Relationship Between Emotional Intimacy and Coping Strategies among Female Doctors

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Abstract
The present study examined the relationship between emotional intimacy and coping strategies among female doctors using a quantitative, cross-sectional, correlational research design. The Miller Social Intimacy Scale and Brief COPE Inventory were administered to 120 female doctors aged 25–40 years. Descriptive statistics indicated that participants reported a mean score of 284.07 (SD = 41.580) for emotional intimacy and 66.68 (SD = 11.417) for coping strategies. Spearman's correlation analysis revealed a weak negative and non-significant relationship between emotional intimacy and coping strategies ($r_s = –0.072$, $p > .05$). The null hypothesis was accepted, indicating no significant relationship between the variables among female doctors. Limitations include the use of self-report measures and a specific sample. Future research may explore additional factors such as stress, burnout, and social support influencing emotional well-being.

Keywords: Emotional Intimacy, Coping Strategies, Female Doctors, Occupational Stress

1. Introduction

The life of a medical practitioner is known to be both rewarding and highly demanding. Medical professionals are required to perform their roles in highly pressurized environments, which demand critical thinking, emotional control, and constant exposure to human suffering. For female medical practitioners, these demands may be compounded by societal and gender-specific role expectations, work-life imbalance, and the emotional demands of caregiving. Managing these multiple role expectations may result in emotional exhaustion and reduced emotional connection in their private lives.

Emotional intimacy is the ability to share one's inner world of thoughts, feelings, and experiences with others with trust, openness, and mutual understanding. It plays an important role in the maintenance of mental health and the establishment of meaningful relationships with others. It reflects the experience of being understood, appreciated, and valued by others, and is therefore an important predictor of relationship satisfaction. However, in the context of the medical profession, emotions need to be regulated or suppressed to ensure professional composure. This may result in the extension of this regulatory process into private relationships, making it difficult for female medical practitioners to experience and express emotions and achieve emotional intimacy with others.

Coping strategies refer to the cognitive or behavioural attempts made by individuals to manage stress or difficult situations. Lazarus & Folkman (1984) stated that coping strategies are of two types: problem-focused coping and emotion-focused coping. Problem-focused coping helps individuals manage the

stressful situation, whereas emotion-focused coping helps individuals regulate their emotional responses during stressful situations.

Emotional intimacy and coping strategies are two concepts that are interrelated. Effective coping strategies are said to enhance emotional intimacy, whereas ineffective coping strategies are said to hinder emotional intimacy.

In the context of India, it is important to examine the relation between emotional intimacy and coping strategies among female doctors between the ages of 25-40 years. The present study aims to explore this relationship in order to better understand their emotional well-being and stress management.

Definitions and Conceptual Framework

Emotional Intimacy

Emotional intimacy is the ability to share thoughts, feelings, and personal experiences with others in a relationship that is built on trust, openness, and understanding. It enables individuals to feel valued, understood, and emotionally connected to others, thereby contributing to psychological well-being and relationship satisfaction.

Coping Strategies

Coping strategies refer to the cognitive and behavioural efforts used by individuals to manage stressful situations. Lazarus and Folkman (1984) classified coping strategies into two categories: problem-focused coping and emotion-focused coping. Problem-focused coping helps individuals deal with the stressful situation, whereas emotion-focused coping helps in regulating emotional responses to stressful situations.

Conceptual Framework

Emotional intimacy and coping strategies are interrelated constructs. Higher levels of emotional intimacy may promote adaptive coping strategies, while ineffective coping may lead to lower levels of emotional intimacy. This study aims to explore the relationship between emotional intimacy and coping strategies in female doctors.

2. Review of Literature

Reis and Shaver (1988) stated that emotional intimacy is achieved through the process of self-disclosure and partner responsiveness. They found that when an individual is open with their thoughts and emotions and receives a positive and supportive responses, it increases trust and mutual understanding between partners. This process plays a critical role in the development of emotional intimacy and the maintenance of healthy interpersonal relationships. Moreover, the study by these researchers emphasized that emotional intimacy is achieved by the consistent emotional response from the partners, which increases the sense of security and acceptance from the partners.

Lazarus and Folkman (1984) stated that coping strategies are important in managing stress and challenging situations. They proposed a theory that classified coping strategies as problem-focused coping and emotion-focused coping. Problem-focused coping helps individuals manage the source of stress through active efforts, while emotion-focused coping helps in regulating emotional responses during stressful situations. The theory proposed by these researchers indicated that coping strategies are dynamic and change according to the situation. This shows that the choice of coping strategy plays an important role in an individual’s emotional well-being.

Carver et al. (1989) stated that coping strategies play a significant role in the process of emotional adjustment and psychological well-being. Their study revealed that adaptive coping strategies such as seeking social support, planning, and positive reframing are linked with positive emotional outcomes.

Conversely, maladaptive coping strategies such as denial and avoidance may contribute to increased stress and negative impacts on emotional functioning and interpersonal relationships. The research also revealed that individuals differ in their coping styles. Such variations in coping styles may contribute to the effectiveness of stress management. Thus, coping strategies are significant predictors of mental health outcomes.

Shanafelt et al. (2012) stated that medical professionals experience high levels of stress, burnout, and emotional exhaustion due to the demanding nature of their work. Their findings indicated that prolonged exposure to stress can affect both coping strategies and interpersonal relationships. This may reduce the ability of doctors to maintain emotional intimacy in their personal lives. They also reported that burnout can lead to decreased job satisfaction and emotional detachment, further impacting personal well-being and relationships. Therefore, managing stress is essential for maintaining both professional and personal balance.

3. Research Methodology

3.1 Research Question

The present study was attempted to examine whether there exists a significant relationship between emotional intimacy and coping strategies among female doctors.

3.2 Objectives

1. To assess the level of emotional intimacy among female doctors.
2. To assess the coping strategies among female doctors.
3. To examine the relationship between emotional intimacy and coping strategies among female doctors.

3.3 Hypotheses

H_0: There is no significant relationship between emotional intimacy and coping strategies among female doctors.

4. Research Design

The present study follows a quantitative correlational research design, which is considered appropriate to investigate the relationship between emotional intimacy and coping strategies among female doctors without manipulating any variables.

4.1 Sampling Technique

Through purposive sampling (judgmental sampling), participants were selected for the study. The participants were female doctors within the age group between 25 and 40 years. Female doctors with varying levels of emotional intimacy and coping strategies were considered for the purpose of the study. The sample for the study consisted of 120 female doctors.

4.2 Data collection

- Data was collected through offline questionnaires distributed to the participants.
- The participants were asked to provide demographic details, followed by their responses to the standardized scales used in the study.

4.3 Tool Description

- Emotional Intimacy was measured by using Miller Social Intimacy Scale (MSIS), which was developed by Miller (1982). This scale consists of 17 items that measure the level of closeness, intimacy, and emotional connection in a relationship. It measures the extent to which an individual shares their thoughts and feelings with others. The responses to this scale are recorded on a 5-point

Likert scale, ranging from "not at all" to "a great deal." It is evident from previous research that this scale is reliable, and Cronbach's alpha ranges from 0.85 to 0.91.

- Coping Strategies were measured by using Brief COPE Inventory, which was developed by Carver (1997). This scale consists of 28 items that assess various coping strategies used by individuals to manage stress. It includes both problem-focused and emotion-focused coping strategies. The responses to this scale are recorded on a 4-point Likert scale, ranging from "I haven't been doing this at all" to "I've been doing this a lot." It is evident from previous research that this scale is reliable, and Cronbach's alpha ranges from 0.70 to 0.90.

4.4 Statistical Analysis

The data collected were analysed using IBM SPSS Statistics. The relationship between emotional intimacy and coping strategies was examined using Spearman's rank correlation coefficient, which determines the strength and direction (positive or negative) of the relationship between the variables. The level of significance was set at $p < 0.05$.

4.5 Inclusive Criteria

- Female doctors.
- Those within the age group of 25–40 years.
- Those who were willing to participate in the study.

4.6 Exclusive Criteria

- Male doctors were excluded from the study.
- Individuals who did not fall within the age group of 25–40 years were excluded.
- Those who were not willing to participate in the study were excluded.

5. Result

This chapter discusses the results and interpretation of the analysis done to understand the relationship between emotional intimacy and coping strategies of female doctors.

Table 1: Descriptive statistics showing the mean and standard deviation of Emotional Intimacy and Coping Strategies of Female Doctors.

Variables	Mean	Standard deviation	N
Emotional Intimacy	284.07	41.580	120
Coping Strategies	66.68	11.417	120

The descriptive table shows the mean and standard deviation for the variables. The Marital Satisfaction Inventory Scale (MSIS) has a sample N = 120, Mean = 284.07, and Standard Deviation = 41.580. The Brief COPE Inventory has a sample N = 120, Mean = 66.68, and Standard Deviation = 11.417.

Table 2: Correlational analysis showing the relationship between Emotional Intimacy and Coping Strategies Among Female Doctors.

Variables	Spearman's correlation	r_s value	Decision
Emotional Intimacy	1	-0.072	**Accepted (HO)**
Coping strategies			

**Correlation is not significant at the 0.05 level (2-tailed)

Table 2 shows the values of Spearman's correlation among the two variables. There appears to be a very weak negative correlation between Emotional Intimacy and Coping Strategies ($r_s = -0.072$, $p > 0.05$). This suggests that as emotional intimacy decreases, coping strategies slightly increase among female doctors. As per the statement of the earlier mentioned hypothesis, since there is no significant relationship between emotional intimacy and coping strategies, the null hypothesis (H_0) has been accepted. That is, statistically, there is no significant relationship between emotional intimacy and coping strategies among female doctors at the 0.05 level.

6. Discussion

The present study found that there is no statistically significant correlation between emotional intimacy and coping strategies among female doctors ($r_s = -0.072$, $p > 0.05$). Emotional intimacy was measured using the Miller Social Intimacy Scale (MSIS) (M = 284.07, SD = 41.580), and coping strategies were measured using the Brief COPE Inventory (M = 66.68, SD = 11.417). The findings suggest that emotional intimacy is not significantly associated with coping strategies among female doctors. Although a weak negative correlation was observed, it was not statistically significant. The findings do not support earlier studies by Reis and Shaver (1988) and Carver et al. (1989), but may be supported by Shanafelt et al. (2012) regarding the effects of stress and professional demands on doctors.

7. Summary

The present study aimed to investigate the relationship between emotional intimacy and coping strategies among female doctors. A quantitative correlational research approach was employed for the study. The sample consisted of 120 female doctors within the age group of 25–40 years. The results showed that emotional intimacy (M = 284.07, SD = 41.580) and coping strategies (M = 66.68, SD = 11.417) had a weak negative correlation ($r_s = -0.072$, $p > 0.05$), which was not statistically significant. Thus, the findings indicate that there is no significant relationship between emotional intimacy and coping strategies among female doctors.

8. Conclusion

The results of the present study revealed no significant relationship between emotional intimacy and coping strategies among female doctors. Although a weak negative correlation was observed between the variables, it was not statistically significant. These findings suggest that emotional intimacy may not play a substantial role in determining coping strategies among female doctors. This may be explained by the influence of other factors, such as stress and workload, which could have a more significant impact on coping strategies.

9. Limitations of the Study

- The sample size was limited to 120 female doctors, which may affect the generalizability of the results to a wider population or to male doctors.
- The use of self-report measures may influence the results, as responses could be biased by social desirability or subjectivity.
- The cross-sectional design may not be appropriate to assess causal relationships between emotional intimacy and coping strategies.

10. Suggestions for Future Research

- Future studies may use a larger sample size to increase the generalizability of the results.
- Other studies may investigate the relationship between emotional intimacy and coping strategies in different populations, such as male doctors, nurses, or healthcare professionals in diverse settings.
- Additional psychological factors, such as stress, workload, anxiety, and emotional well-being, may be examined alongside emotional intimacy and coping strategies.
- Longitudinal studies may be conducted to assess the long-term effects of emotional intimacy on coping strategies among healthcare professionals.

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