

Selected paper of 6th International Congress of Nursing (ICON-2022) 12 – 15 October 2022 Antalya, Turkey
(ONLINE CONFERENCE)

The relationship between ‘meaning in life’ and the level of distress tolerance in nurses

Sevde Külcüömeroğlu, Ondokuz Mayıs University, Institute of Graduate Education, Department of Nursing, Master’s Program, Samsun, Turkey, <https://orcid.org/0000-0003-4639-9822> ,

Esra Danacı¹, Bulent Ecevit University, Ahmet Erdogan Vocational School of Health Services, Zonguldak 67000, Turkey, <https://orcid.org/0000-0003-1453-6255>

Zeliha Koç, Ondokuz Mayıs University, Faculty of Health Sciences, Samsun 55200, Turkey, <https://orcid.org/0000-0002-8702-5360> ,

Suggested Citation:

Külcüömeroğlu, S., Danacı, E. & Koç, Z. (2022). The relationship between ‘meaning in life’ and the level of distress tolerance in nurses. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. 2022(1), 111-121. <https://doi.org/10.18844/gjpaas.v2022i1.8781>

Received from October 28, 2022; revised from November 26, 2022; accepted from December 28, 2022.

Selection and peer review under the responsibility of Prof. Dr. Nilgun Sarp, International Final University, Faculty of Health Sciences, Kyrenia, North Cyprus

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Abstract

This research was conducted as a descriptive and cross-sectional study to determine the relationship between meaning in life and the level of distress tolerance in nurses. The research was carried out with the participation of 178 nurses among a total of 459 nurses working in a university hospital. The data were collected using a 22-question nurse introductory information form, which determines the sociodemographic and clinical characteristics of nurses and was prepared by the researcher in line with the literature, the Meaning in Life Questionnaire, and the Distress Tolerance Scale. In this study, it was determined that the scores on the Distress Tolerance Scale and the Meaning in Life Questionnaire differed statistically according to some sociodemographic and work-life characteristics of the nurses. However, no statistically significant relationship was determined between the Meaning in Life Questionnaire score and the Distress Tolerance Scale score. It is recommended to reduce the problems experienced by nurses in the clinical environment by developing strategies that will increase the quality of work-life of nurses.

Keywords: Distress; meaning in life; nurse; tolerance.

* ADDRESS FOR CORRESPONDENCE: Esra Danacı, Lecturer, Bulent Ecevit University, Ahmet Erdogan Vocational School of Health Services, Zonguldak 67000, Turkey.
E-mail address: esradnc89@gmail.com

1. Introduction

Meaning in life is defined as an individual's ability to survive in the face of difficulties, while also being one of the basic elements of human existence [1,2]. Steger et al. [3] stated that the key to meaning in life is "being aware of the current goal and reaching it." The meaning in life has two dimensions: the existence of meaning in life and the search for meaning. The existence of meaning in life can vary depending on how important people find their lives to be and to what extent they feel they have a purpose and duty in life. The search for meaning in life encourages people to new opportunities and engagements. Therefore, the search for meaning in life is closely related to the natural flow of life that allows people to understand and organize their experiences [4].

Nurses face various physical, mental, and social difficulties in their work environments [5,6]. They provide care to patients who are approaching death, and situations such as providing emotional support to patients and caregivers cause mental distress in nurses [7]. Nurses are expected to provide quality nursing care when faced with challenging situations, maintain the individual's well-being, and provide professional service in the face of difficulties [8]. Accordingly, nurses need to tolerate distress by using various coping methods when dealing with different problems. The ability to tolerate adversity is defined as the strength to recover. Generally, the ability to tolerate distress is described as the strength to experience and endure negative psychological states [9].

Nursing is a stressful profession with an intense workload due to many negative factors arising from the work environment [10-12]. Problems experienced by nurses in the work environment affect nurses physically, socially, and spiritually [13]. At the same time, it may cause a decrease in the quality of service from the nurses provided by the increase in the desire to leave the job [14,15]. Studies on this subject indicate that factors such as excessive workload, and communication problems with the patient, their families, and other healthcare team members may affect the quality of care provided by nurses, their life satisfaction and the meaning they give to life, and cause them to experience work-related distress [7]. In this research, the meaning nurses give to life and their tolerance level to distress will be determined and appropriate suggestions and strategies will be developed in line with the findings.

1.1. Purpose of the study

This study was carried out to determine the factors affecting the level of meaning that nurses give to life and tolerating distress, answers were sought to the questions below;

1. What are the socio-demographic and work-life characteristics of nurses?
2. At what degree of importance is meaning in life for nurses?
3. To what degree is distress tolerance in nurses?
4. Is there a relationship between the nurses' level of distress tolerance and their meaning in life?

2. Material and methods

2.1. Participants

This descriptive and correlational research was conducted with the participation of nurses working in a university hospital located in the Western Black Sea Region in northern Turkey. The improbable sampling method was used in the study. The number of samples to represent the universe in the study was calculated as 171 nurses out of the 459 nurses with a 90% confidence interval and 5% error working in the hospital where the research was conducted. The collection process was completed when 178 nurses were reached, because of the possibility of data loss. Nurses aged 18 and over, male or female, who agreed to participate in the study were included in the study.

2.2. Tools of data collection

In the study, data were collected using a 22-question questionnaire including the sociodemographic and professional characteristics of nurses, through the Meaning in Life Scale and the Distress Tolerance Scale. The questionnaire was tested by conducting a pilot study in a group of 15 people. Nurses participating in the pilot study were not included in the sample. Verbal informed consent was obtained from the nurses, explaining the decision about whether to participate in the study was entirely their own and that the data to be collected from this study would only be used within the scope of the study.

2.2.1. Meaning in Life Scale

The Meaning in Life Scale is a seven-point Likert-type measurement tool developed by Steger et al. [16] to measure the meaning individuals give to life. The Turkish validity and reliability study of the scale was performed by Akin and Taş [9]. The Meaning in Life Scale consists of two subscales, namely present meaning and searched meaning, and a total of 10 items. The score obtainable on the scale varies between 7-70. A high score on the scale indicates that the individual has a high level of meaning in life. The Cronbach Alpha reliability coefficient of the scale was determined as 0.88.

2.2.2. Distress Tolerance Scale

The Distress Tolerance Scale is a five-point Likert-type measurement tool developed by Simons and Gather [17] to evaluate individuals' levels of tolerating distress and to provide information about themselves. The Turkish validity and reliability study of the scale was conducted by Akin et al. [18]. The Distress Tolerance Scale consists of 4 subscales, namely tolerance, absorption, appraisal, and regulation, plus a total of 15 items. The score obtainable on the scale varies between 15-75. A high score on the scale indicates that the individual's ability to tolerate distress is high. The Cronbach Alpha reliability coefficient of the scale was found to be 0.82 in Akin et al.'s study [18]. In this study, the Cronbach Alpha reliability coefficient of the scale was determined as 0.92. The Cronbach Alpha reliability coefficient of the scale's Appraisal, Tolerance, Absorption, and Regulation sub-dimension was determined as 0.70, 0.76, 0.79, and 0.74, respectively.

2.3. Ethics and Data collection

The data were collected by the researchers through face-to-face interviews with the nurses. The questionnaire and scales were applied after explaining the study to the participating nurses. It was stated to the nurses that the decision about whether or not to participate in the research was entirely their own, their names would not be written on the questionnaire, and the data collected from this study would only be used within the scope of this research. Data collection took approximately 15 minutes.

2.4. Data analysis

Statistical analysis of the data related to the nurses included in the study was analyzed using the SPSS 21.0 package program in the computer environment. The normality test of quantitative data was analyzed with Kolmogorov Smirnov. T-test and ANOVA tests were used in the analysis of normally distributed data. Kruskal Wallis test and Mann Whitney U test were used in the analysis of data that did not show normal distribution. The results were presented as frequency, percentage, median, and minimum maximum. The relationship between the scales and their subscales was examined with the Spearman correlation analysis. The significance level was taken as $p < 0.05$.

3. Results

Of the nurses participating in the study, 79.8% were female, 20.2% were men, 61.8% were married, 66.3% had a bachelor's degree, 88.2% had a nuclear family, 46.1% worked in internal units, 47.8% in surgical units, %6.1 in intensive care units, 92.7% worked as service nurses, 68.0% were permanent staff, 77.5% worked in shifts, 74.2% chose their profession willingly, 64.0% liked their profession, 61.2% were satisfied with the service they work in, 53.9% did not choose their department

willingly, 42.1% gave care to 6-10 patients, 64.0% evaluated their work life quality as good, 42.1% defined their job satisfaction level as average, and lastly their mean age was 30.9 ± 5.7 (Table I).

TABLE I
THE DISTRIBUTION OF NURSES' SOCIO-DEMOGRAPHIC AND WORK-LIFE CHARACTERISTICS

Characteristics	n	%	
Age groups (30,9 ± 5,7)	17-26 years	43	24.2
	27-36 years	108	60.7
	37 years and above	27	15.1
Gender	Female	142	79.8
	Male	36	20.2
Marital status	Married	110	61.8
	Single	68	38.2
Educational status	School of vocational health	37	20.8
	Associate's degree	15	8.4
	Undergraduate (Bachelor's) degree	118	66.3
Family structure	Postgraduate degree	8	4.5
	Extended family	21	11.8
Service in charge	Nuclear family	157	88.2
	Internal units	82	46.1
Duty in service	Surgical units	85	47.8
	Intensive care unit	11	6.1
Employment status	Unit nurse	165	92.7
	Nurse in charge	13	7.3
Work style	Permanent	121	68.0
	Contracted	57	32.0
Choosing the profession willingly	Only daytime	40	22.5
	In shifts	138	77.5
Attitude toward the profession	Yes	132	74.2
	No	46	25.8
Satisfaction with the workplace	Like	114	64.0
	Dislike	10	5.6
	Undecided	54	30.4
Choosing the department willingly	Satisfied	109	61.2
	Partly satisfied	62	34.8
	Unsatisfied	7	3.4
Number of patients receiving care	Yes	82	46.1
	No	96	53.9
	1-5 patients	33	18.5
	6-10 patients	75	42.1
Quality of work life	11-15 patients	13	7.4
	16-20 patients	31	17.4
	21 and more	26	14.6
Level of job satisfaction	Very good	7	3.9
	Good	114	64.0
	Bad	50	28.2
Level of job satisfaction	Very bad	7	3.9
	Very good	2	1.2
	Good	47	26.4
	Average	75	42.1
	Partly bad	23	12.9
	Bad	31	17.4

The mean score of the Meaning in Life Scale is 50.8 ± 10.8 . The mean scores of the Present Meaning and Searched Meaning subscales are 27.2 ± 5.5 and 23.5 ± 7.1 , respectively. In addition, the

mean score of the Distress Tolerance Scale was 45.4 ± 12.5 . The mean scores of the Tolerance, Regulation, Absorption and Appraisal subscales of the Distress Tolerance Scale were 9.3 ± 3.2 , 8.5 ± 2.8 , 9.2 ± 3.1 , and 18.4 ± 4.7 , respectively (Table II).

TABLE II
THE MEAN, STANDARD DEVIATION, AND MEDIAN VALUES OF THE MEANING IN LIFE SCALE AND THE DISTRESS TOLERANCE SCALE TOTAL AND SUBSCALE SCORES

	Mean \pm S. D	Median (Min-Max)
Meaning in Life Scale	50.8 \pm 10.8	53 (23 - 70)
Present Meaning	27.2 \pm 5.5	28 (11 - 35)
Searched Meaning	23.5 \pm 7.1	24 (9 - 35)
Distress Tolerance Scale	45.4 \pm 12.5	46 (17 - 75)
Tolerance	9.3 \pm 3.2	10 (3 - 15)
Regulation	8.5 \pm 2.8	9 (3 - 15)
Absorption	9.2 \pm 3.1	9 (3 - 15)
Appraisal	18.4 \pm 4.7	18 (8 - 30)

Accordingly, the total score of the Meaning in Life Scale differed according to the nurses' age ($p=0.049$), educational status ($p=0.009$) and the number of patients given care ($p=0.005$); Also, the total score of the Meaning in Life Scale was higher for nurses with a bachelor's degree than nurses who were graduates of the school of vocational health, and nurses caring for patients between 16-20 and 6-10 than nurses caring for 1-5 patients. On the other hand, the total score of the Meaning in Life Scale did not differ according to nurses' gender, marital status, family structure, the service they worked in, their duty in the service, employment status, work style, their willingness to choose their profession, their attitude towards their profession, their satisfaction with the service they worked in, their willingness to choose the department they worked in, and their level of job satisfaction ($p>0.05$) (Table III).

TABLE III
THE COMPARISON OF NURSES' SOCIO-DEMOGRAPHIC AND WORK-LIFE CHARACTERISTICS AND THE TOTAL SCORE OF THE MEANING IN LIFE SCALE

Characteristics	Median (Min-Max)	Test value p
Age groups	17-26 years	48 (23 - 67)
	27-36 years	52 (28 - 70)
	37 years and above	45 (25 - 70)
Gender	Female	49 (23 - 70)
	Male	54 (28 - 70)
Marital status	Married	50 (25 - 70)
	Single	49 (23 - 70)
Educational status	School of vocational health	45 (23 - 70) A
	Associate's degree	43 (31 - 70) AB
	Undergraduate (Bachelor's) degree	53 (28 - 70) B
	Postgraduate degree	52 (25 - 61) AB
Family structure	Extended family	57 (25 - 67)
	Nuclear family	49 (23 - 70)

Service in charge	Internal units	50 (28 - 70)	p=0.655 $\chi^2=0.846$
	Surgical units	49 (23 - 70)	
	Intensive care unit	52 (41 - 61)	
Duty in service	Unit nurse	50 (23 - 70)	p=0.834 U=1035.000
	Nurse in charge	53 (25 - 70)	
Employment status	Permanent	52 (25 - 70)	p=0.252 U=3081.500
	Contracted	48 (23 - 70)	
Work style	Only daytime	54,5 (25 - 70)	p=0.521 U=2576.000
	In shifts	49 (23 - 70)	
Choosing the profession willingly	Yes	49,5 (23 - 70)	p=0.415 U=2791.000
	No	55 (37 - 70)	
Attitude toward the profession	Like	52 (23 - 70)	p=0.089 $\chi^2=4.839$
	Dislike	59,5 (38 - 70)	
	Undecided	48 (28 - 65)	
Satisfaction with the workplace	Satisfied	50 (23 - 70)	p=0.354 $\chi^2=2.076$
	Partly satisfied	48.5 (31 - 70)	
	Unsatisfied	53 (48 - 61)	
Choosing the department willingly	Yes	51 (23 - 70)	p=0.702 U=3805.000
	No	49.5 (31 - 70)	
Number of patients receiving care	1-5 patients	43 (31 - 65) A	p=0.005 $\chi^2=15.025$
	6-10 patients	55 (28 - 70) B	
	11-15 patients	49 (40 - 67) AB	
	16-20 patients	53 (37 - 70) B	
	21 patients and more	49.5 (23 - 69) AB	
Quality of work life	Very good	58 (44 - 70)	p=0.055 $\chi^2=7.605$
	Good	49.5 (31 - 70)	
	Bad	50 (28 - 70)	
	Very bad	42 (23 - 58)	

χ^2 : Kruskal-Wallis Test Statistics, U: Mann-Whitney U Test Statistics, A-B: There is no difference between groups with the same letter.

The total score of the Distress Tolerance Scale differed according to the nurses' work style (p=0.049) and their quality of work life (p=0.049); On the other hand, nurses who worked in shifts and

defined their quality of work life as "good" had a higher total score on the Distress Tolerance Scale. Nonetheless, the total score of the Distress Tolerance Scale did not differ according to nurses' age, gender, marital status, educational status, family structure, the service they worked in, their duty in the service, employment status, their willingness to choose their profession, their attitude towards their profession, their satisfaction with the service they worked in, their willingness to choose the department they worked in, and the number of patients receiving care ($p>0.05$) (Table IV).

TABLE IV
THE COMPARISON OF NURSES' SOCIO-DEMOGRAPHIC AND WORK-LIFE CHARACTERISTICS AND THE TOTAL SCORE OF THE DISTRESS TOLERANCE SCALE

Characteristics		Mean \pm SD (Min-Max)	Test value p
Age groups	17-26 years	45.5 \pm 12.0	p=0.890 F=0.116
	27-36 years	45.1 \pm 13.0	
	37 years and above	46.4 \pm 11.5	
Gender	Female	45.2 \pm 12.3	p=0.657 t=-0.445
	Male	46.2 \pm 13.3	
Marital status	Married	46 (17 - 75)	p=0.370 U=3440.500
	Single	45 (17 - 67)	
Educational status	School of voc. health	46.0 \pm 12.2	p=0.974 F=0.075
	Associate's degree	45.9 \pm 15.1	
	Undergraduate degree	45.2 \pm 12.7	
	Postgraduate degree	44.0 \pm 4.4	
Family structure	Extended family	47.4 \pm 11.0	p=0.439 t=0.776
	Nuclear family	45.1 \pm 12.7	
Service in charge	Internal units	44.7 \pm 12.3	p=0.214 F=1.554
	Surgical units	45.2 \pm 12.4	
	Intensive care unit	51.7 \pm 13.9	
Duty in the service	Unit nurse	45.6 \pm 12.4	p=0.393 t=0.856
	Nurse in charge	42.5 \pm 13.4	
Employment status	Permanent	45.5 \pm 12.1	p=0.813 t=0.236
	Contracted	45.1 \pm 13.3	
Work style	Only daytime	42.0 \pm 12,2	p=0.049 t=-1.984
	In shifts	46.4 \pm 12,4	
Choosing the profession willingly	Yes	46.0 (17 - 75)	p=0.484 U=2825.500
	No	45.0 (18 - 68)	
Attitude toward the prof.	Like	46.0 (17 - 69)	p=0.726 $\chi^2=0.640$
	Dislike	48.5 (17 - 68)	
	Undecided	46.5 (18 - 75)	
Satisfaction with the workplace	Satisfied	45.1 \pm 13.0	p=0.535 F=0.627
	Partly satisfied	45.3 \pm 11.1	
	Unsatisfied	50.6 \pm 16.4	

Choosing the dep. willingly	Yes	45.3 ± 11.1	p=0.912 t=-0.111
	No	45.5 ± 13.6	
Number of patients receiving care	1-5 patients	44 (21 - 75)	p=0.370 $\chi^2=4.279$
	6-10 patients	44 (17 - 75)	
	11-15 patients	48 (18 - 66)	
	16-20 patients	48 (17 - 67)	
	21 patients and more	49 (30 - 69)	
Quality of work life	Very good	46.0 ± 11.1 AB	p=0.049 F=2.680
	Good	46.3 ± 11.9 A	
	Bad	44.9 ± 13.6 AB	
	Very bad	32.9 ± 10.1 B	

χ^2 : Kruskal-Wallis Test Statistics, U: Mann-Whitney U Test Statistics, F= One-Way Anova t= Independent samples t-test, A-B: There is no difference between groups with the same letter.

Accordingly, there was no statistically significant relationship between the total scores of the Meaning in Life Scale and the Distress Tolerance Scale (Table V).

TABLE V
THE RELATIONSHIP BETWEEN THE TOTAL AND SUBSCALE SCORES OF THE MEANING IN LIFE SCALE AND THE DISTRESS TOLERANCE SCALE

	Distress Tolerance Scale
Meaning in Life Scale	r= 0.121 p=0.108

r: Spearman's Correlation Coefficient

4. Discussion

The results obtained from this study, which was conducted to determine the relationship between the meaning in life and the level of distress tolerance, of nurses working in a university hospital located in the Western Black Sea Region in the north of Turkey, were discussed in line with the relevant literature.

The total mean score of the Meaning in Life Scale was determined as 50.8 ± 10.8 ; In addition, the mean scores of the Present Meaning and Searched Meaning subscales were determined as 27.2 ± 5.5 and 23.5 ± 7.1 , respectively. Considering that a high score obtained from the scale indicates that the individual has a high level of meaning in life, the level of meaning in life of nurses is above the average. In a study conducted by Yiğitoğlu [4] with nursing students, the scores of the nursing students regarding the Present Meaning and the Searched Meaning subscales were above the average; Resulting in the nursing students finding their lives important and meaningful. The fact that the meaning in life of nurses has positive meaning shows that they enjoy life, their quality of work life is good, and they can produce effective solutions to problems and use appropriate coping mechanisms.

The total mean score of the Distress Tolerance Scale was 45.4 ± 12.5 , and the mean scores of the Tolerance, Regulation, Absorption, and Appraisal subscales of the scale were determined as 9.3 ± 3.2 , 8.5 ± 2.8 , 9.2 ± 3.1 and 18.4 ± 4.7 , respectively. Although the score that can be obtained from the scale varies between 15-75, a high score indicates that the individual's ability to tolerate distress is high. When it comes to our study, the nurses' ability to tolerate distress is above average. Every day, nurses have to deal with various problems, and problems arise when they are insufficient to meet the

healthcare needs of themselves and their families [19]. However, it is thought that the job satisfaction of nurses who can create efficient solutions to problems will increase, their communication skills will be strengthened, their intention to quit their job will decrease and their level of enjoyment from life will increase.

It was determined that the total score of the Meaning in Life Scale differed according to the nurses' age, educational status, and the number of patients that received care; Also, the total score of the Meaning in Life Scale was higher for nurses with a bachelor's degree than for nurses who were graduates of the school of vocational health, and for nurses who gave care to patients between 16-20 and 6-10 than nurses who gave care to 1-5 patients. Hence, the increase in education level affects life satisfaction and increases the meaning of life of individuals. All the same, nurses who care for more patients feel satisfied with the communication they establish with patients and accordingly they find meaning in life.

According to the study results, the total score of the Distress Tolerance Scale differed according to the nurses' work style and their quality of work life; On the other hand, the total score of the Distress Tolerance Scale was higher for the nurses who worked in shifts and evaluated their quality of work life as "good".

The quality of work life in nursing provides nurses with a healthy working environment, increases job satisfaction, and reduces burnout. It promotes work-related well-being and provides quality service delivery. Also, it improves the quality of life of nurses by making changes in the work environment [20]. Moreover, nurses who define the quality of work life as "good" produce efficient solutions to problems, and their stress management and distress tolerance levels are high.

5. Conclusion

In this study, the mean score of the Meaning in Life Scale was 50.8 ± 10.8 ; And, whereas the mean score of the Distress Tolerance Scale was 45.4 ± 12.5 . It was determined that the scores of the Distress Tolerance Scale score and the Meaning in Life Scale score differed statistically according to some socio-demographic and work-life characteristics of nurses. Also, the total score of the Meaning in Life Scale differed according to the nurses' age, educational status, and the number of patients that received care; Whereas, the total score of the Distress Tolerance Scale differed according to the nurses' work style ($p=0.049$) and their work-life qualities. However, there was no statistically significant relationship between the scores of the Meaning in Life Scale and the Distress Tolerance Scale.

Finally, it is recommended to develop strategies to increase the quality of the work life of nurses, reduce the problems experienced by nurses in the clinical environment, and benefit from both qualitative and quantitative research methods in future research on this subject by considering the results obtained from the study.

Conflict of interest

We have no conflicts of interest to disclose.

References

- [1] V. E. Frankl, "Logotherapy and existential analysis—a review," *Am. J. Psychother*, vol. 20, pp.252–260, 1966. <https://doi.org/10.1176/appi.psychotherapy.1966.20.2.252> .
- [2] L., Yang, D. Wu, "Grit and meaning in life of Chinese nurses: the chain mediating effect of social support and hope. *Frontiers in Psychology*, pp. 5056, 2021. <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.769707/full>
- [3] M. F. Steger, T. B. Kashdan, B. A. Sullivan, and D. Lorentz, "Understanding the search for meaning in life: personality, cognitive style, and the dynamic between seeking and experiencing meaning," *J. Pers*, vol. 76, pp. 199–228, 2008. <https://doi.org/10.1111/j.1467-6494.2007.00484.x>

- Külcüoeroğlu, S., Danacı, E. & Koç, Z. (2022). The relationship between 'meaning in life' and the level of distress tolerance in nurses. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. 2022(1), 111-121. <https://doi.org/10.18844/gipaas.v2022i1.8781>
- [4] G.T. Yiğitoğlu, E. Akbaş, N. Çunkuş, "Mizaç özelliklerine göre hemşirelik öğrencilerinde yaşamın anlamının belirlenmesi," *Psikiyatri Hemşireliği Dergisi*, vol. 12, no. 3, pp. 254-262, 2021. <https://phdergi.org/tr/jvi.aspx?pdire=phd&plng=tur&un=PHD-81894&look4=>
- [5] C. Thomas-Hawkins, L. Flynn, P. Zha, and S. Ando, "The effects of race and workplace racism on nurses' intent to leave the job: The mediating roles of job dissatisfaction and emotional distress," *Nursing Outlook*, vol. 70, no. 4, pp.590-600, 2022. <https://doi.org/10.1016/j.outlook.2022.03.001>
- [6] M.G. Maggio, A. Manuli, D. Tripoli, and R.S. Calabrò, "Paving the way to reduce work-stress in rehabilitation nurses: Promising results from a pilot study," *Applied Nursing Research*, vol. 61, pp. 151458, 2021. <https://doi.org/10.1016/j.apnr.2021.151458>
- [7] S.S. Benli, and A. Yıldırım, "Hemşirelerde Yaşam Doyumu ve Ölüme Karşı Tutum Arasındaki İlişki," *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, vol. 6, no. 4, pp. 167-179, 2017. <https://dergipark.org.tr/en/pub/gumussagbil/issue/32215/368461>
- [8] E. J. Brennan, Towards resilience and wellbeing in nurses. *Br. J. Nurs*, vol. 26, pp. 43-47, 2017.
- [9] A. Akın, and İ. Taş, "Yaşam Anlam Ölçeği: geçerlik güvenirlik çalışması," *Electronic Turkish Studies*, vol. 10, no. 3, pp.27-36, 2015. <https://toad.halileksi.net/wp-content/uploads/2022/07/yasam-anlami-olcegi-toad.pdf>
- [10]J. Watts Isley, S.H. Little, S. Sha, E. Vaughan, K Wingate, and M.E. Aleshire, "To stay or leave: Public health nurse workforce retention in North Carolina," *Public Health Nursing*, vol. 39, no. 3, pp.609-617, 2022. <https://doi.org/10.1111/phn.12991>
- [11]R.L. Rosamond, G. Giarratano, S. Orlando, J. Sumner, D. Devier, L.S. McDaniel, and D.W. Wardell, "Healing Touch: A strategy for acute care nurses' stress reduction," *Journal of Holistic Nursing*, pp. 08980101221142193, 2023. <https://doi.org/10.1177/08980101221142193>
- [12]P.L. Wu, S.M. Tseng, Y.C. Tseng, L.C. Chen, H.C. Pai, and W.J. Yen, "Job stress and occupational burnout among clinical nursing teachers: A cross-sectional study," *Journal of Professional Nursing*, vol. 37, no. 5, pp.907-915, 2021.<https://doi.org/10.1016/j.profnurs.2021.07.014>
- [13]R. Kida, and Y. Takemura, "Working Conditions and Fatigue in Japanese Shift Work Nurses: A Cross-sectional Survey," *Asian Nursing Research*, vol. 16, no. 2, pp. 80-86, 2022. <https://doi.org/10.1016/j.anr.2022.03.001>
- [14]M. Tan, H. Polat, and Z. A. Şahin, "Hemşirelerin çalışma ortamlarına ilişkin algılarının değerlendirilmesi," *Sağlıkta performans ve kalite dergisi*, vol. 4, no. 1, pp. 67-78, 2012. <https://dergipark.org.tr/en/pub/spkd/issue/29275/313450>
- [15]F. Dong, W. Huang, C. Chu, L. Lv, and M. Zhang, "Influence of workplace stress and social support on humanistic caring ability in Chinese nurses," *Nursing Open*, 2023. <https://doi.org/10.1002/nop2.1606>
- [16]M.F. Steger, P. Frazier, S. Oishi, and M. Kaler, "The meaning in life questionnaire: Assessing the presence of and search for meaning in life," *Journal of Counseling Psychology*, vol. 53, no. 1, pp. 80-93, 2006. <https://psycnet.apa.org/getdoi.cfm?doi=10.1037/0022-0167.53.1.80>
- [17]J. S. Simons, and R. M. Gaher, "The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and Emotion*," vol. 29, no. 2, pp. 83-102, 2005. <https://link.springer.com/article/10.1007/s11031-005-7955-3>
- [18]A. Akın, M.Ş. Akça, M. Gülşen, "Sıkıntıyı tolere etme ölçeği türkçe formu: geçerlik ve güvenirlik çalışması," *Kastamonu Eğitim Dergisi*, vol. 23, no. 2, pp. 619-60, 2014. <https://dergipark.org.tr/en/pub/kefdergi/issue/22599/241431>

- Külcüoeroğlu, S., Danacı, E. & Koç, Z. (2022). The relationship between 'meaning in life' and the level of distress tolerance in nurses. *New Trends and Issues Proceedings on Advances in Pure and Applied Sciences*. 2022(1), 111-121. <https://doi.org/10.18844/gipaas.v2022i1.8781>
- [19]B. Yıldırım, and Ş. Özkahraman, "Hemşirelikte Problem Çözme," *SDU Journal of Health Science Institute/SDÜ Sağlık Bilimleri Enstitüsü Dergisi*, vol.2, no.3, 2011. <https://tinyurl.com/48kj2awh>
- [20]T. Çatak, and N. Bahçecik, "Hemşirelerin iş yaşamı kalitesi ve etkileyen faktörlerin belirlenmesi," *Clinical and Experimental Health Sciences*, vol. 5, no. 2, 85-95, 2015. <https://dergipark.org.tr/en/pub/clinexphealthsci/issue/17864/187337>