



# Why and when do we experience stress?

Health Psychology (CMED2006)

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# Learning Objectives

At the end of the lecture, student should be able to

- Describe common sources of stress in patients
- Apply the Transactional Model of Stress to explain people's behaviour in response to stress
- Suggest ways to cope with stress
- Suggest ways to prevent and cope with burnout



# Part 1

## A Model of Stress



# Introduction

Stress is a common occurrence in our lives,  
and is also a common response to illness

Stress can be a noun or a verb, things can be stressful,  
and we can be stressed



# Why We Care about Stress

We care about stress because it affects different aspects of our life (and the life of people around us)

Stress is a common occurrence in both nurses and patients, as well as other carers and healthcare professionals

Most impact of stress are negative, and some are made worse by the wrong ways to cope with the stress



# Definition of Stress

Stress is a particular relationship  
between the person and the environment

In the simplest term, people are stressed when their  
perceived demand is greater than perceived resources  
(e.g., information, financial resources, and social capital)



# Primary Appraisal

According to Richard Lazarus & Susan Folkman's  
Transactional Model of Stress,  
we can further separate the first step into  
primary and secondary appraisal

Primary appraisal is about appraising the possible consequences  
of the event/situation, and whether we care about them



# 5 Possible Results of Primary Appraisal

Irrelevant → no stress

Benign → no stress

Challenge (possibly negative, possibly positive) → maybe stress

Threat (possibly negative) → maybe stress

Harm (definitely negative) → maybe stress



# Secondary Appraisal

When an event/situation is appraised (primarily) as either a challenge, a threat, or a harm, we engage in the appraisal of available resources

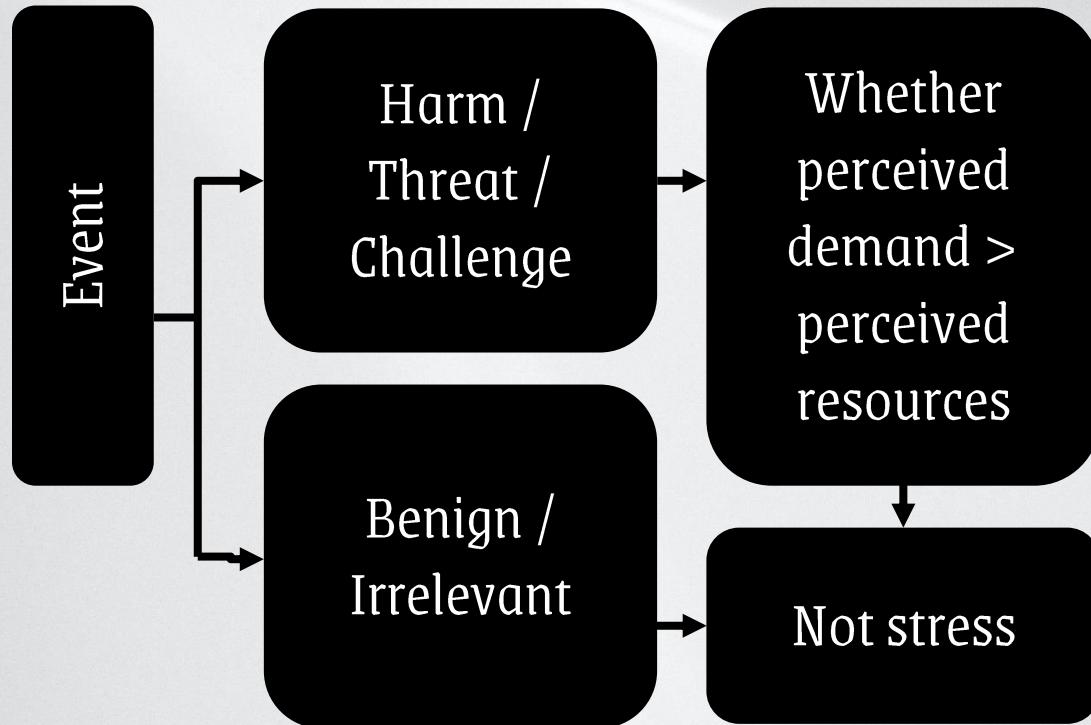
Sufficient resources → no stress

Insufficient resources → stress



## Primary Appraisal

## Secondary Appraisal





# Coping Styles versus Coping Strategy

Coping strategy refer to actual ways to cope with stress –

either by

focusing on the problem itself (problem-focused)

focusing on the emotional impact (emotion-focused)

trying to find something positive about it (meaning-making)

Coping styles refer to how a person prefers to cope



# Problem-Focused Coping

Given than stress is the result of not having enough resources to cope with the demand of the event/situation, we can try to increase the (perceived) resources, or decrease the (perceived) demand

E.g., gathering more information, financial resources, possible solutions, etc.; as well as re-evaluate the actual demand



# Emotion-Focused Coping

Regardless of whether the problem can actually be solved, we can lessen the impact of stress on us by regulating our emotion

Sometimes this can be done by social sharing and cognitive reappraisal (see lecture on Emotion), but sometimes even just distracting ourselves and avoiding thinking about the situation can be a useful thing to do



# Meaning-Making (Appraisal-focused) Coping

One other way to deal with stress is to find something positive about the situation – in particular, a difficult situation can be appraised as a chance for personal growth and improving bonds with family and friends

This is particularly common for people who are stressed by chronic illness or bereavement – as well as people who thinks that god/universe is prone to test/challenge/train people



# Maladaptive & Unhealthy Coping

There are coping strategies that ultimately increase our stress rather than reduce it – these are called maladaptive coping, and include things like self-harm, substance abuse, etc.

There are also behaviours that do help us reduce stress, but harm our health, e.g., eating junk food and drinking alcohol – these are particularly common in people who are stressed and lacks the time for other methods of relieving stress / getting pleasure



# Extra Note about Stress Reduction

There are many evidence-based ways to coping with stress and reducing stress (including different types of psychotherapy, mindfulness, physical activities, etc.)

However, please note that “not getting stressed about something” is sometimes less preferable to “trying to stop the things that are stressing us” – especially concerning abusive relationships as well as societal, ethical, and justice issues



# Social Support

Social support (e.g., friends and family, patient-support groups both online and offline, and support from colleagues/healthcare professionals) can all be useful because they could provide help with:

Problem-focused coping (information, advice, expert opinion, financial resources and other instrumental support); Emotion-focused coping (social sharing, distraction); and Meaning-making (cognitive reappraisal, chance for bonding)



## Primary Appraisal

## Secondary Appraisal

## Coping

## Event Outcome

## Emotion Outcome

Event

Harm / Threat / Challenge

Whether perceived demand > perceived resources

Problem-focused coping (or)  
Emotion-focused coping (or)  
Meaning-making

Favourable resolution

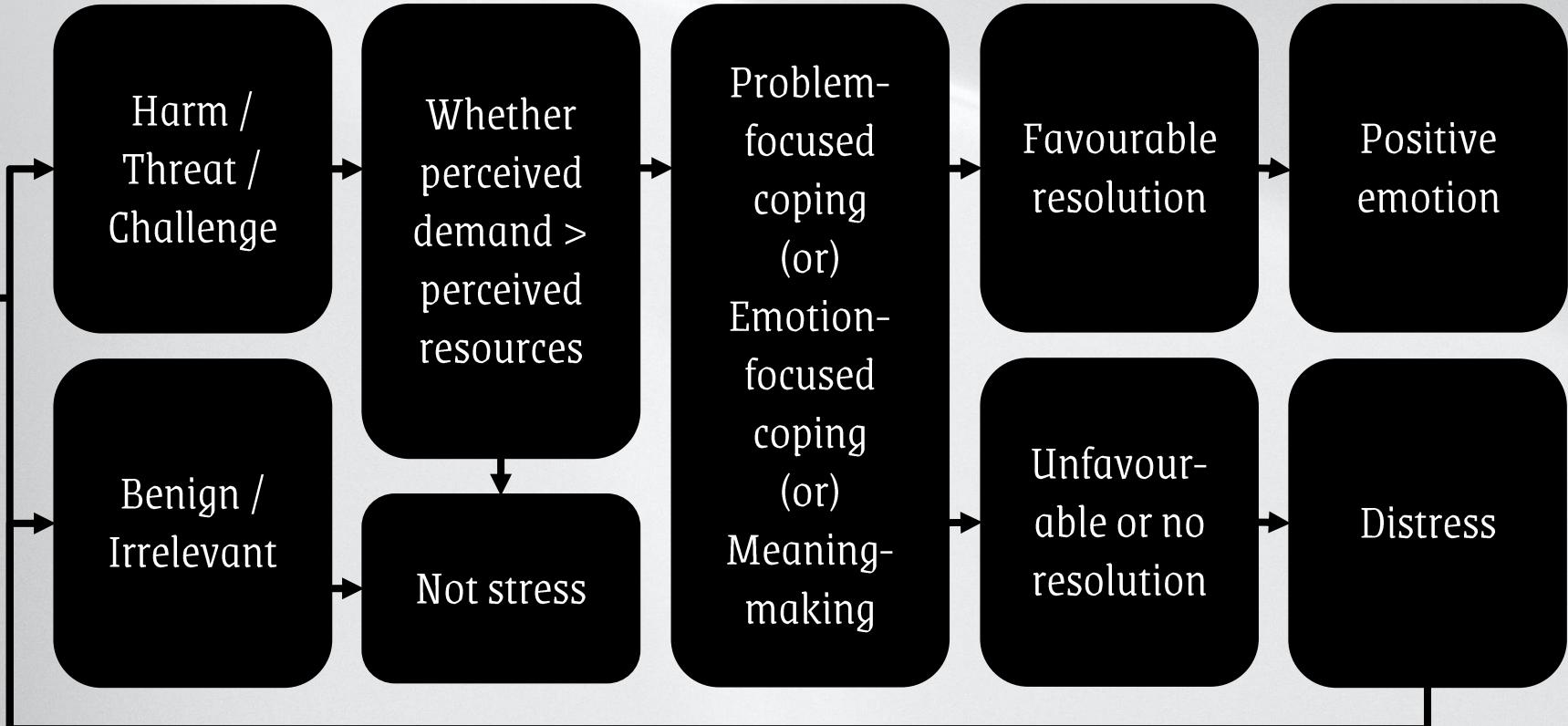
Positive emotion

Benign / Irrelevant

Not stress

Unfavourable or no resolution

Distress





## Tool 40: Stress / Transactional Model of Stress

Whether someone is stressed (and whether they continued to be stressed) can be explained by how they appraise the situation (primary appraisal), their resources (secondary appraisal), and the outcomes of their coping methods

In particular, an event/situation can be appraised as irrelevant, benign, a challenge, a threat, or a harm – the first two not causing stress at all



## Tool 41: Coping Style

A person behaviour might be explained by the coping strategy they usually adopt when faced with stress

Note that people with a particular coping style can still learn to adopt other coping strategies



## Tool 41a: Problem-Focused Coping

A person's response to stress might be explained as an attempt at problem-focused coping, where they try to increase the (perceived) resources, or decrease the (perceived) demand

The limitation of this is that not all problems can be solved, and sometimes it just leads to wasted effort and not reduced stress



## Tool 41b: Emotion-Focused Coping

A person's response to stress might be explained as an attempt at emotion-focused coping, where they try to lessen the impact of stress on them by regulating our emotion

The limitation of this is that sometimes it might be more efficient (and maybe more ethical) to solve the problem rather than trying to be not stressed – especially if the situation is recurrent



## Tool 41c: Meaning-Making Coping

A person's response to stress might be explained as an attempt at meaning-making (or appraisal-focused) coping, where a difficult situation can be appraised as something positive – like a chance for personal growth and improving bonds with family and friends

It is almost always good to find meaning in life, but sometimes it might also stop us from trying to solve the underlying problem



## Tool 41d: Maladaptive Coping

A person's response to stress might be explained as "maladaptive" if it ultimately leads to more stress rather than less

A person's unhealthy behaviour might be explained as an attempt to cope with stress, where they are essentially trading physical health for mental health – which is unfortunate but understandable under many circumstances



## Tool 42: Social Support

A person's response to stress might be explained as an attempt at seeking social support; similarly, a person's behaviour might be explained as an attempt at giving social support to others

Social support is useful for coping with stress because it can help with the different coping strategies (including maladaptive and unhealthy coping strategies)



## Part 2

# Illness and other Stressors



# Risk Factors for Stress

Apart from coping with stress, another way to reduce stress is to prevent it from happening in the first place or we can prepare for it knowing that certain situations or people are of high risk for stress

Here, we look at a few common stressful life events (SLE)



# Holmes and Rahe Stress Scale

Thomas Holmes and Richard Rahe proposed a scale that measures how stress affects health

Give a score of 1-100 to the events listed in the following slide:  
(100 being the most stress-inducing  
and most likely to cause illness; 1 being the least)



# From Holmes & Rahe Stress Scale

Divorce (73)	Child leaving home (29)
Vacation (13)	Change in residence (20)
Marriage (50)	Dismissal from work (47)
Pregnancy (40)	Personal injury or illness (53)
Retirement (45)	Change in sleeping habits (16)
Imprisonment (63)	Beginning or end of school (26)
Death of a spouse (100)	Spouse starts or stops work (26)
Trouble with boss (23)	Change in working hours or conditions (20)



# Stressful Life Events

Whether a potential stressor is regarded as benign, irrelevant, and so on depends on numerous factors:

- Nature of the event/situation

- One's personality and one's understanding of the situation

- Social environment and social norm



## Other Stressors

The same is true for stressors that are not SLE, but rather ongoing situations that are demand a lot from us, drain our resources, and potentially harmful to us

For example, oppressive and abusive environment, poverty, role overload, stressful jobs (which we will cover in the next section), and chronic illness



# Stress of Chronic Illness

Chronic illness is stressful because of its nature – considering the 5 dimensions of illness cognition:

Often unknown cause or multiple causes

Chronic timeline, often no end in sight

Drastic and permanent change of self and life

Sometimes incurable, unknown controllability



# Medical Demands of Chronic Illness

The prevention and management of medical crises

The control of symptoms (including pain)

The carrying out of prescribed regimens and the management of problems attendant on carrying out the regimens



# Psychosocial Demands of Chronic Illness

The prevention of, or living with, social isolation caused by lessened contact with others

The attempts at normalizing both interaction with other and style of life

Confronting attendant psychological, marital and familial problems



# Other Demands of Chronic Illness

Dealing with possible impairments, disabilities, handicaps, as well as stigmatisation

Adjusting to new roles and loss of existing roles

Funding to pay for treatments or to survive despite partial or complete loss of employment



# What Healthcare Professionals can do

Healthcare professionals are well placed to teach patient different coping strategies and provide support (e.g., advice, emotional support, and connections, etc)

On a more positive note, we want to make sure different aspects of the patient's Health-related quality of life (HRQOL) are taken care of – these include physical fitness, feelings, daily activities, social activities, overall health, and change in health



# Part 3

# Job Stress & Burnout



# Risk Factors for Stress

Job is one major source of stress

We might want to avoid certain job if we want to avoid stress, but we can also identify that particular group is of high risk, and therefore should be offered more help – either individually (screening and helping them to cope) or structurally (trying to reduce the stress of that particular kind of job)



# Job Demand—Control Model

The Job Demand—Control (JDC) model was proposed by Robert Karasek, and states that job strain is determined by i) Job demands, and ii) Job decision latitude

(i) refers to whether the job has heavy workload or psychologically demanding; (ii) refers to the degree of control one has over one's job, including influence over the planning, setting, how time is used, breaks, freedom to receive phone call, etc.



# Activity

According to the JDC model, jobs can be classified as either:

Passive (low demands and low control)

Low Strain (low demands and high control)

High Strain (high demands and low control)

Active (high demands and high control)

(Note: a later version of this model added work-related social support as another dimension of job strain)



# Activity

Categorise the following occupations/jobs into one of four types/quadrants according to the JDC model:

Architects, factory-workers, janitors, natural scientists, nurses, physicians, security guards, teachers, waiters/waitresses

Next, ask yourself which type of jobs you would personally like, and what is the implication of its job strain / job stress



High Control  
Low Control

Low Strain

Active

Passive

High Strain

Low Demands

High Demands



High Control

**Low Strain**  
(e.g. architects & natural scientists)

**Active**  
(e.g. physicians & teachers)

Low Control

**Passive**  
(e.g. janitors & security guards)

**High Strain**  
(e.g. waiters/waitresses, factory workers)

Low Demands

High Demands



# Implication of Job Strain

People in high strain jobs are at highest risk for mental health issues, stress-related outcomes, medical conditions such as cardiovascular illnesses, sickness absence, as well as burnout

People in passive jobs have low risk of stress-related outcomes, but higher chance of substance abuse and other risk-taking behaviours



# Maslach's Model of Occupational Burnout

Burnout is common in both professional carers (e.g. nurses) and family carers – features of burnout include:

- Exhaustion and lack of energy

- Alienation from work-related activities (cynicism & detached)

- Reduced performance (partly due to low sense of self-efficacy)



# Contributing Factors to Burnout

- Workload (Workload that is unsustainably high)
- Control (Lack of control over goals)
- Reward (Mismatch between effort and reward)
- Community (Lack of sense of community)
- Fairness (Perceived lack of trust and respect)
- Values (Mismatch between what the worker values and what the workplace values)



# Specific Factors for Burnout in Nurses

Burnout in nurses are often also driven by:

Long work hours

Conflict with patients & colleagues

High workloads

Death & sickness



# Specific Factors for Burnout in Family Carers

Burnout in family carers are often also driven by:

Failure to take care of themselves

Isolation and loneliness

Financial difficulties

Strain on pre-existing relationships



# Preventing & Coping with Burnout

Standard coping strategies –  
social support, religious beliefs, etc.

Management –  
clearer directives, feedback & support from management

Government policy about carer's leave and allowance



## Tool 43: Stressors

A person's stress (and stress-related behaviours) might be explained by the circumstances they are facing, in particular stressful life events (SLE), chronic illnesses, and job strains

The nature of the events/illnesses/jobs can determine the level of stress someone might face – note the biopsychosocial aspects of a chronic illness, and a job's demands and decision latitude



## Tool 44: Burnout

A person's negative behaviours (and mental states) might be explained by the fact that they are suffering from burnout – this is particularly common in carers (both professional and family carers)

We want to prevent burnout from happening, and try our best to cope with it when burnout does happen (to us and to others)



# Part 4

# Explaining and Suggesting Behaviours



## Scenario 0

For each of the following events, rate it according to whether you were stressed by it (1=not stressed; 5=extremely stressed):

Change in residence

Personal illness or injury

Year I final examinations

Break up with boyfriend/girlfriend

Starting your undergraduate programme



## Scenario o (Continued)

If you were stressed, would you agree that it was because

Perceived demand > perceived resources?

It was a harm, threat or challenge rather than benign?

What coping strategy did you try?



## Scenario 1

Rachel, Richard, and Robert are all Year 2 students in HKU;  
final examination is fast approaching,  
but not all of them are equally stressed

Rachel is not stressed at all

Richard is mildly stressed

Robert is very stressed



## Scenario 2

Stephy and Stephanie are both graduates from HKU School of Nursing. Steph is now working in a public hospital; whereas Stephanie is working in a private hospital.

Name some factors why one of them might be more likely to suffer from (occupational) burnout than the other



# Part 5

# Behavioural Change



## Case 8

Canice, 35, works at a bank and is often extremely stressed. His boss has very unrealistic demands on him in terms of the amount of deals he needs to close, as well as the tight deadlines. His boss is also a workaholic that almost always stay in the office until after midnight, and so all his team stays as well.

Canice is also a bit of a workaholic and enjoys being successful at his job. He is single and lives alone, but on average he spends more time in the office than in his own flat. If he ever finds the time to relax, he either stays home to drink fine wine and listen to music; or he goes out hiking with his parents.



## Case 8 Focus

Canice currently does not suffer from any signs and symptoms, so let's assume he does not need any screening either

However, can you identify his health risk in the medium to long term? Any mechanisms that are directly or indirectly related to his stressful lifestyle?

Any suggestions on behavioural change?





# Conclusion

Stress is a very common problem in modern life, and both patients and healthcare professionals are disproportionately affected by them

On top of that, Burnout is also a real possibility for the latter

We need to get better at problem-focused coping, emotion-focused coping, and meaning-making



# Reading / References

- Taylor, SE & Stanton, AL (2021) Health Psychology (11th ed.). Chapter 6.1: What is Stress; Chapter 6.4: What Makes Events Stressful?; Chapter 7.4: Coping Interventions; Chapter 7.5: Social Support. McGraw-Hill.
- Leiter, MP & Malsach C (1999) Six areas of worklife: a model of the organizational context of burnout. J Health Hum Serv Adm. 21(4):472-89.



~ End of lecture ~