

The Effect of Solution-Focused Thinking on The Psychological Status of Nurses

Çözüm Odaklı Düşünmenin Hemşirelerin Psikolojik Durumları Üzerindeki Etkisi

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ABSTRACT

The aim of the study was to examine the relationship between solution-oriented thinking and depression, anxiety and stress in nurses. 163 nurses working in a hospital in southeastern Turkey participated in the research. Data collection was carried out between October and December 2023 using three scales. The data for the study were collected by face-to-face interview techniques using a questionnaire covering socio-demographic characteristics created by the researcher by reviewing the literature, the Depression, Anxiety, and Stress Scale (DASS) and the Solution-Focused Inventory Scale (SFI). The research revealed that there was a statistically significant negative correlation between solution-focused thinking and depression, anxiety, and stress.

As a result, it shows that solution-oriented thinking can play an important role in reducing psychological problems seen in nurses.

Keywords: Solution-Focused Thinking, Anxiety, Depression, Stress, Nursing

ÖZ

Araştırmada hemşirelerde çözüm odaklı düşünme ile depresyon, kaygı ve stres arasındaki ilişkinin incelenmesi amaçlandı. Araştırmaya Türkiye'nin güneydoğusundaki bir hastanede çalışan 163 hemşire katılmıştır. Veri toplama işlemi Ekim ve Aralık 2023 arasında üç ölçek kullanılarak gerçekleştirilmiştir. Araştırmanın verileri, araştırmacı tarafından literatür incelenerek oluşturulan sosyo-demografik özellikleri kapsayan soru formu, Depresyon, Anksiyete Stres Ölçeği (DASÖ) ve Çözüm Odaklı Envanter Ölçeği (ÇOEÖ) kullanılarak yüz yüze görüşme tekniği ile toplanmıştır. Araştırma sonucunda çözüm odaklı düşünme ile depresyon, kaygı ve stres arasında istatistiksel olarak anlamlı bir negatif korelasyon olduğunu ortaya çıkardı. Sonuç olarak, çözüm odaklı düşünmenin hemşireler arasındaki psikolojik sorunların azaltılmasında önemli bir rol oynayabileceğini göstermektedir.

Anahtar Kelimeler: Çözüm Odaklı Düşünme, Depresyon, Kaygı, Stres, Hemşirelik

The research was obtained from the Mardin Artuklu University Non-Interventional Clinical Research Ethics Committee (decision number 2023/8-13).

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INTRODUCTION

The solution focus is based on the positive psychology movement, which applies knowledge gained from studying the characteristics of people who have survived, overcome, and endured stressful situations to provide interventions that assist people who have lost strength in regaining strength and resilience.^{1,2}

Solution-focused thinking is an approach that helps an individual cope with challenges and realize their potential by using their strengths and resources. This approach encourages focusing on solutions rather than problems. This approach provides many benefits, such as coping with stress, managing emotions, improving communication and assertiveness skills, and increasing self-efficacy and self-esteem.³⁻⁵ The importance of solution-oriented thinking becomes especially evident in stressful professions such as nursing. Research on the association between solution-focused thinking and depression, anxiety, and stress in nurses demonstrates that this strategy is useful in lowering psychological issues and enhancing overall mood.⁶ Nursing is a profession involving high stress and emotional labor. Intense workload, long working hours, a shift work system, and the demands of patients and their relatives may lead to psychological problems such as depression, anxiety, and stress in nurses. These problems may negatively affect nurses' job satisfaction, performance, and general quality of life.^{7,8}

Nurses' solution-focused thinking is also important for patients in many ways. This approach allows nurses to develop a more comprehensive care plan, taking into account

not only the symptoms of the disease, but also the patient's overall condition and needs.⁹

Discovering the existing potential of nurses in their struggle with the problems they experience and realizing their resources that lead to solutions can provide them with advantages in both their professional and personal lives. In this sense, it is important for nurses to solve the problems they experience, to adapt to their lives again, and to be equipped with positive characteristics. Therefore, it is thought that nurses' positive outlook on life, achieving satisfaction in their personal, family, and professional lives, looking to the future with hope, and being happy in their lives can be achieved by a solution-oriented approach to the problems they encounter in life and have to struggle with, and this constitutes the main problem of this research. Due to the reasons stated above, the aim of this study is to examine the relationship between nurses' solution-oriented thinking and their mental state.

The hypotheses generated in accordance with the purpose of the research are as follows:

H₁: There is a negative significant relationship between solution-focused thinking and depression.

H₂: There is a negative significant relationship between solution-focused thinking and anxiety.

H₃: There is a negative significant relationship between solution-focused thinking and stress.

MATERIAL AND METHOD

Stud Design and Participants

The population of the study, designed as a descriptive-correlational study, consisted of 163 nurses working in a hospital in the southeastern region of Turkey who agreed to participate in the research. Data were collected between October and December

2023. Participant information forms, solution-focused thinking scales, and depression, anxiety, and stress scales were used to collect data.

Participant Information Form

In order to define the sociodemographic characteristics of the participants, it includes questions such as age, gender, marital status, unit of employment, and years of Employment

Solution Focused Inventory Scale

This 12-item inventory, which is based on short-term solution-focused therapy and accordingly measures solution-focused thinking, was developed by Grant et al. (2012) and adapted into Turkish by Karahan and Hamarta (2015). The correlations between the Turkish and original forms of the three subscales of the inventory were examined and found to be .92 in the separation from the problem subscale, .94 in the goal orientation subscale and .91 in the mobilising resources subscale. The scale was constructed as a 6-point Likert-type scale (1= strongly disagree; 6= strongly agree) and the reversed items were items 1, 2, 4 and 5. It was stated that high scores obtained from the scale can be interpreted as high solution-oriented thinking.² In this study, the Cronbach Alpha internal consistency reliability coefficient for the entire scale was found to be .81.

Depression Anxiety Stress Scale

Lovibond and lovibond Depression, Anxiety, Stress Scale (1995) contains 42 items, 14 of which are connected to depression (e.g., I can't think of anything positive), 14 to anxiety (e.g., I feel my lips are dry), and 14 to stress (e.g., the events around me are tense).¹⁰ Regarding the reliability of the Turkish form of the scale, Cronbach alpha coefficients for the internal consistency of the scale were calculated as 0.92 for depression, 0.86 for anxiety and 0.88 for stress. The scale uses a four-point Likert scale, with 0 being utterly inappropriate for me, 1 being slightly acceptable, 2 being generally appropriate, and 3 being completely appropriate for me. High scores in each category of melancholy, anxiety, and stress indicate that the individual has a significant problem. The total scores on

the scale, which includes no reverse items, range from 0 to 42 for each sub-dimension. Akın and Çetin assessed the scale's validity and reliability.^{11,12} In our study, the Cronbach alpha coefficients were 0.89 for depression, 0.87 for anxiety and 0.90 for stress.

Data Analysis

First, the Kolmogorov-Smirnov test was used to assess the normality of the data. Pearson correlation analysis and independent t-test were used to analyse the data. Pearson correlation analysis and independent t-test were used to analyse the data. The independent variable of this study was solution-focused thinking and the dependent variables were depression, anxiety and stress.

Ethical Aspects of Research

The study was conducted in accordance with the Declaration of Helsinki. In addition, the method of this study complies with the framework of the "Higher Education Institutions Scientific Research and Publication Ethics Directive". The research was obtained from the Mardin Artuklu University Non-Interventional Clinical Research Ethics Committee (decision number 2023/8-13).

Table 1. Sociodemographic characteristics of the participants

Variables	Group	Number	Percent
Gender	Women	85	52.15
	Male	78	47.85
Marital status	Married	98	60.12
	Single	65	39.87
Working unit	Emergency Service	51	31.28
	Internal medicine service	32	19.63
	Surgical service	36	22.08
	Child service	44	26.99
Variables		Mean±SS	Min - Max
Age		28.49 ± 5.09	20 - 48
Year of employment		5.89 ± 4.76	1 - 24

Table 1 shows that 52.15% of the participants are male, 60.12% are married and 31.28% work in the emergency department. The mean age was 28.49±5.09 and the mean number of years worked was 5.89±4.76.

Table 2. Descriptive statistical values of nurses' solution-oriented thinking sub-dimensions and depression, anxiety, stress scores.

	\bar{X}	SS	Min	Max
Target Orientation	16.34	3.57	4	23
Mobilising Resources	17.24	4.69	4	25
Separation From The problem	15.95	3.52	4	25
Depression	13.23	6.46	0	41
Anxiety	15.16	7.78	0	41
Stress	17.85	9.67	0	42

As can be seen in Table 2, different psychological variables (goal setting, resource mobilisation, problem avoidance, depression, anxiety, stress) were rated on a scale ranging from a minimum of 4 to a maximum of 23 to 42, depending on the variable. The results of the evaluation show that the participants generally performed well in goal setting and resource mobilisation, but some participants had high levels of depression, anxiety and stress, and problem avoidance skills were at a moderate level. These results give a general idea of the psychological state of the participants and can be a starting point for more detailed psychological assessment. The mean scores of the goal orientation, resource mobilisation and problem avoidance sub-dimensions within goal orientation were $X=16.34$, 17.24 and 15.95 respectively; and the mean scores of the depression, anxiety and stress sub-dimensions resulting from depression were $X=13.23$, 15.16 and 17.85 respectively.

Table 3. Relationship between Solution Focused Thinking and Depression, Anxiety, Stress

Emotional state	Lower dimension	correlation (r)	T -value	P- value
Depression	Goal Orientation	-0.29**	-2.40**	0.015**
Depression	Mobilizing Resources	-0.26**	-2.13**	0.028**
Depression	Separating from the Problem	-0.34**	-2.71**	0.004**
Anxiety	Goal Orientation	-0.21**	-1.78**	0.057**
Anxiety	Mobilizing Resources	-0.19**	-1.61**	0.108**
Anxiety	Separating from the Problem	-0.29**	-2.38**	0.014**
Stress	Goal Orientation	-0.21**	-2.03**	0.053**
Stress	Mobilizing Resources	-0.21**	-1.69**	0.076**
Stress	Separating from the Problem	-0.32**	-2.72**	0.006**

** $p < 0.05$

In this study, the relationship between solution-focused thinking and depression, anxiety, stress, and psychological well-being in nurses was examined. The results showed that all three subscales of solution-focused thinking had a negative effect on emotional states.

Goal Orientation: A weak negative relationship was found between goal orientation and depression level ($r = -.29$, p

$< .05$). A very weak negative relationship was found between goal orientation and anxiety level ($r = -.21$, $p < .05$). A very weak negative relationship was found between goal orientation and stress level ($r = -.24$, $p < .05$).

Mobilizing Resources: A weak negative relationship was found between resource mobilization and depression level ($r = -.26$, $p < .05$). A very weak negative relationship

was found between resource mobilization and anxiety level ($r = -.19, p < .05$). A very weak negative relationship was found between resource mobilization and stress level ($r = -.21, p < .05$).

Separating from the Problem: A weak negative relationship was found between detachment from the problem and depression level ($r = -.34, p < .05$). A weak negative relationship was found between detachment from the problem and anxiety level ($r = -.29,$

$p < .05$). A weak negative relationship was found between problem detachment and stress level ($r = -.32, p < .05$). There are negative and statistically significant relationships between goal orientation, ability to mobilize resources and detach from the problem, and depression, anxiety and stress. The relationships between anxiety and resource mobilization and goal orientation are weak and close to being statistically significant.

RESULTS AND DISCUSSION

Nursing is a profession characterized by high stress and emotional demands. Factors such as the shift work system, intensive work tempo, emotional burden of patients and their relatives, and responsibility for professional errors cause stress to become inevitable in nurses. Mental and behavioral problems such as burnout syndrome, anxiety, depression, and post-traumatic stress disorder may occur in nurses due to long-term stress.¹³ In the first sub-problem of the study, a significant negative correlation was found between the scores of solution-oriented thinking, which has three sub-dimensions of goal orientation, resource mobilization, and separation from the problem, and the depression, anxiety, and stress scores of nurses. These results show that solution-focused thinking has a positive effect on depression, anxiety and stress. The findings of this study are consistent with the literature, which shows that solution-focused thinking is effective in improving the mental state of nurses. In a study conducted by Wand et al. (2018), solution-focused therapy was found to be effective in reducing symptoms of depression and anxiety in nurses. Similarly, in a study conducted by Javid et al. (2019), solution-focused therapy was found to be effective in reducing feelings of stress and burnout and increasing psychological well-being in midwives.³⁻⁵ It was shown that there is a negative and statistically significant association between the level of solution-oriented thinking and perceived stress. This demonstrates that as solution-oriented thinking grows, perceived stress reduces. Solution-oriented thinking is

an approach that plays an important role in an individual's struggle with obstacles and in realizing his potential. This strategy has numerous advantages, including stress reduction, emotion management, improved communication and assertiveness skills, and increased self-efficacy and self-esteem by using the individual's strengths and resources. Solution-oriented thinking enhances personal and societal growth by allowing individuals to identify their skills and potential.^{3,5} In a study conducted by Beauchemin (2018) with university students, it was emphasized that solution-focused short-term group therapy was effective in reducing the stress levels of the students.¹⁴ In another study conducted with students, it was found that the solution-focused approach increased the psychological well-being of individuals.¹² Kandaş (2019) showed that solution-focused thinking reduced the stress level in married individuals.¹ In addition, in the study conducted by Sarı et al. (2019), a negative and statistically significant relationship was found between the level of solution-focused thinking and the level of perceived depression. Depression can be interpreted as withdrawal from life in relation to learned helplessness.¹⁵ It was noted that the protection of recovery-focused therapy with hospitalized cancer departments was reduced.¹⁶⁻¹⁸

Solution-focused thinking can help nurses cope with professional challenges such as stress and burnout. This approach helps nurses be more resilient to problems by enabling them to focus on their strengths and

resources. At the same time, it contributes to the development of problem-solving skills by helping nurses set achievable goals and plan to achieve these goals. A nurse who thinks in a solution-oriented way can apply the basic

principles of patient-oriented care more effectively by approaching patients in a solution-oriented way. This can make nursing practice more efficient by enabling nurses to activate their independent roles.⁵

CONCLUSION AND RECOMMENDATIONS

The importance of strengthening interpersonal skills to increase retention of experienced nurses is highlighted. These skills can enhance your ability to cope with stressful events, regulate emotions more effectively, increase resilience in challenging situations, and facilitate learning from mistakes. This can help nurses avoid professional problems such as burnout by increasing their job satisfaction and

motivation. Solution-focused thinking is an strategy that should be included in nursing education and training programmes. It encourages nurses to focus on solutions rather than problems and to develop a more positive and optimistic outlook. This can dramatically improve nurses' mental health and job satisfaction by reducing stress and anxiety.

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