
STRATEGIES FOR COPING WITH STRESS AMONG STUDENTS OF MAJOR "MIDWIFERY"

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Abstract: Students of medicine and medicine specialist education is related to significant distress which could change physical and psychological health for worse. Stress activities could be different such as anxiety, depression and burn out. Avoiding to be a stress victim, person resorts to stress coping strategies known shortly as coping. This is a behavior, which is stress dependable and it is a social behavior variety. Coping includes different styles of get better of stress: problem focused, emotionally focused and avoiding coping style.

Objective: Coping behavior of Midwives studied in Medical University – Sofia and stress coping strategies used to overcome stress.

Research and methods: 23 students in the third year and 22 students in the fourth year coping behavior of Midwives, all aged between 23 and 52 studied in Medical University – Sofia, has been researched. Documentary, psychometric and graphic analysis have been used for the purpose of the current research. Psychometric method includes of methods of CISS – Coping Inventory for Stressful Situations - GRI-V1, created by the Canadian psychologist Edler, N. C. assisted by Parkar, D. A.

Results: Most of the students used problem-focused coping (PFC), followed by avoiding coping style (ACS) and emotionally focused coping (EFC). Students applied PFC and EFC have higher scores in accordance with these used ACS. This research gives a chance problematic students to be identified more precisely as well as to be encouraged to use more efficient and more adaptive coping styles.

Conclusion: The early discovery of sources of stress among students in major “Midwifery” since the beginning of university education and the development of adequate coping strategies is an important prerequisite for the successful acquisition of new knowledge and the formation of professional competences necessary for a successful professional development.

Keywords: stress, students, coping behavior, strategies, midwife,

1. INTRODUCTION

Studying medicine and medical specialties is associated with considerable amount of distress and can be manifested in a number of ways including anxiety, depression and burnout.

Studies of stress and related depression during medical education, which encompasses students in various medical universities of Compton and collaborates, shows that depression among medical students varies from 12 to 71%. High levels of stress and depression often lead to poor quality of life, substance abuse, suicidal thoughts, the development of cynicism, the influence of patient care, and so on. Students with depression often think of terminating their studies.[1]

To avoid stress, the subject resorts to coping strategies or the so called coping behavior. This is a behavior that is stress-dependent and refers to a variety of social behaviors. It is related to behavioral manifestations of personality in communication or interaction that is situational. It is interpreted differently by different authors.

Initially, the term “coping” was used together or as substitute of concepts such as "protection," "coping skills," or "adaptation".[3]

According to behaviorism, coping involves the idea of modified behavior, relying on man's ability to solve problems, while at the same time increasing self-confidence, self-esteem, self-efficiency, and internal control.

The cultural-socio-ecological direction perceives coping as an adaptation to the social and physical environment.

The integrative strand treats coping behavior as one of the manifestations of adaptability that, among other resources of the person, increases or decreases (facilitates, eases) the imminent situation.[2]

One of the endmost positions adopts the coping behavior as a persistent characteristic of the person, or even as a personality trait.

Many authors have worked on measuring the coping. There are four known basic methods for coping diagnosis – behavior [5]:

1. Subjective account of the tested respondents in interviews and questionnaires.
2. Observations of actions and situations.
3. Fixing (determining) visible signs.
4. Study of documents and products of the activity of the individual.

Modern authors offer more reliable and sensitive assessment tools that use such questionnaires and scales, whose reliability, internal consistency and validity have been proven. That is to say - psychometric qualitative tools where the connection between the peculiarities of the personality and his social behavior is well founded theoretically. Researchers share two approaches to coping understanding: inter- or intraindividual.

The inter-individual approach is addressed by Wolkman and Lazarus WCO (Ways of Coping Questionnaire). On the basis of this questionnaire, other methodologies were later developed. The latest and most commonly used WCQ option diagnoses two basic strategies - problem-focused and emotionally-focused coping behaviors in specific stress situations (illness, pain, loss of work, etc.).[4]

Researchers, supporters of the intraindividual approach, are interested in the style of coping behavior. Towards this direction is the "Cope Scale" methodology proposed by Carver.

One of the most prominent methodologies is the CISS - Coping Inventory for Stressful Situations (GRI-V1), a method for a multidimensional coping assessment, developed by Canadian psychologist H.P.Edler, co-authored by D.A. Parker in 1990. It is considered that CISS reliably measures three basic styles of coping: a style oriented towards solving tasks (problem-oriented style), emotionally oriented style, and avoidance-oriented style.[2]

Problem - Focused Coping (PFC) style involves coping strategies where people are committed to solving the stressful situation and their attention is focused on the collection of resources (skills and knowledge) needed to cope with the stressor. The emotionally focused coping style includes emotional-focused coping strategies that can take various forms, such as seeking social support, receiving and fanning emotions, and so on.

Strategies in the emotionally focused coping style strive to reduce the negative emotions associated with the stressor. The third major type of coping style of dealing is the use of avoidance. It can be described as cognitive or behavioral efforts directed. The Avoidance coping style is aimed at ignoring the stress factor and is therefore a passive strategy.

2. PURPOSE OF THE STUDY

To study the coping behavior and strategies for coping with stress, which are used by the third and fourth year students in major "Midwifery", that are being trained at the Medical University – Sofia.

3. MATERIALS AND METHODS

The subject of the survey are 23 students in the third year and 22 students in the fourth year of major "Midwifery" at MU - Sofia, aged 23 to 52 years.

4. SUBJECT OF THE STUDY

By diagnosing coping behavior to determine the strategies that students use to deal with stress.

5. METHODS

Documentary method, psychometric method and graphical analysis were used. The psychometric method includes a method for the multi-dimensional measurement of CISS Coping Inventory for Stressful Situations (GRI-V1), developed by Canadian psychologist H.P.Edler in co-authorship with D.A. Parker in 1990. It consists of 48 statements that are grouped into 3 factors. Each of the three factors represents a scale of 16 questions.

6. RESULTS

In concern with the results obtained, it was important for us to identify the main sources of stress for the third and fourth year students of the "Midwifery" major. For most of the respondents in both courses, the main sources of stress are the exams (68%) and their uncertainty in the handling of the manipulations (56%), and for approximately half of the respondents the vast amount of information (49%) and the insufficient rest time (44%). (Figure 1).

The results at hand could be explained by the need of students to adapt to the new conditions and to some extent with the uncertainty in their own ability to cope. On one hand, students have learning habits and stereotypes, but the educational burden at the university is higher, both in terms of information volume and daytime attendance

[5]. It also requires greater autonomy, improving the personal organization and systemic preparation of students throughout the school year.

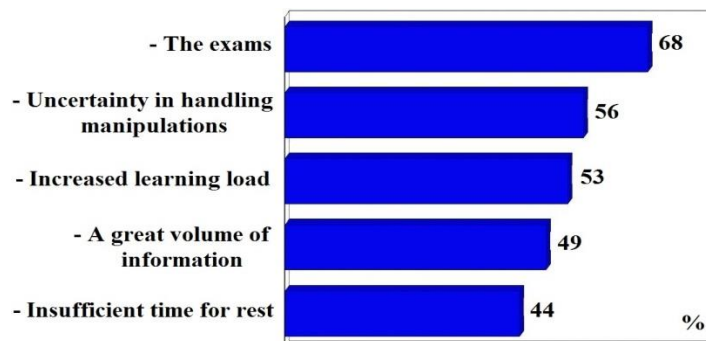


Fig. 1 – Main sources of stress in students

To be able to meet the high requirements, students must also be highly capable. Its maintenance and successful separation from fatigue and stress depends largely on the students themselves. It was of interest to us if the respondents apply any measures aimed at overcoming fatigue and stress.

Most students use problem-focused coping (PFC) in dealing with stress - 67% of third-year students and 72% of fourth-year students in major Midwifery do this. (Figure 2) This is an active coping style aimed at managing or modifying the problem caused by the distress. PFC is the most adaptive coping style because it includes strategies of direct opposition or manipulation of the source of stress - information gathering, conflict resolution, planning and decision making. It has been shown that PFC reduces distress.

Emotional Focused Coping (EFC) style has been given by 19% of third-year students and 13% of students in the fourth year of Midwifery. (Figure 2) This coping style is focused primarily on negative emotions and thoughts that are indicative of increased psychological distress. This is a less effective coping style because it includes both adaptive and maladaptive strategies. Emotional coping strategies are effective and adaptive when they are preventative about the negative emotions being tested. Then they ensure that active steps are taken to reduce negative emotions. Such a strategy is a search for social support. On the other hand, emotionally focused strategies that focus on negative emotions rather than removing them are maladaptive. Such are venting of emotions, reflecting on things, that does not remove the negative emotions, but on the contrary - it only sharpens and prolongs existing distress.

The Avoidance Coping Style (ACS) is given by 19% of third-year students and 23% of fourth-year students in the "Midwifery" major. (Figure 2) It includes passive strategies aimed at ignoring and avoiding stress-inducing problems. This style has been shown to lead to increased distress and depressive states.

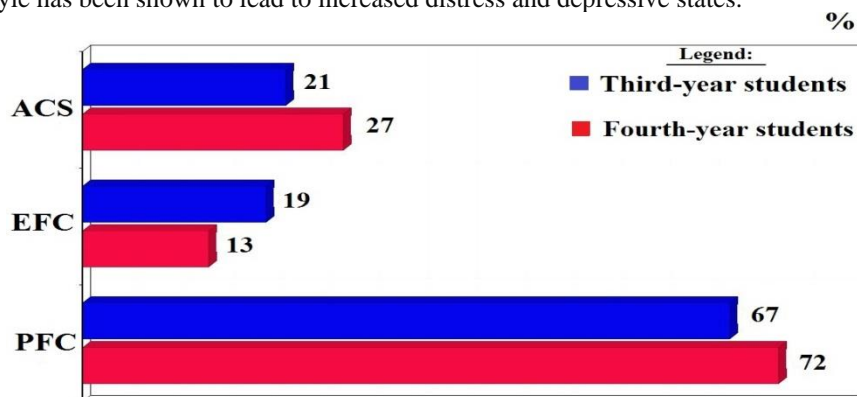


Fig. 2 – Coping behavior of students

If we compare the average score of the students in the three groups - PFC, EFC and ACS, we will see that there is a difference. The group of students from the PFC has the highest score - 4.76, followed by the group of students with EFC - 4.25 and the lowest average success was obtained by students from the ACS group - 4.08. (Figure 3) This once again confirms that students from the PFC and EFC groups are doing better, are more adaptable

and apply strategies that make them more effective at learning. The average score of ACS students is average, and it is achieved with much more effort, time and anxiety than that of students using PFC and EFC. Knowing students closer it can be said that the most problematic and threatened by the lag in the training are those in the ACS group.

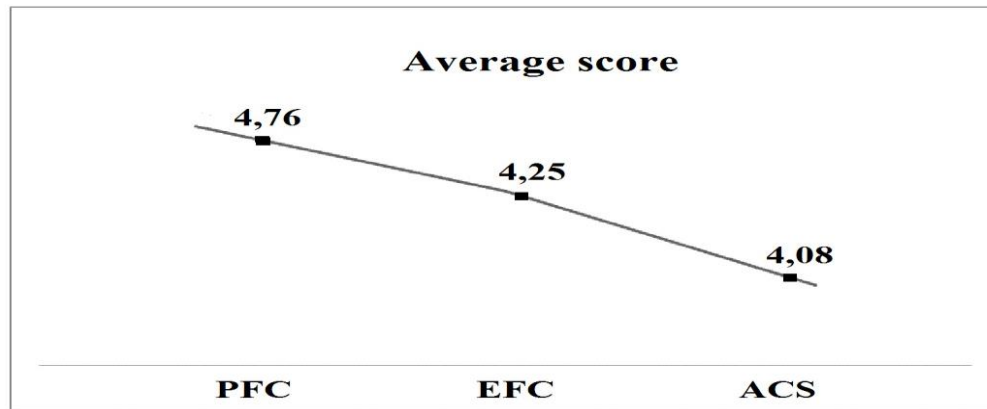


Fig. 3 – Average score and coping behavior.

This enables teachers to work with a more directional purpose and be more individual with them, to guide and train using strategies that include PFC and EFC that are more responsive and more effective.

7. CONCLUSIONS

1. Major stressors for most of the students surveyed are the exams. The assessment of stress during exams, according to some authors, is ambiguous. On one hand, the exams mobilize students into more intensive learning activities, have a control function, and in the case of success they are a factor that raises the self-assessment.[6] At the same time, according to the same authors, exams can have a negative impact on students, causing fear, anxiety and other negative emotions, as demonstrated in our study.
2. Most students use PFC, followed by EFC and ACS.
3. Students using PFC and EFC are with better scores than students using ACS.
4. The study enables for the problematic students to be more accurately identified.

8. RECOMMENDATIONS

1. Carrying out more in-depth studies of stress and depression among students studying medical specialties.
2. Teachers to identify the causes of stress and their training-related manifestations and work to form a positive attitude towards the learning process and the achievement of the learning objectives.
3. The association of ACS with depression shows the need to initiate mental health and mentoring courses at medical universities.
4. Introduction of stress management programs in the Bulgarian medical education.

9. CONCLUSION

The early detection of stress sources in Midwifery students since first year and the development of adequate coping strategies is an important prerequisite for the successful acquisition of new knowledge and the formation of professional competences necessary for successful professional realization.

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