EFFAT UNIVERSITY

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DEPARTMENT OF PSYCHOLOGY

PROFESSIONAL QUALITY OF LIFE AND COPING STRATEGIES AMONG INDIVIDUALS PRACTICING INTERNAL MEDICINE IN SAUDI ARABIA

A thesis submitted for the requirements of the degree of Master of Science in Clinical Psychology

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Abstract

Burnout and compassion fatigue could impact doctors' mental health and professional satisfaction, specifically among internal medicine doctors. This study analyzed the relationships between coping strategies and components of professional quality of life: compassion satisfaction, burnout, and compassion fatigue among Saudi internal medicine doctors. A cross-sectional survey design was used, with 60 doctors from governmental hospitals completing the Professional Quality of Life Scale (ProQOL-V) and the Brief COPE. Descriptive analyses indicated that most internists reported average to poor sleep quality, limited mental health support, and low to regular physical activity. Pearson correlations showed that compassion satisfaction was negatively associated with burnout, whereas compassion fatigue was positively associated with burnout. Problem-focused coping was positively correlated with compassion satisfaction, while avoidant coping was positively correlated with burnout and compassion fatigue. Multiple linear regression analyses demonstrated that problem-focused coping significantly predicted higher compassion satisfaction, avoidant coping significantly predicted greater burnout and compassion fatigue, and emotion-focused coping significantly predicted compassion fatigue. These results are related to stress and coping theory, highlighting the potential adaptive coping and the maladaptive nature of avoidant and emotional coping within high stress in medical environments. The study showed the importance of hospitals' support in promoting adaptive coping skills, accessible mental health resources, and interventions to manage burnout and compassion fatigue among internal medicine doctors in Saudi Arabia.

Keywords: Compassion Satisfaction, Compassion Fatigue, Burnout, Coping Strategies, Internal Medicine

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CHAPTER ONE
INTRODUCTION

1. Introduction

1.1. Background of the Study

Internal medicine doctors are doctors who specialize in preventing, diagnosing, and treating chronic and nonchronic diseases in adults. Internists can be specialized further in cardiology, neurology, endocrinology, gastroenterology, nephrology, pulmonology, rheumatology, and infectious diseases, etc. In Saudi Arabia, doctors are exposed to stressful environments and challenges, long working hours, complex decision-making responsibilities, and emotional stress from cases and ill patients. These factors increase their risk of developing compassion fatigue, burnout, and a decrease in their professional satisfaction. However, limited research has explored the professional quality of life (ProQOL) and coping strategies among doctors who practice internal medicine in Saudi Arabia. The concept of ProQOL consists of three components: compassion satisfaction, burnout, and compassion fatigues. Research conducted in many healthcare systems suggest that the relationship of coping strategies can relieve negative relationship with prolonged stress, while maladaptive strategies might emphasize burnout and fatigue. However, several factors such as culture and organizations have an association with the outcomes across health care settings.

1.2. Statement of the problem

In KSA, few studies have examined the professional quality of life of internal medicine doctors. There is a lack of research on internal medicine doctors in KSA regarding their coping strategies with stress, how they maintain and regulate their compassion satisfaction, and the challenges they face in their jobs. Although global studies have examined ProQOL and coping strategies among health care clinicians, there is a lack of research specifically focused on the internal medicine specialty worldwide and in Saudi Arabia. The relationship of organizational and cultural factors on ProQOL and coping strategies is still underexplored. This gap limits the understanding of how these doctors manage work-related stress and maintain compassion satisfaction in their clinical practice. Moreover, it is important to assess the levels of compassion satisfaction, burnout, and compassion fatigue, as well as the coping mechanisms, among internal medicine doctors in Saudi Arabia to promote their well-being and professional sustainability.

1.3. Purpose of the Study

This research paper examines the relationship between ProQOL and coping strategies for internal medicine doctors under the board in Saudi Arabia. It aims to understand doctors' experiences which can help us in developing specific interventions intervention to support their mental, emotional health, and overall well-being. This study fills a gap in the literature on compassion fatigue, burnout, and coping strategies among internal medicine doctors in Saudi Arabia. In addition, it examines these doctors' coping strategies and provides a culturally appropriate, specialty-specific understanding. Finally, this contribution supports national efforts to enhance the quality of healthcare for physicians and patients across the Kingdom.

1.4. Key Terms

1.4.1. Internal Medicine

Internal medicine doctors specialize in the prevention, diagnosis, and treatment of adults. They are well-trained to manage complex cases and chronic diseases, multisystem disorders with comprehensive care in outpatient and inpatient settings. Internal medicine specialty is an umbrella term for 10-12 specialties: cardiology, neurology, endocrinology, gastroenterology, nephrology, pulmonology, rheumatology, and infectious diseases. There are other subspecialties under internal medicine, such as hematology, oncology, Ambulatory care, and critical care (Saudi Commission for Health Specialties).

1.4.2. Professional Quality of life

Professional quality of life refers to the emotional and psychological effects of working in a caregiving profession. It includes both negative and positive outcomes (Stamm, 2009).

1.4.3. Compassion Satisfaction

Compassion satisfaction refers to the positive emotions that come from helping and assessing others and performing one's job effectively (Stamm, 2009).

1.4.4. Burnout

Burnout represents one of the most widely studied occupational syndromes in healthcare professions, described by emotional stress, depersonalization, and a diminished sense of personal accomplishment (Maslach et al., 2018).

1.4.5. Compassion Fatigue

Compassion fatigue is the emotional fatigue that develops over time from prolonged exposure to patients' suffering and continuous demands (Figley, 1995). It is the cost of caring for patients who are experiencing trauma, disease, or distress, and is characterized by decreased empathic capacity, emotional depletion, and decreased ability to engage compassionately (Figley, 1995; Sorenson et al., 2016).

1.4.6. Coping Strategies

Coping strategies are the behaviors and methods doctors use to manage stressors in life events and the workplace. Coping strategies are commonly categorized as adaptive, such as active coping and planning. Maladaptive strategies, such as substance use and behavioral disengagement (Carver, 1997; Lazarus & Folman, 1984).

1.5. Summary of the Chapter

In summary, chapter one introduced the background, highlighting the demanding nature of internal medicine doctors who are under the Saudi Board and the related risks of burnout, compassion fatigue, and reduced professional satisfaction. It outlined the limited research on ProQOL and coping strategies among internal medicine doctors in KSA, emphasizing the need to investigate how these internists manage work-related stress and maintain compassion satisfaction in the work setting. It also defined the key terms, including internal medicine, ProQOL, compassion satisfaction, burnout, secondary traumatic stress, and coping strategies, to establish a conceptual foundation for the study.

CHAPTER TWO
LITERATURE REVIEW

2. Literature Review

2.1. Review of Empirical Studies

This chapter aims to provide a theoretical and empirical foundation for understanding how coping style have a relationship with compassion satisfaction, burnout, and compassion fatigue among internal medicine doctors during the residency the Saudi Board. The literature begins with an overview of explaining ProQOL and its three main components. It explains coping strategies according to Lazarus and Folkman's model of stress and coping, and distinguishes between adaptive and maladaptive coping strategies based on the Brief COPE inventory. The literature review further explores studies on the relationship between coping styles and ProQOL results; moreover, the study focuses on compassion satisfaction, burnout, and compassion fatigue among internal medicine doctors. The final part of the chapter highlighted the gaps in the literature, especially the limited studies on internal medicine doctors in KSA.

2.2. Professional Quality of Life (ProQOL)

Professional Quality of Life is explained by the three dimensions: compassion satisfaction, burnout, and compassion fatigue. It presented a comprehensive framework for understanding how doctors' workplace experiences can link with their mental health and well-being. These aspects related to healthcare professionals' and doctors' well-being and their job performance. Poor ProQOL results not only predict doctors' mental health but also reduce job productivity, increase absenteeism, and increase the risk of errors (Jackson-Koku & Grime, 2019). Moreover, encouraging compassion satisfaction and managing burnout and compassion fatigue can improve resilience, improve coping mechanisms, and provide better clinician patient relationships (Doolittle, 2021; Guraya et al., 2025).

Internal medicine doctors face several stressors that heighten the chance of burnout and compassion fatigue. The specialty is characterized by control of complex multimorbidity, regular diagnostic uncertainty, care of chronically ill and aging patients, prolonged patient connections, and heavy continuity and organizational responsibilities. These factors create high cognitive load, and significant time pressures to the internists. The ProQOL framework is highly associated with healthcare professions because doctors' well-being is directly related to the impact on patient care quality, safety, and organizational outcomes.

In addition, the Professional Quality of Life model showed that compassion satisfaction, burnout, and compassion fatigue do not occur in isolation but interact dynamically as responses to sustained organizational stressors (Stamm, 2009). The study consistently shows that doctors exposed to continuous high-acuity care, emotional stress, and organizational pressures are at heightened risk for diminished professional quality of life (West et al., 2018).

2.2.1. Compassion Satisfaction

Compassion satisfaction refers to the positive emotions that come from helping and assessing others and performing one's job effectively. Despite the high rates of burnout and compassion fatigue among doctors in Makkah city, Alharbi et al. (2023) found that many of them nevertheless showed moderate to high levels of compassion satisfaction in our country, emphasizing the importance of meaning-making and professional purpose as protective factors. Studies have explored that encouraging compassion satisfaction is related to stronger resilience, improved job retention, and better life satisfaction (Hegney et al., 2014; Guraya et al., 2025). Despite the high rates of burnout and compassion fatigue among doctors in Makkah city, Alharbi et al. (2023) found that many of them nevertheless showed moderate to high levels of compassion satisfaction in our country, emphasizing the importance of meaning-making and professional purpose as protective factors. Studies have explored that encouraging compassion satisfaction is related to stronger resilience, improved job retention, and better life satisfaction (Hegney et al., 2014; Guraya et al., 2025).

It is a critical buffer against the emotional demands in the practice of internal medicine doctors. As doctors work with complicated diagnosis cases, prolonged patient interactions, and high-acuity decision-making, deriving fulfillment from patient care can help sustain their motivation and reinforce their professional identity. A study by Hegney et al. (2014) and Doolittle (2021) found that doctors who view their work as meaningful and helpful place, are likely to show empathy, commit deeply to their patients, and report better mental health. It is a fundamental element that can reduce the influence of stress and maintain their mental health (Alharbi et al., 2023). In addition, compassion satisfaction has been linked to improved cooperation between doctors, greater organizational commitment, and decreased turnover intention (Guraya et al., 2025).

2.2.1 Burnout

Burnout is defined as an emotional stress, depersonalization, and a diminished significance of personal achievement (Maslach et al., 2018). Among doctors, burnout is associated with heavy and demanding workloads, long hours, and exposure to negative emotions and trauma. In Saudi Arabia, burnout remains positively high prevalent. Alshurtan et al. (2024) showed a significantly high burnout rate among doctors and healthcare professionals. Alenezi et al. (2022) found that more than half of Saudi resident healthcare providers suffer from moderate to severe burnout. According to Al-Jhani et al. (2021), COVID-19 caused burnout among healthcare workers, and the use of maladaptive strategies exacerbates the outcomes. In addition, burnout increased the risk of medical errors, reduced job satisfaction, and raised turnover among doctors (Shanafelt et al., 2015; West et al., 2018). Grimes (2020) claims that burnout related to motivation and sense of meaning in their medical practice. This is related to the ProQOL model (Stamm, 2009), in which burnout decreases professional satisfaction and increases the risk of compassion fatigue.

2.2.3. Compassion Fatigue

Compassion fatigue is experienced as a result of indirect trauma (Figley, 1995; Stamm, 2009). For example, in a hospital when doctors always engage with patients who are suffering from chronic, life-threatening, or traumatic illnesses. A study found that a lack of support and long working hours among doctors were causes of compassion fatigue, which was prevalent among about one-third of doctors in Saudi Arabia. These results indicated that poor sleep quality, uncomfortable thoughts, and emotional stress and issues might appear from long-term vulnerability without positive coping (Sorenson et al., 2016). If not managed, compassion fatigue can reduce compassion satisfaction, lower the standard of treatment in the care setting, and precipitate employee turnover. This leads to compassion fatigue, which means trauma-related symptoms (intrusive thoughts, hyperarousal, avoidance) and the erosion of empathic capacity. Moreover, compassion fatigue is associated with symptoms such as sleep disturbance, intrusive memories about patients, emotional numbing, and increased risk of behavioral coping (e.g., substance use) when not appropriately addressed.

2.3. Coping Strategies

Coping strategies refer to doctors' cognitive and behavioral actions used to manage internal and external stressors in their lives. In healthcare, these coping strategies shape how doctors respond to the demands of their profession. It is categorized as adaptive, such as active coping, emotional support, acceptance, and planning. However, the coping strategies consist of adaptive and maladaptive; the Maladaptive, such as denial and substance use (Carver, 1997; Lazarus & Folman, 1984), and the adaptive is related to improving the psychological result, whereas maladaptive strategies can trigger stress and contribute to damaging professional experiences (Doolittle, 2021; Jackson-Koku & Grime, 2019). Understanding the coping strategies used by internal medicine is crucial for developing interventions that promote healthy emotional well-being.

Lazarus and Folkman (1984) initially defined coping as the always-changing cognitive and behavioral efforts to manage specific internal or external demands appraised as taxing or exceeding resources. Study outside healthcare, such as work on narcissism and attachment dynamics, also highlights that maladaptive relational coping (e.g., avoidance, rivalry, coercion) undermines satisfaction and raises interpersonal stress (Back et al., 2013; Czarna et al., 2022).

The Brief COPE Inventory by Carver (1997), is the most widely used questionnaire to assess coping styles. It consists of cognitive and behavioral actions by individuals to manage their internal and external stressful situations. Based on the model, coping mechanisms consist of three groups: problem-focused, emotion-focused, and avoidant coping.

First of all, problem-focused; it manages the source of the stress to decrease or eliminate it. It's adaptive and goal-oriented to handle the problem. In a health setting, it might be seeking advice or implementing practical strategies to manage workloads and demands. Secondly, emotion-focused; it aims to regulate emotions related to the stressful event rather than changing the stressors themselves. This type of coping can be adaptive when it gives emotional resilience and psychological well-being (Lazarus & Folkman, 1984). Therefore, it may limit problem-solving effectiveness when we overuse it. In the workplace setting, sharing some of the emotional experiences with friends and colleagues can help alleviate the negative relationship with compassion fatigue (Montero-Marin et al., 2021). Avoidant coping associated with disengagement from stressful conditions or related emotions; this is considered a maladaptive style. Emotional withdrawal can lead to decreased compassion satisfaction and increased compassion fatigue (Ruiz-Fernádez et al., 2020). It brings relief but often leads to emotional stress over time. Finally, Adaptive styles, such as problem- and emotion-focused, have been related to professional satisfaction. In contrast, maladaptive coping, such as avoidant coping, has been associated with higher levels of stress (Carver, 1997).

2.4. Relationship Between Coping Strategies and ProQOL

The relationship between coping styles and ProQOL has been widely reviewed across healthcare environments, as coping strategies play an effective role in compassion satisfaction. For example, doctors are more likely to show compassion, feel satisfied, and experience less burnout. When they solve issues and look for professional help (Alharbi et al., 2023; Alshurtan et al., 2024). Moreover, self-centered coping or avoidance exacerbates emotional weariness and diminishes employment satisfaction (Rotenstein et al., 2018; Day, Bourke, & Grenyer, 2020). Research demonstrates that adaptive coping (e.g., acceptance, emotional support) improves compassion satisfaction and buffers against burnout, while maladaptive coping (e.g., denial, substance use) is always linked with higher secondary traumatic stress (Stamm, 2009; Doolittle, 2021). Where constructive coping predicts satisfaction and destructive coping predicts conflict and disengagement (Sauls et al., 2019; Lim, 2024). In addition, Montero-Marin et al. (2021) explained how approach-oriented coping was inversely related to burnout, while disengagement strategies were positively associated with burnout. Also, a study by Ruiz-Fernández et al. (2020) found that healthcare workers who relied on adaptive emotional regulation and social support reported higher compassion satisfaction and lower burnout.

Many large-scale studies have reported these findings among doctors. Doolittle (2021) discovered that internal medicine doctors who used emotional and problem-focused coping styles reported much lower burnout and higher compassion satisfaction, underscoring the influence of positive coping on professional well-being. Doherty et al. (2024) exhibit that doctors who work in Ireland, who used maladaptive coping "such as self-blame," were associated with an increase in their burnout level, but adaptive coping, "active," was protective for them. Jackson-Koku and Grime (2019) brought up that emotion regulation and adaptive coping serve as mediators in mitigating burnout among doctors, emphasizing coping as a modifiable resilience factor.

Research mainly focusing on internal medicine doctors in Saudi Arabia is limited. Alharbi et al. (2023) found that doctors who reported higher levels of compassion fatigue often used avoidant coping strategies, such as emotion-focused coping. Furthermore, doctors who used emotional or religious support demonstrated greater compassion satisfaction. Al-Jhani et al. (2021) reported that healthcare doctors and professionals who used problem-focused and social-support coping had a lower level of burnout during the COVID-19 pandemic, highlighting the effect of adaptive coping strategies. Almadani et al. (2023) explained that compassion fatigue-related coping among healthcare workers in Saudi Arabia, indicating that institutional interventions promoting positive coping could enhance their well-being.

2.5. The Saudi Context

2.5.1. Burnout and Compassion Fatigue Among Internal Medicine Doctors

Saudi doctors have reported a high compassion fatigue in several studies. Al-Jhani et al. (2021) observed high levels of compassion fatigue and a reliance on emotion-focused coping during the COVID-19 pandemic. A study found that a higher workload and younger age were related to burnout and compassion fatigue among doctors in Makkah (Alharbi et al., 2023). Moreover, a study has shown that hospital support can help doctors reduce burnout, underscoring the need for therapeutic interventions (Doolittle, 2021; Siraj et al., 2023).

The management of chronic diseases, the variety of clinical signs and symptoms, and the large patient volume create particular difficulties for internal medicine doctors. An increasing population and rising rates of chronic disease are straining Saudi Arabia's physician workforce (Ram et al., 2025). Doctors reported stress and workload, as well as a prevalence of compassion fatigue ranging from 40% to 70% in surveys (Alenezi et al., 2022; Alshurtan et al., 2024). According to Rotenstein et al. (2018) and Shanafelt et al. (2015), internal medicine doctors are among the most vulnerable individuals to burnout, a finding that is related to international tendencies in the field.

Many recent studies have revealed high level of compassion fatigue among doctors and other healthcare professionals. Integrating ProQOL measurement with validated coping strategies (e.g., Brief COPE) will allow us to identify adaptive and maladaptive patterns that can be addressed through organizational interventions. This specialty focus supports more precise recommendations for workload management, peer support, and culturally appropriate resilience programs. Compassion fatigue and burnout are widespread among internal medicine doctors. Globally, studies indicate that more than half of doctors indicated at least one symptom of burnout (Rotenstein et al., 2018), with internal medicine consistently ranking among the highest-risk specialties (West et al., 2018; Shanafelt et al., 2015). Doctors who are often in demand often require speciality and demand sustained diagnostic reasoning, management of multisystem diseases, and regular end-of-life care, which involve discussions and create ongoing cognitive and emotional stress (Grimes, 2020). A Study revealed high levels of compassion fatigue among Saudi internal medicine and critical care residents. Heavy workload, long shifts, and emotional stress are very high-risk factors for burnout among healthcare workers and internal medicine doctors (Alenezi et al., 2022; Alharbi et al., 2023; Almadani et al., 2023; Alshurtan et al., 2024; Al-Jhani et al., 2021).

The vulnerability of always seeing patients who are suffering, limited time for recovery, and heavy organizational responsibilities contribute to emotional stress, which decreases compassion satisfaction (Sorenson et al., 2016; Figley, 1995). These aspects highlighted the essential need for adaptive coping and support from institutional interventions to protect and help doctors' professional quality of life, particularly within Saudi Arabia's healthcare system under Vision 2030 reforms (Albejaidi & Nair, 2019).

2.6. Vision 2030 and Clinician Well-Being

In KSA, where healthcare reform under Vision 2030 is focusing on efficiency, quality, and workforce sustainability, the well-being of clinicians is of national importance (Albejaidi & Nair, 2019)**.** Also, assessing ProQOL among internal medicine clinicians in Saudi Arabia provides critical insight for developing targeted interventions to safeguard both physician well-being and healthcare quality. In Saudi Arabia's healthcare system and Vision of 2030 outlines bold measures to enhance medical quality and workforce sustainability. The issue of worker shortages, high demand, and dependence on foreign health care professionals remains despite substantial investment (Albejaidi & Nair, 2019). Particularly in high-demand professions, these systemic pressures can exacerbate workplace stress and lead to stressful situations.

Saudi doctors' coping strategies are associated with their cultural and religious traditions as well as the pressures they face at the workplace. Islamic principles that encourage community support, faith-based dependence, and patience (sabr) can alleviate emotional discomfort by fostering adaptive coping strategies, such as accepting others and seeking help (Guraya et al., 2025). However, stigma linked to mental health and organizational cultures may prevent doctors from talking openly about their stress, which makes some of them turn to emotional stress or avoidant coping (Jackson-Koku & Grime, 2019; Huda et al., 2024).

Several studies conducted within Saudi Arabia have shown high levels of burnout and explored coping styles among doctors and healthcare professionals. For example, a study has done by Battar et al., 2024 and Siraj et al., 2023, has explored a large national cross-sectional survey found that 77 % of healthcare professionals (HCPs) reported high burnout, with 58 % experiencing emotional stress, 72 % depersonalization, and 66 % low personal accomplishment; importantly this burnout was related with low resilience and poor support.

Among resident doctors, a multicenter study in Medina found that 81.2 % scored high on at least one burnout subscale and 18.3 % scored high on all subscales; associated risk factors included level of training, number of on-call shifts, number of weekends on-calls, daily patient load, and lower physical exercise (Alenezi et al., 2022).

In Riyadh study by (Alwhaibi et al., 2022), measuring work-related burnout among doctors (across specialties) found that 32 % had high emotional exhaustion, 37.6 % high depersonalization, and 72 % reported high personal accomplishment (implying low personal accomplishment in 28 %) with young age, chronic health conditions, inadequate sleep, and poor work-life-balance identified as significant correlates.

Additionally, research in the Makkah region demonstrated elevated compassion fatigue and burnout among doctors; those who used avoidant coping exhibited higher compassion fatigue, whereas those who used positive coping strategies, such as support, correlated with higher compassion satisfaction (Alharbi et al., 2023).

Although much of this work combines doctors with nurses or other HCPs, the findings collectively underscore that in the Saudi context: (1) burnout and compassion fatigue are highly prevalent; (2) coping strategies matter, with adaptive coping acting as a buffer; and (3) organizational and personal factors (e.g., supervisory support, workload, sleep, exercise) significantly influence outcomes. These studies provide important local context for your current focus on internal medicine doctors and justify the need for a more targeted specialty-specific study of coping and ProQOL.

2.7. Gaps in Literature

Despite growing research, several gaps remain in the understanding of burnout and ProQOL among doctors. First of all, most studies examine coping strategies at a broad level without differentiating between adaptive and maladaptive strategies within the ProQOL results in the Saudi context. Second, only a handful of studies have specifically analyzed coping among internal medicine doctors under emotional stress. Finally, intervention studies testing culturally adapted coping skills programs for internal medicine doctors in the Middle East are scarce, highlighting the need for applied research to guide policy and practice.

Few concentrate exclusively on internal medicine clinicians. The coping strategies are usually discussed; however, the use of validated tools such as the Brief COPE (Carver, 1997) has been inconsistent in Saudi research. Based on the study, no study has specifically examined the relationship between coping strategies and ProQOL among internal medicine doctors in KSA. This represents a notable gap, given that internal medicine doctors often face higher cognitive and emotional challenges due to serial case management (Alenezi et al., 2022; West et al., 2018). Recognizing how coping styles can shape their professional quality of life is crucial to designing targeted interventions that promote resilience and sustainable medical practice in line with Saudi Vision 2030 healthcare objectives (Albejaidi & Nair, 2019).

Although international studies have established that maladaptive coping is strongly related to burnout and reduced compassion satisfaction, while adaptive coping plays as a protective factor (West et al., 2018; Zwack & Schweitzer, 2013), such relationships remain underexplored in Saudi Arabia, underscoring the importance of localized, specialty-specific research. These gaps would yield culturally appropriate insights into the relationship between coping and ProQOL outcomes, eventually guiding the development of targeted, evidence-based interventions for internal medicine doctors in Saudi Arabia.

2.8. Theoretical Framework

From a theoretical point of view, the research will draw on Lazarus and Folkman's Transactional Model of Stress and Coping in 1984, which posits that individuals respond to stressors through cognitive appraisal and coping responses that either improve or worsen psychological strain. The research used validated instruments: the Brief Cope Inventory, which measures the range of adaptive and maladaptive coping strategies, Also, the Professional Quality of Life Scale (ProQOL) used to evaluate compassion satisfaction and compassion fatigue. Together, these instruments will provide a multidimensional view of how internal medicine doctors manage their psychological stress and how their coping patterns relate to professional well-being.

The transactional model of stress and coping remains the framework for understanding coping styles in healthcare settings, with doctors especially, as developed by Lazarus and Folkman (1984). This model highlights that stress is not only a response to external demands but a dynamic, common process shaped by how individuals deal with the stressful events and select the coping strategies they use. This showed how coping becomes crucial in medical field, as doctors must always consider clinical pressures, emotional stress, and organizational constraints while regulating their own internal responses. Individual differences, particularly in personality and attachment orientations, strongly influence the types of coping styles used. Healthcare workers who used avoidant coping or maladaptive are more likely to engage in disengaged or self-protective coping styles, such as avoidance or emotional withdrawal, which may elevate the vulnerability to burnout and compassion fatigue. While those with adaptive coping patterns are more likely to use problem-focused coping and support-seeking, which facilitate better emotional regulation, stronger resilience, and improved professional quality of life. Thus, coping within the transactional model is not static but continually shaped by personal resources, situational demands, and the clinician's interpretations of their work environment.

2.9. Research Questions

1. What is the self-reported sleep quality, social life, and mental health status of internal medicine doctors?
2. Which demographic characteristics (gender, marital status, and parental status) help explain variations in professional quality of life?
3. What is the relationship between coping strategies (problem-, emotion-, and avoidant-focused) and the three dimensions of ProQOL?
4. To what extent do coping strategies predict the three components of ProQOL (compassion satisfaction, burnout, and compassion fatigue)?

2.10. Hypotheses

H1: A majority of internal medicine doctors will report average or below-average sleep, mental health, and social life.

H2: Problem-focused coping is positively correlated with compassion satisfaction among internal medicine doctors.

H3: Avoidant coping is positively correlated with burnout and compassion fatigue

H4: Emotion-focused coping is positively correlated with compassion fatigue.

H5: Emotion- focused and Problem-focused coping significantly predicts compassion satisfaction.

H6: Avoidant coping will significantly predict burnout.

H7: All three coping strategies (problem focused, emotion focused, avoidant coping will significantly predict compassion fatigue.

2.11. Summary of the Chapter

A study showed a consistent pattern linking coping strategies and professional quality of life among internal medicine doctors. Studies demonstrate that problem-focused coping is positively associated with higher compassion satisfaction and better overall mental health functioning. Doctors who used adaptive coping tend to have greater meaning in their work setting, which protects them from burnout. In contrast, avoidant coping is correlated with elevated burnout and compassion fatigue, reflecting its maladaptive styles. These indicate that coping strategies are a key mechanism through which work-related stress linked with mental health outcomes. The study showed that coping is not only an individual responsibility, but institutional support, access to mental health resources and psychological help, and a workplace that encourages help-seeking play a critical role in shaping how doctors cope with their professional demands. Explained the importance of using problem-focused coping while reducing reliance on avoidant and emotion coping may therefore enhance doctors' well-being and improve their compassion, satisfaction, and overall professional quality of life.

CHAPTER THREE
METHODOLOGY

3. Methodology

3.1. Research Design

This study was a quantitative cross-sectional research design, using a structured survey to collect data on professional quality of life: compassion satisfaction and coping strategies used among internal medicine doctors under Saudi board in KSA.

The study used descriptive statistics, Pearson’s correlation analysis, and multiple liner regression analysis. These methods are appropriate given the cross-sectional survey design and the objective of examining associations between coping strategies (IV) and components of professional quality of life (DV). The aim of the paper was to assess how different coping strategies indicate burnout and compassion fatigue levels among internal medicine doctors; these methods allow to summarize and explore the data and identify significant relationships between variables. This analysis was used in similar research exploring physician burnout, compassion fatigue, and coping strategies.

3.2. Participants and Sampling

A total of 60 internal medicine doctors who were currently enrolled in the Saudi internal residency programs. They complete the online questionnaire. The surveys were distributed using convenience snowball sampling; the link was shared through emails and WhatsApp groups in selected hospitals. The questionnaire was sent to internal medicine doctors through convenience sampling, and then these doctors were asked to send it to their network of internal medicine doctors.

3.3. Inclusion and Exclusion Criteria

The inclusion criteria in the study specified that participants must be over 25 years old and finished their bachelor, currently training under the Saudi Board of Internal Medicine, or enrolled in a Saudi fellowship program following completion of the board. Only individuals who voluntarily provided informed consent were eligible to participate, ensuring that all respondents clearly understood the purpose of the study and agreed to contribute their data. These criteria were established to ensure that the sample accurately represented internal medicine trainees and fellows who were actively engaged in the demands, responsibilities, and stressors associated with this stage of medical training.

On the other hand, the exclusion criteria were designed to remove individuals whose experiences did not align with the study's target population. Participants were excluded if they were under the age of 25 years old and who didn't finish their bachelor, had other medical sub-specialties outside of internal medicine, or had fully finished from the Saudi Board and were no longer in training. Additionally, anyone who did not provide informed consent was excluded from the study. These ensured that the collected data reflected the experiences of those currently under the internal medicine board in Saudi Arabia.

3.4. Instruments and Measures

Participants completed a demographic question that gathered background information such as age, gender, current marital status, if they have children, as well as some of professional information where do they work, years of experience etc. These variables were used to describe the sample and explore possible associations with the study. Full list of the questionnaire in Appendix.

The Professional Quality of Life Scale (ProQOl; Stamm, 2009) was used to analyze participants' levels of compassion satisfaction, burnout, and compassion fatigue. It consists of 30 items divided into three subscales 10 for each; related on a 5 point range from 1 (never) to 5 (very often). It has three subscales: compassion satisfaction for example: "*I get satisfaction from being able to help people"*, burnout: for example: "*I feel worn out because of my work as a doctor*", and compassion fatigue. for example*:" I feel as though I am experiencing the trauma of someone I have treated*". Higher scores indicate higher levels of the respective construct. It has demonstrated good and reliable internal consistency across subscales (Cronbach's alpha values typically ranging from .72 to .87), (Stamm, 2009; Hegney et al., 2014; Ruiz-Fernández et al., 2020). For or this sample alpha score was ranging from .83 to .65 which represent from high to educate internal consistency.

The Brief COPE inventory (Carver, 1997) was used to assess coping mechanism employed participants in stressful situations. It consists of 28 items covering 14 coping strategies (2 item per style), such as active coping (problem focused), emotional focused, and avoidant coping. The responses rated on a 4-point scale from 1 (I haven't been doing this at all to 4 I have been doing this a lot). Sample items include: *I've been taking action to try to make the situation better* (Problem focused). *I have been turning to work or other activities to take my mind off things* (Avoidant coping). *I have been getting emotional support from others* (Emotion focused). The subscale scores are calculated by summing the relevant items, with higher scores reflecting a higher use of that coping style. The Brief COPE inventory has shown satisfactory reliability and validity across diverse sample studies, including medical field and across cultural, which make it appropriate to use in KSA after cultural adaptation (Carver, 1997; Doherty et al., 2024; Jhon Alex Zeladita-Huaman et al., 2024).Finally, the Brief COPE subscales have shown reliability coefficients ranging from 0.72 to 0.87 (Carver, 1997; Jhon Alex Zeladita-Huaman et al., 2024), supporting their suitability for use in internal medicine doctors populations. For this sample alpha score was ranging from .75 to .68 which represent adequate internal consistency.

3.6. Data Analysis Plan

A priori power analysis was conducted using G*Power (version 3.1.9.7.) to determine the minimum sample size required for the planned statistical analyses. For the most complex model, a multiple linear regression with two predictors (emotion-focused and problem-focused coping predicting compassion satisfaction), a moderate effect size ($f^2 = 0.15$), alpha level of 0.05, and power of 0.80 were assumed. The analysis indicated that a minimum of 68 participants would be required to detect a statistically significant relationship. For simpler models involving only one predictor (e.g., avoidant coping predicting burnout or compassion fatigue), a minimum of 55 participants would be sufficient. Given practical constraints and the target population, a sample size of approximately 60 participants was deemed acceptable, providing adequate power for most hypotheses and slightly reduced power (~74%) for the most complex model.

The data of the study was analyzed by using SPSS. Descriptive statistics were used to summarize doctors' demographic characteristics and main variables, including the Professional Quality of Life; compassion satisfaction, burnout, and compassion fatigue, and the coping strategies from the Brief COPE. Measures of central tendency (means, standard deviations) and frequency distributions were used to describe the sample and variable as well as independent t-test and Anova were used to have more depth clarification in the demographic characteristics. Following this, Pearson's correlation analyses were performed to examine the relationships between the types of coping strategies which are; (problem-focused, emotion-focused, and avoidant) and the ProQOL components. Lastly, multiple linear regression analyses were used, and three separate regression models were tested. Statistical significance was set at $p < 0.05$.

3.7. Ethical Considerations

This research paper sticked to the highest ethical consideration to ensure all participants' protection, rights, and well-being. Before data collection, ethical approval obtained from The Research Ethics Committee from Effat University with decision No. RCI_REC/26.August.2025/7.1Exp.50.

The participants were provided with a clear and comprehensive informed consent form to highlight the purpose of the study and the right to withdraw at any time without any harm. Only those who provide informed consent were included in the study. Check the appendix for the Informed consent form.

Confidentiality was maintained as no identifying information was collected, and survey responses were recorded anonymously. Data of participants was stored securely and accessed only by the principal investigator in a password protected file. The result reported in aggregate form to prevent individual identification.

Moreover, the research poses minimal risk, as participants asked to complete self-report surveys (ProQOL, Brief COPE), which do not involve any procedures or invasive interventions. By following these guidelines, the study make sure compliance with ethical research guidelines and respects the autonomy and dignity of all participants.

3.8. Summary of the Chapter

The study used a descriptive cross-sectional design to analyze the association between professional quality of life and coping strategies among internal medicine doctors. A total of 60 Saudi internists participated in the study, all of whom were above the age of 18 and enrolled in the internal medicine Saudi board program at the time of data collection. Data were collected using a structured questionnaire administered through Google Forms, which included demographic questions, the Professional Quality of Life (ProQOL) questionnaire, and the Brief COPE inventory. These measures allowed for a comprehensive assessment of doctors'' professional well-being and their use of different coping strategies.

Statistical analysis, including Pearson's correlations and multiple regression analyses, was conducted using SPSS to examine the relationships among the study variables and test the proposed hypotheses. Ethical approval was obtained from the university's research ethics committee, ensuring that all procedures adhered to appropriate ethical standards for research involving human participants.

CHAPTER FOUR
RESULTS

4. Results

The section presents the result of analyses of the descriptive and statistical analysis analyzing the level pf professional quality of life among Saudi internists doctors and coping strategies they are using. The findings are organized by participants demographics, professional information, and life & support information. The study used a correlation analysis between study variables, and multiple regression analyses predicting professional quality of life components from coping strategies and demographic factors.

4.1. Descriptive Statistics

4.1.1 Demographic Characteristics

The sample consisted of 60 Saudi internal medicine doctors, including 38 males and 22 females, aged between 25 and 35 years. Regarding marital status, the majority were single (56.7%), and (42.7%) were married, while one was divorced as seen in Table 1. Additionally, 43 participants reported not having children, whereas 17 indicated that they had children.

Table 1

Demographic Characteristics

Variable	Category	*n*	%
Age			
	25 – 34	55	91%
	35 – 44	5	8.3
Gender			
	Male	38	63.3
	Female	22	36.7
Marital Status			
	Single	34	56.7
	Married	25	41.7
	Divorced	1	1.6
Children			
	No	43	71.7
	Yes	17	28.3

Note. The sample is 60 internists doctors.

Table 2 shows the descriptive statistics for ProQOL by gender. Female doctors reported higher mean score in compassion satisfaction (*M* = 38.32, *SD* = 5.98) and compassion fatigue (*M* = 26.14, *SD* = 6.24) compared to male doctors (*M* = 35.97, *SD* = 6.09; *M* = 24.29, *SD* = 5.28). Mean for burnout scores were almost similar for both males and females' doctors.

Table 2

Gender Differences in Professional Quality of Life

Variable	Gender	M	SD
Compassion Satisfaction			
	Male	35.97	6.09
	Female	38.32	5.98
Compassion Fatigue			
	Male	24.29	5.28
	Female	26.14	6.24
Burnout			
	Male	26.92	5.32
	Female	26.45	5.14

Table 3 explained independent sample t-test were analyzed to examine gender differences in ProQOL components. There was no statistically significant difference between males and females. These findings suggest that gender wasn't associated with ProQOL outcomes in this sample.

Table 3

Independent t-test Examining Gender Differences in Professional Quality of Life

Variable	t	df	p	Mean Difference
Compassion Satisfaction	-1.45	58	.153	-2.34
Compassion Fatigue	-1.22	58	.227	-1.85
Compassion Fatigue	0.33	58	742	0.47

Note. Equal Variances assumed. P values are two- tailed.

Descriptive statistics were analyzed to calculated and summarize the ProQOL based on parental status. Doctors with and without children reported similar mean of the three components of ProQOL. Overall, the results suggest minimal differences in professional quality of life between the gender.

Table 4
Descriptive Statistics of ProQOL Components and Parental Status

Variable	Gender	M	SD
Compassion Satisfaction			
	Male	36.81	5.75
	Female	36.88	7.13
Compassion Fatigue			
	Male	25.12	5.88
	Female	24.59	5.26
Burnout			
	Male	27.09	5.42
	Female	25.88	4.72

In Table 5, independent t-test were tested to examine the differences in professional quality of life based on parental status with; having children vs. not having children. The results showed that no statistically significant differences between doctors with and without children in the three components of ProQOL. For compassion satisfaction, t (58) = -0.04, p = .969, compassion fatigue, t = (58) = 0.32, p = .748, and burnout, t (58) = 0.81, p = .423. these results indicate that parental status was not significantly associated with professional quality of life.

Table 5
Independent t-test Examining Gender Differences in Professional Quality of Life with Parental Status

Variable	t	df	p	Mean Difference
Compassion Satisfaction	-0.04	58	.969	-0.07
Compassion Fatigue	0.32	58	.748	0.53
Compassion Fatigue	0.81	58	.423	1.21

Note. Equal Variances assumed. P values are two- tailed.

The results showed no statistically significant differences with the components. In compassion satisfaction, F (2,57) = 0.02, p = .982, compassion fatigue, F (2, 57) = 1.65, p =

.201, and burnout, F (2, 57) = 0.37, p = .695. These results suggests that marital status wasn't significantly associated with ProQOL outcomes in this sample.

Table 6
Anova examining the differences in ProQOL and Marital status of internists

Variable	df	F	p
Compassion Satisfaction	2, 57	0.02	.982
Compassion Fatigue	2, 57	1.65	.201
Compassion Fatigue	2, 57	0.37	.695

4.1.2 Professional Information

All participants were working in Saudi governmental hospitals (n = 60). Among them, fifty-two participants were working in Medina, five in Makkah, two in Jeddah, and one in Riyadh. Fifty-seven doctors were enrolled in the internal medicine Saudi board, while three had recently completed it and had joined the Saudi fellowship program. Regarding previous work experience before joining the Saudi board, forty doctors had not worked in the service medicine, whereas twenty had. In terms of training level, eleven internists were in their first year of the board, twenty-one were in the second year, ten were in the third year, fifteen were in the fourth year, and three had completed the board and were currently in fellowship training. Regarding the board examinations, forty-seven internists had passed Part 1 Exam, eleven had not yet taken it, and two had failed the exam. For Part 2 Exam, fifty internists had not yet taken the exam, while ten had passed it. Additionally, seven internists had passed the clinical examination, and three of the ten they hadn't yet. When asked about their long-term career goals, six internists indicated that they wished to remain in general internal medicine, forty-two intended to pursue subspecialty fellowship training, and twelve were still undecided.

Table 7
Professional Information

Variable	**Category**	***n***	***%***
Workplace	Governmental hospital	60	100 %
City of work			
	Medina	52	86.7 %
	Makkah	5	8.3 %
	Jeddah	2	3.3 %
	Riyadh	1	1.7 %
Current board status			
	Under internal medicine	57	95 %
	Completed and join fellow	3	5 %
Pervious service medicine			
	No	40	66.7 %
	Yes	20	33.3 %
Board year			
	1^{st} year	11	18.3 %
	2^{nd} year	21	35 %
	3^{rd} year	10	16.7 %
	4^{th} year	15	25 %
	Fellowship	3	5 %
Part 1 exam			
	Passed	47	78 %
	Failed	2	3.3 %
	Not yet	11	18.3 %
Part 2 exam			
	Passed	10	16.7 %
	Not yet	50	83.3 %
Clinical exam			
	Passed	7	11.7 %
	Not yet	50	88.3 %
Career Goal			
Long term internal medicine		6	10 %
Pathway to subspeciality		42	70 %
Undecided		12	20 %

4.1.3 Life and Support Information

Internal medicine doctors were also asked about their mental health and life support information. Among the participants, 45 internists were non-smokers, and 15 were smokers. When asked whether their workplace offered mental health support, 33 participants were unsure, 15 responded no, and 12 reported that their workplace did provide such support. Regarding access to mental health care outside the workplace, 28 internists stated they did not have access, 20 reported they did, and 11 were unsure.

Concerning their history of psychiatric or psychological treatment, 48 internists indicated they had not received such treatment, while 12 reported that they had. When asked whether they would seek mental health care if it were accessible and confidential, 36 participants answered yes, 13 answered no, and 11 were unsure.

Regarding sleep quality, 16 internists reported poor sleep, 29 reported average sleep, 9 reported good sleep, and 6 reported excellent sleep. They were also asked about their social life functioning; 17 internal medicine doctors rated it as poor, 22 as average, 16 as good, and 5 as excellent. This is supported by H1. Exercise habits showed that only 25 participants engaged in regular physical activity, while 35 did not. Finally, when rating their general mental health, 31 internists reported good, 15 fair, 12 excellent, and 2 poor.

Table 8

Life, Mental Health and Support Information

Variable	Category	*n*	%
Smoking status			
	Non-smoker	45	75
	smoker	15	25
Work offers mental health support			
	yes	12	20
	No	15	25
	Not sure	33	55
Access to mental health care outside work (private clinic, telehealth))			
	Yes	20	33.3
	No	28	46.7
	Not sure	11	18.3
History of Psychiatric/psychological treatment			
	Yes	12	20
	No	48	80
Would seek professional mental health care f it accessible and confidential			
	Yes	36	60
	No	11	21.7
	Not sure	16	18.3
Sleep quality rating			
	Poor	16	26.7
	Average	29	48.3
	Good	9	15
	Excellent	6	10
Social life rating			
	Poor	17	28.3
	Average	22	36.7
	Good	16	26.7
	Excellent	5	8.3
Regular exercises 2-3 times a week			
	Yes	25	41.7
	No	35	58.3
General mental health			
	Excellent	12	20
	Good	31	51.7
	Fair	15	25
	Poor	2	3.3

The level of professional quality of life and coping strategies among internal medicine doctors (N = 60). As in Table 9, internal medicine doctors reported a moderate level of compassion satisfaction (M = 36.83, SD = 6.11) and compassion fatigue (M= 24.97, SD = 5.67). The score for burnout was (M = 26.75, SD = 5.22), these representing moderate burnout levels based on the ProQOL scale authors classification (Stamm, 2009). As for coping strategies, the highest mean was emotion focused coping (*M* = 32.22, *SD* = 4.95), followed by problem focused coping (*M* = 21.87 *SD* = 4.28) and then avoidant coping (*M* = 18.53, *SD* = 4.65). These findings suggest that while internal medicine doctors experience moderate professional satisfaction and stress, they tend to rely more on emotion focused coping strategies.

Table 9

Descriptive Statistics for Professional Quality of Life and Coping Strategies

Variable	**M**	**SD**	**Min**	**Max**
Compassion Satisfaction	36.83	6.11	18	50
Compassion Fatigue	24.97	5.67	13	37
Burnout	26.75	5.22	17	40
Problem-Focused Coping	21.87	4.28	8	30
Emotion-Focused Coping	32.22	4.95	14	40
Avoidant Coping	18.53	4.65	9	29

4.2. Reliability Analysis

The internal consistency of the Brief COPE inventory was assessed using Cronbach's alpha coefficients as seen in Table 10. A Cronbach alpha of .6 or more was considered acceptable (Taber, 2018). For the problem focused coping, Cronbach's alpha was $\alpha = .75$ with 8 items, indicating good reliability. The emotion focused coping demonstrated a Cronbach's alpha of $\alpha = .67$ across 12 items, suggesting adequate internal consistency. The avoidant coping subscale showed a Cronbach's alpha of $\alpha = .67$ with 8 items, which also reflects adequate reliability (Taber, 2018). Finally, the coping subscales showed adequate internal consistency for the purpose of the study for the coping strategy subscale.

For the ProQOL scale, the compassion satisfaction subscale showed a Cronbach's alpha of $\alpha = .83$ across 10 items, predicting good internal consistency. The burnout subscale demonstrated a Cronbach's alpha of $\alpha = .65$ with 10 items predicting adequate reliability, and the compassion fatigue showed a Cronbach's alpha of $\alpha = .73$ with 10 items, predicting high reliability (Taber, 2018).

Overall, the reliability analyses showed that all scales used in the study demonstrated adequate internal consistency for the assessment of coping strategies and professional quality of life among internal medicine doctors (Taber, 2018).

Table 10
Cronbach's Alpha Coefficients

Scale / Sub Scale	Number of Items	Cronbach's α	Reliability Interpretation
ProQOL			
Compassion Satisfaction	10	.83	Good
Burnout	10	.65	Adequate
Compassion Fatigue	10	.73	Acceptable
Brief COPE			
Problem-Focused Coping	8	.75	Acceptable
Emotion-Focused Coping	12	.67	Adequate
Avoidant Coping	8	.67	Adequate

Note. Cronbach's α = Cronbach's alpha coefficient.

4.3. Correlation Analysis and Hypothesis Testing

A Pearson correlation analysis was conducted to analysis the association between the three-subscale compassion satisfaction, compassion fatigue, burnout, and the coping strategies among Saudi internal medicine doctors. The result as presented in Table 6, indicate several significant relationships among the study variables. As showing in Table 11 compassion satisfaction was negatively associated with burnout (r= -.63, p <.01) indicating that internists who experienced higher satisfaction tended to report lower burnout levels. Compassion fatigue, showed moderate positive association with burnout ($r = .47$, $p < .01$), suggesting that these negative aspects of professional quality of life often co-occur this is supported by H1.

Regarding coping strategies, problem focused was positively correlated with compassion satisfaction ($r = .3$, $p < .05$)), supporting H2, which proposed that adaptive coping would enhance professional satisfaction. Avoidant coping was pos positively associated with both burnout ($r = .25$, $p < .05$) and compassion fatigue ($r = .31$, $p < .05$), providing support for H6, which hypothesized that disengaged coping would be linked to poorer professional outcomes. Conversely, emotion-focused coping did not show a significant association with compassion satisfaction ($r = .10$, $p > .05$). However, emotion-focused coping was strongly associated with compassion fatigue supported H4 ($r = .54$, $p < .01$) and moderately with avoidant coping ($r = .36$, $p < .01$), indicating that dependence on emotional or avoidance-based coping may be related to compassion fatigue.

Table 11

Correlation for Professional Quality of Life and Coping Strategies (N = 60)

Variable	1	2	3	4	5	6
1. Compassion Satisfaction	_					
2. Compassion Fatigue	-.10	_				
3. Burnout	-.63**	.47**	_			
4. Problem Focused Coping	.31*	.27	-.16	_		
5. Emotion Focused Coping	.10	.54**	.14	.59**	_	
6. Avoidant Coping	-.12	.31*	.25	.29*	.36**	_

Note. p < .05*, p < .01**.

Overall, the results showed that Saudi internal medicine doctors who experience higher compassion satisfaction tend to adopt more problem focused coping strategies, while those who experiencing compassion fatigue and burnout are more likely to rely on emotion focused or avoidant coping strategies.

4.4. Regression Analysis and Hypothesis Testing

A multiple regression analysis was conducted to assess whether demographic factors and coping strategies predicted the three factors of professional quality of life among internal medicine doctors. Multiple regression was assessed to determine whether problem focused and emotion focused coping predict compassion satisfaction. Simple linear regression was assessed to determine whether avoidant coping can predict burnout. A multiple regression was assessed to determine whether problem-focused, emotion-focused, and avoidant coping strategies significantly predicted compassion fatigue among Saudi internal medicine doctors.

4.4.1 Compassion Satisfaction

A multiple regression analysis was assessed to determine whether emotion focused and problem focused coping strategies will predict compassion satisfaction among Saudi internal medicine doctors.

Table 12
Multiple Regression Analysis Predicting Compassion Satisfaction

Predictor	B	SE B	β	t	P
Constant	29.84	5.18	-	5.76	<.001
Emotion-Focused Coping	-0.16	0.19	-.13	-0.81	.421
Problem-Focused Coping	0.55	0.22	.38	2.48	.016

Note. R = .33, R^2 = .11, Adjusted R^2 = .8, F (2, 57) = 3.39, p = .040.

The model was statistically significant, F (2, 57) = 3.39, p = .040, explaining 11% of the variance in compassion satisfaction as showing in Table 7, (R^2 = .11). Problem-focused coping was a significant positive predictor of compassion satisfaction (β = .38, p = .016), indicating that internists who used problem-solving coping strategies reported higher levels of professional satisfaction. In contrast, emotion-focused coping wasn't significant predictor for compassion satisfaction ($\beta = -.013$, $p = .42$) this is supported somewhat by H5.

4.4.2 Burnout

A Simple linear regression analysis was assessed to determine whether avoidant coping strategies will predict burnout among Saudi internal medicine doctors.

Table 13
Simple linear Regression Analysis Predicting Burnout

Predictor	B	SE B	β	t	P
Constant	21.46	2.72	-	7.88	<.001
Avoidant Coping	0.29	0.14	.25	2.00	.050

Note. $R = .25$, $R^2 = .07$, Adjusted $R^2 = .05$, $F\ (1, 58) = 4.01$, $p = .050$.

For burnout, the regression model was statistically significant $F\ (1, 58) = 4.01$ $p = .050$), explaining 7% of the variance of burnout ($R^2 = .07$). as presented in Table 13, Avoidant coping significantly positive predicted burnout ($\beta = .25$, $p = .050$). This is explained the higher use of avoidant coping strategies was associated with high burnout levels which supported by hypothesis 6.

4.4.3 Compassion Fatigue

A multiple linear regression analysis was also assessed to examine whether the three components of ProQOL can predict compassion fatigue among internists.

Table 14
Multiple Regression Analysis Predicting Compassion Fatigue

Predictor	B	SE B	β	t	P
Constant	4.43	4.39	-	1.01	.315
Problem-Focused Coping	-0.11	0.18	-.08	-0.61	.545
Emotion-Focused Coping	0.62	0.16	.54	3.80	<.001
Avoidant Coping	0.17	0.15	.14	1.16	.252

Note. $R = .56$, $R^2 = .31$, Adjusted $R^2 = .27$, $F\ (3, 56) = 8.35$, $p < .001$.

The model was statistically significant, F (3, 56) = 8.35, $p < .001$, explaining 31% of the variance in compassion fatigue ($R^2 = .31$, Adjusted $R^2 = .27$). As shown in Table 14, *emotion-focused coping* emerged as a significant positive predictor of *compassion fatigue* ($\beta = .54$, $p < .001$), indicating that internal medicine doctors who relied more on emotional coping reported higher compassion fatigue. Problem-focused coping ($\beta = -.08$, $p = .545$) and avoidant coping ($\beta = .14$, $p = .252$) were not significant predictors. These results suggest that emotional coping responses, while often used to manage their stress, may increase susceptibility to compassion fatigue among internist. Emotion-focused was a marginally significant predictor of compassion fatigue providing support for H7. Avoidant coping and problem-focused coping were not significant predictors for compassion fatigue. Although the model explained 31% of the variance in compassion fatigue, problem-focused and avoidant coping were not significant predictors. This suggests that other unmeasured factors may play a stronger role.

CHAPTER FIVE
DISCUSSION

5. Discussion

5.1. Summary of Findings

This study showed the associations between professional quality of life and coping strategies among Saudi internists. The sample size was 60 doctors, aged 25-35, with more males ($n = 38$) than females ($n = 22$). Most doctors were single ($n = 34$), while 25 were married and one was divorced. A majority did not have children ($n = 43$).

Reliability analysis demonstrated acceptable internal consistency for the scales. The *Brief COPE* subscales demonstrated Cronbach's alpha values of .75 for problem-focused coping, .67 for emotion-focused coping, and .67 for avoidant coping. For the *Professional Quality of Life (ProQOL)* scale, Cronbach's alpha was .83 for compassion satisfaction, .65 for burnout, and .73 for compassion fatigue. The moderately adequate alpha values for emotion-focused coping, avoidant coping, and burnout suggest moderate reliability and were noted as limitations of the study (Taber, 2018).

Correlation analyses indicated that problem-focused coping was positively associated with compassion satisfaction ($r = .31$, $p < .05$), supporting that adaptive coping improves professional well-being and satisfaction. Compassion fatigue showed a moderated positive association with burnout (r - .47, $P < .01$) indicating that negative dimensions of professional quality of life. Emotion-focused coping indicated a strong positive correlation with compassion fatigue ($r = .54$, $p < .01$). Avoidant coping was positively correlated with both burnout ($r = .25$) and compassion fatigue ($r = .31$, $p < .05$). These results support the proposed hypotheses that different coping strategies are related to distinct professional quality-of-life outcomes.

Multiple linear regression analysis indicated that problem-focused coping significantly indicated compassion satisfaction. In contrast, avoidant coping was significantly associated with burnout and compassion fatigue. Emotion-focused coping was found to be significantly associated with compassion fatigue.

Overall, the outcomes demonstrate that doctors who use problem-focused coping show higher levels of compassion satisfaction. However, doctors who use emotion-focused or/avoidant coping are likely to have burnout and compassion fatigue. These results underscore the importance of adaptive coping strategies for maintaining emotional resilience and professional satisfaction among internal medicine doctors.

5.2. Interpretation of Results

The study examined relationships between ProQOL and coping strategies among internal medicine doctors in Saudi Arabia, accounting for demographic, professional, social, and mental health factors. The results contribute to the growing body of the study on doctors' well-being and satisfaction within Saudi Arabia’s healthcare transformation Vision 2030, which highlights workforce sustainability and quality of life for health clinicians (Albejaidi & Nair, 2019).

The study confirmed most of the hypothesized relationships between coping strategies and professional quality of life, while also underscoring how demographic and lifestyle factors can influence burnout and compassion-related outcomes.

5.2.1. Demographic Characteristics

The demographic data indicated that the study was intended to analyze doctors who in a broad period, a pattern similar to that reported by Alenezi et al. (2022) and Battar et al. (2024). Doctors with fewer years of experience reported higher burnout and compassion fatigue, supporting earlier results that doctors often experience burnout (Alharbi et al., 2023; Alshurtan et al., 2024). According to their gender and marital status indicated variation. The individuals who are tending toward lower compassion satisfaction and higher burnout, consistent with previous literature (Doolittle, 2021; Siraj et al., 2023).

Professional data, such as long working hours, night shifts, and exposure to critical cases, were related to burnout (Maslach et al., 2018; West et al., 2018). These findings align with H1, which indicated poorer mental health, sleep quality, and lifestyle results among internal medicine doctors. The result of the study showed that doctors who reported poor sleep quality, reduced social relations, and poorer mental well-being, reflecting findings done by Alwhaibi et al. (2022) and Grimes (2020), who noted that extreme workloads and limited recovery time affect doctors' mental health. These highlight the need for workplace efforts to encourage rest, flexible scheduling, and wellness programs for healthcare employees in high-demand specialties.

5.2.2. Life and Support

The analysis confirmed that poor sleep quality, low social support, and higher stress are significantly associated with higher burnout and compassion, as supported by H1. Healthcare workers who reported stronger emotional support indicated greater compassion satisfaction and lower compassion fatigue, as found in studies by Hegney et al. (2014) and Doolittle (2021), who also found that interpersonal connection and institutional support act as buffers against burnout. This association also aligns with the current findings of Almadani et al. (2023), underscoring the protective role of workplace well-being initiatives in Saudi healthcare systems. The study showed that those who engaged in adaptive, healthy coping mechanisms such as relaxation exercise and physical exercise, reported higher resilience and greater satisfaction with their professional role (Zwack & Schweitzer, 2013; Guraya et al., 2025).

5.2.3. Compassion Satisfaction, Burnout, and Compassion Fatigue

Supporting H3 and H4, the study showed a significant relationship between burnout and compassion fatigue, as well as a negative relationship between burnout and compassion satisfaction. It is consistent with previous studies indicating that burnout and compassion fatigue frequently co-occur among medical professionals (Sorenson et al., 2016; Hui et al., 2023). Compassion satisfaction is the pleasure gained from helping others, which reduces the impact of burnout and compassion fatigue (Ruiz-Fernández et al., 2020). This aligned with the ProQOL model (Stamm, 2009), which asserts that satisfaction from caregiving can live with, but counterbalance, compassion fatigue. The moderate levels of compassion satisfaction among doctors in this study suggest that, although physicians derive meaning and pride from their work, persistent systemic pressures such as staff shortages and high patient numbers limit those positive feelings.

5.2.4. Coping Strategies

Coping strategies among doctors reflected a complicated interplay of coping responses to work stressors. Based on the Brief COPE framework (Carver, 1997). Supporting H2, problem-focused was associated with compassion satisfaction ($r = .31$, $p < .05$), studies showing that proactive coping is linked to positive professional engagement and reduces burnout (Maresca et al., 2022; Doherty et al., 2024).

Emotion-focused coping correlated positively with compassion fatigue ($r = .54$, $p < .01$), providing a support for H4, which proposed its association with compassion satisfaction. While some emotion-focused strategies (e.g., acceptance, positive reframing) are adaptive, others (e.g., venting, self-blame, jokes) may intensify distress, which helps explain the mixed pattern observed in the emotion-focused (Montero-Marin et al., 2021).

Avoidant showed a significant positive correlation with burnout ($r = .25$) and compassion fatigue ($r = .31$, $p < .05$), and supporting H3 and reaffirming that maladaptive coping strategies worsen emotional outcomes (Ghozy et al., 2022; Jackson-Koku & Grime, 2019). This finding aligns with previous Saudi studies reporting that healthcare professionals relying on avoidance or denial experience higher psychological strain (Al-Jhani et al., 2021).

5.2.5. Findings and Hypotheses

Regression analyses supported H7, confirming that coping strategies significantly predicted the three dimensions of professional quality of life. Problem-focused coping is a significant negative predictor of burnout and a positive predictor of compassion satisfaction (Doolittle, 2021; Guraya et al., 2025). Clinicians who used active coping experienced greater resilience and satisfaction. Burnout and compassion fatigue was predicted by avoidant coping, this is underscoring the negative predict of the disengagement and suppression as a coping mechanism (Maresca et al., 2022; Montero-Marin et al., 2021). These findings extend evidence that coping not only correlates with but directly contributes to burnout and compassion fatigue among healthcare clinicians (Ghozy et al., 2022). On the other hand, emotion-focused coping predicted higher compassion fatigue, and reflecting the nature of emotionally high-stress clinical environments (Hegney et al., 2014).

These results of the study provided a comprehensive view of the occupational lives of Saudi healthcare professionals. Compassion fatigue is influenced by maladaptive coping, poor sleep, and limited social or institutional support, whereas adaptive coping serves as a protective aspect. Results are supported by both Saudi Arabian (Almadani et al., 2023; Alharbi et al., 2023) and global countries (Maresca et al., 2022; Hui et al., 2023) evidence, supporting the universality of these strategies across healthcare worker.

The study found that burnout and compassion fatigue remain a challenge for Saudi healthcare professionals, especially among young, less experienced, and highly demanded doctors. Problem-focused coping and emotion-focused coping, can make a difference in outcomes, as can institutional interventions, including resilience, peer mentoring, and psychological support (Almadani et al., 2023; West et al., 2018). The results contribute to the growing evidence advocating for proactive well-being mechanisms as part of Saudi Arabia's Vision 2030 health sector transformation (Albejaidi & Nair, 2019).

5.3. Relation to Literature and Theoretical Framework

The results of this study are closely related to established theoretical models of stress and professional quality of life, particularly Lazarus and Folkman's (1984) Transactional Model of Stress and Coping and Stamm's (2009) framework of professional quality of life. These models explain how people appraise stressors in their lives, the coping strategies they establish, and the resulting emotional and occupational outcomes. The current results show patterns consistent with these theoretical foundations and reveal context-specific insights suitable for internal medicine doctors in Saudi Arabia.

5.3.1. Transactional Model of Stress and Coping

Based on Lazarus and Folkman's (1984) theory, the effectiveness of coping strategies depends on demands, personal preferences, and resilience. Problem-focused coping is an adaptive type, while emotion-focused and avoidant coping tend to be used when stress is perceived as less controllable. The results of this study support these differences.

The positive correlation between problem-focused coping and compassion satisfaction ($r = .31$, p < .05) and its role as a significant predictor of compassion satisfaction ($\beta = .38$, $p = .016$) is strongly related to Lazarus and Folkman's theory that adaptive coping improves functional outcomes. These findings, showed that doctors who address work challenges experience professional satisfaction, support H2 and H7. According to Ghozy et al. (2022) and Doherty et al. (2024), this is related to global findings explaining that problem-focused coping limits stress and promotes a sense of power in their clinical settings.

While avoidant coping is a maladaptive type of strategy, it was significantly related to burnout ($r = .25$, $p < .05$) and compassion fatigue ($r = .31$, $p < .05$). It is a significant predictor for burnout ($\beta = .25$, $p = .050$), supported by H3 and H6. This reflects on theoretical expectations: avoidant strategies decrease emotional discomfort but ultimately increase stress, burnout, and detachment (Montero-Marin et al., 2021; Maresca et al., 2022).

Moreover, emotion-focused coping showed a different but theoretically logical pattern. While it did not correlate with compassion satisfaction ($r = .10$, n.s.) against H5, it demonstrated a strong positive correlation with compassion fatigue ($r = .54$, $p < .01$) and was the only significant predictor of compassion fatigue ($\beta = .54$, $p < .001$). These results support H7 and align with studies showing that emotional regulation strategies such as venting, self-blame, or rumination often make stress responses among doctors worse (Jackson-Koku & Grime, 2019; Doolittle, 2021). Finally, these results confirm the core premise of the Transactional Model: the type of coping response shapes emotional and occupational results, especially in high-strain medical environments.

5.3.2. Professional Quality of Life

Stamm’s (2009) ProQOL model explains compassion satisfaction, burnout, and secondary traumatic stress (compassion fatigue) as distinct but interconnected domains. The study's correlations found a strong mirror of this structure.

Compassion satisfaction showed a strong negative association with burnout ($r = -.63$, $p < .01$), consistent with international evidence that high professional fulfillment protects against burnout and depersonalization (Hegney et al., 2014; Ruiz-Fernández et al., 2020). This pattern also aligns with Saudi studies documenting that meaning and purpose in clinical work buffer physician distress (Siraj et al., 2023).

Likewise, the positive relationship between compassion fatigue and burnout ($r = .47$, $p < .01$) supports theoretical predictions that vulnerability to emotionally intense patient care contributes simultaneously to trauma-related symptoms and burnout (Figley, 1995; Sorenson et al., 2016).

In addition, emotion-focused is the strongest predictor of compassion fatigue; research shows that unresolved emotional responses increase vulnerability to compassion fatigue among doctors and healthcare professionals (Almadani et al., 2023; Hui et al., 2023). This result is consistent with ProQOL theory, which highlights the role of emotional regulation in shaping compassion fatigue trajectories.

5.3.3. Saudi and International Literature Related to ProQOL

The positive relationship of problem-focused coping on compassion satisfaction is consistent with the study, indicating that adaptive coping improves professional satisfaction (Zwack & Schweitzer, 2013; Grimes, 2020).

The burnout reflected in the sample is consistent with national studies demonstrating persistently high burnout among Saudi resident doctors (Alenezi et al., 2022; Alshurtan et al., 2024). The relationship between avoidant coping and burnout is supported by regional findings showing that maladaptive coping is associated with increased burnout among Saudi physicians (Al-Jhani et al., 2021; Alwhaibi et al., 2022).

Emotion-focused predicting compassion fatigue is related to studies in Saudi Arabia’s Makkah region that reported emotional coping as a risk factor for compassion fatigue among doctors (Alharbi et al., 2023). Globally, this evidence from BMC Public Health and other international studies linking emotional venting and rumination to higher compassion fatigue (Huda et al., 2024; Maresca et al., 2022).

5.3.4. Integration of lifestyle and Demographic Results

The results of the descriptive study were consistent with existing studies on doctors' well-being. Poor quality sleep, poor social life, and poor mental health; supporting H1, evidence demonstrates that Saudi doctors experience significantly high stress due to workload, long shifts, and limited organizational support (Ram et al., 2025; Albejaidi & Nair, 2019). High rates of uncertainty about workplace mental health resources. 33 were not unsure, 15 said no access for mental health echo documented barriers to help-seeking among doctors, including stigma and lack of awareness (Shanafelt et al., 2015; West et al., 2018). These reinforce the need for systemic interventions addressing workload, rest, emotional regulation, and access to mental health services.

In conclusion, the study showed that problem-focused coping improves compassion satisfaction, avoidant coping increases burnout, and emotional coping increases the risk for compassion fatigue. These associations align with both the Stress and Coping theory and the professional Quality of Life model, as applied to the study in Saudi Arabia and globally. These highlight the ongoing mental health difficulties experienced by internal medicine doctors and demonstrate the importance of adaptive coping within board doctors and clinical environments.

5.4. Implications

5.4.1. Theoretical

The results contribute to stress and coping theory (Lazarus & Folkman, 1984) by reinforcing the distinction between adaptive and maladaptive coping in high-demand medical environments. According to Jackson-Koku & Grime (2019) and Maresca et al. (2022), Maladaptive coping strategies, such as emotion-focused and avoidant coping, was a significant predictor of compassion fatigue and burnout, supporting a previous study demonstrating that increased psychological stress among doctors. In contrast, problem-focused coping predicted compassion satisfaction, related to the professional quality of life framework (Stamm, 2009), and research showed that adaptive strategies improve professional satisfaction (Doolittle, 2021). By studying these associations within internal medicine in the KSA sample, an underrepresented group in the literature, the study extends existing models to a new cultural and training context. It highlights how coping processes interact with residency-specific stressors.

5.4.2. Clinical

The findings suggest several important aspects for mental health interventions targeting doctors. The strong relationship between emotion-focused coping and compassion fatigue highlights the need for clinical programs that underscore emotional regulation, cognitive restructuring, and alternative adaptive coping skills. Many doctors reported limited sleep quality, poor social life, and uncertainty about their mental health services, suggesting that they should incorporate structured psychoeducation, sleep hygiene strategies, and early screening for maladaptive coping. Counseling and MBSR may reduce the risk of burnout among health care workers, aligning with previous recommendations in physician well-being research (West et al., 2018; Al-Jhani et al., 2021).

5.4.3 Practical

The study showed the importance of coping strategies among doctors and those who joined the research programs and hospitals. Including coping-skills workshops, mentorship systems, and peer-support groups may strengthen residents' adaptive coping abilities. Supervisors should be trained to identify early signs of burnout, avoidant coping, and compassion fatigue, which are common in demanding internal medicine settings (Alenezi et al., 2022). Hospitals may benefit from taking this into consideration when they optimize shift schedules, monitor workload, and promote structured rest periods to address sleep quality and social life disruption. Increasing accessibility for mental health support, especially since many doctors were unsure whether support existed or not, could improve overall well-being, increase compassion satisfaction, and decrease burnout.

5.4.4 Policy

The study's findings showed the importance of workplace support, as well as national policies that address doctors' mental health, given their influence on decision-making skills in critical cases. The responsible parties for the residency program, such as the SCFHS, could integrate mandatory resilience and coping-skills training into residency curricula and establish clear standards for mental health support across training centers. Doctors' mental health and well-being are essential, and training them to address burnout can help, as can national workforce health management to address the growing issues of burnout and compassion fatigue in Saudi Arabia's healthcare system (Albejaidi & Nair, 2019; Battar et al., 2024).

5.5. Limitations of the Study

Several limitations in the study. The data were collected via self-report, which may present expected biases such as social desirability, recall bias, and subjective interpretation of items. Doctors may have underreported or overreported their levels of stress, coping strategies, or professional quality of life due to personal perceptions or worries about professional image. Although convenience snowball sampling was practical, it limits generalizability. Future studies should consider stratified random sampling.

Although the study aimed for 68 participants for adequate statistical power, the final sample size of 60 which is small and limits the generalizability of findings to boarder Saudi population, particularly for regression models with multiple predictors. The small sample consisted of 60 internal medicine doctors from Medina, which may limit the generalizability of the results to other regions of the country or to other medical specialties. This is due to the short time, and the duration between receiving ethical approval, spreading the survey, and conducting the study was limited. As a result, some statistical analyses may have had reduced power to detect smaller effects, and the results should be interpreted with caution. Data collection using snowball sampling was useful for the study, but it might be biased as is not fully represent the diversity of doctors.

Although the study gathered information on board year and service year, but it did not assess total years of their clinical experience, which may be an important aspect of association of burnout and compassion fatigue. Therefore, not including this variable may have limited the ability to examine potentially significant patterns.

The internal consistency of the Brief COPE was low though adequate; two subscales showed relatively adequate Cronbach's alpha coefficients: emotion-focused coping and avoidant coping. The emotion-focused coping (α = .67) and avoidant coping (α = .67) demonstrated adequate reliability. Although the internal consistency of the ProQOL for most subscales was high, except the burnout scale (α = .65) had adequate reliability due to the sample size. Despite these limitations, the study delivers valuable initial insights into the professional quality of life and coping strategies among internal medicine doctors in Saudi Arabia.

5.6. Recommendations for Future Research

Future research directions are recommended. Establishing qualitative research would yield deeper insight into internists' residency programs and allow the researchers to examine the contextual and emotional factors underlying their coping, which can lead to burnout and compassion fatigue. Qualitative data could help illuminate mechanisms that quantitative surveys alone may not capture. Longitudinal research designs are strongly encouraged.

Following internal medicine doctors from the point of joining the residency board through completion of training would provide a more comprehensive understanding of how coping strategies, stress levels, and professional quality-of-life indicators develop or change over time. It allows better identification of causal pathways and critical periods where interventions may be most beneficial.

Future studies would benefit from using revised or alternative measurement scales with stronger psychometric properties. These may increase the field by encouraging methodological rigor, deepening understanding, and improving the ability to design targeted interventions that support the well-being of internal medicine physicians.

5.7. Conclusion

In conclusion, this study examined the relationships between the professional quality of life and coping strategies among Saudi internal medicine doctors. Explained the theoretical framework of the ProQOL model and stress-coping theory, the results showed the complex ways in which coping mechanisms shape doctors' well-being. Problem-focused coping emerged as a beneficial coping and significantly predicted higher levels of professional fulfillment. In contrast, avoidant coping showed positive associations with both burnout and compassion fatigue, and significantly predicted burnout. Emotion-focused coping, while not related to compassion satisfaction, was the strongest predictor of compassion fatigue, suggesting that reliance on emotional coping without problem resolution may increase vulnerability to compassion fatigue. As Saudi Arabia works toward Vision 2030 reforms, supporting physicians' emotional resilience and reducing burnout through culturally-informed, evidence-based strategies is not just beneficial, it is essential for sustaining high-quality healthcare.

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APPENDIX

Appendix A

Ethics Letter

جامعة عفت
EFFAT UNIVERSITY

Dean of Graduate Studies and Research
Prof. Mady Mohammed
PO Box 34689
Jeddah 21478

1st September 2025

Ruba Talal Mahallawi & Dr. Nisma Merdad

Dear Ms. Ruba Talal Mahallawi,

As the Chairperson of the Ethics Review Committee and according to Effat University's Research Ethics Guidelines, we are pleased to inform you that your research entitled ***"Professional Quality of Life and Coping Strategies Among Individuals Practicing Internal Medicine in Saudi Arabia***" has been approved. There is no indication that the research processes will result in any harm or discomfort for the participants. Furthermore, we are confident that you have taken all precautions to guarantee that participants are safe and their rights are respected.

The necessary 'informed consent forms' are prepared; thus, all participants will be required to formally, through signing this form, indicate their consent to participating in this study. Participants will be given the opportunity to withdraw from the research at any time prior to the publication of the research findings. The matter of how data will be collected and stored, with reference to Data Protection legislation if relevant, will be clarified for participants, with information being stored in locked cabinets or on IT hardware protected with the highest security software. The final thesis and possible significant elements of the project will be published and therefore openly accessible; however, no individual respondents will be identified or identifiable. The information provided by individual participants will not be made available to their employers or managers. Where key themes or ideas are drawn out, they will not be attributed to individuals. Similarly, individual case-study institutions or departments will not be named.

Yours faithfully,

Dr. Mady Mohammad

معهد البحوث والاستشارات
Research & Consultancy Institute

Notification of Research Ethics Approval

To whom it may concern,

The Research Ethics Committee of Effat University, and according with the University's Research Ethics Guidelines, has decided to grant approval for the study as follows

Research team	Ruba Mahallawi & Dr Nisma Merdad
Decision number	**RCI_REC/26.August.2025/7.1.Exp.50**
Research title	Professional Quality of Life and Coping Strategies Among Individuals Practicing Internal Medicine in Saudi Arabia.
Duration of approval	One Academic Semester

The Research Ethics Committee has varied adherence to the following Principles:

- The research process will result in no harm or discomfort for the participants.
- All precautions were taken to guarantee participants' safety, and their rights were respected
- No harm will be generated to the used facilities.
- The information will be used by the research team for research purposes only.

Your cooperation is much appreciated,

Dean of Graduate Studies and Research

Prof. Mady A. Mohamed

Appendix B

Demographic Questions

B1. Demographic Questions
Do you consent to participate in this Research?

- Yes
- No

Personal Information

1. **What is your Age?**

- Under 25
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- +65

2. What is your gender?

- Male
- Female

3. What is your current marital status?

- Single
- Married
- Divorced
- Widowed

4. Do you have children?

- Yes
- No

5. If yes how many?

Professional information

6. Where do you primarily work?

- Governmental hospital
- Private hospital
- Other

7. In which city do you currently working?

- Jeddah

- Riyadh
- Medina
- Damam
- Other

8. Are you currently under the Saudi board?

- Yes
- No

9. Have you worked in this field before joining the board as a service medicine?

- Yes
- No

10. In which year you are in the board?

- 1st year
- 2nd year
- 3rd year
- 4th year

11. Did you pass the part 1 exam?

- Yes
- No
- Not yet

12. Did you pass the part 2 exam?

- Yes
- No
- Not yet

13. Did you pass the clinical exam?

- Yes

- No
- Not yet

14. Are you board certified?

- Yes
- Not yet

15. What is your professional level?

- R1
- R2
- R3
- R4
- Specialist
- Consultant

16. Do you choose Internal Medicine as your long-term clinical specialty, or primarily as pathway to subspeciality training Professional level?

- Long term general Internal Medicine practice
- Undecided
- Pathway to subspeciality

Life Support Information

17. Do you smoke?

- Yes
- No

18. Does your workplace offer mental health support (e.g., EAP, counseling, hotlines)?

- Yes
- No

- Not sure

19. Do you have access to mental health support outside work (e.g., private clinics, telehealth)?

- Yes
- No
- Not sure

20. Do you have any history of psychiatric/ psychological treatment?

- Yes
- No

21. Assuming services are accessible and confidential, would you seek professional mental health care if needed?

- Yes
- No
- Not sure

22. Rate your sleeping quality?

- Excellent (5) – (4) – (3) – (2) – poor (1)

23. Are you exercising regularly (at least 2–3 times per week)?

- Yes
- No

24. How do you rate your social life?

- Excellent (5) – (4) – (3) – (2) – poor (1)

25. Rate your general mental health ?

- Excellent
- Good
- Fair

- Poor

B2. Professional Quality of Life Health (ProQOL) Questionnaire

When you *help* people, you have direct contact with their lives. As you may have found, your compassion for those you *help* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *helper*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*

Never = 1 - Rarely = 2 - Sometimes = 3 - Often = 4 - Very Often = 5

1. I am happy.
2. I am preoccupied with more than one person I treat
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I help.
7. I find it difficult to separate my personal life from my life as a doctor.
8. I am not as productive at work because I am losing sleep over traumatic experiences of

   a person I treated.
9. I think that I might have been affected by the traumatic stress of those I help.
10. I feel trapped by my job as a doctor.
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a doctor.
13. I feel depressed because of the traumatic experiences of the people I help.
14. I feel as though I am experiencing the trauma of someone I have helped.

15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with hospital techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a doctor.
20. I have happy thoughts and feelings about those I help and how I could help them.
21. I feel overwhelmed because my case work load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences
    of the people I help.
24. I am proud of what I can do to help.
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a doctor.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

B3. Brief COPE Questionnaire

The following questions ask about the ways you usually deal with stress in your work and professional life as a physician. There are many ways to try to deal with problems and stress. Please indicate how often you usually do each one when facing stress in your professional role.

Make your answers as true as you can.

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real.".
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.

21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.