

IMPACT OF STYLES OF HUMOR AND SELF ESTEEM ON PSYCHOLOGICAL WELL BEING OF MENTAL HEALTH PROFESSIONALS

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ABSTRACT:

OBJECTIVE

To examine the relationship among styles of humor, self esteem and psychological well being in mental health professionals and to explore the gender difference regarding all study variables in mental health professionals.

DESIGN

Cross sectional research design.

PLACE AND DURATION OF STUDY

Data was drawn from five hospitals of the Lahore, Pakistan including Lahore General Hospital, , Services Hospital, Sir Ganga Ram Hospital, Jinnah hospital and Punjab Institute of Mental Health within six months.

SUBJECTS AND METHODS

One hundred and thirty four participants were collected through purposive sampling technique. Humor Styles Questionnaire, Rosenberg Self Esteem Scale, and Psychological well Being Scale were used to measure variables under study.

RESULTS

Correlation analysis showed significant positive association among styles of humor, self esteem and psychological well being in mental health professionals. Men and women mental health professionals are different regarding styles of humor and self esteem with moderate effect size but both genders were found same on psychological well being.

CONCLUSION

Results indicated that mental health professionals, who have positive styles of humor, have high self esteem which leads them towards adequate psychological well being.

KEY WORDS:

Styles of humor, self esteem, psychological well being, mental health professionals

INTRODUCTION

Humor is a relatively complex phenomenon a combination of physiological, cognitive, emotional, behavioral as well as social aspects¹. These different mechanisms of humor reflected in different humor conception, which leads to a set of personality traits or individual difference related to humor variables². Humor can be helpful in enhancing oneself or accelerating one's relationship with others. Some styles of humor promote well being and health whereas others can be potentially harmful to physical and mental health².

Styles of humor group together into two measures, adaptive and maladaptive. Adaptive humor includes affiliative humor and self-enhancing humor that are positive and lead to humor that is favorable to psychological well-being³. This kind of humor can be defined as a tendency to tell jokes or employ impulsive humorous teasing in order to create hilarity, reduce interpersonal tension and smooth the progress of relationship. It is that type of humor which is non hostile and charitable. While maladaptive humor which is aggressive humor and also self defeating humor is negative, self defeating and harmful to person's well being. It has a tendency to use humor to disparage and maneuver others. Individuals, who use self crushing humor, have a tendency to get in with themselves and with others and attempt to delight others by making fun at their own particular shortcoming. Such individuals use humor as an apparatus to decrease their profound established feelings of inadequacy and local emotions and maintain a strategic distance from to give them effectively⁴.

Self-esteem is one's feeling about one's self and the self concept or self attribution 5 . Self esteem can also healthy and unhealthy as healthy self-esteem is the ability to see oneself as capable to cope with adversities of life and remain happy 6 .

Psychological well-being can be defined in terms of overall efficiency of an individual's psychological functioning⁷. There are no studies on the relationship between these variables that is why present study was conceptualized.

Objective of the study was to examine impact of styles of humor along with self esteem on psychological well-being of mental health professionals and to explore gender difference regarding study variables. It was hypothesized that adaptive and Positive styles of humor and high self esteem will leads to adequate psychological well being Furthermore, men and women mental health professionals would Have different styles of humor, self esteem and psychological well being.

SUBJECTS AND METHODS

Participants

The research participants comprised of 134 mental health professionals (50 % men and 50 % women). The sample size was determined by "G Power Analysis" and drawn from five hospitals of Lahore, Pakistan. The inclusion criterion was mental health professionals including Psychiatrist, Clinical Psychologist, Clinical Social Workers,

Psychiatric Nurses, and Professionals Counselors. Professional experience of less than two years in mental health field was exclusion criteria for present research.

Measures

The following instruments were used for data collection in the present research.

Humor Styles Questionnaire (HSQ)8

The HSQ is a self report scale comprised of thirty two items. Four subscales are included these are affiliative, self enhancement, aggressive, and self defeating. Alpha reliability of the scale ranged from .77 to .81 and test re test reliability was .80 to .85.

Rosenberg Self-esteem Scale (RSES)9

RSES is a self report measure contains ten items and person rates him or herself on four point likert scale. Range of scores are from 0 to 30, high score indicated adequate self esteem. The reliability of the scale is 0.88.

Psychological Well being Scale¹⁰

Psychological well being scale comprised of 84 statements that were developed to measure autonomy, environmental mastery, personal growth, positive relation with others, purpose in life, self-acceptance. All sub sclaes have fourteen items each and respondent rated him or herself on six point rating scale. Higher scores mean appropriate well being.

Procedure

First of all permission for using the tools was taken from concerned authors. after ethical approval of the study permission for data collection was taken from hospitals' authorities. Then data collection was initiated. Each participant signed the informed consent form. They were also briefed regarding nature and purpose of the study and told that the collected information would remain confidential and would only be used for research purpose. Participant was told that no monetary gain is associated with research participation and it will be completely voluntary. They were allowed to ask any question and satisfied regarding their questions. After data collection, data were entered to SPSS to analyze.

RESULTS

Socio demographic analysis revealed that the men and women were in equal proportion, most of the participants were married and belonged to the nuclear families. Percentage of the designation are as followed psychiatrist 24.6%, clinical psychologist 33.6%, psychiatric nurses 25.6%, clinical social workers 15.7% and professionals counselors .7% (see table 1). Table 2 revealed adequate internal consistency as shown by Alpha coefficient. Results indicated significant positive relationship between styles of humor, self-esteem and psychological well-being. The result shows that the correlation between humor styles questionnaire, self-esteem and psychological well-being were high. It indicates that the mental health professionals who have positive styles of humor also have high self-esteem and adequate psychological well-being (see table 3). Gender wise analysis showed that the men and women mental health professionals are significantly different in styles of humor and

self-esteem but not in psychological well-being. In psychological well-being, men and women mental health professionals were found different at autonomy sub-scale, while in all other sub scales gender played no role. The effect size of all differences fell within moderate category (see table 4).

Table 1Demographic description of research participant (N=134)

Variables	F	%
Gender		
Male	67	50
Female	67	50
Marital status	3.0	
Married	103	76.9
Unmarried	28	20.9
Separated	2	1.5
Divorced	0	0
Widowed	1	.7
Family system		
Joint	34	25.4
Nuclear	100	74.6
Education		
Intermediate	29	21.6
Graduation	12	9.0
Masters	34	25.4
ADCP	17	12.4
MS	7	5.2
MBBS	32	23.9
PHD	3	2.2
Designation		
Psychiatrist	33	24.6
Clinical psychologist	45	33.6
Psychiatric nurses	34	25.6
Clinical social workers	21	15.7
Professionals counselors	1	.7

Note: f=frequency, %= percentage

Table 2
Mean, SD and Alpha Coefficient of Scores on HSQ, RESE and PWS N=134

Variables	K	M	SD	Ran	ge	α
				Min Max		
HSQ	32	130.9	17.3	45	184	.79
Affiliative Humor	8	33.09	5.7	10	46	.52
Self-enhancing Humor	8	34.1	5.1	12	54	.48
Aggressive Humor	8	31.8	5.5	11	47	.45
Self-defeating Humor	8	31.8	5.9	12	49	.57
RESE	10	24.41	3.80	15	32	.55
PWS	84	309.0	28.4	142	386	.82
Autonomy	14	50.55	6.11	23	69	.46
Environmental Mastery	14	50.90	5.93	24	65	.43
Personal Growth	14	51.96	6.05	23	71	.42
Positive Relations With	14	50.52	5.92	25	67	.36
other						
Purpose in Life	14	51.16	5.87	22	66	.38
Self-acceptance	14	52.08	5.31	25	64	.24

Note: K= number of items, α = Alpha coefficient, HSQ= Humor styles questionnaire; RESE=Rosenberg self-esteem scale; PWS=Psychological well-being scale

Table 3
Correlation between Styles of Humor, Self-Esteem and Psychological Wellbeing in Mental Health Professionals (N=134)

scales	2	3	4	5	6	7	8	9	10	11	12	13
HSQ	.214*	.312**	.777**	.794**	.799**	.731**	.178*	.166	.277**	.296**	.329**	.348**
RSES		.179*	.273**	.114	.154	.120	.121	.116	.158	.182*	.333**	.129
PSW			.303**	.345**	.159	.171*	.787**	.752**	.739**	.710**	.694**	.701**
Affiliative humor				.536**	.569**	.307**	.277**	.168	.217*	.263**	.318**	.309**
Self enhancing humor					.474**	.484**	.274**	.234**	.353**	.299**	.268**	.372**
Aggressive humor						.439**	.045	.093	.132	.117	.208*	.218*
Self defeating humor							.026	.032	.166	.240**	.225**	.191*
Autonomy								.587**	.520**	.486**	.499**	.609**
Environmental mastery									.443**	.493**	.528**	.509**
Personal growth										.497**	.465**	.508**
Positive relations											.464**	.371**
Purpose in life												.460**
Self acceptance												

 $^{**}P \le 0.01, *P \le 0.05$

 $Note: HSQ= humor\ styles\ question naire;\ RESE=Rosenberg\ self-esteem\ scale;\ PWS=Psychological\ well-being\ scale,$

Table 4
Gender Wise Difference In Men And Women Mental Health Professionals With Regarding Styles Of Humor, Self-Esteem And Psychological Well-Being As Measured By HSQ, RESE And PWS (N=134)

Men n=67	Women n=67		**		95%cf		
M(SD)	M(SD)	t	af	Р	LL	UL	Cohen's a
135.6(15.09)	126.6(18.46)	2.92	132	.00	2.75	14.28	0.53
34.1(4.83)	32.0(6.34)	2.06	132	.04	.08	3.94	0.37
	10 0000						
35.1(4.83)	32.8(5.52)	2.98	132	.003	.87	4.31	0.51
32.7(4.79)	30.9(6.04)	1.96	132	.052	01	3.71	0.33
32.8(5.59)	30.7(6.23)	2.01	132	.046	.03	4.08	0.35
25.4(3.73)	23.3(3.58)	3.39	132	.001	.89	3.40	0.57
311.8(22.14)	306.3(33.47)	1.10	132	.273	-4.33	15.21	0.17
51.7(5.50)	49.3(6.50)	2.25	132	.026	.28	4.40	0.39
51.4(5.97)	50.4(5.89)	.97	132	.332	-1.02	3.02	0.16
52.0(4.96)	51.8(7.01)	.24	132	.809	-1.82	2.33	0.03
51.2(5.33)	49.0(6.41)	1.45	132	.150	53	3.49	0.25
51.6(5.29)	50.6(6.40)	.99	132	.319	99	3.02	0.17
52.8(5.24)	51.3(5.33)	1.60	132	.112	34	3.26	0.28
	n=67 M(SD) 135.6(15.09) 34.1(4.83) 35.1(4.83) 32.7(4.79) 32.8(5.59) 25.4(3.73) 311.8(22.14) 51.7(5.50) 51.4(5.97) 52.0(4.96) 51.2(5.33) 51.6(5.29)	n=67 M(SD) n=67 M(SD) 135.6(15.09) 126.6(18.46) 34.1(4.83) 32.0(6.34) 35.1(4.83) 32.8(5.52) 32.7(4.79) 30.9(6.04) 32.8(5.59) 30.7(6.23) 25.4(3.73) 23.3(3.58) 311.8(22.14) 306.3(33.47) 51.7(5.50) 49.3(6.50) 51.4(5.97) 50.4(5.89) 52.0(4.96) 51.8(7.01) 51.2(5.33) 49.0(6.41) 51.6(5.29) 50.6(6.40)	n=67 M(SD) n=67 M(SD) t 135.6(15.09) 126.6(18.46) 2.92 34.1(4.83) 32.0(6.34) 2.06 35.1(4.83) 32.8(5.52) 2.98 32.7(4.79) 30.9(6.04) 1.96 32.8(5.59) 30.7(6.23) 2.01 25.4(3.73) 23.3(3.58) 3.39 311.8(22.14) 306.3(33.47) 1.10 51.7(5.50) 49.3(6.50) 2.25 51.4(5.97) 50.4(5.89) .97 52.0(4.96) 51.8(7.01) .24 51.2(5.33) 49.0(6.41) 1.45 51.6(5.29) 50.6(6.40) .99	n=67 M(SD) n=67 M(SD) t df 135.6(15.09) 126.6(18.46) 2.92 132 34.1(4.83) 32.0(6.34) 2.06 132 35.1(4.83) 32.8(5.52) 2.98 132 32.7(4.79) 30.9(6.04) 1.96 132 32.8(5.59) 30.7(6.23) 2.01 132 25.4(3.73) 23.3(3.58) 3.39 132 311.8(22.14) 306.3(33.47) 1.10 132 51.7(5.50) 49.3(6.50) 2.25 132 51.4(5.97) 50.4(5.89) .97 132 52.0(4.96) 51.8(7.01) .24 132 51.2(5.33) 49.0(6.41) 1.45 132 51.6(5.29) 50.6(6.40) .99 132	n=67 M(SD) n=67 M(SD) t df p 135.6(15.09) 126.6(18.46) 2.92 132 .00 34.1(4.83) 32.0(6.34) 2.06 132 .04 35.1(4.83) 32.8(5.52) 2.98 132 .003 32.7(4.79) 30.9(6.04) 1.96 132 .052 32.8(5.59) 30.7(6.23) 2.01 132 .046 25.4(3.73) 23.3(3.58) 3.39 132 .001 311.8(22.14) 306.3(33.47) 1.10 132 .273 51.7(5.50) 49.3(6.50) 2.25 132 .026 51.4(5.97) 50.4(5.89) .97 132 .332 52.0(4.96) 51.8(7.01) .24 132 .809 51.2(5.33) 49.0(6.41) 1.45 132 .150 51.6(5.29) 50.6(6.40) .99 132 .319	n=67 M(SD) n=67 M(SD) t df p LL 135.6(15.09) 126.6(18.46) 2.92 132 .00 2.75 34.1(4.83) 32.0(6.34) 2.06 132 .04 .08 35.1(4.83) 32.8(5.52) 2.98 132 .003 .87 32.7(4.79) 30.9(6.04) 1.96 132 .052 01 32.8(5.59) 30.7(6.23) 2.01 132 .046 .03 25.4(3.73) 23.3(3.58) 3.39 132 .001 .89 311.8(22.14) 306.3(33.47) 1.10 132 .273 -4.33 51.7(5.50) 49.3(6.50) 2.25 132 .026 .28 51.4(5.97) 50.4(5.89) .97 132 .332 -1.02 52.0(4.96) 51.8(7.01) .24 132 .809 -1.82 51.2(5.33) 49.0(6.41) 1.45 132 .150 53 51.6(5.29) 50.6(6.40) .99 132	n=67 M(SD) n=67 M(SD) t df p LL UL 135.6(15.09) 126.6(18.46) 2.92 132 .00 2.75 14.28 34.1(4.83) 32.0(6.34) 2.06 132 .04 .08 3.94 35.1(4.83) 32.8(5.52) 2.98 132 .003 .87 4.31 32.7(4.79) 30.9(6.04) 1.96 132 .052 01 3.71 32.8(5.59) 30.7(6.23) 2.01 132 .046 .03 4.08 25.4(3.73) 23.3(3.58) 3.39 132 .001 .89 3.40 311.8(22.14) 306.3(33.47) 1.10 132 .273 -4.33 15.21 51.7(5.50) 49.3(6.50) 2.25 132 .026 .28 4.40 51.4(5.97) 50.4(5.89) .97 132 .332 -1.02 3.02 52.0(4.96) 51.8(7.01) .24 132 .809 -1.82 2.33 51.2(5

Note: P=<.05, LL=lower limit; UL= upper limit; HSQ= humor styles questionnaire; RESE=Rosenberg self-esteem scale; PWS=Psychological well-being scale.

DISCUSSION

A significant positive correlation among styles of humor, self esteem and psychological well being of mental health professionals was established in findings. Results also support the hypothesis that gender difference found among mental health professionals regarding styles of humor and self-esteem but scored similar on psychological well-being scale.

Present study results showed that mental health professionals who have more positive styles of humor have higher self-esteem. Both positive attributes lead towards adequate psychological well-being of mental health professionals. An indigenous study conducted on one hundred and twenty mental health professionals that included psychiatrists, psychologists, nurses, and ward attendants. The results of the study revealed significant positive alliance of self esteem and workplace spirituality with psychological well-being amongst mental health professionals¹¹. Positive relationship was likewise found between humor styles, self esteem and subjective joy among Hong Kong populace. The participants of the study were 232, 92 including 39.7% men 58.2% women. The consequences of the study demonstrated that male considered them as more comical than female. Men utilized more aggressive style of humor than women. In any case, both genders utilized more versatile humorous styles than maladaptive12. The critical discoveries on the relationship of humor styles, self esteem and well being upheld present study in Pakistani population.

The present study results suggested that mental health professional that have more positive styles of humor also have higher self-esteem. Self esteem has a positive connection with adaptive humor. Previous studies stated that adequate self esteem is related with appropriate mental health and humor styles³. Predominantly, affiliative humor style has positive relation with self esteem^{1,2}.

The role of self-esteem and optimism in the relationship between psychosocial work stressors and well-being was investigated and results determined that low levels of self esteem and optimism had a direct negative impact on emotion fatigue and mental distress.¹³ Earlier researches have suggested that men think about themselves as more humorous as compared to women. The results of the present research show that men have more adequate and positive styles of humor than women. Higher probability of kidding, teasing, and joking in men as compared with women was also reported.¹⁴.

In the results of psychological well-being such as autonomy, that men and women have equal ability to think positively and refuse to go along with social strains and to act in certain way. Men and women mental health professionals have trusting relationships with others, satisfied with their life, have concerns regarding others' welfare, having empathy and others approval.

CONCLUSION

Significant positive connection existed among styles of humor, self esteem and psychological well-being. Positive and adaptive styles of humor, high self esteem have positive effects on psychological well being of mental health professionals. Men and women mental health professionals are significantly different regarding styles of humor and self esteem but same on psychological well being.

CLINICAL AND RESEARCH IMPLICATIONS

This research would highlight the need of mental health

professionals to enhance their sense of humor especially towards more positive one for the optimal level of self-esteem and psychological well-being that would help them to efficiently overcome the problems of their patients. This study will help mental health professional to solve the problems of their patients effectively.

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