# Coping Strategies Among Resident Physicians at a Tertiary Hospital in Davao City During the COVID-19 Pandemic

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**Background**: The COVID-19 is a significant stressor for the resident physicians. This public health issue augmented the already rigid and demanding residency training.
**Objective**: To determine the coping strategies employed by the resident physicians at the Southern Philippines Medical Center during the COVID-19 pandemic.
**Methods**: The study was a cross-sectional design using the descriptive-survey research method. A total of 200 resident physicians participated in this study. The instruments used were a self-made sociodemographic profile questionnaire and the 37-item Filipino Coping Strategies Scale, adopted with permission from the developer. The study used frequency and percentage for categorical variables and mean and standard deviations for continuous variables.
**Results**: The respondents were primarily female resident doctors (56%), unmarried (83%), with an average age of 30, and with the majority living with their immediate family (54%) with mostly three to four family members at home (64%). Most resident doctors were assigned to COVID-19 wards (52.5%) and managed COVID-19 patients directly (73%). Twenty percent of these respondents working in COVID-19 wards have reported and claimed having pre-existing health conditions. The most prevalent coping strategies employed were religiosity ($3.15 \pm 0.66$) and problem-solving ($3.11 \pm 0.50$). On the other hand, resident doctors rarely turned to overactivity or substance use.
**Conclusion**: This study has shown that residents most frequently utilized problem-focused (problem-solving) and emotion-focused (spirituality, relaxation/recreation, and tolerance) strategies. Coping is necessary for resident physicians to confront threats of COVID-19 infection. Psychological-emotional support for the well-being of resident doctors must be in place in every residency training program.

**Key words**: coping, strategies, residents, doctors, physicians

## Introduction

Coronavirus disease (COVID-19) has raised severe concerns about resident physician safety, training, and well-being. It puts resident doctors' lives in peril while caring for COVID-19 positive patients.[1] Due to a paucity of supplies, some residents reported not wearing or having to wear PPE multiple times.[2] Moreover, the pandemic altered resident doctors' usual rotations, reduction of clinical and surgical case exposures, and rendering longer work hours.[3–5] The unprecedented alterations during the COVID-19 pandemic caused resident doctors a spectrum of mental, psychological, and emotional suffering. However, psychological distress was a well-known issue among resident physicians even before the present health crisis. Several decades of research have demonstrated the contribution of residency training to burnout, stress, anxiety, and depression.[6–8] Studies have shown links between these problems to a range of aspects, including a lack of time, pressure, work overload, physical fatigue, and intimidation.[9–11] These predicaments have not improved.[12,13] Thus, COVID-19 pandemic has only aggravated residents' hardships during the training. Coping with the COVID-19 pandemic and the daily rigors of residency training is an unavoidable part of the process. Coping techniques refer to individuals' unique behavioral and psychological attempts to conquer, lessen the severity, or minimize stressful circumstances.[14] Earlier studies revealed the diverse coping approaches employed by resident doctors, such as

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obtaining support from family, friends, and coworkers, exercising or cooking, and socializing.[15,16] However, other resident doctors turned to alcohol consumption and taking sleeping drugs to cope.[17]

In terms of the psychological effects on the physicians, the advent of COVID-19 resulted in an explosion of research on the disease's repercussions on frontline physicians. Das and colleagues[18] assessed Indian physicians' mental health during the COVID-19 pandemic. They uncovered that the prevalence of depression and stress symptoms was 63.5 percent and 45 percent, respectively, among frontline physicians treating COVID-19 patients. Abdelghani and associates[19] reported worries of COVID-19 virus infection (Fear of COVID-19 Scale), associated symptoms of worry and despair (Hospital Anxiety and Depression Scale), burnout symptoms (Maslach Burnout Inventory), and wellbeing (World Health Organization Quality of Life Scale).

The literature has indicated various reasons for the anxiety and concerns of doctors during the COVID-19 pandemic. In multivariate analysis, Das and colleagues[18] found that working longer hours and living apart from family members were substantially associated with subjective stress and depression among Indian doctors. The perceived dread of COVID-19 infection was associated with anxiety, sadness, burnout, emotional exhaustion, and depersonalization symptoms and was negatively related to the quality of life. Urooj and coworkers[20] revealed that Pakistani and UK doctors were most fearful of infecting their family members (79.7 percent), the immediate spread of disease (63 percent), and disease complications while working during the pandemic (60.3 percent).

Lazarus and Folkman (1984) conceptualized The Transactional Model of Stress and Coping Theory that underlines the continuum of appraisal to evaluate harm, threat and challenges that results in the process of coping with stressful event. The level of stress is experienced through thoughts, feelings and behaviors as a result of external stressors, depends on appraisals of the situation which involves judgement whether internal or external demands exceed resources and ability to cope. The authors found that the two most relevant and practical ways of coping that people used in almost all stressful encounters were directed at both altering the person-environment (problem-focus) and managing the emotional distress (emotion-focus). Emotion-focused coping attempts to either change the way the stressful environment is viewed, or to change the personal meaning of the situation resulting in distancing from the event, escape-avoidance or seeking social approval (Lazarus, 1993). Problem-focused coping seeks to change the relationship by acting on either the environment or the person and is achieved by evaluating the stake in the encounter and using confrontive coping strategies, self-control, accepting responsibility, planful problem solving, and positive reappraisal.[22]

Locally, John Robert Rilveria[22] developed the Filipino Coping Strategies Scale based on Filipinos' resilience, coping strategies, and behaviors. There is not much quantitative research on coping strategies in the local context. Most are qualitative in nature or phenomenological approach. The scale incorporate identified coping behaviors from existing qualitative research that are unique to the Filipino and extracted domain from quantitative foreign scales as well as validated tools. Lastly, this scale serves as an assessment tool that determine how an individual generally copes when facing stressful or difficult situation. This aids clinicians in finding out possible strengths and having insights about behavioral tendencies and coping behaviors of a person.[22] The opposite end of stress is well-being, Laforteza studied the factors influencing the occupational well-being of the healthcare professionals during the pandemic in South Cotabato and he found out that patients' situation, relationship with co-workers, personal situations and emotions, family related factors, and professional/work demands influenced the sense of well-being. Resident doctors face a variety of stressful and demanding situations during their training. They must deal with and overcome complex problems. Conscious awareness of one's coping behavior allows resident doctors to use these resources to mitigate the impact of issues. It will empower them to reflect on their natural inclinations toward defense measures and ascertain whether they are suitable. The findings may encourage the creation of proactive services to promote the well-being of resident doctors. Our research will likewise add to the current lack of literature on resident doctor coping mechanisms, — especially in the local region. The COVID-19 pandemic is a unique experience for resident doctors. Capturing resident doctors' coping responses will help us understand stress-relieving practices. Hence, this study at the Southern Philippines Medical Center (SPMC).

This study aimed to determine the coping strategies of resident physicians during the coronavirus disease (COVID-19) pandemic in Southern Philippines Medical Center (SPMC), Davao City.

## Methods

This study utilized cross-sectional design and the descriptive-online survey research method. The study design was appropriate for this investigation because it allowed the capturing and characterization of the coping responses of resident physicians in a government tertiary hospital at a particular point during the coronavirus disease (COVID-19) pandemic. Moreover, the current investigation employed an online survey instead of the conventional pen and paper survey. This approach aimed to minimize the unnecessary physical interaction between the principal investigator and research participants and minimize COVID-19 infection risks. This study described the sociodemographic profile of the resident physicians of SPMC using researcher-prepared questionnaires. It also determined the coping strategies they employed during the COVID-19 pandemic. The present investigation utilized the Filipino Coping Strategies Scale by Rilveria and scoring. It is outside the scope of this study to categorize coping mechanisms as active or avoidant, adaptive or maladaptive, or to correlate study variables.

The participants of this study were resident physicians undergoing training at the Southern Philippines Medical Center. The study included participants with these characteristics: (1) all surgical, non-surgical, and dental resident physicians of SPMC and (2) agreed to participate voluntarily and gave their written informed consent. The study excluded the following: (1)residents rotating from other hospitals based on the records of the HR Department of SPMC (2) residents with a previously known diagnosis of uncontrolled psychiatric and mental health conditions, such as moderate or severe depression and anxiety as reported by the resident (3) refused to participate during invitation (3) did not respond to the invitation to participate within 15 days of contact by FB messenger, text, or call (4) did not go through the informed

consent process within 15 days of sending the Google Form link (5) did not answer the survey questionnaires within 15 days of sending the Google Form link (6) opted out or revoked participation during the study period before data analysis and lastly (7) those who failed to answer at least 15% of the survey questionnaires.

The study utilized the complete enumeration strategy. The study invited every resident physician enlisted in the Residency Training Program at SPMC who fulfilled the study criteria for inclusion. This study did not involve random allocation of participants into groups.

The Department of Family and Community Medicine and Cluster Ethics Research Committee at the Southern Philippines Medical Center approved the research protocol after a series of reviews. The PI obtained permission to conduct the study from the SPMC Administration, Training Officer of the Residency Program, and Chairpersons of the various surgical, non-surgical, and dental departments. The PI also asked for authorization from the Chief of Hospital Records, specifically from the Professional Education, Training and Development department to access the census of residents. The PI contacted the residents individually through FB messenger, text messages, and mobile phone calls. Subsequently, the PI facilitated the informed consent process using Google Forms. The form contained the information sheet of the study and the informed consent form. Residents who gave their written informed consent got access to the online survey questionnaires created using Google Forms. The two-part structured questionnaire collected the respondents' sociodemographic and health profiles and coping strategies in the English language. The first part was a researcher-prepared sociodemographic and health profile questionnaire. It aimed to collect the profile information of the study respondents, such as age, sex, marital status, living condition, number of household members in the present home, history of smoking, history of drinking alcoholic beverages, pre-existing conditions, the field of specialization, and number of years in residency training. The second part of the questionnaire was a self-reported Filipino Coping Strategies Scale by Rilveria[22] used with permission from the developer. The questionnaire consisted of 37 test items. Its purpose was to obtain the responses' coping approaches in confronting COVID-19. The coping strategies of the resident physicians during the COVID-19 pandemic, assessed using the Filipino Coping Strategies Scale, was the primary outcome measures. The internal consistency of the FCSS indicated high reliability, with an overall coefficient alpha of .716 (.60 to .95 for each domain).

In particular, the coping strategies classified into nine domains are as follows: Cognitive reappraisal (pagsusuri), social support (paghingi ng tulong), problem-solving (pagtugon), religiosity (pagka-relihiyoso), tolerance (pag-titiis), emotional release (paglabas ng saloobin), overactivity (pagmamalabis), relaxation/recreation (paglilibang), and substance use (pagbibisyo), in a four-point numerical rating scale (1=never, 2=Sometimes, 3=Most of the time, 4=Always). The coping scale also contained two open-ended questions. It aimed to draw the respondents' unique coping strategies not included in the study tool. The composite scores for each of the domains were computed by averaging the sum of the scores across the items of each domain (dividing the total raw score by the number of items in each domain). Therefore, the minimum composite score for each domain is one (1) and the maximum is four (4), as follows.

**Table 1**. Interpretation of scores in the Filipino coping strategies scale.

| Mean Cut-Off Range | Usage/Interpretation |
|---|---|
| 1.00 - 1.75 | Never |
| 1.76 - 2.50 | Sometimes |
| 2.51 - 3.25 | Most of the time |
| 3.26 - 4.00 | Always |

Descriptive statistics such as mean and standard deviation were used to present continuous data (composite scores of coping scale) while frequency and percentage for categorical data (sociodemographic and health profiles). The principal investigator securely downloaded the Google Sheet containing the raw data collected from the online survey. The PI saved the worksheet on the hard drive of her personal password-protected laptop computer as a Microsoft Excel file. The PI shall securely dispose of all research materials used at the study closure five (5) years after the publication of this research protocol in the Department of Family and Community Medicine at SPMC.

## Results

The resident physicians from all 16 departments of Southern Philippines Medical Center were invited to participate in the self-administered online survey questionnaire. A total of two hundred (200) physicians in residency training participated in the study out of 405 total resident population during this research period. The overall response rate was 49.4% (Table 2). All of these participants met the inclusion and none of the exclusion criteria. Their answers were checked for completeness. Data was tabulated in the data gathering tool for each participant.

**Table 2**. Number of respondents in each training departments in SPMC.

| Department | Population (N) | Sample Size (n) | Response Rate, n (%) |
|---|---|---|---|
| Anesthesiology | 25 | 6 | 24 |
| Dermatology | 13 | 8 | 61.5 |
| Dental Medicine | 5 | 2 | 40 |
| Emergency medicine | 26 | 8 | 30.7 |
| ENT-HNS | 10 | 6 | 60 |
| Family Medicine | 26 | 26 | 100 |
| Internal Medicine | 86 | 61 | 70.9 |
| OB-GYNE | 44 | 15 | 34 |
| Ophthalmology | 13 | 8 | 61.5 |
| Orthopedics | 22 | 12 | 54.5 |
| Pathology | 17 | 10 | 58.8 |
| Pediatrics | 35 | 13 | 37.1 |
| Psychiatry | 8 | 7 | 87.5 |
| Radiology | 36 | 11 | 30.5 |
| Surgery | 30 | 7 | 23.3 |
| Urology | 9 | 0 | 0 |
| Total | 405 | 200 | 49.4% |

**On the Respondents' Profile Characteristics**

Table 3 presents the sociodemographic and health profiles of the 200 resident physicians who responded to the study. They were assessed using a researcher-prepared profile questionnaire. Their average age was 30 (29.9 ± 2.1 years) and 112 (56%) were females. On their marital status, 167(83%) are single while 33(16%) are married. Majority of the residents (112, 54 %) live with their immediate family. Eighty-five (42.5%) of the respondents are living alone while 7 (3.5%) live with their relatives. On household size, 128 (64%) have one to three family members at home, while there were 13 residents with a big household of >6 members (6.5%). Moreover, results revealed that about 67.5% (135) of the respondents were alcoholic beverage drinkers and 23.5% (47) were smokers. Furthermore, 25% had claimed to have diagnosed comorbidities. Comorbidities mentioned in the open-ended question by the respondents are the following: Dyslipidemia, Hypertension, Bronchial Asthma, Obesity, Anxiety Disorder, Nonalcoholic Fatty Liver Disease, Polycystic Ovarian Syndrome and Major depressive disorder.

Research respondents were from the different specialty: 61(30.5%) from internal medicine, 26 (14.5%) from family and community medicine,15(7.5%) from obstetrics and gynecology, 13(6.5%) from pediatrics, 10(5%) from pathology, 11(5.5%) from radiology, 8(4%) from dermatology, and 6 (3%) from anesthesiology.

The average number of years the respondents were undergoing training was two years (2 ± 1 year). Fifty-six percent (113) of them claimed to have been in training from 1 to 2 years, 35.7% (71) in training for three to five years, 0.5% in training for more than 5 years while 7% were new resident doctors with less than one year of training.

As shown in Table 3, 146 participants (73%) directly managed COVID-19 patients, while 105 (53%) were working in COVID-19 wards. Forty respondents (20%) reported having pre-existing conditions.

**On the Respondents' Coping Strategies During the Pandemic**

Table 4 shows the coping strategies employed by the resident physicians during the COVID-19 pandemic, assessed using the Filipino Coping Strategies Scale. Of the 200 respondents, they most frequently utilized religiosity and problem-solving coping mechanisms during the COVID-19 pandemic, with the highest mean ratings of 3.15 (standard deviation [SD] ± 0.66) and 3.11 (±0.50), respectively. These were closely followed by relaxation-recreation (2.87 ± 0.53), tolerance (2.86 ± 0.52), cognitive reappraisal 2.79 (± 0.42) and availing of social support 2.75 (± 0.54). Participants also sometimes used emotional release 2.19 (± 0.52) as coping strategy and overactivity 2.23 (± 0.51). Finally, Substance use, was not a revealing observation, the least preferred strategy (1.58 ± 0.56).

Aside from the strategies already mentioned above, some respondents mentioned the following as their specific coping strategies in the last open-ended question of the tool: video games, drawing and sketching, using social media, online shopping, baking, watching movies, relaxing in nature, meditation, journal writing, listening to music, exercise or work out and spending time with family.

**Table 3**. Sociodemographic and health profiles of the resident physicians.

| Profile Variables | Values (n=200) |
|---|---|
| Mean Age ± SD, Years | 29.9 ± 2.1 |
| Sex, Frequency (%) | |
| Male | 88 (44) |
| Female | 112 (56) |
| Marital Status, Frequency (%) | |
| Single | 167 (83) |
| Married | 33 (16) |
| Living Condition, Frequency (%) | |
| Living alone | 85 (42.5) |
| Living with immediate family | 108 (54.0) |
| Living with relatives | 7 (3.5) |
| Number of Household Members, Frequency (%) | |
| None | 10 (5) |
| 1 to 3 | 128 (64.0) |
| 4 to 6 | 49 (24.5) |
| 6 and up | 13 (6.5) |
| Smoker (Yes) , Frequency (%) | 47 (23.5) |
| Alcoholic Drinker (Yes) , Frequency (%) | 135 (67.5) |
| Comorbidity (Yes), Frequency (%) | 50 (25.0) |
| Specialty, Frequency (%) | |
| Anesthesiology | 6 (3.0) |
| Dental Medicine | 2 (1.0) |
| Dermatology | 8 (4.0) |
| Emergency Medicine | 8 (4.0) |
| Family and Community Medicine | 26 (14.5) |
| Internal Medicine | 61 (30.5) |
| Obstetrics and Gynecology | 15 (7.5) |
| Ophthalmology | 8 (4.0) |
| Orthopedics | 12 (6.0) |
| Otorhinolaryngology, Head and Neck Surgery | 6 (3.0) |
| Pathology | 10 (5.0) |
| Pediatrics | 13 (6.5) |
| Psychiatry | 7 (3.5) |
| Radiology | 11 (5.5) |
| Surgery | 7 (3.5) |
| Urology | 0 (0) |
| Years in Training, $\bar{x}$ (± SD | 2 ± 1 |
| <1 year | 14 (7.0) |
| 1 to 2 years | 113 (56.8) |
| 3 to 5 years | 71 (35.7) |
| ≥5 years | 1 (0.5) |
| Working in COVID ward (Yes) , Frequency (%) | 105 (52.5) |
| Directly managed COVID Patients (Yes) , Frequency (%) | 146 (73.0) |
| Pre-existing condition (Yes) , Frequency (%) | 40 (20.0) |

**Table 4.** Coping strategies of the resident physicians.

| Coping Strategies Variables | Mean Composite Scores (N=200) | Interpretation |
|---|---|---|
| Religiosity , $\overline{x}$ (± SD) | 3.15 , (0.66) | Most of the time |
| Problem-solving, $\overline{x}$ (± SD) | 3.11 , (0.50) | Most of the time |
| Relaxation-recreation, $\overline{x}$ (± SD) | 2.87 , (0.53) | Most of the time |
| Tolerance, $\overline{x}$ (± SD) | 2.86 , (0.52) | Most of the time |
| Cognitive Reappraisal, $\overline{x}$ (± SD) | 2.79 , (0.49) | Most of the time |
| Social Support, $\overline{x}$ (± SD) | 2.75 , (0.54) | Most of the time |
| Overactivity, $\overline{x}$ (± SD) | 2.23 , (0.51) | Sometimes |
| Emotional Release, $\overline{x}$ (± SD) | 2.19 , (0.52) | Sometimes |
| Substance Use, $\overline{x}$ (± SD) | 1.58 , (0.56) | Never |

## Discussion

The purpose of this cross-sectional study was to assess the coping strategies employed by the resident physicians of Southern Philippines Medical Center, especially during the time of the COVID-19 pandemic. The resident doctors were at risk of various workplace hazards during the COVID-19 pandemic. Problem- and emotion-focused coping responses can help maintain optimal social functioning and mental resilience despite lingering threats to health and life.[23–24] At Southern Philippines Medical Center, current study findings showed residents physicians coped most frequently through Religiosity (Pagkarelihiyoso), Problem-solving (Pagtugon), Relaxation-creation (Paglilibang), Tolerance (Pagtitiis), Cognitive control (Pagsusuri) and Social support (Paghingi ng tulong) as their coping strategies during the pandemic which is also similar to various studies.[21,22] On the other hand, Overactivity (pagmamalabis), Emotional release (Paglabas ng saloobin), and Substance abuse (pagbibisyo) were the least used.

Religiosity (Pagkarelihiyoso), was exhibited by the residents during the pandemic. Ranked first as coping mechanism to stress implies relatedness to the person's capacity of seeking spiritual support, religious coping and spirituality. It indicates residents had a good connection with God and prayed for favorable outcomes. Filipinos turn to religion through prayers to foster hope, feel good, be positive and less depressed. These may explain why there is such a strong emphasis on religiosity as a coping mechanism among the resident physicians.[25] Previous studies confirmed that active spiritual life can safeguard residents from burnout, loneliness, anxiety, and depression.[26–28] It causes struggle with oneself, others, and the divine,[27] inversely affecting psychological health.[27,28] Filipinos' religiousness and belief in God are possible explanations for the prominence of religious coping. Thus, nurturing the spiritual life of residents regardless of their religion and addressing mental health concerns are essential.

Problem-solving coping (Pagtugon) of the residents involves an active coping of planning, taking action to confront the source of stress and aims to eliminate the stressor. According to Fournier, et al.,[29] problem-solving strategies only work for changeable situations. Hence, the ability of the residents to recognize the "solvable" aspects of COVID-19 is appealing. The solution comes through collecting data, identifying possibilities, and testing ideas.[30] It accords with a previous study wherein doctors sought alternate options due to lockdowns, limited supplies, and unavailability of effective therapy.[31] Problem-solving strategies in a crisis is a display of proactiveness. Being a proactive problem-solver is associated with reduced stress symptoms, anxiety, and depression.[32,33] One benefit of active coping is it reduces the risk of developing potentially hazardous health issues.[34] A local study confirmed that problem-solving skills strengthened Filipino doctors' COVID-19 preventive practices.[18] However, problem-solving may have exacerbated the link between COVID-19 and mental health concerns. The perception that COVID-19 is impossible to avoid, or resolve may induce negative emotions.

Despite the COVID-19 pandemic, residents maintained a work-life balance by engaging in relaxation-recreational activities (Paglilibang). It involves engaging in activities that would make the person feel at ease and lessen the cognitive and emotional load of the stress.[22] It is crucial to be involved in leisure activities because it can facilitate personal growth and transformation under stress.[35] Studies have shown that these activities had little to no close interactions. Usual means of relaxation reported within work were studying, talking to patients, and peer conversations.[36] They also engaged in daily use of social media, the internet, digital online games and television/movie streaming apps to cope with stress.[37] In contrast, the extended hours of clinical duties reduced the time for leisure activities.[38] Social distancing/quarantine deprives them of emotional support due to the lack of interpersonal connectivity and social reinforcement.[37] However, most Filipino doctors also relied on their loved ones for support during the pandemic.[22]

Residents' composure and calmness in a crisis by tolerance coping (Pagtitiis) indicates a propensity to adapt to negative emotions and mental adversity. Tolerance views a negative emotion, such as stress, as stressful. People would instead eliminate stress than bear it.[39] As shown in a study by Barnes, et al. that confidence in one's ability to handle matters and perceived tolerance were associated with lower burnout independent of duty hours.[40] However, higher uncertainty tolerance means less want for emotional support[42] and less ability to cope with complex problems.[40] Conversely, intolerance to stressors was associated with low job satisfaction and low quality of patient care.[41] Resident physicians also practice Cognitive Reappraisal as means of coping (Pagsusuri). This entails changing their view and assumption of the situation (COVID 19- Pandemic) through altering their goals, values and meaning by having an optimistic attitude and hopeful thinking.[22] Although uncommon in our analysis, substance use is not beneficial. Advocating substance use as a coping strategy was associated with a four-fold increased risk of psychiatric symptoms and a two-fold increased risk of burnout.[43] Risk stratification measures and identifying resident doctors who prefer substance use to manage stress are critical. Coping preferences are trait-oriented and personality-driven. Some coping strategies work for a while, but not for long.

The findings of the present study are with limitations. First, the respondents of the study did not reach fifty percent of total population of resident physicians in Southern Philippines Medical Center. Second, the selection of respondents used the complete enumeration technique instead of stratified random sampling, resulting in unequal representation of the various departments. There is a low response rate

from the resident physicians during the study period. Hence, the research proponents advise recommends for a larger sample population. In addition, only the coping strategies of resident physicians was explored in this study and did not include other healthcare professionals who are actively working in the institution during the COVID 19 pandemic. Assessment of the effectiveness of each coping strategies employed by the resident physicians was also not included. Furthermore, respondents' stress levels were not measured in relation to each coping strategies utilized by the resident physicians Lastly, in relation to the substance-use domain, quantifying the amount and frequency of the substance use such as alcohol, cigarettes, sleeping pills and other medications was not included.

## Conclusion and Recommendations

This study set out to determine the coping strategies employed by resident physicians at Southern Philippines Medical Center during the COVID-19 pandemic. This study has shown that residents most frequently utilized problem-focused (problem-solving) and emotion-focused (spirituality, relaxation/recreation, and tolerance) strategies. Albeit positive, some of these approaches avoid the source of stress rather than resolve it. Reinforcing the residents' coping skills by integrating them into the Residency Training Program is encouraged. Based on the results of the study, the authors suggest the need to establish a program plan to be incorporated with the latest residency training program. The training office together with each department heads could conduct specific strategies for prevention of distress among trainees. This program plan shall develop and implement initiatives to enhance residents' mental health and well-being. Providing training in self-efficacy, resiliency, and adaptive coping skills may enable residents to deal with the increased work stressors brought about by the rigors of the public health service and residency training. Mental health promotion intervention offering stress management strategies, debriefing programs and cognitive behavioral therapy may help improve the quality of patient care. Conducting annual diagnostic tests to evaluate residents' physical health, state-trait anxiety, depression, and coping should be strengthen. These measures will allow risk stratification, referral, and management. Corresponding Interventions to each domain should be encouraged and made readily available such counseling, medications (if warranted and prescribed by specialists), availing regular sabbatical leaves, annual retreat and recollection, bible study/spiritual groups to enhance their spiritual means of coping. To improve problem solving skills, avoid burn-out, and to create a means of social support group in the work place; creating of a Balint group could be done and even a regular department mentor-mentee meetings could be offered in order for emotional coping among peers and family. In addition, the administration and departments could encourage and support these resident physicians to engage in scheduled activities related to sports, music, arts and hobbies. To help ease tension and improve interpersonal relationships. Full implementation of benefits to these resident physicians would also greatly boost their morale and the whole hospital staff as well.[37]

For future research, we recommend having a larger sample size and even including other healthcare workers among different institutions for future studies. Residents coping strategies could be studied after the COVID-19 pandemic and can be compared with this study. This study also recommends conducting a correlational study to analyze relationships between the socio-demographic and health profile with the different coping strategies. Furthermore, measure the effectiveness of these coping strategies employed by the resident physicians on dealing with the challenges of residency training in terms of other psychological variables such as levels of anxiety, depression scale, stress levels, positive well-being, resilience, and personality traits using readily available validated tools. The findings of this study hoped to give valuable contribution to the psychological well-being of residents and other health allied professionals during a global health crisis, especially locally.

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