l July 2022 | Measure Report

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Parental Stress Scale (PSS)

18-item parent self-report

The Parental Stress Scale (PSS) is an 18-item measure designed to assess levels of stress and feelings about parenthood in parents. This original version of the measure includes items aimed at assessing both positive and negative aspects of parenthood, for example emotional benefits, demands on resources, feelings of stress.

	Internal consistency	Test-retest reliability	Validity	Responsiveness
Psychometric features	✓	?	✓	1
	-			
Implementation	Brevity	Availability	Ease of scoring	UK Applicability

^{*}Please note that our assessment of this measure is based solely on the English version of the PSS. The other versions of this measure were not assessed and it should not be assumed that they would receive the same rating.

What is this document?

This assessment of the Parental Stress Scale (PSS) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

About the measure



Author(s)/ developer(s)

Berry, J. and Jones, W.



Publication year for the original version of the measure

1995



Type of measure

Parent self-report

Outcome(s) assessed	This measure has been designed to assess parental stress among parents of children with and without clinical problems.	
Subscales	N/A	
Purpose/primary use	This measure was originally developed to assess level of stress and feelings about parenthood in parents.	
Mode of administration	This measure can be completed in person or online.	
Example item	"Caring for my child(ren) sometimes takes more time and energy than I have to give."	
Target population	This measure was originally developed for parents of children with and without clinical problems.	
Response format	5-point Likert scale (1 = Strongly disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly agree)	
Strengths & limitations	Strengths:	
	 The PPS is a valid and reliable measure which is sensitive to change in short interventions. 	
	• The PPS is a short (18-item) measure, which is free to access and easy to score.	
	Limitations:	
	 It should be noted that validity evidence suggests that the factor structure of the PSS might be inconsistent when used with different populations. Factor structure refers to the relationships between the measure's items and the total number of dimensions (subscales) represented on the measure. A wide range of models with different numbers of subscales have been proposed by different research groups (Berry & Jones 1995; Harding et al. 2020; Pontoppidan et al. 2018; Zelman & Ferro 2018). 	
Link	https://plct.files.wordpress.com/2019/01/parent-stress-scale.	

Contact details	Judy O. Berry: <u>judy-berry@utulsa.edu</u>
Copyright	Based on our review of the evidence, it appears that the PSS can be used free of charge. Use of the measure should be registered with the developer and copyright owner. Adaptations and derivatives are not authorised without written permission from the developer.
Key reference(s)	Berry, J. O., and Jones, W. H. (1995). The parental stress scale: Initial psychometric evidence. <i>Journal of Social and Personal Relationships</i> , 12(3), 463-472. https://doi.org/10.1177%2F0265407595123009

Psychometric features in detail

Internal consistency



We found two papers (Berry & Jones, 1995; Zelman & Ferro, 2018) reporting good internal consistency for the English version of PSS, with Cronbach's alpha values ranging from 0.83 to 0.86.

Berry & Jones (1995) reported that internal consistency coefficient was 0.83. The study was conducted in the US with a sample of 233 parents (116 women, 117 men) with one to five children (the median number of children was two, the mean age of children was 7.8). 95% of parents were white, 91% were married.

Zelman & Ferro (2018) reported that the PSS has evidence of internal consistency, with alpha coefficient of 0.84. The study was conducted in Canada with 50 parents whose children (aged 6–16 years) were newly diagnosed with asthma, diabetes, epilepsy, food allergy, or juvenile arthritis.

Test-retest reliability



From our review of the evidence, we found only one study reporting test-retest reliability over a long period of time (> 4 weeks). As a consequence, this evidence is not sufficient for us to conclude that the PSS is a reliable measure over a short period of time.

In Berry & Jones (1995), test-retest reliability of the English version of the PSS was analysed in the US after a six-week interval with a subset of 61 parents with one to five children (the median number of children was two, the mean age of children was 7.8). The authors reported a test-retest correlation of 0.81.

Validity



There is evidence that the PPS is a valid measure (Berry & Jones 1995; Harding et al. 2020; Pontoppidan et al. 2018; Zelman & Ferro 2018).

Berry & Jones (1995) reported high correlations between the Parental Stress Scale and the Perceived Stress Scale, a generic measure of stress, in a US sample of 233 parents (r=0.46, p<0.01 for mothers; r=0.53, p<0.01 for fathers). They also compared results from the Parental Stress Scale and the Perceived Stress Scale in a sample of 51 mothers whose children were receiving services for emotional and/or behavioural problems, and found a high correlation (r=0.41, p<0.01). The authors finally compared the Parental Stress Scale with the Parenting Stress Index in a sample of 43 parents of children without special needs and found that the correlation between the Parental Stress Scale and the Total Parenting Stress Index was high (r=0.75, p<0.01).

Harding et al. (2018) also reported positive correlations between the Parental Stress Scale and the Parenting Stress Index IV Short form with a sample of 334 parents (r=0.49, p < 0.001).

It should be noted that evidence suggests that the factor structure of the Parental Stress Scale might be inconsistent when used with different populations, and a wide range of models (from fourfactor structures to two-factor structures) have been proposed by different research groups (Berry & Jones 1995; Harding et al. 2020; Pontoppidan et al. 2018; Zelman & Ferro 2018).

Sensitivity to change



There is evidence that the PSS can detect changes after participation in short parenting and relationship interventions.

Sharry et al. (2005) reported that the PSS detected changes between pre-test and a 12-week follow-up (PSS: Mean Score decreased from 49.47 (SD = 30.3) at baseline to 43.73 (SD = 34.8) at post-test showing significant improvement (p < 0.01)). This study was a of the Parents Plus Children's Programme. The study was conducted in Ireland with a sample of 24 families with pre-school children with behavioural and developmental difficulties.

Coughlin et al. (2009) reported that the PSS detected changes between pre-test and a 13-week follow-up (PPS: Mean Score decreased from 46.03 (SD = 9.62) at baseline to 42.11 (SD = 9.2) at post-test showing significant improvement (p < 0.01)).

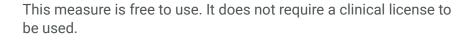
Implementation features in detail

Brevity

This measure has 18 items.



Availability





Ease of scoring



The measure has simple scoring instructions involving basic calculations. It does not need to be scored by someone with specific training or qualifications. Scoring instructions can be found here.

The resultant score ranges from 18 to 90, with a higher score indicating a higher level of stress.

Used in the UK



From our review, it appears that the PSS has been used in several UK studies, including two recent studies (Lunt, 2021; Morgül et al., 2022). Both Lunt (2021) and Morgül et al. (2022) used PSS to explore the experiences of disabled children and their families during lockdown.

Language(s)

The PSS is available in English but as far as we are aware, the developers did not translate the PSS into other languages. The measure has, however, been translated into Hindi, Chinese, and Spanish by people other than the developers (Baker et al., 2001; Leu & Tsang 2010; Sethi et al., 2012).

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