Student Coping Strategies and Perceptions of Fieldwork

Marlys M. Mitchell, Charlene M. Kampfe

Key Words: fieldwork education, occupational therapy • stress

A questionnaire, the revised Ways of Coping Checklist, was sent to all professional (entry-level) graduate students in the United States in one academic year during their second fieldwork level II experience to determine what coping strategies they used during their fieldwork experience. Information was also gathered regarding their perceptions of this clinical experience. Responses from 101 students showed that they used Problem-Focused and Seeks Social Support strategies more than Wishful Thinking, Blamed Self, or Avoidance strategies. More than half of the students found the experience to be stressful, and almost all agreed that it was important. Most agreed that they had control over their present circumstances in the fieldwork experience.

The purpose of this study was to identify the coping strategies used by professional (entry-level) occupational therapy graduate students during their second fieldwork level II experience and to determine their perceptions of the experience. Making the transition from an academic to a clinical setting requires an adjustment to different settings, activities, and responsibilities. Literature has suggested that making this transition can be stressful (Butler, 1972; Cole, Kolk, & Craddock, 1981; Frum, 1986; Gold, Melzer, & Sherr, 1982; Goplerud, 1980; Greenstein, 1983; Kampfe & Mitchell, 1990; Mitchell, 1995; Mitchell & Kampfe, 1990; Punwar & Decker, 1986; Snow & Mitchell, 1982; Solway, 1985; Wiemer, 1984). Although some stress may facilitate growth and learning (Whitman, Spendlove, & Clark, 1986), high levels of stress may be related to loss of productivity and effectiveness (Colford & McPhee, 1989). Stressors may be acute or chronic, and work-related or non-work related (Cooper & Marshall, 1976; Greenhaus & Parasuraman, 1987; Ivanchevich & Matteson, 1980; Pelle- tier, 1984). They may be personal, job-related, or environmental (Holmes & Rahe, 1967) and may be seen as a problem of person-job-environment fit (Martin, 1988).

In occupational therapy, several authors have addressed fieldwork-related topics such as stress (Butler, 1972; Greenstein, 1983; Mitchell & Kampfe, 1990) and applied them to supervision (Christie, Joyce, & Moeller, 1985a, 1985b; Frum & Opacich, 1987; Yerxa, 1984a, 1984b; Yuen, 1990), course work (Delworth, 1972; Wise & Page, 1980), and collaboration (Mitchell, 1985; Snow & Mitchell, 1982). Underlying these discussions is a basic concern for providing a successful fieldwork experience for the student.

Coping is a mechanism used to reduce stress (Spierer, 1977). It is related to how people perceive an event (Aldwin & Revenson, 1987; Folkman, 1984; Folkman & Lazarus, 1980). Mor-Barak (1988) stated that social support also can be beneficial when there are stressful life events. He referred to this proposition as "the Buffering Hypothesis" (p. 664), because the social ties to others provide protection for a person. Mor-Barak suggested that intervention to prevent adversity (or stress) can involve focusing on stressors or social support, because the context of the adversity or a person's vulnerability to stress are more difficult to change. Veninga (1986) stated that to cope with the pressures of life, we must stay physically and mentally healthy. The stronger the pressure, the greater the need to rely on the strength of friends.

In an exploratory study of coping strategies and perceptions of fieldwork level II students in occupational therapy, Mitchell and Kampfe (1990) found that students expended more percent effort (%E) on health-promoting, adaptive coping strategies (Problem-Focused and Seeks Social Support) than on less desirable, less adaptive strategies (Blamed Self, Wishful Thinking, and Avoid-
Wishful Thinking, and Avoidance. Additionally, students perceived the transition from an academic to a clinical setting as important, controllable, and stressful. In Madill, Hagler, and Mitchell’s (1990) survey of 167 occupational therapy, physical therapy, and speech therapy students in Canada, the 51 undergraduate occupational therapy student respondents used two coping strategies, Problem-Focused and Seeks Social Support, more than the others. They also perceived the transition from an academic to a clinical setting as stressful. Kampfe and Mitchell (1990; 1991a; 1991b) reported similar results with graduate students in rehabilitation counseling; as did Hagler, Madill, Kampfe, and Mitchell (1990) with undergraduate students in speech therapy.

The present study is a national replication of the exploratory study to verify results and permit generalization. It differs from the exploratory study in sample size (n = 101 vs n = 24) and geographic distribution (national or 15 occupational therapy schools vs local or 1 occupational therapy school). The research questions were: “What are the coping strategies employed by students in transition from academic learning to clinical internship?” and “How do students perceive the transition from academic learning to clinical internship?”

Method

Subjects

Subjects in this study were students from all 15 professional graduate occupational therapy programs in the United States who were in their second fieldwork level II experience in one academic year. A total of 207 questionnaires were sent and 104 were returned for a response rate of 52%. Three questionnaires were unusable. Subjects were 88 women and 13 men; 29% were in the 21–25 year age group, 38% were in the 26–30 year group, 28% were in the 31–40 year group, and 5% were over 41 years of age.

Instruments

Revised Ways of Coping Checklist (WCCL). The revised WCCL (Vitaliano, Maiuro, Russo, & Becker, 1987; Vitaliano, Russo, Carr, Maiuro, & Becker, 1985) was used to determine coping strategies used by subjects. It is reported to have “respectable internal consistency, reliability, and construct and criterion-related validity” (Vitaliano et al., 1985, p. 24). The 42 Likert items have five scales: Problem-Focused, Seeks Social Support, Blamed Self, Wishful Thinking, and Avoidance. The instructions were modified for this study by specification of the transition to the fieldwork experience as the stressful event under consideration. Subjects indicated the degree to which they used each coping strategy on the revised WCCL in relation to the transition from being an academic student to being a full-time intern. In two exploratory studies (Kampfe & Mitchell, 1990; Mitchell & Kampfe, 1990), the revised WCCL took about 20 min to complete and it discriminated among students.

Transition Questionnaire. A questionnaire was developed for the study based on a literature review and on a previous questionnaire developed by the investigators (Mitchell & Kampfe, 1987). The questionnaire asked subjects to rate their perceptions of the transition from an academic setting to a fieldwork experience on a 5-point Likert scale from strongly disagree (0) to strongly agree (4). These perceptions were importance, disruption, control over transition, control over present circumstances, and stress.

Procedure

Letters were sent to directors of all 15 accredited professional graduate occupational therapy programs to explain the study and request participation of their students. All existing programs participated. Questionnaires were sent to students 1 month before the end of their 3-month fieldwork experience. Each questionnaire was coded by school. No follow-up of nonrespondents was conducted because of timing constraints.

Analyses

Analyses involved describing the distribution of all the variables. Continuous variables were described with means and standard deviations. The percent effort (PE) attributed to each scale was computed by calculating a mean effort for each scale and dividing the mean effort for each scale by the sum of the mean efforts of all scales. No comparisons among graduate programs were made because of the disparity in numbers of students from each program ranging from 2 in small programs to 13 in larger programs.

Results

Coping Strategies

Means and standard deviations of the percent effort of the five coping scales are shown in Table 1. Problem-Focused (PF) and Seeks Social Support (SS) strategies were used more frequently than Blamed Self (BS), Wishful Thinking (WT), or Avoidance (AV). T-tests showed a significant difference in scores at the .0001 level between all coping strategies except WT/AV which was not significant (p ≤ .06).

Perception of Transition

Results of subject ratings of perceptions of transitioning are shown in Table 2. The perception of importance (statement 1) was strongly weighed toward agreement. Disruption was moderately directional, but women tended to agree that the transition and the fieldwork expe-
Table 1
Students' Percentage of Effort Scores on the Five Coping Scales of the Revised Ways of Coping Checklist (N = 101)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Number of Items</th>
<th>X (%E)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem-Focused</td>
<td>15</td>
<td>28</td>
<td>.07</td>
</tr>
<tr>
<td>Seeks Social Support</td>
<td>6</td>
<td>25</td>
<td>.05</td>
</tr>
<tr>
<td>Blamed Self</td>
<td>9</td>
<td>18</td>
<td>.07</td>
</tr>
<tr>
<td>Wishful Thinking</td>
<td>8</td>
<td>15</td>
<td>.06</td>
</tr>
<tr>
<td>Avoidance</td>
<td>10</td>
<td>15</td>
<td>.05</td>
</tr>
</tbody>
</table>

Note: %E = Percentage of Effort. Relative scores (%E) were computed by calculating a mean effort for each scale and dividing the mean effort for each scale by the sum of the mean efforts of all scales. Due to rounding, %E does not equal 100. %E score is the proportion of effort of each coping scale in relation to all the scales of the revised Ways of Coping Checklist.

Discussions were disruptive, whereas men were less likely to perceive the experience as disruptive. Having control over the transition was somewhat directional for women who tended to agree with this perception: men showed no directionality of perception. The perception of control over present circumstances was strongly directional and received strong agreement by subjects. The perception of stress was strongly agreed to by women and moderately agreed to by men.

Discussion

This study of 15 graduate programs confirmed the results of the exploratory study (Mitchell & Kampfe, 1990) in regard to coping strategies used by professional occupational therapy graduate students in fieldwork settings and the students' perceptions of the transition. However, because the response rate was low (52%), due, perhaps, to the lack of follow-up from the initial mailing, or to the timing of the receipt of the questionnaire by the subjects near the end of their fieldwork experience, these results are limited in their generalizability.

Coping Strategies

Results of the current study showed percent effort expended on various coping strategies to be virtually identical to those of the exploratory study and to follow the same rank order. Students expended significantly more effort on positive than on negative strategies, verifying healthy coping skills for dealing with fieldwork transition and stress. Also, these results of positive coping strategies corroborate those of a study of graduate students in rehabilitation counseling (Kampfe & Mitchell, 1991a) and those of a study of undergraduate occupational therapy students in Canada (Adil et al., 1990).

The Problem-Focused strategy is considered to be health-promoting and adaptive, and related to good mental health (Vitaliano et al., 1987). Similarly, Seeks Social Support implies that seeking outside help acknowledges an outside support system that may promote maintenance of good mental health. The less frequent use of the negatively regarded strategies, Blamed Self, Wishful Thinking, and Avoidance, implies that occupational therapy students have healthy strategies available to them to cope with fieldwork transitions and stress.

Perception of the Transition

The perception of importance of the transition into the clinical site is a positive result and is similar to results with

Table 2
Subjects' Agreement With Statements of Perception of the Transition (N = 88 Women, 13 Men)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
<th>X Raw Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The change was important to me</td>
<td>15 (50%)</td>
<td>6 (20%)</td>
<td>23 (25%)</td>
<td>58 (67%)</td>
<td>3.65</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6 (20%)</td>
<td>0 (0%)</td>
<td>21 (25%)</td>
<td>11 (12%)</td>
<td></td>
</tr>
<tr>
<td>The change has been disruptive to</td>
<td>18 (50%)</td>
<td>16 (42%)</td>
<td>23 (25%)</td>
<td>16 (18%)</td>
<td>2.17</td>
</tr>
<tr>
<td>my life</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>10 (50%)</td>
<td>4 (21%)</td>
<td>5 (25%)</td>
<td>2 (15%)</td>
<td></td>
</tr>
<tr>
<td>I had control over whether or not</td>
<td>15 (50%)</td>
<td>10 (50%)</td>
<td>20 (25%)</td>
<td>20 (25%)</td>
<td>2.18</td>
</tr>
<tr>
<td>to make this transition</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>3 (23%)</td>
<td>2 (15%)</td>
<td>5 (38%)</td>
<td>2 (15%)</td>
<td></td>
</tr>
<tr>
<td>I have control over the present</td>
<td>20 (55%)</td>
<td>35 (40%)</td>
<td>15 (35%)</td>
<td>13 (18%)</td>
<td>2.48</td>
</tr>
<tr>
<td>circumstances of my internship</td>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>0 (0%)</td>
<td>5 (38%)</td>
<td>5 (38%)</td>
<td>2 (15%)</td>
<td></td>
</tr>
<tr>
<td>The transition has been stressful</td>
<td>12 (31%)</td>
<td>8 (20%)</td>
<td>21 (25%)</td>
<td>26 (30%)</td>
<td>2.69</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>6 (16%)</td>
<td>6 (16%)</td>
<td>3 (25%)</td>
<td>2 (15%)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Mean scores range from 0 to 4. Percentages have been rounded.
*One subject did not respond to this statement.
subjects in rehabilitation counseling (Kampfe & Mitchell, 1992). Such attribution can be anticipated because fieldwork is an expected culmination of a long-awaited experience leading to a professional credential. The perceived importance of the fieldwork experience may suggest to academic and clinical educators that fieldwork level I experiences be planned early and frequently in students’ academic programs.

The fact that women and men differed in their responses regarding the disruptive nature of the transition (44% and 30% respectively) suggests that some other factor may have led to this disparity. Perhaps the necessity to relocate, which has been reported to be stressful (Goplerud, 1980; Kaslow & Rice, 1985; Solway, 1985) accounts for differences in these results. The necessity to relocate and the desire to relocate may lead to different perceptions of disruption. Loss of a social network (Solway, 1985) may also affect the sense of disruption differentially.

The perception of control over whether or not to make the transition confirmed the results of the exploratory study, but this perception was more strongly felt by women than by men. Generally, the perception of control has been judged (Kampfe & Wedl, 1989) to be related to the level of stress, that is, the perception of little control leads to more stress, which leads to greater use of Problem-Focused and Seeks Social Support behaviors.

Perceived control relates positively to physical and mental health (Butler, 1972; Wolk & Kurtz, 1975). The finding that 50% of the subjects perceived that they had control over their present circumstances explains their increased use of positive strategies such as Problem-Focused and Seeks Social Support behaviors.

The majority of respondents perceived stress, but women felt it more strongly than men. This difference could be attributed to a number of variables such as marital status, relocation, finances, or individual circumstances. Because sample size for men is small, interpretation must proceed with caution.

**Implications**

This study indicates that occupational therapy students generally choose healthy strategies to cope with stress generated by moving from an academic setting into a fieldwork experience. Problem-focused strategies, healthy strategies, generally involve doing something about a situation or about oneself and call for self-initiated action. Such actions imply possession of a sense of control over one’s life. This sense can reduce destructive forms of stress and enhance both physical and psychological health. The results of the study imply that students are proactively functioning in ways that can increase their sense of control and empowerment and thus reduce stress.

Social support strategies used by occupational therapy students can buffer their stress. This was borne out in two studies. As Mor-Barak stated (1988), social ties to others protect a person by supporting the person in adversity. Students can align themselves with supportive groups or persons including faculty, clinicians, families, or student peers to buffer their stress. Goplerud (1980) found that supportive peers were emotionally and professionally helpful to graduate students and Whitman et al. (1986) found that such peers help mediate stress. Choice of coping strategies is also of concern to academicians and clinicians because they can offer guidance to those needing to learn new coping strategies. Such guidance can be given in formal and informal classroom groups or through individual conferences.

In the clinical setting, an environment in which open communication is fostered, close supervision is gradually decreased as autonomy is gradually increased. Planned time for discussion and feedback is provided, leading to positive interaction and stress reduction. As the student experiences more autonomy, a sense of control or empowerment evolves, which can lead to better performance and less stress. Intervention strategies for supervisors to assist students in making transitions appear elsewhere (Mitchell & Kampfe, 1990).

Meetings of clinical councils involving academicians, clinicians, and students provide a forum for addressing many fieldwork issues. Perhaps the most important benefit of any discussion in any setting is transmission of the feeling of support, which can lead to greater satisfaction and fewer emotional problems (Goplerud, 1980) and reduce student stress. Indeed, students’ responses to their individual positive perceptions of a situation may lead to acceptance of their own success, thus keeping their perceptions positive and under their own control and reducing stress. Discussions that convey the notion that thinking positively and focusing on solutions will lead to more experiences of success. Another point for discussion is that the fieldwork experience is a time to apply new learning, gain new skills, test what has been learned, and learn from errors.

Among students, a common anxiety-producing belief is that they must demonstrate skill and knowledge without error—certainly not an expectation of academicians or clinicians. To the extent that academicians and clinicians are skillful in the use of reflection, confrontation, and empathy in discussions with students, they can provide an atmosphere in which students can learn and grow. Most students are resourceful in seeking help from peers, therapists, or families when in anxiety-producing situations. Joint viewing of videotapes followed by discussion of scenarios viewed can be helpful for academicians, clinicians, and students. These tapes may be made on-site, or purchased, such as the recently developed Self-Paced Instruction for Clinical Education and Supervision (SPICES) materials (Crepeau & LaGarde, 1991).

Because students use more positive than negative
coping strategies, their time and energy can be devoted to the major focus of the internship, learning, rather than to managing less positive strategies. Clinicians and academicians can recognize the suggested relationship between perceptions of an event and coping strategies and can provide students with opportunities to experience personal control, less disruption, and less stress in their respective settings. Experiences might include more preinternship opportunities, seminars that focus on strategies for working in clinical settings, and time management discussions.

A situation unique to professional master's entry programs is the students' previous work experiences following their baccalaureate degree. Such experiences might result in reduced stress and more fully developed coping strategies. This study did not address such relationships in a statistical analysis because of the small sample size, but they could be explored in future research. Another question for investigation is the effect of coping strategies used in fieldwork experience on the future use of strategies in the first and second year of clinical practice. A additional question is how academicians and clinicians can help new therapists with coping strategies meet the demands of being new therapists. As new therapists assume clinical roles, experienced occupational therapists should consider the potential stresses of making such a transition and plan strategies to smooth the way.

Acknowledgments

This research was supported in part by a grant from the Health Promotion/Disease Prevention Program, University of North Carolina, Chapel Hill, North Carolina, and by funds to the Biostatistics Laboratory from the School of Medicine, University of North Carolina, Chapel Hill, North Carolina.

References


