

Original Research Article

Exploring relationships between psychological factors and coping mechanisms in doctors of Delhi NCR: a correlational study

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ABSTRACT

Background: The COVID-19 pandemic has posed substantial mental health challenges for healthcare professionals. While pandemic-related anxiety and fear of COVID-19 have been studied, less is known about how these factors relate to general psychological distress and coping styles among physicians in real-world settings.

Methods: This study is an observational, cross-sectional analysis involving N=100 physicians. Participants completed the General Health Questionnaire (GHQ) to assess general psychological distress and overall health status, the Coronavirus Anxiety Scale (CAS) to measure coronavirus-specific anxiety, the Fear of COVID-19 Scale (FCV-19S) to evaluate fear related to COVID-19 and the Coping Inventory to assess coping styles. Pearson correlations were computed to examine the inter-correlations among these variables.

Results: Coronavirus anxiety was strongly negatively correlated with perceived general health ($r=-0.613$, $p<0.001$), indicating that higher anxiety is linked to poorer health perception. Fear of COVID-19 showed a weak but significant positive correlation with general health ($r=0.169$, $p=0.047$), suggesting a nuanced relationship between health status and fear. No significant correlations were found between anxiety and coping strategies, nor between coping strategies and overall health, highlighting the complexity of coping mechanisms in this context.

Conclusions: The strong negative link between coronavirus-specific anxiety and perceived general health underscores the need for targeted mental health resources within healthcare settings to safeguard physicians' overall well-being and job performance. Our findings support implementing balanced psychoeducational and resilience-building programs that promote vigilant but non-dysregulated emotional responses, thereby sustaining both physician health and quality of patient care in ongoing and future health crises.

Keywords: Anxiety, Coping, COVID-19, Fear, General health, Healthcare professionals

INTRODUCTION

The Indian epidemic started in 2019 when initial cases were attributed to Wuhan travellers and subsequent local spread in Kerala, triggering the pandemic in India in several studies reported. The crisis unfolding subjected gigantic burdens onto health systems, communities and individuals and this research attempts to comprehend how frontline clinicians coped with these issues in the case of Delhi National Capital Region (NCR) specifically in clinically approved studies.¹ Several Studies reported that

COVID-19's rapid emergence as a new and highly infectious disease left everyone in a state of uncertainty and fear. Health workers were drawn into a situation that required them to adapt quickly, practice scrupulous infection control and make high-stakes clinical choices in response to changing evidence.² The initial phases involved long hours of work, scarce PPE, changing treatment guidelines and attempts to safeguard patients, families and themselves from infection. This created the platform for extreme psychological and physical stress among doctors and other frontline professionals which

were reported in clinical approved studies. Early on, the pandemic interrupted customary patterns of medical practice. Clinicians were caught toggling between the twin imperatives of delivering life-saving, urgent care and shielding their own health.³ In most instances, run-of-the-mill consultations were replaced by emergency interventions and elective procedures were deferred to divert resources to COVID-19 treatment. The abrupt redeployment of personnel, equipment and hospital bed space engendered complicated logistical problems that had a negative impact not only on patient outcomes but also on the morale and sense of effectiveness of the providers that were reported in various scientific studies.⁴

In this setting, frontline healthcare providers had to endure the psychological toll of seeing severe illness and death, too often under conditions of isolation and social stigma related to contagion. The effect of COVID-19 reached a wide range of healthcare professions and specialties. The pandemic did not equally impact all professionals; scientists, surgeons, trainees, mental health workers, respiratory doctors, obstetricians and gynaecologists and allied health professionals each experienced different stressors reported in various studies in India. For others, the threat of exposure was increased by routine exposure to very sick patients; for others, the difficulty involved balancing continuity of care for non-COVID illnesses while still responding to pandemic-driven needs.⁵

The psychological impact was reflected in higher rates of stress, anxiety and fear, as many recognized experienced sleep disturbance, irritability, concentration problems and moral distress due to limited resources and hard triage decisions.⁶ The persistent mental health effect highlighted the necessity for specific support that recognized both the professional duties and personal frailties of healthcare professionals. Coping and resilience were core themes in explaining how clinicians handled pandemic stress these were reported by clinical studies. Healthcare professionals relied on a variety of strategies to ensure psychological balance. Individual-level strategies involved developing a healthy lifestyle, practicing mindfulness, exercise and purposeful self-care. Social and professional networks of support peers, mentors, family members and colleagues offered the emotional support and practical assistance that were essential.

Organizational practices also mattered: open communication from leadership, rigorous protocols, availability of mental health resources and opportunities for debriefing and peer support.⁷ The availability of supportive work environments, proper PPE, fair work schedules and appreciation of clinicians' efforts helped create a sense of safety and value, which acted as a buffer against burnout and moral injury.⁸ Identifying the interconnections of mental and physical health is crucial to determining the larger implication of the pandemic for clinicians (REF). Poor levels of stress, anxiety and fear can compromise decision-making, lower resilience and compromise patient care. Conversely, effective coping

strategies can serve as buffers, supporting psychological stability and sustaining professional performance under pressure. The study aims to explore how general health intersects with COVID-19 related fear and anxiety and how coping skills mediate or moderate these relationships among physicians working in Delhi NCR hospitals. In India, professional associations and government agencies took steps to enhance mental well-being in healthcare workers. Stress awareness campaigns, training programs and availability of mental health resources were prioritized as part of an overarching strategy to maintain the health workforce throughout the crisis.

The changing pandemic underscored the value of organizational preparedness, leadership and supportive policies in safeguarding healthcare workers from enduring damage and allowing them to continue providing care. The main objective of the study is to investigate the relationships between general health, fear and anxiety towards COVID-19 and coping strategies among doctors in hospitals in Delhi NCR. We posit that increased fear and anxiety might impact general health in a negative way, whereas successful coping strategies can enhance these psychological factors in a positive manner.

Aim

To explore the interrelationships between general psychological health, COVID-19-specific anxiety, fear of COVID-19 and coping mechanisms among healthcare professionals during the pandemic.

Objective

To investigate the relationship between COVID-19-related anxiety, fear of COVID-19, general health and coping mechanisms among healthcare professionals during the pandemic.

METHODS

Participants

The population consists of 100 doctors working in Delhi NCR hospitals. Participants are practicing physicians, residents and medical interns who are actively engaged in managing COVID-19 patients.

The sample size for the study is approximately 100. The sample size is based on number of the medical doctors from the following institutions:

Names and approximate figure of working doctors is as follows.

Santosh Medical College and Hospital and Santosh Dental College Deemed to be university, Ghaziabad (U.P.) (61-85). BLK-Max Super Specialty Hospital, Pusa Road, Delhi, (Central Delhi) (45-50). Ansari Multi-Specialty Hospital, Delhi, (Wem Delhi) (20-25).

Study duration

The study duration was from December 2021-December 2023.

This study is an observational, cross-sectional analysis involving N=100 physicians. Participants completed as follows.

General Health Questionnaire (GHQ) to assess general psychological distress and overall health status, Coronavirus Anxiety Scale (CAS) to measure coronavirus-specific anxiety, Fear of COVID-19 Scale (FCV-19S) to evaluate fear related to COVID-19, Coping Inventory to assess coping styles.

Inclusion criteria

Healthcare professionals (physicians, residents, interns) actively involved in COVID-19 patient care at Delhi NCR hospitals, aged 22 years and older, with the ability to provide informed consent and proficiency in the study language, who are able to complete the questionnaire independently.

Exclusion criteria

Individuals with a known history of severe psychiatric disorders that could confound distress measures (e.g., psychotic disorders, bipolar disorder in an acute episode), those currently under treatment for an acute medical/psychiatric crisis that would impede participation and individuals with incomplete questionnaire data or who refuse to provide informed consent.

Procedure

Information was gathered using a standardized questionnaire covering the above scales. Respondents answered confidentially to maintain secrecy and informed consent was obtained. The answers were statistically compared using Pearson's correlation to identify relationships between variables.

Data analysis

It was analysed through SPSS 25th version, Descriptive statistics are reported to provide a summary of the data. The correlation matrix tests the strength, direction and significance of relationships between the variables.

RESULTS

Table 1 presents the demographic characteristics of the study participants. The average age of respondents was 35.3 years, ranging from 26 to 48 years. The majority were female (60%) and married (60%). This distribution indicates a predominantly middle-aged, married female population in the sample. The descriptive statistics show that the mean of the General Health Questionnaire across

100 physicians was 14.9 (SD=5.15), which indicates a moderate perceived health level. Mean coronavirus anxiety was 6.82 (SD=3.78) and fear of COVID-19 averaged 12.5 (SD=2.60), while the coping inventory averaged 107 (SD=40.9).

Table 1: Demographic details.

| Variables | Value |
|---------------------|-------|
| Average age (years) | 35.3 |
| Minimum age (years) | 26.0 |
| Maximum age (years) | 48.0 |
| Male (%) | 40.0 |
| Female (%) | 60.0 |
| Married (%) | 60.0 |
| Unmarried (%) | 40.0 |

Table 1 Descriptive (Demographic data not shown here; instrument scores only): General Health Questionnaire (GHQ): n=100, Mean=14.9, SD=5.15; Coronavirus Anxiety Scale (CAS): n=100, Mean=6.82, SD=3.78; Fear of Coronavirus-19 Scale (FCV-19S): n=100, Mean=12.5, SD=2.60; Coping Inventory (Cope): n=100, Mean=107, SD=40.9.

Textual highlights to include in the results narrative for Table 1

Observation 1: The sample shows moderate levels of general psychological distress (GHQ mean 14.9, SD 5.15).

Observation 2: Coronavirus-specific anxiety is also moderate on average (CAS mean 6.82, SD 3.78).

Observation 3: Fear related to COVID-19 is moderate (FCV-19S mean 12.5, SD 2.60).

Observation 4: Coping capacity, as indexed by Cope, has a relatively wide dispersion (mean 107, SD 40.9), suggesting substantial variability in coping styles across physicians.

Note: If you have demographic subgroups (e.g., age, gender, years of practice), a follow-up table could compare these descriptive across groups.

The correlation matrix indicates a strong negative association between coronavirus anxiety and overall health ($r=-0.613, p<0.05$), which implies that more anxiety is correlated with worse health status. The anxiety about COVID-19 has a weak positive correlation with overall health ($r=0.169, p=0.047$), which demonstrates a weak association between greater fear and better perceived health, but this association is limited. The coping inventory has no significant positive correlation with overall health ($r=0.110, p=0.138$), suggesting that coping styles are not necessarily linearly related with health condition in this population. Table 2 Correlation Matrix (Pearson correlations among GHQ, CAS, FCV-19S and Cope).

Table 2: Descriptive.

| | General Health Questionnaire | Coronavirus anxiety Scale | Fear of Coronavirus-19 Scale | Cope Inventory |
|---------------------------|------------------------------|---------------------------|------------------------------|----------------|
| N | 100 | 100 | 100 | 100 |
| Mean | 14.9 | 6.82 | 12.5 | 107 |
| Median | 16.0 | 6.00 | 12.0 | 113 |
| Standard deviation | 5.15 | 3.78 | 2.60 | 40.9 |

Table 3: Correlation.

| | General health questionnaire | Coronavirus anxiety Scale | Fear of coronavirus-19 Scale | Cope inventory |
|-------------------------------------|------------------------------|---------------------------|------------------------------|----------------|
| General Health Questionnaire | Pearson's r | — | | |
| | df | — | | |
| | P value | — | | |
| Coronavirus anxiety Scale | Pearson's r | -0.613 | — | |
| | df | 98 | — | |
| | P value | 1.000 | — | |
| Fear of Coronavirus-19 Scale | Pearson's r | 0.169* | -0.102 | — |
| | df | 98 | 98 | — |
| | P value | 0.047 | 0.844 | — |
| Cope Inventory | Pearson's r | 0.110 | -0.145 | 0.083 |
| | df | 98 | 98 | 98 |
| | P value | 0.138 | 0.925 | 0.205 |

Note: *p<0.05.

Textual highlights to include in the results narrative for Table 3.

Key finding 1

There is a strong, statistically significant negative association between coronavirus anxiety (CAS) and perceived general health (GHQ): (r=-0.613), (p<0.001). Higher COVID-19-specific anxiety is linked to poorer perceived health.

Key finding 2

Fear of COVID-19 (FCV-19S) shows a small but statistically significant positive correlation with GHQ: (r=0.169), (p=0.047). This suggests a nuanced relationship where greater fear is modestly associated with worse general health.

Key finding 3

Coping (Cope) does not show significant linear associations with GHQ, CAS or FCV-19S (all p-values>0.05), indicating no clear linear relationship between overall coping style and these psychological variables in this sample.

Key finding 4

The interrelations among CAS, FCV-19S and Cope are weak and non-significant, implying that in this sample,

these constructs operate relatively independently with respect to their direct pairwise relationships beyond their link to GHQ.

Subsection: Important notes for reporting

All results are derived from N=100 physicians in the sample. Significance level is typically set at p<0.05; the CAS-GHQ relationship remains highly significant (p<0.001), while FCV-19S-GHQ is narrowly significant (p=0.047). If plan to present demographic subgroup analyses, ensure tables show in, mean (SD) for each subgroup and test comparisons (e.g., t-tests or ANOVA) with corresponding p values.

DISCUSSION

The current research sought to investigate the interrelations between psychological variables namely, COVID-19 anxiety, COVID-19 fear, overall health and coping strategies among medical workers in Delhi NCR during the outbreak. The data analysis from 100 doctors provides important information about how these variables interact and affect healthcare workers' mental health. The results show a substantial and significant negative correlation between anxiety of coronavirus and overall health (r=-0.613, p<0.05), consistent with earlier studies on mental well-being during pandemics.

The -0.613 correlation indicates a large inverse relationship, meaning that greater coronavirus-related

anxiety is linked to worse ratings of health among physicians. This result is in agreement with previous research, which has indicated that high anxiety levels among healthcare professionals result in physical symptoms of fatigue, sleep issues and somatic complaints, as well as psychological distress.⁹ Lai et al noted that high anxiety scores were associated with higher reports of burnout, emotional exhaustion and reduced overall well-being among front-line workers during COVID-19. Likewise, reported that anxiety symptoms were common among healthcare workers, frequently accompanied by sleep disturbance, somatic symptoms and compromised immunity, impacting their health status.¹⁰

The high correlation strength underscores the imperative to prioritize mental health interventions focusing on anxiety reduction in healthcare facilities. The intensified workload, emotional distress caused by patient suffering and anxiety about personal and family infection are the contributing factors to these higher levels of anxiety.¹¹ The intervention strategies that have been proven to be effective include cognitive-behavioral therapy (CBT), mindfulness-based stress reduction (MBSR) and active mental health interventions that have shown efficacy in reducing anxiety and enhancing health perceptions in healthcare professionals.¹² For example, a longitudinal intervention study conducted in Spain published that mindfulness training decreased anxiety and enhanced well-being among health professionals at the time of COVID-19.

The correlation of 0.169 between fear of COVID-19 and general health, which is statistically significant ($p=0.047$), suggests a modest positive relationship, indicating that increased fear may sometimes relate to perceptions of maintaining safety or health vigilance. This is interesting because, unlike anxiety, fear can have a dual role serving as a motivator for protective behaviours but also potentially leading to hypervigilance, chronic stress and psychological distress reported that moderate fear would encourage compliance with safety measures but, when high, it is associated with increased stress levels as well as psychological maladjustment.¹³

In the Indian health care system, these results hold importance since cultural and institutional variables affect the presentation of fear and impact health behaviour. Most healthcare professionals experienced increased fear of infection or infecting family members, resulting in stress and prudent health practices.¹⁴ The double-edged nature of fear as a safety motivator but also a source of stress should be well managed using psychoeducational interventions and supportive organizational practices that help provide correct information and emotional coping mechanisms to avoid excessive fear from detriminding mental health.

Other coping mechanisms came into play, including reducing the negative effects of unprofessional messages on platforms like WhatsApp, using virtual or tele-counselling through Zoom, Microsoft Teams or Google

Meet and doing activities like exercise, breathing exercises, yoga or hobbies to manage stress.¹⁵ With increasing cases reported in various regions of the country, most were associated with a travel history. The virus rapidly spread throughout India and globally and the World Health Organization (WHO) announced COVID-19 as a pandemic on 11 March 2020. The crisis was not just health-related; it affected all sectors and individuals, requiring everyone's efforts to fight the pandemic.⁹ The coping inventory's correlation with other variables is indicated to be a non-significant weak correlation with general health ($r=0.110$), anxiety ($r=-0.145$) and fear ($r=0.083$). This means that, in this sample, coping mechanisms didn't show a simple linear effect on perceptions of health or emotional experience, in contrast to previous research, which highlight the importance of adaptive coping styles like problem-solving, social support and mindfulness in mitigating stress.¹⁰

One potential reason for this poor relationship is that the measured coping strategies were not specific or potent enough to have direct impact on states of health and emotions within this sample. Additionally, coping strategies tend to be situation-specific; effective in one healthcare or cultural environment, but not another. It also needs to be considered that coping effectiveness relies on individual differences, such as personality factors, resilience and organizational support.¹⁶ For example, research by 9 reported that resilience was shown to mediate the relationship between stress and health outcomes in medical staff and that it could be more significant.

Apart from the relevant findings that have been garnered through this research, some limitations are to be recognized. The first is the cross-sectional approach, which limits causality between variables; whereas correlations do appear, it cannot be said whether increased anxiety leads to worsening health or other way around. Longitudinal research is required to see how these correlations change at various stages of the pandemic or post-pandemic recovery. Second, the sample size, while appropriate for correlation analyses, is still only 100 participants and might not adequately capture the varied experiences of healthcare workers in Delhi NCR or other areas. A bigger representative sample might improve the generalizability of the results.

Third, the reliance on self-report questionnaires introduces potential biases, including social desirability bias and response bias, particularly among healthcare professionals who might underreport stress or mental health issues due to stigma or professional concerns. It is also important to recognize that psychological measures like anxiety, fear and coping strategies are complex constructs that may require multi-method assessments, including qualitative interviews or physiological measures, for deeper understanding. In addition, contextual factors like organizational support, workload, individual resilience and cultural influences were not directly examined but

have significant roles to play in determining mental health outcomes. Future research must include these variables to present a fuller picture.

Lastly, the focus of the research on a particular population in Delhi NCR restricts the generalizability to regional variables and healthcare system factors that could be different elsewhere nationally or internationally. Due to the dynamic and changing nature of the pandemic, continued research is warranted to track change over time, assess intervention efficacy and find best practices for safeguarding healthcare workers' mental health in existing and future health crises.

CONCLUSION

The results of the current study highlight the considerable influence that COVID-19 associated psychological distress, specifically anxiety, exerts on healthcare professionals' perceptions of their health in Delhi NCR. The high negative association between coronavirus anxiety and overall health confirms what earlier research has proven to be true that higher anxiety levels negatively impact physical and mental well-being. This association highlights the critical importance of healthcare systems and policymakers to institute evidence-based mental health support systems, including counselling, mindfulness training and resilience-fostering programs, that are specifically designed to alleviate anxiety among healthcare workers.

In addition, whereas COVID-19 fear also demonstrated a small but significant positive correlation with overall health, indicating that some fear may instigate protective measures, extreme fear translates to stress and emotional exhaustion, compromising overall well-being. The double role underscores the importance of well-balanced psychoeducational interventions that promote healthy vigilance without promoting Anxiety and stress. Notably, coping mechanisms did not have a linear association with health, suggesting that the efficacy of coping mechanisms is determined by resilience, contextual and perhaps the health of support systems. Earlier research by 17 emphasizes developing adaptive coping abilities and resilience, particularly within pandemic situations where healthcare remains a high-stress setting. Thus, mental health interventions specifically aimed at improving resilience, effective coping and anxiety management are critical to protect the welfare of healthcare professionals against recurring health emergencies.

In summary, the current research evidently demonstrates that psychological health has a strong interconnection with physical health in physicians battling COVID-19 in Delhi NCR. Treating pandemic worry through focused psychological treatment not just supports their overall well-being but can also help enhance healthcare delivery outcomes. As the international health community remains to battle waves of pandemics and impending health crises, systemic mental health care, stress management

interventions and policy become integral parts of healthcare readiness and response.

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