

Coping Strategies and Personality Dimensions of Female Gynecologists

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Abstract

The present research was conducted to investigate the relationship between coping strategies and personality dimensions among gynecologists. Sample included gynecologists (N=100) was purposively selected from 3 public hospitals of Lahore city of Pakistan. Ways of Coping Questionnaire (WOCQ) by Folkman, and Lazarus (1985) and Big Five Inventory by John and Kentle (1991) were used to measure the coping strategies and two personality dimensions; openness to experience and conscientiousness. Pearson product moment correlation was applied to find the relationship between two personality dimensions and different coping strategies. Hierarchical regression analysis was carried out to find the predictors of personality dimensions. Results showed that openness and conscientiousness had statistically significant correlation with problem-focused, self-blame and focusing on positive and problem focused, seeking social support and self blame turned out strongest predictors of openness and conscientiousness personality dimensions.

Keywords: Coping strategies, Personality dimensions, Ways of coping questionnaire (WOCQ), Big Five Inventory (BFI).

1. Introduction

The present study focuses on the coping strategies employed by gynecologists and their relationship with personality dimensions. Two personality dimensions; openness to experience and conscientiousness and their relationship with problem focused and emotion focused coping styles were measured.

Personality is a multifaceted phenomenon. It is the scientific study of the psychological forces that make people unique. Personality is the combination of characteristics of the person that account for consistent patterns of feeling, thinking and behaving. It has many key aspects which together help us understand the complex nature of an individual (Pervin & John, 2001). Our surrounding some time train us to respond in certain ways and we grow up in different cultures. Environment makes us to think who we are (Friedman & Schustack, 2003). Changes in personality are usually consequences of major life changes or deliberate efforts (Costa & McCrae, 1992).

Personality has been described and measured by many theories throughout the centuries. In the scientific study of personality it is important to distinguish clearly scientific theory from everyday knowledge about character differences. The personality trait theory of Eysenck (1948) recognizes three personality traits; extraversion, neuroticism and psychoticism. According to Eysenck (1952), extraversion is a characteristic of people who are sociable, lively and outgoing, people with neuroticism are moody, nervous and irritable, and with psychoticism are solitary, uncaring towards others, lack feeling and empathy and are insensitive and detached from others in their interpersonal relationships (Eysenck, 1948).

The five-factor model has no particular theoretical basis. This model is a source and provides basis for personality from which other models are derived (Howard & Howard, 1998). Openness to experience is one of the dimensions of big five factors scale. It is a measure of depth, breadth and variability in a person's imagination and urges for attaining new experiences (Pervin & John, 2001). In fact this factor relates to intellect, openness to new ideas, cultural interests, educational aptitude and creativity as well as an interest in varied sensory and cognitive experiences. People with a high openness to experience have broad interests, are liberal and like novelty (Pervin & John, 2001). Metsäpelto and Pulkkinen, (2002) report that parents high in nurturance were also high in extraversion and openness to experience. This indicates that openness to experience in life is very important in learning new things and adaptability to the environment. George and Zhou (2001) say that openness to experience results high level of creative behavior at workplace. Problem solving behavior is very close to creativity. Openness appears to be largely unrelated to mood and those who are more open might be expected to use their imagination to identify creative ways to cope with stressors (Judge, Higgins, Thoresen, & Barrick, 1999). Openness to experience can be linked to coping styles such as humor, rethinking and seeking new information (Rothbart & Bates, 1998).

According to Carver, and Conner-Smith (2010), manifestations of conscientiousness imply broad level

of self control on temperament taking many future contingencies into account. Conscientiousness is a measure of goal-directed behavior and amount of control over impulses (Pervin & John, 2001). The more conscientious a person is the more competent, dutiful, orderly, responsible and thorough (Costa & McCrae, 1992). Conscientious people are likely to use well-organized plans that aid them in coping with stress (Ferguson, 2001). Conscientious people may turn to social support networks to help alleviate their distress (McCrae & Costa, 1986). Judge, Higgins, Thoresen, and Barrick, (1999) conclude conscientiousness positively predict intrinsic and extrinsic career success. McCormick, Dowd, Quirk, & Zegarra, (1998) found that conscientiousness was related to problem solving among doctors. Connor-Smith (2007), establishes conscientiousness relate more problem solving and cognitive restructuring. Judge, Higgins, Thoresen, and Barrick, (1999) elucidate conscientiousness positively predict intrinsic and extrinsic career success. Conscientiousness is linked with problem focused coping styles such as active, rational and planned behavior (Lengua, Sandler, West, Wolchik, & Curran, 1999; Vollrath, 2001). Thus it can be concluded that conscientiousness is a blessing especially for doctors who interact with other people and try to alleviate their diseases.

Several studies have examined how coping styles affect personality traits and the relationship between coping styles and personality (Eksi, 2004). With regard to personality dimensions or traits that can be linked to coping behavior, Storm and Rothman (2003) found that emotional stability, extraversion, openness to experience, and conscientiousness are associated with constructive coping styles. They have also reported that passive coping styles are associated with neuroticism, low agreeableness and conscientiousness. Ferguson (2001) and Vollrath (2001) found a positive relationship of openness to experience, humor, rethinking, seeking new information, agreeableness with seeking social support and the relationship of conscientiousness with problem-focused coping such as active and planned behavior (Vollrath, 2001). Coping styles may also influence the traits that are beneficial for some individuals with different personality traits (De Longis & Holtzman, 2005).

Gynecologists as working ladies face various challenges today (Gunthert, Cohen, & Armeli, 1999). Gynecologists have some implications in terms of their wellbeing (Sears & Galambos, 1993). It also has some implications for the organization with regard to its productivity and effectiveness, as most working ladies as a gynecologists entering the workplace are still responsible for the more traditional domestics and child care responsibilities as well as their hospitals responsibilities (Douglas & Michaels, 2004). Fulfilling these various and sometimes demanding roles of wife, mother and employee can lead to role overload and conflict (Shiple & Coats, 1992). It is important that this question should be answered and it seems that having knowledge and an understanding of the concept of personality and coping strategies can assist gynecologists in functioning more effectively with her multiple roles (Connor-Smith et al., 2000). With regard to coping styles and personality dimensions Storm and Rothman (2003) found that emotional stability, extraversion, openness to experience and conscientiousness are associated with constructive coping styles, such as active problem-solving, seeking social support, positively reinterpreting stressful situation and accepting stressors.

Gynecologists are most important public servants among all fields of health sector. Due to repeated stressful situations and many other factors, their ways of coping and personalities are affected. In the present study two personality dimensions openness and conscientiousness along with ways of coping have been measured in gynecologists.

1.1.1 Hypotheses

1. There is likely to be positive relationship of problem focused coping style with openness to experience and conscientiousness personality dimension among gynecologists.
2. Problem focused styles are likely to be strongest predictors of openness to experience and conscientiousness among gynecologists.

1.2 Method

1.2.1 Research design and Sample

The design used in the study was correlation research in which cross-sectional was used. Sample of the study was consisted of 100 gynecologists (N=100) with experience range from (5 to 30) years taken from 3 different public hospitals of Lahore city of Pakistan. Purposive sampling technique was used for data collection.

1.2.2 Assessment protocols

1.2.2.1 Demographic Information Form

The factors which can affect the personality dimensions and coping strategies of gynecologists include age, experience, education, monthly income, marital status, their number of children, their working hours, husband profession, family system, typical shifts and working schedule of the sample (N=100) was taken on the demographic information form.

1.2.2.2 Big Five Inventory (BFI)

In the present study personality was assessed by Big Five Inventory (BFI) by John, Donahue and Kentle (1991). The 44-items BFI was developed to represent the prototype definitions developed through expert ratings. It is a short scale not only save testing time but also prevents subject from boredom and fatigue. The response

items are on 5 point Likert scale, from 1 disagree strongly, 2 disagree a little, 3 neither agree nor disagree, 4 agree a little, to 5 agree strongly. The alpha reliabilities of BFI scale in U.S and Canadian sample range from .75 to .90 and average above .80; three months test-retest reliabilities range from .80 to .90, with a mean of .85. The coefficient alpha reliability of BFI is .83, as reported by (John & Kentle, 1991).

1.2.2.3 Ways of Coping Questionnaire

The ways of coping revised (Folkman & Lazarus, 1985) is a 66-items questionnaire containing a wide range of thoughts and acts that people use to deal with the internal and external demands of specific stressful encounters. The eight subscales of this revised version are focused coping, wishful thinking, distancing, seeking social support, emphasize the positive, self-blame, tension reduction, self- isolation. The cronbach's alpha for all subscales are also given by Folkman and Lazarus (1985). Alpha for problem-focused coping is .88, wishful thinking .86, detachment .74, seeking social support .82, focusing on the positive .70, self-blame .76, tension reduction .59 and for keep to self or self isolation is .65 (Folkman & Lazarus, 1980). The responses format in the original version was yes/no; on the revised version the subject responds on a 4-point Likert scale from 0 not used, 1 used somewhat, 2 used quite a bit and 3 used a great deal.

1.2.3 Procedure

Before administration, all of the participants were briefed about the nature and purpose of the study and their willingness to participate in the study was also obtained. Participants were assured that information taken from them would be kept confidential. Some participants refused to fill questionnaires after having a sight of lengthy questionnaires. Overall participants were cooperative in the filling of research protocols.

1.2.4 Ethical Considerations

The written permission was taken by John and Kentle (1991) and Folkman and Lazarus (1985) for the use of scales Big Five Inventory (BFI) and Ways of Coping respectively. Due permission was sought from the concerned authorities from Medical Superintendent (MS) of concerned hospitals. Finally the consent of research participants was also obtained.

1.3 Results

Statistical Package for Social Sciences Version- 20 (SPSS -20) was used to determine frequency distribution and percentages of the coping styles and personality dimensions of participants on BFI and WOCQ and for other statistical analyses.

The result given in Table 1 indicates that total age range of the sample was (25-59) years ($M=35.6$, $SD=7.98$) years. Experience of the participants was ranged from (5 to 27) years ($M=15.5$, $SD=2.65$) years. The maximum monthly income of the gynecologists was 70,000 rupees ($M=31555$, $SD=16130.2$). Only 39% of the participants were unmarried, 60% of the sample was married and 1% of the sample was widow. Moreover, the maximum number of children was 5. The working hours of the participants ranged from (6-15) hours ($M=8.16$, $SD=1.99$). About 54% of the participants were reported to live in joint family system and 46% of the sample lived in a nuclear family. Only 28% of the gynecologists were working in evening shift and 27% in days ($M=2.41$, $SD=1.12$) while 70% of the participant's working schedule was full time and 30% of the gynecologists worked in part time ($M=1.30$, $SD=.46$).

Table 1

Frequency Table of Demographic Variables of the Sample (N = 100)

Demographic variables	f	%	Demographic variables	F	%
Age (in years)			Experience (in years)		
20-30	38	38	1-9	68	68
31-40	40	40	10-18	23	23
41-50	18	18	19-27	9	9
51-60	4	4	Working hours		
Monthly income (in thousands)			6-8	28	28
01-15	15	15	9-11	60	60
16-40	32	32	12-15	12	12
41-55	35	35	Family structure		
56-70	18	18	Joint family	54	54
Typical working shifts			Nuclear family	46	46
Days	27		Nature of job		
Evenings	28		Permanent	70	70
Nights	22		Temporary	20	20
Rotations	23		Private practice	10	10

Point biserial correlation was used to find correlation between personality dimensions and coping strategies. The first hypothesis of the study was that there will be positive relationship between openness and

problem-focused coping. The results given in Table 2 indicate statistically significant correlation of openness with problem-focused coping ($r=.26^{**}$, $**p < .01$), focusing on positive ($r=.18^*$, $*p < .05$) and with self blame ($r=.24^*$, $*p < .05$). This indicates that openness to experience in life cannot be attained without being problem focused. Openness to experience results high level of creative behavior at workplace. Problem solving behavior is very close to creativity. Results shown in Table 2 also indicate that problem-focused coping ($r=.409^{**}$, $**p < .01$) and focusing on positive ($r=.242^{**}$, $**p < .01$) are significantly correlated with conscientiousness. The present findings indicate that more the problem focused coping, more the conscientiousness would be in gynecologists.

Table 2:

Correlation of Openness to Experience and Conscientiousness with subscales of Ways of Coping (N=100)

Ways of coping subscales	Openness	Conscientiousness	M	SD
Openness	-	-	32.04	5.29
Conscientiousness		-	26.88	5.46
Problem-focused	.26**	.40**	29.92	3.99
Seeking social support	-.19	-.03*	20.18	3.01
Focusing on positive	.18*	.24**	11.51	1.98
Tension reduction	-.034	-.01	7.83	1.80
Wishful thinking	.05	-.11	13.25	3.01
Detachment	.003	-.01	15.67	3.15
Self-blame	.24*	-.007	8.32	2.17
Keep of self	-.09	-.14	8.18	1.73

** $p < 0.1$, * $p < 0.5$, M= mean, SD= standard deviation

Predictors of Openness to Experience and Conscientiousness

Hierarchical multiple regression analysis was performed to determine the impact of coping styles (problem focused coping, seeking social support, self blame, keep to oneself, wishful thinking, detachment, focusing on positive, tension reduction) on openness personality dimension.

Table 3

Hierarchical Multiple Regressions Predicting Openness Personality Dimension from different Coping Styles among the gynecologists (N=100)

Predictors	B	S.E	B	R ²	ΔR ²	ΔF
Model 1				.192***	.192	5.63***
Problem focused coping	.29*	.15	.22			
Seeking social support	-.44*	.20	-.25			
Self blame	.72*	.28	.29			
Focusing on positive	.65*	.34	.24			
Model 2				.224	.032	3.27**
Wishful thinking	.04	.18	.02			
Detachment	-.03	.19	-.02			
Keep to oneself	-.25	.31	-.08			
Tension reduction	.23	.90	.08			
Total ΔR ²				.416***	.224***	

Note. R² = .29, -.44, .72, .65 in model 1, .04, -.03, -.25, .23 in model 2. * $p < .05$, ** $p < .01$

Hierarchical multiple regression analysis was performed in two steps. In the first Model, problem focused variables (problem focused coping, seeking social support, self blame, focusing on positive) were entered and all of these variables were found statistically significant.

The results given in Table 3 indicate that all the problem focused variables explained 19.2 % of the variance in openness personality dimension. These variables were found to be the strong predictors for openness personality dimension as reported by the female gynecologists ($\beta = .22, p < .05$; and $\beta = -.25, p < .05, \beta = .29, p < .05 \beta = .24, p < .05$ respectively) and accounted for 19.2 % of the variance in openness. Overall it explained 19.2 % variability. In the second Model, emotion focused coping styles (wishful thinking, detachment, focusing on positive, tension reduction) were entered and none of these variables were found statistically significant. The results given in Table 3 indicate that all the emotion focused coping explained only 3.2 % of the openness personality dimension.

Table 4

Hierarchical Multiple Regressions Predicting Conscientiousness Personality Dimension from different Coping Styles among the gynecologists (N=100)

Predictors	B	S.E	B	R ²	ΔR^2	ΔF
Model 1				.223***	.249	5.74***
Problem focused coping	.27*	.17	.24			
Seeking social support	-.46*	.20	-.23			
Self blame	.70*	.24	.30			
Focusing on positive	.68**	.37	.26			
Model 2				.110	.127	4.21**
Wishful thinking	.06	.19	.04			
Detachment	-.04	.20	-.03			
Keep to oneself	-.27	.35	-.10			
Tension reduction	.25	.90	.09			
Total ΔR^2				.333***	.376***	

Note. $R^2 = .27, -.46, .70, .68$ in model 1, $.06, -.04, -.27, .25$ in model 2. * $p < .05$, ** $p < .01$

Again hierarchical multiple regression analysis was carried in two steps. In the first model, problem focused variables (problem focused coping, seeking social support, self blame, focusing on positive) were entered and all of these variables were found statistically significant.

The results given in Table 4 indicate that all the problem focused variables explained 22.3 % of the variance in conscientiousness personality dimension. These variables were found to be the strong predictors for openness personality dimension as reported by the female gynecologists ($\beta = .24, p < .05$; and $\beta = -.23, p < .05, \beta = .30, p < .05 \beta = .26, p < .05$ respectively) and accounted for 22.3 % of the variance in conscientiousness personality dimension. In the second Model, emotion focused coping styles (wishful thinking, detachment, focusing on positive, tension reduction) were entered and none of these variables were found statistically significant. The results given in Table 4 indicate that all the emotion focused coping explained only 11.0 % of the conscientiousness personality dimension.

1.4 Discussion

The present study was conducted to explore the relationship between coping strategies and personality dimensions in female gynecologists. Coping styles were used as independent variable while two personality dimensions; openness to experience and conscientiousness were used as dependent variables. Abundant of studies has been conducted in the western world regarding the relationship between coping strategies and personality dimensions on multiple samples (Derryberry et al., 2003; House, 1981; Solbergnes, & Segerstrom, 2006). However, in Pakistan no data on coping strategies and personality dimensions among gynecologists is present to address this issue. The finding of the present research showed that openness and conscientiousness has statistically significant correlation with problem focused coping, focusing on positive coping and self-blame coping strategies.

The first finding of the present research is that there is significant positive correlation between openness to experience and problem-focused coping. The finding is consistent with those of Bishop, Diong, Enkelmann,

Khader, Tong and Why (2001); Taylor (2004). George and Jing (2001) have delineated relationship of openness to experience with creative behavior, which itself is the height of problem focused style. McCrae and Costa (1986) explored the relationship of openness to experience with divergent thinking and creativity. Pervin and John, (2001) describe people with a high openness to experience have broad interests, are liberal and like novelty. So we can conclude that gynecologists are performing highly focused job which also affect their personality and they are opened to learn new experiences. They face health complications in their job and try to resolve them by focusing on the problem.

The correlation between openness and wishful thinking, detachment, keep of self remained insignificant. This finding corroborates with those of Dunkley, Zuroff, Blankstien (2003); Derryberry, Reed and Taylor (2003); Penly and Tomaka (2002) and Solbergnes and Segerstrom (2006) who found that there is insignificant correlation between openness and wishful thinking, detachment and keep of self. It means that when openness increases, wishful thinking, detachment and keep of self would be decreased. A doctor cannot adapt avoidant coping styles because they face hard realities of health. Health cannot be dealt with by adapting avoidant coping.

The next main findings showed that there is significant correlation of conscientiousness with problem-focused coping and focusing on positive. Evidence convincingly supports that conscientiousness has statistically significant correlation with problem-focused coping and focusing on positive. As concluded by Bishop, et al. (2001); Taylor (2004) and Watson and Hubbard (1996) that conscientiousness is positively correlated with problem-focused coping and focusing on positive. Pervin and John, (2001) describes conscientiousness as a measure of goal-directed behavior and amount of control over impulses. Thus it supports the hypothesis that there is positive relationship between conscientiousness and problem-focused coping and focusing on positive. It means that people with conscientiousness personality dimension will use more problem-focused coping and will focus on positive side of the problem.

Next main finding of the present study is that problem focused style, seeking social support, self blame and seeking to positive turned out to be strongest predictors of openness to experience personality dimension. The present finding corroborates with those of George and Zhou (2001); Rothbart and Bates, (1998) who have also concluded that problem focused style, seeking social support, self blame and seeking to positive predict and open ways to openness to experience personality dimension. Judge, Higgins, Thoresen, and Barrick (1999) concluded that generally conscientiousness generally predicts intrinsic and extrinsic career success in an individual's life. Gynecology is considered a noble and hardworking profession. The doctors have to be very competent and conscientious to attain perfection in their profession. If they are ready to learn new skills and are aware of the problems they can face, they succeed in their latter life. As noted by McCormick, Dowd, Quirk, and Zegarra, (1998), that conscientiousness was related to problem solving among doctors. Thus it can be summarized that conscientiousness is a blessing especially for doctors who interact with other people and try to alleviate their diseases.

Furthermore, 38% of the participant's age ranging from 25 to 30 years and 68% of the sample's experience from 1 to 9 years were also found as strongly correlated with coping strategies, openness and conscientiousness respectively. These findings are consistent with those of Derryberry, et al. (2003); John and Sarivastava (1999) and Penly and Toamaka (2002) who also suggests that age and experience are strongly correlated with the personality dimensions (openness and conscientiousness) and it could affect the coping styles.

Moreover, monthly income was also found significantly correlated with coping styles. This finding is consistent with those of Connor and Flachsbert (2007); Rueda and Rothbert (2009) who also suggests that monthly income positively correlated with coping styles.

Additionally 60% of the participants were married. So the marital status was also found to be statistically significantly correlated with coping strategies of problem focused and seeking-social support. This finding is consistent with those of DeRidder and Kerssens (2003) who have reported that marriage is a test and affect positively to human life. Additionally joint family structure was found as correlated with openness and conscientiousness because 54% of the participants lived in joint family system. This finding is consistent with those of McCrae and Costa (1992); David and Suls (1999); House (1981); Kahn and Antonuci (1981) who also suggests that family structure is positively correlated with the openness and conscientiousness.

1.4.1 Limitations

The study population only consisted of gynecologists (N=100) and is therefore not representative of other populations in health sector. It investigated a specific group of employees. Thus, it means that finding of the study may not be readily generalized to other occupational groups like banks, social workers, educationists and other public sector workers.

1.4.2 Implications

This is a preliminary research in this area in Pakistan. The relationship between personality dimensions and coping strategies might be investigated in a wider variety of study populations. Recruitment and selection practices can be designed to include measures of coping styles and personality dimensions in order to appoint gynecologists who will function effectively in the multiple roles. The present research is a unique one and first

one conducted on both two variables; personality dimensions and coping strategies of gynecologists. So this study can throw light and open new horizon to understand the relationship between these two variables.

1.4.3 Conclusion

It is concluded from the results that conscientiousness, openness to experience were associated with problem focused coping, self blame and focusing on positive. On the other hand, problem focused, seeking social support and self blame proved to be the strongest predictors of openness and conscientiousness personality dimensions.

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