COGNITIVE AND AFFECTIVE CORRELATES
OF
HEALTH

DISSERTATION ABSTRACT
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ABSTRACT

Practicing physicians and surgeons dedicate their lives to providing optimum patient care, but doing so places them at significant risk for personal and professional stress and, ultimately, burnout. Of great concern is the fact that unrecognized stress and unmanaged burnout are more prevalent among medical professionals than previously believed. This can contribute to impaired technical performance, medical errors, physical and mental health problems, and even increase the risk of suicide that may compromise their physical/mental health. Previous researches indicate that apart from contextual factors, individual factors are also important in predicting health. Due to these reasons, it was considered worthwhile to examine physical health of doctors, and its relation with diverse cognitive/affective variables.

Cognitive distortions are inaccurate thoughts or ideas which maintain negative thinking and help to maintain negative emotions. These inaccurate negative thinking patterns may have clinical impact on internal states, and in terms of motivating maladaptive behavior. Apart from cognitive distortions, another variable that could be crucial in determining health is cognitive emotion regulation. It is defined as regulating, in a cognitive way, the emotional response to events causing the individual emotional aggravation. Thus, equally worthy of consideration would be the affective variables, viz., emotional experience, expression, and competence. As far as health is concerned, it would be imperative to consider the mental aspect of health. Consequently, it was postulated to study psychological distress in doctors.

The sample for the present study comprised 150 male and 150 female doctors in the age range of 30-45 years, having urban background and working in government/private hospitals in Himachal Pradesh. To explore this relationship, General Health Rating Index (Ware, 1976), Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski and Kraaij, 2001), Cognitive Distortions Scale (CDS, Briere, 2000), PANAS-X (Waston & Clark, 1994), Positive Expressivity Scale and Negative Expressivity Scale (Barchad, 2001), The Scale of Emotional Competencies (Sharma, & Bhardwaj, 1995), and Psychological Distress Manifestations Measure Scale (PDMMS; Masse et al., 1998) were administered. Means, standard deviations, and product-moment correlations were computed, and stepwise multiple regression analyses were applied. In order to compare males and females on the above-mentioned variables, t-test (for independent samples) was applied.

The results obtained in the present investigation revealed that helplessness (a subscale of cognitive distortions), psychological distress, and positive expressivity together accounted for 23% of the variance in overall health of female doctors. While helplessness and psychological distress emerged as negative predictors of health, positive expressivity emerged as a positive predictor of the same. As far as male doctors are concerned, self-blame, a subscale of cognitive distortions, emerged as the sole (negative) predictor of health, accounting for 3% of the variance in health.

Health was negatively related with all subscales of cognitive distortions, although the associations emerged to be stronger for women than men. For both, male and female doctors, health was not related with cognitive emotion regulation and emotional competence whereas, it was negatively related with distress. Positive affect was positively related with health of male doctors whereas, negative affect was detrimental for their health. In case of female doctors, both positive and negative affect were unrelated with health. In male doctors, health was found to be unrelated to positive and negative expressivity. On the other hand, in female doctors, health was found to be related with positive expressivity only.

In sum, it may be said that though male and female doctors do not differ on health, they adopt different pathways for achieving this. The nature of inter-relations between these predictor variables may also differ for men and women. Moreover, they are rather similar than dissimilar on health, cognitive distortions, cognitive emotion regulation, emotional experience, expression, competence, and distress. The only exception to this is that male doctors were found to report higher levels of self-blame and negative affect in comparison to female doctors. These findings have been discussed in terms of role strain/conflict for working adults, as well as the differing socialization practices for men and women in collectivistic cultures such as ours. Hence, the findings have far-reaching implications in the areas of gendered socialization, work-related problems (such as burnout), health management and positive emotions.