

Comparing resilience in female and male health care providers

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After experiencing a major stressor, women are more likely than men to report signs of anxiety or other symptoms of distress. This has led some to conclude that women may be less psychologically resilient than men.

However, as shown by Women's Health Research at Yale investigators studying stress in health care providers on the front lines of COVID-19, gender differences in reported distress were not found when the presence of preexisting or concurrent stressors were taken into account.

In a paper published in December in *The Journal of Clinical Psychiatry*, lead researchers Dr. Sarah Lowe and Dr. Robert Pietrzak found that women's disproportionate employment in lower-status medical roles, higher levels of preexisting burnout, and greater pandemic-related work-life conflicts entirely accounted for higher levels of reported psychological [distress](#)—symptoms of depression, anxiety, and posttraumatic [stress](#).

"In examining reactions to major stressful experiences like the pandemic, it's important to know what actually contributes to distress—is it the major 'index' stress being studied or a combination of the index stress on top of ongoing stress?" Lowe said. "What we found was that women in general have greater ongoing life stress than men because of disparities in social position and psychosocial responsibilities, such as caretaking for loved ones. And this is what accounted for greater reports of distress for women than men."

In partnership with Mount Sinai Hospital in New York City, the researchers surveyed more than 2,500 [health care providers](#) at the hospital during the first wave of COVID-19 infections in 2020. Although women were more likely than men to report symptoms of psychological distress (42 percent vs. 30 percent), this difference was no longer significant after taking into account preexisting and concurrent stressors, which are more often experienced by women.

"Using a framework that accounts for a wide range of sociodemographic, health, lived experience, and psychosocial factors, we can more accurately understand how an individual responds to new

sources of stress and trauma, as well as how these responses may differ in women and men," Pietrzak said. "This information can help us better design and deploy personalized interventions to prevent and alleviate adverse mental health outcomes."

Additional authors on the study include WHRY Director Carolyn M. Mazure, Ph.D., Rachel Hennein of Yale, and Drs. Jordyn Feingold, Lauren Peccoraro, and Jonathan Ripp of Icahn School of Medicine at Mount Sinai.

Mount Sinai has already integrated lessons from their ongoing study of frontline health care providers into its Center for Stress, Resilience, and Personal Growth—a multi-disciplinary program designed to address the psychosocial effects of the pandemic and build resilience and [personal growth](#) in this population.

"Usually, translation of research findings into practical applications can take years or even decades," Pietrzak said. "This center was established in a matter of weeks and was directly informed by our team's findings."

The researchers are continuing to analyze data from the health care workers to study long-term mental [health](#) outcomes. They hope that this research will benefit women under stress by identifying preexisting and event-specific stressors that may influence [psychological distress](#) and resilience.

"If you are a woman who is struggling with symptoms related to the pandemic, it might help to know that a lot of it could be due to the additional burdens often placed on [women](#)," Lowe said. "You are not alone."

More information: Sarah R. Lowe et al, Are Women Less Psychologically Resilient Than Men? Background Stressors Underlying

Gender Differences in Reports of Stress-Related Psychological Sequelae, *The Journal of Clinical Psychiatry* (2021). [DOI: 10.4088/JCP.21br14098](#)

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