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Quality of Life and Coping Styles Among Medical Practitioners: A Cross-Sectional Study

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Abstract

Quality of life (QoL) and coping styles are critical determinants of medical practitioners' well-being and professional performance. This cross-sectional study examined QoL and coping mechanisms in 100 medical practitioners (33 general practitioners, 35 surgeons, 32 physicians) working in private hospitals in Lucknow, India. Participants (age 25–45, ⩾1 year practice) completed the WHOQOL-BREF and Brief COPE. Overall, practitioners reported above-average QoL across physical, psychological, social, and environmental domains. A significant difference emerged on the psychological domain ($\chi^2[2]=7.52$, $p<.05$), with physicians ($M=71.8$) and general practitioners ($M=70.2$) scoring higher than surgeons ($M=65.4$). No group differences appeared in problem-focused, emotion-focused, or avoidant coping (all $p>.05$). Correlational analyses indicated no significant associations between QoL domains and coping styles. These findings suggest that while specialty influences psychological QoL, coping preferences are stable across groups and do not predict QoL. Interventions tailored to enhance adaptive coping in surgeons may bolster psychological well-being and, by extension, patient care quality.

Keywords: Medical Practitioners, Surgeons, General Medical Practitioners, Physicians, Quality of Life

Introduction

Medical practice often entails high workloads, long hours, life-threatening scenarios, and frequent exposure to patient suffering and death. Such demands place practitioners at elevated risk for physical strain, psychological distress, and diminished quality of life (QoL) (Finstad et al., 2021; Manning-Jones et al., 2016). In India, where medical infrastructure struggles to meet vast healthcare needs, practitioners face additional systemic pressures (Gani et al., 2022).

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Evaluating QoL and coping styles among practitioners is thus vital to inform strategies that sustain their well-being and optimize patient outcomes.

Quality of Life

QoL is a multidimensional, subjective construct encompassing physical health, psychological state, social relationships, and environmental context (WHO, 1994). The WHOQOL-BREF operationalizes these into four domains: (1) Physical Health, (2) Psychological, (3) Social Relationships, and (4) Environment. Prior research highlights factors adversely affecting practitioners' QoL—sleep deprivation, depression, lack of social support, and excessive workload (Shanafelt et al., 2009; Kumar et al., 2005). However, findings on demographic and specialty-related differences remain mixed.

Stress and Coping

Stress models have evolved from Selye's General Adaptation Syndrome (GAS), which describes alarm, resistance, and exhaustion phases (Selye, 1974), to Lazarus and Folkman's transactional model, emphasizing cognitive appraisal and coping efforts as mediators of stress outcomes (Lazarus & Folkman, 1984). Coping refers to "constantly changing cognitive and behavioural efforts" to manage stressors perceived as exceeding one's resources.

Carver et al. (1989) delineated problem-focused, emotion-focused, and avoidant coping, measured by the Brief COPE. Literature suggests that adaptive coping (problem-focused, positive reinterpretation) supports well-being, whereas maladaptive strategies (avoidance, denial, substance use) exacerbate distress (Carver et al., 1989; Roth & Cohen, 1986).

Rationale and Objectives

Although studies have explored QoL and coping separately among healthcare workers, few have concurrently examined both across medical specialties in India. Understanding specialty-specific QoL profiles and coping patterns may guide targeted interventions.

This study aimed to compare QoL and coping styles across general practitioners, surgeons and physicians and to explore the relationship between QoL domains and coping styles.

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Hypotheses

H1 QoL will not differ significantly among specialties.

H2 Coping styles will not differ significantly among specialties.

H3 No significant correlations will exist between QoL domains and coping styles.

Methods

Design and Setting

A cross-sectional survey was conducted December 2023–March 2024 in two private hospitals in Lucknow, Uttar Pradesh, India.

Participants

One hundred medical practitioners—33 general practitioners, 35 surgeons, and 32 physicians—were recruited via purposive sampling. Inclusion criteria: MBBS-qualified, registered with the National Medical Commission, direct patient care role, age 25–45, ⩾1 year practice. Exclusions included part-time/telehealth practitioners and those with major medical or psychiatric diagnoses.

Measures

WHOQOL-BREF (26 items): Assesses QoL across four domains—Physical Health, Psychological, Social Relationships, Environment, Domain scores (0–100) reflect higher QoL.

Brief COPE (28 items): Measures 14 coping dimensions aggregated into three styles: problem-focused, emotion-focused, and avoidant coping. Higher scores indicate greater reliance on that style.

Sociodemographic Data Sheet: Captured age, gender, years of experience, specialty, and work patterns.

Procedure

After ethical approval and informed consent, participants completed questionnaires in paper form during work breaks. Surveys required approximately 20 minutes. Anonymity was ensured.

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Data Analysis

Descriptive statistics (means, SDs) characterized sample and scores. Kruskal–Wallis tests evaluated specialty differences in QoL domains and coping styles (non-parametric due to score distributions). Post-hoc pairwise comparisons with Bonferroni correction identified specific group differences. Spearman's rho assessed correlations between QoL domains and coping styles. Analyses were conducted in SPSS 25, with α=.05.

Sample Characteristics

Participants (M_age=34.2 years, SD=5.1; 56% male) had a mean of 8.4 years (SD=4.3) in practice. Gender distribution and years of experience did not differ significantly among specialties.

Quality of Life

Mean QoL scores indicated above-average levels across domains (Table 1). Kruskal–Wallis tests revealed a significant specialty effect on the psychological domain ($\chi^2[2]=7.52$, p=.023). Post-hoc analyses showed that surgeons (M_rank=42.3) scored lower than physicians (M_rank=58.7, p=.018) and general practitioners (M_rank=56.2, p=.032). No significant differences emerged for physical, social, or environmental domains (all p>.05).

Domain	GPs (n=33)	Surgeons (n=35)	Physicians (n=32)
Physical Health	72.5 (8.4)	70.1 (9.2)	73.8 (7.9)
Psychological	**70.2 (7.5)**	**65.4 (8.1)**	**71.8 (6.7)**
Social Relationships	68.9 (9.0)	67.3 (8.5)	69.6 (7.4)
Environment	74.1 (8.7)	72.8 (9.1)	75.3 (8.0)

Table 1. *Mean (SD) QoL domain scores by specialty.*

Coping Styles

All specialties reported moderate use of problem-focused (M=23.6–24.4), emotion-focused (M=20.2–21.1), and avoidant coping (M=12.8–13.5). Kruskal–Wallis tests showed no significant differences across specialties for any coping style (all $\chi^2<2.10$, p>.35).

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Correlations Between QoL and Coping

Spearman's correlations indicated no significant associations between any QoL domain and problem-focused, emotion-focused, or avoidant coping (ρ range = –.17 to .12, all p>.10).

Discussion

This study evaluated QoL and coping styles among general practitioners, surgeons, and physicians in Lucknow private hospitals. Three key findings emerged: (1) overall above-average QoL, (2) specialty differences limited to the psychological domain—with surgeons reporting lower psychological well-being than other groups—and (3) no specialty differences in coping styles or significant QoL–coping associations.

Quality of Life

Elevated QoL across domains aligns with prior findings that many practitioners maintain moderate to high well-being despite job stressors (Pariwatcharakul et al., 2020). The lower psychological QoL in surgeons may reflect surgical workloads—prolonged operating hours, high-stakes decisions, and frequent life-or-death scenarios (Pulcrano et al., 2016). Psychological domain items—self-esteem, positive/negative feelings, concentration—are likely taxed in surgical contexts.

Coping Styles

Uniform coping profiles across specialties suggest that professional role does not dictate coping preferences. Consistent use of problem-focused and emotion-focused strategies, with lower avoidant scores, mirrors normative patterns in healthcare workers (Lourenção et al., 2022). The absence of specialty differences contrasts with some studies that found surgeons more prone to avoidance or substance use (Menaldi et al., 2023), perhaps due to cultural or institutional factors in the present sample.

QoL–Coping Relationship

Contrary to expectations, coping styles did not correlate with QoL. This diverges from research linking adaptive coping with better well-being (Carver et al., 1989; Li et al., 2017). Possible explanations include that coping measures reflect trait-like tendencies less sensitive to current

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QoL, or that other unmeasured factors (social support, organizational resources) play stronger roles.

Implications

Findings highlight the need for specialty-focused support: surgical teams may benefit from psychological interventions (e.g., resilience training, stress-management workshops) to enhance self-esteem and emotional regulation. Uniform coping training—for instance, structured problem-solving skills and peer support groups—could reinforce adaptive strategies across all practitioners. Institutional policies ensuring adequate rest and mental health resources may further protect QoL.

Limitations

The cross-sectional design precludes causal inferences. Purposive sampling in private hospitals limits generalizability to public settings or rural practitioners. Self-report measures may be subject to social desirability bias. Future studies should incorporate longitudinal designs, objective stress biomarkers, and broader samples.

Future Directions

Longitudinal research could track QoL and coping dynamics over practice years. Qualitative studies exploring surgeons' unique psychological challenges may inform tailored interventions. Investigating organizational factors (workload, administrative support) alongside individual coping may yield comprehensive strategies for practitioner well-being.

Conclusion

Medical practitioners in this study report favourable overall QoL and similar coping styles across specialties. However, surgeons exhibit lower psychological well-being, underscoring the need for targeted support. The lack of association between coping styles and QoL suggests that enhancing organizational resources and coping skills may jointly optimize practitioners' well-being and patient care.

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