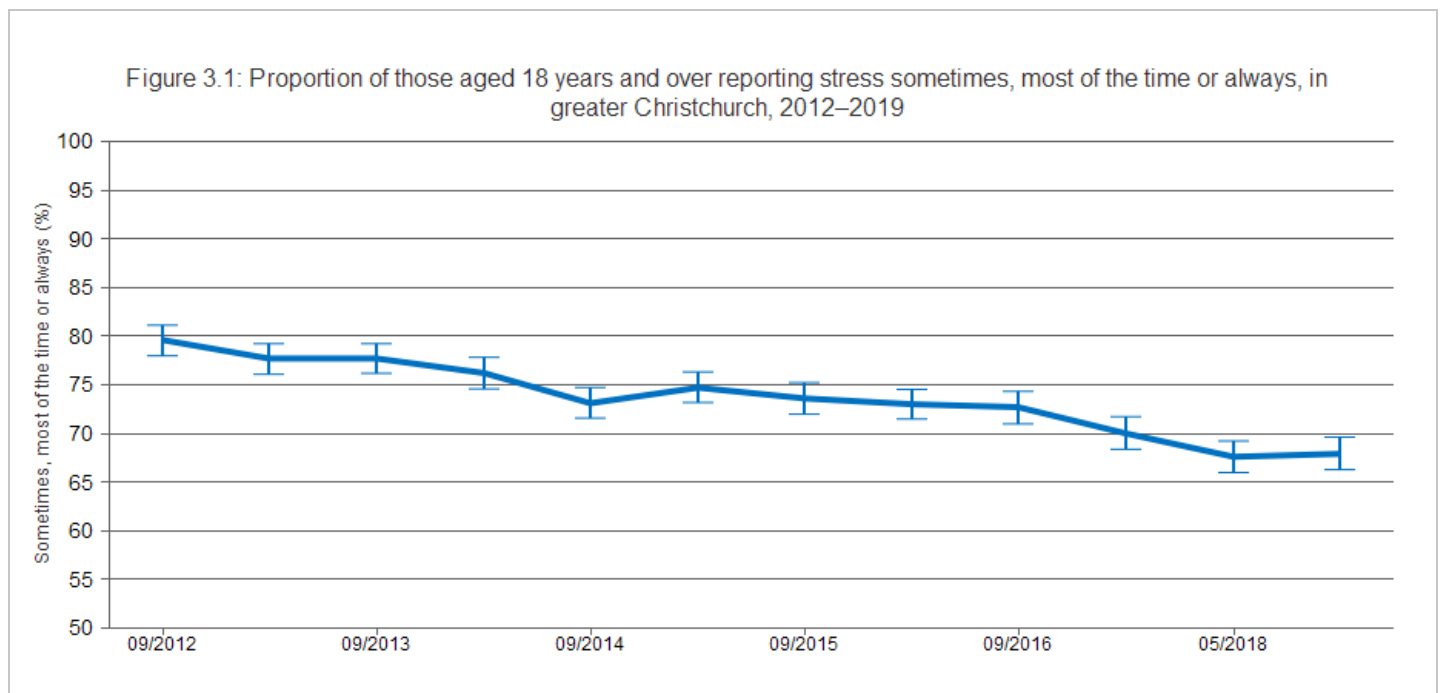


Subjective Wellbeing: Stress

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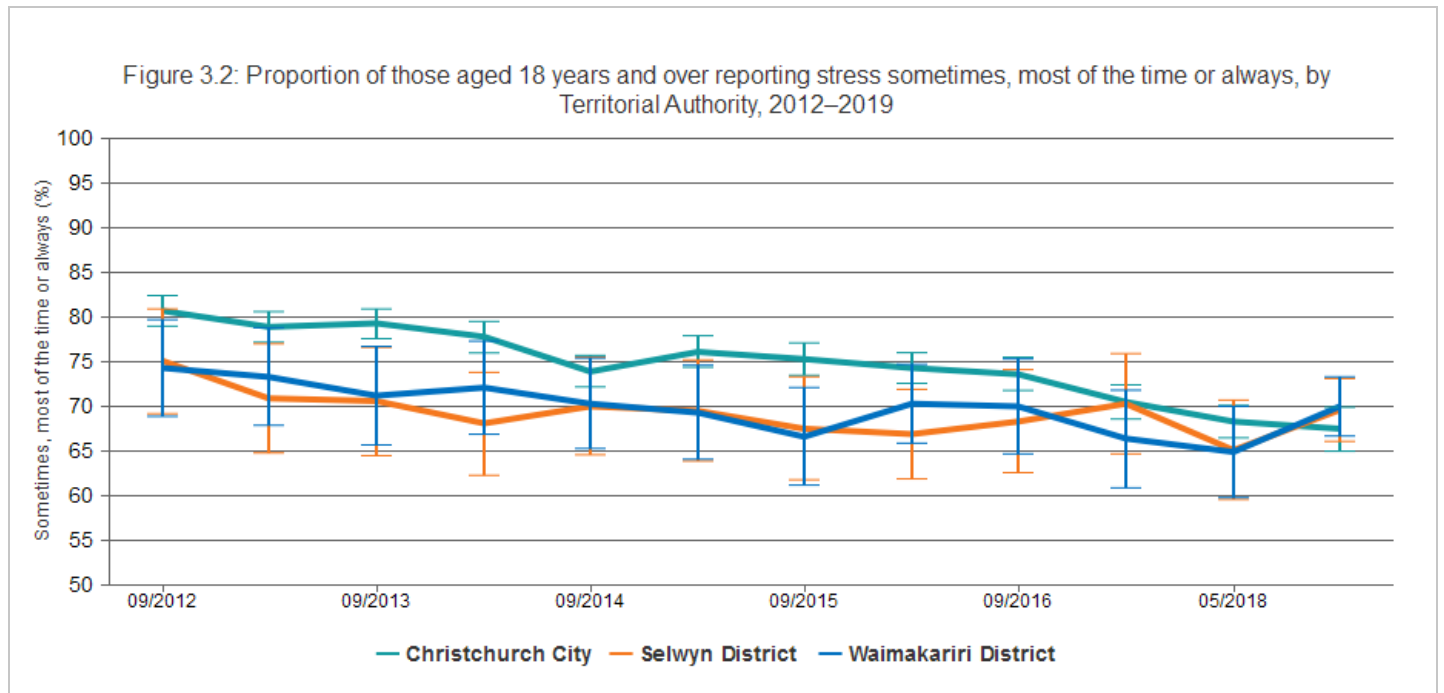
Stress is the non-specific response that a person might experience when faced with a demand for change (a stressor) [13]. While stress can stimulate positive responses, studies of the effects of stress on health are usually concerned with the negative influence stress can have on how people feel emotionally, 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 2012 to 2019.



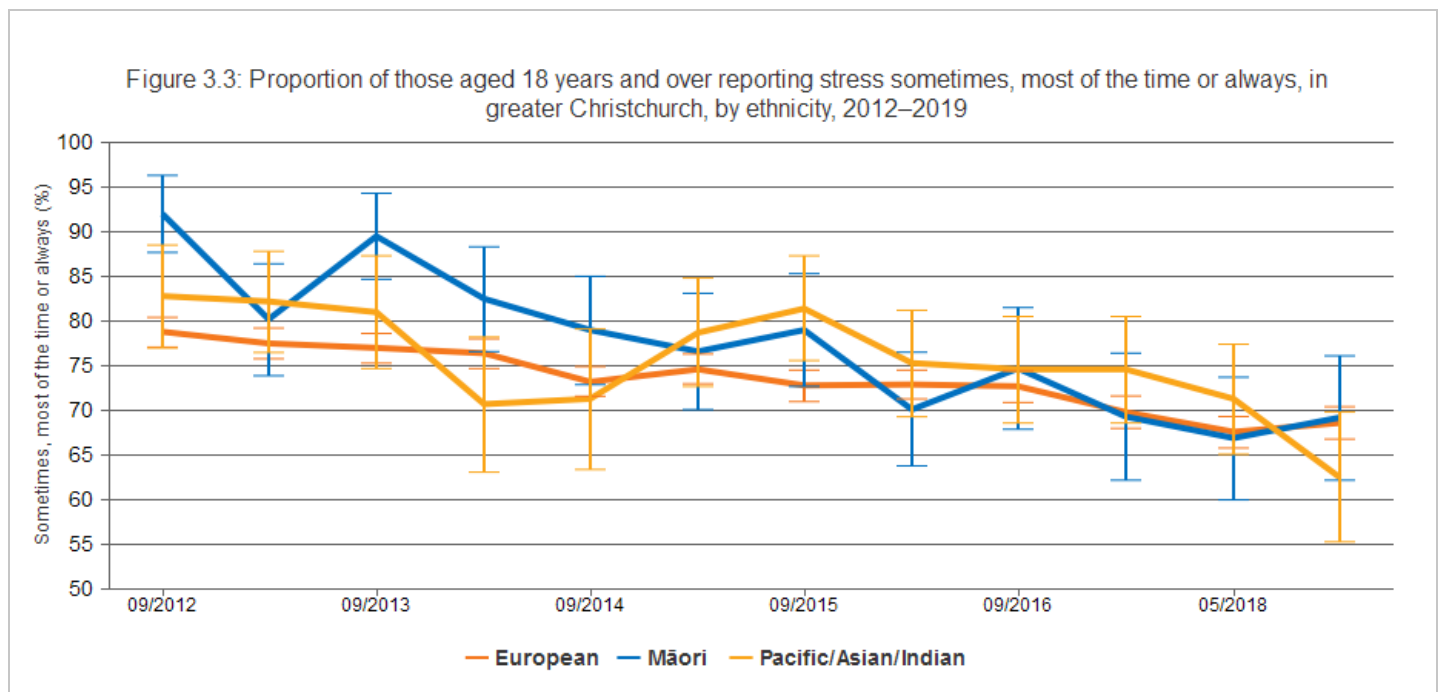
The figure shows an overall gradual decline in the proportion of respondents in greater Christchurch experiencing stress sometimes, most of the time or always, since the 2012 baseline. The 2019 result is statistically significantly lower than all other years prior to 2017. The overall trend of reduction in the proportion of respondents experiencing stress sometimes, most of the time or always is statistically significant; dropping from 79.6 percent of respondents in 2012, to 67.9 percent in 2019. The proportion is effectively unchanged between 2018 and 2019 (67.6% and 67.9%, respectively).

Breakdown by Territorial Authority



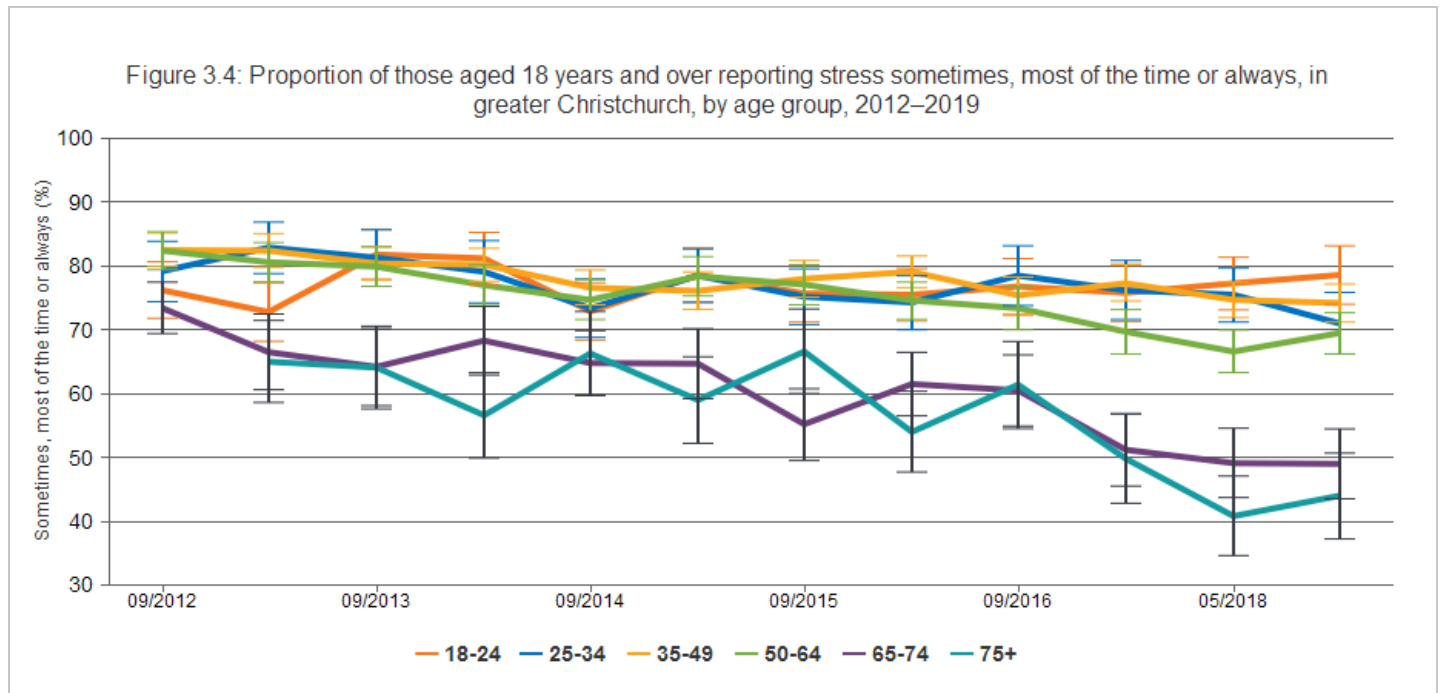
The figure shows that the proportion of respondents reporting stress sometimes, most of the time, or always, for Selwyn District, Waimakariri District, and Christchurch City residents was not statistically significantly different in 2019 (69.6%, 70%, and 67.5%, respectively). While respondents from Selwyn 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



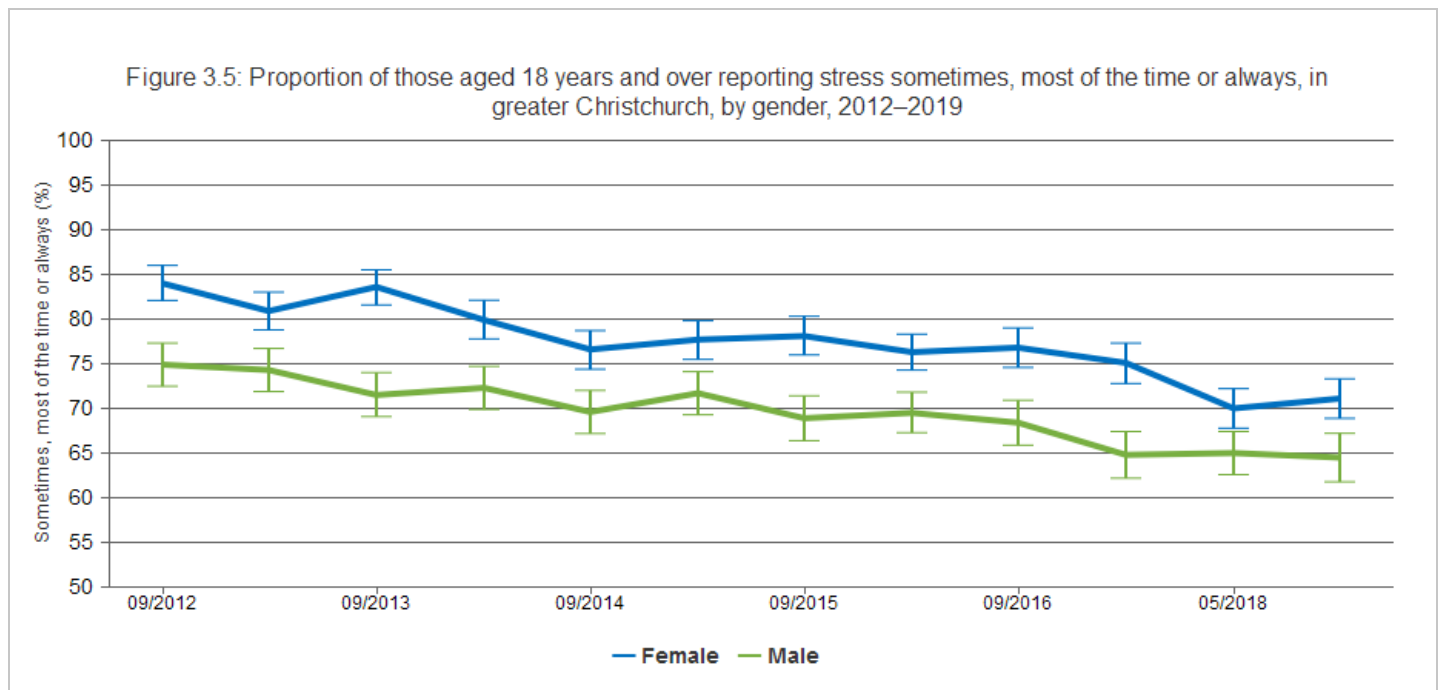
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (68.6%, 69.2%, and 62.5%, respectively, in 2019). While European respondents appear to have reported a slightly lower frequency of stress, overall, compared with Māori and Pacific/Asian/Indian respondents, between 2012 and 2017, these differences are not statistically significant (with the exception of European compared with Māori, for the two time-points, 09/2012 and 09/2013).

Breakdown by age



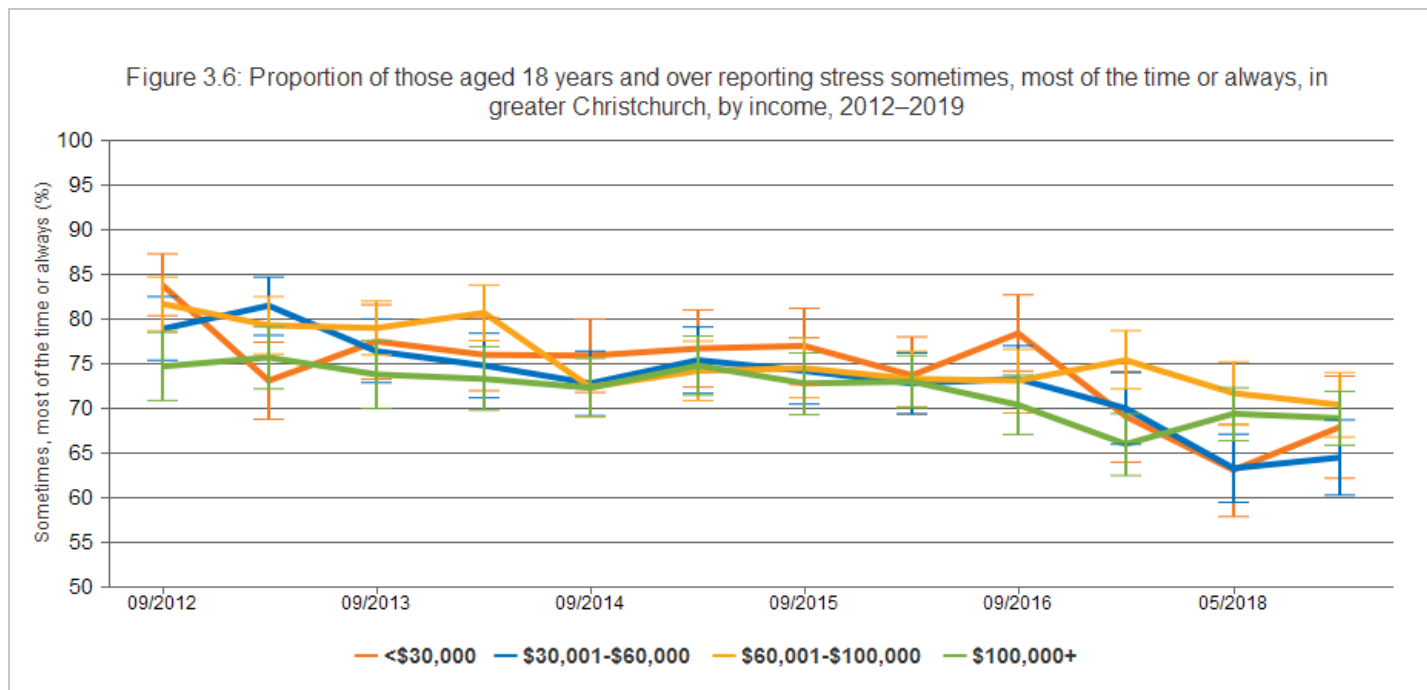
The figure shows the proportion of respondents reporting stress sometimes, most of the time, or always, by age group. The figure shows a clear pattern of less frequent self-reported stress for respondents aged 65 to 74 years, and 75 years and over. For these two age groups, the proportion reporting stress at least sometimes has averaged approximately 10 percentage points less than for all of the other age groups, for the period from 2013 to 2019. These differences are statistically significant at almost all time-points in the series.

Breakdown by gender



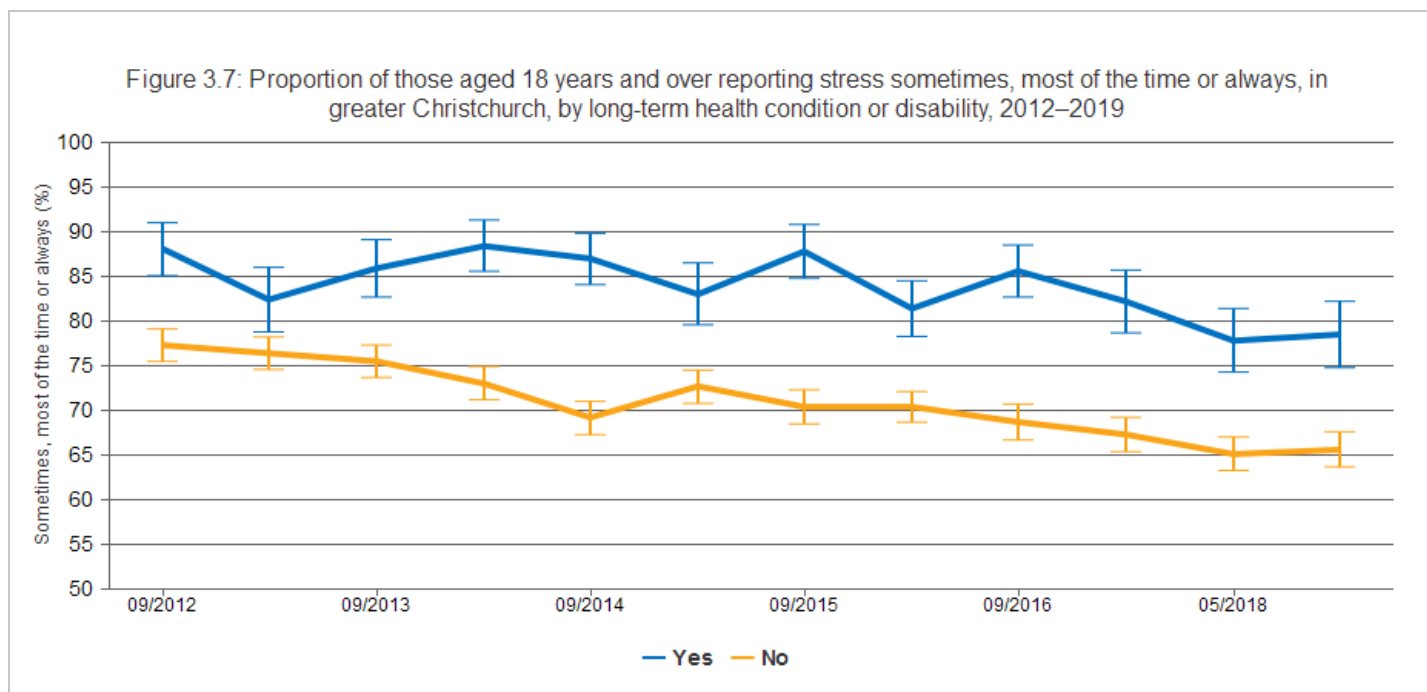
The figure shows a clear pattern of a lower proportion of male respondents experiencing stress at least sometimes, compared with female respondents, throughout the time-series. For male respondents, the proportion experiencing stress at least sometimes has been approximately 5 percentage points below that of female respondents, across all years in the time-series (64.5% and 71.1% respectively, in 2019). The difference is statistically significant at all time-points.

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; \$60,000 to \$100,000; \$100,000+; for the years from 2012 to 2019. No statistically significant differences are evident in the proportion experiencing stress at least sometimes across the different income groups (with the exception of the <\$30,000 income group having a higher proportion compared with the \$100,000+ income group, at two time-points; 09/2012 and 09/2016).

Breakdown by disability



The figure shows that a consistently larger proportion of 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. The difference has averaged approximately ten percentage points across the time-series, from 2012 to 2019, and is statistically significant at all time-points.

Data Sources

Source: Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) 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, et al. (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 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.
- 5 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.
- 6 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.
- 7 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.
- 8 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.
- 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 noxious agents. *Nature* 138.
- 14 Selye H (1976) *Stress in health and disease*. Stoneham MA: Butterworth.
- 15 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.
- 16 World Health Organization (2013) *Guidelines for the management of conditions specifically related to stress*. Geneva: WHO.
- 17 Canterbury DHB (2019) *Canterbury Wellbeing Survey, June 2019: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 18 www.qualityoflifeproject.govt.nz/survey.htm.
- 19 Statistics New Zealand (2016) *New Zealand General Social Survey 2016*. Wellington; Statistics New Zealand.