

Stress and burnout during the COVID-19 pandemic

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Introduction

Background

- According to Wang et al. (2020) research shows that women are more largely responsible for childcare, domestic responsibilities and therefore experienced more stress during COVID-19. In countries like China, Spain, Italy, Iran, US, Turkey, Nepal and Denmark, the rates of symptoms of anxiety, depression, post traumatic stress disorder, psychological distress and stress of the general population were at an all time high (Xiong et al., 2020).
- Similarly, with increased job demands during the pandemic, burnout is significantly more prevalent within women due to added burden of work, childcare, elderly care, and traditional gender roles. (Russell et al., 2020).
- Research has suggested that some professions may be at higher risk of burnout during the pandemic due to overload and new work restrictions and challenges, yet others experienced un- and under-employment (Joshi & Sharma, 2020; Kaur et al. 2020).

Hypotheses

We predicted that:

- Participants would report stress and burnout during the pandemic
- Women would report higher stress and burnout than men
- Participants who were currently employed would report higher stress and burnout than those who are not employed or retired

Methods

Participants

- A random sample of 277 adults living in Minnesota (51% women; 75% white; age M = 48.39, SD = 17.90 years)
- 6% response rate
- 80% cooperation rate
- 6.1% margin of error (at 95% confidence level)

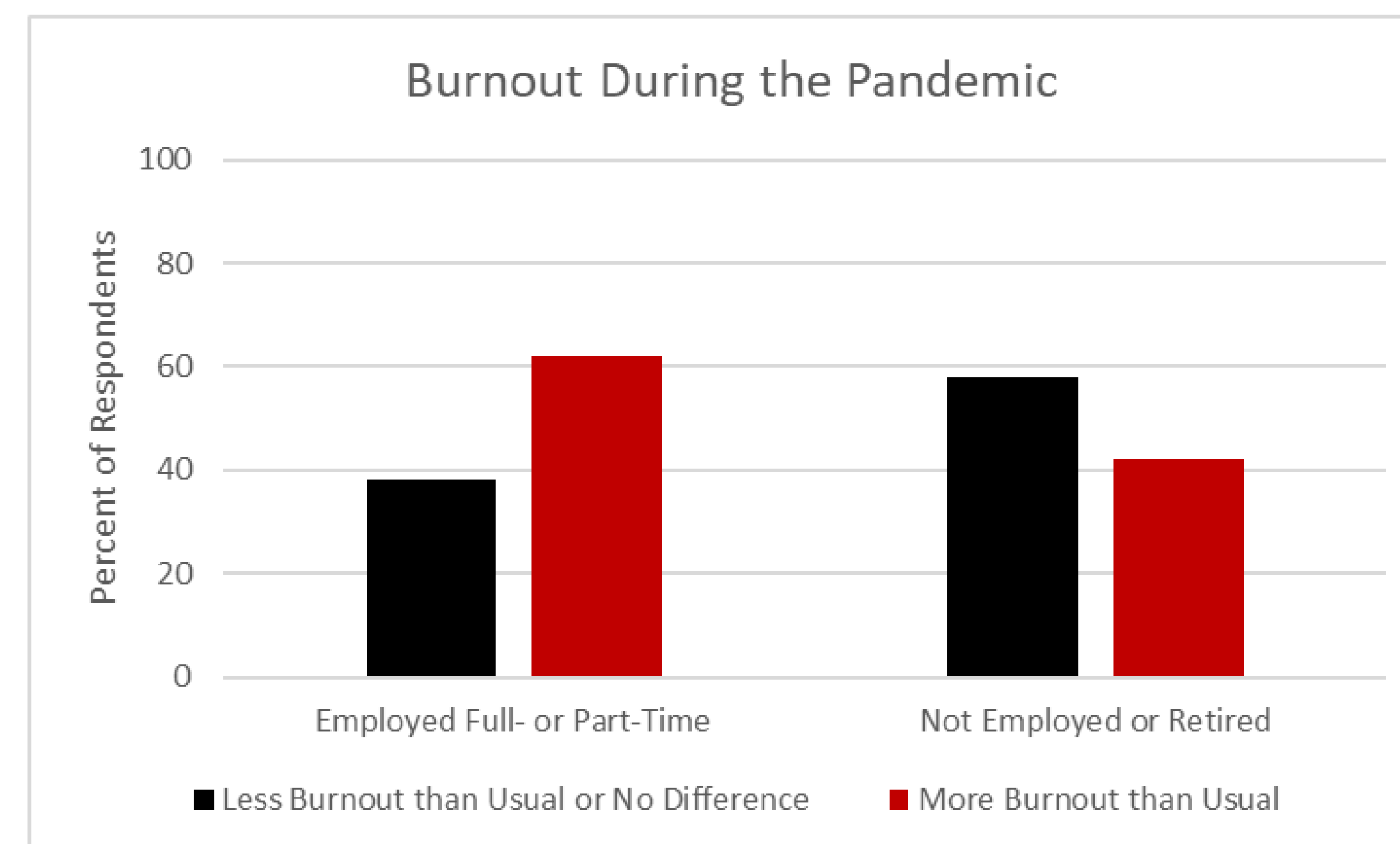
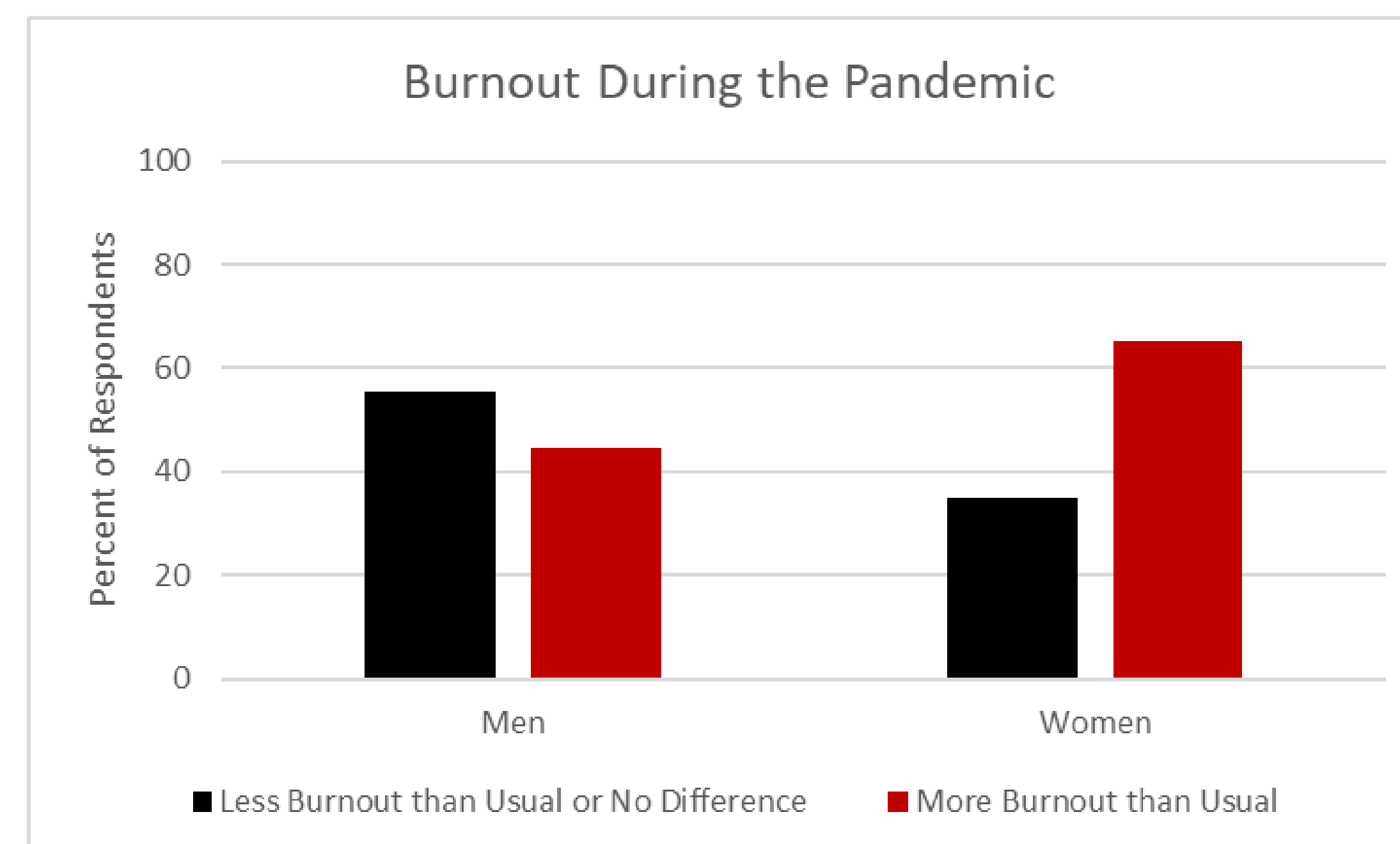
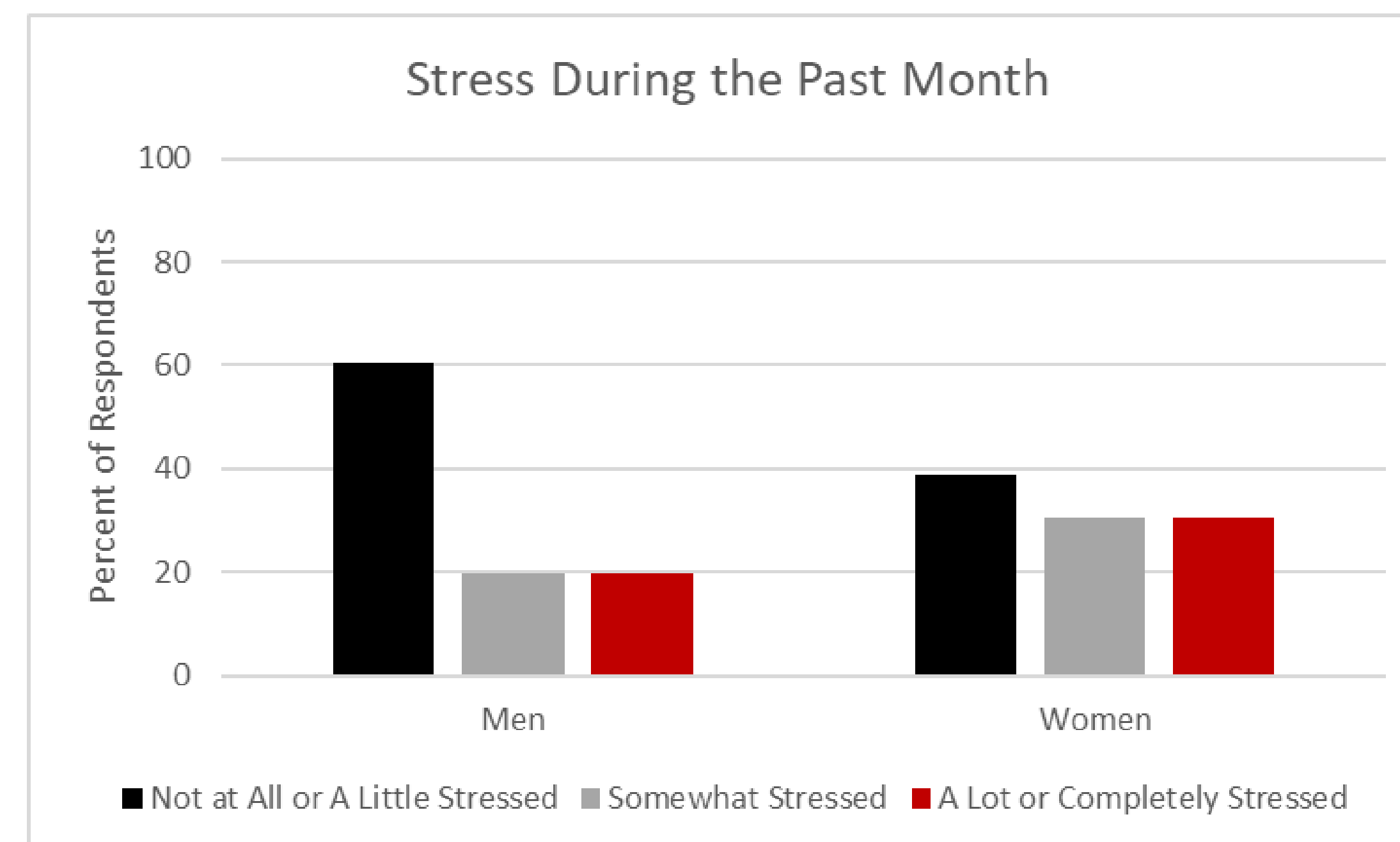
Method

- A list of telephone numbers with Minnesota area codes was generated via random digit dialing (Dynata, Inc)
- Data was collected October 11-30, 2021
- Participants completed a telephone survey about political and social issues that lasted approximately 15 minutes
- Student callers were trained to minimize bias during interviews

Data preparation and analysis

- Data was weighted on age to better match the adult population of Minnesota
- Frequencies and chi-square analyses were used to analyze data

Results



Results (cont.)

Stress over the past month

- Approximately 25% of participants reported that they were a lot or completely stressed in the past month, 25% were somewhat stressed, and 50% were a little or not at all stressed.
- There was a significant association between gender and stress, chi-square = 12.94, $p < .01$. Women were more likely than men to report that they were somewhat, a lot, or completely stressed.
- Employment status was not significantly associated with stress, chi-square = 3.66, $p = .16$.

Burnout during the pandemic

- Approximately 55% of participants said that they experienced more burnout than usual during the pandemic, and 45% reported less burnout than usual or no burnout.
- There was a significant association between gender and burnout, chi-square = 11.65, $p < .01$. Burnout was high, and women were more likely than men to report more burnout than usual.
- There was also a significant association between employment status and burnout, chi-square = 8.63, $p < .01$. Participants who were employed were more likely to report burnout than those who were not employed or retired.

Conclusions

Implications

- These findings highlight that many people are experiencing stress and burnout during the pandemic, and that these feelings are more likely for women.
- Burnout, but not stress, was more common for people who are employed, suggesting that the pandemic may be having prolonged effects on workers.

Future directions

- Social support is an important factor to reduce stress and burnout experienced due to gender disparities.
- Organizational support in terms of flexibility in location and time could help mitigate the effects of burnout in employees.

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Social isolation, religious affiliation, and mental health in adult Minnesotans

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Introduction

Background

- Social isolation involves an individuals' social network (i.e., quantity, quality, and structure) and their appraisal of relationships (Wang et al., 2017).
- Social isolation has been associated with an increase in mortality (Pantell et al., 2013) and a vulnerability for various mental-health issues (e.g., depression, anxiety, PTSD, etc.; Achterbergh et al., 2020; Ma et al., 2020).
- Religious affiliation often involves greater social involvement, while simultaneously being associated with an increase in a sense of belonging (Rote, Hill, & Ellison, 2013), and a decrease in negative emotions (Rosemarin, Pargament, & Mahoney, 2009).

Hypotheses

- We predicted that participants would be at a higher risk for social isolation during the COVID-19 pandemic than was observed in a previous survey before the pandemic.
- We predicted that participants who were at risk for social isolation would self-report more diagnosable mental health conditions.
- We predicted that participants who were affiliated with a religion would be at lower risk for social isolation.

Methods

Participants

- A random sample of 277 adults living in Minnesota (51% women; 75% white; age M = 48.39, SD = 17.90 years)
- 6% response rate
- 80% cooperation rate
- 6.1% margin of error (at 95% confidence level)

Method

- A list of telephone numbers with Minnesota area codes was generated via random digit dialing (Dynata, Inc)
- Data was collected October 11-30, 2021
- Participants completed a telephone survey about political and social issues that lasted approximately 15 minutes
- Student callers were trained to minimize bias during interviews

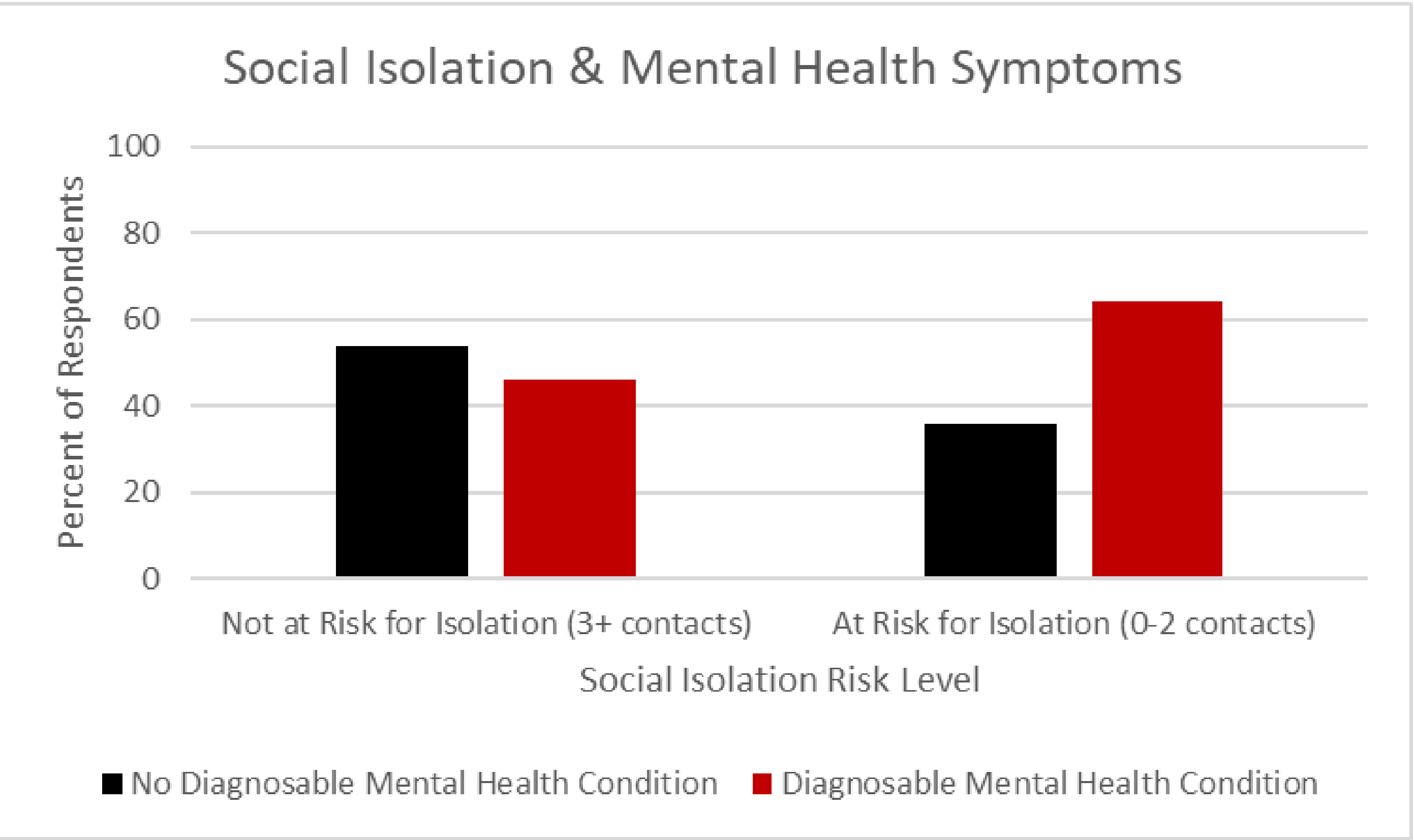
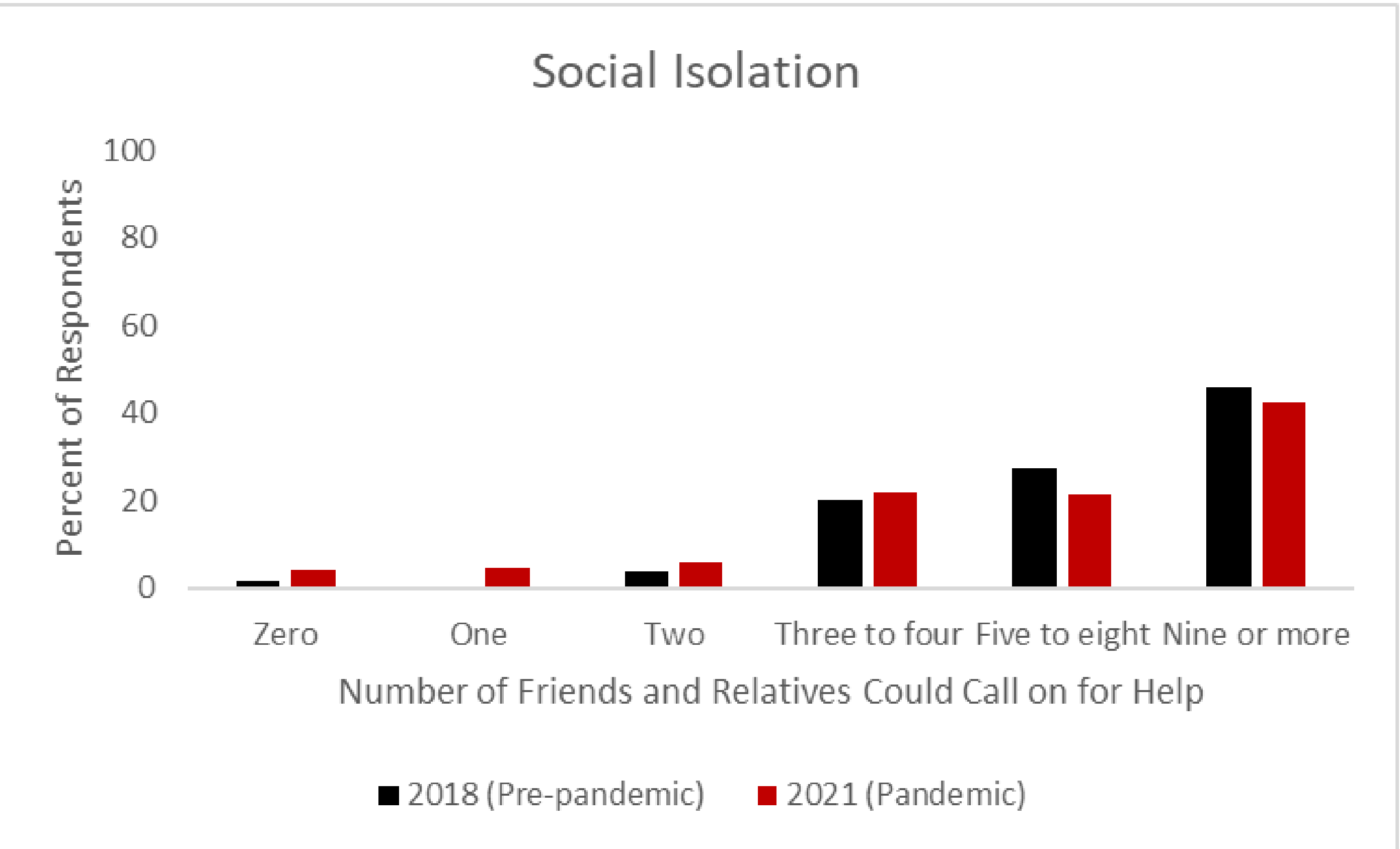
Data Preparation and Analysis

- Data was weighted on age to better match the adult population of Minnesota
- Frequencies and chi-square analyses were used to analyze data

Results

Descriptive Statistics

- 14% of participants were at risk for social isolation (they had two or fewer people they could call on for help).
- 49% of participants indicated they have or ever had a diagnosable mental health condition.
- 75% of participants indicated a religious affiliation, with the most common denominations being Roman Catholic (24%), Mainline Protestant (24%), Evangelical Protestant (14%), or some other religion (14%).



Results (cont.)

Hypothesis Testing

- As predicted, there was a significant difference in risk for social isolation before and during the COVID-19 pandemic, chi-square = 6.23, $p = .01$.
 - A higher percentage of participants were at risk for isolation during the pandemic (14%) than before the pandemic (9%).
- As predicted, there was a significant relationship between risk for social isolation and mental health, chi-square = 4.33, $p = .04$.
 - Participants who were at risk for social isolation were more likely to self-report a diagnosable mental health condition than those with more social connections.
- There was not a significant relationship between social isolation and religious affiliation, chi-square = .18, $p = .67$.

Conclusions

Implications

- Findings illustrate a potential increase in social isolation during the COVID-19 pandemic.
- Results highlight how important social connections are to personal well-being and perceptions of mental health. Interventions that foster social connection and mental health may be especially important during the ongoing pandemic.
- Religious affiliation was not associated with risk for social isolation.

Future Directions

- Our religion item was limited; we asked participants about religious affiliation. We plan to add another item to future surveys to address religious participation.

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