

Chapter 12

The Relationship Between Social Problem Solving Ability and Burnout Level: A Field Study Among Health Professionals

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ABSTRACT

The aim of this study is to identify the relationship between social problem solving ability and burnout level of health professionals in a southeast city of Turkey. Material and Method: Data were collected using a self-reported questionnaire with the Short Form of Social Problem Solving Inventory and Maslach Burnout Inventory. A total number of 356 health professionals participated in the study. Results: Of all the participants; 44.1% were nurses, 27.0% were doctors and 28.9% consisted of other health professionals. Functional social problem solving dimensions were negatively correlated with emotional exhaustion and depersonalization and positively correlated with personal accomplishment. Conclusion: There is a negative correlation between social problem solving ability and burnout levels of health professionals. Evaluating social problem skills may allow to identify the ones who may be at risk for burnout; and improving their social problem solving skills may protect them from burnout.

INTRODUCTION

The term social problem solving refers to the process of problem solving as it occurs in the natural environment or “real world” (D’Zurilla & Nezu, 1982). As indicated by D’Zurilla et al. (2004), in this definition the term social does not mean a limitation in the study of problem solving to any particular type of problem. It is used to draw attention to the problem solving that influences one’s adaptive functioning in the real life social environment. That means the study of social problem solving deals with all

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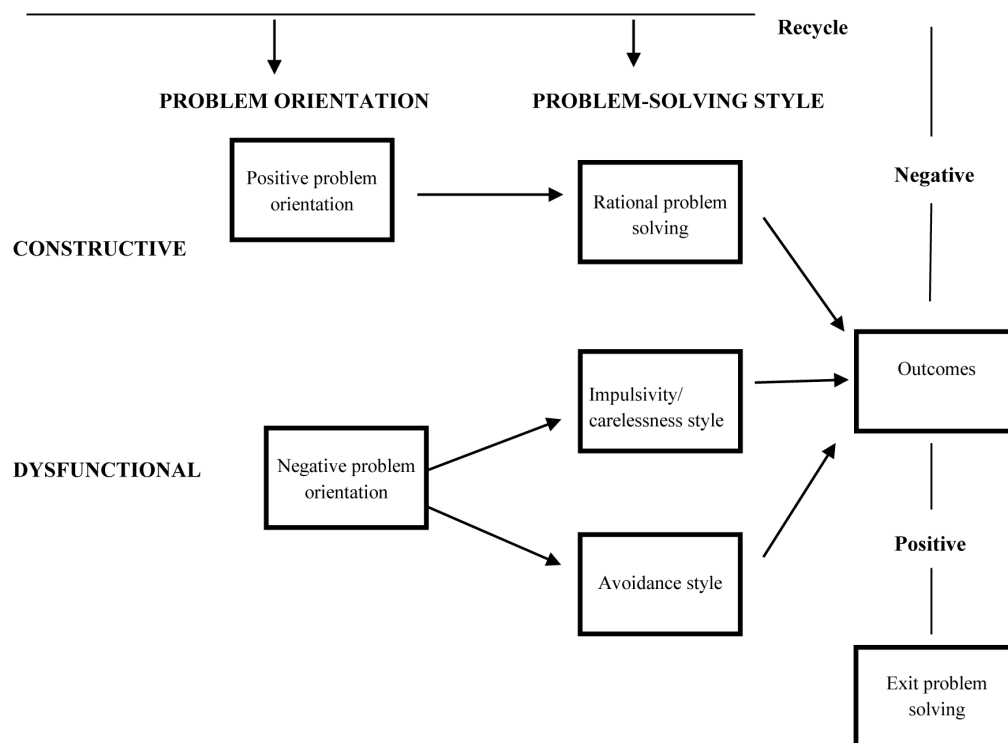
types of problems that might affect a person's functioning, including impersonal problems (e.g., insufficient finances, stolen property), personal or intrapersonal problems (emotional, behavioral, cognitive, or health problems), interpersonal problems (e.g., marital conflicts, family disputes) as well as broader community and societal problems (e.g., crime, racial discrimination) (D'Zurilla et al., 2004). D'Zurilla et al. (2004) built social problem process on five dimensions as demonstrated in Figure 1.

As the figure shows, problem-solving outcomes in the real world are assumed to be largely determined by two general, partially independent processes: (a) problem orientation and (b) problem solving style. Problem orientation has two dimensions – positive and negative – while there are three problem-solving styles: rational, impulsivity/carelessness, and avoidance styles. Constructive or effective problem solving is described as a process in which positive problem orientation facilitates rational problem solving which, in turn, is likely to produce positive outcomes. Dysfunctional or ineffective problem solving is shown as a process in which negative problem orientation contributes to impulsivity-carelessness style or avoidance style, which are both likely to produce negative outcomes (D'Zurilla et al., 2004).

Social problem solving is embedded within transactionalism and the stress and coping paradigm. At any given point in time, a variable can serve as an antecedent, a mediator, a moderator, or a consequence in the social problem solving process (Lazarus, 1981). However, the related literature includes a few studies on moderators and mediators of social problem solving.

Rich and Bonner (2004) forward three main concepts which affect social problem solving;

Figure1. Indicates problem solving process (2004)



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