Coping Strategies Used by Occupational Therapy Students During Fieldwork: An Exploratory Study

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This exploratory study examined the coping strategies and perceptions of 24 graduate students in occupational therapy who were participating in their second Level II fieldwork experience. The instruments used were the revised Ways of Coping Checklist (WCCL) (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985) and a questionnaire developed by the authors. The results showed that of the five coping scales of the WCCL, the students used the Problem-Focused and Seeks Social Support strategies more than the Blamed Self, Wishful Thinking, and Avoidance strategies. Most of the students perceived the fieldwork experience as important, controllable, and stressful, but not disruptive to their lives.

A variety of professions require that students complete at least one internship or fieldwork experience in preparation for employment. These experiences vary among professions, but they all include work at a clinical site, with emphasis on practical application of the knowledge and skills learned in the classroom. The purpose of the present study was to identify the coping strategies used by entry-level graduate students in occupational therapy during their fieldwork and to determine their perceptions of the fieldwork experience.

Literature Review

The literature suggests that the transition from academic learning to a clinical setting can be stressful (Cole, Kolko, & Craddick, 1981; Gold, Meltzer, & Sherr, 1982; Greenstein, 1983; Hohaus & Berah, 1985; Kaslow & Rice, 1985; Mitchell, 1985; Punwar & Decker, 1986; Shows, 1976; Snow & Mitchell, 1982; Solway, 1985; Wiemer, 1984). This stress can reduce students' effectiveness and productivity at the clinical site (Colford & McPhee, 1989; Hohaus & Berah, 1985). Variables that might contribute to or mediate stress associated with fieldwork, therefore, need to be identified. Many authors believe that student guidance during fieldwork is needed to alleviate stress or to help students cope with it (Christie, Joyce, & Moeller, 1985a, 1985b; Frum & Opacich, 1987; Greenstein, 1983; Wiemer, 1984; Yerxa, 1984a, 1984b). Others have suggested the need for collaboration between academic and clinical sites to ensure a successful fieldwork experience (Mitchell, 1985; Punwar & Decker, 1986; Snow & Mitchell, 1982).

The supervisor, as a role model, is often the most influential factor in a student's success and enthusiasm for the profession. The supervisor plays a major part in allaying or alleviating a student's stress. Christie et al. (1985a) reported that recurring interpersonal and attitudinal influences emanating from the student-supervisor relationship during the fieldwork experience are critical components of a good fieldwork experience. Christie et al. (1985b) also reported a need for a formal, standardized training program for supervisors, because they play a crucial role in the development of future practitioners.

On the basis of eight issues judged important in fieldwork supervision (Loganbill, Hardy, & Delworth, 1982), Frum and Opacich (1987) summarized their general intervention strategies and related them to occupational therapy students. One of these issues is students' personal motivation, including awareness of a sense of power or control in their lives. The supervisor can assist or channel the student's energy toward development of autonomous behaviors. Frum and Opacich suggested a workshop format to alert super-
visors to issues related to fieldwork, so that they can meet students’ needs effectively.

Yecka (1984a, 1984b) pointed out the pressures and the responsibilities of the fieldwork supervisor, including his or her role in helping the student develop an appropriate self-concept as a professional and an appropriate concept of the profession. Notably, communication is identified frequently as the major force behind successful completion of any experience. Thus, the supervisor can help a student with problem-solving and coping strategies in various situations. Wiemer (1984) described the complex nature of the fieldwork experience. Variables such as purposes and goals of the student and the supervisor as well as physical, emotional, intellectual, academic, ethical, moral, and economic forces all influence and shape the fieldwork experience. Students must adjust to new purposes, moving from a student-centered to a patient-centered role and environment. Wiemer stated that success in fieldwork is as much related to a student’s philosophy, or attitude, as it is to specific talents. These philosophical, or attitudinal, variables will affect the coping, stress, and success involved in the fieldwork experience.

Stress in fieldwork was specifically addressed by Greenstein (1983), who reported that before their Level II fieldwork experience, students had high anxiety levels, but this anxiety was reduced when the students reported for fieldwork. Butler (1972) also reported that the clinical experience was stressful to graduate students and that these students may need new behavioral strategies, but the literature offers little information regarding strategies to help students deal with such stress. Butler suggested that socialization techniques, the perception of relatedness and belonging, and a guided move from dependence to independence can aid a student in overcoming stressful conditions. Further, she cited ambiguity regarding expectations, evaluations, and rewards as critical sources of stress in students, who then react to this stress with coping and defensive behaviors. Delworth (1972) described a 12-hour workshop offered to occupational therapy students before fieldwork that focuses on interpersonal and communication skills. This type of workshop may provide an opportunity for the dissemination of information about positive coping strategies to deal with stress in the internship.

Researchers in related professions have expressed concern about students’ stress in their training programs. Hohaus and Berah (1985) described the stressful nature of first-year medical training and suggested it as a cause of impairment in first-year medical students. They assessed issues of role conflict, role support, role confidence, stress, and depression and reported that the burden of academic work was very stressful and that students had difficulty establishing and maintaining close, supportive relationships. Colford and McPhee (1989) reported that stress affects residents’ attitudes, professional behaviors, and job satisfaction. Pediatric interns under stress had negative attitudes toward patients, poor physician–patient relationships, and decreasing positivity about life. The residents were seen to lose compassion for their patients and were prone to cynicism. Sleep deprivation and financial burdens contributed to their fatigue and stress.

Solway (1985) stated that psychology graduate students face unexpected turmoil as they make the transition from graduate school to a professional internship. He discussed three types of stressors created by this transitional period—clinical, institutional, and personal—with the latter being the most important, because it involves the loss of meaningful relationships due to relocation. He believed that this transition leads to interpersonal and professional changes that are emotionally hazardous. The clearest source of stress is the adoption of the role of the professional (Gold et al., 1982; Shows, 1976; Solway, 1985). Solway (1985) identified institutional stressors resulting from the new status of service provider and professional. He stated that such a person’s stressors include moving to a new city, developing new social networks, changing residences, and earning little money. Lamb, Baker, Jennings, and Yarris (1982) identified five passages of an internship: (a) preentry preparation, involving prearrival apprehension; (b) early intern syndrome, in which the intern finds a place in the agency; (c) intern identity, involving a realization of strengths and weaknesses and a period of self-doubt; (d) an emerging professional, which involves an increased sense of competence and independence; and (e) resolution, which involves ways of separating from the agency. Lamb et al. suggested that anxiety and stress decrease as the intern moves through these passages. In addition, Kaslow & Rice (1985) listed some of the major stressors of the internship period to be the adjustment to a new program, the development of a sense of trust in the staff, the questioning of one’s competence, the taking of risks to learn new skills with different patient groups, the accurate assessment of one’s strengths and weaknesses, and the planning of one’s professional life after the internship.

Aldwin and Revenson (1987) suggested that the well-being of a person under stress is related to how that person appraises and copes with stress. Several researchers have categorized coping strategies as problem focused (i.e., strategies used to manage or alter a stressful situation) and emotion focused (i.e., strategies used to manage or control emotions) (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Problem-focused strategies are most often found to relate positively to measures of psychosocial well-
being, whereas emotion-focused strategies are most often found to relate negatively to these measures (Aldwin & Revenson, 1987; Felton & Revenson, 1984; Kampfe & Wedd, 1989; Vitaliano, Maiuro, Russo, & Becker, 1987). Given these relationships, the kind of coping strategies students use to adapt to the requirements of internships might influence the degree of distress they experience. According to the cognitive phenomenological theory of stress (Lazarus, 1966), "observable threat and stress reactions are reflections or consequences of coping processes intended to reduce threat" (p. 152). Lazarus further stated that "coping processes depend on cognitive activity" (p. 152). Coping, then, depends on a person's perception of a threat and cognition involved in the threat, thus leading to individual behaviors (Lazarus, 1981; Lazarus, Kanner, & Folkman, 1980). Folkman (1984) believed that appraisal, or the perception of an event, is influenced by both the situation and environment and a person's unique characteristics. This cognitive phenomenological theory seems to apply to occupational therapy students in the fieldwork experience, yet no empirical studies have examined this. In the present study, we explored students' perceptions of the transition to the fieldwork experience and their coping strategies during this experience.

Method

Subjects

Twenty-four entry-level graduate students in occupational therapy participated in this study. All of these students were in their second full-time Level II fieldwork experience and were enrolled in their final semester of study at a major southeastern university. Ten of these students (42%) were aged 21 to 25 years, 9 (38%) were aged 26 to 30 years, and 5 (21%) were aged 31 to 40 years. All were women. The fieldwork experience consisted of 12 weeks in either a physical therapy internship, relocated to another city for fieldwork. Fifteen (62%) of the sample students, upon their request, relocated to another city for fieldwork.

Instruments

Coping strategies were measured with the revised Ways of Coping Checklist (WCCL) (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985). This checklist was originally developed by Folkman and Lazarus (1980) to examine a broad range of cognitive and behavioral strategies that may be used in response to specific stressful events. The revised WCCL comprises 42 items, to which subjects respond on a 4-point Likert scale, yielding scores on five coping scales: Problem-Focused, Seeks Social Support, Blamed Self, Wishful Thinking, and Avoidance.

Problem-Focused strategies involve management of the sources of stress. This scale includes such statements as "Made a plan of action and followed it." Seeks Social Support strategies involve efforts to obtain information, advice, or emotional support. Statements in this category include "Talked to others and accepted their sympathy." Blamed Self strategies are passive, that is, they are directed inward rather than outward toward the problem. "Felt responsible for the problem" is a statement from this category. Wishful Thinking strategies are emotion-focused and include such statements as "Hoped a miracle would happen." Avoidance strategies include such statements as "Slept more than usual." These scales were based on a factor analysis of the results of 452 medical students and were reexamined with separate samples of 83 psychiatric outpatients and 62 spouses of persons with Alzheimer disease. The revised WCCL was found to have "respectable internal consistency, reliability, and construct and criterion-related validity" (Vitaliano et al., 1985, p. 24), and its scales were found to be more reliable and to have considerably less variance than the original WCCL (Folkman & Lazarus, 1980) across the three samples.

In previous uses of the WCCL, the subjects were asked to identify an event that was stressful to them and to respond to the items based on the strategies they used to cope with that event. For the present study, we modified the instructions by specifying the stressful event: the movement from an academic setting into a 3-month fieldwork experience. By holding the stressful event relatively constant (e.g., using only a fieldwork experience, as opposed to a variety of events), it is thought that one can better assess coping strategies (Folkman & Lazarus, 1980).

On the basis of our clinical experience, we believed that the revised WCCL may not include the broad array of coping strategies used by occupational therapy interns. The subjects in the present study, therefore, upon completion of the revised WCCL, were given the opportunity to add strategies not stated in the instrument.

Because perceptions may influence coping strategies, we developed a questionnaire, The Transition from Being an Academic Student to Being a Full-Time Intern, to gather information regarding perceptions of the transition and demographic variables. Five statements were developed from information found in a review of the literature regarding perceptions of life events (Aldwin & Revenson, 1987; Folkman & Lazarus, 1980; George, 1980; Lazarus, 1966, 1981). The subjects were to appraise this transition with regard to degree of importance, disruption, control over the
Table 1

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree and Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;The change was important to me.&quot;</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>2 (9%)</td>
<td>11 (48%)</td>
<td>10 (43%)</td>
</tr>
<tr>
<td>2. &quot;The change has been disruptive to my life.&quot;</td>
<td>5 (21%)</td>
<td>9 (38%)</td>
<td>5 (21%)</td>
<td>2 (9%)</td>
<td>3 (13%)</td>
</tr>
<tr>
<td>3. &quot;I had control over whether or not to make this transition.&quot;</td>
<td>2 (8%)</td>
<td>1 (4%)</td>
<td>7 (29%)</td>
<td>5 (21%)</td>
<td>9 (38%)</td>
</tr>
<tr>
<td>4. &quot;I have control over the present circumstances of my internship.&quot;</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>8 (33%)</td>
<td>10 (42%)</td>
<td>6 (25%)</td>
</tr>
<tr>
<td>5. &quot;The transition has been stressful.&quot;</td>
<td>1 (4%)</td>
<td>6 (25%)</td>
<td>4 (17%)</td>
<td>8 (35%)</td>
<td>5 (20%)</td>
</tr>
</tbody>
</table>

Note. Statements 2, 3, and 5 are moderately directional; Statements 1 and 4, strongly directional. Percentages have been rounded. 
a One subject did not respond to this statement.

decision to make the transition, control over present circumstances in the fieldwork experience, and stress associated with the transition. These appraisals were reported on a 5-point Likert scale from strongly disagree (0) to strongly agree (4) and yielded a separate score for each perception.

Procedure

Twenty-five occupational therapy graduate students were sent the revised WCCL and the transition questionnaire at their fieldwork sites at the beginning of the ninth week of the fieldwork experience. This timing allowed the subjects to accrue a range of experiences requiring coping and an opportunity to use a range of responses. At 9 weeks, the subjects had passed through the initial phases of an internship (Lamb et al., 1982) but were not yet in the final flurry of activity typical of the last days of a fieldwork experience and therefore could respond to the questionnaire. Such timing also minimized the problem of memory and retrospective reporting on clinical experiences. Each questionnaire was coded to maintain anonymity; the codes were used only for follow-up purposes for nonrespondents.

The second fieldwork was chosen because the initial design of the study included a comparison with another academic discipline, and in both disciplines, the second fieldwork followed completion of all course work.

Data Analysis

Relative scores for each scale were calculated. These scores represent the percentage of effort expended on each scale. Frequency tables and the percentage of subjects who agreed or disagreed with perceptions of the transition were constructed to answer the research questions. Means and standard deviations were computed to measure the five coping strategies used.

Results

Twenty-four of the 25 students completed the survey, a 96% response rate. The results are presented in the sequence in which the research questions were presented.

Perception of the Transition

Table 1 shows the level of agreement or disagreement among the subjects for each of the five statements in the transition questionnaire. Two of the statements showed strong directionality of responses: 91% of the respondents agreed or strongly agreed with the statement, "The change was important to me," and 67% agreed or strongly agreed with the statement, "I have control over the present circumstances of my internship." Three statements showed moderate directionality: "The change has been disruptive to my life," "I had control over whether or not to make this transition," and "The transition has been stressful" (see Table 1).

Coping Strategies

As shown in Table 2, all of the coping strategies were used, however, there was considerable variation among the subjects. The Problem-Focused and Seeks Social Support strategies were used more than the Blamed Self, Wishful Thinking, and Avoidance strategies. Of the identified coping strategies not listed on

Table 2

Students' Percentage of Effort (%E) Scores on the Five Coping Scales of the Revised Ways of Coping Checklist (N = 24)

<table>
<thead>
<tr>
<th>Scale</th>
<th>No. of Items</th>
<th>X (%E)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-Focused</td>
<td>15</td>
<td>.30</td>
<td>.06</td>
</tr>
<tr>
<td>Seeks Social Support</td>
<td>6</td>
<td>.28</td>
<td>.05</td>
</tr>
<tr>
<td>Blamed Self</td>
<td>8</td>
<td>.18</td>
<td>.05</td>
</tr>
<tr>
<td>Wishful Thinking</td>
<td>8</td>
<td>.13</td>
<td>.05</td>
</tr>
<tr>
<td>Avoidance</td>
<td>10</td>
<td>.12</td>
<td>.05</td>
</tr>
</tbody>
</table>

Note: Relative scores (%E) were computed by calculating a mean effort for each scale and dividing that number by the sum of the mean efforts of all scales. Due to rounding, %E does not equal 100%.

a The proportion of effort of each coping scale in relation to all of the scales of the revised Ways of Coping Checklist. b (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985).
the questionnaire, the two most frequently cited strategies were exercise (cited 10 times) and support from friends and family (cited 6 times).

Discussion

Perception of the Transition

The results show that students perceived the transition to the fieldwork experience as important, which is not surprising, because such an experience is viewed by the academic institution, the clinical site, the profession, and the student as the culmination of the training program. Fieldwork experience recognizes accomplishment and provides students with an opportunity to apply and integrate what they have learned; it is the fulfillment of a long-term expectation.

The subjects thought they had control over their present circumstances. This is a critical result, because the literature suggests that perceived personal control relates positively to good physical and mental health (Butler, 1972; Langer & Rodin, 1976; Pelletier, 1977; Reid & Ziegler, 1980; Wolk & Kurtz, 1975). This result is substantiated by the subjects’ frequent use of Problem-Focused coping strategies, which are seen as action oriented and indicate efforts to control the environment.

Over one half of the subjects thought they had control over whether or not to make the transition, and approximately one third were ambivalent, yet the fieldwork experience is a requirement, not an option. Perhaps this perception of control can be attributed to the practice of allowing students to state their preferences for placement at specific sites. The subjects may also have thought they had control because it was their decision to enter the program, which included a commitment to complete a fieldwork experience.

The finding that few of the subjects indicated that the internship was disruptive suggests that the internship was generally a positive experience. The sense of disruption has been reported to relate positively to less adaptive coping strategies and negatively to psychological well-being (Kampfe & Wedl, 1989). The perception that the internship was not disruptive, therefore, may have influenced the subjects’ greater use of the Problem-Focused and Seeks Social Support strategies.

The finding that over one half (53%) of the respondents perceived the transition as stressful suggests that stress occurs even when the transition is generally not perceived as disruptive and is thought to be controllable. Twenty-nine percent of the subjects, however, did not perceive the transition as stressful. This variability in responses might be attributed to individual circumstances. For example, because relocation is stressful (Butler 1972, Solway 1985), the perception of stress may have been heightened in those students who had to relocate to their fieldwork site.

Most of the perceptions measured in this study were positive. Perhaps this was due to the time at which the questionnaire was administered (9 weeks into the 12-week fieldwork experience). As Greenstein (1985) pointed out, anxiety is reduced as a student begins the fieldwork experience. Lamb et al. (1982) suggested that students pass through phases of an internship, which implies that perceptions change with this passage. Perhaps the subjects in our study would have perceived the transition differently if they had been contacted earlier in their fieldwork experience.

Coping Strategies

The finding that greater effort was expended on the Problem-Focused and Seeks Social Support strategies than on the Blamed Self, Wishful Thinking, and Avoidance strategies suggests that occupational therapy students more often use healthy approaches in dealing with the fieldwork transition.

Theoretically, the Problem-Focused strategy is expected to be negatively related to depression (Abramson, Seligman, & Teasdale, 1978; Coyne, 1976a, 1976b; Coyne, Aldwin, & Lazarus, 1981). Persons who use a Problem-Focused strategy will have less depression than those who do not use this strategy; that is, this strategy is considered to be health promoting and adaptive (Vitaliano et al., 1985; Vitaliano et al., 1987). Research findings have supported, in part, this theoretical notion. Researchers have reported that a Problem-Focused strategy relates negatively to depression and anxiety in spouses of patients with Alzheimer disease (Vitaliano et al., 1985) and in medical students (Vitaliano et al., 1987). It also relates negatively to psychological symptoms in adults (Aldwin & Revenson, 1987). Although some researchers have not found a positive relationship between all dimensions of Problem-Focused strategies and good mental health, general findings appear to support a positive relationship between these two variables (Vitaliano et al., 1987).

The Seeks Social Support strategy is considered to be adaptive and has been reported to be significantly related to anxiety but not to depression (Vitaliano et al., 1985). This implies that persons who are more anxious are more likely to seek outside help and that this activity may promote maintenance of good mental health (Butler, 1972). Thus, students in fieldwork experiences who use this strategy appear to acknowledge an external support system that they believe can be helpful to them. In the present study, besides the revised WCCL items identified as Seeks
Social Support strategies, 6 students (25%) cited obtaining support from friends and family as a coping strategy. Apparently, support from significant others was perceived as different from the kind of social support described in the items on the revised WCCL. In addition, the Seeks Social Support strategies may be perceived as internal to the fieldwork site, whereas support from friends and family may be perceived as external to the fieldwork site.

The Blamed Self, Wishful Thinking, and Avoidance strategies, which were used less frequently than the Problem-Focused and Seeks Social Support strategies, are considered to be negatively related to mental health (Aldwin & Revenson, 1987; Vitaliano et al., 1987). Thus, occupational therapy students appear to be using active, salutary strategies more often than they are using less adaptive strategies to cope with fieldwork stress.

Besides the strategies identified in the revised WCCL, exercise was cited by 10 subjects (42%) as a coping strategy, which suggests that the WCCL may not fully explore the range of positive coping strategies available to students. The identification of additional coping strategies by 57% of the subjects leads one to question whether this revised WCCL offers students enough options. Irion and Blanchard-Fields (1987) raised a similar question for an older adult sample using Folkman & Lazarus's (1985) revised WCCL.

The results of the present study show a pattern similar to that of medical students (Vitaliano et al., 1987) and rehabilitation counseling students (Kampfe & Mitchell, 1990), who were found to use Problem-Focused and Seeks Social Support strategies most frequently, followed by Wishful Thinking, Blamed Self, and Avoidance strategies. These three groups of students, therefore, generally use the same coping strategies, with occupational therapy students producing the highest number of responses on the Problem-Focused and Seeks Social Support strategies.

It should be noted that in the present study, all of the subjects used a variety of strategies, and there were variations within each of the strategies used. This supports the findings of Folkman and Lazarus (1980), who stated that individuals respond in unique ways to a specific situation or event.

Implications

Curriculum directors, faculty members, academic fieldwork coordinators, clinical supervisors, and students can facilitate the process of transition from an academic to a clinical status and a positive experience in the fieldwork setting by being aware of the various coping strategies used in the transition and proactively creating an environment conducive to the student's personal and professional growth. Such an environment could include the opportunity for open communication, counseling, or both; a clear definition of expectations; a balance between supervision and autonomous behavior; and positive and timely reinforcement.

Awareness of adaptive strategies, perceptions of the transition, and the potential interactions among these two variables will sensitize faculty to factors that might affect students but might otherwise be ignored. Curricula could include the discussion and development of health-promoting coping strategies, such as Problem-Focused and Seeks Social Support behaviors, to reduce stress. A student could use these strategies, for example, to cope with stressors such as those identified by Solway (1985), that is, moving to a new residence, instituting new social networks, and adjusting to limited finances.

Clinical supervisors can assist students by acknowledging the difficulties and stressors both at the clinical site and in concurrent external situations. Sensitivity to these stressors can facilitate a positive professional relationship, reduce the stressful quality of the experience, and influence the type of coping strategies used by students. For example, supervisors can address conflicts between student and professional roles by providing clear written and verbal role definitions and expectations. Supervisors can also identify students who are more likely to use maladaptive strategies and encourage them to use adaptive coping strategies, such as seeking social support and problem solving. Training programs for supervisors could include information about perceptions of a transition, coping strategies, and their potential relationship within the fieldwork experience.

Loganbill et al. (1982) suggested five categories of interventions that supervisors can use to promote effective transitions for students: (a) facilitative interventions, including warmth, like, respect, and empathy, which give the student a sense of personal security; (b) confrontational interventions, which can positively highlight discrepancies between the student's feelings and emotions, attitudes and beliefs, and behaviors and actions; (c) conceptual interventions, which can help the student apply theories and principles pertinent to the internship site, thereby linking experience and theory; (d) prescriptive interventions, in which the supervisor provides the student with a specific plan of action, such as treatment plans or goals for a specific patient; and (e) catalytic interventions, such as role modeling, which promote change and activate a process or movement.

Students should be aware of potential stressors in the transition, both external and internal to the site, and plan to control variables that might increase stress. They should be aware that Problem-Focused
and Seeks Social Support strategies are health promoting and should therefore develop the skills needed to use such strategies. Students should seek a clear understanding of expectations, request ongoing evaluation, and identify sources of support. They must also recognize that their perceptions of an event will influence their response to that event, thus they have the power to determine the coping strategies they use to help them in their transition.

Future Research

Due to the small sample size used in this exploratory study, definitive conclusions cannot be drawn. The results, however, appear to be worthy of further investigation. A larger sample would permit study of potential relationships among variables. Additional questions for future study may address (a) differences in stressors and coping strategies used by undergraduate and entry-level graduate students; (b) differences in perceptions and the use of coping strategies based on the administration of instruments in first and second internships, early and late phases of an internship, and concurrent and spaced internships; (c) variables not explored in this study, for example, work history, marital status, geographic relocation, personality factors, cognitive style, and familial predisposition; and (d) coping mechanisms not included in the revised WCCL, for example, exercise. Studies examining the efficacy of coping strategies might be planned as well as studies analyzing intervention strategies. The use of raw scores versus mean effort scores on the revised WCCL could also be examined.

References


