



Mehtap Kızılkaya

Aydın Adnan Menderes University, mkizilkaya3609@gmail.com,
Aydın-Türkiye

Süreyya Bulut

Aydın Adnan Menderes University, bsureyya@gmail.com, Aydın-Türkiye

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ORCID ID	0000-0002-4000-8926	0000-0002-3813-8203
Corresponding Author	Mehtap Kızılkaya	

EXAMINING THE RELATIONSHIP BETWEEN NURSES' WAYS OF COPING WITH STRESS AND HUMOR STYLES

ABSTRACT

The research was conducted in descriptive and cross-sectional type in order to determine the relationship between nurses' coping with stress and humor styles. The sample of the study consisted of 288 nurses who worked at a Research and Application Hospital between March and September 2018 and agreed to participate in the study. Research data were obtained with the "Socio-Demographic Information Form", "Humor Styles Scale" and "Stress Coping Styles Scale". The total mean score of the Nurses' Coping with Stress Scale was 49.83 ± 6.64 , the total mean score of the humor styles scale was 117.72 ± 16.66 . It was determined that the stress-coping style scale score averages of the nurses working in the internal units were lower than the nurses working in the surgical unit, and the stress-coping style scale mean scores and humor styles of the female nurses were lower than the male nurses. It is seen that the area where most of the nurses experience the most stress is the work environment and half of the nurses can make humor when they are stressed.

Keywords: Nurse, Stress, Coping, Humor, Humor Style

1. INTRODUCTION

Stress is an inevitable part of daily life as life becomes more complex day by day and people are in constant interaction with their environment [1]. Stress is generally defined as a dynamic process that results in individuals' perceiving the stressors originating from themselves or the environment as a danger, adapting to the situation and sometimes resulting in incompatibility [2, 3 and 4]. Individuals under stress may exhibit physical symptoms, such as headaches, heart palpitations, or stomach problems; emotional symptoms such as irritability; mental symptoms, such as forgetfulness, impaired decision-making ability, or focusing on negativities; behavioral symptoms such as changes in sleep patterns and tendency to substance use [5].

An important part of the factors that cause stress by disrupting the psychological and physiological balances of people originate from working life. It is known that hospitals have stressful working environments and that nurses in these institutions are exposed to higher levels of stress compared to other team members [6, 7 and 8]. This stress, which nurses are exposed to, occurs because they frequently experience life events such as illness and death, they have to make quick and accurate decisions in situations that directly concern individuals' health, and they have to use effective communication skills [7]. In addition to all these reasons, factors, such as having to work day and night due to the uninterrupted provision of health services, insomnia, fatigue, and role confusion in the healthcare team are

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important sources of stress for nurses [9, 10 and 11]. Burnout, decrease in work efficiency, delay in going to work, intolerance towards co-workers, difficulty in decision making, quitting work, frequent crying, change in sleeping and eating habits, increase in substance use (alcohol, cigarette, drug) in nurses who encounter these sources of stress in working life. Symptoms such as deterioration in interpersonal relationships can be seen with [12, 13, 14 and 15].

All these situations negatively affect the care provided by the nurse, but they can cause financial burden and undesirable side effects for the patients. In this respect, it is important for nurses to develop skills that are effective in coping with stress, both for themselves and for the individuals they serve [3]. It is not possible to eliminate stress. However, individuals can learn to cope with stress to protect themselves against the negative effects of stress [16]. Coping with stress is explained as efforts to reduce the negative consequences of stress experience. Since coping methods differ for each individual, it is important for individuals to try and learn the method that is suitable for them [17]. There are two basic approaches to coping with stress. The first of these is the problem-focused coping approach. In this method, individuals focus on the underlying causes of stress. For example, in order to manage the disease, the individual learns about the disease, learns new skills and can rearrange the environmental factors related to the disease. The second method is the emotion-focused approach. It is defined as an approach that supports coping with stress by making a difference in the emotions and thoughts caused by stress rather than the causes that cause stress. In addition, individuals try to cope with the problems by changing their thoughts and perspectives or by handling the situation from a humorous point of view [1]. Using humor as a way of coping with stress has attracted enough attention as an effective method in recent years [18]. Sense of humor is defined as the ability to see the pleasant and funny side of situations-events and express thoughts through jokes, instead of being serious all the time [19]. According to another definition, the sense of humor is a kind of coping mechanism that helps the individual to cope with negative experiences more effectively or a way of looking at the situation from the outside [3]. If humor is used appropriately, it increases the level of endorphins, after which the muscles relax and the circulatory and respiratory system relax. The IgA levels, reduces stress, and contributes to the development of interpersonal relationships by reducing the emotional load in the environment [20, 21, 22 and 23].

2. RESEARCH SIGNIFICANCE

In the light of all this information, we think that it is important to raise awareness of nurses working under intense stress in the hospital environment about the concept of stress and humor by determining their ways of coping with stress and humor styles. In this context, this study, which is thought to contribute significantly to the literature, was conducted to examine the relationship between nurses' ways of coping with stress and humor styles.

Highlights:

- Ways of nurses to cope with stress
- Nurses' humor styles
- The relationship between nurses' ways of coping with stress and their humor styles

3. MATERIAL AND METHOD

3.1. Research Type

This study was conducted in a descriptive and cross-sectional type between March and September 2018 with nurses working in a Research and Practice Hospital in western Türkiye.

- **Research Population and Sample:** The number of nurses to be included in the sample of the study was calculated as $n=181$ according to the sample calculation formula of known universe ($N=340$) [24]. It was aimed to reach the entire population, but the nurses who were on leave at the time of data collection ($n=19$), refused to participate in the study ($n=21$) and filled in the data collection forms incompletely ($n=7$) were not included in the scope of the study, and the study was completed with 288 nurses.

3.2. Data Collection Tools

The data of the study were collected by using face-to-face interview technique, "Socio-Demographic Information Form", "Humor Styles Scale" and "Stress Coping Styles Scale" based on nurses' self-reports.

- **The Socio-Demographic Information Form:** This form was created by the researchers by scanning the literature. There are a total of 12 questions regarding socio-demographic characteristics such as age, gender, marital status, the region where they lived for the longest time, economic status, family type, unit of employment, and length of employment as a nurse.
- **The Stress Coping Style Scale (SCSS):** It was developed by Lazarus and Folkman (1980) as a 68-item form, the "Coping Ways Inventory". The abbreviation and adaptation of the scale was made by Şahin and Durak (1995) and it was named as "Stress Coping Style Scale (SCSS)". It is a four-point Likert-type scale to seek social support (item 1.9), self-confident approach (items 2, 8, 10, 12, 14, 16, 18, 20, 23, 26, 29, 30), submissive approach, (items 3, 5, 13, 15, 21, 24), optimistic approach (item 4.6), desperate approach (items 7, 11, 17, 19, 22, 25, 27, 28). It has a sub-dimension. Subscales can be scored independently and separately. Items 1 and 9 in the scale are reverse scored, while other items are scored between 0 and 3. The scores that can be obtained from the Self-Confident Approach Sub-Scale are between 0-21 points; The scores that can be obtained from the Helpless Approach Sub-Scale range from 0-24 points. The high scores obtained from the subscales indicate that the approach of that subscale is used more in coping with stress. The Cronbach Alpha value of the scale was 0.74, and 0.71 in this study. The scale measures two basic styles, active and passive, in coping with stress. These are problem-oriented/active and emotional/passive styles. Active styles are optimistic approach, seeking social support and self-confident approach. Passive styles are the helpless approach and the submissive approach. It has been determined that people who can effectively cope with stress use self-confident and optimistic approaches, while those who cannot cope mostly use helpless and submissive approaches. By looking at the scores of the subscales, it is possible to determine which style they use and at what level [25].
- **The Humor Styles Scale (HSQ):** This is a self-assessment scale developed by [26], and adapted into Turkish by Yerlikaya (2009), in order to measure four different dimensions related to individual differences in daily use of humor. There are four subscales in the scale that aim to measure four different humor styles, two of which are congruent, two are incompatible, Participatory, Self-

Enhancing, Aggressive, and Self-Destructive Humor. Each of the subscales in which a seven-point likert scale ranging from "Strongly Disagree" to "Strongly Agree" is used, consists of 8 items, and the score that can be obtained from each subscale varies between 7 and 56. The high scores obtained from the subscales indicate that the relevant humor style is used more frequently. In the adaptation study of the scale into Turkish, the Cronbach alpha internal consistency coefficients obtained for each subscale; It was calculated as .74 for Participatory Humor, .78 for Self-Enhancing Humor, .69 for Aggressive Humor and .67 for Self-Destructive Humor, and 0.61 in our study.

3.3. Data Analysis

Data analysis was done with SPSS 20.00 package program. The Kolmogorov-Smirnov and Shapiro-Wilk test was used to evaluate whether the data showed a normal distribution, nurses' descriptive characteristics were determined by number, percentage, mean and standard deviation and the relationship between the variables using the t-test, and the relationship between the scale score averages was determined by correlation analysis. The significance level was taken as $p < 0.05$.

4. FINDINGS

The mean age of the nurses was 30.53 ± 6.77 (min. 19-max. 46), 73.3% were female, 61.5% were married, 90.3% had a nuclear family, and 83.3% lived in the western region of the country the longest. In addition, 62.5% of the nurses were working in internal medicine department and 37.5% in surgical services, and the average work experience was 8.39 ± 6.33 (min.1-max. 25) years. Also, 74.7% of the nurses participating in the study stated that they experienced the most stress in the workplace, 30.6% stated that walking relieved them when they were stressed, and 51% stated that they could use humor when they were stressed. The total mean score of the Nurses' Coping with Stress Style scale was 49.83 ± 6.64 , and when the subgroups of the scale were examined, the mean scores of coping with stress for the problem (active style); While the self-confident approach was found to be 24.16 ± 4.45 , the approach to seeking social support 2.74 ± 1.38 , the optimistic approach 3.75 ± 0.97 , the mean scores of coping with emotional stress (passive style) were; the helpless approach was found to be 10.86 ± 3.48 , and the submissive approach was 8.30 ± 2.87 (Table 1).

(Table 1. Stress coping style scale total and subscale mean scores)

Stress Coping Style Scale	Mean±Sd (Min.-Max.)
SCSS	49.83±6.64 (32-81)
Self-confidence approach	24.16±4.45 (11-47)
Helplessness	10.86±3.48 (2-16)
Submissiveness	8.30±2.87 (1-13)
Optimistic approach	3.75±0.97 (0-6)
Seeking social support	2.74±1.38 (0-6)
The Humor Styles Scale	
HSQ	117.72±16.66 (69.00-163.00)
Affiliative humor	36.68±7.46 (17.00-91.00)
Self-enhancing humor	30.14±7.87 (13.00-54.00)
Aggressive humor	25.59±6.41 (10.00-48.00)
Self-defeating humor	25.68±7.10 (14.00-47.00)

Nurses' humor styles scale mean total score (117.72 ± 16.66); subscale mean scores were determined as 36.68 ± 7.46 for participatory humor, 30.14 ± 7.46 for self-enhancing humor, 25.59 ± 6.41 for offensive humor, 25.68 ± 7.10 for self-destructive humor and (Table 1).

Considering the relationship between the sub-scales of the humor styles scale in nurses within the scope of the research; positive (participatory, self-enhancing) humor styles and negative (self-destructive and aggressive) humor styles were found to have a positive and significant relationship between themselves.

When the relationship between the subscale mean scores of the Nurses' Coping with Stress Scale was examined; It was determined that there was a significant negative correlation between the mean scores of the sub-scales (self-confident approach, seeking social support approach, and optimistic approach) showing the behaviors of coping actively with stress and the mean score of the helpless approach, which is one of the behaviors to cope with stress in a passive way. The comparison of the mean scores of the nurses from the humor styles and ways of coping questionnaires with the Pearson test indicated that there was a moderate, positive, and statistically significant relationship between the scores ($r=0.194$, $p<0.005$). (Table 2)

Table 2. Descriptive statistics and comparison results about the subscales of the Humor Styles and Stress Coping Style Scale (n=288)

Humor Styles Scale (Mean±SD)	Stress Coping Style Scale (Mean±SD)	r	P
117.72±16.66	49.83±6.64	0.194	0.001

Mean: Mean, SD: Standard Deviation, r: Pearson correlation coefficient

There was a significant positive relationship between the mean score of the nurses from the affiliative humor style, which is one of the positive humor styles, and their mean scores from the self-confidence approach ($r=0.120$, $p=0.041$), seeking social support approach ($r=0.259$, $p=0.000$), and optimistic approach ($r=0.124$, $p=0.035$) and a significant negative relationship with their mean scores from the helplessness approach ($r=-0.303$, $p=0.000$) and submissiveness approach ($r=-0.227$, $p=0.000$). There was a significant negative relationship between the mean score of the nurses from the aggressive humor style, which is one of the negative humor styles, and their mean scores from the self-confidence approach ($r=-0.150$, $p=0.011$), seeking social support approach ($r=-0.197$, $p=0.001$), and optimistic approach ($r=-0.253$, $p=0.000$) and a significant positive relationship with helplessness approach ($r=0.306$, $p=0.000$) and submissiveness approach ($r=0.322$, $p=0.000$). The comparison of nurses' mean scores from the ways of coping questionnaire according to the units they worked in (internal and surgical) yielded a statistically significant difference ($t=3.29$, $p=0.001$). It was determined that the mean score of the nurses working in the internal medicine department from the ways of coping scale was lower than that of the nurses working in the surgical services.

When the nurses' gender and their mean scores from the humor styles questionnaire were compared, a statistically significant difference was found between them ($t=4.59$ $p=0.000$). The mean score of female nurses from the humor styles questionnaire was lower than that of males. The comparison between the nurses' gender and their mean scores from the ways of coping questionnaire yielded a statistically significant difference ($t=4.79$, $p=0.000$). Female nurses' mean score from the ways of coping questionnaire was lower than that of males (Table 3).

Table 3. Comparison of the mean scores from the subscales of Humor Styles and Stress Coping Style Scale (n=288)

		Self-confidence Approach	Seeking Social Support	Optimistic Approach	Helplessness	Submissiveness
Affiliative Humor	r	0.120	0.259	0.124	-0.303	-0.227
	P	0.041	0.000	0.035	0.000	0.000
Self-enhancing Humor	r	0.214	-0.071	0.307	-0.100	-0.67
	P	0.000	0.228	0.000	0.091	0.261
Aggressive Humor	r	-0.150	-0.197	-0.253	0.306	0.322
	P	0.011	0.001	0.000	0.000	0.000
Self-defeating Humor	r	0.151	-0.250	-0.063	0.290	0.326
	P	0.010	0.000	0.288	0.000	0.000

5. DISCUSSIONS

This study was conducted to determine the relationship between nurses' ways of coping with stress and humor styles. The total score that the nurses could get from the ways of coping with stress questionnaire was 90. It was determined that the mean score of the nurses in the study from the overall ways of coping questionnaire was 49.83 ± 6.64 . Regarding the subscale scores of the questionnaire, they got the highest score from the self-confidence approach subscale (24.16 ± 4.45). In this study, the fact that nurses used the self-confidence approach more showed that they used problem-focused coping methods when they encountered stress, and they were able to cope with stress effectively. A review of the literature showed that there were studies reporting that nurses most often used the self-confidence approach in coping with stress, similar to our study results [27, 28, 29, 30, 31, 32, 33 and 34]. In studies conducted with student nurses, the most frequently used method was found to be the self-confidence approach among the ways of coping with stress [35, 36 and 37]. Contrary to these studies, a study found that nurses most often used the submissiveness and helplessness approaches in stressful situations [38]. In another study, it was determined that nurses applied both problem-focused and emotion-focused methods together in coping with work stress [39].

The nurses' mean score from the humor styles questionnaire was 117.72 ± 16.66 , and they used the "affiliative humor style" (36.68 ± 7.46) most and the "aggressive humor style" least (25.68 ± 7.10). The affiliative humor style involves making jokes, telling jokes, and saying funny things to entertain and relax others. Basically, it does not contain hostility and aims to improve social relationships. Affiliative humor is positively associated with cheerfulness, self-esteem, sincerity, satisfying relationships, and moods dominated by positive emotions [40 and 41]. It can be said that the same is also true for the nurses who participated in our study. Similar to the research finding, Tuğut and Kaya (2017) found the affiliative humor score of the nurses high [42]. In addition, they determined that nurses with high affiliative humor scores had good problem-solving skills and that those with high aggressive humor scores had poor problem-solving skills. A significant positive relationship between the high mean scores of the nurses from the affiliative humor style and their mean score from the ways of coping questionnaire shows that the nurses have better coping styles. In another study consistent with our study finding, it was determined that pediatric nurses mostly



had an affiliative humor style and that nurses who approached children with humor liked children significantly more [43]. Humor is also important in terms of contributing to the development of the feeling of trust between the nurse and the patient by reducing the tension in the working environment. Ünal (2018) found that nurses who thought that humor affected burnout felt more successful and that the mean scores of these nurses from the affiliative humor and self-enhancing humor subscales were higher than their colleagues who thought that humor was ineffective in preventing burnout [44]. In another study examining the effect of nurses' humor styles on their job satisfaction, it was determined that nurses who used positive (affiliative, self-enhancing) humor styles had high job satisfaction [45]. Aloğlu (2020) determined that nurses who stated that they were unhappy in their profession found positive methods for coping with negative situations by using self-enhancing humor [46].

In their study with midwifery students, Bulut et al. (2017) found that students supported the use of humor in theoretical and practical courses but that they had difficulties in using affiliative and self-enhancing humor together. In their study with student nurses, Gökmen and Fırat (2020) concluded that as students' use of positive (affiliative and self-enhancing) humor styles increased, their positive personality structure improved, as well [47 and 48].

The comparison of nurses' mean scores from the humor styles and ways of coping questionnaires indicated that there was a moderate, positive, and statistically significant relationship between them ($r=0.194$, $P 0.001$). In a study conducted with midwifery students to determine the relationship between humor styles and approaches to coping with stress, it was determined that students' mean scores for positive humor styles (affiliative and self-enhancing humor) were higher and that there was a positive relationship between positive humor styles and positive ways of coping with stress [49]. In their study with student nurses, Alan and Oran (2018) found that the mean self-enhancing humor scores of the students showed an increasing trend from the first year to the fourth year. This might show that students learned to cope with stress over time [50]. These results are similar to the results obtained from the current study. Koşucu et al. (2017) determined that there was a statistically significant difference between the mean scores of the nurses from the ways of coping questionnaire according to the services they worked in (internal and surgical) and that the scores of the nurses working in the internal medicine department from the ways of coping questionnaire were lower than those of the nurses working in the surgical services [51]. In their study with 259 nurses, Bahçivan et al. (2016) found no difference between the humor styles of nurses working in internal medicine and surgery clinics. These findings are similar to the results of the current study. The number of patients in the clinic where nurses work, the characteristics of the patients, and the intensity of nursing practices are thought to cause physical fatigue, an increase in emotional load, and an increase in perceived stress levels [40].

Some studies in the literature have shown that emergency services are the units where work stress is experienced intensely and that nurses working in these services have higher mean work-related stress scores than their colleagues working in other services. This is because emergency services are the busiest units of health institutions, they provide uninterrupted service, occupational accidents and violence are frequent in these services, and intense emotions such as death and fear are often experienced here due to life-saving interventions [52, 53, 54, 55, 56, 57 and 58]. The perceived stress levels of nurses working in intensive care units are high, and they cannot use ways of coping with stress adequately [59 and 60]. As work-related stress increases, job



satisfaction decreases. Efficiency decreases under stressful working conditions, individuals feel exhausted, and their job satisfaction decreases. It is also known that the increase in work-related stress increases the tendency to quit [61 and 62]. For these reasons, nurses need to know the ways of coping with stress positively in terms of improving both their performance and the service and care they provide.

When the nurses' gender and their mean scores from the humor styles and ways of coping questionnaires were compared, it was found that there was a statistically significant difference between them and that the mean scores of female nurses from the humor styles and ways of coping questionnaires were lower than those of males. In a study with hospital workers on stress and its management, Ülker (2016) stated that females had higher social and work-related stress scores than males [63]. Karakuş (2019) found that although female nurses had higher work-related stress than male nurses, the difference was not significant [62]. According to some studies in the literature, female employees are more negatively affected by working conditions in terms of work-related stress than males working under the same conditions [65, 66 and 67]. In a study on the differentiation of perceived humor between genders in Turkish humor culture, Yavuz (2017) stated that there was no distinction between female humor and male humor but that some jokes could only be understood by women or men [68]. In a study conducted with university students, it was found that there was a difference between genders in terms of humor styles and that male students adopted a self-enhancing humor style and female students an affiliative humor style [69]. This finding does not show a similarity with our study results. Gender is one of the most basic elements that affect the perception and style of humor. It is stated that the ability of women to use humor in the home environment increases their children's humor skills and contributes to the enjoyment of life by other family members [70].

As a result, it was determined that there was a significant positive relationship between nurses' positive humor styles and between their negative humor styles and that there was a moderate, positive, and significant relationship between their mean scores from the humor styles and ways of coping questionnaires. A significant difference was found between the nurses' mean scores from the ways of coping questionnaire and their gender and mean humor style scores according to the services they worked in (internal and surgical). In addition, the mean scores of female nurses from the humor styles questionnaire were lower than those of males.

6. CONCLUSION AND RECOMMENDATIONS

In this study, nurses were able to cope with stress effectively, they used the self-confident approach more, they used the most participatory humor style and the least aggressive humor style. It was concluded that there was a moderately significant positive relationship between the mean scores of the nurses, and that the mean humor styles of female nurses were lower than that of men. Based on these results; In order to manage the stress experienced in the hospital environment, it can be suggested to include the concept of humor in orientation and in-service training programs and to raise awareness for the appropriate use of positive humor styles. In addition, it can be suggested that studies on the relationship between nurses and different concepts related to stress management and the effect of humor on different emotions among healthcare professionals should be studied with nurse groups in different clinics with different sample sizes.

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LIMITATIONS OF RESEARCH

The accuracy of the data is limited, as the research data were collected based on nurses' self-reports. In addition, the research results represent the hospital sample where the study was conducted.

CONFLICT OF INTEREST

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

FINANCIAL DISCLOSURE

The authors did not receive any financial support in conducting this study.

DECLARATION OF ETHICAL STANDARDS

The nurses included in the study were informed about the purpose and application of the study, and their verbal consent was obtained. The research protocol was approved by the Non-Interventional Research Ethics Committee of a university (2018/07), and written permission was obtained from the practice and research hospital where the study was conducted. For the Stress Coping Style Scale, which was used as a data collection tool in the research, Prof.Dr. Nesrin Hisli Şahin, for the Humor Styles Scale, Dr. Written permission was obtained from Faculty Member Eşef Ercüment Yerlikaya. The study was conducted in accordance with the Principles of the Declaration of Helsinki.

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