

More education, less stress are key to women's resilience after 80, finds study

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Having a four-year college degree and a low level of stress are strongly linked to psychological resilience in American women aged 80 and older, a new study suggests.

Researchers analyzed data from the Women's Health Initiative to identify factors that are associated with higher self-rated [resilience](#)—the ability to weather storms and rebound from setbacks—among almost 30,000 women with an average age of 84.

Other characteristics linked to higher resilience included stronger social support, higher self-rated health and a lower risk of depression than levels among women who reported lower resilience, results showed.

The findings point to interventions health practitioners could adopt to improve the [quality of life](#) for [older women](#) in their care, said lead author Jessica Krok-Schoen, assistant professor in [health sciences](#) in the School of Health and Rehabilitation Sciences at The Ohio State University.

"Yes, people are living longer, and that's great in terms of chronological age, but then there is the question: How are they doing?" Krok-Schoen said. "I think we often put [older adults](#) away in our minds and assume they're living in institutional settings, but 90% are aging in place—so what are some ways that we can connect and support older women who have a lot of life to share and who make many contributions to our society?"

The study was published recently in the *Journals of Gerontology Series B*.

The sample of 29,347 women was 91.4% white, 3.7% Black, 1.9% Hispanic and 1.7% Asian. Researchers set out to determine how race, ethnicity and neighborhood socioeconomic status affected resilience in women 80 and older, but found that many factors most strongly associated with a high level of resilience did not differ based on the women's race or ethnicity.

The analysis did find a difference in resilience scores based on

neighborhood socioeconomic status, with lower neighborhood socioeconomic status correlating with lower resilience scores. Almost half of the participants lived in an area with moderate [socioeconomic status](#).

Resilience was measured based on participants' level of agreement or disagreement with three statements: "I tend to bounce back quickly after hard times," "It does not take me long to recover from a stressful event" and "I have a hard time making it through stressful events."

The analysis looked for associations between resilience scores and numerous variables that included [demographic data](#), depression and stress, independent engagement in daily living activities, spirituality, social support, significant life events, major illnesses, and lifestyle and diet assessments.

The overall average resilience score was 3.96 out of 5. Though associations between resilience level and many variables were found, there were clear standouts, Krok-Schoen said.

Higher education and lower perceived stress were consistently linked to higher resilience among the women across race, ethnicity and socioeconomic groups. On the other end of the spectrum, increased likelihood of depression was significantly linked to lower resilience for most older women.

Higher social support also rose to the top of the factors closely linked with higher resilience for most women.

"This is about having people around you, but it's not just the number—this involved a measure of the quality of relationships," Krok-Schoen said.

Higher self-rated health and fewer physical symptoms were also major correlates with higher resilience.

Krok-Schoen noted that the analysis captured data at a [single point](#) in time, so there is a chicken-or-egg situation at play: Do these older women feel less stressed, depressed or burdened by ailments as a function of their resilience, or does lower stress, depression and physical pain contribute to a stronger sense of being resilient?

A few factors consistently linked to higher resilience were found only among the women living in moderate neighborhood socioeconomic conditions. These included living alone and spirituality.

One characteristic showing no correlation with resilience was having experienced significant life events, such as deaths of loved ones, major accidents or disasters, physical and verbal abuse, or job losses.

"We thought there would be something there: either a high number of experiences would be linked to low resilience, or that women who had been knocked down by life would say, 'I'm still here, I'm still kicking it,'" Krok-Schoen said. "It would be interesting to take a look at this among younger populations—is 'time heals all wounds' operationalized here?"

She also said resilience is not something we either have or we don't, but that it is a process related to adapting, and it fluctuates.

By understanding what older women say about their own resilience, Krok-Schoen said, experts could develop interventions for this population designed to foster [social support](#), manage stress, reduce depressive symptoms and encourage physical activity.

"As we age, all of these deficits are accumulating, but at the same time you have this wealth of experience," she said. "Older adults are faring

pretty well, but these data show us the main factors that support [psychological resilience](#) among this group. Let's see if we can make improvements."

More information: Jessica L Krok-Schoen et al, Resiliency among Women's Health Initiative women aged 80 and older by race, ethnicity, and neighborhood socioeconomic status, *The Journals of Gerontology: Series B* (2023). [DOI: 10.1093/geronb/gbad048](https://doi.org/10.1093/geronb/gbad048)

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