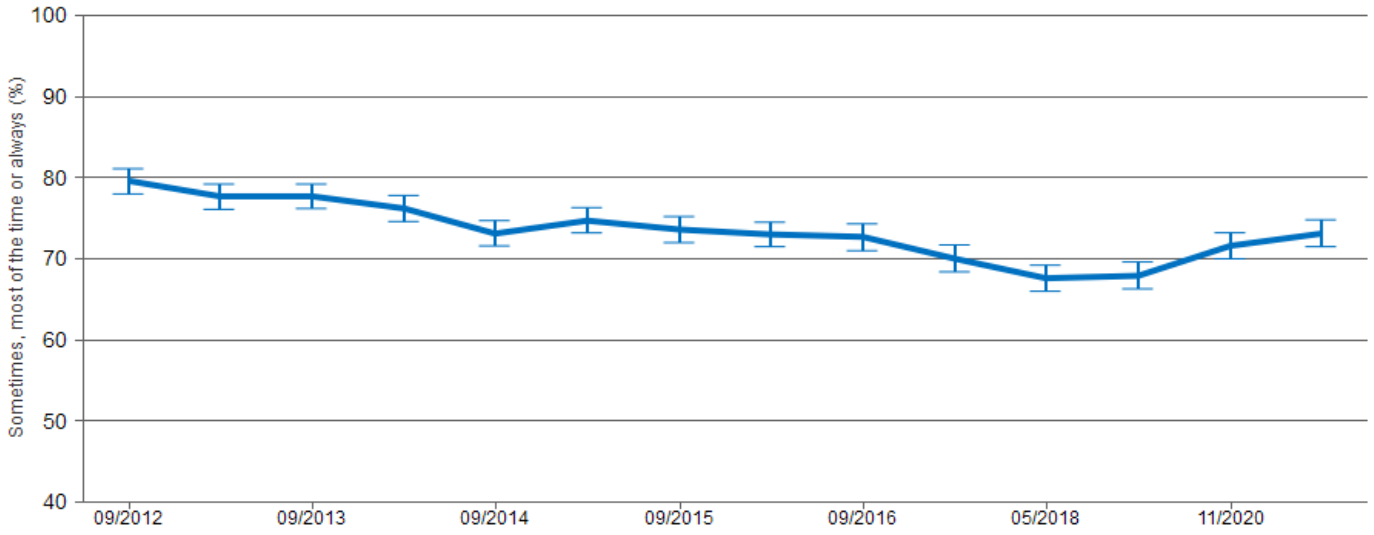
Subjective Wellbeing: Stress

Downloaded from https://www.canterburywellbeing.org.nz/our-wellbeing/subjective-wellbeing/stress/ on 29/03/2024 10:49 AM

Stress is the non-specific response that a person might experience when faced with a demand for change (a stressor) [13]. While stress can stimulate positive responses, studies of the effects of stress on health are usually concerned with the negative influence stress can have on how people feel emotionally, mentally, and physically, and also how stress influences health behaviours. Long-term stress can increase the risk of poor health and wellbeing [14,15] and is associated with conditions like: high blood pressure, heart disease, obesity and diabetes, and depression or anxiety [16, 17]. Stress may influence wellbeing through direct biological responses, or indirectly through unhealthy behaviours such as smoking, lack of exercise, or excessive alcohol consumption. Self-reported stress has been measured in the Canterbury Wellbeing Survey [11,17] since 2012, using a single question [18].

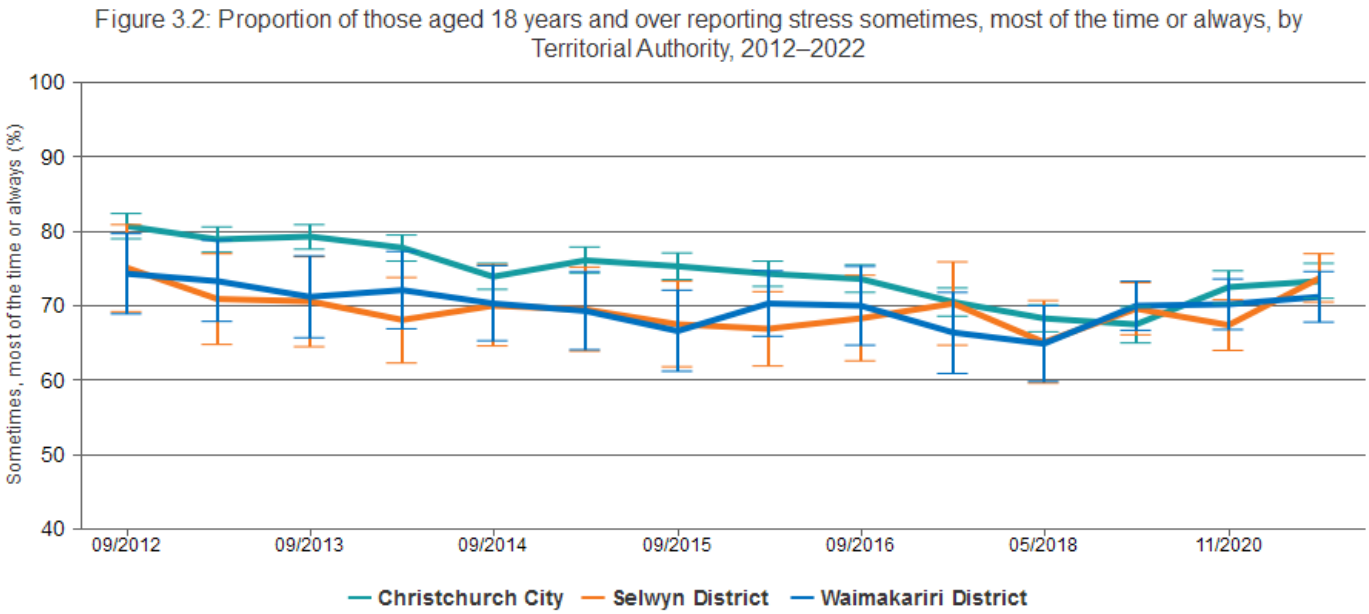
This indicator presents the proportion of those aged 18 years and over indicating that they experienced stress that has had a negative effect sometimes, most of the time or always in the past 12 months, as reported in the Canterbury Wellbeing Survey.

Figure 3.1: Proportion of those aged 18 years and over reporting stress sometimes, most of the time or always, in greater Christchurch, 2012–2022



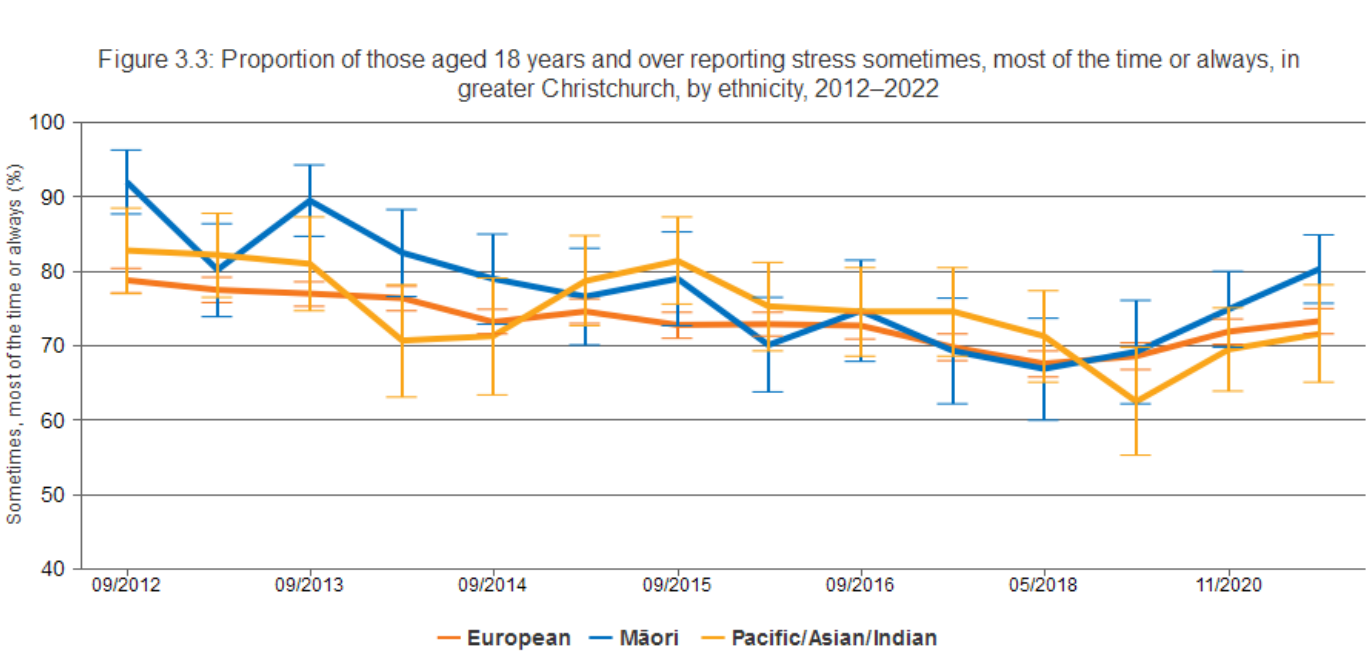
The figure shows an overall gradual decline in the proportion of respondents in greater Christchurch experiencing stress sometimes, most of the time or always, between 2012 (baseline) and 2018. The overall trend of reduction in the proportion of respondents experiencing stress sometimes, most of the time, or always is statistically significant. However, the 2022 result shows a statistically significant increase in the proportion of respondents experiencing stress, compared with the 2019 result (73.1% in 2022 up from 67.9% in 2019). The 2022 result indicates that the proportion of respondents experiencing stress is similar to that last seen in 2016.

Breakdown by Territorial Authority



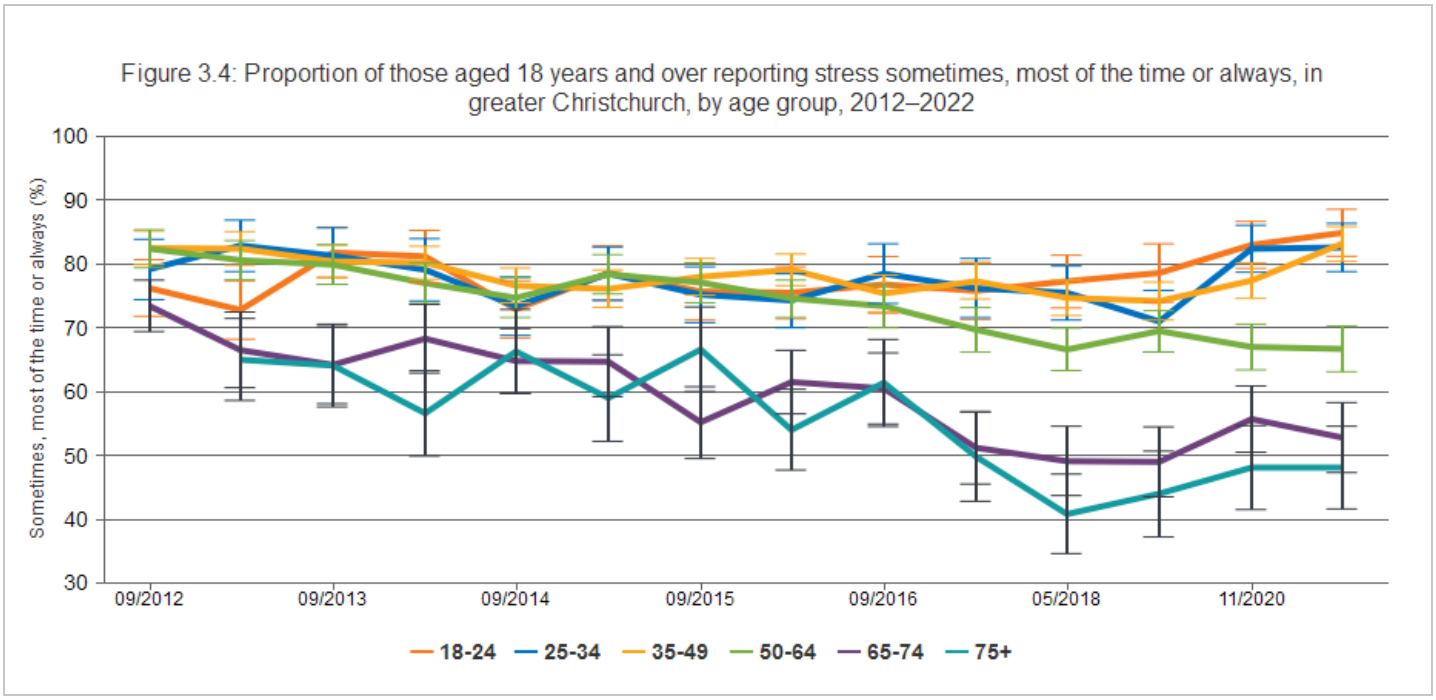
The figure shows that the proportion of respondents reporting stress sometimes, most of the time, or always, for Selwyn District, Waimakariri District, and Christchurch City residents was not statistically significantly different in 2022 (73.7%, 71.2%, and 73.3%, respectively). While respondents from Selwyn District and Waimakariri District appear to have reported a lower frequency of stress overall between 2012 and 2018, these differences are mostly not statistically significant.

Breakdown by ethnicity



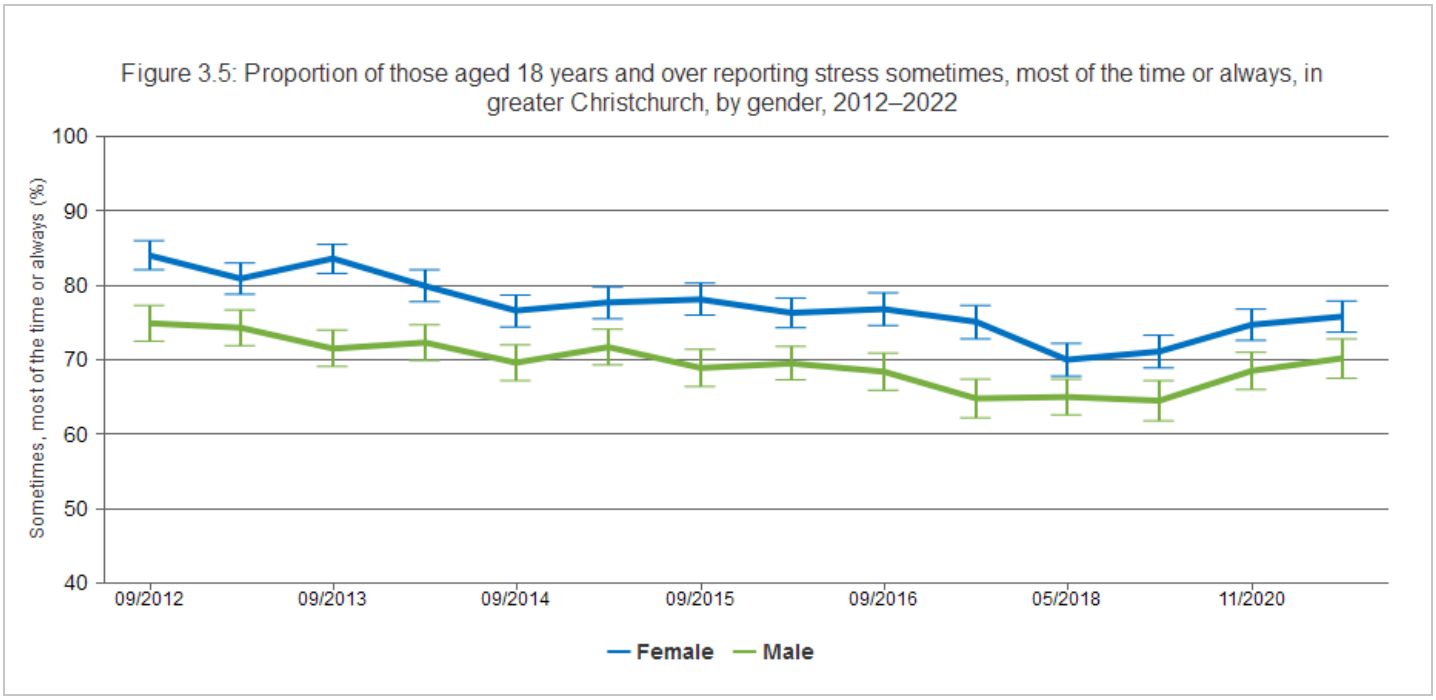
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (73.3%, 80.3%, and 71.6%, respectively, in 2022). While European respondents appear to have reported a slightly lower frequency of stress, overall, compared with Māori and Pacific/Asian/Indian respondents, between 2012 and 2022, these differences are not statistically significant (except for European compared with Māori, for the two time-points, 09/2012 and 09/2013).

Breakdown by age



The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, by age group. The figure shows a clear pattern of less frequent self-reported stress for respondents aged 65 to 74 years, and 75 years and over, compared with the younger age groups. For these two age groups, the proportion reporting stress at least sometimes has averaged approximately 10 to 30 percentage points lower than for the younger age groups, for the period from 2013 to 2022. These differences are statistically significant at almost all time-points in the series.

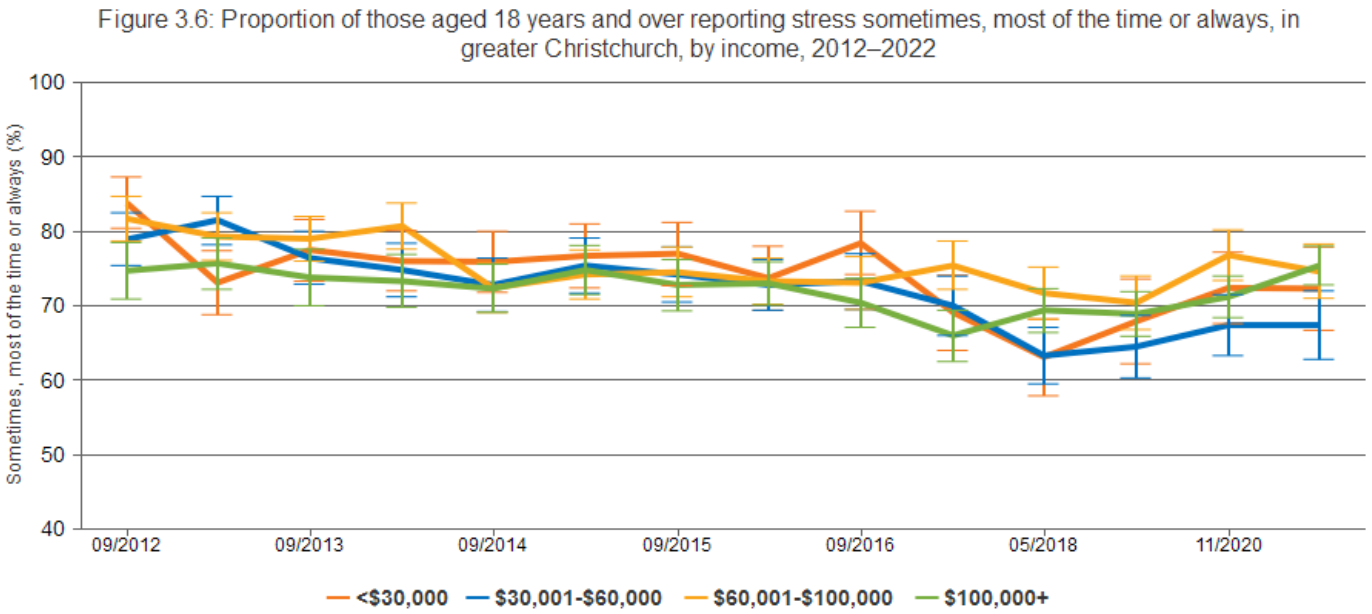
Breakdown by gender



The figure shows a clear pattern of a lower proportion of male respondents experiencing stress at least some of the time, compared with female respondents, throughout the time-series. For male respondents, the proportion experiencing stress at least some of the time has been approximately 5 percentage points below that of female respondents, across all years in the time-series (70.2% and 75.8% respectively, in 2022). The difference is statistically significant at all time-points.

© Crown copyright 2024 Printed on: 29/03/2024

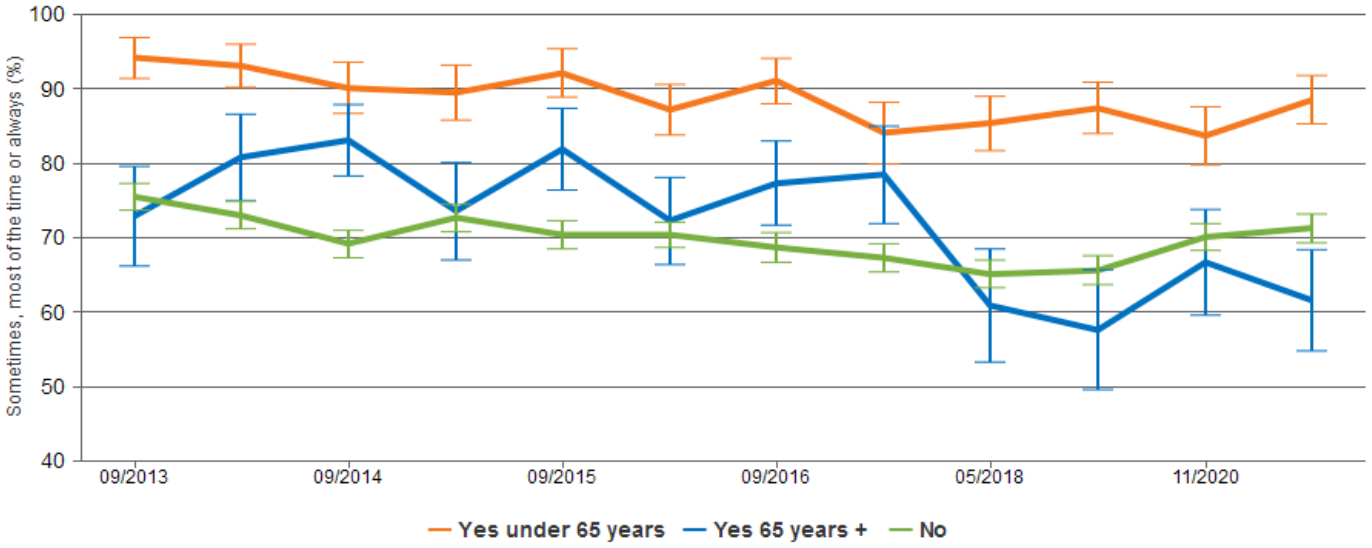
Breakdown by income



The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for the annual household income groups <$30,000; $30,000 to $60,000; $60,001 to $100,000; $100,000+; for the years from 2012 to 2022. In 2022, there were statistically significant differences in the proportion experiencing stress at least sometimes, between the $30,000 to $60,000 household income group (67.4%) and both the $60,001 to $100,000 and the $100,000+ household income groups (74.6%, and 75.4%. respectively). The proportion of respondents in the $30,000 to $60,000 household income group reporting stress at least sometimes was also statistically significantly lower than the $60,001 to $100,000 group in 2018 and 2020.

© Crown copyright 2024 Printed on: 29/03/2024

Breakdown by disability



The figure shows that a consistently larger proportion of under 65-year-old respondents, with a long-term health condition or disability; reported experiencing stress sometimes, most of the time, or always, compared with those respondents without a long-term health condition or disability (88.5% and 71.3% respectively, in 2022). The difference has averaged approximately ten percentage points across the time-series, from 2012 to 2022, and is statistically significant at all time-points. Conversely, the figure shows relatively lower frequency of stress for over 65-year-old respondents with a long-term health condition or disability, compared with respondents (of all ages) without (61.6% and 71.3%, respectively, in 2022). The difference between these two groups' reported frequency of experiencing stress is not statistically significant for most of the time-points shown.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury.
Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

REFERENCES

This is the full reference list for **Subjective Wellbeing**.

1 Aked J, Marks N, Cordon C, Thompson S (2008) *Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's well-being*. London: New Economics Foundation.

2 Diener E, Wirtz D, Tov W, Kim-Prieto C, Choi D (2009) New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research* 39: 247-266.

3 UK Government (2010) *Confident communities, brighter futures: A framework for developing wellbeing*. UK Government: Department of Health and New Horizons.

4 Beaglehole B, Mulder RT, Frampton CM, Boden JM, Newton-Howes G, et al. (2018) Psychological distress and psychiatric disorder after natural disasters: Systematic review and meta-analysis. *The British Journal of Psychiatry*: 1-7.

5 Bidwell S (2011) *Long term planning for recovery after disasters: Ensuring health in all policies (HiAP)*. Community and Public Health for Healthy Christchurch. 4–5 p.

6 Bonanno GA, Diminich ED (2013) Annual Research Review: Positive adjustment to adversity -Trajectories of minimal-impact resilience and emergent resilience. *Journal of child psychology and psychiatry, and allied disciplines* 54: 378-401.

7 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.

8 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: A systematic review of primary research from 2010-2011. *PLoS Curr* 4.

9 Ramanathan CS, Dutta S, editors (2013) Governance, Development, and Social Work. London: Routledge Publishers (Taylor and Francis Group).

10 Bowling A (2001) *Measuring Disease. A Review of Disease-specific Quality of Life Measurement Scales*. Buckingham: Open University Press.

11 CERA (2012) *CERA Wellbeing Survey 2012 Report, prepared by AC Nielsen for the Canterbury Earthquake Recovery Authority*. AC Nielsen and the Canterbury Earthquake Recovery Authority.

12 Topp CW, Ostergaard SD, Sondergaard S, Bech P (2015) The WHO-5 Well-Being Index: A systematic review of the literature. *Psychother Psychosom* 84: 167-176.

13 Selye H (1936) A syndrome produced by diverse nocuous agents. *Nature* 138.

14 Chandola T, Britton A, Brunner E, Hemingway H, Malik M, et al. (2008) Work stress and coronary heart disease: What are the mechanisms? *European Heart Journal* 29: 640-648.

15 Selye H (1976) *Stress in health and disease*. Stoneham MA: Butterworth-Heinemann.

16 World Health Organization (2013) *Guidelines for the management of conditions specifically related to stress*. Geneva: WHO.

17 CDHB (2020) *Canterbury Wellbeing Survey, 2020: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.

18 *The Quality of Life Project. Report prepared by Nielsen for the Auckland, Wellington, Christchurch, and Dunedin City Councils and partnering agencies.* Available from: www.qualityoflifeproject.govt.nz/survey.htm.

19 Vaishnavi S, Connor K, Davidson JRT (2007) An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. *Psychiatry research* 152: 293-297.

20 Windle G, Bennett KM, Noyes J (2011) A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes* 9: 8.

21 Davidson JRT (2020) Connor-Davidson Resilience Scale (CDRISC) Manual. Unpublished.

22 Connor KM, Davidson JR (2003) Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC).

23 Windle G (2011) What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology* 21: 152-169.

24 Bonanno G (2004) Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist* 59: 20-28.

25 Richardson GE (2002) The metatheory of resilience and resiliency. *Journal of Clinical Psychology* 58: 307-321.

26 Richardson GE, Neiger BL, Jensen S, Kumpfer KL (1990) The Resiliency Model. *Health Education* 21: 33-39.

27 Statistics New Zealand (2016) *New Zealand General Social Survey 2016*. Wellington: Statistics New Zealand.

28 Families Commission (2013) *Families and whānau Status report: Towards measuring the wellbeing of families and whānau*. Wellington: Families Commission.

29 Wollny I, Apps J, Henricson C (2010) *Can government measure family wellbeing?* London: Family and Parenting Institute. Available from: https://www.familyandparenting.org/Resources/ FPI/Documents/CanGovernmentMeasureFamilyWellbeing.pdf.

30 Cotterell G, von Randow M, Wheldon M (2008) *Measuring Changes in Family and Whānau Wellbeing Using Census Data, 1981–2006: A preliminary analysis*. Wellington: Statistics New Zealand.

31 Baker K (2016) *The Whānau Rangatiratanga Frameworks: Approaching whānau wellbeing from within Te Ao Māori*. Wellington: Social Policy Evaluation and Research Unit.

32 Fletcher M (2007) Issues in developing a conceptual framework for 'family wellbeing'. National Family Wellbeing Symposium, Canberra, 20–21 June 2007.

33 Statistics New Zealand (2006) *International developments in family statistics*. Wellington: Statistics New Zealand.

34 Statistics New Zealand (2007) *Review of official family statistics. Consultation Paper*. New Zealand: Wellington.

35 Statistics New Zealand (2013) *Te Kupenga 2013: A survey of Māori well-being questionnaire*. Wellington: Statistics New Zealand.

36 Statistics New Zealand (2018) *New Zealand General Social Survey 2018 data dictionary (version 29)*. Statistics New Zealand.

© Crown copyright 2024 Printed on: 29/03/2024