Sex Differences in Work Stress

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Sex Differences in Work Stress

TODD D. JICK
LINDA F. MITZ
York University, Ontario

This paper reviews the empirical evidence of sex differences in stress dynamics and proposes a framework for examining the sources of these differences. Nineteen studies indicate that women tend to report higher rates of psychological distress and that men are more prone to severe physical illness. Explanations for these findings are posited and reviewed. They indicate gaps, ambiguities, and inconsistencies in the existing research. An agenda for future research is suggested.

Research on sex differences in both the psychological literature (Deaux, 1984; Maccoby & Jacklin, 1974) and the management literature (Donnell & Hall, 1980; Powell, 1982) has been conspicuous for its frequent inability to account for very much variance through gender. Yet, intuitively and empirically, some differences between men and women have indeed been observed, and researchers continue to explore the utility of research on sex differences in various areas. One such area, albeit an emerging one, concerns the effects of sex differences on the experience of work stress. Given the general concern with gender issues in the workplace and the recent attention to understanding stress (especially managerial stress), it is useful to review and integrate the accumulated evidence of the relationship between gender and stress and to offer directions for further study. In so doing, this paper seeks to link the organizational literature with some of the psychological literature on sex differences and with the health literature.

Thus far, only modest attention has been given to the role of sex as a moderator of stressor-strain relationships (Black, Crabbs, & Morton, 1983; Brief, Schuler, & Van Sell, 1981; Cooper & Davidson, 1982; Haw, 1982; Karasek, Lindell, & Gardell, 1981; Pines & Kafry, 1981; Tung, 1980; Van Sell, 1980). It has been well recognized, however, that individual differences in general perform an important moderating function on the impact of stress. Research has examined how individual variations in abilities, values, occupational level, and personality characteristics affect the magnitude of experienced stress (Caplan, Cobb, French, Harrison, & Pineau, 1975), and some models of stress do identify gender as a critical personal or demographic characteristic that influences the nature of an individual’s stress experience (Jick & Payne, 1980; Quick & Quick, 1984). Generally it is posited that individuals respond differently to various stressors as a function of roles determined partly on the basis of their gender (Ivanovich & Matteson, 1980). Sex-role related differences might be found, for example, in achievement motivation, task and communication skills, and career salience (Van Sell, 1980).

It is crucial to note, however, that sex and sex-role are not necessarily equivalent. The former is determined biologically, and the latter is a function of an individual’s sex-role identity, which may or may not be sex-typed or stereotypic (Powell, 1982). Indeed, Deaux’s (1984) excellent review of the general literature on sex differences concluded that the amount of variance accounted for by main effects of sex is quite small and that the sex-role research on masculinity, femininity, and androgyny (Spence, 1979) appears to be a more fruitful approach. But Deaux argued further that the most promising avenue for future research would be to examine sex as a social category in terms of how men and women think

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Reprint requests should be sent to Todd D. Jick, Harvard Business School, Soldiers Field Road, Boston, MA 02163.
they differ. Sex and gender researchers currently are debating the relative merits of these approaches (Gore & Mauglione, 1983).

Conceptually, however, the role of sex differences in stress dynamics has been neither very clearly specified nor adequately researched. Typically, the implicit approach has been the traditional—albeit recently criticized—one of considering sex as a subject variable. For example, Van Sell’s (1980) model of the coping process for women indicated the effects of sex on sources of stress for women. But Beehr and Schuler (1980) noted in their review of stress research that gender may be viewed either as a moderator between stressor and stress responses or as a direct predictor of stressors, stress symptoms, and/or of coping responses. Thus an individual difference factor such as gender may indeed influence the stress process at different points in different ways—not only as a direct predictor of the source of stress but also as a moderator affecting how stress is perceived, what coping skills are called upon, and how stress is manifest.

In order to untangle this process and understand the mechanisms by which gender can affect stress dynamics, a rudimentary model of the stress process is presented here—a model based on McGrath (1976)—and what is known about how sex differences might influence each of the components is reviewed. As shown in Figure 1, the stress process begins with situations, events, or other sources of stress (stressors) which are interpreted and evaluated with respect to what is at stake (cognitive appraisal or felt stress). An individual will then try to cope with or alter the stress-provoking conditions (coping behavior) in order to mitigate the manifestation or psychological, behavioral, or physiological strain symptoms. The conceptualization of sex differences here suggests that men and women are likely to be exposed to different stressors, and that the relationships between stressors and appraisal, appraisal and coping, and coping and strain symptoms may be moderated by gender. It is still difficult, however, to offer a priori hypotheses as to the role of sex differences. The literature is explored for patterns, and researchable hypotheses are built accordingly.

Unfortunately, as noted by Beehr and Schuler (1980), there is still relatively little empirical evidence regarding whether and how sex differences affect stress symptoms. Few studies have investigated the role of sex differences in stress dynamics. This is attributable largely to sampling problems. Most organizational samples of workers at the same level are either heavily male or heavily female and thus do not lend themselves to meaningful comparisons (Isaizel, 1979). That is, although women represent over 40 percent of the working population, most of them hold clerical and service jobs. Conversely, despite the increasingly visible presence of women in professional and managerial positions, management remains male-dominated. Thus, many population samples have been statistically unsuited to the investigation of sex differences, and most studies of managerial stress have grouped men and women together (Kiev & Kohn, 1979).

Given these gaps in the organizational literature, the best existing data regarding sex differences comes from large scale studies of representative adult populations (nation-wide, community-wide, or union-wide) focusing on mental and/or physical well-being. These cross-sectional studies form the largest portion of the present review; they indicate broad patterns that can be tested on organizational samples such as managerial trainees or recruits in which both sexes are equally represented. Specifically, empirical evidence on the following questions is examined:

1. Do women manifest different stress symptoms from men?
2. Are men and women subject to different stressors?
3. Do women appraise and cope with stress differently from men?

**Gender Differences in Selected Stress Symptoms**

If individuals are subject to stressors partly as a function of their gender, sex might be expected to be associated with differences in strain symptoms. The two most popular stereotypes, however, suggest conflicting conclusions about the existence and strength of strain symptom differences. On the one hand, men are reputed to be more distressed than women because of several “male” factors: role overload in promoting and maintaining their image as successful achievers and providers; excessive pressure and conflict
from attempts to exercise leadership, and career goal discrepancy when a man fails to progress as rapidly as expected (Ivanchevich & Matteson, 1980). On the other hand, the image of the working woman struggling to carry both a job and a family suggests that women are more likely to exhibit signs of distress (Bhaghat & Chassie, 1981). In addition, because the impact of the stressors can be influenced by sex differences in cognitive appraisal and coping mechanisms (see Figure 1), it is extremely difficult to predict the exact nature and magnitude of differences in strain symptoms.

Table 1 presents a summary of 19 studies that have investigated sex differences in stress symptoms. Two studies (Matheny & Cupp, 1983; Weinstein & Zappert, 1980) employed samples of MBA students and managers, but the other studies used either representative samples of working adults (Cohen, 1976; Cooper & Davidson, 1982; Haynes & Feinleib, 1980; Karasek et al., 1981) or of the population at large (all others reviewed). Some of the studies investigated symptoms of psychological and emotional distress such as tension, anxiety, perceived dissatisfaction and depression; other studies examined physical and behavioral symptoms such as headaches, coronary heart disease, alcohol use, and in the most extreme case, suicide.

The results suggest, first of all, that women tend to exhibit the symptomatology of low emotional well-being to a greater extent than men. For example, Aneshensel et al. (1981) and Cleary & Mechanic (1983) found significantly higher rates of reported depression among women than men, and Gove (1979) found that women were treated for mental illness significantly more often than men. On average, women reported higher rates of psychological and emotional discomfort in a wide range of samples—among British executives (Cooper & Davidson, 1982), Swedish workers (Karasek et al., 1981), American workers (Haynes & Feinleib, 1980; Levenson et al., 1983), and German retail clerks and factory workers.
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Sample</th>
<th>Symptoms</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Cleary, P., &amp;</td>
<td>1983</td>
<td>N = 1026 representative sample of mid-west Americans age 18+</td>
<td>Psychological distress, job/parental/marital satisfaction, family approval</td>
<td>Women have higher rates of depression in all marital status categories, married men and women reported identical job satisfaction.</td>
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<td>Mechanic, D.</td>
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<tr>
<td>Gore, S., &amp;</td>
<td>1983</td>
<td>N = random subset of Boston SMSA 1977/80: 464 males, 847 females</td>
<td>Psychological mood and psychophysiologic symptoms</td>
<td>Higher psychophysiological complaints greater for all working women than for working men when children are young, absence of employment or marriage associated with depression for men and women alike.</td>
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<tr>
<td>Mangione, T.</td>
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<tr>
<td>Levenson, H.,</td>
<td>1983</td>
<td>N = 164 outpatients (110 males and 54 females) with industrial injuries</td>
<td>Annual life change units; somatic and behavioral symptoms</td>
<td>Women experienced greater amounts of work change and associated stress than the men (with the exception of smoking and drinking).</td>
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<tr>
<td>Hirschfeld, M. L., Hirschfeld, A., &amp; Dzubay, B.</td>
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<tr>
<td>Matheny, K.B.,</td>
<td>1983</td>
<td>N = 126 adults (61 females, 65 males) graduate students and middle managers</td>
<td>Self-reported illness in prior six months</td>
<td>Stress-illness relationship was generally stronger for females than for males.</td>
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<tr>
<td>Cupp, P.</td>
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<tr>
<td>Johnson, P.</td>
<td>1982</td>
<td>N = 1016 males and 1141 females in a nationally representative sample of American adults</td>
<td>Alcohol consumption</td>
<td>Men have a higher rate of problem drinking than women. But married, employed women have significantly higher rates of problem drinking than either single working women or housewives.</td>
</tr>
<tr>
<td>Cooper, C., &amp;</td>
<td>1982</td>
<td>N = 135 female top executives in U.K. 500 male executives in U.K.</td>
<td>Physical and psychological illness—e.g., migraine, high blood pressure, anxiety, anger</td>
<td>Headaches and migraine more prevalent among women than men; high percentage of women report fatigue, irritation, anxiety.</td>
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<tr>
<td>Davidson, M.</td>
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<tr>
<td>Kessler, R., &amp;</td>
<td>1981</td>
<td>N = 15,225 American adults; pooled data from 4 surveys conducted between 1957-1976</td>
<td>Psychophysiological disorders—e.g., nervousness, headaches, nightmares</td>
<td>Level of symptoms was higher for women than for men in both 1957 and 1976, though gap has reduced 38%.</td>
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<tr>
<td>McRae, J.</td>
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<tr>
<td>Aneshensel, C.,</td>
<td>1981</td>
<td>N = 1,000 Los Angeles community-wide study of adults</td>
<td>Index of depressive symptoms</td>
<td>Higher prevalence of depression among women than men (ratio of 1.8:1).</td>
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<td>Fretichs, R., &amp;</td>
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<td>Clark, V.</td>
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<tr>
<td>Karasek, R.,</td>
<td>1981</td>
<td>N = 3,700 full-time male and female members of a major Swedish labor union federation</td>
<td>Psychological strain, physical illness, and health-related behavior</td>
<td>Exhaustion, depression, headaches, aches in the extremities, respiratory problems, and dizziness are at higher levels for full-time female workers than for male workers.</td>
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<tr>
<td>Lindell, L., &amp;</td>
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<td>Gardell, B.</td>
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<tr>
<td>Rosenfield, S.</td>
<td>1980</td>
<td>N = 60 married couples drawn randomly from larger random samples of 4,500 New York City households</td>
<td>Psychomachic symptoms, anxiety, immobilization, and sadness</td>
<td>Working women are higher than working men on all depressive symptomatology, except immobilization where there are no significant differences.</td>
</tr>
<tr>
<td>Weinstein, H., &amp;</td>
<td>1980</td>
<td>N = 123 employed male and female MBA graduates</td>
<td>Emotional distress, physical complaints</td>
<td>Women reported more often than men feelings of depression and nightmares, feeling overwhelmed and on the verge of a nervous breakdown, and experienced stomach upsets and other nonspecific physical complaints.</td>
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<td>Zappert, L.</td>
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<tr>
<td>Haynes, S., &amp;</td>
<td>1980</td>
<td>N = 1,317 employed men and women and housewives in a longitudinal study</td>
<td>Emotional distress—e.g., tension, anxiety, anger &amp; emotional lability</td>
<td>Regardless of employment status, women reported more symptoms of emotional distress than men overall.</td>
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<tr>
<td>Feinleib, M.</td>
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Table 1 (Continued)

<table>
<thead>
<tr>
<th>Author,</th>
<th>Year</th>
<th>Sample</th>
<th>Symptoms</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Gove, W.</td>
<td>1979</td>
<td>N = 3 representative national surveys of all admissions to state and county mental hospitals, 1970</td>
<td>Personal discomfort — e.g., distress, anxiety &amp; depression — and mental disorganization — e.g., thoughts blockage</td>
<td>Married women have higher admission rates to institutions for mental illness than married men. The reverse is true for widowed/divorced/separated or never married.</td>
</tr>
<tr>
<td>Gove, W., &amp;</td>
<td>1979</td>
<td>N = 671 male and 1,035 female adults from sample of Chicago households</td>
<td>General physical health</td>
<td>Confirmed that women have higher rates of mild physical illness, i.e., morbidity (e.g., restriction of activity) than men.</td>
</tr>
<tr>
<td>Hughes, M.</td>
<td></td>
<td></td>
<td></td>
<td>Overall, women are less likely than men to exhibit Type A behavior, although Type A scores among working women were almost identical to the scores for men. However, male Type As showed a somewhat larger CHD risk than female Type As.</td>
</tr>
<tr>
<td>Haynes, S.,</td>
<td>1978</td>
<td>N = 1,822 men and women in the Framingham Heart Study</td>
<td>CHD and Type A behavior</td>
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<td>Feinleib, G.,</td>
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<td>Levine, S.,</td>
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<td>Scotch, N., &amp;</td>
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<td>Kannel, W.</td>
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<tr>
<td>Gove, W., &amp;</td>
<td>1977</td>
<td>N = 779 randomly selected males and females in Chicago</td>
<td>Presence of psychiatric symptoms related to illness</td>
<td>Married, employed women reported feelings of excessive demands upon them, wanting to withdraw and be alone, and feeling lonely more often than married, employed men.</td>
</tr>
<tr>
<td>Geerken, M.</td>
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<tr>
<td>Johnson, A.</td>
<td>1977</td>
<td>N = age-adjusted death rates in U.S., 1960–74</td>
<td>CHD, cirrhosis of the liver, suicide</td>
<td>Women were found to have an increasingly low mortality risk and advantage in comparison to men.</td>
</tr>
<tr>
<td>Cohen, I.</td>
<td>1976</td>
<td>N = 2,170 American and German retail clerks and factory workers</td>
<td>Psychological anxiety, physical health, immobilization, physical anxiety</td>
<td>Both German and American female workers experienced higher rates of felt discomfort than did males in all areas.</td>
</tr>
<tr>
<td>Waldron, I.</td>
<td>1976</td>
<td>N = all males and females in the U.S. who died in 1967</td>
<td>CHD</td>
<td>Male to female rate due to arteriosclerotic disease, including CHD, is approximately 2:1.</td>
</tr>
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<td>Type A</td>
<td>Coronary prone behavior pattern is more prevalent among men.</td>
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<td></td>
<td>Suicide</td>
<td>Three times more men than women actually commit suicide, although twice as many women try.</td>
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<tr>
<td></td>
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<td></td>
<td>Cirrhosis of the liver</td>
<td>Male death rate is two times higher than for women.</td>
</tr>
</tbody>
</table>

(Cohen, 1976)—using a variety of distress measures. The mosaic of results demonstrates a uniform pattern suggesting strong confidence in their generalizability.

In terms of physical illness and various physiological symptoms, the results appear to be more complicated. Women overall enjoy lower mortality rates than men and exhibit significantly less incidence of stress-related symptoms such as coronary heart disease, cirrhosis of the liver, and suicide (Johnson, 1977; Waldron, 1976). Women are less likely than men to exhibit the Type A coronary prone behavior pattern and are at a lower coronary heart disease (CHD) risk (Waldron, Zyanski, Shekelle, Jenkins, & Tannebaum, 1977). And men have a higher rate of problem drinking than women (Johnson, 1982; Levenson et al., 1983). However, women do show higher rates of restricted activity because of minor illness than men (Gove & Hughes, 1979; Waldron, 1976). In addition, in samples of employed adults only, minor physical ailments such as headaches, dizziness, and stomach upsets are reported to be more prevalent in women than men (Cooper & Davidson, 1982; Karasek et al., 1981; Weinsten & Zappert, 1980). The accumulated evidence sug-
gests that though men are more prone to serious and incapacitating illness than women, women more often tend to suffer from less severe psychological problems with a greater incidence of acute symptoms.

The Source of Sex Differences in Stress Symptoms

What explains the pattern of sex differences reviewed above? Why do women generally seem to exhibit more symptoms of psychological distress and minor illness, and why are men more often prone to physical symptoms and severe illness? The studies reviewed give three general explanations for sex differences in stress symptoms: (1) genetic/biological, (2) structural (i.e., different stressors), and (3) social/psychological (cognitive and coping differences based on socialization).

Genetic

Support for the genetic differences explanation—that is, inborn tendencies with no variation by situation or psychological dynamics—is very limited. Although there has been some recognition of differences in the hormonal systems of men and women that affect responses to stress (Collins & Frankenhaueser, 1978; Ivancevich & Matteson, 1980) and of sex differences in levels of aggression and competition (Price, 1980), most researchers tend to dismiss genetic explanations (Gore & Mangione, 1983; Price, 1980; Stead, 1978). How then to account for the commonly observed greater aggressiveness and competitiveness of men? It is generally agreed that male hormones may establish a greater readiness for aggression in males, but that potential is largely shaped by social experience and learning. As long as young boys are encouraged to play aggressively but such behavior in young girls is ignored or punished, and as long as organizations and institutions reward such behavior primarily in men, more overtly aggressive and competitive behavior will be found in men, but due largely to social factors (Greenglass, 1982). The explanatory power of genetic factors as such, is seen as weak and inadequate to explain the sex differences in level and type of distress.

Structuralist

The structuralist explanation focuses on differences in work situations of men and women and the resulting differences in work-related stressors affecting them. Kanter (1977) argues that women's behavior is a function of their location within the organizational system. Similarly, Parasuraman & Cleek (1982) and Herman & Gyllstrom (1977) maintain that work-related stress is primarily a function of the work role occupied. As such, women are seen to be relatively disadvantaged with respect to opportunities for mobility and influence. It is this structural disadvantage, rather than genetic differences or gender-related attitudes or coping skills, that is expected to lead to greater distress for women. Building on Kanter (1977), Van Sell (1980) and others explain that women face unique sources of job stress: the absence of mentors or female support groups (Price, 1980), lower salaries (Weinstein & Zappert, 1980), career blocks (Black et al., 1983), and “masculine” job stereotypes as a result of their minority and/or powerless work status. Perhaps these job conditions have best been identified by Cranor, Karasek, and Carlin (1981), who found that employed women are disproportionately represented in jobs of built-in strain—namely, jobs with high demands and little discretion. Also, Pines and Kafry (1981) found that women report less positive work environments. The “reality” of women’s occupational roles suggests that women tend to have less control and influence over jobs that are more tedious, less well paying, and understimulating. As a result, one would expect women at work to be more distressed and at greater risk than employed men. Exceptions to this observation, however, include the finding by Tung (1980) that female school administrators reported lower levels of self-perceived stressors and the study by Gore and Mangione (1983) that indicated that the absence of employment or marriage is associated with depression for both men and women.

A parallel structural explanation of sex differences in stress symptoms highlights the impact of role overload and role conflict. It is widely recognized that working women typically maintain major responsibility for the home and family and thus more often than men bear the burdens of role overload and role conflict (Cleary &
Mechanic, 1983; Gove & Geerken, 1977; Haynes & Feinleib, 1980; Herman & Cyllstrom, 1977). Thus the stress of being both homemaker and career woman might be expected to lead to proportionately more severe strains.

According to this argument, one would expect that decreased differentiation in the circumstances of men and women—that is, less traditional sex roles—would be associated with fewer sex differences in emotional and physical symptoms, or perhaps a reversal of the sex differences identified above. Research evidence, however, is somewhat equivocal. For example, in relationships labeled “nontraditional” in which both partners are working, Rosenfield (1980) found that men had higher psychosomatic symptoms and sadness than their wives. Similarly, Burke and Weir (1976) found that husbands of working wives performed less effectively and were less satisfied with job and marriage than husbands of nonworking wives. However, Karasek et al. (1981) reported that the presence of a working spouse increased psychological and physical strain in working women but not in working men.

These conflicting results, however, may be reconcilable when viewed within the context of evidence from several studies concerning family roles of dual earner couples. In a detailed study regarding the effects of gender on depression, Aneshensel et al. (1981) concluded that sex differences were minimal among the employed with few family roles, but generally increased as the roles became more divergent. Thus, parenthood was found to be a greater stressor for women than men (Aneshensel et al. 1981), as was the number of children (Gove & Geerken, 1977) and the age of children (Gore & Mangione, 1983). In addition, a positive correlation has been reported between number of children and depression for working women, particularly those with lower incomes (Cleary & Mechanic, 1983). Together these results imply that sex differences in stress symptoms increase or decrease as a function of variation in family role obligations. Thus, there is more information about the nature of family roles (e.g., number of dependents, nature of respective responsibilities, presence of day-care help), the conditions under which sex differences in strain symptoms will appear can be more clearly specified.

Overall, though, the structuralist explanation seems to help clarify why women experience more emotional distress than men—largely because of the extra objective pressures they seem to be under. However, this does not explain why men experience more acute and severe illness. The social/psychological explanation seems to be more promising for this purpose.

Social/Psychological

The social/psychological explanation for sex differences in stress symptoms focuses on the differential internal responses of men and women to stressful situations—that is, the cognitive appraisal of stress and the strategies for coping with felt stress. According to this view, differences in stress symptoms may in part reflect differences in how stress is perceived and what is done or not done to mitigate its impact. The evidence in support of this third explanation, however, remains somewhat ambiguous. Findings concerning differences in the cognitive appraisal process display major inconsistencies. For example, on the one hand, Frankenhaeuser, Rauste von Wright, Collins, von Wright, Sedvall, & Swahn (1978) found that men generally view stressful experiences more confidently than do women. Others report that women may experience more felt stress because they set higher standards for themselves (Weinstein & Zappert, 1980), expect more of their careers than do men (Pines & Kafry, 1981), and are more dependent for the development of a positive self-image (Rosenfield, 1980). Although these findings seem to indicate that women are socialized to appraise stressful events in a less confident manner than men, resulting in a higher incidence of stress symptoms, Kessler, Brown, and Broman (1981) found that men are less likely to interpret symptoms associated with depression and low well-being as signs of emotional problems. It is conceivable then that although male and female symptoms are similar, they are interpreted as signs of strain only by women.

On the other hand, another set of studies suggests that men experience more cognitively-based pressures and stressors as a result of their socialization. Waldron (1978) argues that higher alcoholism in men is related to the greater pressures felt by men to achieve in their careers and to be
independent. Similarly, Price (1980) attributes the larger proportion of Type As among men in part to the finding that boys learn that success as men is a function of succeeding at work. These studies may explain the more severe illnesses experienced by men.

The two sets of studies, although conflicting, nevertheless demonstrate that sex differences influence the experience of felt stress. However, in a comprehensive study, Folkman and Lazarus (1980) concluded that men and women differ very little in the way they appraise potentially stressful events. Karasek et al. (1981) also found that the overall mechanism associating stressors and strain symptoms is relatively similar for men and women. In light of these contradictory findings, further research is needed to determine the aspects of the cognitive appraisal process that are indeed subject to gender differences and those that are not.

Sex-role identity may be one variable needed to untangle these ambiguities. Virtually all of the research dealing with sex differences in the stress process makes the implicit assumption that sex and sex-role identity are equivalent: sex-role stereotypes match gender (i.e., sex-typing). In fact, research indicates that masculinity and femininity represent complementary, not opposite, ranges of characteristics and behavior. Furthermore, an individual of either sex may exhibit both masculine and feminine sex-role identity, depending on the situation, and it is this sex-role identity, not sex, that heightens the degree to which certain behaviors are exhibited (Powell, 1982; Spence, 1979; Spence, Helmreich, & Stapp, 1975).

This conceptual distinction also may help to unravel the equivocal effects of differential socialization on coping responses. On the one hand, Pearlin and Schooler (1978) found that men more often possess better psychological attributes or employ more effective response repertoires for controlling stress, but women tend to be socialized in a way that less adequately equips them for effective coping. Etzion and Pines (1981) found that women tend to get sick and collapse as a coping strategy more often than men. However, it is unclear whether or not this strategy helps avoid the serious physical illness that is less prominent in women. In fact, studies have shown that women tend to seek help more often than men and use social support networks more effectively than men (Etzion & Pines, 1981). Women use almost all types of health-care services more often than men (Lewis & Lewis, 1977). Although help-seeking and help-getting are not identical, it might be inferred from the above that men are more prone to severe illnesses because of unattended deterioration and that their coping is more "effective" only in the short term.

Contrary evidence related to coping was reported by Folkman and Lazarus (1980) and Parasuraman and Cleek (1982). Folkman and Lazarus found no gender differences in the use of emotion-focused coping within similar environmental contexts. They also argued that sex differences evident in the use of problem-focused coping at work are likely a reflection of gender differences in the nature of the jobs, rather than the coping response repertoire: that is, women more often hold lower level positions in which there are fewer opportunities to engage in problem-solving processes (i.e., the structural explanation).

The evidence for gender differences in socialization as a contributing factor to differential cognitive appraisal and coping skills is far from conclusive. The inconsistencies are worthy of clarification through further research. Figure 2 gives a summary model of potential sex differences in the stress process.

**Future Directions**

Research on these two causal interpretations of sex differences in stress symptoms (structural factors and socialization experiences) should focus on the following key tasks: (1) to reconcile the contradictory findings within the structuralist explanation; (2) to reconcile the contradictory findings within the social/psychological explanation; (3) to determine the relative explanatory power of each of these independent variables and to examine more closely the differences in the relationships between the independent variables and different dependent variables; and (4) to test and revise overall the conceptual framework proposed herein of the relationship between gender and work stress.

The structural explanation, if valid, requires evidence that the extent that men and women bear different degrees of pressure as a result of
Figure 2. Summary model of potential sex differences in the stress process.
their gender status, they will experience different degrees of strain. However, not all the research dealing with nontraditional sex roles in marriage has identified fewer or reversed incidences of sex differences in emotional and physical symptoms, as the structural explanation would predict. In light of these inclusive findings, it becomes critical, as Gore and Mangione (1983) suggest, that research involve more complex formulations of the conditions under which different configurations of roles affect the health of men and women.

Unfortunately, the socialization explanation also leaves ambiguities in its attempt to explain sex differences in coping behaviors and cognitive appraisal. Although some studies have indicated clear differences in the styles of coping behavior used most often by men and women, it is far from clear which coping styles prove to be most effective in reducing the occurrence and severity of stress symptoms. Furthermore, some research indicates that there are no gender differences in the use of some styles of coping behavior. Similarly, no clearcut conclusions about the applicability of the social/psychological or socialization explanation as it pertains to the cognitive appraisal of stressors can be reached at this time.

A similar conceptualization by Gore and Mangione (1983) attempts to separate empirically the structural and social/psychological explanations, but it raises yet another consideration. They show that each explanation can be linked to specific types of strain symptoms. Their results thus suggest that both explanations may simultaneously operate in the stress model (see Figure 2). Indeed, given the strong role played by the structure of both society and organizations in the socialization process, it is likely that the structural and social/psychological explanations are related phenomena with covariant effects on the stress process.

Both the ambiguities and the inconsistencies in the current research clearly necessitate and point the way to future empirical investigations. The cognitive appraisal and coping behavior processes, for example, are well suited to cross-sectional studies that match males and females in terms of length of service, occupational level, and scope of authority within the organization. Groups of managerial recruits or trainees would be ideal samples for study because they likely contain sufficient numbers of men and women. With the appropriate sample and methodology, research should address the equivocal results noted above.

Only one study to date (Gore & Mangione, 1983) has considered the relative explanatory power of causal explanations similar to those suggested here. That study found that structural factors were more influential in affecting the gender/depression relationships than were social/psychological factors. However, the pattern of influence differed for other distress measures. This, too, suggests that future research must be less simplistic in examining the relative explanatory power of these independent variables on emotional and physical well-being. This type of research also might shed light on the different types of strain experienced by men and women.

An overriding consideration for future research is the issue of sex-role identity. Recent reviews by Deaux (1984) and Gore and Mangione (1983) have helped to clarify the utility of this concept. However, as indicated in a study on sex-effects of role behavior (Powell, 1982), investigation of the degrees of adherence by working men and women to traditional sex-role stereotypes is conspicuously absent from most current organizational research. Future studies incorporating this distinction between sex and sex-role identity might clarify many of the inconsistencies identified in the existing research on sex differences in work stress.

Both the structural and the socialization explanation for the origins of sex differences in stress symptoms are embedded in changing social, organizational, and historical conditions that must be considered. Neither the structural hierarchy of occupational, organizational, and family roles nor the nature of socialization influences will remain constant. As women become more equal partners in organizations with greater opportunities for mobility and influence, and as men bear more family responsibilities, the external circumstances (i.e., the type of stressors) for men and women will change. Similarly, as parents socialize their children in less sex-stereotyped ways, the "internal" circumstances (e.g., the appraisal of situations as stressful; the coping repertoire) for men and women will be altered.
Males and females today certainly are struggling with shifting roles and responsibilities, and organizations are attempting (albeit slowly) to accommodate demands for female equality of opportunity.

Thus, future research should include longitudinal studies that track the effects of changes in types of environmental and felt stressors bearing on men and women, the utilization and effectiveness of coping responses, and the pattern of consequences. Long term comparisons of men and women before and after entry into the work force, for example, would provide valuable information concerning sex differences in sources of felt stress as well as strain outcomes.

The research suggested thus far would, cumulatively, serve to test the framework proposed in this paper and provide a basis for incorporating into the model some of the more dynamic qualities of the gender-stress relationship. Recent evidence in fact suggests some trends of stress symptom occurrence whereby women and men are “catching up” to each other in physical symptoms. CHD among females below age 45 has been increasing, as has the incidence of peptic ulcers among all females (Ivanevich & Matteson, 1980). Kessler and McRae (1981) similarly reported a narrowing of the gap in reported psychological distress over a 20-year period. The test of the model provided herein is its ability to explain such trends.

This review ultimately raises more questions than it answers regarding the nature of sex differences in work stress. However, it has identified and underscored the need for rethinking the gender concept, and it provides a direction for further empirical research. The general model proposed can serve as the basis for such empirical investigation and for the development of a valid theory of the relationship between sex and work stress.

References


Todd Jick is Associate Professor of Organizational Behavior and Industrial Relations at the Faculty of Administrative Studies, York University, Toronto, Ontario, and currently Visiting Associate Professor of Business Administration, Harvard Business School.

Linda Mitz is a doctoral candidate in Organizational Behavior at the Faculty of Administrative Studies, York University, Toronto, Ontario.