



## INVESTIGATING THE RELATIONSHIP BETWEEN STRESS COPING STYLES AND WELLNESS DURING THE COVID-19 PANDEMIC

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**ABSTRACT:** Covid-19 pandemic has affected the wellness of people, and it seems to do so in the future. Prior research demonstrates coping styles have a significant influence on wellness in different cultures. It is unclear what styles Turkish people may use to maintain wellness in compelling pandemic process. The aim of the study was to investigate the relationship between coping styles and the level of wellness during Covid-19 pandemic. A total of 492 completed the online survey. There were significant differences in the level of psychological, spiritual, intellectual, and emotional wellness in favors of men. Multiple regression analyses showed that self-confident, optimistic, and helpless coping styles, compared to submissive and social support seeking, are much stronger predictors of wellness among Turkish people. The usage of these findings at the individual, community, and professional level might benefit wellness not only in the ongoing pandemic but also in the aftermath of Covid-19.

**Keywords:** stress, coping styles, wellness, Covid-19

## COVID-19 PANDEMİSİNDE STRESLE BAŞ ETME TARZLARI İLE İYİLİK HALİ ARASINDAKİ İLİŞKİNİN İNCELENMESİ

**ÖZ:** Covid-19 pandemisi insanların iyilik hallerini olumsuz bir şekilde etkilemiş ve gelecekte de etkilerinin olacağı ön görülmektedir. Yapılan arařtırmalar, başa çıkma tarzlarının farklı kültürlerdeki bireylerin iyilik hallerinde önemli bir etkiye sahip olduğunu göstermektedir. Zorlayıcı pandemi koşullarında ve sonrasında bireylerin iyilik hali için hangi tarzların etkin olduğu belirsizdir. Bu çalışmanın amacı, Covid-19 pandemisi sırasında bireylerin stresle başa çıkma tarzlarının iyilik hali düzeyine etkisini arařtırmaktır. Arařtırmaya toplam 492 birey online anket ile katılmıştır. Yapılan analizler sonucunda, psikolojik, ruhsal, entelektüel ve duygusal iyilik hali boyutlarında erkekler lehine anlamlı farklılıklar bulunmuştur. Çoklu regresyon analizi sonuçları, bireylerin iyilik hali üzerinde kendine güven, iyimser ve çaresiz başa çıkma tarzlarının boyun eğici ve sosyal destek aramaya kıyasla daha güçlü etkilerinin olduğunu göstermiştir. Bulguların bireysel ve profesyonel düzeyde kullanılması sadece devam eden pandemi sürecinde değil, aynı zamanda Covid-19 sonrasındaki iyilik hallerinde de etkili olacaktır.

**Anahtar Kelimeler:** stres, baş etme stilleri, iyilik hali, Covid-19

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## 1. INTRODUCTION

Physical and psychological problems have increasingly received research attention during the Covid-19 outbreak. Because of doubt, lack of knowledge, change in life style, and pandemic severity, individuals have started to experience health-related problems such as anger, fear, anxiety, chronic pain, insomnia, loneliness, depression, and stress (Deshetler et al., 2021; Devine et al., 2019; Kang et al., 2020; Kim et al., 2019; Torales et al., 2020; Xiang et al. 2020). There are various studies underlining that individual, situational, and group level differences were determined potential risk factors. Some of the specific groups studied were females, individuals with lower socio-economic status, those who frequently use social media, and those who lack adequate social support (Mowbray, 2020; Özdin & Bayrak-Özdin 2020). The effect of age in terms of pandemic-related stress and mental health is contradictory in several studies conducted during the Covid-19 pandemic. For example, a high level of stress was linked to higher levels of anxiety in older people compared to younger people (Pearman et al., 2020), while another study indicated that the association did not differ based on age (Tulle et al., 2020).

Kang et al (2020) reported that individuals who suffer from mental health problems during the Covid-19 pandemic might have difficulty with wellness in the near future. Covid-19 has had many long-term health consequences; for example, people who have recovered from Covid-19 experienced latent or ongoing health issues such as fatigue, headaches, attention disorder, hair loss, and dyspnea (Lopez-Leon et al., 2021). Even people who had not previously been infected with the Severe Acute Respiratory Syndrome (SARS) virus experienced posttraumatic stress symptoms including depression, insomnia, and severe anxiety, often lasting from one to three years (Prete et al., 2020). Although everyone experiences stress on a daily basis and tries to cope with it effectively, the unpredictability of the current situation and uncertainty of how to control the pandemic has augmented the intensity of stress worldwide (Bao et al., 2020). Besides the increased stress levels and their negative impacts on overall well-being, stress reactions to trauma have been associated with long-term consequences such as depression, anxiety, cardiovascular disease, distress, and a lower level of wellness (Garfin et al., 2018). Thus, stress coping methods are and will play a crucial role in maintaining a healthy life and wellness during and after the Covid-19 pandemic.

### 1.2. Stress and coping framework

Folkman and Lazarus (1984) identified stress as an environmental demand in a person to environment interactions that endanger one's harmony and force or exceed available resources. As a total behavior pattern and one that varies from person to person, stress has physical, emotional, mental, and social symptoms (Lazarus, 1990; Lazarus & Folkman 1984). Stress coping strategies are related to how well an individual perceives and deals with these symptoms (Sethi-Singh, 1982). Cohen and Lazarus (1979) outlined the ways to cope with stressful situations, and these are as follows: 1) reducing harmful environmental conditions and improving individuals' perspectives for recovery; 2) strengthening oneself and adapting to negative circumstances and situations; 3) maintaining a positive self-image; 4) attaining emotional stability; and 5) maintaining satisfactory relationships with other individuals.

During demanding quarantine periods, people lose individual and social support mechanisms due to isolation and stay-at-home restrictions. These hamper the coping strategies needed to deal with stress (Zhang et al., 2020). Coping is seen as a set of strategies instead of a personality trait; these strategies mainly have problem-focused and emotion-focused forms. Problem-focused coping consists of learning new skills, finding alternative ways of gratification, and developing new behavioral patterns. Emotion-focused coping is based on internal emotional states that involve wishful thinking, minimization, or avoidance of harmful and challenging environmental conditions (Lazarus & Folkman, 1984). These coping strategies have been used to enhance wellness by individuals in response to harmful events (Folkman & Lazarus, 1984; Vitaliano et al., 1987). However, people can respond to stressful situations in both adaptive (positive) and maladaptive (dysfunctional/negative) ways. It was found that using maladaptive coping strategies toward stress caused lower levels of wellness (Sica et al., 2021; Zacher & Rudolph, 2020). During the pandemic, maladaptive coping strategies, including avoidance (Park et al., 2020), drug and alcohol use (Ogueji et al., 2021), and denial (Chew et al., 2020) were often used to cope with stress, and these strategies can be detrimental for different dimensions of wellness. Therefore,

Lazarus and Folkman's (1984) coping theory guides the present study, together with the Perceived Wellness Model (Adams et al., 1997).

### 1.3. Wellness

The concept of wellness has been addressed in many different theories (Adams et al., 1997; Crose et al., 1992; Hettler, 1984; Myers et al., 2000; Renger et al., 2000). Although the definition of wellness is ambiguous, The World Health Organization (2006) defines wellness as the optimal state of health of single individuals or groups of people. The realization of the fullest potential of an individual in regards to his/her social, economic, physical, spiritual well-being, and fulfillment of role expectations in the family and community, place of worship, and workplace are part of the new definition of wellness. The balance of body, mind, and spirit has also been increasingly studied instead of simply focusing on the absence of illness (Adams et al., 1997; Harari, Waehler, & Rogers, 2005; Smith, Tang, & Nutbeam, 2006). Briefly, the Perceived Wellness Model adopts salutogenic orientation, which emphasizes a complete physical, mental, and social well-being and not merely the absence of disease (Adams et al., 1997).

The definition of wellness includes physical, psychological, social, emotional, spiritual, intellectual, and occupational well-being (Witmer & Young, 1996). These dimensions are indicative of people's feelings, behaviors, thoughts, cognitions, relationships, and the meaning and purpose of life; each dimension can lead to an optimal state of health (Adams et al., 1997; Strout & Howard, 2015; Van Rensburg et al., 2011). During the pandemic, the scarcity of coping strategies has caused conditions of imbalance to the above-mentioned dimensions and, therefore, a possible worsening of these and the resultant adverse effects on overall wellness and ultimately on the life of an individual (Fullana et al., 2020).

### 1.4. Stress coping styles and wellness

There are distinct types or dimensions of coping strategies that ameliorate the level of an individual's wellness. For example, problem-focused coping has a moderating effect on the negative consequences of stress on well-being (Chao, 2011.). In addition, researchers have found that emotion-focused and problem-focused coping strategies are significantly associated with a higher level of well-being (Dwyer & Cummings, 2001). The majority of the literature indicates that social support, as a coping strategy, positively correlated with total well-being. The amount of social interaction with and support from others influence health outcomes. Lu (2011) found that social involvement and integration relieved the stress caused by Katrina Hurricane on psychological and psychosomatic health. In a recent study on Covid-19, Greenberg et al. (2020) stated the importance of social support networks on people's wellness levels during the pandemic. The outbreak caused serious economic problems. Aslund et al. (2014) indicated that a tangible social support is also an effective tool to cope with financial stress. Daily life events, such as coping strategies, also affect well-being. Robinson (2000) found a direct relationship between positive events such as romantic activities, getting enough sleep, academic development, and having free time and cognitive well-being. Psychological resources play a vital role in coping with stress: positive thoughts, self-assurance, generalized self-efficacy, and optimism have been strongly correlated with wellness and resistance to stress (Lightsey, 1996).

It is also important to observe that there is reciprocal determinism between wellness and coping strategies. Wellness behaviors can protect individuals from stress and related problems. The literature has identified the impact of physical activity (Bland et al., 2014), a nutritious diet (Kuo et al., 2008), mind-body activities such as prayer, (Ironson et al., 2002) yoga (Walsh & Shapiro, 2006), and a social support system (Cohen, 2004) as methods for coping with stress. Besides, wellness behaviors lead to long-lasting and positive outcomes in reducing various high-risk behaviors and negative coping methods such as smoking, excessive alcohol consumption, and substance abuse (Wills et al., 2001).

Since the initial spread of Covid-19 in Turkey, many studies have been conducted to determine the relationships between coping styles, anxiety, depression, stress, quality of life, life satisfaction, and well-being (Güzel et al., 2020; Karaköse & Malkoç, 2021; Özçevik-Subaşı et al., 2021; Sümen & Adibelli, 2021; Yıldırım et al., 2021). However, no studies have yet investigated the relationship between the level of total and dimensions of wellness and coping styles among people.

## 1.5. Current study

Although the importance of examining the relationship between coping styles and wellness has been highlighted (Bhattacharya & Basu, 2007; Lebensohn et al., 2013; Maan-Diong et al., 2005), few studies have focused on the association between wellness and certain coping styles during the Covid-19 pandemic in Turkey. As there is no clear information about the estimation of when the pandemic will be over, there is a need to initiate research about how to maintain wellness with both available and potential coping styles during the ongoing pandemic and in its aftermath. Given the theoretical and empirical evidence presented above, the purpose of the current study is to investigate the relationship between coping styles, dimensions of wellness, and overall wellness. In addition to coping with stress during the Covid-19 pandemic, wellness promoted coping styles must be investigated in order to adjust to post-Covid life. By investigating people's coping styles and their relationship to psychological, physical, social, spiritual, intellectual, and emotional components of wellness, governments and mental health professionals can better determine community-based prevention and intervention strategies during and in the aftermath of the pandemic.

## 2. METHOD

### 2.1. Participants and procedure

A cross-sectional study design was carried out to examine the relationship between coping styles and wellness as well as its dimensions. Data collection occurred between May 2020 and November 2020 during the pandemic. The participants of the study comprises of a sample of 492 people living in various provinces in Turkey. Out of total participants, there were 143(29.1%) males, and most were females. ( $n=349$ , 70.9%). Most of the participants were between 26-35 years ( $n=216$ , 43.9%), reported in middle-income class ( $n= 406$ , 82.5 %), and had bachelor's degree ( $n=425$ , 86.4%). The majority of the participants were employed (73.2 %) and healthcare professionals constituted 22 percent of total sample ( $n=108$ ).

Ethical approval for the study was obtained by the corresponding author's university research ethics committee. The study used an Internet based survey question to collect data. In the beginning of the survey, participants were informed about the study with providing informed consent. Convenience sampling strategy was utilized focused on recruiting the general public living in Turkey. Convenience sampling is a method of collecting samples by taking samples that are conveniently located around a location or Internet service (Edgar & Manz, 2017). The online survey was first disseminated in social media and participants were encouraged to pass it on to others. While creating the online questionnaire, the integrity check function was activated that the survey could not be submitted unless all questions were answered. The 74-item questionnaire consisted of a socio-demographic data form, perceived wellness scale, and coping style scale.

### 2.2. Measures

**Socio-demographic form:** The form provided information about the participants' age, gender, employment status, education level, and marital status.

**Perceived Wellness Scale:** The 36-item scale was developed by Adams et al. (1997) that includes statements like, "My physical health has restricted me in the past" using a six-point likert scale from 1 (very strongly disagree) to 6 (very strongly agree). The survey assesses six wellness dimensions (psychological, spiritual, social, physical, emotional, and intellectual wellness) in addition to creating a wellness composite score. The scale was adapted to Turkish by Memnun (2005) who reported the Cronbach's Alpha value for the survey .91. The Cronbach's Alpha was found to be .90 in the current study.

**Coping Styles Scale:** The Coping Style Scale was created by Şahin and Durak (1995) based on the Ways of Coping Inventory by Folkman and Lazarus (1980). The 30-item scale includes five subscales: Self-confident, helpless, submissive, optimistic, and seeking social support. Internal consistency coefficients of the subscales were ranging from .47 to .80. In the current study, the internal consistency coefficients were found as follows: .62 for seeking social support, .80 for optimistic, .87 for self-confident, .77 for helpless, and .57 for submissive style. According to Nunally (1994), composite

reliability values of 0.60 to 0.70 are acceptable and values between .70 and 0.90 can be regarded as satisfactory.

### 2.3. Data analysis

Statistical analyses were conducted using SPSS statistical software (version 22, SPSS Inc.). The normality assumption was checked before analyzing the research data. According to George and Mallery (2010), skewness and kurtosis values should be between -2 and +2 in order to show a normal distribution. It was determined that the data showed normal distribution. The absolute values of kurtosis and skewness of the variables are presented in Table 1. Second, descriptive statistics (frequencies, means, SD) were used to describe the demographics of the sample. To examine the relationship of selected variables with wellness and coping styles, Pearson correlation was used. To compare mean scores and coping styles based on participants' demographics, variance analysis and independent-samples t-test were used. To determine whether coping styles predicted wellness and its dimensions, multiple regression analyses were run and statistical significance was set at  $p$  equal to or less than .05 for all the tests.

Before multiple regression analysis, several assumptions were checked. Sampling adequacy was tested by applying the formula  $N > 50 + 8m$  (number of independent variables),  $N > 90$  and  $N = 492$ . According to Green (1991), the sample size was adequate for multiple regression. The scatterplot of standardized predicted values showed that the data met the assumptions of homogeneity of variance and linearity. The data also met the assumption of independent errors that Durbin-Watson test were between 1.5 and 2.5 (Tabachnick & Fidell, 2013). Analysis of Mahalonobis' distance test was carried out, which showed that the data contained no outliers. Lastly, Variance Inflation Factor (VIF) values were less than 4 indicated that multicollinearity was not a concern (Tabachnick & Fidell, 2013).

## 3. RESULTS

Table 1 displays all the means and standard deviations of wellness dimensions. The average perceived wellness score for Turkish sample was slightly low ( $M = 13.52$ ,  $SD = 3.09$ ). The results showed the lowest scores in the dimensions of physical ( $M = 3.94$ ,  $SD = .96$ ) and psychological wellness ( $M = 3.99$ ,  $SD = .76$ ). The mean score of social ( $M = 4.56$ ,  $SD = .95$ ) and spiritual ( $M = 4.30$ ,  $SD = 1.08$ ) wellness were slightly higher.

### 3.1. Relationship of participants' demographics with wellness and coping styles

A series of bivariate analyses including Pearson correlation, independent-samples  $t$ -tests, and one-way ANOVAs were conducted to investigate association between socio-demographic characteristics, coping styles, and dimensions of wellness. The total wellness score, psychological, spiritual, intellectual, and emotional dimensions of the men's scores were significantly higher than women's scores ( $p < .05$ ). No significant difference was found in physical ( $p = .28$ ) and social ( $p = .99$ ) dimensions of wellness regarding gender. According to income level, the total wellness score and the scores of the participants with middle and high income levels in physical, psychological, spiritual, intellectual, and emotional dimensions were significantly higher than the scores of the participants with low income level ( $p < .05$ ). No significant difference was found in social dimension of wellness regarding to the income level ( $p = .10$ ). To examine wellness scores and participants' education level, total and social wellness of the university graduate participants were found to be significantly higher than high school graduates ( $p < .05$ ). However, there was no significant difference in physical ( $p = .05$ ), psychological ( $p = .05$ ), spiritual ( $p = .16$ ), intellectual ( $p = .11$ ), and emotional ( $p = .13$ ) dimensions regarding to education level.

Regarding to the stress coping styles, women preferred more helpless and submissive approaches and less optimistic approach than men ( $p < .05$ ). There was no significant difference in self-confident ( $p = .07$ ) and seeking social support ( $p = .85$ ) between male and female. Participants with medium and high income level choose more self-confident ( $F = 7.30$ ,  $p < .05$ ) and optimistic ( $F = 9.50$ ,  $p < .05$ ) approaches than participants with low income level. Participants with low income level was significantly higher than participants with middle and high income level regarding the helpless approach ( $F = 44.1$ ,  $p < .05$ ). Participants with university graduate degree used more frequently seeking social support approach than participants with lower degrees ( $F = 4.50$ ,  $p < .05$ ).

A significant positive association was found between total wellness, self-confident ( $r=.637, p<.05$ ), optimistic ( $r=.602, p<.05$ ) and social support seeking ( $r=.257, p<.05$ ) approaches. A significant negative correlation was found between total wellness and helpless ( $r=-.537, p<.05$ ) and submissive ( $r=-.188, p<.05$ ) approaches.

**Table 1.** Means, standard deviations (SD), skewness, and kurtosis for the variables

		<i>N</i>	<i>Mean</i>	<i>SD</i>	Skewness	Kurtosis
Psychological wellness	Female	349	3,97	,74	-.28	.07
	Male	143	4,05	,81		
	Total	492	3,99	,76		
Social Wellness	Female	349	4,56	,95	-.54	-.34
	Male	143	4,56	,93		
	Total	492	4,56	,95		
Physical Wellness	Female	349	3,87	,93	-.07	-.30
	Male	143	4,10	1,02		
	Total	492	3,94	,96		
Spiritual Wellness	Female	349	4,24	1,09	-.53	-.13
	Male	143	4,46	1,04		
	Total	492	4,30	1,08		
Intellectual Wellness	Female	349	4,10	,82	-.09	-.36
	Male	143	4,27	,85		
	Total	492	4,15	,83		
Emotional Wellness	Female	349	4,20	,95	-.43	.02
	Male	143	4,50	,87		
	Total	492	4,29	,94		
Total Wellness	Female	349	13,26	2,92	-.26	-.28
	Male	143	14,17	3,40		
	Total	492	13,52	3,09		
Self-confident	Female	349	14.45	4.11	-.43	-.32
	Male	143	15.22	4.49		
Helpless	Female	349	11.13	4.60	.33	-.11
	Male	143	9.52	4.96		
Submissive	Female	349	6.55	2.82	.31	.11
	Male	143	5.58	3.19		
Optimistic	Female	349	9.04	3.22	-.27	-.30
	Male	143	9.83	3.48		
Social support seeking	Female	349	7.74	2.36		
	Male	143	7.69	2.14	-.37	.06

A standard multiple regression analysis was conducted utilizing five coping approaches as predictors in order to determine if participants' wellness could be predicted by coping styles (Table 2). The significant independent predictors of wellness were self-confident, helpless, optimistic, and social support seeking. The overall model  $F(5,486)=116.7, p=.000$ , accounted for 54% of the variance of

wellness. Self-confident approach had the strongest influence on the wellness ( $\beta=.34, p<.05$ ). As compared to self-confident approach, helpless approach, optimistic approach, and seeking social support approach had a relatively low influence on wellness ( $\beta= -.30, .23, .11, p<.05$ , respectively).

**Table 2.** Coping styles predicting total wellness

	B	S.E.	$\beta$	t	p
Self-confident	2.00	.27	.34	7.49	.000
Helpless	-1.59	.20	-.30	-7.79	.000
Submissive	-.11	.30	-.01	-.36	.72
Optimistic	1.70	.35	.23	4.88	.000
Social support seeking	1.21	.34	.11	3.56	.000

R=.74; R<sup>2</sup>=.54; F<sub>(5,486)</sub>=116.70; p=.000

A series of multiple regression analysis were conducted utilizing five coping approaches as predictors in order to determine if participants' dimensions of wellness by coping styles (Table 3). The significant independent predictors of psychological wellness were self-confident, helpless, optimistic, and social support seeking. The overall model  $F(5,486)=60.07, p=.000$ , accounted for 38% of the variance of psychological wellness. Helpless coping approach had the strongest influence on the psychological wellness ( $\beta= -.32, p<.05$ ). The significant independent predictors of social wellness were self-confident, submissive, optimistic, and social support seeking. Social support seeking had the strongest influence on the social wellness ( $\beta=.21, p<.05$ ). The multiple regression analysis also showed that the significant predictors of physical wellness were self-confident, helpless, submissive, and optimistic. As compared to social wellness, social support seeking was not a significant predictor of physical wellness ( $\beta=.027, p=.527$ ). The significant predictors of spiritual wellness were self-confident, helpless, and optimistic. The overall model  $F(5,486)=58.21, p=.000$ , accounted for 37 % of the variance of spiritual wellness. The significant independent predictors of intellectual wellness were self-confident, helpless, optimistic, and social support seeking. Submissive coping styles did not have a significant influence on the intellectual wellness ( $\beta= -.073, p=.097$ ). Self-confident and helpless approach had been found to be significant predictors on emotional wellness ( $\beta= -.45, -.31, p<.05$ , respectively). The overall model  $F(5,486)=101.82, p<.05$ , accounted 51% of the variance of emotional wellness.

**Table 3. Coping styles predicting dimensions of wellness**

	B	S.E.	$\beta$	t	p
Psychological Wellness					
Self-confident	.023	.010	.124	2.345	.019
Helpless	-.052	.007	-.319	-7.022	.000
Submissive	.011	.011	.042	1.004	.316
Optimistic	.070	.012	.303	5.632	.000
Social support seeking	.029	.012	.087	2.386	.017
R=.62; R <sup>2</sup> =.38; F <sub>(5,486)</sub> =60.07; p=.000					
Social Wellness					
Self-confident	.041	.013	.181	3.081	.002
Helpless	-.018	.010	-.089	-1.768	.078
Submissive	-.035	.015	-.108	-2.337	.020
Optimistic	.048	.017	.166	2.780	.006
Social support seeking	.088	.017	.213	5.257	.000
R=.49; R <sup>2</sup> =.24; F <sub>(5,486)</sub> =30.40; p=.000					
Physical Wellness					
Self-confident	.034	.014	.148	2.436	.015
Helpless	-.050	.011	-.248	-4.745	.000
Submissive	.045	.016	.137	2.854	.005
Optimistic	.044	.018	.150	2.428	.016
Social support seeking	.011	.018	.027	.634	.527
R=.43; R <sup>2</sup> =.19; F <sub>(5,486)</sub> =21.68; p=.000					
Spiritual Wellness					
Self-confident	.070	.014	.275	5.186	.000
Helpless	-.062	.010	-.272	-5.959	.000
Submissive	-.003	.015	-.007	-.170	.865
Optimistic	.062	.018	.189	3.487	.001
Social support seeking	.027	.017	.057	1.541	.124
R=.61; R <sup>2</sup> =.37; F <sub>(5,486)</sub> =58.21; p=.000					
Intellectual Wellness					
Self-confident	.065	.011	.327	5.885	.000
Helpless	-.022	.008	-.126	-2.633	.009
Submissive	-.021	.012	-.073	-1.663	.097
Optimistic	.038	.014	.152	2.671	.008
Social support seeking	.038	.014	.105	2.737	.006
R=.56; R <sup>2</sup> =.31; F <sub>(5,486)</sub> =44.55; p=.000					
Emotional Wellness					
Self-confident	.102	.010	.458	9.753	.000
Helpless	-.062	.008	-.312	-7.728	.000
Submissive	-.015	.012	-.049	-1.311	.191
Optimistic	.021	.014	.075	1.569	.117
Social support seeking	.008	.013	.020	.623	.534
R=.71; R <sup>2</sup> =.51; F <sub>(5,486)</sub> =101.82; p=.000					



#### 4. DISCUSSION

This study sought to find out the level of wellness and the impact of coping styles on people's wellness during the Covid-19 pandemic in a Turkish context. The results showed that Turkish people's physical and psychological wellness were lower than other dimensions of wellness. These results support previous, well documented studies effectuated since the beginning of the pandemic, showing the psychological effects of Covid-19 (Özdin & Bayrak-Özdin, 2020; Qiu et al., 2020). The total wellness score, psychological, spiritual, intellectual, and emotional dimensions of the men's scores were found to be significantly higher than women's scores. A possible explanation might be that increased domestic workload of women during the quarantine period might have hampered their wellness behaviors and has had an impact on their physical health, mood, and quality of life (Alon et al., 2020; Wenham et al., 2020). Also, prior research has indicated that emotion-focused coping styles are positively associated with health problems such as depression, anxiety, and somatic disorders (Greenberg, 2006). The physical and social dimensions of wellness did not differ based on gender. It could be said that all people equally lost their social interactions and recreational activities due to the many restrictions during the pandemic (Güzel et al., 2020).

The results revealed that coping styles influenced wellness and that the self-confident style had the highest impact on participants' wellness. As a problem-focused coping style, the self-confident approach emphasizes taking responsibility in dealing with stress and promotes awareness of this role in stressful situations (Şahin & Durak, 1995).

There are five different coping strategies linked to the prediction of wellness. While the self-confident, optimistic, and social support-seeking approaches significantly predicted psychological wellness, the submissive approach did not contribute to psychological wellness. In line with other studies, this result indicates that the more participants felt submissive, the more they tended to be dissatisfied with themselves (Sagone & De Caroli, 2014). On the other hand, the submissive, optimistic, and social support-seeking methods significantly predicted social wellness. Stay-at-home restrictions and reduced social interactions due to the pandemic might also have resulted in decreased interpersonal relationships among individuals and the level of support they gave to each other (Adams et al., 1997). In the present study, the helpless approach had a strong influence and negatively correlated with physical wellness. Peterson and Bossio (2001) indicated that behavior is a critical link in the process of attaining and sustaining physical well-being. The authors also found that behavior should be encouraged with optimism to augment physical well-being. One finding of this study also revealed that optimism significantly predicted physical wellness but that the helpless approach significantly predicted spiritual wellness. Previous studies have found that spiritual well-being is positively correlated with the coping style of the fighting spirit and negatively associated with helplessness and fatalism (Olver, 2013). Our finding is also consistent with Çelik and Köse's (2021) study that showed that people adopted a coping strategy based on helplessness during the pandemic. The fact that the participants in the current study did not experience a large-scale pandemic like Covid-19 recently and did not know how to adequately cope may have caused them to use the helplessness approach and to therefore decrease their spiritual wellness. In this study, the self-confident coping style was found to be the most predictive coping style of emotional and intellectual wellness, as well as total wellness. Lazarus and Folkman (1984) also indicated that self-confidence is positively associated with subjective well-being. Overall, only the self-confident style significantly predicted all dimensions of wellness.

During the pandemic, people have faced many challenges such as social isolation, disrupted work, changed family routines, and economic instability. People employing the self-confident approach might clearly see that they still have power over in their lives, even during the pandemic. They may take risks and redirect their energy towards different things that might help them effectively deal with stressful situations. Optimistic and social support seeking styles were positively associated to wellness, while the helpless style was negatively correlated to total, physical, social, psychological, spiritual, intellectual, and emotional wellness. These results are also in line with previous research that showed significant relationships between optimism and better physical health, meaningful relationships with others, and quality of life (Brissette et al., 2002; Schou et al., 2005; Schwarzer, 1994). As a positive coping style, optimism has a regulative function on negative emotions and stressors (Conversano et al., 2010), and a

higher level of optimism is associated with higher levels of preventive action taking against Covid-19 (Jovančević & Milićević, 2020).

Problem-focused coping styles have a more positive impact on mental health and wellness than emotion-focused coping styles such as submissive, desperate, and helpless styles (Mayordomo et al., 2015). In our study, we found that the submissive style was negatively correlated to total, physical, social, spiritual, and intellectual wellness and failed to significantly predict wellness. Regarding the stress coping styles, women preferred more helpless and submissive approaches and less of the optimistic approach than men. This is in line with other studies done on the topic, considering that women mostly use emotion-focused coping styles (submissive, helplessness) and men use more problem-focused coping styles (Ptacek et al., 1994). Women reported lower scores in all of the wellness dimensions and total wellness in the current study. Research has shown that emotion-focused coping styles are less effective and more likely to be related with distress than problem-focused coping styles (Billings & Moos, 1984; Sigmon et al., 1995). This finding can be interpreted as demonstrating the fact that situations (disasters, pandemics) do not play a determining role in women's coping styles.

#### **4.1. Implications for the everyday life of the individual**

Understanding the impact of coping styles on wellness is important in identifying specific resources as intensifiers of wellness (Hobfoll, 2010). We highlight several coping styles that show an association with level of wellness and that may serve as protective functions. Understandably, the uncertainty of when the pandemic and threat to life will end results in prolonged periods of stress (Estes & Thompson, 2020). In stressful situations, people cannot clearly realize their abilities due to an imperfect knowledge about themselves (Benabou & Tirole, 2000). Thus, the development of self-confidence could be an important solution for people eager to maintain their wellness during and after the pandemic. For example, there is a positive association between self-confidence and emotional wellness that show that self intervention techniques such as relaxation and yoga (Powell et al., 2008), positive psychology interventions such as a self-awareness worksheet, a daily mood tracker, or a problem solving worksheet and techniques for disputing irrational beliefs might contribute to an increase self-confidence and emotional wellness. Furthermore, these positive psychological interventions have a significant impact on subjective and psychological well-being, as well as in helping reduce the negative effects of stress (Bolier et al., 2013).

The physical and psychological dimensions of wellness have occupied the lowest rank among all dimensions of wellness. It could be observed from the findings of this study that the optimistic coping style has a high positive correlation to these wellness dimensions. Research has shown that optimism is a protective factor for physical and psychological health (Taylor et al., 2000) and considered as kind of flexible way to deal with inevitable life challenges. Because of the rapid spread of Covid-19 and due to its ensuing restrictions, people's lives have drastically changed; thus, they have to cultivate positive emotions in their home, in relationships, and for themselves in order to experience a high level of wellness. For example, individuals may express their negative feelings by talking or writing them down instead of bottling them up to defeat the adverse effects of submissive and helpless coping styles.

In our study, Turkish women reported that they cope with stress by using submissive and helpless coping techniques and had lower levels of wellness. The additional work and home responsibilities brought on by life during the various lockdowns may reduce the performance of women and lead to negative emotions that aggravate normal life obstacles. Also, women generally deal more with children and experience family-related problems, financial uncertainty, and more severe mental distress more than men do (Gausman et al., 2020). Our findings suggest that problem-focused (self-confident and optimistic) coping styles are effective strategies for increasing the level of wellness. Therefore, women should develop more positive coping styles in order to overcome stress related to Covid-19. They can start by making a plan of action, including defining the problem, determining the goal, and taking action; this might result in increased competence and a positive attitude toward their abilities when they reach their goal.

## 4.2. Implications for mental health professionals

These findings might also help mental health practitioners to create therapeutic models based on cognitive, behavioral, and humanistic therapy. For example, therapists with a behavioral therapy orientation could help patients eliminate problematic or negative behaviors by adapting the right or most effective coping style. Emotion-focused therapy provides an increased awareness of adaptive and maladaptive emotions that guide people in their choices and decisions (Greenberg, 2006). Therapists may especially help women realize how emotions can be experienced physically and how they can influence thinking and their actions. Accordingly, their emotion-focused (submissive, helpless) coping styles could become effective styles of coping with stress.

## 4.3. Limitations and future research

So far, information about experiences during the Covid-19 pandemic have only included data related to stress coping styles. The degree of stress level might affect participants' coping styles. This must be addressed in future studies. Another limitation of this study is the lack of data collected prior to the Covid-19 pandemic as this does not allow for a comparison of levels of wellness. In a related way, coping styles can be changed in different circumstances that preclude causal interpretations about wellness scores. Additionally, the sample in this study included mostly women and people with bachelor's degree, so the results here are more generalized than diverse samples would be.

We would propose further research into the idea of whether women's coping styles are changing in different circumstances or whether this is because of gender stereotypes. Future studies may consider examining pandemic-related life style changes and identifying wellness behaviors. Also, conducting studies about how people modify or reduce pandemic-related sources of stress via individual behaviors might provide novel insight in the augmentation of wellness. Lastly, coping styles and wellness behaviors may be different due to cultural characteristics (Braun-Lewensohn, 2014); thus, comparison studies across cultures are required to better understand the needs of people experiencing stressful situations.

The results of the study indicate how the importance of strengthening coping styles both in women and men enable them to adapt effective coping styles in increasing and maintaining wellness. The results of the study showed that coping styles not only have an impact on wellness but also that specific coping styles (self-confident, optimistic) might be more effective than other styles in maintaining wellness among Turkish people. Although the pandemic has changed our interactions—as seen with social distancing and isolation rules—social support-seeking styles still play a significant role in influencing wellness. Despite its limitations, the study findings provide new insight into the association between coping styles and wellness and highlight the gender differences in this relationship during the pandemic.

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**Ethics Statement:** *The authors declare that in all preparation processes of this study, ethical rules and principles of scientific citation are complied with. This study was approved by Recep Tayyip Erdogan University Research Ethics Committee. (05.05.2020, No:2020/30)*

**Author Contributions:** *All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Mehmet Avci and İlknur Kiraz Avci. The first draft of the manuscript was written by Mehmet Avci and İlknur Kiraz Avci commented on previous versions of the manuscript. All authors read and approved the final manuscript. First author's contribution rate is 60%. Second author's contribution rate is 40%.*

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