Stress and Coping in Women of Color
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Introduction
Stress and coping research has identified stress and lack of coping mechanisms as contributors to the onset of chronic disease, as well as contributing to a low quality of life among women of color in comparison to their Caucasian counterparts (Mays, Yancey, Cochran, Weber, & Felding, 2002; Andrews, Felton, Wewers, & Heath, 2004).

The research examining health disparities in African American women, a subset of women of color, have found that African American women do not have the effective skills to cope with stress, which may contribute to the onset of disease (Donovan & West, 2014; Woods-Giscombé, 2010; Mullings, 2005).

Understanding how stress and coping impacts the lives of women of color is paramount in order to address and/or eliminate health disparities among women of color.

This study, will explore perceived stress, coping, and health outcomes among women of color aged 18–25 years. By using a modified version of the Perceived Stress Scale (PSS), this study will explore to what extent are women of color aware of the stress in their daily lives, and how they mitigate the effects of stress.

Methods
Research questions:
1. How do women of color perceive stress and their self-reported stress levels?
2. What coping mechanisms/behaviors are employed by women of color ages 18-25?
3. Do the social determinants of health mediate coping behaviors and health outcomes among women of color?

Assessment Tool:
The Perceived Stress Scale (PSS) (Cohen, 1984) is a ten-item questionnaire that measures the perception of stress specifically the degree to which situations are appraised as stressful. Stress levels are determined by totaling the responses (see Table 1).

Additional items were added to identify their positive and negative stress management behaviors (see Table 2).

Procedure:
The protocol and instruments were reviewed by the UNLV—IRB and declared an exempt research study.

Recruitment / Participation
Participants: Women of Color Age 18–25 years.
Participants were recruited during a two week period at UNLV.
Distribution:
Qualtrics System utilized to collect data.
Survey electronically distributed utilizing social media and email.
All responses were anonymous.

Analysis:
The statistical analysis utilized Microsoft Excel 2011 Version.
Descriptive statistics utilized.

Results:
58 participants that met the survey criteria completed the survey (see Figure 1 and Table 3).

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Table 2
Additional Items added to PSS

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>High (N=29)</th>
<th>Moderate (N=20)</th>
<th>Low (N=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores on PSS</td>
<td>25% (N=7)</td>
<td>23% (N=46)</td>
<td>17% (N=3)</td>
</tr>
<tr>
<td>Stress Level</td>
<td>25% (N=4)</td>
<td>23% (N=28)</td>
<td>25% (N=4)</td>
</tr>
<tr>
<td>Low</td>
<td>17% (N=9)</td>
<td>21% (N=5)</td>
<td>17% (N=9)</td>
</tr>
<tr>
<td>Low</td>
<td>17% (N=9)</td>
<td>22% (N=2)</td>
<td>11% (N=6)</td>
</tr>
</tbody>
</table>

Conclusion
Findings:
1. Women with moderate to high levels of stress report lower coping mechanisms (see Table 3).
2. Women with low levels of stress report more adapted stress and coping mechanisms (see Table 3).
3. When just looking at eating and sleeping habits the majority of women reported using eating as a form of relaxation (see Table 4).
4. Women also reported that they had trouble sleeping sometimes, fairly often, or always.
5. BMI did not appear to be an indicator of stress.

Limitations:
1. Two-week time frame to recruit participants, which did not allow us to get a representative sample size.
2. Recall bias as a result of self report data collection.
3. Because of the anonymous nature of data collection participants could have completed the survey multiple times.
4. Last, the time of year in which we conducted the study the survey was distributed within the first few weeks of school which is associated with greater stress levels.

References

Table 1
Scores on PSS

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>22</td>
</tr>
<tr>
<td>Moderate</td>
<td>13-19</td>
</tr>
<tr>
<td>Low</td>
<td>≤12</td>
</tr>
</tbody>
</table>

Table 3
Demographics

<table>
<thead>
<tr>
<th>Ethnicity/ Race:</th>
<th>African American: 19% (N=10)</th>
<th>Hispanic/Latina: 56% (N=33)</th>
<th>Asian/ Pacific Islander: 14% (N=8)</th>
<th>Native American/ American Indian: 3% (N=2)</th>
<th>Other: 8% (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation:</td>
<td>Bisexual: 75% (N=40)</td>
<td>Lesbian: 25% (N=1)</td>
<td>Heterosexual: 88% (N=51)</td>
<td>Other: 3% (N=2)</td>
<td></td>
</tr>
<tr>
<td>Relationship Status:</td>
<td>Single: 45% (N=28)</td>
<td>Dating: 19% (N=11)</td>
<td>Long-term: 29% (N=17)</td>
<td>Married: 8% (N=4)</td>
<td></td>
</tr>
<tr>
<td>BMI:</td>
<td>Underweight: 3% (N=2)</td>
<td>Normal: 48% (N=28)</td>
<td>Overweight: 16% (N=9)</td>
<td>Obese: 33% (N=19)</td>
<td></td>
</tr>
</tbody>
</table>