



COGNITIVE APPROACH COPING STYLE AS A FUNCTION OF SEX, RESILIENCE AND NEUROTICISM IN MEDICAL PROFESSIONALS

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ABSTRACT

The present study attempted to explore the effect of Resilience and Neuroticism on Cognitive coping style of Medical professionals. A sample of 160 medical professionals (80 male and 80 female) were taken from 5 government hospitals of Uttarakhand and 4 private hospitals of Uttar Pradesh. The age ranges from 25 to 35 years. Analysis of variance was used to analyze the data. Results indicated that the low neuroticism independent of sex and resilience promotes adoption of cognitive coping more in medical professionals. Male in comparison to female medical professionals independent of neuroticism adopt more cognitive coping style and high resilience independent of neuroticism promotes adoption of cognitive coping style more in medical professionals.



KEY WORDS : Resilience, Neuroticism, Cognitive coping style.

INTRODUCTION

In today's hyper competitive and busy world, we all lead incredibly stressful lifestyles. We experience stress due to a multitude of reasons. Some of these factors include financial problems, difficult boss, unsatisfying job, relationship problems or even hardships faced while one is in medical profession. Medical profession is a stressful and challenging branch, because of the psychological pressure inherent to this process. AlexandrosStamatios G. Antoniou, Marilyn J. Davidson, Cary L. Cooper, (2003) stated that doctors have significantly higher levels of sources of pressure than the normative population and other comparative occupational samples and doctors are using various coping styles to deal with stressful life situations.

Psychologists have identified several coping strategies but they all may be classified in to two categories. There are two major ways in which people cope with the stress they experience. One way is that, a person may decide to suffer or deny the experienced stress, this is a passive approach. In other ways, a person may decide to face the realities of experienced stress and make efforts to deal with them, which is an active approach. Pareek (1993) termed them as "dysfunctional" and "functional" style of dealing with stress.

The task of managing or coping with stress is an important determinant of Resilience and Neuroticism in individual's life. Neuroticism is the tendency to experience negative emotions, such as anger, anxiety or depression. It is sometimes called emotional instability or reversed referred to as emotional stability.

According to Eysenck's (1992) theory of personality, Neuroticism is interlinked with low tolerance for stress or aversive stimuli (Lazarus, 1991). They are more likely to interpret ordinary situations as threatening, and minor frustrations as hopelessly difficult (Khokhar, 2000). Their negative emotional reactions tend to persist for unusually long periods of time, which means they are often in a bad mood. These problems in emotional regulation can diminish the ability of a person scoring high on neuroticism to think clearly, make decisions, and cope effectively with stress.

If a person is unable to cope well effectively with stress, there are chances that he/she may develop certain psychosomatic symptoms, which in turn hamper the efficiency and effectiveness of his personal adjustment. It is argued that a maladaptive coping style with lack of positivity predicts increased stress.

Present investigation uses Resilience as a positive variable which is defined as a dynamic process that individuals exhibit positive behavioural adaptation when they encounter significant adversity or trauma. (Luthar, Cicchetti and Becker, B., 2000).

There is a common misconception that people who are resilient experience no negative emotions or thoughts and display optimism in all situations. Contrary to this misconception, the reality remains that resiliency is demonstrated within individuals who can effectively and relatively easily navigate their way around crises and utilize effective methods of coping. In other words, people who demonstrate resilience are people with positive emotionality; they are keen to effectively balance negative emotions with positive ones.

Keeping in mind the current perspective of medical professionals this research took the initiative to study the effect of neuroticism and resilience on the coping style of male and female medical professionals.

MAJOR OBJECTIVES OF THE PRESENT STUDY

- To study the effect of Resilience and neuroticism on cognitive approach as a coping style of Medical professionals.

HYPOTHESES OF THE STUDY-

- Resilience will effect the cognitive coping style of medical professionals
- Neuroticism will effect the cognitive coping style of medical professionals.
- Resilience, neuroticism and gender will effect mutually each other in determining coping styles of medical professionals.

Method

Sample-

Present study was conducted on 80 medical professionals (doctors, nurses and pharmacists) of different government and private hospitals of Uttarakhand and Uttarpradesh. Participant's age varying between 25 to 35 years.

Design-

The present investigation was design in 2x2x2 factorial settings. Three independent and one dependent variable was used. The dependent variable was cognitive approach coping style. The independent variables: Gender, Resilience and Neuroticism were varied at two levels.

Tools used-

1. Resilience Scale (Wagnild and Young, 1993)
2. Coping Scale (A.K.Srivastava, 2001)
3. NEO-five factor Inventory (Costa, P. T. and McCrae, R. R., 1992)

Procedure-

Participants were contacted personally and requested to respond on above mentioned measures. They were asked to read carefully the instructions given in the questionnaires. Participants were allowed to take their own time to complete the questionnaire. All above mentioned psychometric devices were simultaneously administered to the selected participants.

RESULTS AND DISCUSSION

In order to study the effect of gender, resilience and neuroticism on cognitive coping style mean and ANOVA were calculated. Sum, Mean scores and standard deviations are shown in Table No. 1. ANOVA is shown in Table No.2.

Table 1: Research paradigm with Sum of scores, Mean and Standard deviation on Cognitive Coping Style

			Neuroticism				Σ
			Male		Female		
			High	Low	High	Low	
Resilience	High	ΣX	316	339	291	289	1235
		M	15.8	16.95	14.55	14.45	
		S.D.	2.7	3.1	3.1	2.6	
	Low	ΣX	262	334	263	291	
M		13.1	16.7	13.15	14.55		
S.D.		2.3	2.7	2.4	2.5		
Σ		578	673	554	580	2385	

SS - Sum of scores, M - Mean, S.D. - Standard Deviation

Table 2: Summary of Analysis of Variance for Cognitive Coping Style

Source of variance	SS	df	MS	F	P
Sex	85.56	1	85.56	11.39	<0.01
Resilience	45.16	1	45.16	6.01	<0.05
Neuroticism	91.51	1	91.51	12.19	<0.01
Sex × Resilience	6.81	1	6.81	0.91	
Sex × Neuroticism	29.76	1	29.76	3.96	<0.05
Resilience × Neuroticism	39.01	1	39.01	5.19	<0.05
Sex × Resilience × Neuroticism	2.23	1	2.23	0.3	
Error	1141.55	152	7.51		
Total	1441.59	159			

$F_{.05} (1, 152) = 3.91;$

$F_{.01} (1, 152) = 6.81$

Table-2 indicates that 'F' value for 'Sex' is (1, 152) = 11.39, $p < .01$ is significant. The computed 'F' value for 'Resilience' is (1,152) = 6.01, $p > .05$ is significant. The 'F' value for 'Neuroticism' (1, 152) = 12.19, $p < .01$ is significant. The computed 'F' value for interactional effect of 'Sex and Neuroticism' is (1,152) = 3.96, $p > .05$ is significant and the 'F' value for 'Resilience × Neuroticism' is (1,152) = 5.19, $p > .05$ is significant.

Coping with stress is considered as an effort by a person to manage and overcome demands and critical events that pose a challenge, threat, harm or loss to that person or the person's normal functioning.

Findings of the present study, shows that Resilience has a significant effect on cognitive approach coping style of medical professionals. In context of resilience, L. Campbell-Sills et al. (2006) and Michelle Dumont et al. (1999) found that Problem focused coping was associated with high resilience but Emotion-oriented coping was associated with low resilience (B.M. Gillespie, et al., 2007).

Resilience is composed of particular factors attributed to an individual. There are numerous factors, which cumulatively contribute to a person's resilience. The primary factor in resilience is having positive relationships inside or outside one's family. It is the single most critical means of handling both ordinary and extraordinary levels of stress, so people have high resilience adopt problem focused coping (i.e. Cognitive approach coping style) more than low resilient people.

The second finding of the study shows that Sex of medical professionals has a significant effect on cognitive approach of coping. Male medical professionals adopt cognitive coping style more than female

medical professionals. The study by Mataud (2004), Pearlin and Schooler (1978), and Ptacek et al. (1992) also supported these findings i.e. men uses Active / approach coping style than women. Yeh, Huang, Chou, and Wan (2009) point out the reason that why gender effects coping style because the two genders regularly operate in different social contexts, and therefore tend to develop different responses. Feminine roles are defined by their ability to experience, express, and communicate their emotions to other people, and also to empathize with the feelings of others. Conversely, masculine roles are defined by one's ability to suppress and control his emotions Ptacek et al., 1992; Vingerhoets and Van Heck, 1990. Similarly, Kirchner, Forns, Muñoz, and Pereda (2008) posit that while men tend to regulate their emotional states by using more cognitive than behavioral coping style.. Specifically, Tamres et al. (2002) report that women are more likely to use strategies that involve verbally expressing themselves, seeking emotional support, ruminating about their problems, and positive self-talk.

Goddard et al. (2006) report that the use of one type of strategy or another is associated with the stress level to which one is exposed, with certain types of activities being more or less stressful than others. Nevertheless, authors such as Felsten (1998) assert that gender differences in coping strategy use may decrease due to social changes related to gender roles, given that some of the differences observed can be explained contextually (Emslie et al., 2002)

On the basis of above discussion it may be concluded that because of gender roles, socio cultural effect, expectations etc. male uses more approach coping style than females.

The third finding of the study suggests that neuroticism is an influencing factor to affect the cognitive coping style. Low Neurotic medical professionals use more cognitive coping style than more neurotic medical professionals. Leonardo de Souza et al. (2014) found that Neuroticism influenced negatively the use of problem-focused strategies (cognitive approach), and positively emotion-focused coping (cognitive avoidance) in individuals with bipolar disorder . Igor kardum and Nada Krapic (2001) told that extraversion has a direct positive effect on approach and avoidance coping style while neuroticism and psychoticism have direct positive effects on cognitive avoidance coping style of early adolescence (11-14 years). Studies have shown individuals with neuroticism use passive coping (cognitive avoidance) strategies but extravert individuals utilize active copings i.e. cognitive and behavioral approach (Vollrath M. et. al. (2000), Watson D. et al. (1996), Lee-Bagglely et al.. (2005) ,Parkes K.R. (1986), Bakker A. B. et al. (2006) . Costa *et al.*, reported that neuroticism is negatively related to the use of some effective coping styles such as problem-focused and active coping i.e. Cognitive approach (Costa P.T. 1996), and positively associated with avoidance coping i.e. Cognitive avoidance coping style (O'Brien T. B., 1996).

High neuroticism in individuals creates difficulty in coping the situation and to be adaptive in the environment. It can be elucidated that neuroticism has been associated with more subjective reports of stress symptoms and the occurrence of stressful life events (Magnus K. 1996, Ebstrup J. F., 2011). Individuals with high neuroticism are susceptible to psychological helplessness and irrational thoughts and have less ability to control their impulses (Costa P.T., 1992) They have a tendency to experiencing negative emotions (McCrae R. R., 1987) and, therefore, may be to direct their coping efforts toward managing those painful emotions (Lee-Bagglely D., 2005) So, it is more possible that these individuals get involved in passive and maladaptive coping styles Cognitive avoidance (Vollrath M., 2000).

Malone L. D. (2010) and Bolger N. (1990) assume that coping styles can directly be derived from personality traits, indeed, coping is personality in action. So, it is supposed that personality traits may influence the effectiveness of coping styles. It means the styles that are useful for some individuals may be less effective or even harmful for individuals that have different personality traits (Bolger N., 1995, DeLongis A., 2005)). Effectiveness of coping refers to the usefulness degree of coping styles in reducing distress. It is the possibility that high-neuroticism individuals are emotionally more reactive because they choose passive (cognitive avoidance) coping styles, or that they choose similar styles to those chosen by low-neuroticism individuals (cognitive approach coping) that they are ineffective at alleviating their distress (Bolger N., 1995, Hudek-Knezevic J, 2005) and (Khokhar and Singh, 2001). However, it is believed that deeper understanding of

the role of personality in the coping process requires an assessment of personality traits and specific coping strategies, and use of laboratory and daily report studies (Connor-Smith J. K., 2005) Farley, Tillman, Galves, Dickinson, Miriam, Diaz, Marie (2005), found that demographic characteristics, socio-cultural and regional background also have significant effect on coping strategies.

From the obtained results and discussion at above, it is clear that gender, resilience and neuroticism are significant variables to influence coping styles of medical professionals. Findings suggest that doctors called Healers also need counseling about their stress coping styles to lessen the adverse effects of stress.

CONCLUSION

The main findings related to cognitive approach coping style are summarized as follows:

- (1) Sex has been found to play an important role on Cognitive approach coping style of medical professionals as male medical professionals use more cognitive coping style than female counterparts.
- (2) Resilience has found to play an important role on cognitive approach coping style.
- (3) It can be concluded that low neurotic medical professionals adopt cognitive coping style more than low neurotic medical professionals.
- (4) Interactional effect of Sex × Neuroticism, Resilience × Neuroticism on cognitive approach coping style have found to be significant.

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