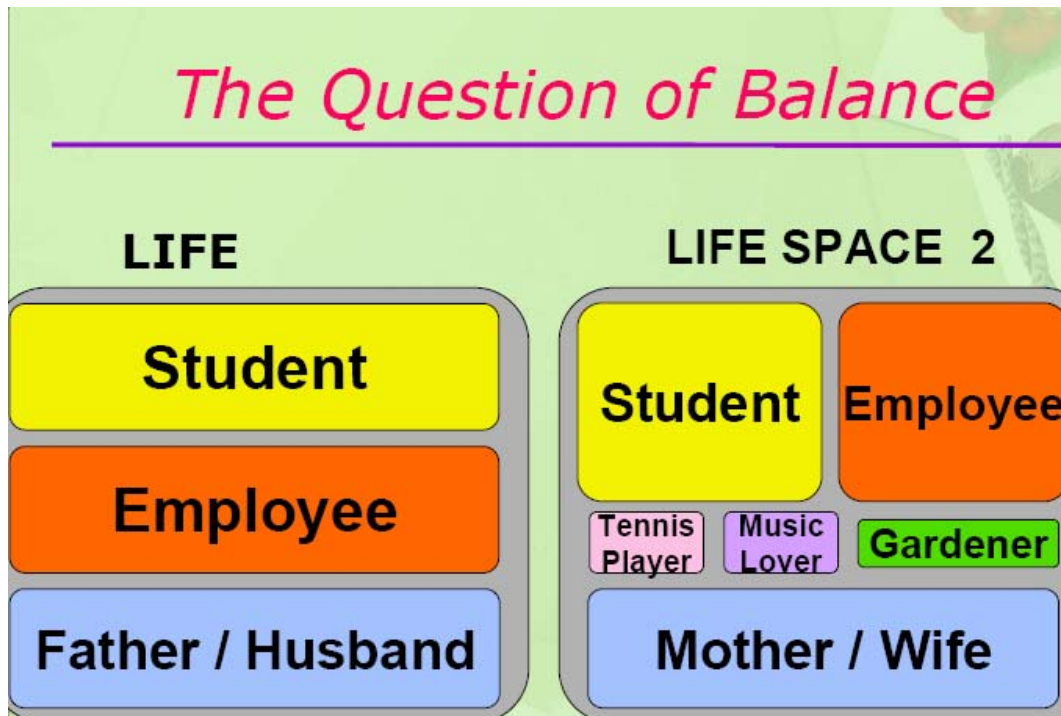


MEASURING & MANAGING STUDENT STRESS

1. Introduction

- Learn how to manage the demands of career, work and family



- Fight and Flight Phenomenon:
 - Cannon, 1939: stress as a “fight and flight” phenomenon... helps us to mobilize energy to either defeat the stressor or to get away from it
 - Modern stress has more social or psychological stressors than physical stressors
 - An ego-related stressor cannot be reduced by using a physical response (e.g. fight)
 - May also continue over a longer time than a physical stressor
 - An imagined stressor is impossible to fight via physical means

2. Coping skills

- Changing self
 - Emotion, thoughts and belief
 - Emotions
 - Usually the result of thoughts
 - E.g. anger, fear, joy, guilt, love, sad, etc
 - Thoughts
 - Conscious thought operates as a control system
 - E.g. focus on some goal leads to action for accomplishment of the goal
 - Conscious mind chooses behaviors in order to handle overload
 - E.g. withdrawing from a situation which is too difficult
 - E.g. being depressed or miserable
 - Beliefs
 - Beliefs are thought which endure over time
 - Learned early in life
 - Belief, emotion, thoughts and stress
 - Core Beliefs activated by a stressor
 - E.g. “I’m unlovable” + break up with boyfriend
 - Negative Automatic Thoughts
 - i.e. automatic thoughts with thinking errors
 - personalizing, magnifying & minimizing, etc
 - Negative emotion
 - Depression, anger, anxiety, etc
 - Characteristics of A type a behaviour pattern
 - Hurry sickness
 - A sense of time urgency; trying to accomplish too uch on too little time
 - Quest for numbers

- Preoccupied with ratings, being better than others, earning more money
- Insecurity status
 - Strong need for “objective” measure of self-worth, pursues achievement to get admiration from others
- Aggressive and hostility
 - Competed with or challenges others continually; struggles to beat others, quick tempered and angry
- Aggressive and Passive
 - Aggressiveness
 - Demanding
 - Does not consider the other person’s self esteem
 - Belittles the other person (e.g. they are ‘dumb’ for not agreeing)
 - Usually results in counter-aggression
 - Communication usually blocked... everyone leaves dissatisfied
 - Non-assertiveness – not saying what you feel... being passive
 - Might sit back and hope that others will notice their needs
 - Might us manipulation
- Coping styles
 - Emotional-based coping
 - Focus on emotions due to stress
 - i.e. stress action
 - problem-based coping
 - focus on the events causing stress
 - i.e. stressor
 - What happen in learned helplessness?
 - Pessimism → no action
 - GAS: alarm → resistance → exhaustion

- Others
 - Managing stress
 - Effective communication
 - Diet and exercise
 - humor
- Changing situation
 - Problem solving
 - Effective Handling demands
 - Prioritizing
 - Managing your time
 - Setting limits
 - Delegating
 - Energy refreshers
 - Building balance

3. Tools to measure stress

- General Health Questionnaire (GHQ)
 - The Malay version of the 30-items GHQ
 - Screening questionnaire
 - Self-administered instrument
 - Use in community setting, primary care or GP outpatients
 - Each has 4 possible response
 - GHQ scoring (0-0-1-1)
 - Useful instrument if to focus on psychological & psychosocial symptoms rather than somatic symptoms
 - When scores are added it yield a scoring ranging from 0-30
 - Has acceptable sensitivity and specificity
 - In Malaysia, GHQ has been validated in English (Maniam, 1996) & the Malay (Abdul Hamid & Hatta, 1996)

- Maniam used cut-off point of 6/7 instead of the usual 4/5 in the original GHQ manual (Goldberg, 1978)
- Abdul Hamid & Hatta (1996) recommended 7/8 to be the desired figured yielding a sensitivity of 93.3% & specificity 96%
- Wan Mohd Rashid (USM, 2000) used scoring above 6 & regard them as 'potential case' for further interview
- The Hassles Assessment scale for students
 - Scale to measure students' stress
 - Measuring the frequency and unpleasant of and dwelling on stressful events
 - Students rate each of 54 hassles for
 - Its frequency and
 - Unpleasantness in the past month
 - Indicate the degree to which they dwelt or ruminated on it
 - High level of internal consistency
 - Correlational analysis demonstrated high criterion validity and congruent validity

• BECK depression inventory



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BECK DEPRESSION INVENTORY

1. 0. Saya tidak merasa sedih 1. Saya rasa sedih 2. Saya rasa sedih sepanjang masa dan tidak dapat menghilangkan kesedihan saya. 3. Saya rasa terlalu sedih dan tidak dapat menghilangkan kesedihan saya lagi.	2. 0. Masa depan saya tidak nampak muram. 1. Masa depan saya nampak muram. 2. Masa depan saya nampak gelap. 3. Masa depan saya nampak terlalu gelap dan tiada apa-apa harapan lagi.
3. 0. Saya tidak ada perasaan gagal. 1. Saya rasa saya lebih kerap gagal berbanding dengan orang lain. 2. Apabila saya menoleh ke belakang, hidup saya penuh dengan kegagalan. 3. Saya rasa saya sudah gagal di dalam segala-galanya yang telah saya lakukan.	4. 0. Saya dapat banyak kepuasan atas apa yang biasa saya lakukan. 1. Saya tidak gembira dengan apa yang saya lakukan. 2. Saya rasa tidak dapat kepuasan sebenar dengan apa yang saya lakukan lagi 3. Saya rasa tidak puas dan bosan dengan semua perkara
5. 0. Saya tidak merasa bersalah. 1. Saya kerap kali rasa bersalah. 2. Saya rasa bersalah kebanyakan masa. 3. Saya berasa bersalah sepanjang masa.	6. 0. Saya tidak rasa yang saya dihukum. 1. Saya rasa saya mungkin dihukum. 2. Saya menjangka bahawa saya akan dihukum. 3. Saya rasa saya sedang dihukum.
7. 0. Saya sukakan diri saya. 1. Saya tidak sukakan diri saya. 2. Saya rasa meluat / menyampah terhadap diri sendiri. 3. Saya bencikan diri saya sendiri.	8. 0. Saya rasa tidak sebegitu teruk seperti orang lain. 1. Saya mengkritik diri sendiri bagi setiap kelemahan atau kesilapan. 2. Saya menuduh diri saya sepanjang masa atas setiap kesilapan saya. 3. Saya menuduh diri saya atas sebarang kejadian buruk yang berlaku.
9. 0. Saya tiada perasaan bunuh diri. 1. Saya ada perasaan bunuh diri, tapi saya tidak akan melakukannya. 2. Saya ada keinginan untuk bunuh diri. 3. Saya akan bunuh diri jika ada peluang.	10. 0. Saya tiada lebih kerap menangis. 1. Saya menangis lebih daripada dulu. 2. Kini, saya menangis lebih daripada dulu. 3. Dulu saya selalu menangis, tetapi sekarang saya tidak dapat menangis walaupun saya ingin menangis.
11. 0. Saya tiada rasa lebih jengkel dari dulu. 1. Saya mudah jengkel / marah dari dulu. 2. Saya rasa jengkel setiap masa. 3. Sekarang saya tidak lagi merasa marah terhadap perkara-perkara yang biasa membuat saya marah dulu.	12. 0. Saya tiada hilang minat terhadap orang-orang lain. 1. Saya kurang berminat terhadap orang-orang lain berbanding dengan masa dulu. 2. Saya hilang banyak minat terhadap orang lain. 3. Saya tiada minat langsung terhadap orang lain.
13. 0. Saya boleh membuat keputusan-keputusan seperti biasa 1. Saya lebih kerap mengelak dari membuat keputusan. 2. Saya dapati lebih susah membuat keputusan sekarang berbanding dengan dulu. 3. Saya tidak dapat membuat apa-apa keputusan pun sekarang.	14. 0. Saya tidak rasa wajah saya lebih buruk dari dulu. 1. Saya bimbang bahawa wajah saya semakin tua dan tidak menarik lagi. 2. Saya rasa ada perubahan kekal pada wajah saya, yang membuat saya tidak menarik.

BECK DEPRESSION INVENTORY

Nama doktor: _____

Tarikh: _____

Nama:

No. Pend:

RP298/02/2006

<p>15. 0. Saya boleh bekerja seperti dahulu.</p> <p>1. Saya memerlukan usaha yang lebih untuk membuat sesuatu.</p> <p>2. Saya perlu memaksa diri saya untuk melakukan sesuatu.</p> <p>3. Saya tidak dapat melakukan apa-apa kerja lagi.</p>	<p>16. 0. Saya boleh tidur seperti biasa.</p> <p>1. Saya tidak dapat tidur nyenyak seperti biasa.</p> <p>2. Saya bangun 1-2 jam lebih awal dari biasa dan susah hendak tidur balik.</p> <p>3. Saya bangun beberapa jam lebih awal dari biasa dan tidak dapat tidur semula langsung.</p>
<p>17. 0. Saya tidak rasa lebih letih dari dulu.</p> <p>1. Saya lebih mudah letih berbanding dengan dulu.</p> <p>2. Saya merasa letih apabila hendak membuat apa-apa pun.</p> <p>3. Saya sungguh letih dan tidak dapat buat sebarang apa pun.</p>	<p>18. 0. Selera saya seperti biasa.</p> <p>1. Selera saya kurang baik dari biasa.</p> <p>2. Selera saya banyak menurun sekarang.</p> <p>3. Saya tiada selera makan langsung.</p>
<p>19. 0. Saya tiada banyak kekurangan berat badan.</p> <p>1. Berat badan saya hilang lebih daripada 5 paun.</p> <p>2. Berat badan saya hilang lebih daripada 10 paun.</p> <p>3. Berat badan saya hilang lebih daripada 15 paun.</p>	<p>20. 0. Saya tidak bimbang sangat tentang kesihatan saya.</p> <p>1. Saya bimbangkan tentang kesihatan saya seperti sakit perut dan sembelit.</p> <p>2. Saya sungguh bimbang tentang kesihatan saya sehinggalah susah untuk memikirkan perkara-perkara lain.</p> <p>3. Saya sangat bimbangkan tentang kesihatan dan tidak dapat langsung memikirkan perkara-perkara lain.</p>
<p>21. 0. Saya tiada perubahan dalam nafsu seks saya.</p> <p>1. Saya kurang berminat terhadap seks sekarang berbanding dengan dulu.</p> <p>2. Saya banyak kekurangan minat terhadap seks sekarang.</p> <p>3. Saya hilang nafsu seks sama sekali.</p>	

SCORE:

- 0 – 10 Normal
- 11 – 20 Mild depression
- 21 – 30 Moderate depression
- 31 – 40 Severe depression
- 41 – 63 Very severe depression

4. Study findings - The relationship of social, psychological well-being, anxiety, depression, and student needs to self esteem and assertiveness in first year university student (S. Voitkane & S. Mieзите, University of Latvia):

- Students with high level of perceived social support reported higher scores on all dimensions of psychological well-being
- Students with a high level of perceived social support have higher level of self-esteem and assertiveness
- Students with high-self-esteem reported higher scores on all dimension of psychological well-being, indicating their potential for self-actualization
- Assertive individual who are willing to express their frustration or needs to others in a new setting may be more likely receive instrumental assistance, such as information about resources on campus, and avoid increasing of anxiety and depressive feeling (Strahan, 2003)
- Low level of self-esteem and lack of self-assertiveness suggest that these individuals will be reluctant to seek support and help with their needs for successful adjustment in transition to university
- The results of this study underscore the potential value of social networks, including peer and faculty advising as well as the need for educational initiatives for raising public awareness in Latvia about the importance of social support to ensure student well-being and academic success

5. Study findings – The psychological challenges faced by MSc students: a presentation on what lies ahead with tips for coping (Adam Sandelson, LSE student Counselling Service):

- Common students difficulties
 - Ambivalence about leaving home and family

- Cultural isolation
- Setting down in a new peer group
- Dilemmas about relationship and identity
- Financial difficulties
- Ambivalent relationship to study
- Feeling under pressure to do everything right
- Having to sort out your whole life in 1st year
- Coping strategies
 - Use stress management techniques
 - Physical, cognitive, behavioral
 - Practicing switching off, particularly through physical activity and leisure pursuits
 - Good self care – especially sleep, diet, caffeine, alcohol and nicotine
 - Allow yourself time out for a temporary release of stress
 - Good time management
 - Revise study skills
 - Setting realistic goals, celebrate achievement
 - Create and use support networks

6. Stress among medical students:

- In general 30-50% of medical students are significantly distressed.
- Chronic exposure to stress was associated with emotional, physical & mental health problems.
- Saiful et al. (2009) reported that, 29.1% of Universiti Sains Malaysia medical students are significantly distressed.