

Coping with Interpersonal Relationships within Higher Education (Universities)

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Abstract: Coping with stress is the effort made to master, tolerate and reduce demands that are created by stressful experiences. Whereas each person may perceive and react to stressful experiences in different ways the coping strategies used can influence the outcomes associated with factors including: health, work, and work and marital relationships. The aim of this paper is to explore how academics perceive how they cope emotionally with stressful experiences associated with interpersonal relationships within higher education (Universities). This article discusses a study using sequential, explanatory, mixed methodology, which is undertaken on a sample of 533 academics (those employed by a university full time, part time, and hourly and who may be lecturers, tutors, instructors, researchers). The overall findings from the study suggest that **context** is an important factor in how participants cope. This does not come out in the findings from the questionnaire/survey alone. **Trust** is also an important factor-being able to know that the person engaged in interpersonal discussion can be trusted and able to **empathise**.

Keywords— Coping, stress, emotion, academics, universities

1. INTRODUCTION

Each person may perceive and react to stressful experiences in different ways (Terry, 1994). As suggested by Lazarus (1999), emotion, coping and stress belong together, with emotion being placed as a superordinate because it incorporates coping and stress. Therefore, separating coping from emotion can do a disservice to the complex way emotions are processed (Lazarus, 1999). Weiten and Lloyd (2003:95) define the term “*coping stress*” as the efforts that individuals make to master, tolerate and reduce demands that are created by stressful experiences.

Carver and Connor-Smith (2010) suggest that coping and personality are related. Personality traits can influence the way a person copes (Bolger and Zuckerman, 1995; De Longis and Holtzman, 2005). For example, Vollrath (2001) finds the coping strategies that people use can influence the outcomes associated with health, work, and marital relationships. This includes: occupation, finance, and parental roles (Folkman and Lazarus, 1980; Goldberger and Breznitz, 1993; Pearlin and Schooler, 1978; Zeidner and Endler, 1996).

The aim of this paper is to explore how academics perceive how they cope emotionally with stressful experiences associated with interpersonal relationships within higher education (Universities).

2. STRESS AND COPING

There appears to be three main perspectives as to how stress can be explained. These are: Stimulus- that is associated with *things* that cause stress (Masuda and Holmes, 1967; Holmes and Rahe, 1967; Bartlett, 1998); Response- that is associated with the internal reaction/response to the stress (Selye, 1956) and; Interactional- that is

where there is an imbalance on the demands and the ability to cope (Lazarus, 1966, 1991). The table below provides a summary of the theoretical perspectives of stress.

Table 1: Theoretical perspectives of stress

No	Perspective	Sources (examples)	Explanation
1	Stimulus	Masuda and Holmes, 1967; Holmes and Rahe, 1967	“Things” cause stress.
2	Response (General adaption syndrome) (Systematic)	Selye, 1956, 1976a, 1976b	“Response” to stressful experiences
3	Interactional (Psychological stress)	Lazarus, 1966, Lazarus and Folkman, 1984; Lazarus and Launier, 1978.	Transactional. Imbalance of ability and demands to cope

Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth (2001) refer to coping, with a stressful experience, as the efforts to reduce or prevent threat, loss or harm to reduce the associated distress. This is supported by Lazarus and Folkman (1984) who define coping as the cognitive and behavioural efforts to enable a person to manage internal and external demands that are perceived to be taxing or exceeding the ability of the person to cope. Lazarus and Folkman (1984) add that coping is an intentional and conscious response to stressors. However, this appears to contradict research carried out by Skinner (1995) and Eisenberg, Fabes and Guthrie (1997) who argue that coping

is associated with involuntary responses. There does appear to be a link/ correlation between personality and coping (Kato and Pedersen, 2005; Fickova, 2001; McWilliams, Cox, and Enns, 2003). Vollrath, (2001) suggests that coping should be redefined and regarded as a personality process.

Krohne (2002) argues that it is important to define the central person specific goals associated with coping. This is also referred to as reference values which make up the core of personality (Károlyi, 1999) enabling the person to understand stress and the ability to cope.

2.1 PERSONALITY- “THE BIG 5”

Lord and Rust (2003) define the “big five” (Costa and McCrae, 1992) as the linchpin holding personality assessment together within the work environment, summarised in the table below.

Table 1: The big five (Costa and McCrae, 1992)

The big five (Costa and McCrae, 1992)		
No	Factor:	Trait facets
1	Neuroticism	Anxiety, angry, hostility, depression, self-consciousness, impulsiveness, vulnerability.
2	Extraversion	Warmth, gregariousness, assertiveness, activity, excitement seeking, positive emotions
3	Openness	Fantasy, aesthetics, feelings, actions, idea, values
4	Agreeableness	Trust, straightforwardness, altruism, compliance, modesty, tender mindedness
5	Conscientiousness	Competence, order, dutifulness, achievement striving, self-discipline, deliberation.

Connor-Smith and Flachsbart (2007) finds there to be a greater relationship between personality and coping in those who experience high or chronic stress. Vollrath and Torgersen (2000) also finds that those with more of a negative personality are more inclined towards distress and those with a more positive and outgoing personality are more inclined towards positive psychological health. Using the brief COPE scale (Carver, 1997), Khan, Siraj and Li (2011) finds that positive psychological strength and the big 5 personality dimensions (Costa and McCrae, 1992) are significantly related to the way people cope. For example: those with high extraversion, openness and conscientiousness are more likely to engage with problem focused coping. However, they found that neuroticism is an exception as those who are more inclined towards neuroticism are less engaged with the coping mechanism.

Those who are more inclined towards neuroticism are likely to experience stress from interpersonal interactions and regard such experiences as potentially threatening (Penley and Tomaka, 2002).

Using the COPE inventory Samms and Friedel (2013) argue that there are numerous factors that can influence a student’s learning including: motivation, attitude towards learning, disability, ability, learning environment and teaching methods. They explain that each person is different and learns in a different way and each new situation experienced can develop a new way of coping.

2.2 INTERPERSONAL RELATIONSHIPS

Interpersonal relationships are necessary for people to cope with stressors (and can be key to managing stress, health and psychological well-being (Myers and Diener, 1995; Ryff and Singer, 2000; Snyder, 2001). Salovey, Bedell, Detweiler and Mayer (1999) suggest that those who share stressful experiences with friends or families (depending on the context and receptivity) may be more inclined to cope and have a healthier balance of feelings (Barrett and Gross, 2001).

If a person develops their psychological resources (improving the way that they cope) making use of positive emotions, it can improve a person’s emotional well-being (Fredrickson, 2001). For example: they are less likely to develop a cold (Cohen, Cohen, West and Aiken, 2003). Those who express lower levels of positive emotions may be more inclined to have a stroke (Ostir, Markides, Peek and Goodwin, 2001 or lead to distress that includes betrayal, disrespect (Belle, 1982; Fiore, Becker, and Coppel, 1983); morbidity and mortality (Durkheim, 1951); longevity of life (House, Landis and Umberson, 1988); seeking medical attention (Antonucci, Kahn and Akiyama, 1989) and pushing others away (Kennedy-Moore and Watson, 1999). The findings do suggest that there is a link between personality, stress and coping.

3. METHODOLOGY

This study uses mixed methodology using the sequential explanatory approach. Three approaches to mixed methodology are identified; these being concurrent, sequential and conversion (Tashakkori and Teddlie, 2003). The sequential approach is used in this study where the quantitative phase (numbers) is followed by the qualitative phase (personal experience) (Creswell, 2013).

The qualitative findings are used to contextualise the quantitative data (Creswell, Plano-Clark, Gutmann and Hanson, 2003) and enrich the findings (Taylor and Trumbull, 2005; Mason, 2006) and, to help generate new knowledge (Stange, 2006). Newby (2014) comments that semi structured interviews fit between a questionnaire (in which there is no room to deviate) and an evolving interview (where goals are known but there are no expected or known

end points). In this study semi structured interviews are undertaken. Thematic analysis is being used which Braun and Clarke (2008) describe as being flexible, providing a rich and detailed account of data. The aim of this study is to combine the strengths of both quantitative and qualitative research (Griffin and Ragin, 1994).

4.1 The study

The aim of this study combines quantitative and qualitative data that links concepts and views (Griffin and Ragin, 1994). It also compares findings with data from different situations and times (Alhojailan, 2012). The study is broken into 3 separate phases. Phase 1 collection, analyses and evaluation of quantitative data; phase 2 arranging, analysing and evaluating the qualitative data and; phase 3 using qualitative data to contextualise the quantitative findings.

This study uses online social networks and an online questionnaire helping to reach a wider and more diverse population sample that may not have been possible with the traditional paper-based approach (Gosling and Johnson, 2010). Gosling and Johnson (2010) suggest that the internet, that includes social media, provides a revolution in the way behavioural research is carried out. Furthermore, there appears to be insignificant differences between the use of paper based and web-based questionnaire/ surveys (McCabe, 2004; Denscombe, 2006; Fleming and Bowden, 2009). It is therefore unsurprising that the use of web-based questionnaire appears to be increasing (Evans and Mathur, 2005).

Sites including Facebook, Twitter, Academia.Edu, and ResearchGate are used in this study. However, the number of connections made are limited. In comparison, LinkedIn, is also used allowing, in excess, of 3,900 academics to be contacted. LinkedIn is therefore the main method of communication with potential participants in the study. Connections were directed to the online self-administered questionnaire ensuring that anonymity was maintained. Participation in the study is voluntary and each individual has the capacity to make their own decision as to whether or not they would like to take part. The sample is self-selecting.

4.2 Sample

The sample age range of those who respond to the questionnaire are 24 to 78. The sample includes: size of 100% (N =533); 45.8% (N = 244) male, mean age is 48.78 (SD = 10.9); and 54.2% (N = 289) female, mean age is 47.29 (SD = 9.78). Semi structured interviews are also undertaken with participants who are aged 29 to 58. The interviews incorporated 5 males and 6 females. The sample sizes for the quantitative and qualitative study is felt to be of a reasonable sample size, balance of age and gender.

4.3 Instruments used

Carver et al (1989) builds upon research and developed an instrument that can measure how people cope- COPE (the Coping Orientation to Problem Experience, Carver, 1997). COPE measures the ways participants respond to stress. The COPE is made up of 60 self-report measures using a four point Likert scale which ranges from 1 = “I usually don’t do this at all” to 4 = “I usually do this a lot.” It is cited in over 400 publications (Simmons and Lehmann, 2013) and is also used globally and under different settings. The questionnaire/survey undertaken in this study includes the brief COPE inventory (Carver, 1997) which assesses situational and dispositional aspects of coping.

The questionnaire is undertaken in the autumn of 2014. As part of the questionnaire participants are asked to respond to coping strategies they used, using COPE. As advised by Pallant (2013) the sample size and demographic data are analysed and, before testing is carried out, screening is undertaken, and data examined that include: outliers, range, means (average score), missing values, and normality. Errors in data are identified, including extreme outliers. Once the errors associated with main outliers are removed the data returns to normality.

4. FINDINGS AND DISCUSSION

When selecting scales, it is important to find and use ones that are reliable and measure the same constructs. DeVellis (2012) advises that the Cronbach alpha coefficient should be above 0.7, preferably above 0.8 (Pallant, 2013). In this study, each of the items associated with COPE is entered into SPSS and Cronbach’s alpha calculated. In their study, Carver et al (1989) reports that all items in the instrument show Cronbach alpha reliability to be above 0.6, except mental disengagement (0.45). Using the brief Cope questionnaire in a study of coping strategies used by older adults, Fisher, Segal and Coolidge (2003) find Cronbach alpha to be 0.71. In another study of undergraduate students, Litman (2006) finds Cronbach alpha to be 0.73. In this study, the reliability of Cronbach’s Alpha is shown to be 0.79 and, therefore, suggests good internal consistency which is to be expected.

Cronbach alpha is shown in the table below against each of the paired items together with the mean, and standard deviation. The number of cases valid and excluded are also shown to demonstrate that there is a reasonable sized sample when undertaking the analysis.

Table 3: Cronbach’s alpha (Carver et al, 1989)

No	Item	Mean	Std. Deviation	Cronbach’s Alpha (if item deleted)
1	Self-distraction	4.66	1.64	0.78
2	Active coping	5.83	1.74	0.78

3	Denial	2.84	1.27	0.79
4	Substance use	2.61	1.18	0.80
5	Emotional Support	5.03	1.71	0.78
6	Instrumental support	5.00	1.72	0.78
7	Behavioural disengagement	2.98	1.38	0.80
8	Venting	4.47	1.54	0.78
9	Positive reframing	5.38	1.65	0.77
10	Planning	6.04	1.68	0.78
11	Humour	4.73	1.85	0.79
12	Acceptance	5.62	1.56	0.77
13	Religion	3.60	2.13	0.80
14	Self-blame	4.19	1.72	0.79

Pearson’s correlation is undertaken for each of the paired items for coping. The data, for the three highest correlation values, shows that there is a strong positive correlation (r) with items: instrumental support and emotional support where $r = 0.68$, $n = 444$, $p < 0.01$; planning and active coping where $r = 0.66$, $n = 444$, $p < 0.01$ and; acceptance and planning where $r = 0.56$, $n = 444$, $p < 0.01$. This suggests that is a large positive relationship between each of these items which also suggests that the instrument is good. A summary of the findings associated with COPE is shown in the table below.

Table 4: Coping (Carver et al, 1989) (Subtotal summary of paired items)

Coping strategies	Don't do this at all	Do this a little bit	Do this a medium amount	Do this a lot
Self-distraction	24%	34%	27%	15%
Active coping	11%	21%	35%	33%
Denial	72%	18%	7%	3%
Substance use	76%	17%	5%	2%
Emotional support	16%	34%	34%	16%
Instrumental support	17%	34%	35%	14%
Behavioural disengagement	67%	20%	9%	4%
Venting	26%	37%	27%	10%
Positive reframing	11%	31%	38%	20%
Planning	9%	17%	39%	35%
Humour	23%	35%	27%	15%
Acceptance	10%	25%	40%	25%
Religion	59%	15%	11%	13%
Self-blame	31%	37%	20%	12%

Each of the above coping strategies is placed in order, identifying the highest to lowest percentage of those who respond to: “do this a medium amount”, and “do this a lot”. The table below shows the findings.

Table 5: Coping (Summary of do this a lot and a medium amount) (Carver et al, 1989).

No	Coping strategies	Do this a medium amount	Do this a lot	Totals
1	Planning	39%	35%	76%
2	Active coping	35%	33%	68%
3	Acceptance	40%	25%	65%
4	Positive reframing	38%	20%	58%
5	Emotional support	34%	16%	50%
6	Instrumental support	35%	14%	49%
7	Self-distraction	27%	15%	42%
8	Humour	27%	15%	42%
9	Venting	27%	10%	37%
10	Self-blame	20%	12%	32%
11	Religion	11%	13%	24%
12	Behavioural disengagement	9%	4%	11%
13	Denial	7%	3%	10%
14	Substance use	5%	2%	7%

The highest is shown to be **planning** at 76% followed by **active coping** at 68% and **acceptance** third with a total of 65%. When given the statement: “I’ve been coming up with a strategy about what to do” 37% said that they “do this a lot”. A further 40% advise that they did this “a medium amount” (a total of 77%). When given the statement “I’ve been thinking hard about what steps to take” 33% respond that they “do this a lot” and 37% said that they “do this a medium amount” (a total of 87%). It does raise the question as to the interpretation of the term planning as each person experiences the world from his/her own perspective. One person may feel that planning something is simply thinking about a wide generalised objective which they seek to obtain. Others may regard planning as meticulously arranging detailed action so as to achieve an objective. The findings from this questionnaire identify how challenging it can be to be able to generalise as each person makes sense of the world from their own understanding that include a multitude of variables including: culture and background.

When given the statement “I’ve been using alcohol or other drugs to help me through it” 78% of participants advise that they “don’t do this at all” and a further 15% said that they “do this a little bit” (a total of 93%). In response to the statement “I’ve been using alcohol or other drugs to make myself feel better” 74% advise that they “don’t do this at all” and 19% said that that they “do this a little bit” (a

total of 93%). The findings also show that 7% (37 people) use substances a “medium amount” or “a lot”. Whereas this is considered to be a reasonably small number it is an interesting and significant finding. **Substance use** may not be considered, by the person responding, as having a negative impact on their well-being. However, there may be personal consequences of substance use that are not being acknowledged and accepted by the participant. The challenge is that well-being may be perceived from the hedonistic or eudaimonic perspective with each person having their own thoughts and perspectives of well-being. Limitations of this study include: the person participating in the study being honest and that they do not under/ over exaggerate and; that their response to the question having a similar base level to others responding.

The findings also show that few participants engage in **denial**. In response to the statement “I’ve been refusing to believe that it has happened” 74% respond that they “don’t do this at all” and 17% said they “do this a little bit” (a total of 91%). In response to the statement “I’ve been saying to myself “this isn’t real” 69% of participants advise that they didn’t “do this at all” and 18% said that they did this “a little bit” (a total of 87%). The challenge with denial is that the person needs to remember that they refuse to believe that something happened (Marks, Murray, Evans and Estacio, 2015). Maybe the word denial is too strong a word as it does raise difficulties in interpreting the question.

4.4 Interpersonal relationships

The coping mechanisms identified by Carver et al (1989) are summarised in the table below.

Table 6: Coping mechanisms (Carver et al, 1989).

Problem focused	Emotion focused	Dysfunctional
Active coping	Seeking social support	Venting of emotions
Planning	Positive reinforcement	Behavioural disengagement
Suppression of competing activities	Acceptance	Mental disengagement
Restraint coping	Religion	Substance use
Social support/ instrumental reasons	Humour	Denial

Two coping strategies associated with interpersonal relationships are **emotional and instrumental support**. Emotional support is where a person gains comfort from someone else and instrumental support is where advice is gained from others (Carver et al, 1989). Whereas discussion focuses on coping and interpersonal relationships, there does appear to be an overlap of coping strategies. Extracts from the main findings are shown in the tables below.

Table 7: Emotional and instrumental support (Responses) (Carver et al, 1989).

Coping strategies	Item	Don’t do this at all	Do this a little bit	Do this a medium amount	Do this a lot
Emotional support	I’ve been getting emotional support from others	17%	36%	44%	14%
	I’ve been getting comfort and understanding from someone.	15%	32%	35%	17%
Instrumental support	I’ve been getting help and advice from other people.	15%	34%	37%	14%
	I’ve been trying to get advice or help from other people about what to do.	18%	34%	33%	15%

Table 8: Emotional and instrumental support (Carver et al, 1989) (Summary of paired items)

Coping strategies	Item	Don’t do this at all	Do this a little bit	Do this a medium amount	Do this a lot
Emotional support	Sub total	16%	34%	34%	16%
Instrumental support	Sub total	17%	34%	35%	14%

The findings from the questionnaire/ survey are useful, however, they appear to lack depth. This is a challenge with undertaking questionnaires/ surveys. It is left to the interpretation of the reader. The advantage with interviews is that it does raise factors that may otherwise have not been identified. It is therefore helpful to gain further insight into how participants cope by comparing the findings from the questionnaire with findings from interviews.

4.5 Emotional support (Gaining emotional support from others).

In the questionnaire/ survey participants are given the statement “I’ve been getting emotional support from others.” 14% advise they did this “a lot” and 34% confirm they did this a “medium amount” (total 48%). They are also given the statement “I’ve been getting comfort and

understanding from someone.” 17% advise that they did this “a lot” and 35% advised that they did this a “medium amount”; (a total of 52%). This suggests that approximately 50% of academics gain comfort from others using emotional support. From the interview findings, WA1 who explains that “I don’t like complaining really. So I don’t, complain to colleagues, [...] well certainly not to my manager, [...] but I [...] take it home with me, [...] where my wife gets a ear full. That’s [...] a problem and then [...] on the way to work [...] kind of ruminating over things and just can never let it go and you know, it’s quite, quite stressful really.” It may be that that there is concern with possible reaction and impact on professional relationships and career prospects as WA1 prefers to seek emotional support at home and away from the workplace. WA1 seeks emotional support from their wife rather than colleagues suggesting that emotional support was important to them. They may prefer to express their emotions with someone they feel that they can trust and that there will be no professional impact on their career. It does, however, raise the question as to how strong and resilient the personal marital relationship needs to be to withstand the emotional outpourings that may occur. This demonstrates how useful interview findings are to help explain quantitative/ qualitative findings. WA1 appears to use venting to help them cope.

In comparison to WL1, HL1 finds it really challenging to have any form of social engagement with their former spouse who has a “narcissistic personality disorder and also had sociopathic tendencies”. HL1 does appear to find it difficult to gain emotional support. After years away from academia HL1 is now back at university as an “adjunct, temporary, part time, low end of the totem pole, because I’ve changed organisations so often, I, I feel like I’m always a satellite. I’m always peripheral. I’m never a member of the in group and so that gets very frustrating. I’m [...] very anxious to achieve a position where people will listen to me and pay attention to me and recognise that I have something to offer. [...] I’ve been really marginalised [...] I don’t think I’m being hypersensitive about it.” HL1 adds that “I think I’ve really honestly have been marginalised in the last 15 years. [...] I was marginalised in my science and, and I’m an outsider coming in to education and having to thread that path, I’m not really certain yet”. It is apparent that HL1 does not have a close family member to whom they can seek emotional support and, being in a temporary position, they may feel reticent in, or not able to, seek emotional support from work colleagues. HL1 adds that “it’s not something I can deal with right now and so it just gets put away [...] If I dwell on that too much [...] I get just frozen because so much of that is outside of my control at this point.” To help them cope HL1 advises that they have “a glass of wine and [read] very silly novels”. It suggests that HL1 uses acceptance to help them cope.

MA1 explains that their spouse is “also a teacher here so [...] in terms of conversation we try not to talk

about professional issues, but they always come ‘p and that’s also an element of friction and [...]’because we’re not happy [...] our children tend to just go away as soon as we start talking about work because they know that something is about to go bad. So [...] that is not a very nice feeling and anguish of having to work in these conditions is stressful to the point of feeling that you [n]either have a social life or a family life.....” To help them cope, MA1 advises that “I’m the sort of guy who actually tries to do a lot of humour.....trying to build some sort of fantasy around it so you can actually cope”. MA1 appears to use humour as the main mechanism to help cope.

Whereas Lazarus and Folkman (1984) refer to the interactional perspective where there may be an imbalance between the ability and demands of coping it is still necessary to use problem focused coping to help respond to stressful experience (Zeidner and Saklofske, 1996). Litman and Lunsford (2009) also finds that coping includes both problem focused coping and emotion focused coping. In other words, where a person seeks support from others using emotional support, as in the instance of WA1 who seeks emotional support from their wife, they also appear to show restraint within the workplace suggesting that they also used problem focused coping.

It is interesting that WA1 gains emotional support from their wife (from someone at home) rather than work. This is an example of something that does not come out in the findings from the questionnaire. The findings suggest that academics experience ways of coping that may be context dependent. For example: where one spouse or work colleague may listen, another may not wish/ be prepared to. This exemplifies the advantage of carrying out interviews. It also identifies the challenges when undertaking research in social science where individuals may have different views, thoughts and understanding of the world around them. However, the findings can help with informing and contributing to theory.

4.6 Instrumental support

Instrumental support is where advice is gained from others. Approximately 50% of the participants who respond to the questionnaire/ survey said that they did this. The findings from the questionnaire/ survey show that when provided with the statement that “I’ve been getting help and advice from other people,” 51% of participants respond saying that they either did this “a lot” or “a medium amount”. When given the statement “I’ve been trying to get advice or help from other people about what to do” 48% of people respond by saying that they did this “a lot” or a “medium amount”.

MA2 identifies a challenging experience they had with colleagues “where my ideas were being blocked in a meeting consistently. I did speak up and say that I was unhappy about only the chair person’s ideas being accepted and this

was unacceptable. I wasn't happy about this. I was glad I spoke up there and then as this influenced the meeting but then I heard later that the chair person had been upset that I had spoken up. However, I think that this is a manipulative way of getting their own way and I know I was right to intervene." MA2 points out that they are "quite assertive [...] but that doesn't [...] stop the good relationship with that person and with other people in the team." They add that they are not confrontational and prefer to "go away and think about it [...] and plan a good way of managing it rather than allowing emotions to spill over where I get angry or that person gets angry and upset."

CC1 relates a problem where they felt that they could not seek support from their line manager. This followed a complaint raised by a student. CC1 comments that the manager "was willing to give, [...] the students free for all [...] they haven't got my back here so if I have a problem I wouldn't have felt comfortable going to them" suggesting their way of coping was **avoidance** (Argyris, 1957) and a feeling of **helplessness** (Seligman, 1974) where the person feels he/ she is unable to do anything about the situation. This perceived lack of support from CC1's manager could have influence on their health (Kinman, 2008). CC1 subsequently left this university and, in their new place of work, they "feel quite comfortable". They add that "If everyone gets on fairly well which I think we do it can work quite well because if there is a problem, everyone backs you and you know everyone is aware of it whereas with a closed office you tend to be, you know it tends to be a little cliquey." This implies that interpersonal relationships and the need to **vent** emotions are really important in helping CC1 cope and this is supported by comments made later on in the interview where CC1 comments that: "Even when I was working at (company named -before they became an academic) sometimes looking back I was doing some of the things I did at the time at my previous university, [...] I was venting. [...] if there was something there that wound me up I tend to vent and as I [...] became more and more aware of this as we were going along, [...] when it got to the point, [...] some people were noticing it that's when I thought, [...] I think you need to [...] work on calming down and think of how you can manage this a bit better. [...] when someone says to you, I think that you are coming across as a bit angry".

WP1 is someone who came into academia late in their career, after 30 years in the police. They point out that when they first started in academia as a lecturer "I was very over awed by the academic stature of colleagues and, [...] who's title was doctor or professor and [I] tended to be very quiet and not say much but then I, [...] realised that [...] I was employed because of my particular expertise and my knowledge and that the knowledge is the important thing so, [...] I then started to speak, much more prepared to speak out at meetings and [...] actually people were listening to me, that we all in life have our specialities and our areas of

knowledge and the fact that somebody has professor or doctor or whatever or something in front of their name doesn't mean they understand your subject. [...] they're ordinary people." WP1 states that to help them cope with interpersonal and stressful experiences they walk to work through a fairly deprived area and "when I come into work every morning there are people sleeping in doorways and it's freezing cold. Now that to me is when life's getting really bad." WP1 adds that "So sometimes it's very difficult to understand why I and myself feel like that when probably, you know, one of those people in the door way has a lot more to worry about, all I have to do is worry about thinking about getting the marking finished I feel quite good about it."

MA2 is in a similar situation to WP1; someone who came to academia late in their career. Within a few days of them starting their new job at the university they remember talking to their "manager at the time and he said you know are you ok, is it all working out ok? And I said oh yes we can do this, you know, it'll be fine. Umm, and, and teaching or maybe I'm a bit naive as well, umm teaching on subjects that I hadn't taught on before umm but just working hard to be able to try to make everything work and really having a sense of responsibility for making it all work and disappointment as well that students weren't happy". Advising management that they are under stress or complaining and expressing to management that they can't cope, could be regarded as a criticism of their own professional integrity, suggesting that the academic may lack the strengths required that is expected of them in their role. However, when the academic does seek support from managers the experience could lead to "a loss [...] of caution; the kind of trust that we have for the university as a bigger organisation and our management structures" (MA2). In this instance, MA2 is not able to express their true feelings suggesting that instrumental support needed to be two way which would necessitate each person being willing to speak and to listen. However, this may not have been appropriate, as CC1 points out whereas they could vent problems to close colleagues, "there are obviously some people I felt I didn't, I felt that I couldn't do that and my boss at my previous university and my boss here. If I've got problems then I felt like, I could vent, I felt that I could vent them and could discuss them constructively."

The "caution" that MA2 gives to seeking support is understandable. It does appear that **context** is a factor in gaining instrumental support. However, it also appears dependent upon **trust**. In other words, the academic can trust that the person they seek support from is going to deal with the matter in a considered and thoughtful manner –that emotional intelligence is demonstrated within the instrumental support. For example, CC1 points out, seeking instrumental support appears to depend upon the "context, [...] how well do you know the culture, how well do you

know your colleagues, and what your colleagues are like". The point CC1 makes about context does appear valid as different circumstances/ situations can give rise to feelings of frustrations. However, the way they cope with it appears to show that lack of support and trust by management means that CC1 could vent their frustrations with colleagues who may then need to cope with the matter themselves. This could have negative repercussion where colleagues felt uncomfortable listening when they have their own pressures and stresses to cope with. However, there could be a reciprocal approach where others are like minded and instrumental support is shared. This supports the findings of Gillespie et al (2001) in which they found support from colleagues is an important factor to help with coping.

MA1 is head of a department and comments that *"Teachers are not just that. They're persons. They're people with wives of their own which are mostly concealed from the community and you just look at them as Professor x or Professor y and Professor z and they have names, they have children, they have husbands, they have mates, they have a preferred bar where they go to. They have their own community of friends. That is one of the things I try to do: it's to know the people I work with."* It appears that MA1 tries to **empathise and engage** with colleagues.

It, therefore, appears that it is not just **context**. It is having **trust** in the person from whom instrumental support is sought. The trust being to provide **empathetic** understanding and to deal with the matter in a sensitive and considered manner.

5. LIMITATIONS

Limitations are identified within the use of mixed methodology and study undertaken. For example, different samples, models and instruments may have been used in earlier research and it is therefore challenging to compare and contrast findings.

Online questionnaires/ surveys rely on the participant being able to access the internet and to be connected to the same site that the study is being undertaken. There may also be cultural differences. Studies are carried out in different countries, which may give rise to cultural influences affecting the findings.

The studies undertaken spread across several decades and that which may have been relevant and appropriate several decades ago may not be the case in later years.

A further limitation is that participants may have had different views, thoughts and understanding of the Likert scales in the questionnaire/ survey. It is not possible to ascertain the base level for each participant. This could therefore influence the responses, analysis and evaluation.

There are also individual differences, and thus challenges, in generalising beyond the sample size. In this study, the samples are considered to be reasonable across a wide age range, different countries, background and experience. It is, therefore, felt reasonable that the findings from this study could be expanded to apply to a larger sample from which fuzzy generalisation could be made helping to inform and contribute to theory and future research (Bassegy, 1999; 2001). Fuzzy generalisations are, therefore, made that replace the certainty of scientific generalisations that help contribute to theory and future research.

6. CONCLUSIONS

The findings from the interviews are used to provide greater depth and explanation, than if quantitative data was used alone. The findings suggest that each person has his/ her own coping strategies which may overlap. This does not come out from findings of the questionnaire/ survey alone, exemplifying the advantages of undertaking semi structured interviews.

The highest percentage coping strategy is shown to be **planning** at 76% followed by **active coping** at 68% and **acceptance** third with a total of 65%. The findings also show that 7% (37 people) use substances a *"medium amount"* or *"a lot"*. Whereas this is considered to be a reasonably small number it is an interesting and significant finding. **Substance use** may not be considered, by the person responding, as having a negative impact on their well-being. However, there may be personal consequences of substance use that are not being acknowledged and accepted by the participant.

The findings from the interviews suggest that participants use different ways of coping. For example, where as one person may **vent**, another may use **acceptance** or **denial**. Individuals may have different views, thoughts and understanding of the world around them identifying the challenges when undertaking research in social science.

The individual may use more than one way of coping. The overall findings from the study suggest that **context** is an important factor as to how participants cope. This does not come out in the findings from the questionnaire/survey alone. **Trust** is also an important factor- being able to know that the person engaged in interpersonal discussion can be trusted and able to **empathise**. As pointed out by Carver and Connor-Smith (2010) notwithstanding the studies undertaken, only part is understood about coping. It varies depending on each individual (Lazarus and Folkman, 1984). Hence, there is need for further research to be undertaken. This study helps in providing a **little more information**.

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