The Struggle is Real: Stressors in Primary Care Patients
Caitlin Anderson, B.A., Keri Johns, M.A., Selena Jackson, M.S., Jennifer Langhinrichsen-Rohling, Ph.D., & Cory Wornell, M.S., MPH
University of South Alabama, Mobile, AL

Background

- Psychosocial stressors are associated negative health outcomes: hypertension, diabetes complications, chronic pain, and others (Cohen et al., 2007).
- Between 60-80% of primary care visits have some stress-related component (Avey et al., 2003).
- Only 3% of primary care visits include stress management counseling by a physician (Nerurkar, 2012).
- There is a lack of resources and training focused on addressing an individual’s psychosocial stressors, in addition to their physical concerns within primary care settings.

Purpose

- The current study examined types of stressors that are associated with higher self-reported stress, depressive, and anxiety symptoms within an underserved population in a primary care setting.
- Self-reported stressor categories were:
  - Relational/Family
  - Financial/Resource
  - Physical/Mental Health
  - Stressors from two or more categories
  - Other

Methods

Participants

- Primary care patients within a southeastern Federally Qualified Health Center implementing an integrated model of care for underserved populations.
- Adult patients (n= 413) mean age 46.7 yrs. (SD=13.4)
- Predominantly female (66%)
- Predominantly African American (76%)

Measures

- As part of a larger psychodiagnostic screener, patients completed:
  - A stressor checklist
  - A 0-100 scale of perceived stress level
  - The Patient Health Questionnaire-9 (PHQ9; Kroenke et al., 2001) Cronbach’s α = .90
  - The Generalized Anxiety Disorder-7 Scale (GAD7; Spitzer et al., 2006). Cronbach’s α = .91

Results

- Overall sample reported experiencing moderate levels of anxiety (M =11.8, SD =7.2), depression (M =12.5, SD =8.1) & current stress (M =66.7, SD = 30.2).
- Patients reporting stress from two or more categories (55.4% of the sample) reported more depression, anxiety, and greater overall stress.
- Reported stressor type was significantly associated with overall stress level, F(4,394) =28.48, p < .001. Post hoc analyses indicated reporting stressors from two or more categories or financial/resource stress was associated with significantly higher stress scores than physical/mental health problems (p < .001).
- Reported stressor type was significantly associated with depression scores, F(4,394) = 21.58, p < .001. Post hoc analyses revealed that depression scores for individuals reporting stressors from two or more categories were significantly higher than those placed into the remaining categories (p < .01).
- Reported stressor type was significantly associated with anxiety scores, F(4,359) = 20.92, p < .001. Post hoc analyses revealed mean anxiety scores for individuals reporting stressors from two or more categories were significantly higher than for those reporting physical/mental health or family/relational concerns (p < .05), but not higher than those reporting financial/resource concerns.

Discussion

- Underserved patients presenting to primary care are experiencing many types of life difficulties.
- Patients who reported only physical and mental health concerns had lower reported stress levels in comparison to the other categories.
- These findings further highlight the need for promoting empirically supported integrated health services in primary care to not only treat patients’ physical health, but also to address patient’s specific psychosocial concerns to improve quality of life and overall well-being.


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