

# STRESS AND STRESS COPING STRATEGIES IN DOCTORS AND PSYCHOLOGISTS

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## **Abstract**

**Aims.** The present study was conducted to study the nature of stress and stress management strategies in doctors and psychologists. This is qualitative investigation wherein the goal is to explore the various sources of stress in doctors and psychologists. **Methods.** The current study used descriptive research design. of 6 doctors and 6 psychologists within the age range of 30 to 50 years. The in-depth interview protocol is developed after inculcating relevant queries on sources of stress and various ways of dealing with stress. **Results.** Results are showing that there is no dissimilarity between male doctors and male psychologists' concept of stress and sources of stress but difference is found in coping strategies and coping styles of it. Similarly, female doctors and female psychologists have the same notion of stress and same stressors but their stress coping styles are different from one another. The comparison of males and females about stress represents the similarity in each case. Their reasons of stress and stress coping techniques are alike. **Conclusions.** Results indicated that psychologists and doctors who use stress coping strategies leaded towards high life satisfaction.

**Keywords:** Stress, Stress Coping Strategies, Psychologists, Doctors, Qualitative Approach.

## **1.1 Introduction**

In the 1930's the word "stress" was initially take on by the endocrinologist Selye, the stress of life (Selye, 1956). Stress is a reaction to any incident which is seeming to modify or impend our well-being and is a cognitive procedure; is the body's response to modify that involves a physical, emotional or mental response (Sharma & Wavare, 2013). To describe stress is not easy due to its diverse repercussions for every person (Smith, 2004). Stein, & Cutler, (2002) state that stress is entire reaction to an individual's ecological loads and burdens and hypothesize that it is an inescapable portion of lifecycle that every person is too much forced to cope with it. Psychologically stress requires challenging consequences relate to as the origin of mental disturbance, such as anxiety, depression, and psychosomatic illnesses (Day, 1998). Traditionally stress can be regarded as a *response* characterized by physiological provocation and adverse effect, particularly anxiety or defined as a *stimulus*, often mentioned as a *stressor*, that take place to the person like deprived from a job or laboratory shock (R. Lazarus, 2001).

### **1.1 Stress**

Richard Lazarus referred stress as an association between two entities; the environment and the person that is gauged as personally imperative and as challenging or surpassing means for coping. This definition is the centrals of stress and coping theory (R. Lazarus, 2001). Lazarus discussed that stress comprises of three procedures. One perceiving danger is the process of primary appraisal. A potential response fetched into mind by observing risk is called secondary appraisal. Coping is the process of carrying out that reaction effectively (Carver, 1989). Lazarus has highlighted that these processes arise in a continuous stream and can be simply called as a linear sequence because the consequence of one process can retract to another process. For example, comprehending that readily accessible suitable coping response may be reason for you to reevaluate a threat as a lesser amount of threatening. As added one more instance, if much

effective coping response is not able to get than expectations then you may reap- praise what coping response is suitable or reassess the level of threat. In a stressful transaction, the complete cycle of processes, then, might be started over and over again (Carver, 1989).

According to Lazarus, person's views become the reason of stress because they do not have the enough resources to deal with a perceived situation from the different periods of life (R. S. Lazarus, 1993). Stress arises when a person is put it to a condition that is irresistible and which cannot be handled (Joseph, 2009). Excessively stress can disturb mental and corporeal health and enhance the threat of untimely death (Houtman, 2007). Collaboration between stressors and individual's response to these stressors become the reason of problems such as high blood pressure, musculoskeletal, troubled digestion and cardiac difficulties may result from stress (Houtman, 2007).

### **1.2 Stress Coping Strategies**

Over the previous era curiosity is growing intensely that how people cope with their stress (Moos, 2013). So many studies and principles have concentrated on the methods people manage complications they come across in their daily lives (Scheier, 1986). Scheier and Carver (1985, in press) have proposed in recent times that dispositional positivity or optimism may have repercussions for the manner in which people cope with these stresses of life (Reker & Wong, 1985). For a long time, the idea of coping has been with us from one to another form, though during the 1960s.

According to Carver (2009), active coping strategies contain active coping, referred to take action or do efforts to eliminate the stressor; planning, to think how to face the stressor and cope with it; acceptance, to accept the reality of stresses occurrence; and positive reframing, constructing the best of the state by mounting from it or sighted it in a positive way. Avoidant strategies include denial, is an effort to deny the realism of the stressful happening; behavioral disengagement, withdrawing energies from the challenge to achieve the aim which associated with the stressor; venting, consciousness about one's emotive distress and trend to express or release those emotions; and "humor", to build gags about the stressor (Carver, 1997). Psychological coping discusses the process of consideration of threat and the utilization of cognitive and behavioral techniques for coping the problem and its emotional correlates (R. S. Lazarus, 1986). Coping reactions are helpful to maintain the psychological well-being and physiological responses in stressful situation and protect individual from harmful impact of stress (Steptoe, 1991).

### **Rationale of the Study**

The rationale of this study was to identify the stress, sources of stress and its coping strategies in doctors and psychologists. The objectives of this study were to determine the differences of their stressors and relevant coping technique that either both personalities have the same coping strategies or not and by adopting those strategies how much extent they overcome on their stress. This study addresses those persons who have wrong notions about doctors and psychologists that they are free from every stress because they have strong economic status even, they are unaware of ground realities that being the part of this society they have to face the stresses. The comparisons between doctors and psychologists stress coping strategies evidently prove that psychologists are more prone to stress and are able to manage stress in a very smooth way because they are specially qualified to manage the behaviors and mental activities. The current research work conveys a message to hospitals authorities that they must pay more attention to improve the quality of environment within the hospitals. Their support should be available in the form of mentoring and guidance to help in treating patients or clients and to protect them unhealthy consequences of stress. Not only for medical relevant personalities but also for common persons, government should construct an effective programs inclusion of information about the stress and relative effectiveness of coping strategies into stress. These programs give people's preparatory information to enable them to increase their tolerance for subsequent threatening events. However, overwhelming environmental stressors, stress inoculation should be coupled with organizational

strategies to promote positive working conditions in addition to adopting a healthy life-style in the context of physical, psychological, and spiritual well-being. Establishing a proper contexture might help to reduce some types of stress and its consequences.

## 2. Method

### 2.1 Research Design

Descriptive qualitative research design was used in present study.

### 2.2 Sample and Sampling Strategy

Purposive sampling technique was utilized to recruit sample of 12 psychologists and doctors.

### 2.3 Procedure

Firstly, researcher get institutional ethical clearance letter from University. Permission was taken from the participants. Researcher prepare the booklet consisting on the informed consent hold demographic sheet and semi-structured interview questionnaire, provided to the participants and collect data.

### 2.4

### 2.5 Inclusion/Exclusion Criteria

- Professional doctors and psychologists were participants inducted in the study.
- Non-practicing doctors and psychologists were excluded from the study.

## 3. Results

**Table 1**

Characteristics of Participants (n=12)

Sr#	Name	Age	Gender	Profession	Marital Status	Field Experience
1	U.M	32	Male	MBBS Doctor	Single	2 years
2	M.S	43	Male	MBBS Doctor	Married	10 years
3	M.R	47	Male	MBBS Doctor	Married	15 years
4	U.N	30	Male	Psychologist	Married	2 years
5	A.S	40	Male	Psychologist	Married	10 years
6	I.G	40	Male	Psychologist	Married	15 years
7	A.I	32	Female	MBBS Doctor	Single	4 years
8	S.S	38	Female	MBBS Doctor	Married	5 years
9	S.F	45	Female	MBBS Doctor	Married	8 years
10	A.N	32	Female	Psychologist	Married	4 years
11	H.P	37	Female	Psychologist	Married	5 years
12	H.S	38	Female	Psychologist	Married	8 years

Table 1 shows all demographics used in the present study. The total number of women (n=6) and men (n=6) includes male doctors (n=3), female doctors (n=3), male psychologists (n=3) and female psychologists (n=3). The category of age is comprised of 30-50. Mostly participants are married and having field experience Of 2-15 years.

### Key themes

The thematic analysis was applied to the transcripts data collected through interviews. key concepts drew from this material that were noticeable in the data. These themes are regarded as indispensable for knowing the views of all the participants relevant to this under investigation

topic. Key themes emerged from the thematic analysis include the following.

- Meanings of stress
- Reasons of stress
- Stress coping strategies

There are obviously features of the participants' considerations that overlay across these classifications. It, however, would be regarded as a worthy elucidation of understandings and attitudes of participants overall.

**Table 2:**

Comparison between male and female on gender-based w.r.t emerged themes

<b>Themes</b>	<b>Sub-themes of Male Doctors and Male Psychologist</b>	<b>Sub-themes of Female Doctors and Female Psychologists</b>
Meanings of stress	<ul style="list-style-type: none"> <li>• Improper cope up with stimulus</li> <li>• Disturbance in mental &amp; social well- being</li> <li>• High competition level</li> <li>• Excess responsibilities</li> <li>• Unexpected striking stimulus</li> <li>• Inability to handle situation</li> <li>• Preoccupied of brain due to situation</li> <li>• Inability to handle situation</li> <li>• No solution of problem</li> </ul>	<ul style="list-style-type: none"> <li>• Interference in our willing work</li> <li>• Disturbance of peace of mind</li> <li>• Unmanageable problems and worries</li> <li>• Less income</li> </ul>
Reasons of Stress	<ul style="list-style-type: none"> <li>• Over burden</li> <li>• Long duty hours</li> <li>• Patients' attitudes</li> <li>• Inability to handle patient's complications</li> <li>• Lack of appreciation</li> <li>• Economic issues</li> <li>• Uncomfortable environment</li> <li>• Low performance on work place</li> <li>• Work load</li> <li>• Clients' inability to understand</li> <li>• Tiredness</li> <li>• Health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Patients critical condition</li> <li>• Lack of time</li> <li>• Interference in our will</li> <li>• Disobedience of employ</li> <li>• Uncomfortable environment</li> <li>• Trying to prove ourselves</li> <li>• Patients' death</li> <li>• Social pressure</li> <li>• Clients' dramatic history</li> <li>• Unfulfilled expectations</li> <li>• Personal and patients' issues</li> </ul>
Stress Coping Strategies	<ul style="list-style-type: none"> <li>• Leave everything</li> <li>• Get break</li> <li>• Get separation</li> <li>• Outing with family</li> <li>• Play cricket</li> </ul>	<ul style="list-style-type: none"> <li>• Leave situation</li> <li>• Take time</li> <li>• Getting sleep</li> <li>• Outing with friends</li> <li>• Shopping</li> </ul>

	<ul style="list-style-type: none"> <li>• Hobbies (planting, fish caring, swimming, cycling etc.)</li> <li>• Watching movies</li> <li>• Listen music</li> <li>• Long drive</li> <li>• Sharing with friends</li> <li>• Taking rest</li> <li>• Offer prayers</li> <li>• Over thinking</li> <li>• Trying to find out solution</li> <li>• Breathing exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Do prayers/meditation</li> <li>• Walk alone</li> <li>• Take relaxants</li> <li>• Trying to find out solution</li> <li>• Communicate with disturbing person</li> <li>• Weeping</li> <li>• Rationalization</li> <li>• Sharing with someone</li> <li>• Breathing exercises</li> </ul>
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Table 2 displays the key themes, subthemes of all male doctors and psychologists and subthemes of female doctors and psychologists.

#### 4. Discussion

This qualitative study has explored the key discernments and experiences of doctors and psychologist's stress, reasons of stress and its coping strategies aged 30 to 50 years. The study reported in this work strives for contribution and encompass existing familiarity concerning how doctors and psychologists define and understand stress, what kind of reasons become the hurdles in their lives and practices or strategies perceived by them to cope with their stressors. Data was collected through interviews by purposive sampling. After collecting data themes were emerged through careful analysis which mirrored the intricacy of their personal and interpersonal factors of stress, stressors and encountered strategies to cope with stressors. It enhances indispensable visions that how doctors and psychologists are different or alike in their stress coping styles and either they have same ins and outs behind their stress or not.

Our study, and predominantly the theme 'meanings of stress', deals imperative insights into how doctors and psychologists take the concept of stress. Participants chiefly viewed stress as disturbance in peace of mind, preoccupied of brain due to situation and inability to manage things. Richard Lazarus regarded stress as a connection between an individual and the situation that is evaluated as individually important and as challenging or surpassing means for coping. Past studies define stress in several ways, represents dissimilar meanings. Smith described that stress is not easy to explain due to its diverse repercussions for each person. In the present study, when the views of male and female doctors and male and female psychologists were analyzed about stress, a replica form found in the context of stress meanings. Excessively stress can disturb mental and corporeal health and enhance the threat of untimely death. Stress is very common fragment in medical profession due to many causes. Stress and burnout are common, related issue in health-care workers. McManus measured stress and the three constituents of burnout in a 3-year longitudinal study of UK doctors (McManus, 2002).

Through thematic analysis, reasons of stress in doctors and psychologists were emerged. They highlighted many stressors which they face daily. some of the stressors elicited by both male and female doctors and psychologists in the current study reverberated those experienced of people related to other high-stress occupations. For example, the subtheme of reasons of stress 'Long hours and work load' are a renowned stressor in numerous sectors such as hospitality and among other healthcare staff like nurses. However, this stressor seems to be specifically prominent among physicians, more than 60 h per week US doctors and psychologists working, matched to workers from corner to corner all other professions.

A work-related stressor "Uncomfortable environment", which developed from our interviews, has also been considered as vibrant problem for doctors and psychologists in previous research. Insufficient administrative resources are recounted as a stressor in other professions such as academia, signifying that our results are widely associated with multidimensional stress research.

One stressor recognized by participants is ‘patients blaming and complaints. Patients do not follow the instructions and suggestions of doctors and psychologists carefully and criticize them in case of any adversity. This research highpoint the striking stimulus which play role to create stress in doctors and psychologists. These work-related issues can be regarded as stressors experienced by doctors and psychologists, demonstrating either as a critical or disturbing incident, constant strain on their well-being. During the comparisons of male and female doctors and psychologists in this study, it was clear that in both professions their problems are not pole apart even they endure the same circumstances on their work place which influences on their mental and physical health even brings the adverse changes in their behaviors as well.

Stress is the reaction of one’s environmental requirements, burdens and hypothesize that everyone has to cope with stress because it is an inevitable portion of life. Several practices were reflected by our participants to cope with their stressors. A themes “stress coping strategies”, encapsulated the subthemes “hobbies”, “Outings with family and friends”, “leave situation”, “leisure activities” like watching tv, listen music, long drive, shopping etc. These subthemes have been identified in the previous studies as mechanisms by which doctors and psychologists cope with the requirements of the intense, strenuous profession.

The comparison of male and female doctors and psychologists with respect to their stress coping strategies represents that their stress coping strategies are quite similar but way of coping is different. As some psychologists either they are male or female reported in their interviews that they take the stress as healthier stimulus which boost up them to flourish their capabilities and it enhance their competencies. They consider stress is essential and helpful part to cherish and breed one’s life. It brings positive changes in people and make them more energetic, refreshed, inventive, and dynamic. These subthemes “rationalize the problem”, “take time”, and “minimize reaction” were captured from psychologist’s transcripts interview data. They mostly depend on their themselves because belief in their abilities and having high levels of self-efficacy to defend against stress. One more subtheme was enlisted by psychologists “deep breathing” which leave unsurpassed effects on them. As Carter described that tress can be best coped by steady exercise, introspection or some relaxing techniques, planned time outs and adopting advanced managing approaches to build probability in our lives.

The comparison of stress and its coping strategies in male and female including in this current work which shows that there is no difference in male and female related the concept of stress even they have the same reasons of stress and their coping styles are also similar. There might be dissimilarity in stressors and coping techniques and styles but the data taken from participants in this study belong to same background. Both participants are professional and work in the equivalent contextual.

#### **4.1 Limitations and Recommendations**

Certain limitations should be acknowledged to this study. First, this study focused upon the sources of stress and impact of stress coping strategies on doctors and psychologists based on theoretical framework provided by Lazrus and Folkman (1992). Someone might argue on this decision that it may limited the progress study. However, this framework was used as the root of initial study encompassed the most wide-ranging contemplation of doctors and psychologists stress to-date. The current study pursued to prolong their data by taking advantage of existing data was considered the finest way to advance knowledge in the field. During analysis, similar themes were emerging from sample collected from different places which accentuated the external validity of our outcomes. Second, generalizability of this study is not guaranteed due to employing qualitative research design. To explore generalizability of the findings, quantitative work is required in this area because qualitative research delivers a depth of understanding of investigated approach. By proceeding research work, it was another limitation to use a deductive approach for the analysis that it could possibly bias the analysis due to researcher’s presumption about data at the start of analysis. However, it is an entrenched method for analysis when a theory already exists, and makes explicit the fact. Therefore, for the present study it was a suitable method of

analysis. Lastly, the sample size was relatively small, the duration of the interviews was 30-35 minutes, while this restricted our aptitude to explore to a more depth of the lived participant's experiences. Might be possible by getting more time they provide more information about our investigated topic.

#### 4.2 Conclusions

This study explored the understanding and experiences of stress, stressors and its managing strategies in doctors and psychologists. In our sample, doctors and psychologists conceptualized their personal and professional stress and stressors. Mainly the comparisons between doctors and psychologists stress and their coping techniques put forward this study keenly and throw light on their stress managing strategies by finding little differences in their coping actions on the base of their experiences. These findings put emphasis on a) the need for further research regarding stressors which becomes the reasons of huge teething troubles including mental and physical; b) the concepts of stress, stressors and coping seem to be close related in the context of healthcare; c) how doctors and psychologists overcome their stress by adopting coping techniques in their daily routine work specially on workplace; and 4) how doctors and psychologists differ themselves in their stress coping strategies by living in the same workplace background .

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