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How Can Emotional Intelligence be Useful in Practicing Family Physicians Social Problem-Solving Skills During the Covid-19 Pandemic?

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Abstract:
With the increasing number of family health centers that have emerged due to the rising population in Türkiye, family physicians have had to take on the primary role of helping patients cope with health issues. Since the onset of the Covid-19 pandemic, the workload of doctors has reached excessive levels, consequently affecting their perceptions, behaviors, and attitudes, all of which are outcomes of emotional intelligence. Research has shown that individuals with a high level of emotional intelligence can readily embrace social problems and generate possible solutions by applying social problem-solving skills. This study explored the relationship between emotional intelligence and social problem-solving skills in family physicians by examining the challenges being faced in maintaining society's health during the pandemic. The correlational research design was preferred by researchers to apply the social problem-solving and emotional intelligence scales to family physicians (N= 229) between November and September 2021. Emotional intelligence had a significant impact on the social problem-solving skills of family physicians (β= .251, p<0.05). On the other side, a significant relationship was found between Optimism\Mood Regulation" and "Impulsive Problem-Solving Style" (r= .246, p<0.01), and "Utilization of Emotions" was shown to have a significant relationship with "Impulsive Problem-Solving Style" (r= .317, p<0.01). Emotional intelligence possesses an increasingly substantial role in dealing with social problems effectively. Family physicians should be aware that emotions are crucial in empowering social problem-solving skills during chaotic & challenging times.

Keywords: *Behavior, Covid-19, emotional ıntelligence, family physicians, social problem-solving.*

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INTRODUCTION

Since the start of the 21st century, the detrimental effects of public health challenges, artificial food resources, and environmental pollution have generated catastrophes that societies can no longer ignore (WHO, 2020). The Covid-19 pandemic, which, since October 2019, has spread to nearly every country, is a case in point, as it has had a severe impact on institutions, organizations, and individuals alike and continues to present a challenging framework that tests the public health systems (Benjamin, 2020; WHO, 2020). Health professionals have struggled to combat and control the spread of the Covid-19 pandemic to minimize its negative impact (Haleem et al., 2020). However, with the uncertain and ambiguous nature of the Covid-19 pandemic, the consistent changes in treatment methods, the adverse sociological and psychological issues that arise from the increased number of patients, and the limited medical resources, the medium-long-term performance of family physicians can be negatively affected (Galbraith et al., 2020). With the higher income inequalities and unemployment rate, the Turkish healthcare system has struggled to match patients to the respective services provided by private & public health institutions (Kol, 2015). The workloads and shifts of family physicians in Turkey have reached such critical levels that they experience high burn-out rates and have been incapable of continuing to perform their services well (Celmece et al., 2016). Especially, during the treatment progress of the Covid-19 pandemic, the occupational risks faced by family physicians have become widespread as a result of long working hours without rest, and non-ergonomic working environments (Azap, 2013; Koh, 2020; Ustu & Ugurlu, 2015;), constantly changing health policies, tremendous stress & depression levels, work-life imbalances, (Ofei-Dodoo et al., 2021) and incidences of violence from patient relatives (Stanetić et al., 2016). The changes to working life that the pandemic has caused precipitated changes in employees' behavior, increased stress levels and workload, decreased job satisfaction, and led to problems associated with anger control. The emotional intelligence levels of health professionals have a considerable role in managing their emotions in harsh environments and medically urgent cases (Colak & Ugur, 2017) and coping with psychological problems (e.g., burn-out depression, and traumatic reactions by patients and patients' relatives). The concept of "Emotional Intelligence" (EI) refers to the ability of individuals to observe and associate their emotions with stimuli, whereby they adjust and engage in new behaviors and ways of thinking based on the information and perceptions received (Mayer et al., 2008). EI involves the ability to motivate oneself and persist in the face of disappointments. Also, EI is associated with a sophisticated recognition of the behavioral dynamics of humans and therefore involves social, personal, and cultural intelligence and interpersonal communication competencies (Mayer et al., 2008). Thanks to a combination of optimism\mood regulation, utilization of emotions, and appraisal of emotions, being constructs of EI, observing behaviors of individuals during severe challenges has become more practical to obtain unbiased remarks by researchers (Austin, 2010). Optimism\mood regulation is a skill to keep the mood consistent from adverse outcomes by taking advantage of optimism (Hansenne & Bianchi, 2009). Individuals have distinctive emotions reflecting in decision-making, problem-solving, and creative thinking processes that lead us to utilize emotions for transforming those into beneficial tools during catastrophes (i.e., pandemics, air pollution, droughtiness) and undesired conditions. Especially in those severe conditions, preserving communication, and ensuring tranquility and solidarity can be actualized through empathy, objective self-evaluation, and building friendships which are outcomes of employing appraisal of emotions well because individuals frequently prefer social interaction and group activities (Joseph & Newman, 2010).

Economic, sociological, and psychological deficiencies encountered by patients and their relatives can adversely affect treatment processes, which means that the EI levels of healthcare professionals also involve social problem-solving skills, as these can contribute to the progress of treatment processes in a positive way (Zhang et al., 2020). Emotions influence the objective identification of related problems and shape problem orientation according to the problem-solving skills of individuals (D'Zurilla et al., 2011). Philosophers, educators, and psychologists have all observed that humans have always engaged in problem-solving since the dawn of humankind and that problem-solving skills vary from individual to individual (D'Zurilla et al., 2011). The concept of "Social Problem Solving" (SPS) refers to the solution process used to address problems occurring in the natural environment or the "real world" (D'Zurilla & Nezu, 2010). Social problem-solving is a methodology that involves the effective utilization of emotional, cognitive, and behavioral approaches and the ability to find solutions to problems encountered in daily life (Verhaeghen & Hertzog, 2014). Problem-solving is carried out to solve a problematic situation most effectively and reduce the emotional distress caused by the problem (D'Zurilla et al., 2004). Social problem-solving skills such as negative problem orientation, positive–rational problem orientation, impulsive problem-solving, and avoidant problem-solving are essential for individuals insofar as they serve to maintain mental health and prevent behavior driven by negative attitudes that can lead to regrets (Nezu & Wilkins, 2005). Contrary to the effects of positive emotions, negative emotions, like depression, anxiety, aggressiveness, and anger, can impede social problem-solving processes (Nezu et al., 2004). Empathy, strong communication skills, and strong coordination skills are commonly observed in individuals with high EI levels. In contrast, individuals with excellent social problem-solving skills can better generate practical solutions to complicated challenges.

In light of the abovementioned explanations and rationales through investigations, this study motivates researchers to discover the role of EI on the SPS skills of family physicians during a hardly manageable crisis like the Covid-19 pandemic. Accordingly, each research hypothesis, composed of EI and SPS skills constructs, was claimed by examining how they are interrelated and led researchers to conduct this study with a focus on literature reviews and applying research instruments such as EI and SPS scales.

Humans' social life is dynamic and involves versatile emotions that influence daily activities, perceptions, and reactions to challenges or undesired situations. Having the ability to organize these emotions through identification, self-regulation, and self-appraisement is especially important in densely populated locations, where people tend to be well-experienced in applying their social problem-solving skills as a function of their attitudinal responses (i.e., the EI) towards the constantly changing environment (Hasnah et al., 2018). Therefore, it can be concluded that EI has a significant impact on SPS skills.

H_1: EI has a significant role in employing SPS skills.

Optimism/mood regulation, which is part of the EI, are functional aspects of situations wherein the effort to find practical solutions to social problems necessitates self-control of emotions and positive thinking (Gordon et al., 2016). Impulsive problem-solving skills largely depend on cognitive, behavioral, and attitudinal components, as these can modify the decision-making processes performed in the executive functioning areas of the brain (Brown et al., 2012). These abilities combined with EI play a crucial role in enhancing SPS skills. Therefore, it can be concluded that there is a positive correlation between "Optimism\Mood Regulation" and "Impulsive Problem-Solving Style".

H₂: "Optimism\Mood Regulation" has a relationship with "Impulsive Problem-Solving Style".

The utilization of emotions and their attendant adaptive cognition play an observable role in triggering an individual's impulsivity in problem-solving processes through the forces of creativity (Frijda et al., 2014) and multi-disciplinary (lateral) thinking approaches (Sloane, 2017). This creativity and lateral thinking competency stem from the brain's ability to link specific information by empowering neurons to cope with challenges (Carter, 2008). Therefore, it can be concluded that there is a positive correlation between the "Utilization of Emotions" and "Impulsive Problem-Solving Style".

H₃: "Utilization of Emotions" has a relationship with the "Impulsive Problem-Solving Style".

The appraisal of the emotions construct of EI refers to a function whereby an individual evaluates multiple circumstances that directly affect emotions. This evaluation can be positive or negative, depending on the event, the individual's cognitive skills, and perception tendencies. Positive appraisal of emotions can be directly reflected in problem orientation when individuals make decisions primarily through problem orientation (D'Zurilla et al., 2004). Therefore, it can be concluded that there is a positive correlation between "Appraisal of Emotions" and "Positive – Rational Problem Orientation".

H₄: "Appraisal of Emotions" has a relationship with "Positive – Rational Problem Orientation".

On the other hand, negative appraisal of emotions can be directly reflected in problem orientation in cases where individuals experience stress, uncertainty, ambiguity, and work-family conflict during the problem orientation process. Therefore, it can be concluded that there is a positive correlation between "Appraisal of Emotions" and "Positive – Rational Problem Orientation".

H₅: "Appraisal of Emotions" has a relationship with "Negative Problem Orientation".

By investigating the above-developed hypotheses, rather than simply observing the related concepts separately, we can gain a more in-depth understanding of the possible inter-relationships between the sub-dimensions of the EI and SPS-I scales. For instance, both positive and negative problem orientation under the SPS skills can be modified through individual attitudes on utilizing emotions during stressful and uncertain times.

METHODOLOGY

Participants

The sample group of this study consists of family physicians working in Adana province under the Provincial Health Directorate, controlled by the Turkish Ministry of Health. The data were gathered via online surveys between September and November of 2021 when the Covid-19 pandemic was heavily impacting individuals' physical & mental health, social interactions, and daily life. Researchers used the criterion sampling method to investigate each hypothesis more accurately, providing data consistency in measurements (Delice, 2010). Inclusion criteria for the research study were determined as more than five years of medical experience, specialized in family health, and working at local health centers in Adana, Turkey, providing appropriate

information and comprehensible results related to conducting research. Study surveys were distributed via e-mail to 235 family physicians, of whom 229 responded. Six submitted surveys had missing values. Therefore, the research to validate each of the hypotheses developed by the researchers was conducted with 229 family physicians. The sub-factors included in the scales were placed in different sections of the scales that were distributed to prevent common method bias among the respondents. Therefore, each family physician who participated made distinct responses to the items on the scales and scale-related sub-factors.

Statistical Analysis

The SPSS 24.0 (Statistical Program for Social Sciences) package was preferred to analyze the bulk of data. Descriptive statistics number, given as a percentage, mean, and standard deviation. Our data was parametric with the Kolmogorov-Smirnov test and verified through skewness and kurtosis values determining the fit for normal distribution. Survey total score averages and variables t-test in independent groups, One-way ANOVA test; Pearson correlation test was used for correlation analysis. Also, a regression test was used to observe the degree of impact on dependent variables.

Research Procedure

This study was conducted using a correlational research design to identify possible connections between the different variables of the developed hypotheses (Creswell & Creswell, 2017). The impact of EI on the SPS skills and the interrelationships of sub-factors were examined through regression and correlation analysis (Figure 1). The regression line corresponding to "H_1" extends in a positive direction toward SPS skills, which indicates that emotions generated by external issues can significantly enhance individuals' problem-solving skills. The two-tailed correlation lines corresponding to H_2, H_3, H_4, and H_5 show an interrelationship with EI and SPS skills, which indicate that emotional competencies play a determinant role in how individuals react against social-related problems. As mentioned above, this study applied a correlational research design to explore the possible relationship among the dependent (SPS skills) and independent (EI) variables being studied. First, the participants' demographic features were examined by analyzing the respective frequencies of gender, generation type, marital status, and job experiences. The scales were then analyzed using descriptive statistics, and the adequacy of the sample was validated through KMO (Kaiser-Meyer-Olkin). Normality analysis, which involved calculating skewness and kurtosis values, was performed to test whether the data were parametric (Tabachnick & Fidel, 2007). Lastly, Pearson's correlation (r) and linear regression analyses (β) were applied to validate the developed study hypotheses.

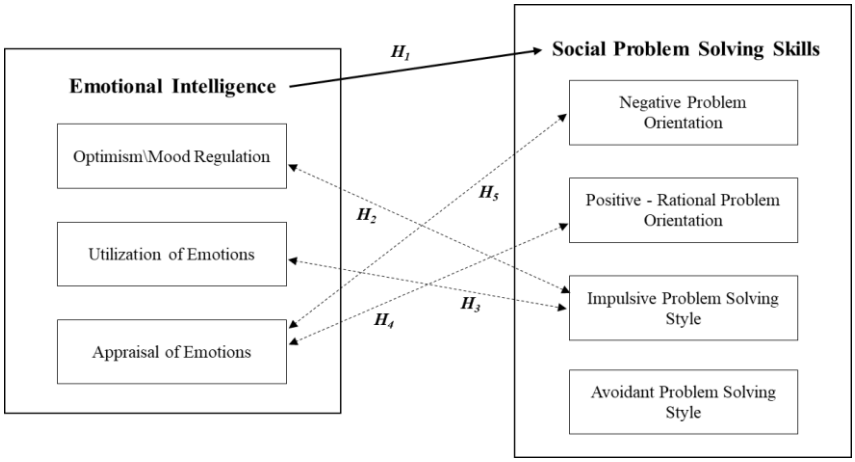

Figure 1. *The research model – EI & SPS Skills*

Research Instruments

"The Shortened Schutte Emotional Intelligence" scale (TSSEI), which includes 41 items and three interrelated sub-factors (optimism\mood regulation, utilization of emotions, and appraisal of emotions), was developed to investigate individuals' trait-based emotional competencies (Austin et al., 2004). The high-reliability rate and observed factor loadings demonstrated that the Turkish version of the Schutte Emotional Intelligence scale (Tatar et al., 2011) was compatible with the original EI scale developed by Austin et al., (2004). Before analyzing the TSSEI scale's reliability, researchers conducted a confirmatory factor analysis to validate the compatibility of factor structure with our research model, including different participant characteristics. According to CFA analysis, results (x^2/df: 1.55; GFI: .84; NFI: .86; CFI: .96; RMSEA: .046) indicated that the research model had a good model fit with the research sample. Besides, the Cronbach Alpha coefficient (α) of the TSSEI scale is .92, which implies high internal consistency among responses.

The Social Problem-Solving Inventory (SPS-I) scale was developed to examine individuals' responses to social problems by investigating the sub-factors of problem orientations and problem-solving styles (D'Zurilla et al., 2011). The SPS-I scale was adapted to Turkish to observe the social problem-solving abilities and styles of psychological counseling and guidance students at Cukurova University. The Turkish version of the scale was found to have good internal consistency (α: .95), and its validity was tested through confirmatory factor analysis (x2/df = 1.49, GFI: .82; NFI: .85; CFI: .95; RMSEA: .049), from which the goodness-of model fit showed that the scale had two main dimensions and five distinct but interrelated factors.

Ethics Committee Approval

This research was conducted with the permission obtained by the decision of the Ethics Committee of Adana Alparslan Turkes Science and Technology University, dated 31/03/2021 and numbered 5.5.

RESULTS

The results obtained from the demographic analysis and statistical analysis performed in this study were used to explore the possible relationships between EI and SPS skills. Of the

participating family physicians, 40.3% were male, and 59.7%, were female. According to McCrindle & Wolfinger (2010) classification of generations, most of the participants (60.5%) were Generation X (1965-1980), with the remaining 39.5% being Baby Boomers (1946 - 1964), Generation Y (1981-1996), and Generation Z (1997 - 2012). Furthermore, 17.1% of the participants were single, 82.9%, were married, 11.6% had job experience of 0 – 5 years, 16.3%, of 6 – 15 years, 39.5%, of 16 – 25 years, and 32.6% of 25+ years (these latter demographic data were used to obtain a general observation of the distribution of the family physicians' experience at the Adana City Health Administrative). These findings are presented in numerical and percentage form in Table 1 below.

Table 1. *The demographic ınformation about respondents (N= 229)*

Demographic Information		N	%
Gender		**229**	**100**
	Man	92	40.3
	Woman	137	59.7
Generation		**229**	**100**
	Baby Boomer	23	10.1
	Generation X	139	60.5
	Generation Y	60	26.4
	Generation Z	7	3.1
Marital Status		**229**	**100**
	Single	39	17.1
	Married	190	82.9
Job Experience (in years)		**229**	**100**
	0 - 5 Years	27	11.6
	6 - 15 Years	37	16.3
	16 - 25 Years	90	39.5
	25+ Years	75	32.6

As the research data were determined to have normal distribution according to the skewness and kurtosis values (between -2 and +2) of the scales and their factors, parametric analysis was performed (Tabachnick & Fidel, 2007). The KMO sampling adequacy and Cronbach's alpha values indicated that the participants' responses were consistent and that the data had sufficient quality to conduct factor analysis.

Table 2. *The descriptive statistics of scales & scales related sub-dimensions (N= 229)*

Scale & Sub-Dimensions	**Mean**	**SD**	**Skewness**	**Kurtosis**	**KMO Sampling Adequacy**
SPS – I	3.83	.3933	-.094	-.195	
NPO	*3.62*	*.6107*	*-.043*	*-.036*	
R – PPO	*3.94*	*.5136*	*-.465*	*.290*	*.887*
IPSS	*3.79*	*.7432*	*-.394*	*-.772*	
APSS	*3.86*	*.5627*	*-.477*	*.049*	
EI	3.70	.4165	-1.241	1.406	
O-MR	*3.88*	*.5686*	*-1.033*	*1.352*	
UE	*3.53*	*.5935*	*-.658*	*-.304*	*.894*
AE	*3.51*	*.4786*	*-.215*	*.938*	

Note. *NPO: Negative Problem-Oriented, R-PPO: Rational – Positive Problem-Oriented, IPSS: Impulsive Problem-Solving, APSS: Avoidant Problem-Solving; O-MR: Optimistic – Mood Regulation, Utilization of Emotions, Appraisal of Emotions.*

The researchers' hypotheses were validated through the results of Pearson's correlation analysis, as shown in Table 3. A low significant impact was found between the SPS-I and EI levels of the family physicians ($\beta = .251$, $p<0.01$) by verified regression constructs (F: 8.558; t: 2.925), a

significant relationship was found between Optimism\Mood Regulation" and "Impulsive Problem-Solving Style" (r= .246, p<0.01), and "Utilization of Emotions" was shown to have a significant relationship with "Impulsive Problem-Solving Style" (r= .317, p<0.01). Both "Positive-Rational Problem-Solving Style" and "Negative Problem-Solving Style" had a significant relationship with "Appraisal of Emotions" (r= .369, p<0.01; r=.238, p<0.01), and the inter-correlations among factors under both SPS-I and EI were significantly high. Briefly, hypotheses (H2, H3, H4, and H5) aiming to observe possible interrelationships among sub-dimensions of each scale were significantly approved.

Table 3. *The Correlational Analysis Between Scales & Scales Related Sub-Dimensions (N=229)*

Correlations (r)	1	2	3	4	5	6	7	8	9
1. SPS-I	(.90)	.705**	.567**	.769**	.678**	.251**	.174*	.314**	.091
2. NPO	.705**	(.88)	.168	.596**	.467**	.199*	.118	-.048	.369**
3. R-PPO	.567**	.168	(.94)	.237**	.116	.127	.071	.152	.238**
4. IPSS	.769**	.596**	.237**	(.93)	.630**	.257**	.246*	.317**	.032
5. APSS	.678	.467	.116	.630	(.91)	.092	.081	.185*	-.113
6. EI	.251**	.199*	.127	.257**	.092	(.95)	.873**	.676**	.618**
7. O-MR	.174*	.118	.071	.246*	.081	.873**	(.96)	.343**	.330**
8. UE	.314**	-.048	.152	.317**	.185	.676**	.343**	(.93)	.357**
9. AE	.091	.369**	.238**	.032	-.113	.618**	.330**	.357**	(.92)

Note. *NPO: Negative Problem-Oriented, R-PPO: Rational – Positive Problem-Oriented, IPSS: Impulsive Problem-Solving, APSS: Avoidant Problem-Solving; O-MR: Optimistic – Mood Regulation, Utilization of Emotions, Appraisal of Emotions.*

According to regression analysis, which was applied to observe the possible effect of EI on the SPS skills, EI had a moderately significant impact on the SPS skills of family physicians (β= .251, p<0.05), which confirmed the acceptance of H1. All the study hypotheses developed were validated and accepted through statistical tests.

Table 4. *The regression analysis between EI & SPS Skills (N=229)*

Variables	β	SE	t	F Value	Sig.
(Constant)	2.953	.302	9.779	-	.001
Emotional Intelligence	.251	.081	2.925	8.558	.004

The EI and SPS-I scales were further investigated to observe whether the participants' responses differentiated based on demographic characteristics, such as gender, generation (Baby Boomer, Gen X, Gen Y, Gen Z), marital status (single or married), and job experience (in years). According to the results obtained, Generation X and Z had a more negative problem orientation than Generation Y (r: .419, p<0.05). In general, the social problem-solving skills of Generation Z were considerably higher than those of Generation Y (r: .917, p<0.05). The married participants were more prone than the unmarried participants to orient problems negatively (r: .287, p<0.05), and they had lower SPS skills than their unmarried counterparts (r: .215, p<0.05).

DISCUSSION AND CONCLUSION

Following the Covid-19 outbreak, individuals have encountered challenges related to limited resources, misguided macro & micro health policies, uncertainty, and complications over conflicting information (Blumenthal et al., 2020). In their critical role in protecting community health during the Covid-19 pandemic, family physicians have had to apply social problem-solving skills (i.e., positive & negative problem orientation, impulsive, rational, and avoidant problem-solving) to cope with uncertain situations and ambiguous conditions. In times of crisis, such as those currently experienced and aggravated by patients' reactions, family physicians

tend to solve problems unconsciously through their emotions. Problems fall within a social problem framework when emotions and mechanisms of society primarily drive the social reactions of individuals. Therefore, the EI level of family physicians plays an increasingly substantial role in dealing with social problems more effectively. Positive and negative problem orientations determine the various social problem-solving styles that individuals use, such as rational problem-solving, impulsive problem-solving, and avoidant problem-solving (Bar-On, 2010; Dostál, 2015). These problem-solving styles and problem orientations can be categorized under the sub-dimensions of EI (utilization of emotions, appraisal of emotions, and optimistic\mood regulation) and within the EI framework in general. Our study aimed to identify the possible relationship between EI and SPS skills regarding their respective sub-dimensions by examining family physicians' perceptions and behaviors towards global and local health policies, limited resources, and patients' disagreeable reactions during the Covid-19 pandemic.

According to the results obtained from the statistical analysis conducted in this study, there was a significant correlation between the EI and SPS skills of the family physicians. Additionally, the impulsive problem-solving styles, which are shaped by both the internalities and externalities of the health environment, have a significant correlation with the utilization of emotions, which refers to the ability to adapt to unexperienced situations and consequences (Kushnir et al., 2011). These adaptations that support the utilization of emotions largely progress and improve through a trial-and-error process of the experienced emotions regarding the positive and negative outcomes of these experienced emotions in the past (Abe, 2011). The appraisal of emotions remarkably depends on individuals' orientation to problems, whereby the evaluation of circumstances triggered by emotions forms the perceptions and reactions that individuals have to any challenges related to social problems (Schmidt, 2010). The significant correlation found between appraisal of emotions and problem-orientation types validated the respective hypothesis on this relationship. In brief, the results from the study showed that there was notable compatibility between EI and SPS skills in family physicians during the Covid-19 outbreak.

It can be concluded that the more emotionally intelligent family physicians have acquired social problem-solving skills effectively. Another study on this subject should be conducted once the Covid-19 pandemic has passed to verify these results. Moreover, the sample of this study should be revised to include family physicians in university hospitals where there are a wide variety of diseases and limited resources to validate whether a relationship still exists between EI and SPS skills. It can be further suggested, through practical implications, that family physicians should be aware of the influential role that emotions have in forming social problem-solving skills. Medical students and professionals, especially those who keep in close interaction with patients, should be comprehensively trained in developing their EI capability and SPS skills to ensure peace, coordination, and well-being in any health institution reflected in health system effectiveness. Besides, training regarding EI and SPS skills can provide health professionals obtain more success rates in the treatment and preserve their mental contentment.

REFERENCES

Abe, J. A. A. (2011). Positive emotions, emotional intelligence, and successful experiential learning. *Personality and Individual Differences*, 51(7), 817-822.

Austin, E. J., Saklofske, D. H., Huang, S. H., & McKenney, D. (2004). Measurement of trait emotional intelligence: Testing and cross-validating a modified version of Schutte et al.'s (1998) measure. *Personality and individual differences*, 36(3), 555-562.

Austin, E. J. (2010). Measurement of ability emotional intelligence: Results for two new tests. *British Journal of Psychology*, 101(3), 563-578.

Azap, Ö. (2013). *Türkiye'de Sağlık Çalışanlarının Sağlığı: Güncel Durum*. *Sağlık Çalışanlarının Sağlığı 4. Ulusal Kongresi Kongre Kitabı*, Ankara.

Bar-On, R. (2010). Emotional intelligence: An integral part of positive psychology. *South African Journal of Psychology*, 40(1), 54-62.

Benjamin, G. C. (2020). Ensuring health equity during the COVID-19 pandemic: the role of public health infrastructure. *Revista Panamericana de Salud Pública*, *44*, e70.

Blumenthal, D., Fowler, E. J., Abrams, M., & Collins, S. R. (2020). Covid-19—implications for the health care system. *New England Journal of Medicine*, *383*(15), 1483-1488.

Carter, P. (2008). *Test and Assess your brain quotient: Discover your true intelligence with tests of aptitude, logic, memory, EQ, creative and lateral thinking.* Kogan Page Publishers.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches.* SAGE Publications.

Celmece, N., Ayyıldız, Y. & Isıklar, A. (2016). Thoughts of Health Workers Related to the Organizational Changes of Turkish Health System. *International Journal of Health Administration and Education Congress (Sanitas Magisterium)*, (1), 41-52. Retrieved from https://dergipark.org.tr/en/pub/ijhadec/issue/33557/372599

Çekici, F. (2009). *The effects of skills enhancement group program which is based on problem-solving therapy on college students' social problem solving skills, anger related behaviours and cognitions, trait-anxiety levels* [Doctoral Dissertation, Çukurova University]

Okumuş, D. Ç., & Uğur, E. (2017). Hemşirelerin Duygusal Zeka Düzeylerinin Bakım Davranışlarına Etkisi. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, (2), 104-109.

Delice, A. (2010). The Sampling Issues in Quantitative Research. *Educational Sciences: Theory and Practice*, 10(4), 2001-2018.

Dostál, J. (2015). Theory of problem solving. *Procedia-Social and Behavioral Sciences*, 174, 2798-2805.

D'Zurilla, T. J., Maydeu-Olivares, A., & Gallardo-Pujol, D. (2011). Predicting social problem solving using personality traits. *Personality and Individual Differences*, 50(2), 142-147.

D'Zurilla, T. J., Nezu, A. M., & Maydeu-Olivares, A. (2004). Social Problem Solving: Theory and Assessment. In E. C. Chang, T. J. D'Zurilla, & L. J. Sanna (Eds.), *Social problem solving: Theory, research, and training* (pp. 11–27). American Psychological Association. https://doi.org/10.1037/10805-001

Frijda, N. H., Ridderinkhof, K. R., & Rietveld, E. (2014). Impulsive action: Emotional impulses and their control. *Frontiers in Psychology*, 5, 518.

Galbraith, N., Boyda, D., McFeeters, D., & Hassan, T. (2020). The mental health of doctors during the COVID-19 pandemic. BJPsych bulletin, 1-4.

Gordon, N. S., Chesney, S. A., & Reiter, K. (2016). Thinking positively: Optimism and emotion regulation predict interpretation of ambiguous information. *Cogent Psychology*, 3(1), 1195068.

Haleem, A., Javaid, M., & Vaishya, R. (2020). Effects of COVID-19 pandemic in daily life. *Current Medicine Research and Practice*.

Hansenne, M., & Bianchi, J. (2009). Emotional intelligence and personality in major depression: trait versus state effects. *Psychiatry Research*, 166(1), 63-68.

Hasnah, H., Hendra, D. A., & Hapsah, H. (2018). Correlation between emotional intelligence and problem-solving skill of health students of faculty of Medicine Universitas Hasanuddin. *Indonesian Contemporary Nursing Journal*, 22-30.

Joseph, D. L., & Newman, D. A. (2010). Emotional intelligence: an integrative meta-analysis and cascading model. *Journal of Applied Psychology*, 95(1), 54.

Kol, E. (2015). Türkiye'de Sağlık Reformlarının Sağlık Hakkı Açısından Değerlendirilmesi. *SGD-Sosyal Güvenlik Dergisi*, 5(1), 135-164.

Koh, D. (2020). Occupational risks for COVID-19 infection. *Occupational Medicine*, 70(1), 3-5.

Kushnir, T., Kushnir, J., Sarel, A., & Cohen, A. H. (2011). Exploring physician perceptions of the impact of emotions on behavior during interactions with patients. *Family Practice*, 28(1), 75-81.

Mayer, J. D., Salovey, P., & Caruso, D. R. (2008). Emotional intelligence: New ability or eclectic traits?. *American Psychologist*, 63(6), 503.

McCrindle, M., & Wolfinger, E. (2010). Generations Defined. Ethos, 18(1), 8–13. https://search.informit.org/doi/10.3316/informit.203976117977536

Nezu, A. M., Wilkins, V. M., & Nezu, C. M. (2004). Social Problem Solving, Stress, and Negative Affect. In E. C. Chang, T. J. D'Zurilla, & L. J. Sanna (Eds.), *Social problem solving: Theory, research, and training* (pp. 49–65). American Psychological Association. https://doi.org/10.1037/10805-003

Ofei-Dodoo, S., Loo-Gross, C., & Kellerman, R. (2021). Burn-out, depression, anxiety, and stress among family physicians in Kansas responding to the COVID-19 pandemic. *The Journal of the American Board of Family Medicine*, 34(3), 522-530.

Schmidt, S., Tinti, C., Levine, L. J., & Testa, S. (2010). Appraisals, emotions and emotion regulation: An integrative approach. *Motivation and Emotion*, 34(1), 63-72.

Sloane, P. (2017). *The Leader's guide to lateral thinking skills: Unlock the creativity and innovation in you and your team.* Kogan Page Publishers.

Sönmez, M. (2011). *Paran Kadar Sağlık: Türkiye'de Sağlığın Ticarileşmesi*. İstanbul: Yordam Kitap.

Stanetić, K. D., Savić, S. M., & Račić, M. (2016). The prevalence of stress and burn-out syndrome in hospital doctors and family physicians. *Medicinski Pregled*, 69(11-12), 356-365

Tabachnick, B. G., & Fidell, L. S. (2007). Multivariate normality in using multivariate statistics.

Tatar, A., Tok, S., & Saltukoğlu, G. (2011). Gözden geçirilmiş Schutte duygusal zekâ ölçeğinin Türkçe'ye uyarlanması ve Psikometrik özelliklerinin incelenmesi. *Klinik Psikofarmakoloji Bülteni-Bulletin of Clinical Psychopharmacology*, 21(4), 325-338.

Uğurlu, M., & Üstü, Y. (2018). Türkiye'de aile hekimliği uzmanlık eğitimi süreci ve geliştirilmesi gereken noktalar. *Ankara Medical Journal*, *18*(1), 123-128.

Verhaeghen, P., & Hertzog, C. (Eds.). (2014). *The Oxford handbook of emotion, social cognition, and problem-solving in adulthood*. Oxford University Press.

World Health Organization. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2021 (No. WHO/2019-nCoV/MentalHealth/2020.1).* World Health Organization.

Zhang, L., Qiu, Y., Zhang, N., & Li, S. (2020). How Difficult Doctor-Patient Relationships Impair Physicians' Work Engagement: The Roles of Prosocial Motivation and Problem-Solving Pondering. *Psychological Reports*, 123(3), 885-902.

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