Understanding Coping Responses in Occupational Therapy Students to Support Student Success

Amanda Mohler, OTD, OTR/L, AFWCC

Ashley Stroud, OTD, OTR/L

Arkansas State University

College students are in a period of life where an abundance of new experiences and stressors can impact students' mental health. Students in occupational therapy (OT) programs are experiencing even more significant stressors that affect their mental health. From transitioning into a healthcare program and the high demand placed on students for academic and clinical performance, OT students experience significant stress (Everly et al., 1994). The higher levels of stress the students are experiencing are resulting in higher rates of depression and anxiety (Hyun et al., 2006). Understanding how to support OT students best and foster healthy coping responses is essential for student health and academic success.

Coping consists of strategies an individual uses to reduce and manage unpleasant emotions. Students will find ways to cope, which can be either healthy or unhealthy, and the ways they cope can vary among situations (Algorani & Gupta, 2023). Understanding healthy coping mechanisms that foster student success is essential for academic educators so they can support students in managing stressors. Three forms of coping strategies are commonly used: problem-focused coping, emotion-focused coping, and avoidant coping.

Types of Coping Strategies

Students who use problem-focused coping will address the issue causing the distress. Through this coping strategy, the student actively analyzes the stressor and finds a way to cope. Confronting the problem head-on is the most effective and active coping strategy (Chao, 2011; Stoeber et al., 2011). Students who demonstrate problem-focused coping are more likely to have higher levels of emotional intelligence, mastery of skills, and academic achievement. Furthermore, students who understand and implement problem-focused coping are more likely to experience greater satisfaction in school and life (Saklofske et al., 2012).

Problem-focused coping cannot be successful without a thorough understanding of supportive strategies for addressing the problem. Strategies to support problem-focused coping include active coping, instrumental support, positive reframing, and planning

(Schoenmakers et al., 2015). Active coping and planning responses allow the OT student to concentrate on identifying and implementing resolutions to the problem. When additional support is needed, OT students can utilize instrumental support to seek help or guidance from their peers, friends, family, and academic instructors. As in academics and life, not all stress can be resolved through problem-solving. When these scenarios occur, OT students should reflect on the problem from a different perspective and identify ways the challenge can be used for self-growth and professional development.

Problem-focused coping is most appropriate for situations students feel they can control, such as failing a clinical practice exam. However, not all situations are controllable, such as participating in a hands-on lab practical or receiving in-person feedback from an instructor. When students feel powerless, they may need to direct their coping strategies toward dealing with their feelings and internal distress. Emotion-focused coping fosters emotional stability by reframing an encounter that caused distress. Coping response is essential for helping students stay hopeful and optimistic in challenging situations (Lazarus & Folkman, 1984). Research shows that college students, especially females, are most likely to rely on emotion-focused coping (Ramya & Parthasarathy, 2009). Common strategies used to facilitate emotion-focused coping include emotional support, humor, venting, and seeking spiritual or religious support. Unlike problem-focused coping, emotion-focused coping consists of maladaptive strategies that can negatively impact the OT student and their academic performance. Some students will begin to self-blame by criticizing and blaming themselves. Self-blaming leads to increased isolation, feelings of loneliness, and poorer academic performance (Compas et al., 2017; Govender et al., 2015). Therefore, when using emotion-focused coping skills, students need to use strategies that allow them to facilitate emotional regulation and healthy emotional expressions to reduce negative emotions and toxic stress. Common tools students can use to promote healthy emotional coping include journaling, listening to music, movement, meditation, and breathing exercises (Lazarus & Folkman, 1984).

The third coping response, avoidant coping, occurs when students change their behavior to avoid thinking about the stressor. Avoidant coping strategies include maladaptive behaviors that facilitate self-distraction, denial, substance use, and behavioral disengagement. Long-term stress avoidance may seem like a solution to decreasing stress, but students are at a greater risk of experiencing anxiety, frustration, and poorer academic performance and health outcomes (Dijkstra & Homan, 2016). Avoidant coping can have detrimental long-term consequences, but in some cases, it may be more effective for a short period. Short-term periods of self-distraction or denial may be necessary to reduce enough stress for an individual to maintain participation until they can eliminate other stressors (Moos & Holahan, 2003; Stowell et al., 2001). For example, students who have multiple assignments in one week may only be able to focus on one assignment at a time or may participate in leisure activities to help clear their minds before working on assignments. Therefore, in some circumstances, avoidance coping may be necessary for students to prevent their stressors from

becoming unmanageable. Students who use avoidance coping must have a strong understanding of the context of the situation, specifically what is causing stress and the implications of the stress on one's health and occupational participation (Moos & Holahan, 2003; Stowell et al., 2001).

Implications for OT Students and Educators
Part of the profession of occupational therapy is facilitating healthy coping responses for clients who may be undergoing stress or life changes. Therefore, it is essential to ensure healthy coping responses are integrated into the OT academic setting for academic success and success in the clinic. Occupational therapy educators are the backbone of institutions and core channels of OT knowledge. A deeper understanding of common coping responses allows faculty to facilitate healthy coping responses with students. Research shows a correlation between student depression and poor faculty support, demonstrating the need for faculty to actively support their students (Langness et al., 2021). Faculty can help decrease student stress by being clearer on assignments, establishing open communication, and demonstrating more empathy (McClain et al., 2023).

In addition, faculty can provide support based on the students' preferred coping strategies through collaboration with the student (Haughey et al., 2017). A study on healthcare students found that providing more wellness resources, mentorship programs, and a safe and non-discriminatory learning environment assisted with stress management and facilitated healthy coping responses (Langness et al., 2023). Furthermore, allowing students more control and flexibility with their schedule increases their ability to develop healthy coping skills by promoting self-efficacy. Other health professional programs have implemented mindfulness training, mental health services, and health and well-being programs into their curriculum to support and facilitate student coping skills.

Occupational therapy students are highly stressed in their academic journey. To mitigate the stressors students experience, there is a great need to foster healthy coping responses in students' lives. Gaining a deeper understanding of why students are stressed, the types of coping strategies they utilize, and how faculty can facilitate strategies is imperative to promoting student success. In healthcare programs, OT educators need to use their knowledge of mental health, activity analysis, problem-solving, empathy, and client-centered practice to support the success of OT students' educational journey.

References

Algorani, E. B., & Gupta, V. (2023). *Coping mechanisms.* StatPearls Publishing.

Chao, R. C. (2011). Managing stress and maintaining well-being: Social support, problem-focused, and avoidant coping. *Journal of Counseling & Development, 89*, 338-348. https://doi.org/10.1002/j.1556-6678.2011.tb00098.x

Compas, B. E., Jaser, S. S., Bettis, A. H., Watson, K. H., Gruhn, M. A., Dunbar, J. P., Williams, E., & Thigpen J. C. (2017). Coping, emotion regulation, and psychopathology in childhood and adolescence: A meta-analysis and narrative review. *Psychological Bulletin, 143*(9), 939-991. https://doi.org/10.1037/bul0000110

Dijkstra M. T., & Homan, A. C. (2016). Engaging in rather than disengaging from stress: Effective coping and perceived control. *Front Psychology, 21*(7). https://doi.org/10.3389/fpsyg.2016.01415

Everly, J. S., Poff, D. W., Lamport, N., Hamant, C., & Alvey, G. (1994). Perceived stressors and coping strategies of occupational therapy students. *American Journal of Occupational Therapy, 48*(11), 1022–1028. https://doi.org/10.5014/ajot.48.11.1022

Govender, P., Mkhabela, S., Hlongwane, M., Jalim, K., & Jetha, C. (2015). OT students' experiences of stress and coping. *South African Journal of Occupational Therapy, 45*(3), 34-39. https://doi.org/10.17159/2310-3833/2021/vol51n2a5

Haughey, K., Zimmerman, S., & Sanders, M. (2017). Perceived stressors and coping in junior, senior, and graduate occupational therapy students: A qualitative analysis. *American Journal of Occupational Therapy*, *71*(4). https://doi.org/10.5014/ajot.2017.71S1-PO7035

Hyun, J. K., Quinn, B. C., Madon, T., & Lustig, S. (2006). Graduate student mental health: Needs assessment and utilization of counseling services. *Journal of College Student Development, 47*(3), 247–266. https://doi.org/10.1353/csd.2006.0030

Langness, S., Rajapuram, N., Marshall, M., Rahman, A. S., & Sammann, A. (2023). Risk factors associated with student distress in medical school: Associations with faculty support and availability of wellbeing resources. *PLoS One, 17(*4). https://doi.org/10.1371/journal.pone.0265869

Lazarus, R. S., & Folkma, S. (1984). *Stress, appraisal, and coping.* Springer.

McClain, H., Espiritu, E. W., Michaels, N., Reddy, L., Bender, C., Cusick, M., Wu, S., & Hicks, R. (2023). Prevalence & efficacy of coping strategies utilized by entry-level OT students. *American Journal of Occupational Therapy, 77*(2). https://doi.org/10.5014/ajot.2023.77S2-PO196

Moos, R.H., & Holahan, C.J. (2003). Dispositional and contextual perspectives on coping: Toward an integrative framework. *Journal of Clinical Psychology, 59*(12), 1387-1403. https://doi.org/10.1002/jclp.10229

Ramya, N., & Parthasarathy, R. (2009). A study on coping patterns of junior college students. *Indian Journal of Psychological Medicine, 31*(1), 45-47. https://doi.org/10.4103/0253-7176.53315

Saklofske, D. H., Austin, E. J., Mastoras, S. M., Beaton, L., & Osborne, S. E. (2012). Relationships of personality, affect, emotional intelligence and coping with student stress and academic success: Different patterns of association for stress and success. *Learning and Individual Differences, 22*(2), 251-257. https://doi.org/10.1016/j.lindif.2011.02.010

Schoenmakers, E. C., Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: how are they related? *European Journal on Aging, 12*, 153-161. https://doi.org/10.1007/s10433-015-0336-1

Stoeber, J., & Janssen, D. P. (2011). Perfectionism and coping with daily failures: Positive reframing helps achieve satisfaction at the end of the day. *Anxiety Stress Coping, 24*(5), 477-97. https://doi.org/10.1080/10615806.2011.562977

Stowell, J. R., Kiecolt-Glaser, J. K., & Glaser, R. (2001). Perceived stress and cellular immunity: When coping counts. *Journal of Behavioral Medicine, 24*(4), 323-339. https://doi.org/10.1023/a:1010630801589

Author Biographies:

Amanda Mohler, OTD, OTD/L, AFWCC is an Associate Professor in the Doctor of Occupational Therapy program at Arkansas State University in Jonesboro, AR.

Ashley Stroud, OTD, OTR/L is an Assistant Professor in the Doctor of Occupational Therapy program at Arkansas State University in Jonesboro, AR.