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## SOCIOLOGY | REVIEW ARTICLE

# The social dimensions of the preventive efficient stress situation model (PRESS) questionnaire in light of the general self-efficacy, health belief model, the theory of care-seeking behavior, and symbolic interactionism in healthcare

Clarence St.Hilaire<sup>1\*</sup>

**Abstract:** This paper proposes a self-awareness-resiliency model before the occurrence of stressful events through the utilization of a preventive efficient stress situation (PRESS) questionnaire model by examining the general self-efficacy (GSE), the health belief model (HBM), Lauer's theory of care-seeking behavior (CSB), and symbolic interactionism (SI), under a social lens in light of the current burden of stress-related diseases in the U.S and worldwide. In conjunction with the HBM which focuses on perceptions of threat posed by a health problem, it also seeks to determine if these theories: GSE, HBM, CSB, and SI do not need to be expanded after past or current stressors are analyzed, and individuals' social experiences and cognitive responses appraised. The social dimensions in the questionnaire are also spelled out. In light of the four theories, the PRESS questionnaire model presents an interesting awareness as an objective appraisal of stress. The implication for further studies is pronounced.

**Subjects:** Behavioral Sciences; Health and Social Care; Social Sciences

**Keywords:** stress theory; general self-efficacy theory; health benefit model; theory of care-seeking behavior; symbolic interactionism; self-awareness-resiliency model; PRESS questionnaire model



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### ABOUT THE AUTHOR

Clarence St.Hilaire is currently pursuing a PhD in Health Sciences at Trident University International, and is also a medical student in clinical rotations in Maryland and D.C. He has a post-graduate certificate in conflict analysis and resolution from Nova Southeastern University, and an MPA from Florida International University. His areas of research consist of health and epidemiology, diaspora, cultural, conflict and interdisciplinary studies. The author has taught introduction to alternative dispute resolution as a teacher-assistant, and a practical nursing course. He is also a published poet, manuscript reviewer, and has written two books reviews for the *Journal of Ethnic and Racial Studies*.

### PUBLIC INTEREST STATEMENT

Four theories: The general self-efficacy (GSE), the health belief model (HBM), the care-seeking behavior (CSB), and symbolic interactionism (SI) are analyzed under the purview of social sciences and psychology to look at social components in the PRESS questionnaire model that can help assess stress factors from a social standpoint. The argument here is that individuals experiencing stress do not only have psychological stressors, but are facing societal challenges that can be deemed serious. A comprehension and acknowledgement of the societal forces involved in stress reduction parameters can have a positive impact. The HBM, in particular has a strong basis of perception of benefits and severity of actions towards a health concern. The social benchmarks in the GSE model, the theory of CSB leading to behaviors capable of anticipating events, and meaning of the social experiences in SI are important in a stress gamut.

This paper starts with a literature review about four pertinent theories: *General self-efficacy* (GSE), *health belief model* (HBM), the theory of *care-seeking behavior* (CSB), and *symbolic interactionism* (SI) that are integrated into the preventive efficient stress situation (PRESS) questionnaire model in the second part, in which social-cognitive factors in an individual's stress perceptions are considered. Its aim is to offer a rationale for the specific parameters presented in the PRESS questionnaire model, and explain how the PRESS questionnaire model can be used as an efficient assessment tool of stress reduction. The various theories considered and translated into the PRESS questionnaire model with its scale will lead to a better understanding of social cognitive factors involved in stress. The current research on stress prevention and management is surveyed to distinguish the specific theoretical aspects that are integrated into the PRESS questionnaire model. The goal is to assimilate a social dimension to stress prevention.

### 1. Literature review

Within the healthcare sphere, stress is a concept familiar to most modern professionals and researchers (Aldwin, 1990, 2007; Farquharson et al., 2012; Thoits, 2010). In academia, stress theories, from their inceptions to now (Krantz & McCeney, 2002; Selye, 1950), continue to force the avid mind to dig deeper in search of a better understanding, or to establish frameworks for new paradigms (Kuhn, 1996). The forecast for the healthcare expenditures that doubled between 2007 and 2016 (Blumenthal, Rubin, Treseler, Lin, & Mattos, 2007), and increase of stress-related diseases (Arias, Steinberg, Banga, & Trestman, 2006), are of utmost importance. Lehrer and Carrington (2003) reported that more than 70% of all outpatient visits are considered to be stress related, and stress plays an integral part in many debilitating illnesses such as heart disease, hypertension and cancer.

Occupational stress, a misunderstood reality among direct patient care providers, which has been a thorny issue in the healthcare industry, adds to health care professionals' dilemma who are expected to do more administrative work, and have a higher patient loads while having less autonomy than ever before (Najjar, Davis, Beck-Coon, & Carney Doebbeling, 2009). For more than two decades, the call for better care of healthcare professionals has not been loud enough; and the work dissatisfaction has continued to increase. For example, Farquharson et al. (2012), in a cross-sectional survey, asserted that high levels of stress reported by nurses play a role in their performance, sickness absence, and intention to leave. Shapiro, Astin, Bishop, and Cordova (2005) reported that physicians confirmed deteriorating satisfaction in several aspects of professional life from 1986 to 1997. Shapiro, Brown, and Biegel (2007) asserted that high levels of stress in the healthcare setting yield to increased rates of depression, anxiety, reduced job satisfaction and self-esteem, and problematic personal relationships. Healthcare providers are also inclined to burnout and compassion fatigue (O'Brien, 2006). Lahn (2014) posits that stress resiliency training is needed to better appreciate indices of heart rate variability (HRV) and compassion when considering the ill effects of stress. There is link between self-efficacy and resiliency; and being self-efficacious may be helpful to exhibit resiliency when adversity occurs, Schwarzer and Warner (2013) contend. Burnout is a derivative of physical and/or mental exhaustion and tends to lead to a loss of energy, productivity, and concern in the job. Within the healthcare continuum, it combines these tendencies of exhaustion with additional hindrance and disappointment (Schuster, Nelson, & Quisling, 1984). A general occupational burnout of greater than 40% of nurses has been reported, and 28% of physicians demonstrate at least two out of three distinct aspects of burnout (Irving, Dobkin, & Park, 2009).

These parameters of reference suggest that the GSE theory (Schwarzer, 1992) warrants serious considerations. GSE assesses a comprehensive and constant sense of personal competence to deal with stressful situations, as promoted by the social cognitive theory (SCT; Bandura, 1997). According to SCT, a personal sense of control enables a change of health behavior. This sense of empowerment is embodied in one's capacity to trust his or her own abilities according to a set of adherence behaviors or health perceptions (Schwarzer & Warner, 2013). The emotions deriving from stressful events or difficult situations are byproducts of high motivations and levels of self-efficacy. According to Bandura (1997), Luszczynska, Gutiérrez-Doña, and Schwarzer (2005), self-efficacy makes a

difference in how people feel, think and act. Individuals with high levels of perceived self-efficacy achieve more in the face of adversity, and tend to conceptualize solution to challenges through positive emotions and motivations.

The GSE scale (Schwarzer & Jerusalem, 1995) was created to predict coping mechanisms based on daily activities and adaption to stressful events. The scale consist of 10 items emphasizing positive attitudes towards difficult situations, unexpected events, levels of coping abilities, and degree of confidence to solve problems. In numerous correlation studies, where positive coefficient factors were found with favorable emotions, optimism and work satisfaction, criterion related validity has been documented (Luszczynska et al., 2005).

Perceived self-efficacy is characterized as competence-based and action related; and self-efficacy beliefs are not merely ability, Bandura (1997), and Schwarzer and Warner (2013) assert. The strict adherence to behavior to control anticipated events that the self-efficacy model fosters, does not, in its applications generally differ with the HBM. HBM remains as one of the first theories of health behavior, still broadly recognized (Glanz, Rimer, & Lewis, 2002). At the core of this model is the notion of beliefs and perceptions of benefits that influence people's decisions or willingness to act in terms of disease prevention and illness control. Self-efficacy models and stress theories are aligned with HBM. Under the HBM, researchers have argued that people are ready to act if they:

1. believe they are susceptible to the condition (*perceived susceptibility*)
2. believe the condition has serious consequences (*perceived severity*).
3. believe taking action would reduce their susceptibility to the condition or its severity (*perceived benefits*).
4. believe costs of taking action (*perceived barriers*) are outweighed by the benefits.
5. are exposed to factors that prompt action (*cue to action*).
6. are confident in their ability to successfully perform an action (*self-efficacy*; National Cancer Institute, 2005, p. 13).

It is evident that both theories consider stress as pivotal. Thus, a definition and theories of stress, and what the internal or external stressors suggest, are paramount. In terms of organizational stress (Alessi, Damiani, & Pernice, 2005), the role of professional therapists involved in stress prevention interventions is of great value. The theory of CSB (Lauver, 1992) offers a solid link to HBM by looking at how an individual perceives the threat of a particular disease, and its prevention. CSB's engagement in a particular health behavior in which stress is an important factor is powerful. Its powerful claim resides in primary and secondary behavior prevention. Preventive behaviors relating to a lifestyle where stress dominates are essential. The "social influences", originally not elucidated in the HBM, as presented by Lauver (1992, p. 282) have significant explanations. They lead to direct emotional responses, and are social factors including norms, perceptions of how others should behave. CSB's main tenets consist of clinical and socio-demographic variables, affective variables: anxiety, fear, depression, denial. Others, such as norms, utility and habit through some facilitative conditions lead to CSB. The CSB theory fits correctly within the social continuum of stress prevention.

## 2. The social dimension continuum

Dealing with stress has a strong social dimension, which has not been completely codified within the literature (Dinzeo, Thayasivam, & Sledjeski, 2014; Kinghorn, Robinson, & Smith, 2015; Runlund et al., 2015; Suurmeijer et al., 2015; Zlomke, 2009). Throughout the literature permeate issues such as social interactions at work, environmental and social problems, lifestyle situations and habits questionnaires, capacity-based questionnaires, depression, anxiety and stress scale (DAS), and perceived stress questionnaire (PSQ). Thoits(2010), in particular fosters the social support questionnaire (SSQT) for transactions presenting a comparison between patients with specific diseases from different countries by looking at their emotional, social status vs. the instrumental type of social support.

Thoits (2010) sees a point to which a person's basic needs are satisfied through exchanges with others (Suurmeijer et al., 2015). The effects of functions of social support, and a health-facilitating human function based on social needs are important.

### 3. The SI framework

SI is a major sociological perspective that is cross-disciplinary, and derived from the American pragmatism of the work of George Herbert Mead (1934) who argues that people are social products. Blumer (1962/1969, 1969) coined the term "symbolic interactionism" to set out the tenets of his perspectives:

- (a) People make sense of things based on the meanings attached to them.
- (b) The meaning of such things is created from social interactions.
- (c) These meanings are modified according to the person dealing with the realities he or she encounters. Utilizing this concept in a stress framework implies that the meaning and perceptions of stress by individuals can be reasoned through their social integrations within groups. Taking stress in consideration as a daily reality, SI does not seem to negate the role individuals play in society, the societal and psychological challenges they face.

As discussed by Charon (2007, p. 42), SI regards the human being as "active in the environment, an organism that interacts with others and with self, a dynamic being, a being that defines immediate situations according to perspectives developed, and altered in on-going social interactions". In this continuum, it is interesting to look at the following parameters of the PRESS questionnaire model: social stress, lifestyle, depression, trauma, urban living, and countryside living, the social environment as important contents in order to look at social parameters, and societal roles in designing questionnaires. Further analysis and considerations are presented in the following sections. The continuum also creates a basis for psychosocial research because social concerns can be part of some predicted levels of stress. For instance, how an individual perceives stress, and the meaning of stress attached to his or her surrounding, are two main factors that determine how he or she is handling stressful events in the SI framework, as it relates to health behavior. Human and social interactions seen as another source of the meaning an individual assigns to stressors within SI are taken in consideration in the following question 18 in the PRESS questionnaire model "Do your fellows regard stress as unhealthy or harmful?".

### 4. Stress defined

As a concept, stress is not easily defined. A profound elaboration of its definition will not suffice in this article. However, the clarity of its meaning will help examining the way it is discussed in readings and recent literature. The Oxford Dictionary (2016) defines stress as "a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances." Lazarus's (1966) proposed definition of stress as a "condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize", is also worth considering.

It is not a pressing concern to clarify its meaning in terms of work-related issues, but to consider the concept, based on some of the espoused theories, and attempt to present a model capable of testing the viability of stress-reduction techniques before stress incidences. "stress" or "pressure" was introduced by Cauchy (1821), under the theory of elasticity that posits an amount of force applied for a given area. When sufficient force is applied to a material, it bonds to the change and suffers a "strain", which results from a linear to a non-linear status: a stress-strain reality. Later, biomedical sciences began to apply this terminology. A common concept is the general adaptation syndrome (GAS) introduced by Selye (1936). The GAS consists of three phases. Upon identification of a stressor or threat, the body is in a state of "alarm". If the stress persists, the body adjusts through a coping mechanism by resisting. This is the "resistance" phase. In the last "exhaustion" phase, the organism's resources are depleted, and normal function is thus impaired (Kranmer, Minibayeva, Beckett, & Seal, 2010). There is also an important role of the autonomic nervous system that outlines

some general symptoms from stressful events. Among them are: sweating and high heart rate. Long term consequences can follow if they are not addressed.

Selye (1950) also presented two types of stress, “eustress” and “distress”. Lazarus (1966) later adhered to both concepts, seen as vital to psychology. Eustresses enhance function and activity through training and challenging work, whereas distresses refer to persistent stresses that are not resolved through adaptation and coping mechanism. As a result of their essential roles, both the self-efficacy and stress theories, GAS and HBM are key concepts to understand the complex mechanism involved in healthcare, where health and stress become important factors in addressing health behaviors and issues, as well as program policy formulation.

### **5. Self-efficacy, stress theories expansion and literature**

In terms of expanding the theories, one needs to survey the ongoing literature to realize that stress theories are evolving, stress and health have major policy implications (Brosschot, Pieper, & Thayer, 2005; Thoits, 2010). Brosschot et al. (2005) made a compelling case for expanding stress theories on the notion that there is a cognitive nature involved in the mechanism that causes stress responses. They solidified their arguments by advancing the concept of “perseverative cognition”. Brosschot et al. (2005) proposed the following definition for “perseverative cognition” as “the repeated or chronic activation of the cognitive representation of stress-related content—a mediator between stressors and stress factors, and prolonged activation” (p. 1045). Furthermore, the authors argue that sources of stress will only lead to prolonged activation when individuals cognitively continue to persevere in the stress sources.

From a health standpoint, and in light of policy formulation and analysis, this theory would need to be taken seriously. The rationale is in the potential ill effects of its misunderstanding. For example, issues such as employees’ dissatisfaction, burnout, relating to negative episodes of stress can have a negative impact of performance improvement, productivity and can lead to turnovers. Nonetheless, “perseverative cognition” challenges the notion that stress needs to be addressed as a future event. Ursin and Murison (1983) made a compelling claim that the instruments measuring life events, daily struggles, work related matters, etc., used in stress research are based on specific stressors that focus on the past (post-stress). The implication for further research is tremendous. The role of leadership which is a practical tool to manage stress within organizations, thus minimizing its costs, is also essential.

Although a great deal of literature has focused on stress, burnout, and personality type toward stress among healthcare professionals (Farquharson et al., 2012; Janjhua & Chandrakanta, 2012; Kranner et al., 2010; Thoits, 2010), little research has considered the role of wellness promotion (Demenna, Micci, & Wood, 2012), compassion and resiliency training (Lahn, 2014), and mindful-based stress reduction (MBSR; Farb et al., 2007; Goldin & Gross, 2010; Kilpatrick et al., 2011; Martín-Asuero & García-Banda, 2010; Shapiro et al., 2007). The authors define “mindfulness” as a sustained intention to focus on the reality of the present moment. Nonetheless, efforts to prevent stress incidences should be accepted as if such incidences happen in the present. For Farquharson et al. (2012), the level of stress among nurses working in a healthcare telephone-advice service was explored. The conclusion was that stress is related to performance, sickness absence and intention to leave. Janjhua and Chandrakanta (2012) demonstrated in their study of behavior of personality types toward stress and job satisfaction, that the sources of stress among healthcare professionals originated from identification with patients, deterioration and complication in the patient condition, and job criticism. However, significant differences exist between personality types A and B, with respect to stressful situations. Type A scored higher than type B in a healthcare questionnaire. Research studies by Kasmí, Shehla, and Khan (2009) reported that Pakistani doctors with type A personality were more apt to stress than doctors of type B personality.

Demenna et al. (2012) argue that by promoting wellness among care providers, healthcare employers can have a competitive advantage due to reduction in healthcare premium costs, and improved quality of patient care. Lahn (2014) cleverly proposed a system of compassion and resiliency training as a way for healthcare professionals to manage stress, burnout, and behavior modification, using the polyvagal theory. The polyvagal theory explains how the mechanisms of HRV are related to emotional expression and social engagement (Porges, 2007).

### **6. Towards a self-awareness-resiliency model**

The HBM's six tenets: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy produce a solid platform for potential changes strategies (National Cancer Institute, 2005, p. 14). The scope of the limitations on stress literature, whether in organizational, social and behavioral systems is wide. In terms of providing a broad spectrum for stress-related responses, and a broad analysis of brain activities, various researchers have considered the importance of work related stress, the role of brain activities on stress considering the social environment, and how neural social stress is processed in humans (Lahn, 2014; Lederbogen et al., 2011; McClenahan, Giles, & Mallett, 2007; McEwen, 2012)

A neuroendocrinology framework is used to explain how the brain is the central organ responsible (namely amygdala and prefrontal cortex) for the perception and responses to stressors. Evidence presented was the aging brain losing its resiliency to recover from stress-induced changes, as well as changes causing by an unhealthy lifestyle (Bloss, Janssen, McEwen, & Morrison, 2010). A study by Drevets (2000) reported that amygdala hyperactivity in the human brain causes major depression, as well as anxiety disorder such as PTSD. Authors such as Gianaros et al. (2009) and Ganzel, Kim, Glover, and Temple (2008) reported that increased amygdala reactivity to angry and sad faces is reported in individuals with early predispositions of cardiovascular disease and increase sympathetic activity leading to high blood pressure. Increased amygdala reactivity has also been associated with 9/11 traumatized individuals. Lederbogen et al. (2011) reported that current city living was associated with increased amygdala activity that leads to social stress, and can contribute to greater mental illness. In their study of neural responses of healthy Germans volunteers living in cities and in the countryside without mental disorders undergoing stress during the functional magnetic imaging (fMRI), the findings show that city living was associated with activity in the amygdala, and was highest among city dwellers (city living), than those living in small towns/countryside (countryside living). The effects of social stress vary from "city living" than "countryside living". Multiple factors associated with "city living", such as crowd, pollution, noise, toxins, or demographic factors appear to be responsible for the experimental association. For example, questions 7 and 8 of the PRESS questionnaire are enunciated as: Q7, "Do you feel you get stress because of countryside living", and Q8, "Do you feel you get stress because of urban/city living?" Subjective stress levels were measured before and after sessions using a visual analogue scale, and effects of the "Montreal Imaging Stress Task" (MIST) on salivary glands, heart rate and blood pressure, were recorded (Lederbogen et al., 2011, p. 22). Within the scope of the above frameworks, the PRESS questionnaire model, as a comprehensive questionnaire, and a stress-related prevention tool can be essential in healthcare, and across various professions.

### **7. The linkage between theories and the PRESS questionnaire**

The various theories show that social and cognitive elements are aligned with issues such as: workplace burnout and satisfaction, personality types, the aging brain (age), wellness promotion, individual's understanding of stress, the meaning of stress linked to people and their environment or surrounding with respect to SI, how stress is handled (coping mechanism), perception of the other, health behavior, and stressful events. The specific theories are linked to the PRESS questionnaire model by offering a mixed view about some of the current researches on stress prevention and management. Although they offer different parameters: frustration, tenseness, influence of perceptions, more effective awareness, sensory experiences, and trait anxiety, one specific example is the connection to the parameters "city living" vs. "countryside living" in the PRESS questionnaire model (questions 7 & 8) that are indirectly related to the "more effective awareness" and "sensory

experiences” parameters of the PSQ. The literature on the impact of environment factors on the brain’s stress perception is analyzed. The linkage resides in the formulation of the following questions, and their association with the theories:

Question 1 Do you perceive stress as a problem? Relates to HBM

Question 2 Do you perceive stress as a healthy event? Relates to SCT

Question 3 Would you be able to determine your stress event as transient? Relates to GSE

Question 4 Would you be able to determine your stress event as chronic (prolonged)? Relates to GSE

Question 5 In a typical work week do you feel you experience stress often (everyday)? Relates to SCT

Question 6 In a typical week do you feel you experience stress at least 2x or 3x a week? Relates to SCT

Questions 7 Do you feel you get stress because of countryside living? Relates to neuroendocrinology (NE)

Question 8 Do you feel you get stress because of urban/city living? elates to neuroendocrinology (NE)

Questions 9 Do you take any medication for stress? Relates to GSE

Question 10 Have you been exposed to any trauma in the past? Relates to PTSD

Question 11 Would you consider yourself as depressed? Relates to CSB

Questions 12 Do you feel that issues in your social environment add to your stress? Relates to SI

Question 13 Do you feel that time management is a factor to your stress? Relates to HBM

Question 14 Do you think that hormonal changes are active in stressful situations? Relates to GSE, and neuroendocrinology (NE)

Question 15 Do you feel your lifestyle has something to do with your stress? Relates to HBM, SCT and CSB

Question 16 Do you think that your age affects your stress response? Relates to GSE, HBM, and neuroendocrinology (NE)

Question 17 Have you experienced feelings of discomfort/anxiety in social situations? Relates to GSE

Question 18 Do your fellows regard stress as unhealthy or harmful? Relates to SI

Question 19 Do you think that your personality type can help you deal with stress? Relates to SCT

Question 20 Do you often feel overwhelmed by stressful situations? Relates to GSE and CSB

The above associations imply that cognitive elements are integrated within a social framework in which human and social interactions can serve as benchmarks, and sources of meaning of stressors. These specific parameters were collected to explore the effect of stress and the role of “city living” or “countryside” living on the brain, the importance of context-specific work-related stress, individuals’ beliefs, perceptions of stress, and their responses through social interactions in stressful environments.

### **7.1. Target-groups aspects**

Several groups are presented in the literature review. They are important in the creation of the PRESS questionnaire model. The intention was not to limit the target groups. Further research will undoubtedly expand the realm of the PRESS questionnaire model. The rationale lies in the PRESS questionnaire’s broadly anticipated use in research and by various entities. The literature surveyed shows nurses and physicians, therapists, individuals, German volunteers in “city living”, “countryside living”, and traumatized individuals by 9/11. Age as a factor is simply considered in terms of the brain’s aging process for individuals. It was not thoroughly explored due to the limitations in the literature. Nonetheless, it is argued that the implementation of the PRESS questionnaire model will elucidate the research pathways, both in qualitative and quantitative terms for further comprehension and application.

## 8. The PRESS questionnaire model

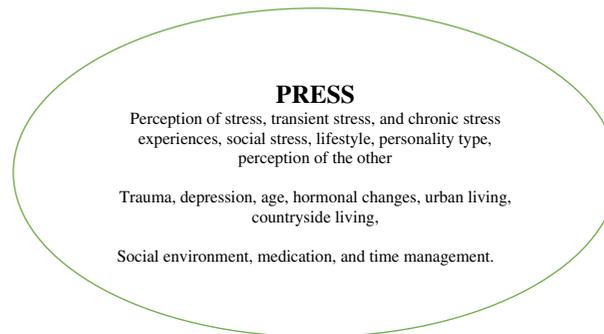
The questionnaire consists of 20 questions and 16 factors elucidated as: perception of stress, transient stress and chronic stress experiences, social stress, lifestyle, trauma, depression, age, hormonal changes, urban living, countryside living, social environment, personality type, perception of the other, medication, and time management. Each factor is assigned five points. Based on the questionnaire results, an individual profile will be created to efficiently tailor a stress prevention-reduction model. Scores range from 5 to 100 on a 5-point scale to determine the parameters most attributable to stress. The total score is 100. The PRESS questionnaire model design does not depart from the various questionnaires: the *Work Environmental Scale* (WES; Moos, 1994), the *Maslach Burnout Inventory* (MBI General Survey; Maslach, Jackson, & Leiter, 1996), the PSQ (Levenstein et al., 1993; Montero-Marin, Demarzo, Pereira, & Olea, 2014), the *Social Readjustment Rating Scale* (SRRS; Thoits, 2010), and the *General Health Questionnaire* (GHQ; Goldberg, 1978). For example, question 11 in the PRESS questionnaire model “would you consider yourself as depressed?” is indirectly associated with psychological distress (Farquharson et al., 2012), the *General Health Questionnaire* (GHQ-12), in which the following question is asked “have you recently been feeling unhappy or depressed?”. There is also some evidence that the PRESS questionnaire model’s parameter “perception of the other”, as it relates to question 18 “do your fellows regard stress as unhealthy or harmful?”, is linked with the construct validity of the PSQ, perceived stress with its first tenet: frustration. The corresponding parameter within the PSQ is “feel judged”. The other tenet: tenseness shows that corresponding parameters “be in a hurry”, “not enough time”, and “deadline” are associated with question 18 of the PRESS questionnaire model “do you feel time management is a factor to your stress”. The various scales used in the questionnaires show Cronbach’s alpha reliability due to their utilization; such facts do not imply that the PRESS questionnaire model is unreliable. Although measures such as demographics, job characteristics, age, gender, job status, etc., are not yet assessed, its scale can provide an avenue for statistical analysis. The PRESS questionnaire model is aligned with the various scales mentioned above: WES with a score range from 0 to 9, using three of the 9-item sub-scales, GHQ with scores range from 0 to 36 on a 4-point Likert scale, MBI General Survey with responses on a 6-point scale (McClenahan et al., 2007). The *Social Readjustment Rating Scale* (SRRS) has not been evaluated in this article. SRRS is a tool to assess the amount of stress in an individual’s life in a survey design. The self-efficacy model that emphasizes confidence level, provides training and guidance to sustain performance, masters goal settings, and reinforces positive behaviors, would not be in contradictory mode with the proposed questionnaire. Other scales, such as Miller’s (1997) *scales for trauma*, Keane et al.’s (1989) *combat exposure scale for veterans*, and Wheaton’s (1996) *open-ended questions to assess chronic stress* add to the quest for a better understanding of stress, stress prevention and resiliency. Hence, it is hoped that the PRESS questionnaire model can help in terms of differentiation from the various scales, and interviews highly valued in the research field. It can do so the following ways:

- (1) provide a platform for stress prevention, or pre-stress prevention research.
- (2) add a social dimension to stress research.

## 9. Current research and deficiencies

The current body of literature on stress prevention and management is wide (Farquharson et al., 2012; Kilpatrick et al., 2011; Lauver, 1992; Lederbogen et al., 2011; Levenstein et al., 1993; Martín-Asuero & García-Banda, 2010; McEwen, 2012; Montero-Marin et al., 2014; Phillips, Tuhrim, Kronish, & Horowitz, 2014; Thoits, 2010). What transpired are: a reassessment of the PSQ, a *stress belief model* based on perceptions in stroke survivors about prevention of recurrent stroke, and the influence of these perceptions on patients’ stroke. The perception that stress causes and stress-reduction controls hypertension, has been retained (Phillips et al., 2014). Stress associations with important consequences for healthcare workers, physical illness, and work-related issues of job satisfaction is another finding (Farquharson et al., 2012). The role and impact of mindfulness-based stress reduction training is captured in a positive fashion by asserting that mindfulness meditation training reduces stress, improves the physical and psychological health in patient population, and is a viable

**Figure 1. PRESS questionnaire model content.**



stress-reduction technique applied to healthcare professionals (Kilpatrick et al., 2011; Martín-Asuero & García-Banda, 2010). Another research focus is on the role of amygdala reactivity to social stress due to environmental parameters such as “city living” and “countryside living”(Lederbogen et al., 2011). It is argued that social stress, in this case is associated with a cognitive process. The social and physical environments have powerful effects on the body, and the brain through the neuroendocrine, autonomic and immune systems (McEwen, 2012). However, many of these studies lack a pluridimensional scale. With the exception of Lederbogen et al.’s (2011) neural social stress processing, the social dimension is missing. This focus is also tied with the integration of neurobiology of stress with cognitive social and emotional factors (Contrada & Baum, 2011). The questionnaire content taps into the differences seen in the other questionnaires, and can provide an objective appraisal of stress, as a stress prevention assessment tool. Issues of internal reliability will of course be determined after utilization. To add to its opportunity to be used in facilitation models, stress prevention and reduction trainings, issues such as social stressors and emotional reactions clarified by Lazarus (1991) can be considered and further analyzed. Figure 1 shows the content of the proposed PRESS questionnaire model. The questionnaire is in Appendix A.

### **10. Practical implications for training, research or policy**

The present questionnaire shows that the following parameters: perception of stress, transient stress and chronic stress experiences, social stress, lifestyle, trauma, depression, age, hormonal changes, urban living, countryside living, social environment, personality type, perception of the other, medication, and time management can offer predictive support to researchers willing to explore the concept of stress by using the PRESS questionnaire model as a self-awareness-resiliency model before the occurrence of stressful situations. The implementation of the PRESS questionnaire will undoubtedly require additional research; but as a starting point, social and psychological sciences, facilitation models and techniques, or human resources management can benefit from its utilization. The questionnaire can be utilized before the adoption of any stress reduction or prevention training by organizations, and strategic planning decisions (job-redesign, evaluation ...) by management can be implemented. The significance for professional input and studies cannot be neglected.

### **11. Limitations**

This questionnaire is limited by its effects of psychological stress on specific diseases, which have not been anticipated. In terms of policy formulation, since stress have some implications on minority groups that, face discrimination and the burden of stress is heavier on them: obesity (other health issues), income and education, the social support questionnaire, an essential element in helping individuals develop self-esteem, is not fully explored. There are other cognitive and social stressors not identified in the questionnaire, and its measures of performance have not been studied. Overall, what the PRESS questionnaire adds is a social component to stress, construed as a significant parameter. Its unique contribution to sociology, social sciences and psychology lies in the understanding and adaptation among social groups, individuals in stress situations, health and other fields.

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## Appendix A

### PRESS questionnaire model

1. Do you perceive stress as a problem? Yes  No
2. Do you perceive stress as a healthy event? Yes  No
3. Would you be able to determine your stress event as transient?. Yes  No
4. Would you be able to determine your stress event as chronic (prolonged)? Yes  No
5. In a typical work week do you feel you experience stress often (everyday)? Yes  No
6. In a typical week do you feel you experience stress at least 2x or 3x a week? Yes  No
7. Do you feel you get stress because of countryside living? Yes  No
8. Do you feel you get stress because of urban/city living? Yes  No
9. Do you take any medication for stress? Yes  No
10. Have you been exposed to any trauma in the past? Yes  No
11. Would you consider yourself as depressed? Yes  No
12. Do you feel that issues in your social environment add to your stress? Yes  No
13. Do you feel that time management is a factor to your stress? Yes  No
14. Do you think that hormonal changes are active in stressful situations? Yes  No
15. Do you feel your lifestyle has something to do with your stress? Yes  No
16. Do you think that your age affects your stress response? Yes  No
17. Have you experienced feelings of discomfort/anxiety in social situations? Yes  No
18. Do your fellows regard stress as unhealthy or harmful? Yes  No
19. Do you think that your personality type can help you deal with stress? Yes  No
20. Do you often feel overwhelmed by stressful situations? Yes  No



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