

Milena Belić¹⁰, PhD
teaching assistant
State university of Novi Pazar

Mirsen Fehratović¹¹, masters degree
teaching assistant
State university of Novi Pazar

Hana Sejfović¹², masters degree,
teaching assistant
State university of Novi Pazar

Mirjana Beara¹³, PhD
Associate professor of Psychology
Faculty of Philology and Arts
University of Kragujevac

PERCEIVED STRESS AS A PREDICTOR OF THE SUBJECTIVE ASSESSMENT OF THE HEALTH STATUS OF CHILDREN AND THE YOUTH

Abstract

Here we investigate the role of perceived stress in predicting the subjective assessment of health status. Perceived stress represents a subjective belief about possibility to control and predict one's life as well as the belief in one's ability to cope with the problems. The sample consists of 621 young people (373 girls), students of secondary school and university, average age 18,3. Translated and partly culturally adapted Perceived stress scale was used, which measures the degree to which a person experiences their life unpredictable, out of control and overloading. Results of the research have shown that the average value of perceived stress is 18.88 (SD= 6.03, Min= 0, Max=40), which indicates that our respondents assessed their life as stressful, and the individual differences are quite large. The average value of the subjective assessment of health is 3.92 (SD= 1.03, Min= 1, Max= 5), which indicates that most of the respondents assess their health as very good. Results of linear regression analysis have shown that the perceived stress is a good predictor of subjective assessment of health, in which the subjects with higher score on perceived stress scale assessed their health worse, and vice versa ($F(1,535) = 61.344, p = 0.000, \beta = -0.321$). Perceived stress explains 10.3% of the variance in the subjective assessment of the health status.

Key words: perceived stress, subjective assessment of the health status, children and the youth

¹⁰ mbelic@np.ac.rs

¹¹ mirsenfehratovic@gmail.com

¹² hana.sejfovic@gmail.com

¹³ mirjana.beara@gmail.com

Introduction

The modern definition of health recognizes the complex and dynamic interaction of physical, mental and social well-being and defines health as physical, social and mental well-being, and not only as the absence of disease or disability. This way of defining health supports the biopsychosocial model of health, which emphasizes the importance of biological, psychological and social factors in health and sickness.

Health is a universal value that is highly ranked in the value system for the majority of people, often in the first place. The issue of health is multi-layered and complex, it can be observed on several levels, from personal to collective, and from several aspects, including personal perception of health. Youth is often synonymous with experiencing full health and strength; however, health and health behavior issues are of paramount importance among this population. Young people are an indispensable resource of a country; therefore, it is extremely important to consider various aspects of the health and health behavior of young people.

Numerous studies have shown that stress directly and indirectly affects various aspects of human life and functioning, including the health of the individual. Stress is most often defined as a state of disturbed physiological, psychological and social balance, caused by an individual assessment of physical, mental or social vulnerability. Children and the youth are largely exposed to various forms of stress. The period of intensive growth and maturation brings with itself numerous challenges for the young person, both internally and externally. Sources of stress become a string of cognitive, physical, social and emotional changes that an adolescent experiences, but constant and increasing demands from the environment (Vaselić & Mihajlović, 2019) are sources of stress, as well. An important link between sources of stress and stress reactions is the personal perception of the individual (Lazarus, 1966). Perceived stress is a subjective belief about how much it is possible to control and predict one's life, how often a person has to deal with various stressful events, as well as a belief in one's own abilities and strength to deal with problems. Stressful situations can have serious consequences, both for adolescent health and for later adjustment in life (Seiffge-Krenke, 2000).

Long-term exposure to stress of young people, with the perception of stress as exhausting and exceeding personal capacity to overcome, can affect the perception of their own health status, which in addition to objective indicators, is an important component of health as a whole.

Negative trends in the mental and subjective health of the youth pose a challenge in the public health work in many countries around the world. Self-assessed mental and subjective health problems, such as pain, sleep disorders, anxiety, and various stress-related problems, appear to increase over time in older adolescents, especially young girls (Wiklund, Malmgren-Olsson, Öhman, Bergström & Fjellman-Wiklund, 2012).

Subjective health problems refer to a set of somatic and psychological symptoms that an individual experiences, with or without a specific diagnosis (Ursin & Eriksen, 2004). Somatic symptoms such as fatigue, headache, and abdominal pain, and psychological symptoms such as irritability and nervousness are common in otherwise healthy adolescents (Hagquist & Andrich, 2004; Jellesma, Rieffe & Terwogt, 2007). Simultaneous occurrence of symptoms is not uncommon and requires special attention because it is associated with poor general health, low life satisfaction (Ravens-Sieberer, Torsheim, Hetland, Vollebergh, Cavallo, Jericek & Erhart, 2009) and more frequent use of medications (Gobina, Välimaa, Tynjälä, Villberg, Villerusa, Iannotti & HBSC Medicine Use Writing Group, 2011).

During the adolescence period, school and peer-related stressors are reliable predictors of subjective health problems. For example, school failures (Hurrelmann, Engel, Holler & Nordlohne, 1988), lack of teacher support (Ghandour, Overpeck, Huang, Kogan, & Scheidt, 2004), bullying and rejection by peers (Jellesma et al., 2007), all have a direct impact on the frequency of symptoms. Family stress, such as communication problems (DeVriendt, Moreno & De Henauw, 2009) and conflicts with parents (Hurrelmann et al., 1988) are also strongly correlated with symptoms.

Adolescent stress is associated with multiple stressors and sources of stress such as school success, partnerships, peer violence and peer pressure, financial problems, taking responsibility, and worrying for the future (Byrne, Davenport & Mazanov, 2007). By placing these aspects in a broader social context, the lives and life challenges of young people look even more complex.

Subjective health problems are in theory at least partially related to psychosocial stress. Frequent or chronic stress and related emotional and psychological arousal may play an etiological role in the development of frequent health problems (Ursin & Eriksen, 2004).

Perceived stress and psychosomatic health problems peak in young girls aged 16–18 years (Friberg, Hagquist & Osika, 2012). In this age group, 37% of young girls and 22% of young boys considered themselves to be “very often” under stress. In a sample of 16-year-old high school students in Stockholm, one third, with over 14% of girls and 3% of boys, reported severe symptoms of stress exceeding the limit value for chronic stress (Schraml, Persky, Grossi & Simonsson-Sarnecki, 2011).

Previous research has also established an association between different sources of stress, perceived stress, and subjective health problems (Hetland, Torsheim & Aarø, 2002; Hjern, Alfven & Östberg, 2008; Torsheim & Wold, 2001). The most common subjective health problems of the youth are headache, abdominal pain, musculoskeletal symptoms, sleep disorders and nervousness (Haugland, Wold, Stevenson, Aarø & Woynarowska, 2001). In terms of sources of stress, the most vulnerable is the group of adolescents who report experience from the category of chronic burden as their most stressful experience - young people who are classified in this group have the highest number of health problems and

the lowest mental health indicators, such as self-esteem and optimism. (Zotović-Kostić & Beara, 2016).

Previous research has found a high prevalence of subjective health problems and perceived stress, especially in young girls (Wiklund et al. 2012; Zotović-Kostić & Beara, 2016). For almost all health problems, it is the girls who have experienced them two or even three times more often. In a study on a sample of young people from Vojvodina, girls had a more pronounced self-perception of stress than boys, with students from grammar schools having the most pronounced experience of stress, compared to primary and secondary school students (Zotović-Kostić & Beara, 2016). In the previous research, perceived stress was associated with both physical and psychosomatic symptoms, including sleep disorders and psychological symptoms of anxiety and depression (Jellesma et.al. 2007; Schraml et.al. 2011). However, the strongest association was found between perceived stress, psychosomatic symptoms, and anxiety.

A consistent pattern of gender differences in subjective health and physical and mental health problems is in accordance to findings from several previous studies on the subjective health of young adolescents (Beara & Zotović-Kostić, 2016; Friberg et al., 2012; Schraml et al., 2011; Torsheim, Ravens-Sieberer, Hetland, Välimaa, Danielson & Overpeck, 2006; Zotović-Kostić & Beara, 2016).

In Swedish youth, the most common source of perceived stress is the high pressure and demands from the school, which was the response of 63.6% of girls and 38.5% of boys (Wiklund et al. 2012), and in the sample of the youth from Vojvodina the most pronounced sources of stress came from the domains of family (40%) and academia (20%) (Zotović-Kostić & Beara, 2016). Perceptions of self-imposed demands and internal pressures are also quite common, especially among girls (Wiklund et al. 2012; Wiklund, Bengs, Malmgren-Olsson & Öhman, 2010). In South Korea, 32.3% of high school boys and 47.6% of girls perceive that they are under huge amounts of stress (Kang & You, 2018). The most common sources of such perceived stress are excessive learning and an educational system that emphasizes the strict competence of students to take entrance exams. These stressful situations can have a negative effect on the mental health and life habits of young people. For example, higher levels of perceived stress in adolescents are associated with less frequent involvement/engagement in health-promoting behaviors, increased use of carbohydrate-rich foods, and irregular meals (Chang, Kim, Auh & Jung, 2012). Expressed perceived stress can impair reasoning in a similar way to the exposure to a threatening situation, leading to less frequent engagement in behaviors conducive to health promotion or even complete cessation.

The factors explaining the decline in the subjective well-being and health problems of the youth have yet to be largely explored, especially the explanation of teachers and the astonishing gender differences (Hagquist & Andrich, 2004).

The research whose results we present in this paper aimed to determine whether the level of perceived stress is a statistically significant predictor of the

subjective assessment of the health status of the youth and whether there are differences by gender.

Method

Sample

The sample of this research consisted of 621 young people, of which 373 (60.06%) girls and 248 (39.94%) boys, high school students of the final year, and first- and second-year students, with average age being 18.3 years. The research was conducted in 2018. in Novi Pazar. Before conducting the research, the students received information about the examiner, the institution he comes from and the reason for conducting the research. Respondents were also informed about the purpose of the research, how the collected data would be used, and that the survey was anonymous and voluntary. Prior to taking the tests, the respondents were given clear and precise instructions on how to answer them. The parents' consent was obtained for the participation of the children in the research, before the instruments were given to the underage students.

Instruments

The following instruments were used in the research:

Perceived stress scale (Cohen, Kamarck & Mermelstein, 1983) which measures the degree to which a person experiences their life as unpredictable, out of control and overwhelming, which represents the three basic components of experiencing stress according to Lazarus and Folkman. The scale consists of ten items such as: *During the last month, how often have you been upset about a sudden event? ... Felt nervous and stressed?* The respondent answers on a scale from 0 (never) to 4 (very often). The total result is obtained by summing the answers so that the values range from 0 to 40. A higher score indicates a higher level of perceived stress. The Cronbach's alpha coefficient indicates adequate instrument reliability in this sample ($\alpha = .73$).

A single-item scale of the subjective assessment of health status, constructed for the purposes of this research. Respondents were asked to answer the question *"How would you assess your health?"* Respondents answered on a scale from 1 (poor) to 5 (excellent), with a higher score indicating a better subjective assessment of their own health.

Questionnaire on sociodemographic characteristics, created for the purposes of this research, which contains data on gender and age of respondents.

Data processing

The research data was processed using the statistical package SPSS, version 20. Descriptive statistical methods, Mann-Whitney's U test and linear regression analysis were used for data processing.

Results

In the following lines we will describe the average values and other descriptive properties of the perceived stress score as well as the subjective assessment of health status (Table 1). We will also compare the values of perceived stress in relation to gender and examine its predictive value for subjective assessment of health.

Table 1
The degree of expression of perceived stress and the subjective assessment of health status

| Variable | <i>M</i> | <i>SD</i> | Median | <i>Minimum</i> | <i>Maximum</i> |
|--|----------|-----------|--------|----------------|----------------|
| Perceived stress | 18.88 | 6.03 | 19 | 0 | 40 |
| Subjective assessment of health status | 3.92 | 1.03 | 4 | 1 | 5 |

The results of the research showed that the average value of perceived stress of the respondents is 18.88 ($SD = 6.03$, $Min = 0$, $Max = 40$), which indicates that the respondents perceive their life as quite stressful, but there are also large individual differences taking into account the value of standard deviation (Table 1).

The average value of the subjective health assessment is 3.92 ($SD = 1.03$, $Min = 1$, $Max = 5$), which indicates that most respondents assess their health as good (Table 1).

Table 2
Mann Whitney's U test: gender differences in values of perceived stress and the subjective assessment of health status

| Variable | Gender | <i>Mean</i> | <i>SD</i> | <i>Median</i> | <i>Mann-Whitney's U test</i> | <i>p</i> |
|--|--------|-------------|-----------|---------------|------------------------------|----------|
| Perceived stress | Male | 17.53 | 5.79 | 17 | 28437.00 | .000* |
| | Female | 19.78 | 6.01 | 20 | | |
| Subjective assessment of health status | Male | 4.06 | 1.04 | 4 | 35131.50 | .002* |
| | Female | 3.82 | 1.03 | 4 | | |

* $p < .01$

The results of the Mann Whitney U test showed that there were statistically significant gender differences in the values of perceived stress ($U = 28437.00$, $p = 0.000$, $p < 0.01$) and subjective assessment of health status ($U = 35131.50$, $p = 0.002$, $p < 0.01$). According to the obtained findings, female respondents achieved higher results on the scale of perceived stress ($M = 19.78$, $SD = 6.01$, $Med. = 20$)

compared to male respondents ($M = 17.53$, $SD = 5.79$, $Med. = 17$). When it comes to subjective assessment of health status, male respondents rate their health as better ($M = 4.06$, $SD = 1.04$, $Med. = 4$) compared to female respondents ($M = 3.82$, $SD = 1.03$, $Med. = 4$.) (Table 2).

Table 3
Single linear regression: ANOVA results and standardized coefficient of the perceived stress as a predictor of the subjective assessment of health status

| Variable | Subjective assessment of health status | | Model Summary |
|------------------|--|-------|-------------------------------|
| | β | p | |
| | | | R = .321 |
| | | | R ² = .103 |
| Perceived stress | -.321 | .000* | F _(1,535) = 61.344 |
| | | | p = .000 |

* $p < .01$

The results of linear regression analysis showed that perceived stress is a good predictor of the subjective health assessment, with respondents who score higher on the scale of perceived stress, assess their health as worse and vice versa, respondents who score lower on the scale of perceived stress, generally assess their health as better ($F(1,535) = 61,344$, $p = 0,000$, $\beta = -0.321$). Perceived stress explains 10.3% of the variance of the subjective assessment of health status (Table 3).

Discussion

Despite the large individual differences, we can say that the average level of perceived stress among young people in Novi Pazar is quite high ($M = 18.88$), even higher than the level of perceived stress determined by a recent study on a geographically and culturally similar sample of young people from Vojvodina ($M = 17.49$; Zotović-Kostić & Beara, 2016). Compared to the normative sample for the American population (Cohen, 1994), where the average value for the age group of adolescents was 14.2, both results from our country obtained by the same scale indicate a significantly higher level of perceived stress in adolescents, indicating an urgent need for additional research and preventive actions to protect the mental health of young people in our country. In abovementioned previous research with the youth from Vojvodina, the established correlation between perceived stress and stressors in the domain of chronic burden, which originates from the domain of family relations (for example, tensions and disagreements among family members), but also from the academic domain, indicates possible directions of

preventive activities. Also, this research suggests that the most health and risk behavior issues were found in the adolescents which report stress experiences from the domain of personal and partnership problems, although those domains were not the most frequently reported as causes of perceived stress in the sample from Vojvodina.

Although some studies find no gender differences in degree of stress or most frequent stressors, (De Anda, Baroni, Boskin, Buchwald, Morgan, Ow, Gold & Weiss, 2000), differences between girls and boys in perceived stress and health have been found in numerous of previous studies. Female adolescents reported more sensitivity to interpersonal stressors and to those related to peer values regarding clothes and appearance (Coleman, 2011) and also reported higher amount of perceived interpersonal stress, maladaptive coping and emotional distress (Hampel & Petermann, 2006).

In addition, females - both adolescent and adults - report more pain, psychosocial problems and mental health problems than males; thus, females seem to be more vulnerable to stress, and adverse life events to a larger extent influence physical complaints and health issues in females (Østerås, Sigmundsson & Haga, 2016; Zotović-Kostić & Beara, 2016). Similar gender differences were confirmed in our study. Girls have a significantly higher level of perceived stress as well as a lower level of the subjective health assessment. A possible explanation for these gender differences can be found in the results of the previous research in Serbia, in which girls had lower average values on protective health factors, such as optimism, self-efficacy, self-esteem, life satisfaction, as well as higher average levels of pessimism, health discomfort (somatization, anxiety, social dysfunction and overall health), and the risk of eating disorders (Zotović-Kostić & Beara, 2016).

Given that perceived stress is a good predictor of the subjective health assessment, the conclusion is that adolescent health care must include measures to reduce the causes of stress or develop resilience and constructive coping strategies in the youth, especially the girls. Preventive programs aimed at learning about the causes and manifestations of stress, the development of resilience and coping strategies, are very much needed by young people. We believe that the role of the school is of great importance for improving the health of young people, for example, by supporting the youth in coping with academic demands, by giving emotional support in family problems, offering stress education and developing the inter-subject (key) competence of the Health care through regular teaching and extracurricular activities.

We see shortcoming of this research in quantitative approach which does not provide more in-depth understanding of the dynamics of the underlying and protective factors; thus, we recommend mix-method for further research of these issues.

Conclusion

Results of the research have shown that the average value of perceived stress is quite high, and that adolescents in Novi Pazar assess their life as pretty stressful, although the individual differences are large. Nevertheless, most of the respondents assess their health as very good.

Results of the linear regression analysis have shown that the perceived stress is a good predictor of the subjective assessment of health, in which the subjects with higher score on perceived stress scale assessed their health worse, and vice versa. Perceived stress explains 10,3% of the variance in the subjective assessment of health status.

Long-term exposure to stress in youth, with the perception of stress as exhausting and exceeding the personal capacity to overcome, can affect the perception of their own health status which, in addition to objective indicators, is an important component of health as a whole.

New research into perceived stress and health in adolescents should tackle the possible protective factors for stress, such as self-efficacy, self-esteem, optimism, satisfaction in life, and should also include qualitative investigation of adolescents' perception of those factors and their interrelations.

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Milena Belić, PhD

Asistent

Državni univerzitet u Novom Pazaru

Mirsan Fehratović, master

Asistent

Državni univerzitet u Novom Pazaru

Hana Sejfović, master,

Asistent

Državni univerzitet u Novom Pazaru

Mirjana Beara, PhD

Vanredni profesor Psihologije

Associate professor of Psychology

Filološko-Umetnički fakultet

Univerzitet u Kragujevcu

PERCIPIRANI STRES KAO PREDIKTOR SUBJEKTIVNE PROCENE ZDRAVSTVENOG STATUSA

Apstrakt

U ovom istraživanju proveravan je uticaj percipiranog stresa na subjektivnu procenu zdravstvenog statusa. Percipirani stres predstavlja subjektivno uverenje o tome koliko je moguće kontrolisati i predvideti svoj život, kao i uverenje u vlastite sposobnosti i snage nošenja s problemima. Ukupan uzorak je činilo 621 mladih

(373 devojaka) učenika srednjih škola i fakulteta, prosečne starosti 18,3 godina. Korišćena je Skala percipiranog stresa koja meri stepen u kojem osoba doživljava svoj život nepredvidljivim, van kontrole i preopterećujućim. Rezultati istraživanja su pokazali da prosečna vrednost percipiranog stresa ispitanika iznosi 18.88 (SD=6.03, Min=0, Max=40), što ukazuje da ispitanici svoj život doživljavaju kao stresan, ali su i velike individualne razlike. Prosečna vrednost subjektivne procene zdravlja iznosi 3.92 (SD=1.03, Min=1, Max=5), što je podatak koji ukazuje da većina ispitanika procenjuje svoje zdravlje kao dobro. Rezultati linearne regresione analize su pokazali da je percipirani stres dobar prediktor subjektivne procene zdravlja, pri čemu ispitanici koje beleže više rezultate na skali percipiranog stresa, svoje zdravlje procenjuju kao lošije i obrnuto ($F(1,535)=61.344$, $p=0.000$, $\beta=-0.321$). Percipirani stres objašnjava 10.3% varijanse subjektivne procene zdravstvenog statusa.

Ključne reči: percepcija stresa, procena zdravstvenog statusa, deca i mladi