



Perceived Stress and Ways of Coping in African, African American, and Afro-Caribbean College Students

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Background

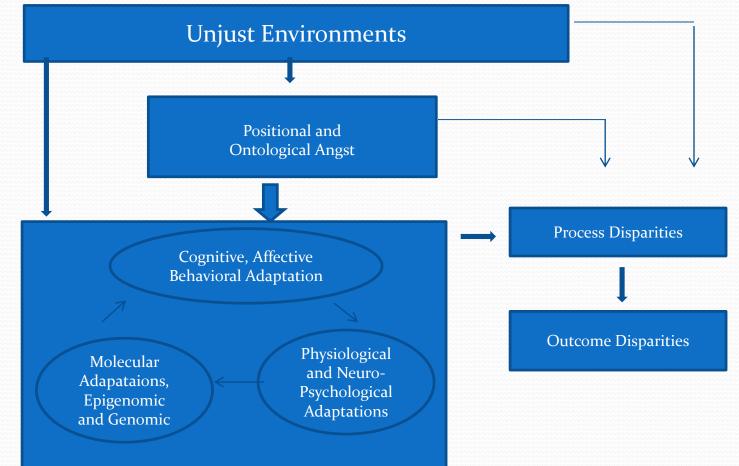
- Currently, there are limited studies that have examined the presentation of perceived stress in sub-groups of Black individuals (i.e., African, African American, and Afro-Caribbean) living in the United States (Moodley, 2000; Hall, 1999).
- Studies often group the three groups together as "Black/African Americans" drawing on Western ideology to diagnose or treat these individuals.
- Few studies have distinguished possible differences in the perception of stress or use of coping strategies within individuals of African descent: African, African American, and Afro-Caribbean.

Purpose

• Using the Normative Theory (Taylor, Doswell, Braxter, & Tull, 2012), the purpose of this study was to investigate the possible differences in perceived stress and coping styles utilized within three ethnic groups among 18-22 year old individuals attending a western Pennsylvania university:

African immigrant (AI) African American (AA) Afro Caribbean immigrant (ACI)

Normative Theory (Taylor, Doswell, Braxter, & Tull, 2012)





• Descriptive using a between-group design.

• Groups comprised of African, African-American, and Afro-Caribbean young adults.

Sample

• Self-identified African, African-American, and Afro-Caribbean college age students.

• Ages of the students between 18 and 22 years.

Protocol

• Following receipt of IRB approval, students were recruited using flyers and other video advertisements.

• Participants were contacted by email and provided a time and date to meet to complete the on-line survey.

• Upon completion of the survey, participants received a \$25 gift card.

Instruments

- Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) Ten items; 5-point Likert Scale "Never"(o) to "Very Often" (4)
- Exemplar item : In the last month, how often have you been upset because of something that happened unexpectedly?
- Normed mean for African Americans 14.7 (S.D. 7.2); other minority 14.1 (S.D. 5.0).

Instruments (contd.)

- COPE Inventory (Carver, Scheier, & Weintraub, 1989) Sixty items; 4-point scale "I usually don't do this at all" (1) "I usually do this a lot" (4)
- Five scales conceptually assess problem-focused coping (e.g., active coping, planning); five scales examine emotion-focused coping (e.g., positive reinterpretation, denial); and three scales measure less useful strategies (e.g., behavioral disengagement, mental disengagement).
- Exemplar item: *I take additional action to try to get rid of the problem*. (Active coping)

Demographics n=57

		n	%
Gender	Female	38	66.7
	Male	19	33·3
Ethnicity	African	11	19.3
	African American	27	47.4
	Afro Caribbean	16	28.1
Birth place* *Missing data	Outside of US-Yes	8	14.0
	Outside of US-No	13	22.8

Demographics (contd.) n=57

		n	%	
Age (yrs.)	18	8	14.0	
	19	12	21.1	
	20	16	28.1	
	21	10	17.5	
	22	8	14.0	
	23	3	5.3	

Perceived Stress Score

Ethnicity	n	Mean (S.D.)
African	18	21.3 (5.7)
African American	25	20.1 (7.0)
Afro-Caribbean	12	24.6 (4.2)

Perceived Stress Score (contd.)

 Approximately 99% of the Afro-Caribbean college age students had high stress scores compared to respectively 90% of African and 72% of African American counterparts.

Coping Strategies

- The most prevalent coping strategies used by the African college age students were: active coping, positive reinforcement, and religious strategies.
- African American students endorsed active coping, positive reinforcement, and acceptance.

• Afro-Caribbean students styles of coping mirrored that of the African American students.

Conclusion

- The findings from this pilot suggest that the three ethnic groups are not homogeneous.
- Treatment strategies targeting perceived stress, and coping styles need to be tailored for each ethnic group.

Next Steps

• Assess the health concerns specifically of the Afro-Caribbean students given the high stress level.

• Examine the manner in which each ethnic group employs the different styles of coping.

• Explore what each group wants from health interventions targeting stress and which interventions are viewed as useful or not useful.

References

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