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Staff Education Program on Perceived Stress Scale

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Executive Summary: Staff Education Program on Perceived Stress Scale

by

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Summary

This project was a staff education program conducted at a mental health and rehabilitation center in the United States. The program was designed to address a critical gap in practice of limited staff knowledge of using standardized stress assessment tools to assess patient stress, leading to poor patient outcomes. The practice-focused question was: Does staff education on the Perceived Stress Scale (PSS) improve staff knowledge as compared pre- to post-education? The purpose was to enhance staff knowledge on the application and interpretation of the PSS. The Johns Hopkins nursing evidence-based practice (JHNEBP) model was used to organize and evaluate the evidence. A total of 20 met the inclusion criteria and were analyzed and synthesized. The project utilized the analyze, design, develop, implement, and evaluate (ADDIE) model to develop and implement the education program. Data were collected through pretests and posttests among the 22 participants who completed both questionnaires. Data were analyzed using SPSS (Version 29). Descriptive statistics were used to compare pretest and posttest scores. Key findings demonstrated a significant improvement in staff knowledge (mean test scores rose from 45.453% to 88.546% and paired t test, $t(21) = 25.34$, $p < .001$). The project demonstrated the importance of ongoing staff education on standardized mental health screening tools, which can lead to better patient outcomes. Major recommendations include ongoing staff education on standardized mental health screening tools and continued evaluation of patient health outcomes. The project has

broader implications for nursing practice by highlighting the importance of continuous professional development in improving patient care, particularly in mental health settings.

Background

Mental health and rehabilitation facilities across the United States face significant challenges in delivering optimal patient care due to gaps in staff competency regarding standardized assessment tools. At the rehabilitation center where this project was implemented, concerning trends had been observed in patient care quality that demanded immediate attention. Specifically, the facility was witnessing poor patient outcomes, particularly among outpatient patients, including increased readmissions and relapse rates, which were attributed to the inaccurate or limited assessment and management of stress. This issue was linked to a gap in practice, which is a lack of or inadequate knowledge of using standardized tools like the Perceived Stress Scale (PSS) among the staff in the facility. The majority of the mental health/rehabilitation staff in the facility were unaware of how important the PSS tool was in highlighting patients' stress levels and informing them of appropriate interventions for optimal health outcomes. These observations justified the presence of a gap in practice and a need for updated staff education on the best practices for utilizing and interpreting standardized tools for stress diagnosis and management, which will lead to better diagnosis and management of stress. Upon discussing this issue with the faculty advisor and project mentor, I concluded that a staff education program was warranted to educate the staff on how to use and apply the PSS tool to enhance their skills and capabilities of administering the tool and interpreting the results. The staff education program aimed at enhancing knowledge of administering and interpreting the results of the PSS tool among staff in the facility.

This project was guided by an evidence-based practice (EBP) question: Does staff education on the use of the PSS improve knowledge as compared pre- to post-education? The main purpose of the staff education program was to enhance the knowledge of mental health/rehabilitation staff on the application and interpretation of PSS for improved screening of stress and stress-related disorders. Therefore, the Doctor of Nursing Practice (DNP) student sought to design, implement, and evaluate a staff education program on existing evidence-based and best practices for utilizing and interpreting the PSS tool, which was recently integrated into practice in the facility. A literature search using the JHNEBP model was performed on current evidence concerning the validity and reliability of the PSS tool in different settings and patient populations. Credible and reliable databases such as Embase, CINAHL, PubMed, and PsycNet were used to locate current, full-text, and peer-reviewed articles published within the last 5 years on the subject matter. Keywords used included *PSS validity*, *PSS reliability*, *PSS and mental health*, *stress diagnosis*, and *stress management*. Sources that had poor levels of evidence were excluded from the review. A total of 124 articles were found, but only 20 current peer-reviewed articles published in English were analyzed, synthesized, and appraised. The analyzed literature offered evidence on the reliability and validity of PSS in enhancing the diagnosis of perceived stress across different settings and the need to enhance staff knowledge of its use and interpretation.

The findings from the literature review revealed that PSS is a valid and reliable tool for assessing stress levels among patients from diverse age, socioeconomic, and cultural backgrounds (Anwer et al., 2020; J. Y. Chen et al., 2021; W. Chen et al., 2024; Flores-Torres et al., 2022). Several studies across different cultural and demographic groups, including medical students, healthcare workers, military personnel, and individuals with various health conditions, have confirmed the PSS's reliability and validity as a standardized stress measurement tool. The research consistently supports the PSS's effectiveness in capturing stress levels across various populations, including youth, adults, and specific groups like cancer patients and caregivers (Huang et al., 2020; Makhubela, 2022; Mansoor, 2020; Mendis et al., 2023, Miranda et al., 2020; She et al., 2021; Whitney et al., 2022).

The evidence from the 20 peer-reviewed articles used in developing the staff education program were appraised and assigned a level of evidence in accordance with the JHNEBP model. Considering sources with the highest level of evidence is vital to ensuring the best evidence that informs clinical decisions that promote quality care for patients and their families (Dang et al., 2021). Thus, three of the sources were assigned Level II, 16 were assigned Level III, and one was assigned Level IV, as per the recommendations from Dang et al. (2021) and Schmidt and Brown (2023). Overall, the sources of evidence reviewed underscored a clear need for a staff education program on PSS in the facility.

Researchers have validated the tool’s effectiveness in different versions and languages, including Chinese, Korean, Sinhalese, and among Hispanic populations. The ability of PSS to measure stress is further accentuated with research providing evidence in a wide span of demographics and clinical populations struggling with mental illness. For instance, Santiago et al. (2019), Schneider et al. (2020), Shih et al. (20210), Soria-Reyes et al. (2023), Teresi et al. (2020), and Xiao et al. (2023) specifically highlighted the PSS’s ability to distinguish stress levels, assess perceived stress, and provide insights into psychological stress across varied demographic and clinical contexts, including populations with mental health disorders, high-stress occupations, and chronic health conditions.

The findings from the analysis of the current literature underscore a clear need for a staff education program on PSS in the facility. Despite the tool’s proven reliability, research, for example, W. Chen et al. (2024) recommended proper training of healthcare providers on administering and interpreting the PSS tool to enhance their screening skills. Thus, a targeted education program was warranted to enhance staff skills in the application and interpretation of PSS, which will improve staff knowledge and enable more effective use of this scientifically validated instrument in mental health and rehabilitation settings.

Staff Education Project Development

The development and implementation of the staff education project required careful planning and collaboration with key stakeholders and content experts within the organization. Two content experts were identified and engaged to ensure the quality and relevance of the educational intervention: the director of nursing and the project administrator. The director of nursing was selected as a content expert due to his extensive clinical experience in mental health nursing, advanced education (MSN in Psychiatric-Mental Health Nursing), and administrative oversight of nursing personnel who would be utilizing the PSS tool in clinical practice. His over 15 years of experience in mental health settings and leadership roles made him uniquely qualified to assess both the educational content and its practical application within the facility's workflow. The project administrator served as the second content expert, bringing valuable perspective from an operational standpoint. With a Master's degree in Healthcare Administration and 10 years of experience managing clinical programs within the facility, the project administrator provided insights into organizational readiness, implementation feasibility, and sustainable integration of the PSS tool into existing clinical processes. Both content experts were instrumental in reviewing and validating the educational materials and assessment instruments.

The overall content validity index for individual items (CVI-I) scores based on the independent review from the experts on a 4-point scale was 0.94, indicating excellent content validity of the pre/post-assessment tool. Additionally, the educational program was evaluated on a 5-point scale, returning an overall average score of 4.7. This high rating confirmed the quality and appropriateness of the educational intervention.

The project's design, development, and execution were done with the designated stakeholders. The participants in the project included mental health/rehabilitation staff at the project site, including social workers, psychotherapists, psychiatrists, psychologists, mental health nurse supervisors, mental health nurse practitioners, and nursing directors. A total of 22 staff participated and completed the staff education program. Eighteen participants were female and four were male, with their experience working in the facility ranging from 1 to 15 years. These participants were considered appropriate to participate in the project due to their critical role in assessing, diagnosing, and treating patients with stress and stress-related disorders.

The staff education project on PSS (see Appendix A) was developed using the ADDIE model, which involved systematic planning and implementation. The project began with performing an organizational readiness assessment using the organizational readiness tool, identifying key stakeholders, and conducting a strengths weaknesses, opportunities, and threats (SWOT) analysis. After obtaining site approval and support from the project mentor and faculty advisor, a comprehensive literature search was performed to locate the current evidence to answer the EBP question and validate the need for a staff education program on PSS. The faculty advisor and the project mentor provided valuable support in identifying a practice gap and designing a practice-focused question.

The next steps were to conduct a kick-off meeting presentation to initiate participant recruitment. A program flyer was created and posted on communication boards to generate awareness about the staff education program. Twenty-six mental health and rehabilitation staff members from various roles, including social workers, psychotherapists, psychiatrists, psychologists, and nursing professionals, participated in the on-site educational initiative.

The staff education program was delivered in person via two 1-hour sessions within the facility's conference room, with the organization's director of nursing facilitating logistical preparations. Participants received copies of the pretest (see Appendix B) prior to receiving a PowerPoint presentation and PSS tool. The educational content focused on PSS use and interpretation, with open forums for discussion and engagement. Upon completion of the sessions, participants were provided with posttest questionnaires and summative evaluation tools to assess their learning and the program's effectiveness. This structured approach ensured comprehensive knowledge transfer and systematic evaluation of the staff education intervention on PSS implementation. SPSS (Version 29) was used to analyze the data gathered from the pre- and post-test exams. The results were analyzed and interpreted using descriptive statistics. A comparison of pretest and posttest results was performed to ascertain whether the educational intervention improved staff knowledge.

Results

The analysis of pretest and posttest questionnaires provided comprehensive data on the effectiveness of the staff education intervention in improving knowledge of PSS application and interpretation. Only 22 out of the 26staff who took part in the staff education program completed both the pretest and posttest. As seen in Table 1, there was an average improvement in posttest scores following the staff education program, with the mean test rising from 45.453% (*SD* = 6.325) to 88.546% (*SD* = 2.142). The paired *t*-test results showed a statistically significant improvement in knowledge , $t(21) = 25.34$, $p < .001$, indicating that the educational intervention effectively enhanced staff understanding of the PSS tool. The higher posttest scores suggest that participants gained a better understanding of how to apply and interpret the PSS, which should translate to improved stress-screening knowledge.

Table 1

Pretest and Posttest Scores

Test	Number of participants	Range (%)	*M* (%)	*SD* (%)
Pretest scores	22	36-65	45.45	6.33
Posttest scores	22	66-99	88.55	2.14

The staff education project improved nurses' knowledge regarding the best practices for administering and interpreting PSS, which may translate to better assessment, diagnosis, and management of stress and stress-related disorders. Consequently, the educational intervention could potentially lead to a reduction on relapse rates and readmissions among mental health and addiction patients seen in the facility. Thus, future evaluation will take into account the patient health outcomes like relapse and readmission rates to determine the full impact of the educational intervention.

A limitation that impacted the results of the project was the response rate among the participants who attended the educational sessions. Specifically, four of them failed to complete both the pretest and posttest; hence, the results may be less reliable and generalizable to the larger population. A recommendation to address this problem is to ensure a maximum number of participants complete both the pretest and posttest.

Poor patient health outcomes, including readmissions and high relapse rates, are attributed to insufficient knowledge among mental health staff to accurately assess and diagnose patients presenting with stress and stress-related disorders using standardized tools like PSS (Owusu et al., 2022). Ongoing education on the application of such tools thus becomes important to enhance patient health outcomes in mental health settings. The project's findings are relevant beyond the project site in that they support the need for ongoing staff education on the use and interpretation of standardized mental health screening tools like PSS, which would lead to better assessment, diagnosis, and management of mental health disorders. This project has underscored the importance of providing on-the-job training opportunities to mental health practitioners to improve their knowledge and ability to accurately and adequately assess, diagnose, and manage stress and stress-related disorders. Therefore, ongoing staff education programs across mental health organizations are warranted to improve competence on best practices to enhance assessment, diagnosis, and management of stress and stress-related disorders.

Conclusion

The staff education project demonstrated a significant potential impact on the organization by improving staff knowledge in stress assessment and management. Future recommendations include ensuring maximum participant engagement and extending the educational approach to other mental health facilities. The project underscores the critical role of ongoing professional education in enhancing nursing practice. By providing targeted training on standardized tools like the PSS, healthcare organizations can improve diagnostic accuracy, patient care quality, and ultimately, patient outcomes. The findings support a broader approach to staff development that prioritizes continuous learning and EBPs in mental health settings, ultimately contributing to more effective, inclusive, and patient-centered care. This project contributes to positive social change by addressing healthcare disparities and improving access to quality mental health services through enhanced clinical competency. The improved staff knowledge and skills in stress assessment directly impact vulnerable populations who rely on mental health services, promoting equity in healthcare delivery and reducing barriers to effective treatment.

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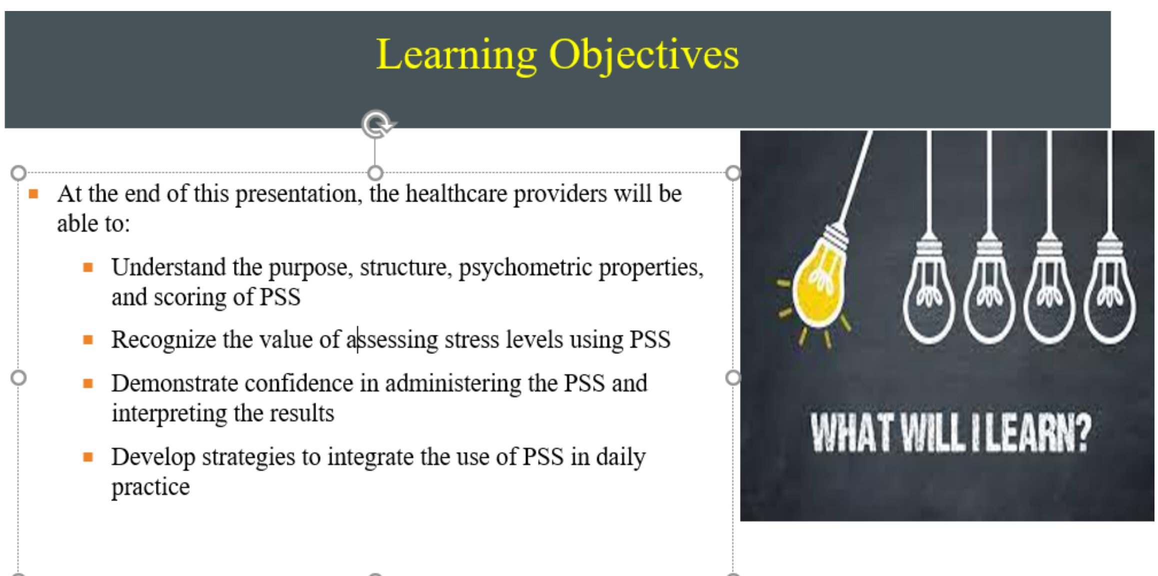
Appendix A

Staff Education Presentation



Brief History of PSS

- Created by psychologists:
  - Sheldon Cohen
  - Tom Kamarck
  - Robin Mermelstein
- Used as a measure of stress and how certain situations can be perceived as stressful
- Three versions of the tool exist:
  - The original PSS-14
  - New versions PSS-10 and PSS-4

(D'souza & Puttaraju, 2020; Liu et al., 2020)

Appendix B

Pretest and Posttest Questionnaire

Integration of Perceived Stress Scale into Clinical Practice: Staff Education Program

Pre- and post-Survey
Juliana Mutua
Doctor of Nursing Practice: NURS 8702
Walden University

Unique ID # ________________

Pretest _____________

Posttest ____________

Survey Questions (Please answer the following questions to the best of your ability. Tick or select the most appropriate answer according to you)

Dr. Ven, a PMHNP, runs a mental health and Addiction clinic. She frequently uses the Perceived Stress Scale (PSS) to assess her clients' stress levels and to guide her treatment plans. Today, she is seeing a new client, Jane (not a real name), a 38-year-old sales executive who's been experiencing symptoms of burnout. Dr. Ven uses the PSS to assess her clients' stress levels and to guide her treatment plans.

1. **What is the primary purpose of Dr. Ven using the PSS with Jane?**
   A. To assess physical symptoms of stress
   B. To diagnose clinical depression
   C. To measure the degree to which situations in one's life are appraised as stressful
   D. To evaluate work-related stress only

2. **How many items are in the most commonly used version of the PSS?**
   A. 4
   B. 10
   C. 14
   D. 20
3. **Dr. Ven explains to Jane that the PSS asks about feelings and thoughts during the last month. Why is this timeframe used?**
   A. It's the minimum period needed for stress to affect health
   B. It allows for capturing recent stressors without being overly influenced by a single event
   C. It's the maximum period people can accurately recall their stress levels
   D. It corresponds to the typical cycle of hormonal changes related to stress
4. **Which of the following is a key psychometric property of the PSS that Dr. Ven should be aware of?**
   A. It has poor test-retest reliability
   B. It shows good internal consistency
   C. It's only valid for clinical populations
   D. It's highly correlated with objective stress measures
5. **How should Dr. Ven score the PSS for Jane?**
   A. Adding up the number of positive responses
   B. Summing the scores after reversing the responses to specific items
   C. Calculating a percentage score
   D. Multiplying the total score by 2
6. **Jane scores 30 on the PSS-10. What does this score indicate about her perceived stress level?**
   A. Low stress
   B. Average stress
   C. High stress

D. Severe stress requiring immediate intervention

7. **What factors among the following do you think Dr. Ven should consider while administering the PSS to Jane?**

   A. Jane’s age

   B. Jane’s cultural background

   C. Practice setting

   D. Duration

8. **Which of the following strategies would be most appropriate for Dr. Ven to integrate the use of PSS in her daily practice?**

   A. Administering the PSS to every client at every session

   B. Using the PSS as a screening tool and to monitor progress over time

   C. Relying solely on the PSS for diagnosis and treatment planning

   D. Administering the PSS only to clients who report high stress levels

9. **Dr. Ven notices that Jane scored particularly high on items related to feeling overwhelmed and unable to control important things in her life. What might this suggest about Jane’s coping mechanisms?**

   A. Jane likely has excellent problem-solving skills

   B. Jane may benefit from learning stress management techniques

   C. Jane’s stress is entirely due to external factors

   D. Jane’s responses are typical and require no further exploration

10. **After explaining the PSS results to Jane, what would be the most appropriate next step for Dr. Ven?**

    A. Immediately refer Jane to a psychiatrist for medication

    B. Dismiss Jane’s concerns as her stress levels are normal

    C. Use the PSS results to inform a tailored stress management plan

    D. Advise Jane to quit her job to reduce stress

Appendix C

Summative Evaluation Tool

Staff Educational Program on Perceived Stress Scale

1. Were the learning objectives clearly presented?

☐ Yes

☐ No

2. Were the learning outcomes met?

☐ Yes

☐ No

3. Was the presenter knowledgeable in presenting the topic?

☐ Very Knowledgeable

☐ Somewhat Knowledgeable

☐ Not Very Knowledgeable

4. Was the information presented relevant to the needs of the organization?

☐ Relevant

☐ Irrelevant

☐ Indifferent

5. Would you recommend this learning opportunity to other members of the team?

☐ Very Likely

☐ Somewhat Likely

☐ Not Likely

6. Summarize how the presentation today will help improve your practice and patient care?

Answer: ___________________________________

7. Do you feel the staff education program met its goals?

☐ Yes

☐ No

8. Do you believe this staff education program had a direct impact on the organization?

☐ Yes

☐ No

9. Overall, how would you rate this learning experience?

☐ Excellent

☐ Average

☐ Poor

10. Suggestions or comments for future staff educational programs?

Answer____