

ORIGINAL ARTICLE

## The relationship between caregiving self-efficacy and depressive symptoms in dementia family caregivers

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### Abstract

The present study was intended to replicate the findings of Steffen et al. (2002) of a negative relationship between caregiving self-efficacy and depressive symptoms among family dementia caregivers. Female family caregivers ( $N = 74$ ) of community-dwelling individuals diagnosed with dementia completed a telephone interview and self-report assessment packet that included measures of caregiving self-efficacy and depressive symptoms. There was a direct negative relationship between caregiving self-efficacy and depressive symptoms after controlling for objective stressors. There was no support, however, for the hypothesis that caregiving self-efficacy would operate as a moderator, such that the relationship between objective stressors (cognitive impairment and behavior problems) and caregivers' depressive symptoms would be strongest for caregivers reporting lower levels of self-efficacy. The results of this study suggest that caregiving self-efficacy has a strong, direct relationship with depressed symptoms for dementia family caregivers. Longitudinal research is needed to determine if it is an appropriate focus of future intervention research.

### Introduction

Caregivers of family members diagnosed with dementia are engaged in a challenging and important role that often consumes their lives. The demands and emotional strains associated with dementia caregiving leave caregivers vulnerable to psychological and health consequences, most frequently, depression. The relationship between depressive symptoms and caregiving has been found in virtually all studies of dementia caregivers (Schulz et al., 1995). Not all, however, experience similar negative effects of caregiving. Some individuals experience significant distress; others are able to manage the process of caregiving without experiencing psychosocial impairment (Aneshensel et al., 1995).

In order to develop effective interventions, it is important to identify and understand the factors that protect some caregivers from negative consequences frequently associated with caregiving. Although objective stressors have been proposed as leading to depressive symptoms among caregivers, the results are ambiguous. Some studies find a direct relationship between depressive symptoms and the objective stressors of caregiving, such as cognitive impairment, behavioral problems, and activities of daily living (ADL) deficiencies of the patient (Alspaugh et al., 1999; Donaldson et al., 1998; Nagaratnam et al., 1998; Teri, 1997).

Others have not, suggesting that other variables besides objective stressors are responsible for the heterogeneity in depression among family dementia caregivers (Boss et al., 1990; Gaugler et al., 2000; Li et al., 1999; Schulz et al., 1995). These conflicting results imply that primary objective stressors, the actual demands of caregiving, may not be directly related to depressive symptoms. Instead, other factors such as a caregiver's perception of the caregiving situation or his/her ability to manage caregiving-related demands may be more strongly related.

One such variable proposed as playing an important role in the relationship between caregiving and depressive symptoms is self-efficacy (Bandura, 1977; Fortinsky et al., 2002; Gignac & Gottlieb, 1996; Zeiss et al., 1999). Self-efficacy (also called perceived self-efficacy) is an individual's assessment of his or her ability to successfully master a specific task (Bandura, 1997). These efficacy beliefs are an individual's estimates of her or his own ability to 'mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands' (Bandura & Wood, 1989, p. 408). Self-efficacy is by definition concerned with the individual's assessment of ability to perform a specific task, and differs from a more general assessment