

## PERSONALITY PREDICTORS OF DECISION-MAKING OF MEDICAL RESCUERS

Lubor PILÁRIK, Ivan SARMÁNY-SCHULLER

Department of Psychology, Faculty of Social Sciences and Health Care  
University of Constantine the Philosopher, Nitra  
Kráskova 1, Nitra, Slovakia  
E-mail: lpilarik@ukf.sk, expssarm@savba.sk

*Abstract:* The aim of our research was to assess the predictive power of selected personality factors that are related to emotions in the decision-making process of paramedics. The focus of this study lies in emotional intelligence according to the model of Cooper and Sawaf (1997), styles of decision-making according to the Theory of Cognitive and Experiential Self (Epstein, 2003), Stroop's resilience and Big Five personality traits as possible predictors of decision-making of paramedics. 92 paramedics participated in the study which employed the Iowa Gambling Task, EQ<sub>TM</sub> map, Stroop test, Rational-Experiential Inventory and NEO-FFI. We determined gender specifications of the predictors of decision-making of paramedics. In paramedics (men), it was possible to predict appropriate decision-making based on emotional stability, extraversion and quick reactions in the Stroop test. Appropriate decision-making of female paramedics could be predicted based on two zones of emotional intelligence (low emotional awareness and positive current conditions) and on quick reactions in the Stroop test. The results obtained are interpreted with respect to specific gender expectations within the paramedic profession and the ability to resist negative emotions in the decision-making process.

*Key words:* decision-making, emotional intelligence, resilience, rationality, experientialism, Big Five

### INTRODUCTION

Previous studies show the important role played by emotional phenomena in the decision-making process. On the one hand, emotions as a factor which negatively affects the quality of decision-making are emphasized; on the other hand, the positive characteristics of emotions in the decision-making process are promoted. Paramedic decision-making situations are characterized by complexity and time pressure. The aim of our study was to determine the predictive power of selected personality factors as related to emotions in the decision-making process of paramedics. We focus on emotional intelli-

gence, decision-making styles, resilience and Big Five personality traits as possible predictors of decision-making.

The construct of emotional intelligence provides space for the synthesis of current knowledge on the level of personality. Evidence supporting the relationship between emotional intelligence and decision-making comes mainly from the neurological and neuropsychological research. Conclusions are based on functional links of cortex areas activated in decision-making and areas associated with the activation of emotions, frequently using neurological patients as the research sample. (i.e. Bechara, 2004). The link between emotional intelligence and decision-making was verified for a non-clinical

sample of social work students by Pilárik and Sarmány-Schuller (2009) and for a sample of paramedics and firefighters by Pilárik et al. (2010).

We do not expect that emotions and emotional intelligence replace the rational approach to decision-making. Rather, they can be viewed as complementary and mutually complete, which is closely illustrated by the theory of dual processes in decision-making. Epstein (2003) developed the Cognitive-Experiential Self-theory (CEST), which is compatible with other dual processes theories. According to CEST, people operate in two fundamental systems: the rational and the experiential system. These two systems work in parallel and interactively.

Singh and Khan (1999), focused on the relationship between the preferred style of thinking through REI and decision-making in the Iowa Gambling Task from the perspective of punishments. Using a sample of 45 students they found a positive relationship between rational style and the number of choices of decks of cards with infrequent but large losses (B and D). Brand et al. (2008) found that respondents who made decisions intuitively preferred risky or disadvantageous choices in the Game of Dice Task. Strategies based on the calculations led to winning choices in the game of dice. The results show the effectiveness of the strategy based on the calculations in the decision-making under conditions of risk, but not under conditions of uncertainty. Björklund and Bäckström (2008) found that the score on rationality (REI) was in negative correlation to risky choices in the Asian disease task from Kahneman and Tversky. Tendency towards the framing effect in decision-making styles in terms of rationality and experientiality was also examined by Shiloh,

Salton and Sharabi (2002), with respondents divided into 4 types on the basis of high and low scores in rationality and experientiality on the REI scale. They found that two types (high rational / high intuitive and low rational / low intuitive) were susceptible to the framing effect. The relationship of thinking styles and decision-making was studied by Shiloh and Shenhav-Sheffer (2004) within the application to problems with choice of partner. They found a negative relationship between the rational thinking style (REI) and problems in decision-making. A weak positive relationship was found between the experiential thinking style and problems of decision-making, particularly in three areas - lack of motivation, dysfunctional myths and internal conflicts.

Janis and Mann (1977) described the decision-making process as a situation which induces stress. The various alternatives of decision-making create a conflict situation for the decision-maker. Conflict situations often occur already on the perceptual level of information processing. We assume that the decision-maker's ability to resist the interfering information predicts optimal decision-making.

Emotional intelligence provides space for understanding what types of information the decision-maker is willing to accept in the process of decision-making. Cognitive styles describe how we receive and process information, for example, under the influence of stress in the decision-making process and personality traits make space for the inclusion of additional factors influencing the decision-making process such as motivation, risk perception, or preference in interpersonal relations. One of the prevailing concepts of personality is called "Big Five". From the perspective of the Big Five concept the stron-

gest predictor of maladaptive decision-making seems to be neuroticism. Neuroticism is related to ineffective coping styles (Ficková, 2001; Austin, Deary, 2004), the use of hyper-vigilance, procrastination and shifting of responsibilities as decision-making styles (Pilárik, Sarmány-Schuller, 2005; Pilárik, 2006), with risk behavior (Pilárik, 2005), or inefficient use of availability heuristics (Hilbig, 2008). The second strongest predictor of resilience, from the perspective of the Big Five concept, seems to be extraversion (Ficková, 2001). Extraversion affects cognitive processes of the decision-maker in social situations (Heppner, Krauskopf, 1987), which involves even greater tendency for introverts to shift the responsibility of decision-making to other people (Pilárik, 2006). Ficková (2001) confirmed that low conscientious individuals use maladaptive problem-solving strategies. Pilárik (2006) found that conscientiousness is positively associated with vigilance as adaptive decision-making style.

## METHODS

### *Research Sample*

The research was conducted using a sample of 92 paramedics. The mean age was 29.9 years ( $SD = 9.7$ ) and ranged from 18 to 53. The sample included 40 males and 52 females. Paramedics were asked to participate in the research via e-mail and in person by directors of private ambulance services. The second group of respondents involved paramedics, who were part-time students in the field of emergency medical care. Respondents were contacted via e-mail, where they received an identification number and password entry for participation in the research.

### *Measurement Instruments*

To detect the level and decision-making process, we used the Iowa Gambling Task (IGT), which measures the risky decision-making. Its results are considered as evidence for the hypothesis of somatic markers (Koukolík, 2006). Respondents are provided simultaneously four decks of cards marked A, B, C and D by the computer and they are instructed that the goal is to get as much money as possible (Iowa dollars). At the beginning, respondents have 2000 Iowa dollars available and may choose a card from any deck of cards. Consequence of the choice is reward or punishment. However, respondents are not familiar with the rewarding and punishing rule. The game has 100 rounds. The choice from deck of cards A and B means a reward of 100 Iowa dollars, the choice from decks of cards C and D means a 50 Iowa dollars reward for each chosen card. Each deck has hidden cards announcing an unexpected fine, or penalty. Penalties are higher in decks A and B, lower in decks C and D. The total amount of fines hidden in decks A and B is 1250 Iowa dollars for every 10 cards, in decks C and D 250 Iowa dollars for every 10 cards. In a long enough game the overall results of decks A and B bring loss, decks C and D bring gain. We calculated the total score in all 100 choices (IGT) for each respondent by subtracting unfavorable choices from favorable ones ( $[C + D] - [A + B]$ ).

To measure emotional intelligence, we used a computerized version of the original questionnaire version of Cooper and Sawaf (1997) EQ<sub>TM</sub> in the Slovak version, containing 259 items that describe 21 areas of emotional intelligence and those clump together into five central areas - *surround, emotional aware-*

ness, dexterity, EQ values & beliefs, and results. Translation into Slovak was provided by two independent translators, and discrepancies were then discussed together with two other independent translators. Individual zones of EQ<sub>TM</sub> achieved good internal consistency ( $\alpha = .84 - .92$ ).

To detect resilience, we used the Stroop test. Stroop test is a special test for the diagnosis of perceptual load. We used the following versions:

1. F - Naming of Colors
2. SF - Words and Colors

Version F (naming of colors) was adapted to the situation of administrating computer tasks and performance was not evaluated.

In the SF version (words and colors) the respondent has to indicate the colors of the written words of the names of four basic colors (yellow, red, blue, green) as quickly as possible, the words are printed in incongruent colors (Daniel, 1983). The Stroop test has been transformed into a computer form, where single words, written in different colors, were presented in succession. The respondent had to click on the correct color of the stimulus word on a separately placed scale. The possible responses on the scale were all written in black ink. Indicative of the resilience was the *time* needed to solve each task, and the *number of errors* in the process of solving the set tasks.

To detect underlying personality traits, we used the personality inventory *NEO-FFI*. NEO FFI assesses five general personality dimensions - *neuroticism, extraversion, openness to experience, agreeableness and conscientiousness*. Psychometric characteristics of the Slovak version of NEO-FFI were published by Ruisel and Halama (2007) and they give proof of good validity as well as reliability of NEO-FFI.

*Rational - Experiential Inventory* is used to assess styles of thinking and includes subscales of self-assessment of skills and assessment of attitudes. The Theory of cognitive and experiential self is the basis of REI (Epstein, 2003). The Inventory consists of 20 statements of the rational scale and 20 statements of the experiential scale. The scale includes 4 dimensions: rational ability (RA), confidence in rational ability (RE), experiential ability (EA), and confidence in experiential ability (EE). Indicators of the rational (R) and experiential (E) scale were summation indices of items that the scales measured. REI has been translated from English into the Slovak language by two independent translators and translation differences have then been discussed. The experientiality scale ( $\alpha = .85$ ) and rationality scale ( $\alpha = .86$ ) achieved good internal consistency.

The aforementioned questionnaires and tests were administered via a webpage and the respondent data were automatically saved on the server.

## RESULTS

We used linear regression analysis for the assessment of the predictive value and for the creation of a model of favorable decisions using the observed variables. We chose the stepwise method as a modeling method. In assessing the adequacy of the generated models, we conducted an analysis of residual independence, the diagnosis of extreme cases, and co-linearity diagnosis.

The paramedic (men) group proved to be a justified model consisting of three predictors ( $F_{(3,30)} = 6.942; p < .001$ ), while explaining the variance of IGT summary scores for 41%. Based on regression analysis, we found

Table 1. Results of regression analysis in paramedics

Predictors	B	SE	Beta	t	Sig.	PK	VIF
(constant)	90.819	44.643		2.034	.051		
Neuroticism	-5.514	1.405	-.697	3.926	.000	-.583	1.603
Extraversion	2.596	.796	.489	3.261	.003	.512	1.145
Time	-.349	.166	-.377	2.097	.045	-.358	1.642

*Note:* Dependent variable: IGT; B = non-standard coefficient; SE = standard error; Beta = standard coefficient; t = test criterion; PK = partial coefficient; VIF = co-linearity

that summary scores of IGT in paramedics can be predicted on the basis of neuroticism, extraversion and time in the Stroop test (Table 1).

The paramedic (women) group proved to be a justified model consisting of three predictors ( $F_{(3,30)} = 5.904, p < .01$ ), explaining the variance of IGT summary scores for 37.1%. Based on regression analysis, we found that summary scores of IGT in female paramedics can be predicted on the basis of time in the Stroop test, on the zone of emotional awareness and the zone of existing conditions (Table 2).

In the second step of the data analysis, we focused on the interaction of the studied variables by an exploratory factor analysis to uncover relationships between preferred choices in the Iowa Gambling Task, experientiality, rationality, resilience and personality traits according to the Big Five.

The extraction of the factors proceeded by the method of Main Components with Varimax rotation.

In the paramedics group we identified four factors with a variance value greater than 1. Factor 1 was able to explain 27.5% of the variance of the variables studied, factor 2 explained 17.4% of the variance, factor 3 explained 17.3% of the variance and factor 4 explained 15.9% of the variance of variables. Cumulatively, the four factors explained 78.1% of the variance of the variables studied. The first factor grouped rationality, extraversion, conscientiousness and openness. The second factor grouped the emotional intelligence with error rate in the Stroop test. The third factor grouped time in the Stroop test with friendliness. The last factor grouped the summary score of IGT into one factor, along with experientiality and neuroticism (Table 3).

Table 2. Results of regression analysis in female paramedics

Predictors	B	SE	Beta	t	Sig.	PK	VIF
(constant)	69.747	31.470		2.216	.034		
Time	-.221	.078	-.420	2.837	.008	-.460	1.046
Emotional awareness	-1.117	.397	-.430	2.810	.009	-.456	1.115
Existing conditions	.301	.137	.335	2.195	.036	.372	1.110

*Note:* Dependent variable: IGT; B = non-standard coefficient; SE = standard error; Beta = standard coefficient; t = test criterion; PK = partial coefficient; VIF = co-linearity

Table 3. Factor analysis in male paramedics

		Factor			
		1	2	3	4
Iowa Gambling Task	<b>IGT</b>				.783
EQ <sub>TM</sub>	<b>EQ</b>		.707		
REI	<b>E</b>				.609
	<b>R</b>	.880			
Stroop test	<b>Č</b>			.810	
	<b>CH</b>		.790		
NEO-FFI	<b>N</b>				-.725
	<b>E</b>	.740			
	<b>S</b>	.758			
	<b>O</b>	.800			
	<b>P</b>			.828	

*Note:* EQ = overall score in EQTM; IGT = summary score in Iowa gamble task; E = experientiality; R = rationality; Č = time of solving SF in Stroop test; CH = number of errors in SF in Stroop test; N = neuroticism; E = extraversion; S = conscientiousness; O = openness; P = agreeableness; shown are coefficients with the highest score

Table 4. Factor analysis in female paramedics

		Factor			
		1	2	3	4
Iowa Gambling Task	<b>IGT</b>		-.775		
EQ <sub>TM</sub>	<b>EQ</b>	-.873			
REI	<b>E</b>			.466	
	<b>R</b>	-.789			
Stroop test	<b>Č</b>		.667		
	<b>CH</b>		.808		
NEO-FFI	<b>N</b>	.821			
	<b>E</b>				.703
	<b>S</b>			.608	
	<b>O</b>			.918	
	<b>P</b>				.689

*Note:* EQ = overall score in EQTM; IGT = summary score in Iowa gamble task; E = experientiality; R = rationality; Č = time of solving SF in Stroop test; CH = number of errors in SF in Stroop test; N = neuroticism; E = extraversion; S = conscientiousness; O = openness; P = agreeableness; shown are coefficients with the highest score

In the female paramedic group we also identified four factors with a variance value greater than 1. Factor 1 was able to explain 22.9% of the variance of the variables under study, factor 2 explained 17.6% of the variance, factor 3 explained 17.2% of the variance and factor 4 explained 15.9% of the variance of variables. Cumulatively, the four factors explained 73.7% of the variance of variables under study. The first factor grouped emotional intelligence with rationality and neuroticism. The second factor grouped IGT summary score with time and number of errors in the Stroop test. The third factor grouped experientiality with conscientiousness and openness. The last factor grouped extraversion with agreeableness (Table 4).

#### DISCUSSION

The most robust factor in the paramedic (men) group consisted of rationality, extraversion, conscientiousness and openness, which is close to the *resistant type* by Asendorf et al. (2001). However, this also reflects the “desirable” personality traits. We assume that this factor groups traditional normative attributes of an integrated personality, where confidence in the rational abilities is related to the need for cognition, responsible approach to work and sociability. The second factor grouped emotional intelligence together with the error rate in a situation of perceptual load and secondarily with response time in a situation of perceptual load, which we named *hypersensitive coping*. This factor indicates the distance from the emotional experience of one’s self and of other people in stressful situations. The third factor grouped friendliness and primarily reaction time in the situation of perceptual load, which reflects the *slow cooperative*

*stress coping*. The last factor grouped favorable decision-making with experientiality and emotional stability. We believe that it is precisely this factor, named as *adaptive intuitive decision-making*, which links the positive elements of somatic markers in male paramedics, that can provide quick alternative decisions and also the ability to withstand negative emotions that would paralyze the decision-making process. Thus, we can observe four types of behavioral tendencies in male paramedics in a) positive self-presentation in terms of rationality and responsibility, b) maladaptive coping as a result of emotional sensitivity, c) cooperative coping and d) stable decisional coping based on experience.

Of the emotional, cognitive-style and personality factors under study, three factors were able to predict favorable decision-making in male paramedics. Decision makers characterized by emotional stability, extraversion, and fast response in situations of perceptual load had the best performance in decision-making. The combination of emotional stability and extraversion is seen as adaptive (Austin, Deary, 2004) and leads to positive coping strategies (Ficková, 2001). In addition, in the context of decision-making of a paramedic, the ability to respond quickly in load situations is also present.

In comparison to their male counterparts, in female paramedics the variables studied grouped into different factors. The first factor, low emotional intelligence, grouped together with low neuroticism and rationality, which corresponds to the *failure to cope with emotions*. The second factor, called *resistant decision-making*, relates the favorable decision-making to the speed and accuracy in a situation of perceptual load. The third factor grouped experientiality, conscientiousness

and openness. The common element is the sensitivity to internal experience, so we named this factor *sensitivity*. The last factor, which we called *sociability*, grouped extraversion with agreeableness.

Among the variables studied, speed in situations of perceptual load, low emotional awareness and positive current conditions were able to predict favorable decision-making in female paramedics. The ability to resist stress is an obvious determinant of subsequent low stress in private or professional life. Thus, the decision-making in female paramedics is linked with coping abilities. Remarkable, however, is the negative role of emotional awareness in decision-making in female paramedics. One of the subscales of the emotional awareness zone, which strongly correlated with favorable decision-making, is "expressing emotions". Therefore, we perceive the ability to not display internal experience as a very important part of the decisional coping in female paramedics. A similar conclusion was reached by Jurišová (2009), who found that in paramedics low emotional variability was associated with maladaptive decision-making styles, e.g., hypervigilance, procrastination and back pass. This is also supported by our results in terms of a special role of emotions in decision-making in female paramedics.

The difference between male and female paramedics is the inclusion of favorable decision-making in different variables. While in male paramedics favorable decision-making was linked to intuition and emotional stability, in female paramedics it was linked to the ability to withstand stress. We believe that the common denominator of decision-making in medical rescue teams (men and women) is resisting negative emotions in load situations; whereas men are more set to use

past experience, women tend to cover the experienced emotional states. This finding emphasizes the social differences between men and women in the paramedics profession. Brosman (1998) arrived at a similar conclusion, although not in the paramedic profession. He found that women experienced greater anxiety and lower self-efficacy in comparison to men when learning to use a computer, which was explained in terms of computer usage as a masculine activity. We believe that the paramedic profession is perceived as a masculine role. Women in this profession are facing more pressure in the emotional field, since the natural ways of expressing emotions are not acceptable. Models of decision-making in crisis situations as described by Skriver, Martin and Flin (2004) are void of the component of emotions. Their focus lies primarily on analyzing the situation, attention span and working memory capacity in stressful situations and actions.

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## REFERENCES

- ASENDORF, J.B., BORKENAU, P., OSTENDORF, F., VAN AKEN, M.A.G., 2001, Carving personality description at its joint: Confirmation of three replicable personality prototypes for both children and adults. *European Journal of Personality*, 15, 169-198.
- AUSTINOVÁ, E.J., DEARY, I.J., 2004, Osobnostné dispozície. In: R.J. Sternberg (Ed.), *Prečo robia múdri ľudia hlúposti?* (pp. 218-246), Bratislava: Ikar.
- BECHARA, A., 2004, The role of emotions in decision making: Evidence from neurological patients with orbitofrontal damage. *Brain and Cognition*, 55, 30-40.
- BJÖRKLUND, M., BÄCKSTRÖM, F., 2008, Individual differences in processing styles: Validity of



the Rational-Experiential Inventory. *Scandinavian Journal of Psychology*, 49, 5, 439-446.

BRAND, M., HEINZE, K., LABUDDA, K., MARKOWITSCH, J.H., 2008, The role of strategies in deciding advantageously in ambiguous and risky situations. *Cognitive Processing*, 9, 3, 159-173.

BROSMAN, M.J., 1998, The impact of computer anxiety and self-efficacy upon performance. *Journal of Computer Assisted Learning*, 14, 223-234.

COOPER, R.K., SAWAF, A., 1997, Executive EQ: Emotional intelligence in leadership and organizations. New York: Penguin Putnam.

DANIEL, J., 1983, *Stroopov test. Príručka*. Bratislava: Psychodiagnostické a didaktické testy.

EPSTEIN, S., 2003, Cognitive-experiential theory of personality. In: I.B. Weiner (Ed.), *Handbook of psychology*. New Jersey: John Wiley & Sons.

JANIS, I., MANN, L., 1977, Decision making: A psychological analysis of conflict, choice and commitment. New York: Free Press.

JURIŠOVÁ, E., 2009, Dynamika prežívania situačných kontextov vo vzťahu k rozhodovaniu u zdravotníckym záchranárom. In: I. Sarmány-Schuller, E. Pilárik, E. Jurišová (Eds.), *Rozhodovanie v kontexte kognície, osobnosti a emócií* (pp. 57-64). Nitra: FSVaZ UKF.

FICKOVÁ, E., 2001, Personality determinants of coping behavior in adolescents. *Studia Psychologica*, 43, 4, 321-329.

HEPPNER, P.P., KRAUSKOPF, C.J., 1987, An information-processing approach to problem solving. *The Counseling Psychologist*, 15, 371-447.

HILBIG, B.E., 2008, Individual differences in fast-and-frugal decision making: Neuroticism and the recognition heuristic. *Journal of Research in Personality*, 42, 6, 1641-1645.

KOUKOLÍK, F., 2006, *Sociální mozek*. Praha: Karolinum.

PILÁRIK, E., 2005, Determinanty vyhľadávania stimulácie z pohľadu osobnostných faktorov a štýlov rozhodovania. In: M. Blatný, D. Vobořil, P. Květon, M. Jelínek, V. Sobotková (Eds.), *Sociální procesy a osobnost: Zborník z konferencie* (pp. 296-302). Brno: Psychologický ústav AV ČR.

PILÁRIK, E., 2006, Osobnostné faktory maladaptívnych štýlov rozhodovania. In: E. Pilárik, M. Pohánka, M. Popelková (Eds.), *Zborník príspevkov z Medzinárodnej konferencie doktorandov odborov Psychológia a Sociálna práca*. UKF Nitra.

PILÁRIK, E., KRASŇANSKÁ, A., HRDINOVÁ, N., RONDOSHOVÁ, K., KUPCOVÁ, S., 2010, Emočná inteligencia a rozhodovanie u zdravotníckych záchranárov a hasičov. In: E. Pilárik, I. Sarmány-Schuller, E. Jurišová (Eds.), *Rozhodovanie v kontexte kognície, osobnosti a emócií II*. FSVaZ UKF Nitra.

PILÁRIK, E., SARMÁNY-SCHULLER, I., 2005, Štýly rozhodovania z pohľadu osobnostných dimenzií J. Graya. In: I. Sarmány-Schuller, M. Bratská (Eds.), *Psychológia pre život alebo ako je potrebná metanoia*. Psychologické dni, Zborník príspevkov (pp. 186-190). Bratislava: Pelikán/Stimul.

PILÁRIK, E., SARMÁNY-SCHULLER, I., 2009, Emotional intelligence and decision-making of female students of social work in the Iowa Gambling Task. *Studia Psychologica*, 51, 4, 319-328.

RUISEL, I., HALAMA, P., 2007, *NEO päťfaktorový osobnostný inventár*. Praha: Testcentrum – Hogrefe.

SINGH, V., KHAN, A., 2009, Heterogeneity in choices on Iowa Gambling Task: Preference for infrequent-high magnitude punishment. *Mind & Society*, 8, 1, 43-57.

SHILOH, S., SALTON, E., SHARABI, D., 2002, Individual differences in rational and intuitive thinking styles as predictors of heuristic responses and framing effects. *Personality and Individual Differences*, 32, 3, 415-429.

SHILOH, S., SHENHAV-SHEFFER, M., 2004, Structure of difficulties in mate-selection decisions and its relationship to rational and intuitive cognitive styles. *Personality and Individual Differences*, 37, 2, 259-273.

SKRIVER, I., MARTIN, L., FLIN, R., 2004, Emergency decision making. In: K. Smith, J. Shanteau, P. Johnson (Eds.), *Psychological investigations of competence in decision making* (pp. 124-148). Cambridge University Press.

## OSOBNOSTNÉ PREDIKTORY ROZHODOVANIA ZDRAVOTNÍCKYCH ZÁCHRANÁROV A ZÁCHRANÁRIEK

E. Pilárik, I. Sarmány - Schuller

*Súhrn:* Cieľom výskumu bolo zistiť prediktívnu silu vybraných faktorov osobnosti, ktoré súvisia s emóciami na rozhodovanie zdravotníckych záchranárov. Zamerali sme sa na emočnú inteligenciu podľa modelu Coopera a Sawafa (1997), štýly rozhodovania podľa Teórie kognitívneho a experienčného self (Epstein, 2003), Stroopovho konceptu odolnosť voči záťaži a osobnostné črty podľa teórie Big Five ako možné prediktory rozhodovania zdravotníckych záchranárov. Výskumnej vzorke 92 zdravotníckych záchranárov sme administrovali Iowski herný test, EQ<sub>TM</sub> mapu, Stroopov test interferencie, Racionálno-experienčný inventár a NEO-FFI. Zistili sme medzi-pohlavné špecifiká prediktorov rozhodovania zdravotníckych záchranárov. U zdravotníckych záchranárov (mužov) bolo možné predikovať výhodné rozhodovanie na základe emočnej stability, extravenzie a rýchlych reakcií v Stroopovom teste interferencie. Výhodné rozhodovanie zdravotníckych záchranáriek bolo možné predikovať na základe dvoch zón emočnej inteligencie (nízke uvedomovanie si emócií a pozitívne súčasné podmienky) a taktiež rýchlych reakcií v Stroopovom teste interferencie. Zistené výsledky interpretujeme z hľadiska špecifik gendrových očakávaní v rámci profesie zdravotníckeho záchranára a schopnosti odolávať negatívnym emóciám v procese rozhodovania.