Not All Coping Strategies are Created Equal:  
A Two-Staged Mixed Methods Study of Physicians’ Self Reported Coping Strategies

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Running Title: Physicians’ Coping Strategies
Abstract

**Background:** Physicians experience workplace stress and draw on different coping strategies. This paper explores, through interviews, physicians’ self reported coping strategies, and assess, through a questionnaire, the degree to which the coping strategies are used and associated with burnout.

**Methods:** Two-staged, mixed methods cross-sectional observational study. Single large health region in Western Canada. Stage one: open ended interview questions to explore physicians’ self reported coping strategies. Stage two: major themes extracted from interviews used to construct 12 survey items to tap into different coping strategies. 42 physicians representing diverse medical specialties and settings were interviewed (91% response rate). All physicians in the health region were sent a mail out survey (1178 completed surveys, 40% response rate). Burnout measured by 5 validated survey items.

**Results:** Major themes identified from the interviews include coping strategies used during work (e.g., working through stress, talking with co-workers, taking a time out, using humor) and after work (e.g., exercise, quiet time, spending time with family). Survey analysis identified three frequently used workplace coping strategies associated with burnout (i.e., keeping stress to oneself (r = .23), concentrating on what to do next (r = .16), and going on as if nothing happened (r = .07)). Some less frequently used strategies (e.g., taking a time out) mitigate against burnout. All after work coping strategies were associated with decreased burnout.

**Conclusions:** Physician self reported coping strategies are not all created equal in terms of frequency of use and association with burnout. This knowledge may be integrated into practical physician stress reduction interventions.
Background

Physicians frequently encounter stress while engaged in their professional activities [1-8] and likely utilize a variety of coping strategies to deal with their work stressors. Excessive stress may lead to physician burnout, a condition that has been associated with significant personal consequences for physicians (e.g. substance abuse and depression) and the health care system (e.g. poor quality of patient care and higher absenteeism and turnover rates) [3]. Coping strategies generally refer to behavioral and psychological efforts that are used to deal with stress. In previous quantitative survey studies of physician wellness, the authors measure how often physicians use certain coping strategies using questionnaire items that rely on established coping measures from the general psychology literature [2,8,9]. For example, a questionnaire based study of general practitioners by King et al identified the most frequently used coping strategies as active coping, planning, restraint and acceptance, and the least frequently used as religion, denial, alcohol/drug use, and humor [9]. Another study of orthopedic surgery staff physicians described exercise, alcohol/drugs, religion, and talking with colleagues as infrequently used coping strategies, with more frequent use of strategies such as talking things over with family and friends [2]. There are few qualitative studies exploring how physicians themselves describe their coping strategies. One such study by Weiner et al undertook a thematic analysis of one final open ended question on a survey asking how physicians solve dilemmas related to their physical, emotional and spiritual well-being. They identified several primary wellness-promotion practice themes which included using relationships, religion or spirituality, self-care, and different approaches to life to cope with stress [10]. The objective of this two-staged mixed methods study is to explore, through face to face interviews, how a sample of physicians within a large health
care region describe their personal coping strategies for dealing with work related stress, both while they are at work and after leaving work. We then aim to assess how often those different coping strategies are used, and the extent to which they are associated with burnout, using a survey questionnaire with measures based on the major themes extracted from the physician interview data. This survey was sent to all physicians within the health care region.

Methods

Study design

This is a two-staged, mixed methods cross-sectional observational study. In the first stage, we collected exploratory, qualitative data through in-depth interviews, the results of which were used to construct a quantitative, mail-out survey for the second stage.

Setting

The study was conducted within a single large health region in Western Canada. Stage one interviews were conducted between September 2006 and July 2007. The stage two survey was mailed out in March of 2008.

Participants

For the stage one interviews, the research team developed a list of 80 potential participants based on a quota sampling strategy and invited 48 physicians to participate, selecting physicians who varied by sex, life stage, and work site. Four refused and two were unavailable. Of the 46 who were available, 42 agreed to participate (91% response rate). For stage two, all
physicians in the health region were invited to participate. We received 1178 surveys from an eligible 2957 (40% response rate). Table 1 demonstrates how the participant sample for both stages is proportionally representative of the physicians in the health region in terms of their type of medical specialty.

[Table 1 about here]

**Data sources/measurement**

For the stage one interviews, we explored the coping strategies used by physicians with the following statement: “Please describe how you cope with work-related stress while you are at work, and when you leave work”. For the stage two survey, we measured the frequency of use of the most common coping strategies that were identified from the interviews with seven items related to coping with work stress at work, and five items related to coping with work stress after leaving work. Several of the work based items were adapted from existing scales [11-13]. We prefaced the survey items with the following statement: “In our interviews with physicians, we found that they often use different strategies for coping with the stresses of their work. Thinking about the ways you deal with stress, how often do you do each of the following?” The seven items that tap coping strategies that physicians use at work are as follows: I make a plan of action and work through it; I go on as if nothing has happened; I keep it to myself; I concentrate on what I have to do next; I take a time out; I talk it over with colleagues; and I use humor to lighten the situation. The five items that reflect those strategies used outside of work are as follows: I find time to exercise; I set aside some quiet time for myself outside of work; I spend time with my family outside of work; I leave work at work; and I talk it over with my spouse. The response categories included never (coded 1); not very often (coded 2); sometimes (coded 3); often (coded
and most of the time (coded 5). Burnout was measured using five items from Barnett et al [14] where respondents were asked to indicate how often they experience the following: I feel emotionally drained from my work; I feel used up at the end of the workday; I feel tired when I get up and have to face another day on the job; I feel that working all day is really a strain for me; and I feel burned out from my work. The same response categories were used as reported for the coping items. A mean burnout score was computed by summing the score of the five items and dividing by five (the number of items). A higher score indicates more frequently experiencing feelings of burnout (alpha = .90).

Bias

For stage one, there was potential bias in selecting the initial list of 80 potential interview candidates, in that the research team may have selected physicians known to them and/or who were more interested in physician wellness. For stage two, there may be a response bias in that physicians who responded to the survey may also be more interested in physician wellness, have more or less burnout, have more or less effective coping strategies or have more time to complete the survey.

Study size

For stage one, we used a quota sampling strategy to select participants. Targeting a sample of roughly forty physician participants, we calculated what proportion of physicians from different types of specialties within the health region should be represented. For example, if 12% of physicians are internists, we selected a sample of 6 for our study (roughly 14%). For stage two, we targeted all the physicians within the health region (n=2957) as the sample size.
Analytic method (stage one) and statistical methods (stage two)

For stage one, the authors and the research assistant used an inductive strategy through open and selective coding to derive the predominant themes reflected in the interview transcripts. For stage two, first we calculated the frequency results for the coping strategies. We focused on the extent to which the coping strategies are regularly used by reporting the results for whether respondents use that strategy sometimes (coded 3), often (coded 4) or most of the time (coded 5). To determine the relationship between each of the coping strategies and burnout, zero-order correlations were used. The correlation indicates the direction and magnitude of the relationship. A statistically significant positive correlation means that the more frequently physicians use that coping strategy, the more often they experience symptoms of burnout. A statistically significant negative correlation means that the more frequently physicians use that coping strategy, the less often they experience symptoms of burnout.

Ethics approval for this study was obtained from the Conjoint Health Ethics Review Board of the University of Calgary.

Role of the funding source

Support for this research was provided by a Research Grant from the Alberta Heritage Foundation for Medical Research’s (AHFMR) Health Research Fund and financial and in-kind support from the former Calgary Health Region (CHR) now Alberta Health Services. The funding sources had no role in the study’s design, conduct or reporting.

Results

Stage one interviews
Participants

The sample of physicians interviewed included 19 women (45%) and 23 men (55%). Most of the participants (86%) were married at the time of the study and most of the participants (90%) were parents. On average, the physicians in this study were 47½ year of age and had practiced medicine for 15½ years but the sample varied greatly. Also see Table 1 for participants’ medical specialties.

Themes

Table 2 outlines the major themes extracted from the interview data. Starting with the coping strategies that physicians use while they are at work, the major themes identified were: Working through or simply dealing with the stress at work; talking with co-workers; taking a time out; using humor; and ignoring or denying the stress. Most of the coping strategies described fall into one of these major themes and are described in greater detail below.

[Table 2 about here]

The most popular coping response is working through or simply dealing with the stress at work. Participants often described this strategy as one where they “get the job done”, “just power through it”, “soldier on”, or “get on with it”. Some of the participants also seem to recognize that this may not be a healthy coping strategy. For example, they refer to it as “kind of sick”, or “it’s not good”. The following quote illustrates this theme:
…I don’t think I do much to deal with it at work. I just keep, keep, keep on going and I’m somewhat obsessive compulsive I think. I know I am and I think that most doctors are quite frankly. So part of what relieves my stress is getting everything done. And if I have a dictation that’s hanging over my head like I did today, that stresses me, so I try and get that kind of stuff done…I relieve stress by continuing to work. I mean, it’s kind of sick [laughs]

The second most popular coping strategy is talking to co-workers, where the physicians received both emotional and informational support (e.g. discussing a case) from their colleagues. Many physicians also described taking a time out, which might involve stepping outside for a breath of fresh air, going for a tea or coffee break, or closing the door to their office for a bit of quiet time. Using humor, joking with staff, and laughing about stressful incidences are also described coping strategies.

Well, today I had some stress because of delays. …I went and stood outside the door and took a few breaths of the nice, sunny air. Put my jacket back on, went back, felt much better [laugh]. I might um have a little joke with the staff or have a cup of tea. That usually works.

Lastly, participants indicated that they denied, ignored or put stress aside while they are at work using descriptors like “putting stress on the back burner”, and “just block it out”. 
Usually denial. I just put it on the back burner and just go on `cause you know, if you get too stressed out then you can’t function and so I usually just suppress it [stress].

For coping with work related stress after leaving work, the major themes identified are the following: Exercising; having quiet time, talking to spouse, spending time with family and leaving work at work. Other minor themes include doing more work at home, talking with others, and having a drink of alcohol. Most physicians use exercise regularly as a coping strategy in response to work related stress, indicating that they often run, go to the gym, or cycle.

I like to swim and exercise. I mean that’s a pretty good outlet for me. I probably depend on, maybe depend is a strong word, I like to have a drink at the end of the day if I’m stressed for sure. Um, that seems kind of negative, that’s true though.

Some physicians use more quiet coping strategies like spending time alone with the door closed at home, watching television, reading, or doing a “mindless” activity.

When I go home, mostly I would just do something that’s non-thinking …I just turn off into some kind of mindless, or just read a book or watch mindless TV, or go out for dinner.
Participants also report that they talk with their spouse after a difficult day at work, often over dinner or when they are out for a walk together, or spend time with extended family in order to relieve work related stress.

…I usually go for a walk with my wife and the dog. You know, just kind of talk, um you know, I love watching my kids play sports so I go to their games.

Many also describe just “leaving work at work” and not taking on work tasks at home such as cleaning up their email inbox.

Stage two survey

Participants

Of the physicians who completed the items relevant to this analysis, 665 (58%) were men and 486 (42%) were women. At the time of the study, on average, our respondents were 49 years of age (Mean=48.7 years; range=27-89 years) and had practiced medicine for about 18 years (Mean=17.86 years). Also see Table 1 for medical specialties of the physicians who completed our survey.

Frequency of use of coping strategies

Figure 1a shows the percentage of physicians who report sometimes, often or most of the time using the different coping strategies for work related stress while at work. The most popular coping strategy is concentrating on what they have to do next, used by virtually all of the respondents at least sometimes. More than half of the respondents (61%) reported that they use
this strategy often and 17% reported they use it most of the time. About 85% of respondents make a plan of action and work through it or use humor to lighten the situation at least sometimes. 78% keep stress to themselves, and about 70% talk with colleagues or go on as if nothing has happened at least sometimes. Only 38% take a time out, with most of these (29%) using this coping strategy only sometimes.

[Figure 1 about here]

Figure 1b shows the percentage of physicians who report sometimes, often or most of the time using the different coping strategies for work related stress after they leave work. The two most popular strategies appear to involve their families. Virtually all of the physicians report that they spend time with their family after a difficult day at work with half (49%) reporting they use this strategy often and 17% reporting they use it most of the time. About 80% of respondents talk with their spouse, 73% find time to exercise, 68% leave work at work, and 62% make quiet time outside of work at least sometimes.

Coping strategies and how they relate to burnout

Table 3 describes how the coping strategies relate to burnout. Of the seven major coping strategies that physicians use to deal with work stress at work, four were significantly negatively correlated with burnout (p<0.05), but three were significantly positively correlated with burnout (p<0.05). Those that helped to mitigate against burnout include taking a time out (r = -.18), using humor to lighten the situation (r = -.11), talking it over with colleagues (r = -.11), and making a plan of action (r = -.10). Thus, the more frequently physicians use one of these coping strategies
the less often they experienced burnout. Recall from figure 1a that very few physicians take a time out from a stressful situation at work, a coping strategy that appears most effective of the ones examined here. Making a plan of action is the second most commonly used coping strategy and is also effective in reducing burnout. The three coping strategies associated with increased burnout include keeping stress to oneself (r = .23), concentrating on what to do next (r = .16), and going on as if nothing happened (r = .07). Keeping stress to oneself, the coping strategy that is most highly correlated with burnout, is also a very frequently used coping strategy. Concentrating on what to do next, also highly correlated with burnout, is the most popular strategy used by the physicians in this study.

[Table 3 about here]

All five major of the major coping strategies that physicians use to deal with work stress after they leave work are significantly negatively correlated with burnout (p<0.05). In order of effectiveness they include setting aside quiet time outside of work (r = -.22), finding time to exercise (r = -.21), spending time with family outside of work (r = -.19), leaving work at work (r = -.17), and least effectively, talking about stress with their spouse (r = -.06). Recall from figure 1b that the strategies involving family members were the most popular. All correlations between the coping strategies and burnout are statistically significant at the .05 level.

**Discussion**

Physicians reported their coping strategies during the interviews in stage one of our study. From analysis of the interview and survey data, we found that the most common coping
strategies used at work involve continuing on with their duties despite the stress, dealing with stress through making a plan of action and/or humor, and talking to co-workers. The three coping strategies that appear to reflect denial responses to stress, including the most frequently used coping strategy of simply concentrating on what to do next were associated with increased burnout. The least commonly used strategy (taking a time out) was effective in reducing burnout. All of the coping strategies used outside of work were beneficial in reducing the frequency of burnout, the most popular being spending time with family, talking to one’s spouse and physical exercise.

To our knowledge our study is unique in that the two-staged multi method design provided the opportunity for the physicians themselves to describe their coping strategies, thus facilitating the construction of a relevant and occupation specific questionnaire. The coping strategies reported by the participants are consistent with categories previously described in the general literature, including problem-focused coping which facilitates completion of work tasks (e.g. make a plan of action), emotional-focused coping that assists in managing the emotional reaction to stressors (e.g. use humor to lighten the situation), and potentially maladaptive coping responses (e.g. ignore or deny stress) [15-17]. Our mixed methods study design then allowed us to document the frequency of use of the various coping strategies in a larger, more representative sample population and to explore the association between the coping strategies and physician burnout. Although many of the physicians in our study frequently use coping strategies that are helpful in reducing feelings of burnout, not all of the coping strategies are effective, and several are actually harmful.

The three strategies that enhanced the frequency of feeling burned out were those that do not involve actually dealing with the source of stress in a constructive manner (concentrating on
what to do next, keep it to myself, go on as if nothing happened). To some degree, these coping responses are consistent with those described as denial or restraint coping in the general literature, that is, waiting for a more appropriate opportunity to react [15-17]. Continuing on with their work despite the stress may reflect a pragmatic approach that enables the physicians to function despite the significant stressors that are part of their day to day work environment. Although these coping strategies may temporarily resolve the stressful situation or reduce the amount of work that is stressful, they were associated with more frequent feelings of burnout in our study and may be viewed as maladaptive or even harmful. Prior studies of medical and surgical trainees have also shown an association between maladaptive coping strategies and high stress and long work hours [18] as well as poor virtual laparoscopic surgery performance [19].

In our study, talking with colleagues was a relatively common and effective coping strategy. The physicians in our study described how this interaction provides an emotional source of support where physicians feel that they are not alone in their experiences, and at times also provides informational support (e.g. dialogue about patient care issues) that helps stress by problem focused coping. The benefit of this coping strategy has been previously shown in a study of internal medicine physicians that demonstrated how collegial support was directly related to physician well being and also buffered the negative effects of work demands [20]. In our study, the emotional focused coping strategies that physicians use outside of work such as spending time with family and talking with spouse, as well as leisure activities, such as exercise and quiet time, were associated with less burnout. This is consistent with the general psychology literature where it has been shown that time away from work, switching off mentally and enjoying a psychological detachment from work during off-job time, and other leisure activities that allow recovery in between work periods result in positive benefits for workers [21-25]. In
another example, Sargent et al reported that for physicians, being a parent and spending time with a spouse are protective factors against burnout [2], suggesting that family life may also serve to detract from work stress.

Limitations of this study include the potential selection bias for interviewed physicians in that the research team may have selected physicians known to them and/or with an interest in physician wellness. For stage two, there may be a response bias in that physicians who responded to the survey may be more interested in physician wellness, have more or less burnout, have more or less effective coping strategies, or more time to complete the survey. In addition, this study does not explore the association between a particular stress and the coping response. Certain coping responses may be more beneficial for one type of stressor (e.g. workload) and detrimental for another (e.g. difficult interpersonal interactions). Lastly, although there was broad and proportional representation of physicians throughout all the different types of medical practice in the interviews and survey, this study was conducted within a single health region and the results may not be generalizable. Future research may include longitudinal studies to see if the associations between the different coping strategies and burnout noted in our study are sustained over the long term.

Conclusions

In summary, the physicians in our study described the various coping strategies that they use to deal with their work stress, and reported how often they use them. Not all of the coping strategies are created equal as many were associated with increased burnout. By identifying which are beneficial or detrimental, we can educate physicians about the effectiveness of their
coping strategies, and integrate the beneficial strategies into practical stress reduction interventions.

**Authors' contributions**

Both JL and JW contributed to the conception and design of the study, acquisition of data and interpretation of data. JW was primarily responsible for data analysis. Both authors were involved in drafting the manuscript and revising it critically for important intellectual content and have given final approval of the version to be published.

**References**


Table 1. Breakdown of physician specialty for stage one health region versus interview sample (June 2006) and stage two health region versus survey sample (June 2008)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Stage one interviews</th>
<th></th>
<th>Stage two survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Region$^a$ N(%)</td>
<td>Sample N(%)</td>
<td>Health Region$^b$ N(%)</td>
<td>Sample N(%)</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>138 (6%)</td>
<td>3 (7%)</td>
<td>145 (6%)</td>
<td>73 (6%)</td>
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<tr>
<td>Cardiology</td>
<td>71 (3%)</td>
<td>2 (4%)</td>
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<tr>
<td>Clinical Neurology</td>
<td>60 (3%)</td>
<td>1 (2%)</td>
<td>72 (3%)</td>
<td>18 (2%)</td>
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<tr>
<td>Critical Care</td>
<td>43 (2%)</td>
<td>1 (2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>83 (4%)</td>
<td>2 (4%)</td>
<td>83 (4%)</td>
<td>22 (2%)</td>
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<tr>
<td>Emergency</td>
<td>81 (4%)</td>
<td>2 (4%)</td>
<td>87 (3%)</td>
<td>58 (5%)</td>
</tr>
<tr>
<td>Family</td>
<td>695 (31%)</td>
<td>11 (26%)</td>
<td>772 (31%)</td>
<td>407 (33%)</td>
</tr>
<tr>
<td>Internal Medicine$^b$</td>
<td>271 (12%)</td>
<td>6 (14%)</td>
<td>447 (18%)</td>
<td>199 (17%)</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>60 (3%)</td>
<td>2 (4%)</td>
<td>68 (3%)</td>
<td>24 (2%)</td>
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<tr>
<td>Pathology</td>
<td>60 (3%)</td>
<td>1 (2%)</td>
<td>66 (3%)</td>
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<tr>
<td>Pediatrics</td>
<td>174 (8%)</td>
<td>4 (9%)</td>
<td>198 (8%)</td>
<td>78 (7%)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>123 (6%)</td>
<td>2 (4%)</td>
<td>123 (5%)</td>
<td>73 (6%)</td>
</tr>
<tr>
<td>Rural$^c$</td>
<td>142 (6%)</td>
<td>4 (9%)</td>
<td>181 (7%)</td>
<td>82 (7%)</td>
</tr>
<tr>
<td>Surgery</td>
<td>206 (9%)</td>
<td>4 (9%)</td>
<td>220 (9%)</td>
<td>117 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>83 (7%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2207 (100%)</td>
<td>42 (100%)</td>
<td>2488 (100%)</td>
<td>1178 (100%)</td>
</tr>
</tbody>
</table>

$^a$ Based on Department and division counts for the Health Region June 2006 and 2008

$^b$ Includes cardiology and critical care in 2008

$^c$ Included one anesthesiologist and three family physicians for 2006. In our 2008 survey, we asked physicians if they practiced in a rural area in a separate question about location of practice. The 82 rural physicians in our sample are classified both in their specialty area and as rural physicians.
Table 2  Physician coping strategies: major themes extracted from the interviews (n=42)

<table>
<thead>
<tr>
<th>Physician coping strategies while at work</th>
<th>Physician coping strategies outside of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deal with stress/Work through it</td>
<td>Exercise</td>
</tr>
<tr>
<td>Talk with co-workers</td>
<td>Have some quiet time</td>
</tr>
<tr>
<td>Take a time out</td>
<td>Talk with spouse</td>
</tr>
<tr>
<td>Use humor</td>
<td>Spend time with family</td>
</tr>
<tr>
<td>Ignore or deny the stress</td>
<td>Leave work at work</td>
</tr>
</tbody>
</table>
Table 3  Physician coping strategies and how they relate to burnout*

### Table 3a  Physician coping strategies while at work

<table>
<thead>
<tr>
<th>Effective coping strategies that significantly reduce burnout</th>
<th>Harmful coping strategies that significantly increase burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a time out (r = -.18)</td>
<td>Keep stress to myself (r = .23)</td>
</tr>
<tr>
<td>Use humor to lighten the situation (r = -.11)</td>
<td>Concentrate on what to do next (r = .16)</td>
</tr>
<tr>
<td>Talk it over with colleagues (r = -.11)</td>
<td>Go on as if nothing happened (r = .07)</td>
</tr>
<tr>
<td>Make a Plan of Action (r = -.10)</td>
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</tbody>
</table>

### Table 3b  Physician coping strategies after leaving work

<table>
<thead>
<tr>
<th>Effective coping strategies that significantly reduce burnout</th>
<th>Harmful coping strategies that significantly increase burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set aside quiet time outside of work (r = -.22)</td>
<td></td>
</tr>
<tr>
<td>Find time to exercise (r = -.21)</td>
<td></td>
</tr>
<tr>
<td>Spend time with family outside of work (r = -.19)</td>
<td></td>
</tr>
<tr>
<td>Leave work at work (r = -.17)</td>
<td></td>
</tr>
<tr>
<td>Talk about stress with spouse (r = -.06)</td>
<td></td>
</tr>
</tbody>
</table>

* All zero-order correlations are statistically significant (p<.05)
Figure 1a  Physicians’ coping strategies at work

Figure 1b  Physicians' coping strategies outside of work
Figure 1a  Physicians' coping strategies at work

Figure 1b  Physicians' coping strategies outside of work
Additional files provided with this submission:

Additional file 1: Strobe Checklist BMC health services research Not all coping st, 80K
http://www.biomedcentral.com/imedia/203602890351583/supp1.doc