressors on the individual increases. The characteristics of this skill are related to self-esteem, locus of control, empathy and environmental conditions (Lazarus R. S., Kanner A. D., Folkman S., 1980; Amirkhan J. H., 1990). Problem-solving strategies aim to determine the cause of a stressful situation, while emotion-focused strategies aim to reduce the emotional effects of a stressful situation.

2. *Emotional intelligence as a person's ability to perceive, understand, manage and express emotions effectively.* It includes: being aware of one's own emotions and the emotions of others, using emotional information to guide thinking and behavior, and managing emotions in oneself and in relationships as a significant factor in choosing a strategy to cope with stress (Salovey & Mayer, 1990; Rusinova - Hristova and Karastoyanov, 2000; Lazarus, 1999, 1996; Kardasheva, 2015). This suggests that individuals with high emotional intelligence can better recognize potential stressors, can use emo-

tions to cope with the problem caused in a stressful situation. Emotional intelligence (EI) is the ability to manage one's own behavior and react adequately in complex social situations. Emotions often shape the decisions we make to achieve desired outcomes at a high level of self-understanding, self-esteem, and self-control. And it has the potential to enable the individual to cope more adequately with daily life and professional activities and experience less stress.

3. *High stressogenicity of the working environment in the field of healthcare.* We recognize the fact that the provision of medical care and health care is associated with the action of a variety of external and internal stressors. Publications in the psychological literature on the subject are numerous, but there is a need for an in-depth study of the factors of individual resistance to stress. Research needs to be directed towards a more detailed study of health professionals' individual coping resources and the level of EI as a basis for adaptive coping with stress. We expect that data from the overall study will enable a better understanding of these interrelationships with a view to developing effective models for managing stress at the personal and organizational levels among healthcare professionals.

METODOLOGY

The research methodology includes a conceptual analysis of the literature on the problem, the construction of a theoretical integrative model of the empirical study, and the drawing of conclusions from the analysis of the data obtained. We consider coping strategies as a dynamic process of choices and behavior (Folkman, Lazarus, 1980), and emotional intelligence as a factor in adaptive coping with stress. For the purposes of the present study, EI will be an independent variable or factor, coping strategies will be a dependent variable/factor. In this material we present the results of the first phase of the study.

The aim of the study is to trace the relationship between emotional intelligence and coping behavior in health professionals in conditions of work stress with a view to developing effective models for managing stress at the personal and organizational level among health professionals.

We assume that the study of the correlations between these two constructs /coping behaviors and EI/ and the influence of some demographic indicators on the choice of coping strategies will provide an opportunity to create successful programs to achieve personal resistance to stress and increase EI in health professionals with in view of prevention and reduction of work stress.

Methods

➤ *Documentary method* – a review of the scientific literature on the subject.

➤ *Sociological method* – used to collect primary information and socio-demographic data about the respondents. A direct anonymous survey was conducted with a specially prepared questionnaire. The survey card includes 22 questions regarding demographics, workplace communications, microclimate, job satisfaction, subjective assessment of the sources and degree of stress at the workplace. In compiling the questionnaire, the expert assistance of specialists from health practice with significant experience in the field of psychology and organizational behavior was used.

➤ *The test set included:*

→ *Questionnaire to assess preferred strategies for coping with stress - COPE (Carver et al., 1989)*. The questionnaire assesses the different ways in which people typically respond to stress by examining the specific strategies they use. The theoretical basis of this test is the stress coping model of Lazarus and the self-regulation model of behavior of Carver and Scheier. It was adapted for Bulgarian conditions by A. Rusinova-Hristova and G. Karastoyanov. (Cohen, S., Kamarck, T., Mermelstein, R. 1983; Rusinova-Hristova, A., G. Karastoyanov 2000). It consists of 14 scales, measured using a 4-point Likert-type scale, defining the relevant coping strategies: Active coping; Planning (Planning); Suppression of competing activities (Suppression of competing activities); Restraint coping; Seeking social support for instrumental reasons; Seeking social support for emotional reasons; Positive reinterpretation and growth; Denial or non-acceptance (Denial); Reconciliation or acceptance of what happened (Acceptance); Turning to religion (Turning to religion); Focusing on and venting of emotions; Behavioral disengagement; Mental disengagement; Use of alcohol and drugs (Alcohol-drug disengagement). In the conducted sample reliability test, the Cronbach's Alpha coefficient showed a good result $\alpha = 0.81$.

→ *Trait Emotional Intelligence Questionnaire Short Form – TEIQue-SF (Petrides and Furnham, 2000)*, adapted for BG by A. Kardasheva, 2012 - a short version that contains 30 statements, with response options on a 7-point Likert-type scale from 1, corresponding to strongly disagree, to 7, corresponding to strongly agree. The components of emotional intelligence in the study are: well-being, self-control, emotionality and sociability. High scores on the Well-Being factor reflect an overall sense of satisfaction and joy that extends from past

accomplishments to future expectations. High values on the Self-Control factor mean a good degree of control over impulses and desires. Emotionality reflects the degree to which emotions are recognized and expressed, as well as maintaining close relationships with significant others. Sociability emphasizes social contacts and influence. In the conducted reliability test, the Cronbach's Alpha coefficient is very good $\alpha = 0.83$. The Questionnaire for measuring emotional intelligence as a personality trait (TEIQue SF), (Trait Emotional Intelligence Questionnaire SF) used by us (adaptation A. Kardasheva, 2012) contains 30 statements, with response options on a 7-point Likert-type scale from 1 - corresponding to completely disagree, up to 7 - corresponding to completely agree.

➤ *Statistical methods* for processing and analyzing the obtained results: frequency analysis, dispersion analysis, assessment of internal consistency of scales (Cronbach's Alpha), correlation analysis of the relationships between variables. IBM SPSS Statistics 25 program was used.

Sample and Procedure

In the first stage of the study, 127 health professionals from medical facilities in the city of Sofia participated. The main criterion for the selection of the subjects in this study is their voluntary willingness to participate.

The survey was conducted online through Google Forms in the period 01.09. - 01.12.2023 by means of the provided link to the questions. Initially, online invitations to participate were sent to 150 working healthcare professionals. At the end of the specified response period, 131 questionnaires were correctly filled out, of which 4 were considered invalid. The results of the answers of 127 respondents - health professionals from Sofia - were analyzed.

The choice of this approach in carrying out the study was determined by the advantages that Internet communication provides, both in terms of space and time, and in relation to the need to achieve greater openness and anonymity. In order to ignore social desirability, the instruction noted that the study was for scientific purposes.

The survey included 22 closed-ended questions focusing on:

→ Obtaining demographic data: gender, age, work experience, place of work.

→ Subjective evaluation of the organizational factors of the work environment, such as: distribution of working time, distribution of tasks, deadlines for their implementation, performance of tasks that

are not related to the position held, communications in the organization.

→ Sources of stress in the workplace. The total number of respondents is 127 healthcare professionals, of which 122 women /96%/ and 5 men /4%/. Given the fact that healthcare professions are feminized, this gender ratio is not unexpected.

Age: The group of respondents over 50 years old is the largest - 65 people /52%/, followed by those in the age group from 40 to 49 years old - 39 people /31%/, from 30 to 39 years old - 20 people /15%/, and the smallest share of those from 20 to 29 years old is only 3 people /2%/. In recent decades in Bulgaria, a trend towards aging of health professionals in the country has been observed. One of the reasons is the large emigration wave of recent graduates and those at a younger age.

Work experience: The predominant group of respondents with work experience over 30 years - 47 people /37%/, followed by those with work experience from 20 to 30 years - 44 people /35%/, and the smallest is the group of those with 5 to 10 years of work experience - 3 people /2%/. Prolonged work experience in conditions of high demands and pressure, often accompanied by a shortage of people, time and other resources can be the cause of overwork and stress. If we add to these unfavorable factors the high demands on the part of patients and their relatives, the overload with additional administrative tasks present for a long time in the work process of health professionals, a „favorable“ ground for the development of even Burnout emerges.

Education: The distribution of respondents by educational and qualification level shows that the share of professional bachelors is the largest - 58 people /45%/. Also impressive is the large share of those with a Bachelor's degree - 42 people /33%/ and a Master's degree - 28 people /22%/>.

Workplace: The largest share of respondents working in clinics with a therapeutic profile in Multispecialty Hospital's for Active Treatment /MBAL/ - 47 people /36%/, followed by those working in MBAL wards with a surgical profile and in intensive care units - 35 people / 27%/, in Medical-diagnostic laboratories and wards in MBAL - 26 people /22%/ and in pre-hospital care - 19 people /15%/>.

Marital status: married with children - 65 people /52%/, family without children - 27 people /21%/, unmarried with children - 21 respondents /16%/ and unmarried - 14 people /11%/. The high percentage of married and unmarried health professionals with children implies the fulfillment of other social roles - wives, parents, etc., which they need to fulfill in their daily lives. This fact necessitates the performance of more and more varied tasks, implying a higher risk of stress.

RESULTS AND DISCUSSION

1. Subjective stressors in work environment

Sources of stress at work: Seven possible alternatives and one free response option are provided in the questionnaire. As a source of stress, the respondents define: extraordinary busyness of the working day (N=60; 47%); tension in the work team (N= 48; 38.3%); work with „difficult patients“ (N=37; 29.6%); weaknesses in work organization (N=36; 28.1%); lack of incentives and motivation (N=8; 22.6%); time deficit-“ (N=27; 21%); difficult communications with management – (N=22; 17.3%). The imbalance between effort and reward may lead to job dissatisfaction and stress. Only 1/3 of the respondents (N=41; 32.2%) express the opinion that the work they put in corresponds to the remuneration they receive for it. This result is somewhat a reflection of the economic situation in the country. The reasons for the low levels of pay and high differences in the amount of labor remuneration at the level of regions, hospitals, clinics/departments, are due to a number of factors that we will not discuss.

2. Analysis of the results of the test of EI

The subjects' EQ scores were: arithmetic mean 129.8 and standard deviation 11.7. Scores below 118.6 fall into the subnormal EQ category, and scores above 145.5 into high (above normal EQ). The distribution of the sample: 65.5% of the respondents have average EQ values; 18.2% - high and 16.3% - low values. The minimum score of the participants in the study is 102, and the maximum is 163. The components of

Table 1. Components of EI

Components EI	N	Min	Max	M	SD
Well-being	127	1.17	6.33	4.34	1.22
Self-control	127	1.67	6.33	4.37	1.20
Emotionality	127	1.83	7.00	5.27	1.49
Sociability	127	1.85	7.00	5.01	1.17

Table 2. Correlations between EI components

Components EI	Well-being	Self-control	Emotionality	Sociability
Well-being	1	.412** .001	.700** .000	.495** .000
Self-control	.412** .001	1	.400** .001	.389** .001
Emotionality	.700** .000	.400** .001	1	.471** .000
Sociability	.495** .000	.389** .001	.471** .000	1

** . The correlation is significant at the 0.01 level

EI in the present study are: well-being, self-control, emotionality, and sociability.

The emotionality and sociability components had the highest mean values. Respondents have the ability to express their emotions, show empathy, affection and love.

The data outline a high interrelationship between the emotionality and well-being components. Individuals can express and interpret emotions correctly and use these abilities to develop and maintain close relationships with significant others. This contributes to a stronger sense of well-being, a positive perception of life, a sense of joy and satisfaction. A strong correlation was observed between well-being and sociability. Sociability implies better social skills, listening skills and getting along with people from different backgrounds. People with empathy are good at recognizing the feelings of others, even when those feelings may not be obvious. As a result, empathetic people are usually excellent at managing relationships, listening, and relating to others. They avoid stereotyping and judging too quickly, and live their lives in a very open, honest way (Skarbalienė, 2019).

3. Analysis of the results of the test for the selection of coping strategies

The statistical data obtained after processing the raw scores allowed us to rank the eight coping strategies. As a result, we constructed a ranking scheme that re-

veals respondents' preferred coping strategies. The data show that the first four places in the hierarchical system of coping are occupied by constructive coping strategies. The most preferred strategy is: Planning a behavioral solution. We account for the fact that the choice of this strategy has its reasons. They are expressed in the fact that when getting into a complex, stressful situation, medical professionals should follow a certain model of behavior. It includes a series of consecutive actions, the implementation of each must lead to a positive result. The movement towards the final positive result becomes conscious, with a step-by-step approach to a constructive solution to the problem. The last two places in the hierarchical coping system are occupied by the strategies: Distancing and Escape /non-constructive strategies/. The first (distancing) involves awareness of the fact that anxiety is limited by avoiding thoughts of danger. The second non-constructive strategy - escape - is characterized by the least importance. These two strategies limit the dynamization of anxiety, but they have no potential to actually resolve the stressful situation.

Correlations exist between the coping strategies. The results show that there are interrelationships between seven of the coping strategies. The only strategy that stands out as autonomous (without a single significant correlation) is: Positive reappraisal. All others indicate the presence of dependence on other strategies. This dependence is most pro-

Table 3. Degree of expressiveness of coping strategies and their ranking

No.	Coping strategies	Avg. st.	Standard Deviation
1.	Behavioral decision planning	2.8917	.72822
2.	Positive revaluation	2.4448	.55892
3.	Acceptance of responsibility	2.3969	.55503
4.	Self-control	2.3321	.49475
5.	Confrontation	2.0437	.54524
6.	Seeking social support	2.0125	.49808
7.	Distancing	1.7021	.53610
8.	Escape	1.5344	.53478

nounced in the Behavioral Decision Planning strategy. It has four positive correlations and one negative. This means that this strategy exhibits a tendency to be related to the meanings of five other strategies. This means that an increase in the meanings of four of them leads to an increase in self-expression and vice versa. Accordingly, only one strategy - Escape - develops an inverse correlation relationship with the strategy Planning a behavioral decision. This fact is indicative of the high dependence of the latter strategy and, accordingly, of its wide interrelationship with other strategies. All other strategies have two or three correlations. Considering the quantitative expression of these relations, we can conclude that the system of coping strategies is characterized by mutual dependence between its components. This means that medical professionals have a wide and varied response style with coping strategies.

Age and coping strategies. The data showed that age positively correlated with the strategies Seeking Social Support and Planning a Behavioral Solution. This means that as age increases, so does the preference towards these two strategies.

Relationships of EI and coping behavior. Results of correlational analysis of EI and stress coping strategies revealed statistically significant correlation between the overall EI and coping with stress strategies. Descriptive statistics methods were applied in the study, in the correlation analysis Spearman correlation coefficient was used. Considering the value of correlation coefficient (r), it is evident that EI was negatively correlated with non-constructive strategy /maladaptive/ stress coping strategies and positively correlated with constructive /adaptive/ stress coping strategies. This shows that at higher EI indicators adaptive stress coping strategies are more prevalent. And conversely, the lower the EI, the more expressed the maladaptive stress coping strategies (Table 5).

After reviewing which of the EI components was most related to stress coping strategies, it is evident that most correlations of average strength ($r > .4$) were observed between EI traits and four coping strategies: Behavioral decision planning, Self-control, Escape and Distancing. The trait of emotionality of EI was the least related to stress coping strategies ($r < .4$).

Table 4. Correlations between coping strategies and age

Coping-Strategies / Age		Self Control	Seeking social support	Acceptance of responsibility	Behavioral decision planning	Positive reevaluation	Distancing	Escape	Confrontation	Age
Self Control	Sig	-	.062	.283	.322	.207	.320	.037	.012	.177
		-	.582	.011	.004	.067	.004	.747	.912	.116
Seeking social support	Sig	.062	-	.014	.339	.194	.134	.014	.266	.248
		.582	-	.900	.002	.086	.236	.900	.017	.028
Acceptance of responsibility	Sig	.283	.014	-	.336	.009	.197	-.41	-.074	.021
		.011	.900	-	.002	.938	.080	.717	-.674	.838
Behavioral decision planning	Sig	.322	.339	.336	-	.105	.113	-.235	.282	.329
		.004	.002	.002	-	.79	.320	.036	.011	.003
Positive reevaluation	Sig	.207	.194	.009	.184	-	.052	.043	.158	-.018
		.067	.086	.938	.105	-	.651	.707	.165	.872
Distancing	Sig	.320	.134	.197	.113	.052	-	.251	.034	.051
		.004	.236	.080	.320	.651	-	.024	.762	.685
Escape	Sig	.037	.014	-.041	-.235	.043	.251	-	.047	-.146
		.747	.900	.717	.036	.707	.024	-	.677	.198
Confrontation	Sig	.012	.266	-.047	.282	.158	.034	.047	-	.162
		.912	.013	.515	.011	.165	.762	.671	-	.151
Age	Sig	.177	.248	.021	.326	-.018	.051	-.146	.162	-

Table 5. Correlations between health professionals' emotional intelligence and stress coping strategies

Emotional intelligence subscales	Numerical indicators	Stress coping strategies			
		<i>Adaptive coping Behavioral decision planning</i>	<i>Adaptive coping Self-control</i>	<i>Maladaptive coping Escape</i>	<i>Maladaptive coping Distancing</i>
Emotional intelligence	<i>r</i>	.598	.489	– .669	– .445
	<i>p</i>	.000	.000	.000	.000
Well-being	<i>r</i>	.661	.465	– .598	– .406
	<i>p</i>	.000	.000	.000	.000
Self-control	<i>r</i>	.606	.442	– .608	– .401
	<i>p</i>	.000	.000	.000	.000
Emotionality	<i>r</i>	.309	.132	– .355	– .349
	<i>p</i>	.000	.105	.000	.000
Sociability	<i>r</i>	.471	.459	– .579	– .423
	<i>p</i>	.000	.000	.000	.000

The correlation is significant when $p < .05$.

In the analysis of the EI traits, which was the most significant in the selection of adaptive strategies, stand out: the overall sense of well-being, self-control, and sociability. Those health professionals are the most capable to cope with the experienced stress who were able to communicate with different people in the social context, were positive and experienced overall satisfaction with life, were able to control their own wishes. It may be assumed that development of the said traits of EI would not only improve successful functioning in the social context, but would also act as a mediator which determines the selection of adaptive strategies of coping with stress. That, in turn, would reduce the stress experienced by health professionals and would reduce the use of maladaptive stress coping strategies.

CONCLUSIONS

Factors contributing to high stress among healthcare professionals include: excessive workload, lack of work-life balance, lack of adequate funding, resources and recognition from both management and patients.

The choice of coping strategies are determined by personal factors, characteristics of the situation and environment. It is a situationally conditioned cyclical process of evaluation and re-evaluation. Emotional intelligence has the potential to enable an individual to cope more adequately with daily life and professional activities and experience less stress. In the healthcare field this is paramount. Emotional intelligence of health professionals was significantly related to strategies of coping with stress. Increasing the emotional intelligence of healthcare professionals can have a significant impact on patient outcomes and overall organizational success.

The outlined relationships between the two constructs /coping behavior and EI/ and the reported influence of some demographic indicators on the choice of coping strategies are a useful basis for creating successful programs to achieve personal resistance to stress and increase emotional intelligence in health professionals aimed at prevention and reduction of work stress.

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