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Research Paper

Comparison of Perceived Stress and Coping Strategies in Undergraduate and Postgraduate Students in A Medical College in Assam

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ABSTRACT

Medical education is extremely stressful, comprising of rigorous training period. Both undergraduate and postgraduate medical students suffer from a higher level of stress, including high academic performance and clinical training, which requires effective coping strategies. **Aims and Objectives–** Comparison and analysis of the perceived stress and coping strategies in undergraduate and postgraduate medical students of a Medical College in Assam, India. **Methodology–** A cross-sectional study, conducted using predesigned, validated, self-administered, structured tools consisting of the Perceived Stress Scale (PSS) and Brief COPE inventory to measure the perception of stress and coping strategies, respectively, in 160 medical students over 2 months. PSS is a 10-item scale with a 0-40 score range. Brief COPE has 60 coping assessment questionnaires. The results of the two groups were compared and analysed with each other. **Statistical Analysis-** "Statistical Package for the Social Sciences (SPSSv22) (SPSS Inc., Chicago, USA)" was used to analyse the values. The Chi-square test, Student t-test, ANOVA, and Pearson coefficient were used to test significance and association, respectively. **Results–** The stress scores were higher (low- 3.8%, moderate - 81.3%, high – 15%) in postgraduate students compared to undergraduate students (low- 15%, moderate - 63.8%, high- 21.3%). The post-graduation students utilised positive approach coping strategies (Active coping, Use of emotional support, Humour and Acceptance). The undergraduate students who utilised negative avoidant coping strategies (Self-distraction, Denial, Behavioural disengagement and Self-blame). Significant gender and age differences were observed. **Conclusion–** Stress is one of the major growing mental problems which should not be ignored. It should be addressed promptly in medical students to provide society with better doctors with advanced coping skills.

Keywords: *stress, coping strategies, medical, undergraduate students, postgraduate students*

Stress is an internal state which can be caused by physical demands on the body or by environmental and social situations which are evaluated as potentially harmful, uncontrollable or exceeding our resources for coping. Under stress, the body exhibits a physical or psychological response. [1] Coping capacity is defined as "constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are

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appraised as taxing or exceeding the resources of the person". Furthermore, medical education and profession are extremely demanding and stressful, comprising of rigorous training period including high academic performance along with clinical training, which hampers the overall general wellbeing of an individual. [2] Stressors identified are usually heavy workload, poor time management, financial concerns, high parental expectations, and future uncertainty. Coping strategies are categorised as active or approach, which is aimed at changing the stressor or its interpretation (e.g., planning, acceptance) and avoidant, which deals with evading the stressor (e.g., denial, substance use). Coping preferences are influenced by gender, culture, and socioeconomic status [3]

However, there is a significant study on the effects of stress during undergraduate medical training; there is limited data regarding the same for postgraduate training and even less data on the comparison of stress as well as coping skills employed in both the above groups. An insight into the following will not only provide a base for early intervention within the field of health care, but also build strong-minded individuals as professionals. There is an established stigma associated with mental health problems. This stands in the way of help seeking and can be considered more detrimental in certain populations, probably involving the health care providers themselves. Moreover, deficits in health care are associated with stress, and the importance of identifying and managing mental health problems in all medical students before qualification is vital. The present study aims to measure and compare the level of perceived stress as well as the coping strategies practised by undergraduate (UG) and postgraduate (PG) medical students of a Medical College & Hospital, in Assam, India.

MATERIALS AND METHODS

This cross-sectional study was conducted in a reputed Government Hospital of Assam, Silchar Medical College and Hospital for over 2 months. The college and hospital has an established Medical Council of India curriculum. The study was approved by the Institutional Ethics Committee. 80 postgraduate medical residents from various departments as well as 80 undergraduate students, were taken up for the study after informed consent. A good rapport was established between the investigator and the respondent. Structured pro forma was used for recording demographic profile and relevant medical history. A predesigned, validated, self-administered, structured questionnaire of Perceived Stress Scale (PSS) [4] by Sheldon Cohen for evaluation of stress and Brief COPE inventory [5] to assess the coping strategies was used in the study among the study population. The Perceived Stress Scale (PSS) is a measure of the degree to which situations in one's life are appraised as stressful. It is one of the commonly utilized psychological instruments for measurements of stress and is designed for a minimum education status of middle school. It has 10 questions that ask about one's feelings and thoughts during the last month. The response ranges from 0 as never, 1 as almost never, 2 as sometimes, 3 as fairly often and 4 as very often, with its interpretation score being 0 to13 considered as low stress, 14 to 26 as moderate stress and 27 to 40 as high stress. Brief COPE inventory has 28 questions, with each question asking you to indicate what you generally do and feel when you experience stressful events. The response ranges from 1 as not at all, 2 as a little bit, 3 as a medium amount and 4 as doing a lot. In the intermix of questions, two of the questions are converged together to indicate a specific coping strategy falling in either the avoidant or approach group. The instructions of each part of the questionnaire were adequately explained, and care was taken to ensure that they understood the questionnaire. Each participant was requested to respond to each item in

the questionnaire freely and frankly without any hesitation. Each participant was asked to clarify for understanding before they attempted to respond.

- **Inclusion criteria –**

1. The students who were studying exclusively in Silchar Medical College in undergraduate and postgraduate medical courses.
2. The students who had given consent for the study.
3. The students who had responded to both the given questionnaires.

- **Exclusion criteria –**

1. The students suffering from any major psychiatric disorder or with a history of one were excluded from this study.

- **Data Analysis –**

1. Extracted data was then entered into a proforma.
2. Descriptive analysis was carried out with SPSS 20.0 version.
3. Chi-square test, Student t test, ANOVA and Pearson coefficient was used to test significance and association, respectively.
4. Statistical significance was set at 0.05.

RESULT

The subjects were undergraduate students pursuing MBBS and postgraduate medical students pursuing their Master's in various specialities in a tertiary care hospital.

Table 1 presents the sample size taken with a total of 160 individuals among which 80 were UG students and 80 were PG residents. Self-administered questionnaire of PSS and Brief COPE inventory, were given to the subjects in the middle of the academic year from November to December to avoid the examination-related academic pressures.

The sociodemographic profile is as brought out in table 2 and 3. Out of total 160 participants, 20 (12.5%) were below 20 years of age, 58 (36.3%) were between 20-24 years of age, 60 (37.5%) were between 25-30 years of age and 22 (13.8%) were above 30 years of age. Out of 160 participants 74 (46.5%) were males and 86 (53.8%) were females.

Tables 4 and 5 provide the distribution of scores of stress level on PSS scale overall as well as in individual groups, respectively. The result revealed that 3 (3.8%) of undergraduate students experienced low stress whereas 65 (81.3%) experienced moderate stress. Furthermore, 12 (15%) experienced high stress. However, 51 (63.8%) and 17 (21.3%) of postgraduate students experienced moderate and high stress, respectively, and 12 (15%) experienced low stress. Among postgraduate students, out of 80 individuals 12 (15%), 51 (63.8%) and 17 (21.3%) residents experienced low, moderate and high stress respectively as implied by the interpretation of PSS scale. Chart 1 and 2 provide a pictorial representation of the levels of stress – low, moderate and high in undergraduate and postgraduate students individually respectively.

Table 6 shows that the age group ranging from 20-30 showed high scores on PSS in comparison to their counterparts of less than 20 years or more than 30 years. Table 7 shows that females were found to have statistically significant high PSS scores compared to their

male counterparts. Among the individual academic year first-year PG students showed high stress levels on the PSS scale overall, as shown by table 8.

Table 1: Number of participants in each study group

Group	Frequency	Percent
PG	80	50
UG	80	50
Total	160	100

Table 2: Distribution of age group

Age_Group	Frequency	Percent
<20	20	12.5
20-24	58	36.3
25-30	60	37.5
>30	22	13.8
Total	160	100

Table 3: Distribution of gender

Gender	Frequency	Percent
Male	74	46.3
Female	86	53.8
Total	160	100

Table 4: Distribution of stress level perceived through PSS scale

Stress_Category	Frequency	Percent
0-13 (Low)	15	9.4
14-26 (Moderate)	116	72.5
27-40 (High)	29	18.1
Total	160	100

Table 5: Distribution of stress level among undergraduate and postgraduate students

	Stress_Category				p value
Group	0-13 (Low)	14-26 (Moderate)	27-40 (High)	Total	
PG	12 (15%)	51 (63.8%)	17 (21.3%)	80 (100%)	0.019
UG	3 (3.8%)	65 (81.3%)	12 (15%)	80 (100%)	
Total	15 (9.4%)	116 (72.5%)	29 (18.1%)	160 (100%)	

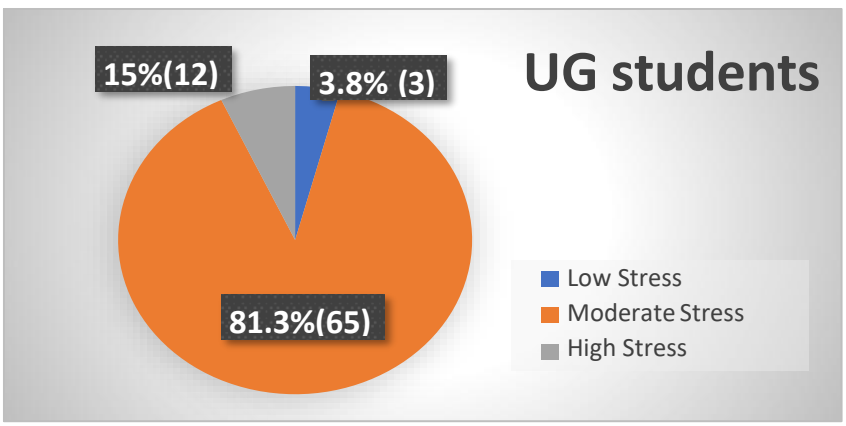

Figure1: Distribution of stress among undergraduate students on pie chart.

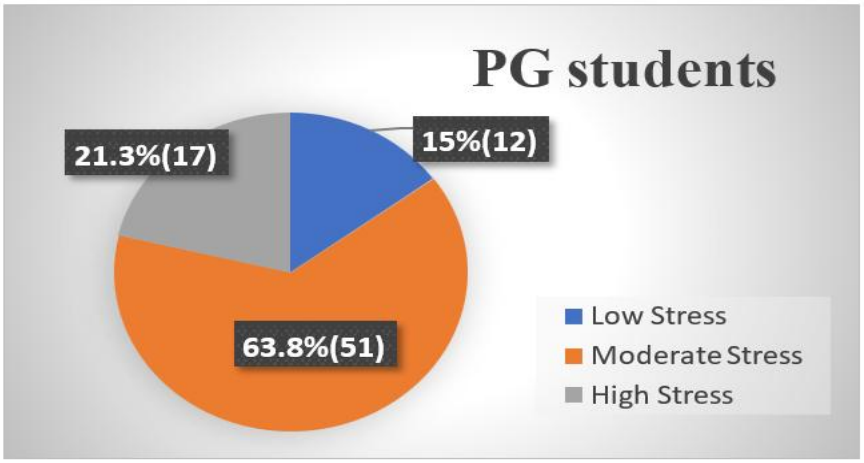

Figure 2: Distribution of stress among postgraduate students on pie chart

Table 6: Distribution of stress level among different age groups

	Stress_Category				p value
Age_Group	0-13 (Low)	14-26 (Moderate)	27-40 (High)	Total	
<20	1 (5%)	18 (90%)	1 (5%)	20 (100%)	0.014
20-24	2 (3.4%)	46 (79.3%)	10 (17.2%)	58 (100%)	
25-30	8 (13.3%)	35 (58.3%)	17 (28.3%)	60 (100%)	
>30	4 (18.2%)	17 (77.3%)	1 (4.5%)	22 (100%)	
Total	15 (9.4%)	116 (72.5%)	29 (18.1%)	160 (100%)	

Table 7: Distribution of stress level among undergraduate and postgraduate students

	Stress_Category				p value
Gender	0-13 (Low)	14-26 (Moderate)	27-40 (High)	Total	
Male	11 (14.9%)	58 (78.4%)	5 (6.8%)	74 (100%)	0.001
Female	4 (4.7%)	58 (67.4%)	24 (27.9%)	86 (100%)	
Total	15 (9.4%)	116 (72.5%)	29 (18.1%)	160 (100%)	

Table 8: Distribution of stress level among various academic year groups of undergraduate and postgraduate students.

	Stress_Category			
Group	0-13 (Low)	14-26 (Moderate)	27-40 (High)	Total
PG 1	2	15	11	28
PG 2	8	16	0	24
PG 3	2	20	6	28
UG 1	3	38	3	44
UG 2	0	11	1	12
UG 3	0	4	3	7
UG 4	0	12	5	17
Total	15	116	29	160

On COPE scale, table 9 shows the result revealing PG students utilized more of the approach type of coping skills than UG students, whereas UG students utilized the avoidant coping skills approach more. The score of approach coping skills was 43.18±8.14 and 39.29±8.36 for PG students and UG students respectively. Furthermore, UG students used more avoidant skills with score being 23.66±6.42 and PG students' score of 20±6.33 for the

same avoidant coping skill employment. Primary coping skills utilized by PG students were active coping 5.81±1.433, use of emotional support 5.28±1.542, humour 5.04±1.71 and acceptance 6.08±1.041. Primary coping skills deployed by the UG students were self-distraction 5.18±1.589, denial 3.5±1.623, behavioural disengagement 3.5±1.414 and self-blame 4.53±1.821. These skills are among the ones with p value <0.001and were considered significant. Table 10 shows no significant interpretation was found between the different genders.

However, table 11 shows a more selective comparison and analysis among students belonging to different academic years in both UG as well as PG showing an overall approach coping skills being utilized in comparison to avoidant coping skills. PG first year, second year and third year students result showed 40.93±3.92, 49.17±9.29 and 40.29±7.69 respectively. Nevertheless, UG first year, second year, third year and fourth year students' results showed 37.91±8.7, 39.83±9.23, 44.71±5.19 and 40.24±7.31respectively.

Table 9: Distribution of coping skills among undergraduate and postgraduate students on COPE scale

	Total	**PG**	**UG**	**p value**
Age	25.69±6.252	29.41±1.84	21.96±6.868	**<0.001**
Stress_Score	21.31±6.404	21.45±7.073	21.16±5.698	0.777
Self-Distraction	4.81±1.523	4.44±1.367	5.18±1.589	**0.002**
Active coping	5.49±1.53	5.81±1.433	5.18±1.565	**0.008**
Denial	3.16±1.533	2.83±1.367	3.5±1.623	**0.005**
Substance Use	2.64±1.261	2.6±1.197	2.69±1.327	0.662
Use of emotional support	4.79±1.721	5.28±1.542	4.3±1.76	**<0.001**
Use of instrumental support	4.57±1.628	4.76±1.745	4.38±1.487	0.133
Behavioral disengagement	3.09±1.292	2.69±1.014	3.5±1.414	**<0.001**
Venting	4.18±1.503	4.08±1.271	4.28±1.706	0.402
Positive reframing	5.59±1.352	5.76±1.265	5.41±1.42	0.102
Planning	5.48±1.533	5.63±1.391	5.33±1.659	0.217
Humor	4.69±1.839	5.04±1.71	4.35±1.91	**0.018**
Acceptance	5.83±1.469	6.08±1.041	5.58±1.77	**0.031**
Religion	4.8±2.077	4.83±2.203	4.78±1.955	0.880
Self blame	3.95±1.948	3.38±1.912	4.53±1.821	**<0.001**
Avoidant Total Score	**21.83±6.62**	**20±6.33**	**23.66±6.42**	**<0.001**
Approach Total Score	**41.23±8.45**	**43.18±8.14**	**39.29±8.36**	**0.003**

Table 10: Distribution of coping skills among different gender

	Male	**Female**	**p Value**
Stress_Score	19.28±5.61	23.05±6.56	**<0.001**
Self-Distraction	5.05±1.52	4.59±1.51	.056
Denial	3.34±1.51	3.01±1.55	.180
Substance Use	2.72±1.28	2.58±1.25	.502
Behavioral disengagement	3.05±1.23	3.13±1.35	.720
Venting	4.16±1.5	4.19±1.52	.921
Self blame	4.15±1.82	3.78±2.05	.233
Avoidant Total Score	**22.47±5.7**	**21.28±7.3**	**.256**
Active coping	5.49±1.56	5.5±1.52	.956
Use of emotional support	4.64±1.91	4.92±1.54	.300

	Male	**Female**	**p Value**
Use of instrumental support	4.46±1.7	4.66±1.57	.433
Positive reframing	5.73±1.29	5.47±1.4	.218
Planning	5.77±1.43	5.22±1.58	**.023**
Humor	4.86±2.03	4.55±1.66	.276
Acceptance	6.11±1.43	5.58±1.47	**.023**
Religion	5.11±2.12	4.53±2.02	.082
Approach Total Score	**42.16±8.54**	**40.43±8.34**	**.197**

Table 11: Distribution of coping skills among various undergraduate and postgraduate academic years on COPE scale

	PG 1	**PG 2**	**PG 3**	**UG 1**	**UG 2**	**UG 3**	**UG 4**	**p value**
Age	28.64±1.75	30.79±1.84	29±1.22	21.64±9.24	21.33±0.65	22.71±1.11	22.94±0.97	<0.001
Stress_Score	25.5±6.95	16.75±5.29	21.43±6.13	19.73±5.72	19.92±4.06	24.43±4.83	24.41±5.43	<0.001
Self Distraction	4.54±0.92	3.54±1.29	5.11±1.42	5.11±1.7	5.17±1.12	5±1.41	5.41±1.73	<0.001
Denial	2.93±1.39	2.29±1.08	3.18±1.47	3.5±1.49	3.58±1.68	4.86±2.34	2.88±1.36	0.002
Substance Use	2.75±1.32	2.25±1.03	2.75±1.18	2.43±1.07	3.08±1.83	3.29±1.8	2.82±1.29	0.269
Behavioral disengagement	2.18±0.77	2.88±0.61	3.04±1.29	3.48±1.36	3.42±1.44	4±2	3.41±1.37	<0.001
Venting	3.89±1.29	4±1.02	4.32±1.44	3.98±1.53	4.5±1.57	4.57±2.15	4.76±2.02	0.427
Self blame	3.61±2.11	2.29±1.23	4.07±1.82	4.34±1.77	4.58±2.02	5.14±1.95	4.71±1.86	<0.001
Avoidant Total Score	**19.89±6.37**	**17.25±5.7**	**22.46±6**	**22.84±6.04**	**24.33±6.73**	**26.86±6.67**	**24±7.14**	0.001
Active coping	6.04±0.69	6.25±1.57	5.21±1.69	5.02±1.59	5.17±1.12	6.43±1.72	5.06±1.6	0.003
Use of emotional support	4.96±0.51	6.33±1.37	4.68±1.91	3.91±1.65	4.92±1.73	4.29±2.06	4.88±1.8	<0.001
Use of instrumental support	3.89±1.03	6.21±1.64	4.39±1.66	4.36±1.5	4.75±1.6	3.86±1.07	4.35±1.58	<0.001
Positive reframing	5.5±1.14	5.71±0.96	6.07±1.56	5.32±1.43	4.92±1.08	6.86±0.9	5.41±1.5	0.017
Planning	5.36±0.62	5.83±1.34	5.71±1.9	5.23±1.7	5.08±1.56	6.43±1.51	5.29±1.65	0.32
Humor	5.57±1.55	5.58±1.21	4.04±1.82	4.32±1.85	4.25±1.87	4.29±1.5	4.53±2.35	0.004
Acceptance	5.93±0.47	6.42±1.18	5.93±1.27	5.3±1.97	5.25±1.49	6.71±0.95	6.06±1.44	0.02
Religion	3.68±0.98	6.83±2.22	4.25±1.94	4.45±1.84	5.5±2.02	5.86±2.12	4.65±2.03	<0.001
Approach Total Score	**40.93±3.92**	**49.17±9.29**	**40.29±7.69**	**37.91±8.7**	**39.83±9.23**	**44.71±5.19**	**40.24±7.31**	<0.001

Table 12 depicts analysis of Pearson correlation with stress score and coping skills, providing significant analysis for self-distraction, denial of substance use, behavioural

disengagement, venting and self-blame. This shows a positive relation between the stress score and the individual factors studied.

Table 12: Pearson correlation with stress score and coping

Pearson correlation with Stress_Score		
Age	0.037	0.644
Self Distraction	**.187***	**0.018**
Denial	**.192***	**0.015**
Substance Use	**.181***	**0.022**
Behavioral disengagement	**.171***	**0.031**
Venting	**.232****	**0.003**
Self blame	**.262****	**0.001**
Avoidant Total Score	**.285****	**<0.001**
Active coping	0.144	0.07
Use of emotional support	-0.044	0.583
Use of instrumental support	0.015	0.855
Positive reframing	-0.03	0.703
Planning	0.066	0.408
Humor	0.069	0.387
Acceptance	0.114	0.151
Religion	-0.135	0.088
Approach Total Score	0.029	0.72

DISCUSSION

In our study we found that among undergraduate students, 3.8% experienced low stress, 81.3% moderate stress and 15% high stress. (p = 0.019). Al- Dubai et al in their study found similar results with 84.6%. undergraduate medical students experiencing low to moderate stress in Malaysia. [3] This correlates with the findings of our study. Furthermore, Sawant NS et al in his a study found 36 % experienced low stress, 57.7% experienced moderate stress and 5.97% experienced high stress in undergraduate students in Mumbai [6] further consolidating our findings. In our study, we found that among postgraduate students, 15% experienced low stress, 63.8% experienced moderate stress and 21.3% experienced high stress. (p = 0.019). Abraham J et al produced similar results in a study in Kerala, with 25% of subjects experiencing high stress and 68.3% experiencing moderate stress. [2] The mean score of perceived stress was significantly higher in females than in males. (p = 0.001). To support previously conducted research studies by K.V. Guruprakash et al., Abraham J et al., Al–Dubai et al., showed similar findings. [2,3,7]

Significant association was found between stress and different age groups. (p= 0.014), which was contrary to the study done by K. V. Guruprakash et al.[7] Certain studies also showed a higher stress level in the younger age group compared to the elder group, but the results were not statistically significant. [8,9] However, our study did not show any such significant results, rather older age group showed higher stress levels. Postgraduate and undergraduate students have different personal as well as professional lives, along with added life events and responsibilities. For a postgraduate student who were older in age and showed relatively higher stress levels, which may be due to extended duty hours, increased workload and dealing with patient-related issues like emergency situations, trauma cases, death etc.[2] In relation to undergraduate students, academic stressors was found to be the source of maximum stress as obtained by Gupta et al in Kolkata. [10]

In our study, the findings on the COPE inventory showed that undergraduate students mostly employed Avoidant coping strategies. These involved Self-distraction, Denial, Behavioural disengagement and self-blame. Al–Dubai et al in their study also found similar results, and Noura Abouammoh, in his study with similar results, concluded the great need for a stress management program to help foster coping skills among undergraduate students. [6,11] Furthermore, our study found that postgraduate students mostly employed Approach coping strategies primary ones being Active coping, Use of emotional support, Humour and Acceptance. Active coping and acceptance, along with self-distraction and venting, was also found to be significant in a study by Abraham J et al. [2] Nevertheless, K. V. Guruprakash et al. also gave similar results with students using active coping, religious coping, positive reframing and acceptance more than denial and self-blame. [7]

These significant findings of research studies done at a national and international scale bolstered the results obtained in our study. Our study inferred significant findings regarding the correlation of perceived stress with coping strategies deployed. It provides a sound groundwork for planning interventions for the reduction of undergraduate as well as postgraduate medical students' mental morbidity for a better professional and personal outcome. The interventions, if strategically so planned on the data amalgamated and cumulated from all around, will help not only the undergraduate but also the postgraduate medical students in improving their quality of work and personal stability by creating awareness and initiation to seek help when required. This will eventually help society achieve better doctors.

CONCLUSION

The scores of perceived stress on PSS showed a significant difference between the stress levels of undergraduate and postgraduate students in Silchar Medical College. Different academic years showed different stress levels.

The stress level of the majority of postgraduate students was in the range of moderate and high levels in comparison to the undergraduate students, whose stress ranged from low to moderate, with very few experiencing high stress level. Furthermore, postgraduate students showed better coping skills in reducing stress by employment of Approach coping strategies in comparison to undergraduate students, in whom Avoidant coping strategies were observed to be more as found using the COPE inventory. Approach coping skills are established, healthier means of dealing with a stressful situation. Avoidant coping skill momentarily helps in avoiding the situation and feel less stressed emotionally.[1] This difference found among coping skills may be concluded due to the younger age group as well as lack of knowledge with limited life experience in undergraduate students; therefore, having avoidant coping strategies is more convenient during stressful situations.

Furthermore, strategic interventions may help cultivate coping skills, which would, in turn, help in long-term personal and professional careers and provide society with better, less stressful doctors with advanced coping skills.

Limitations

- Family history and family construct were not given consideration
- Individual departmental and personal activities were not considered during which the questionnaire was given.
- Interpretation of the questionnaire may have led to information bias.

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Conflict of Interest

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