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THE RELATIONSHIP BETWEEN NURSES' COPING ABILITIES THROUGH HUMOR AND THEIR LEVELS OF PSYCHOLOGICAL DISTRESS AND BURNOUT IN A UNIVERSITY HOSPITAL SETTING

Bir Üniversite Hastanesinde Çalışan Hemşirelerin Mizah Yoluyla Başa Çıkma Yetenekleri ile Psikolojik Sıkıntı ve Tükenmişlik Düzeyleri Arasındaki İlişki

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ABSTRACT

This research was conducted cross-sectionally with the aim of determining the relationship between nurses' coping abilities through humor and their levels of psychological distress and burnout. A total of 187 nurses working at a university hospital were administered a Personal Information Form, Questionnaire of Occupational Humorous Coping (QOHC), Psychological Distress Scale (PDS), and Burnout Scale Short Form (BS-SF). The study found that 23% of the nurses experienced moderate psychological distress, while 27.3% experienced severe psychological distress, and 9.6% suffered from severe burnout, indicating that 27.3% of them needed expert support. A significantly positive relationship was observed between PDS scores and BS-SF scores. Regression analysis revealed that nurses' PDS scores predicted 56.7% of the variance in BS-SF scores. Nurses were found to predominantly use instrumental-social coping as their coping strategy. Interestingly, no significant relationship was found between the coping through humor scale and the other measures in this study. In light of these findings, further research is recommended to explore the factors that hinder nurses from using effective coping methods and to investigate the causes of burnout and psychological distress among nurses. It is also suggested that healthcare institutions should plan to provide psychological support for nurses.

Keywords: Burnout, Nursing, Psychological distress.

ÖZ

Bu araştırma, hemşirelerin mizah yoluyla başa çıkma yeteneklerinin, psikolojik sıkıntı seviyeleri ve tükenmişlik düzeyleri ile ilişkisini belirlemek amacıyla kesitsel olarak yapılmıştır. Araştırmada bir üniversite hastanesinde çalışan 187 hemşireye, Kişisel Bilgi Formu, İşyerinde Mizah Yoluyla ile Başa Çıkma Ölçeği (İMYBÇÖ), Psikolojik Sıkıntı Ölçeği (PSÖ) ve Tükenmişlik Ölçeği Kısa Formu (TÖ-KF) uygulanmıştır. Araştırmada hemşirelerin %23'ünün orta, % 27.3'ünün ise şiddetli düzeyde psikolojik sıkıntı yaşadığı ve %9.6'sının ciddi tükenmişlik yaşarken, %27.3'ünün uzman desteği alması gerektiği bulunmuştur. PSÖ puanı ile TÖKF puanları arasında pozitif yönde yüksek düzeyde anlamlı bir ilişki saptanmıştır. Regresyon analizi sonucunda hemşirelerin PSÖ puanlarının, TÖ-KF puanının %56.7'sini yordadığı bulunmuştur. Hemşirelerin baş etme yöntemi olarak araçsal sosyalleştirici başa çıkma yöntemini seçtikleri görülmektedir. Bu araştırmada mizah yoluyla baş etme ölçeği ile diğer ölçekler arasında herhangi bir ilişki bulunmamıştır. Bu sonuç doğrultusunda hemşirelerin tükenmişlik ve psikolojik sıkıntı yaşama nedenlerinin ve etkili baş etme yöntemlerinin hemşireler tarafından kullanılmasını engelleyen faktörlerle ilgili daha fazla araştırmanın yapılması önerilmektedir. Sağlık kurumlarının hemşirelere psikolojik destek sunmak için planlamalar yapması öngörülmektedir.

Anahtar kelimeler: Hemşirelik, Psikolojik sıkıntı, Tükenmişlik.

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INTRODUCTION

Psychological distress is a prevalent mental health issue in society (Kara, 2020). It represents a unique and distressing emotional state that individuals experience as a result of specific stressors, potentially causing temporary or lasting harm (Ridner, 2003). Psychological distress typically affects an individual's level of functioning and often presents with symptoms of depression and anxiety (Kara, 2020). In public health and clinical studies, psychological distress is frequently used as an indicator of community mental health (Drapeau et al., 2012).

Another significant condition that has a negative impact on individual well-being and community mental health is burnout. Burnout is characterized by an individual's experience of mental, physical, and emotional exhaustion, along with depersonalization towards events due to chronic stress in daily life (Yıldırım et al., 2016). Nowadays, individuals encounter various challenges in their professional lives, which can leave them feeling vulnerable both in their work and social life (Bilişli et al., 2015). Burnout is a long-term response to chronic emotional and interpersonal stressors at work, profoundly affecting job satisfaction, performance, family, and social life (Chemali et al., 2019; Maclach & Leiter, 2016).

To cope with psychological distress and burnout, individuals employ various methods, and one such method is humor. Humor is a broad concept encompassing actions or remarks that people find funny and that tend to elicit laughter from others (Martin, 2007; Yerlikaya, 2009). Humor facilitates the ability to cope with stressful situations (Simione & Gnagnarella, 2023). Individuals with a sense of humor tend to handle negative events more easily and view them more positively due to their positive and interpersonal approaches (Yalçın et al., 2017). Humorous coping refers to individuals' inclination to laugh, have fun, make jokes, or respond with humor when faced with stressful situations, either in the moment or later following negative events (as cited by Yalçın, 2017; Martin, 2007).

In both national and international literature, it is evident that nurses, who work with a vulnerable population over extended periods, often experience both psychological distress and burnout (Hatef et al., 2020; Kumaş et al., 2019; Kirabira et al., 2022; Ling et al., 2020; Myrvang, 2021; Olagunju, 2021). Nurses endeavor to bolster their coping mechanisms to manage distress and burnout, employing various strategies to deal with these challenges (Kammar et al., 2023). One such strategy is using humor to navigate the negative situations they encounter (Tugade et al., 2004). In this study, we aimed to explore the relationship between nurses' humorous coping skills and their levels of psychological distress and burnout.

MATERIAL AND METHOD

Aim and Type of the Study

This cross-sectional study aimed to investigate the relationship between nurses' humorous coping skills and their levels of psychological distress and burnout.

Research Questions

The study sought to answer the following questions:

- What are the levels of psychological distress among nurses?
- What are the levels of burnout experienced by nurses?
- Is there a correlation between nurses' humorous coping skills and their psychological distress?
- Is there a correlation between nurses' ability to cope with humor and their levels of burnout?

Place of the Study and Its Characteristics

The research was carried out at Yozgat Bozok Research and Application Hospital, situated in the city center of Yozgat, between April 25, 2022, and May 30, 2022.

Population and Sample of the Study

The study encompassed a population of 202 nurses employed at Yozgat Bozok Research and Application Hospital. According to the sample size calculation formula for a known population, a sample of 133 nurses with a 95% confidence interval was deemed sufficient. Sample selection was conducted non-randomly, and the study was completed with the participation of 187 nurses who willingly agreed to take part in the research. The participation rate in the study was 92.57%.

Data Collection Tools

The data were gathered using the following instruments: a Personal Information Form, the Questionnaire of Occupational Humorous Coping, the Psychological Distress Scale, and the Burnout Scale.

Personal Information Form

This form comprises five questions focusing on the sociodemographic variables of the nurses.

Questionnaire of Occupational Humorous Coping

Questionnaire of Occupational Humorous Coping: Developed by Doosje et al. in 2010, this 23-item scale includes four subscales: antecedent-focused coping, response-focused coping, instrumental aggressive/manipulative coping, and instrumental affiliative coping. Oktuğ et al. conducted the Turkish validity and reliability study of the questionnaire. According to the results obtained by Doosje et al. (2010), the Cronbach alpha internal consistency coefficient ranged between 0.73 and 0.82, and the test-retest correlation coefficient was found to be 0.71. The scale items are rated on a 5-point scale, ranging from 1 (Never) to 5 (Very often). In this study, the Cronbach alpha coefficient for the scale was 0.94.

Psychological Distress Scale

Developed by Kessler et al. from Harvard Medical School with support from the US National Center for Health Statistics, this scale consists of 10 questions assessing nonspecific psychological distress. The scale aims to measure the level of depressive symptoms experienced by a person currently and within the four weeks prior to the interview. Response options are based on a five-point Likert-type scale, ranging from 1 (Never) to 5 (Always). The total score can range from a minimum of 10 points to a maximum of 50 points, with higher scores indicating higher levels of psychological distress (Altun et al., 2019). Scores between 10 and 19 indicate probably good mental health, 20-24 suggest probable mild mental illness, 25-29 point to probable moderate mental disturbance, and 30-50 indicate probable severe mental disturbance. The Cronbach's alpha coefficient calculated by Altun for the scale was 0.95. In this study, the Cronbach's alpha coefficient for the scale was 0.93 (Altun, 2018).

Burnout Scale

Adapted from the 21-item burnout scale by Pines and Aronson (1988), this scale was simplified by Pines (2005) into a 10-item short form for ease of use. It assesses an individual's level of physical, emotional, and mental fatigue. The scale employs a seven-point scoring system (1 for Never and 7 for Always) based on individual statements. The burnout score is computed by summing the scores for the 10 questions and dividing by 10. Scores of "2.4 and below" on the scale suggest very low burnout, "2.5 to 3.4" are considered warning signs of burnout, "3.5 to 4.4" indicate a state of burnout, "4.5 to 5.4" signify a very serious burnout issue, and "5.5 and above" suggest seeking professional help as soon as possible (as cited by Solmaz, 2022). The Turkish adaptation of the scale was validated and found to be reliable by Çapri (2013). The test-retest reliability coefficient, conducted at 4-week intervals, was reported as

0.88, and the internal consistency reliability coefficient was 0.91 by Çapri (2013). In this study, the Cronbach's alpha value for the scale was found to be 0.91.

Data Collection

Data for the study were collected through face-to-face interviews following the completion of necessary permissions. The nurses received preliminary information about the study, and the scales were administered to those who volunteered to participate.

Data Analysis

The data were analyzed using the SPSS 21 program. The parametric assumptions were tested using the Shapiro-Wilk test in the analysis of the data. Among the parametric tests, the independent samples t-test as used for the comparison of the mean of two independent groups, and the Pearson Correlation analysis was used to evaluate the linear relationship between two continuous variables. The model created was tested by regression analysis.

Limitations of the Study

The results of this study are limited to the nurses working in the hospital where the study was conducted.

Ethical Dimension of the Study

Ethics committee approval was obtained from the ethics committee of Yozgat Bozok University with the number 28571837-605-E.69813 dated 20/04/2022 in order to carry out the research. Permission was obtained from the scale owners for the use of scale in the study. The nurses were first informed about the aim of the study and that the information they provided would not be used outside of the study, and the study was conducted with nurses who agreed to participate in the study.

RESULTS

The distribution of scale scores by sociodemographic variables is presented in Table 1.

Table 1. Distribution of Scale Scores by Sociodemographic Variables (N: 187)

		QOHC	**Test**	**BS-SF**	**Test**	**PDS**	**Test**
Variables	Number (%)	Mean±SD	(p)	Mean±SD	(p)	Mean±SD	(p)
Age							
20-29 years	110 (58.80)	2.49±0.72	0.788	3.27±1.26	1.958	26.51±9.31	2.083
30 years and above	77 (41.20)	2.41±0.71	0.431	2.91±1.21	**0.049**	23.65±9.14	**0.039**
Gender							
Female	133 (71.10)	2.42±0.70	-1.201	3.21±1.25	1.606	25.71±9.12	0.881
Male	54 (28.90)	2.55±0.75	0.231	2.89±1.23	0.110	24.39±9.83	0.380
Marital status							
Married	96 (51.30)	2.37±0.63	-1.634	2.86±1.26	-3.005	23.05±9.31	-3.54
Single	91 (48.70)	2.54±0.79	0.104	3.40±1.18	**0.003**	27.74±8.75	**0.001**
Having Children							
No	115 (61.50)	2.52±0.77	1.540	3.25±1.21	1.832	26.44±9.21	2.080
Yes	72 (38.50)	2.36±0.61	0.125	2.91±1.29	0.068	23.56±9.28	**0.039**
Working Year							
1-3 years	74 (39.60)	2.60±0.77	2.17	3.26±1.20	1.204	26.86±9.20	1.832
4 years and more	113 (60.40)	2.37±0.66	**0.031**	3.03±1.28	0.230	24.33±9.30	0.069

SD: Standard Deviation
QOHC: Questionnaire of Occupational Humorous Coping
BS-SF: Burnout Scale Short Form
PDS: Psychological Distress Scale
Independent samples t-test

Table 1 shows that more than half of the study group consisted of nurses who were under 30 years of age, female, married, had no children and worked for more than 4 years. According to the table, the PDS and BS-SF scores of single nurses and under 30 years of age were found to be statistically significantly higher ($p<0.05$). The PDS scores of the nurses with children were found to be significantly lower compared to the nurses without children ($p<0.05$). In the study, the QOHC scores of the nurses with a working time of more than 4 years were statistically significant ($p<0.05$). No significant difference was found between the PDS, QOHC and BS-SF scores according to the gender of nurses ($p>0.05$).

Table 2. PDS, BS-SF Scores, QOHC and subscales

Scales	**Minimum**	**Maximum**	**Mean**	**SD**
PDS	10.00	50.00	25.3316	9.32088
BS-SF	1.00	7.00	3.1198	1.24822
QOHC	1.00	4.91	2.4564	0.71460
Antecedent-focused coping	1.00	4.89	2.3346	0.74442
Response-focused coping	1.00	5.00	2.5842	0.85071
Instrumental aggressive/manipulative coping	1.00	5.00	2.3736	0.76904
Instrumental affiliative coping	1.00	4.91	2.8146	0.84460

SD: Standard Deviation
QOHC: Questionnaire of Occupational Humorous Coping
BS-SF: Burnout Scale Short Form
PDS: Psychological Distress Scale

The mean scores, minimum and maximum values of the nurses from the scales are presented in Table 2. While the mean PDS score of the nurses was 25.331±9.320, the mean BS-SF score and the mean QOHC score of them were found to be 3.119±1.248 and 2.456±0.714, respectively. It was found that the nurses had moderate psychological distress and were in danger of burnout according to the mean scores. It was observed that the nurses chose the instrumental affiliative coping method as a coping method.

Table 3. Classification of the PDS and BS-SF Scores

	Groups	**n**	**%**
PDS	Good	69	36.9
	Mild	24	12.8
	Moderate	43	23.0
	Severe	51	27.3
BS-SF	Low	68	36.4
	Danger of burnout	50	26.7
	Burnout	40	21.4
	Severe burnout	18	9.6
	Needs support	11	5.9

BS-SF: Burnout Scale Short Form
PDS: Psychological Distress Scale
QOHC: Questionnaire of Occupational Humorous Coping

The classification of the PDS and BS-SF scores is presented in Table 3. When the table was examined, 23% and 27.3% of the nurses had moderate psychological distress and severe psychological distress, respectively. In the study, it was determined that while 21.4% of the nurses experienced burnout, 5.9% of them needed support.

Table 4. Correlation Analysis Between PDS, QOHC, BS-SF

		PDS	**QOHC**	**BS-SF**
PDS	r	1	.075	**.753****
	p		.309	**.000**
QOHC	r		1	.092
	p			.213
BS-SF	r			1
	p			

QOHC: Questionnaire of Occupational Humorous Coping
BS-SF: Burnout Scale Short Form
PDS: Psychological Distress Scale
r: Pearson correlation coefficient

The correlation analysis result between the PDS, QOHC, BS-SF scales is presented in Table 4. When the table was examined, a highly significant positive correlation was found between the PDS scores and the BS-SF scores ($p<0.01$).

Table 5. Prediction Level of the PDS Score on the BS-SF Score

	Variable	B	SE	β	t	p
PDS	Constant	7.788	1.213		6.419	0.000*
	BS-SF	5.623	0.361	0.753	15.566	0.000*
Model Statistics	R: 0.753; R^2: 0.567; F: 242.309; p=0.000*					

QOHC: Questionnaire of Occupational Humorous Coping
BS-SF: Burnout Scale Short Form
PDS: Psychological Distress Scale
*p<0.001
B, regression coefficient; SE, standard error of the regression coefficient; β, standardised regression coefficient; R^2,variance

The regression analysis revealed that the PDS score significantly predicted the BS-SF score. The PDS scores of nurses significantly explained 56.7% (R^2=0.567) of the BS-SF score (p<0.001) (Table 5).

DISCUSSION

In this study, the aim was to investigate the relationship between nurses' humorous coping skills and their levels of psychological distress and burnout. It is worth noting that no research using the workplace coping with humor scale among nurses was found in the literature. This limitation will be discussed in the following sections.

As a result of the study, it was determined that the nurses were at risk of burnout based on the mean scores. In a study conducted by Kaya et al. in 2010, nurses were found to have moderate levels of burnout (Kaya et al., 2010). Similarly, Myrvang's 2021 study on hospital staff also reported moderate levels of burnout (Myrvang, 2021). On the other hand, a study on oncology nurses by Kumaş et al. in 2019 found that participating nurses had high levels of burnout (Kumaş et al., 2019). Another study on emergency and intensive care nurses by Canadas-de la Fuente et al. in 2018 concluded that more than one-third of the nurses had high levels of burnout (Canadas-de la Fuente et al., 2018). A study on oncology nurses by Molavynejad et al. also found that a significant portion of oncology nurses experienced burnout (Molavynejad et al., 2019). In a 2020 study on hemodialysis nurses by Ling et al., it was noted that job burnout was common, potentially leading to negative effects on their physical and mental health (Ling et al., 2020). Therefore, the results of this study are consistent with the existing literature.

It is evident that burnout is consistently a significant issue in nursing and can directly or indirectly impact individuals and their social lives (Bagheri, 2019). In this study, no statistically significant relationship was found between gender, as a demographic variable, and burnout (Table 1). Similar results were found in the literature, as reported in studies by Bilmen (2020),

Şimşek et al. (2021), Serin et al. (2021), Odonkor and Frimpong (2020), Kabunga and Okalo (2021), Biganeh et al. (2021), and Tekir et al. (2016). However, contrary to these studies, Jalili et al. (2020) observed a statistically significant difference between gender and burnout in their study on healthcare workers. They found that women had higher levels of burnout compared to men (Jalili et al., 2020). It is important to note that women often face more challenges in both their work and social lives due to gender-related factors. Gender roles assigned to women often underlie these issues. Working women frequently struggle to balance their responsibilities between home and work life, which can contribute to a higher incidence of burnout in women.

A statistical relationship was found between age and burnout, one of the demographic variables (Table 1). Many studies in the literature have reported a correlation between age and burnout (Bilmen, 2020; Çankaya, 2016; Kava et al., 2010). In a 2021 study on hospital staff conducted by Jihn et al., a statistical difference was observed in relation to age and burnout dimensions (Jihn et al., 2021). In this study, higher levels of burnout were observed in the young population, specifically those under the age of 30. Studies conducted by Huang and Zhao (2020) and Lai et al. (2020) similarly found high stress levels among healthcare professionals who had just started their careers and those in younger age groups (Huang & Zhao, 2020; Lai et al., 2020). These results are consistent with the findings of this study. However, it's important to acknowledge that there are also studies that have produced different results. For instance, in a study conducted by Serin et al. in 2021, no correlation was identified between age and burnout (Serin et al., 2021). Similarly, in a study on nurses conducted by Biganeh et al. in 2021, no statistically significant relationship was detected between age and burnout dimensions (Biganeh et al., 2021). It should be noted that variations in age classifications used in different studies may contribute to differences in the results obtained.

In this study, a statistically significant relationship was observed between the marital status demographic variable and burnout (Table 1). There are studies in the literature that have also found a statistically significant relationship between marital status and burnout (Serin et al., 2021; Jihn et al., 2021). While there are similar findings to this study in the literature, there are also differing results. In this study, singles had higher burnout scores, whereas in the study by Serin et al., the mean score of married individuals was higher (Serin et al., 2021). The reason for this discrepancy may be the influence of family-work conflict situations on the development of burnout (Mahmoudi et al., 2020). There are numerous studies in the literature demonstrating no relationship between marital status and burnout (Bilmen, 2020; Jalili et al., 2020; Kaya et al., 2010; Odonkor and Frimpong, 2020; Kabunga and Okalo, 2021; Biganeh et al., 2021). The

use of different measurement scales may have contributed to variations in the results obtained in our study.

In this study, no statistically significant relationship was found between the working hours of nurses and burnout (Table 1). There are studies in the literature that support the results of this study (Kabunga and Okalo, 2021; Serin et al., 2021). Conversely, there are studies indicating a relationship between working hours and burnout (Bilmen, 2010; Kaya et al., 2010). This discrepancy may be attributed to the distinct characteristics of the hospitals (public and private) included in the study and their differing working conditions. Additionally, the studies may have been affected by the unique circumstances of the pandemic. The COVID-19 pandemic, especially since 2020, has significantly contributed to burnout and psychological distress among healthcare professionals actively working in the field. Studies have revealed an exceptionally high prevalence of burnout among healthcare professionals during the COVID-19 pandemic (Huo et al., 2021). Nurses, in particular, who are actively engaged in patient care, constitute a substantial portion of the group negatively impacted by this crisis. Factors such as the heightened workload of nurses during the COVID-19 period, increased shifts and working hours, the fear of contracting the virus, and restrictions on seeing their families due to the pandemic have all contributed to elevated levels of burnout and psychological distress. In a study conducted by Marzetti et al. in 2020, it was found that burnout was more pronounced in employees who had experienced the death of COVID-19 patients and spent extended periods of time caring for infected patients (Marzetti et al., 2020). Numerous studies have concluded that healthcare professionals, in particular, have experienced heightened psychological distress during the COVID-19 pandemic (Kafe et al., 2021; Hamami et al., 2021).Numerous studies have been conducted to examine the psychological issues faced by nurses during the COVID-19 pandemic. In this study, it was determined that nurses experienced moderate psychological distress (Table 2). Hatef et al. found that the average scores of nurses regarding psychological problems in 2020 were at a moderate level (Hatef et al., 2020). Kirabira et al. concluded that hospital staff experienced mild to moderate psychological distress in 2022 (Kirabira et al., 2022). In Olagunju et al.'s study on healthcare workers, it was found that 23.4% of the participants experienced psychological distress (Olagunju, 2021). Similarly, Shecheter et al. reported in 2020 that nurses and healthcare workers experienced high levels of psychological distress, especially during the COVID-19 pandemic (Shecheter et al., 2020). The findings of this study are consistent with those in the existing literature.

In this study, it was observed that the psychological distress scores of single nurses were significantly higher than those of married nurses. Similar results were obtained in a study conducted by Hatef and his colleagues (Hatef et al., 2020). The presence of a spouse as a source of social support among married individuals may have contributed to these outcomes. In a study by Lincon et al., it was found that married individuals tend to experience more happiness and life satisfaction, which can reduce psychological distress (Lincon et al., 2010). However, there are also studies in the literature that do not support these research findings. In a study conducted by Badru et al. on hospital personnel, no significant difference was found between marital status and psychological distress (Badru et al., 2021). The disparity between these two studies may be attributed to the fact that the current study exclusively focused on nurses, and different measurement scales were employed.

According to this study, no statistically significant difference was found between psychological distress and gender (Table 1). However, in the study conducted by Hatef et al., a significant relationship was observed between gender and psychological distress (Hatef et al., 2020). Similarly, in the study of Badru et al. involving healthcare workers, a statistical relationship was identified between gender and psychological distress (Badru et al., 2021). Badru et al. found that women experienced psychological distress at a rate twice that of men (Badru et al., 2021). In the study by Elwer et al., it was concluded that women are more susceptible to psychological distress compared to men (Elver et al., 2013). Elwer explained this difference by referring to the influence of gender roles on women's experience of psychological distress (Elver et al., 2013).

In this study, it was observed that the group under the age of 30 experienced higher levels of psychological distress (Table 1). Similar findings were reported in the study conducted by Hatef et al., where it was found that younger individuals faced more psychological challenges (Hatef et al., 2020). This could be attributed to the notion that as individuals age, they accumulate more life experiences and develop stronger coping skills. In contrast, in the study by Badru et al., no statistically significant relationship was identified between the age of hospital staff and psychological distress (Badru et al., 2021). It's possible that the division of age into too many groups in Badru's study contributed to the differing results.

Humor can be considered a starting point for individuals when they encounter challenging situations. As Dixon has indicated, there is evidence to suggest that humor can serve as a coping mechanism for anxiety (Dixon, 2021). In this study, no statistically significant difference was observed between the humor coping scale and variables such as age, gender, marital status, and

having children. Although there are studies in the literature concerning stress coping scales and humor styles among nurses and healthcare personnel, no study examining the relationship between the humor coping scale and sociodemographic variables has been identified.

In this study, a strong positive correlation was identified between the psychological distress scale and the short form of the burnout scale (Table 4). In the study conducted by Andlib et al., a moderate positive correlation was reported (Andlib et al., 2022). Similar findings were observed in studies involving psychiatric nurses, nurses, and healthcare workers, affirming the relationship between psychological distress and burnout levels (Dobson et al., 2021; Zou et al., 2016; Wang et al., 2021). The literature data aligns with the findings obtained in our research. There is evidence indicating that effective coping strategies can mitigate the negative impacts of stress and burnout (Lou et al., 2022). However, in this study, no significant relationship was found between the psychological distress scale, burnout scale, and the humor coping scale. It is noteworthy that no prior study was found in the literature utilizing these specific scales to establish such a relationship.

CONCLUSION AND RECOMMENDATIONS

Burnout and psychological distress among nurses are prevalent issues, and they have escalated to more severe levels during the pandemic period. These concerning findings underscore the importance of hospitals regularly assessing nurses for burnout and mental health problems while providing supportive interventions to safeguard their mental well-being and enhance their resilience. Burnout within the profession can result in outcomes such as the individual becoming detached from their work, reduced attentiveness, and diminished organizational commitment. Consequently, it should be regarded as a matter deserving emphasis, and managerial efforts should be directed towards improvement in this regard. While there is existing literature in hospital and clinical studies, it is recommended that research examining the impact on public health nurses be expanded.

Strengths and Limitations

The study boasts a strong aspect in the form of a high participation rate (92.57%). Furthermore, the study's strength lies in its pioneering examination of the relationship between the humor coping scale and sociodemographic factors, a novel approach in the context of nurses in Yozgat province. However, alongside these strengths, there are also notable limitations. A key limitation is the absence of prior research on the humor coping scale among nurses. Additionally, the research outcomes are confined solely to Yozgat Bozok University Training

and Research Hospital. It is advisable to conduct research with larger sample groups employed across various institutions. There is also a need to replicate this study with nurses in the public health practice areas to ascertain the situation among clinic-based nurses in the field.

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