Exploring Occupational Therapy Students' Coping Strategies and Styles

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Keywords

Occupational therapy education, stress, coping, descriptive study

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ABSTRACT

This study aimed to determine occupational therapy students' coping strategies and styles to manage stress. The final sample included 160 students, with 39 master of occupational therapy (MOT) students and 121 occupational therapy doctoral (OTD) students who were currently enrolled in an MOT or OTD program. This study used a cross-sectional, descriptive survey. The survey included both closed-ended and open-ended items to provide a greater insight into occupational therapy graduate students' stressors, coping strategies, and coping styles. Results of the survey showed the most frequently reported coping strategies for both programs were emotional support, instrumental support, self-blame, and religion. The least used strategies included denial, substance use, behavioral disengagement, and venting. When comparing the two groups, results suggested that both MOT and OTD employed similar coping strategies, with OTD students more likely to use religion as a coping strategy. Participants most frequently reported using the problem-focused coping style. These results indicated that students were implementing both healthy and unhealthy coping strategies. This study will allow students and educators to better understand how MOT and OTD students cope with stress and develop programming to enhance coping among occupational therapy graduate students. Implications for improved occupational therapy educational success include: (1) addressing and acknowledging the stressors that occupational therapy students experience, (2) facilitating and supporting occupational therapy students' healthy coping strategies, and (3) increasing awareness of unhealthy coping strategies that occupational therapy students may be using.

Introduction

Stress is a normal part of life. Everyone experiences it from early adolescence into late adulthood. Moderate stress is normal and expected. However, a significant amount of stress in one's life can be harmful. Stress is defined individually in response to a difficult situation within the environment that can affect one's well-being (Govender et al., 2015). It is a result of a difficult situation that causes worry or mental tension throughout one's brain and body. Various factors trigger stress, including new experiences, feelings of frustration or nervousness, and limited control over situations. The effects of stress can be widespread, especially on an individual's physical and mental health, causing depression, anxiety, sleep issues, and general health issues (Amanvermez et al., 2023; Saleh et al., 2017).

One population that experiences high levels of mental health challenges because of stress is college students. The amount of overall college students in the nation who experience mental health problems has increased by 50%, in addition to 60% of nation-wide college students reporting one or more mental health challenges (American Psychiatric Association, 2023). Unfortunately, 50% of those with mental health conditions have not accessed services for their challenges (American Psychiatric Association, 2023). Graduate students specifically are at risk for poor psychological and physical health because of stress (Yamamoto et al., 2023). Evidence has shown that graduate students experience great deals of stress and are six times more likely than the general population to experience mental health problems (Evans et al., 2018; Yamamoto et al., 2023).

It is evident that stress is part of the college experience, especially for graduate students. When students experience increased stress levels, it can have a great impact on their mental health (Hyun et al., 2006). Given the increase in mental health challenges and lack of sought-out services, it is imperative to implement healthy strategies to mitigate the negative impact stress has on students. There are various ways to deal with stress, both healthy and unhealthy. Coping strategies are one form of stress management necessary to facilitate improvements in mental health and, in turn, the academic success of a student.

Literature Review

Occupational Therapy Student Stress

Graduate students in occupational therapy programs are experiencing unique and significant stressors that can impact their mental health (Lewis-Kipkulei et al., 2021). Occupational therapy students experience high levels of stress as a result of transitioning from undergraduate to graduate school and the high demands placed on students for academic and clinical performance (Everly et al., 1994; Grab et al., 2021; Lewis-Kipkulei et al., 2021; Zeman & Harvison, 2017). These high levels of stress are a key barrier to occupational therapy students' success and well-being (Zeman & Harvison, 2017). Occupational therapy students are at a greater risk for depression, suicidal ideation, and other mental health disorders when compared to other students in the health professions (Constantinidis & Matsukura, 2021). Moreover, in a post-

pandemic world, occupational therapy students are experiencing even more mental health difficulties due to the lived experience throughout the pandemic, transition to and from virtual and in-person learning, and overall occupational disruptions (Sharma & Tyszka, 2023). Occupational balance and participation in meaningful activities is an essential concept in occupational therapy. However, occupational therapy students are especially shown to lack the ability to balance these areas due to the high number of stressors accompanied with an occupational therapy graduate program (Grab et al., 2021).

Occupational therapy students deal with many stressors throughout their student experience (Grab et al., 2021; Lewis-Kipkulei et al., 2021). These forms of stress vary from academic and clinical stressors, in addition to personal stress from daily life. Academic stress is the most frequently reported stress among occupational therapy students (Govender et al., 2015). The most common academic stressors included high academic expectations, class schedules, integrating classroom and clinical learning, group projects, long term papers, busy weeks, and numerous deadlines (Everly et al., 1994; Govender et al., 2015; Haughey et al., 2017). From day one, academic stressors are highly prevalent for occupational therapy students (Govender et al., 2015). Higher levels of academic stressors are more frequently reported in the later years of occupational therapy graduate students due to the requirements of fieldwork, research, and other academic responsibilities (Govender et al., 2015; Sharma & Tyszka, 2023).

In addition to academic stressors, occupational therapy graduate students uniquely experience clinical stressors as well. The most common clinical stressors include the transition from academics to fieldwork (Govender et al., 2015; Mitchell & Kampfe, 1993), meeting Level II fieldwork competencies (Haughey et al., 2017), knowing and meeting supervisor expectations (Yuen, 1990), and not feeling prepared for clinical experiences (Grab et al., 2021). The transition to fieldwork has been found to be disruptive and stressful, and to decrease students' feelings of control over their circumstances (Mitchell & Kampfe, 1993). In fieldwork placements, students strive to provide effective services while trying to develop professionally (Grab et al., 2021). Transitioning from developing academically to developing clinically and professionally can be a monumental stressor for an occupational therapy student (Grab et al., 2021). Clinical experiences are a large part of an occupational therapy student's education; therefore, the stressors are a key issue.

Students also experience stress in their personal lives that can affect their success. Personal stress factors include a lack of work-life balance (Haughey et al., 2017), participating in meaningful occupations and nourishing interpersonal relationships (Grab et al., 2021), and time, money, and childcare issues for parents (Everly et al., 1994). Stress prevents occupational therapy students from fully participating in activities that are not academic related and in turn decreases their quality of life (Grab et al., 2021). Many students are conflicted with outside work obligations for financial compensation, which can hinder their academic performance (Grab et al., 2021). The demands of an occupational therapy graduate program, the strain of personal relationships, financial hardships, and lack of balance, can be a significant burden for a student. Altogether,

occupational therapy students experience multiple academic, clinical, and personal stressors that can impact their overall health and well-being. However, limited research addresses how occupational therapy students cope. Therefore, this study aims to better understand how occupational therapy students cope with the stresses of life, clinic, and academics. To understand how students cope, it is important to first understand the different coping responses.

Coping Responses to Manage Stress
The student experience will unavoidably involve stress and unfortunately, all students do not possess the skills to cope with stressors adequately (Govender et al., 2015). However, preventing further mental health distress in students can be accomplished through various avenues, such as developing coping skills (Bettis et al., 2017). Coping is an individual's behavioral or cognitive response to handle a stressful event (Maykrantz & Houghton, 2020). Throughout the human experience, individuals form ways to cope with stress. Those who venture into higher-level academics need to find ways to cope. These responses can be either constructive or harmful, and without advantageous coping skills, a student's academic performance can be impacted negatively (Rodriguez & Provident, 2018). The success of a coping strategy in the promotion of a student's health and well-being is dependent on the student's ability to appraise the stressor, available resources and strategies, and feedback from previous experiences (Dvořáková et al., 2019). It is shown that most college students do not deal with stress effectively and those who do not have the appropriate coping skills are more likely to experience higher levels of stress (Maykrantz & Houghton, 2020).

Three leading forms of coping responses can be utilized to deal with stress, including problem-focused, emotion-focused, and avoidant coping. The use of coping responses can be interchangeable in different situations. Problem-focused coping is characterized by effective and active coping, including planning, positive reframing, informative support, and problem-solving in a stressful event (Schoenmakers et al., 2015). This form of coping is associated most with taking direct action, making active decisions, and focusing on solving the problem (Govender et al., 2015). Typically, problem-focused coping aims at decreasing the demands that are causing the stressor, and the individual holds the belief that the stressor is changeable (Govender et al., 2015). Mitchell and Kampfe (1993) found that problem-focused coping was the most used coping response in occupational therapy students and considered it to be more adaptive and to promote improvements in mental health.

Emotion-focused coping usually targets the emotional distress elicited from a stressful situation (Baker & Berenbaum, 2007). This coping response incorporates emotional support, humor, self-blame, religion, venting to others, and attempts to regulate the emotional response to a stressor (Baker & Berenbaum, 2007; Schoenmakers et al., 2015). In this form of coping, an individual may feel better emotionally, but it does not mean the stressor is resolved (Govender et al., 2015). Stressors that are targeted through emotion-focused coping are perceived as unchangeable or uncontrollable to the individual (Govender et al., 2015).

Avoidant coping is a passive form of coping characterized by distracting oneself or disengaging from the stressor (Chao, 2011). This form of coping has little to no effectiveness in mitigating stress (Chao, 2011). Some ways of identifying avoidant coping behaviors include sleep, rest, behavioral disengagement, mental disengagement, or using technologies to distract oneself (Chao, 2011). Avoidance has been shown to lead to psychological distress (Govender et al., 2015). Depending on the person or situation, each coping response can lead to healthy or unhealthy strategies (Rodriguez & Provident, 2018).

Understanding occupational therapy students' coping styles and strategies is important to attenuate the negative effects of stress. Identifying the types of coping responses that occupational therapy students implement is essential for supporting students in their academic and clinical success. With this information, stress and coping responses can be better understood to facilitate student success. Furthermore, faculty can better support students to improve their overall performance and well-being in their academic and clinical endeavors. The purpose of the study was to explore occupational therapy graduate students' coping styles and strategies.

Methods

To examine occupational therapy graduate students' coping responses to stress, we conducted a cross-sectional, descriptive survey with Master of Occupational Therapy (MOT) and Occupational Therapy Doctoral (OTD) students. A university institutional review board approved all study procedures. The researchers sent emails to Accreditation Council for Occupational Therapy Education-accredited graduate occupational therapy programs inviting students to participate in the study. Of the 138 OTD programs and 133 MOT programs contacted, 129 OTD programs (93%) and 124 MOT programs (93%) responded and stated they would share the email with their students. Participants were eligible for the study if they self-reported enrollment in an MOT or OTD program and were 18 years of age or older. Participants were required to provide their consent before completing the survey. The final sample included 160 MOT (n = 39, 24%) and OTD (n = 121, 76%) students. Participants self-reported gender as female (n = 151, 94%), male (n = 6, 4%), did not disclose (n = 1, 1%), or other (n = 2, 1%).

The survey consisted of a short demographic section followed by the 28-item brief "Coping Orientation to Problem Experienced" (COPE) inventory (Carver, 1997). The brief COPE was selected because of its relevance to the study objective and is a validated and reliable instrument consisting of 14 sub-scales with 2 items per sub-scale. The brief COPE measures coping strategies including active coping, planning, positive reframing, acceptance, humor, religion, emotional support, instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame. Previous studies have supported the factor structure and internal reliability of the brief COPE (Carver, 1997; Carver & Connor-Smith, 2010; Carver et al., 1989).

The brief COPE also measures coping styles, which are averaged across sub-scales. The problem-focused coping style averaged the active coping, instrumental support, positive reframing, and planning sub-scales. The emotion-focused coping style averaged the emotional support, venting, humor, acceptance, self-blame, and religion sub-scales. The avoidant coping style averaged the self-distraction, substance use, denial, and behavioral disengagement sub-scales.

This study's data also supported the psychometric properties of the brief COPE. As a first step to examine the internal sub-scales' reliability of the brief COPE and before creating composite variables, we examined Cronbach's α as an additional step to ascertain sub-scale reliability. All Cronbach's α sub-scale values were higher than 0.70, with Cronbach's α = 0.74 averaging all sub-scales, indicating acceptable sub-scale reliability (George & Mallery, 2003). The researchers also examined Cronbach's α for the coping styles to gauge reliability. All three coping styles had acceptable reliability, with the avoidant coping style Cronbach's α = 0.74.

The survey concluded with ten open-ended items to supplement data from the closed-ended items and provide additional context and details. Open-ended items asked participants about stressors; coping responses to stress; the impact of stress on physical health, mental health, interpersonal relationships, participation in social events, and community participation; and how their program faculty could support and decrease stress. The three co-authors completed an open coding process for one of the open-ended items asking about coping responses to stress because of the question's relevance to the current study (Strauss & Corbin, 1990). The three co-authors read through the responses, initially categorized the responses based on the coping strategy from the brief COPE that was implemented and reviewed any discrepancies in categorization. The next step was to compare the categorization among co-authors. There were few discrepancies, which resulted in a discussion and agreement about which coping strategy accurately captured the response. Once a consensus was reached, the response was categorized in the agreed upon coping strategy for reporting.

Results

Quantitative Analysis

The results of the study indicated the most frequently reported coping strategies among MOT and OTD students included emotional support (n = 48, 30%), instrumental support (n = 37, 23%), self-blame (n = 32, 20%), and religion (n = 31, 19%). The least frequently reported coping strategies were denial (n = 4, 3%), substance use (n = 4, 3%), behavioral disengagement (n = 4, 3%), and venting (n = 10, 6%).

The researchers also examined occupational therapy students' coping styles using the brief COPE. Average scores higher than 3.00 indicated implementation of the coping style. Most of the sample reported implementing the problem-focused coping style (n = 75, 59%). Emotion-focused coping was also commonly used (n = 49, 38%). The avoidant coping style was the least frequently reported (n = 4, 3%). There were no

significant differences between MOT and OTD students' coping styles, suggesting they implemented similar coping strategies. The researchers did not examine differences by gender, given the disparate sub-sample sizes.

In comparing MOT and OTD students' coping strategies, there were few differences in coping strategies, suggesting that graduate students were employing coping strategies similarly. The only difference was in MOT and OTD students' use of religion as a coping strategy, with OTD students (M = 2.60 [2.40, 2.80], SD = 1.11) being more likely than MOT students (M = 2.23 [1.89, 2.58], SD = 1.06) to indicate they were relying on religious/spiritual beliefs, praying, or meditating to cope with the stressors of graduate school, t (158) = 1.82, $p < 0.05$, d = 0.34.

Qualitative Analysis

To supplement the quantitative results, the researchers completed open coding for the responses to the open-ended question, "Please explain what you do when you get stressed." Participants reported using various strategies that aligned with the brief COPE and included active coping, planning, acceptance, religion, emotional support, instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame. None of the responses to this open-ended question were categorized under the humor or positive reframing strategies. Illustrative quotes for each of the coping strategies are listed below.

Active Coping

"When I start to feel stressed or anxious about a situation, I am in I try to stop what I am doing and breathe. I try to get in a quiet area and just reflect on what is going on (this usually grounds me and brings me back to reality). I will also go do fun things on the weekends and try to do things that make me happy, so I am not always focused on school week and weekends. I avoid stress piling in by staying on top of our busy schedules as well."

"I try to take a step back and re-frame my thinking about the situation (how grateful I am to be getting this education, how much I'll one day miss my cohort, etc.), or I try to power through because I know sometimes it's worse to ruminate and better to just tackle the assignments in order to show my brain that it's okay and that I will get through it."

"I often set a goal for myself (finish this assignment, etc.) and force myself to power through until I complete it."

Planning

"I usually try to decompress first (hunting, exercise, a nap) then make an action plan to relieve the stress."

"I will usually talk to my mom who helps me make a plan and take things one step at a time."

"I try to take a few minutes to relax and then make a plan on how to get things done."

"I try to make a list of things I have to do so the workload seems less overwhelming."

Acceptance
"When I get stressed, I make sure to continue to exercise throughout the week and go to church to release some of that stress. I have also learned to take graduate school one week at a time and to do my best on those assignments that are due that week. The other assignments will come but I can just focus on the ones that are in front of me."

Religion
"I read my bible and do devotionals. I believe this is something that actually gives me life and makes me feel as a human being because of the hope that I have after reading."

"I always ask the people that are closest to me within my family and my circle of friends to pray for me and that always gives me peace and comfort."

"Sometimes I will just start praying that I can calm down and get back on my feet."

Emotional Support
"I am working to stay accountable to my spouse and my close friends that live in a different city. We use Discord app to update each other on what's going on and giving support and encouragement. I try to confide in at least 1-2 people who I trust and who won't judge me."

"I seek time with people who 'fill my cup' and make me happy."

"I seek connection to a few of my classmates who I have gotten close to or seek connection with my fiancé or friends from home."

Instrumental Support
"Seek help from resources outside of the school setting."

Self-Distraction
"I usually sleep or do another activity to take my mind off of things, but it usually causes more stress because I think I should be doing something more productive."

"Study more, exercise, watch a movie, spend time with friends."

"I usually go to the gym, play guitar, or find some other outlet of peace like fishing to calm the mind."

"When I am stressed, I frequently do anything that avoids the stress. This comes for me as frequent cleaning (always do this when stressed), cooking/baking, online shopping, TikTok, calling my mom or boyfriend, etc."

Denial
"I typically try to first ignore the fact that I feel stressed and tell myself that I can handle the pressure."

Venting
"I typically just spill some of my concerns out to my boyfriend or someone close like my mom and then try hard to get whatever needs to be done."

"I rant to friends and family."

"I sleep, play games on my laptop (crosswords or solitaire), and complain about my stress."

Substance Use
"I tend to drink more alcohol."

"Sometimes I will eat an unhealthy snack or drink some wine."

Behavioral Disengagement
"I withdraw or sleep. I try to escape the world and forget about school."

"I tend to withdraw and be alone."

"Most of the time I will withdraw and only reach out to certain people about my stress. For the most part I keep it to myself."

"I withdraw. I seek comfort in being alone and figuring out self-management techniques. I found myself throughout the program getting more stressed hearing about other people's stress. I compared myself and wondered if I should be more stressed because of their stress. So, I removed myself from the situation."

Self-Blame
"I tend to withdraw and put a lot of pressure on myself to figure out the best way to cope. As I have progressed through the program I have gotten better about seeking help or finding tasks outside of school to improve my occupational balance."

Discussion

Study results showed there were minimal differences in coping strategies for students in an MOT or OTD program. However, the study showed that problem-focused and emotion-focused strategies were the most frequently used coping mechanisms for students in graduate-level programs. By understanding what coping strategies are used, occupational therapy faculty and instructors can identify the coping styles that are most frequently used among MOT and OTD students and incorporate programming, curriculum, and pedagogical responses to enhance coping skills.

Problem-Focused Coping

Problem-focused coping is when individuals focus their responses on the source of stress (Chao, 2011). Incorporating this coping style can allow individuals to face stressors directly rather than use other sources to deal with the stress. Addressing stress directly is an effective and active strategy that can lead to more healthy ways of coping and mitigating stress when it is present (Lazarus & Folkman, 1984). Problem-focused coping strategies include active coping, informational support, positive framing of items, and planning. Common activities to facilitate problem-focused coping include making a to-do list, addressing the problem directly, prioritizing stressors, asking for help, developing approaches and questions to ask, and knowing when to take a break (Lazarus & Folkman, 1984). This strategy effectively maintains students' well-being as it is an active form of coping with stress (Chao, 2011).

Instrumental support is a type of social support in which assistance is provided to meet tangible needs, such as material help and services (Cutrona & Russell, 1990). It can come from peers or university faculty. To help students overcome stressful challenges, faculty can focus on reducing the academic burden by incorporating pedagogical practices into their didactic courses. Such practices include clarifying, correcting, and elaborating on content to reduce students' uncertainty about academic materials. By clarifying and modeling throughout didactic courses, instructors who model behaviors will also contribute to successful coping and understanding skills and knowledge (Malecki & Demaray, 2003). These types of support often lead to increased school satisfaction and psychosocial well-being.

This study showed that the MOT and OTD students most frequently used the problem-focused coping style. This finding aligned with other studies regarding the coping styles of occupational therapy students in other programs. For example, Govender et al. (2015) completed a similar study of undergraduate occupational therapy students and found that problem-focused coping was the most frequently used style. Strategies that students used included positive reframing and seeking social support. The study highlighted that occupational therapy students favored coping strategies that allowed them to incorporate active coping, informational support, positive reframing, and planning. Additional studies showed that students in health profession programs were more likely to use problem-focused coping strategies (Chan et al., 2009; Dhunpath & Vithal, 2014; Gurkova & Zelenikova, 2018; Leodoro, 2017; Seyedfatemi et al., 2007).

The most common problem-focused coping in healthcare fields included managing time, seeking information, and recreational activities. The results indicated that most occupational therapy graduate students relied on instrumental support as a problem-focused coping strategy.

Instrumental support is best established through peers. Studies show that individuals receiving tangible support from peers are likelier to demonstrate healthy coping responses, and experience improved health outcomes (Cutrona & Russell, 1990; Malecki & Demaray, 2003). Tangible support from peers can be in the form of transportation or meal assistance. Academic support from peers consists of offering tutoring, mentoring, and peer teaching (Cutrona & Russell, 1990; Malecki & Demaray, 2003). The study shows that occupational therapy students relied on instrumental support for healthy coping, therefore, it is important to ensure students develop a peer support system when in school.

Emotion-Focused Coping
Coping responses can be situational as students respond to stress differently, and situations may require different responses. Therefore, multiple coping strategies can be used in the coping process to manage internal and external demands that cause stress (Lazarus & Folkman, 1984). Situations in which students feel they can control are most appropriate for problem-focused coping, such as studying for a clinical practice exam. The challenge with problem-focused coping is that it does not typically acknowledge the emotional component of stress, which could, in turn, cause additional stressors to arise. Situations in which students have no or limited control are often best managed with emotion-focused coping, such as receiving feedback from peers or instructors (Lazarus & Folkman, 1984).

Emotion-focused coping is focused on the feelings that arise during stressful situations, rather than changing the conditions. Instead of focusing on the problem, emphasis is placed on reducing the negative emotions evoked by the stressor (Lazarus & Folkman, 1984). Emotion-focused coping has benefits such as increased emotional regulation, thinking more clearly, and regulation of anxiety, anger, and frustration. When healthy coping strategies are in place, it will reduce toxic stress and healthy emotional expression when overwhelmed with stress (Compas et al., 2017; Govender et al., 2015). Common emotion-focused coping strategies include emotional support, venting, humor, acceptance, religion, and self-blame. Many of these coping strategies are adaptive, but some, such as self-blame, can be maladaptive. Common activities used to facilitate emotional coping include journaling, engaging in movement, venting or talking to a friend, meditation, listening to music or participating in art, and deep breathing (Lazarus & Folkman, 1984).

The current study aligns with other studies that indicated emotion-focused coping was another commonly implemented coping style, specifically the use of venting, humor, acceptance, and religion. Govender et al. (2015) found that emotion-focused coping was the second most commonly used coping strategy among occupational therapy students as well. The study reported that social support and self-blame were common

emotion-focused strategies among occupational therapy students. Van Niekerk et al. (2008) found healthcare students utilized emotion-focused coping in the form of optimistic thinking. Daydreaming was another form of emotion-focused coping commonly used when looking at the common stressors of healthcare students (Seyedfatemi et al., 2007). Utilizing emotion-focused coping can help minimize the negative effects of the stressors a student is experiencing.

Another emotion-focused coping strategy is religion. The study found that religion was more likely to be implemented by OTD students as compared to MOT students. This aligned with Mishra et al. (2021) who found that religion was a common coping style for healthcare students. Using religion was associated with a lower probability of having depression or other mental health conditions. The presence of religion in one's life may not be sufficient to reduce the stressors associated with the demands of school. Studies showed that students benefited more when they engaged in religious activities and sought spiritual advice (Mishra et al., 2021). Reasons why OTD students rely on religion could be attributable to age, geographic location, or the difference in length of the programs.

Avoidant Coping Responses
Results from the study showed few MOT and OTD students engaged in avoidant coping strategies. Avoidant coping and some strategies in emotion-focused coping are considered maladaptive (Dijkstra & Homan, 2016). Maladaptive coping can lead to unfavorable outcomes such as higher distress (Madison et al., 2022). The results showed that few occupational therapy graduate students relied on substance use, self-behavioral disengagement, and denial as avoidant-focused coping strategies.

The most frequently reported avoidant coping strategy was self-blame. Self-blame is associated with higher rates of depression and pessimism (Zahn et al., 2015). Outcomes associated with avoidant coping include limited social support, maladaptive perfectionism, invalidated adult interactions, and limited exposure to healthy coping alternatives (Lapoint & Soysa, 2014; Segrin et al, 2013; Seiffge-Krenke, 2000). In addition to poorer mental health, avoidant coping is also associated with emotional suppression, disengagement, and avoidance (Compas et al., 2017).

Addressing students' avoidant coping is essential for academic success. Universities and faculty can support students in reducing their avoidant coping by encouraging students to use the university's mental health and wellness services. For students who have lower insights and understanding of coping, connecting them with psychoeducational support may be most beneficial to ensure they have the necessary resources to develop healthier coping strategies. Encouraging students to process their stresses and express their feelings during times of stress has also been shown to reduce avoidant coping (Madison et al., 2022). The context of one's environment is also important for fostering healthy coping. Creating an environment in which students feel

supported by faculty and peers is crucial for healthy coping and academic success. Studies show that students who feel support from faculty and peers demonstrate better academic performance, resiliency, and higher program enrollment (Madison et al., 2022).

Study Limitations and Future Research
Study limitations included the use of a cross-sectional study design and the sampling methodology. Self-report measures can be biased; however, to minimize any bias, we randomized the brief COPE items to reduce any order effects. Additional research comparing the demographics of participants and potential covariates examining their statistical associations would provide a more in-depth examination of the relationship between stress, coping strategies, and coping styles. The study's findings were limited to the demographic survey data collected and drawing comparisons between programs, which prevents generalizability to the larger occupational therapy student population. Future studies comparing gender, age, racial, religious and ethnic differences could help to better understand how to address more targeted and specific groups of students and their coping needs. Future research should incorporate advanced statistical modeling such as mediation and moderation to better understand the complex interplay between stress, coping strategies, and coping styles to develop programming and interventions to enhance students' coping abilities, thereby reducing student stress. Future studies should also incorporate additional open-ended items asking students to elaborate on specific coping strategies and coping styles to better understand why students rely on certain coping strategies and not others, and reasons for promoting specific coping styles over others.

Implications for Occupational Therapy Education
The study provided a greater insight into coping skills implemented by MOT and OTD students, which is relevant to occupational therapy education. To foster healthy coping strategies in occupational therapy graduate students, it is necessary to understand what coping strategies are already in place for the student. For the student, gaining a deeper understanding of their coping strategies will allow for potential growth in healthier, rather than unhealthy, coping strategies. The study also provided information on other coping strategies they may not have considered incorporating into stress management. For occupational therapy faculty, this deeper understanding can facilitate increased support for students who may be relying on unhealthy coping strategies. If students are using unhealthy coping strategies, this provides an opportunity for educators to provide support and information to promote healthy coping and enhance student success. It is recommended that occupational therapy educators, students, and practitioners apply this knowledge to: (1) address and acknowledge the stressors that occupational therapy students are experiencing, (2) facilitate and support occupational therapy students in stress management through healthy coping strategies, and (3) increase awareness of unhealthy coping strategies that occupational therapy students may be using. It is suggested that occupational therapy programs provide stress management education to their incoming students within their first semester, to facilitate healthy coping strategies throughout their student experience. This education should include healthy vs unhealthy coping strategies, how to identify stress, and support provided by the occupational

therapy program. In addition to education, it is suggested that occupational therapy faculty strive to have greater awareness of their students' stress through check-ins or meetings to ensure students receive the needed supports for their educational and clinical success.

Conclusion

Occupational therapy programs are expected to maintain high standards to develop ethical and competent clinicians. Reducing occupational therapy students' stress by lowering the standards of programs and curriculum expectations is not possible. Therefore, the cross-sectional, descriptive study was conducted to understand coping styles among MOT and OTD students while in graduate school. The study's results provided insight into the various coping strategies occupational therapy students commonly use while experiencing the high standards and expectations of school. As the pressures of living in a post-pandemic world, competition for getting into occupational therapy school, and clinical standards increase, it is important to address the evolving mental health needs of occupational therapy students. With a better understanding of student coping responses, institutions, faculty, and fieldwork supervisors can provide improved support to promote occupational therapy students' mental health. Understanding and increasing students' personal contexts to facilitate healthy coping strategies will minimize maladaptive coping, which is essential for a student's overall health, well-being, and success.

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