Stress, anxiety and patient self-efficacy

Dear Editor,

Stress and anxiety (SA) are the symptoms that can cause physical, neurological, and psychological illnesses. Chronic stress (CS) can contribute to many physical health problems, such as high blood pressure, heart disease, obesity diabetes, chest pain, headaches, insomnia, and heart palpitations.[1,2]

Chronic anxiety (CA) can have serious consequences of physical illnesses and other mental health conditions and can as well influence the function of the cardiovascular, urinary, and respiratory systems. Various medical researches suspect that anxiety is developed in the amygdala. Many physical symptoms are correlated with a differential diagnosis of all anxiety disorders, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).[3] Patients with compromised mental health conditions are very often confronted by such stressors and negative experiences during their daily life as discrimination in the workplace and in health-care settings.[4-6]

Many physical symptoms are correlated with a differential diagnosis of all SA disorders, according to the DSM-IV.[3]

SA impair the brain. As shown in Figure 1, SA negatively impact behavior because it shuts down the prefrontal cortex and fails to develop properly. Traumatic SA also lead often to chronic hyperexcitation of the amygdala.
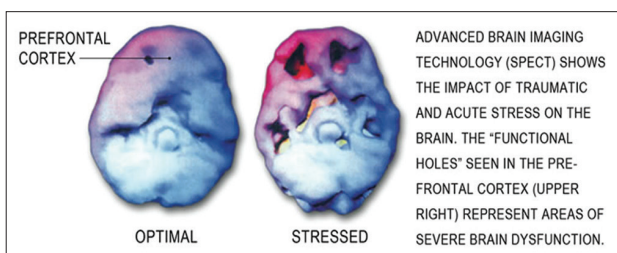

Figure 1: Stress- and anxiety-negative impact of the brain[7]

Self-efficacy (SE) is a construct grounded in social cognitive theory. It is defined as the belief that one has the capability to be successful, even in adverse situations.

The present research focused on two forms of psychological distress, SA as major mental disorders as well as the role of SE in improving life satisfaction (LS) of these patients. The population of this study includes 141 participants. The participants were encouraged to login on a survey by a questionnaire web portal the internal consistency of the main variables was satisfactory (α =0.70).

Different simple linear regression models were conducted between the variables. The result shows that The R2 value of the self-efficacy (SE) was ,11 suggested that 11% of the variance in SE was explained by anxiety (B = -,27, P < ,00) and by stress (B = -,12, P < ,00). This result shows statistically significant predictions justifying the mediation analysis in this study.

The main conclusion and recommendation are to provide patients with specific training and knowledge to increase patients' ability to control own life via SE and social support. These soft factors are found to be the main variables impacting the perception and coping with anxiety and stress symptoms and other stressful situations in order to be able to improve the level of LS.

Conflicts of interest
There are no conflicts of interest.

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