**Conference Proceedings**

**Abstract Details**

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Poster(s)

**A qualitative exploration of the stress phenomena within public health**

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The connection between stress and health has been documented extensively. Studies exemplify that stress is often a barrier for health-related behaviour change (i.e. smoking cessation) (Ali, 2010; Heslop et al., 2001; Louis et al., 2009; Marway, 2012). A review of health improvement initiatives highlighted that most of these services fail to adequately address stress and stress management (Marway, 2012). Thus health care professionals’ (HCPs’) are not necessarily trained or equipped to deal with patient-reported stress, despite the increasing prevalence (Goodrick et al., 2005). A qualitative methodology was employed to explore HCPs’ experiences of patient-reported stress within public health. A series of mini focus groups and one to one interviews were conducted with 10 HCPs (e.g. GPs, pharmacists, and health improvement practitioners). The thematic phenomenological analysis (Guimond-Plourde, 2009) revealed that patient-reported stress was a common feature in all the HCPs patient consultations (Goodrick et al., 2005; Verhaak et al., 2005); often eliciting feelings of anxiety and uncertainty as they felt ill-equipped in: (a) talking about stress; (b) assessing stress levels; (c) making the distinction between depression and stress; and (d) and advising patients about stress management. Issues surrounding professional remit and management of stress disclosure were also identified. The inclusion of various HCP groups exemplified variances in the patient-reported stress experiences.There is a need for greater stress management services and the provision of HCP training on patient-reported stress. The author proposes a series of tailored training programmes and presents a holistic model of health improvement, which centres around integrated stress management services.