Journal of Gerontology: PSYCHOLOGICAL SCIENCES
2002, Vol. 57B, No. 1, P74–P86
Copyright 2002 by The Gerontological Society of America

# The Revised Scale for Caregiving Self-Efficacy: Reliability and Validity Studies

Ann M. Steffen,[1] Christine McKibbin,[2] Antonette M. Zeiss,[3] Dolores Gallagher-Thompson,[3] and Albert Bandura[4]

[1]University of Missouri-St. Louis.
[2]University of California, San Diego.
[3]Veterans Affairs Health Care System and Stanford University School of Medicine, Palo Alto, California.
[4]Stanford University, Palo Alto, California.

Downloaded from psychsocgerontology.oxfordjournals.org by guest on January 23, 2011

**Two samples of family caregivers (Study 1: $N = 169$; Study 2: $N = 145$) of cognitively impaired older adults were used to revise, extend, and evaluate a measure of perceived self-efficacy for caregiving tasks. The Revised Scale for Caregiving Self-Efficacy measures 3 domains of caregiving self-efficacy: Obtaining Respite, Responding to Disruptive Patient Behaviors, and Controlling Upsetting Thoughts. The 3 subscales show strong internal consistency and adequate test–retest reliability. Construct validity is supported by relationships between these 3 facets of perceived caregiving efficacy and depression, anxiety, anger, perceived social support, and criticism expressed in speech samples. The Revised Scale for Caregiving Self-Efficacy has potential uses for both research and clinical purposes.**

THE construct of self-efficacy has been widely used among researchers to help explain a variety of reactions to long-standing, stressful experiences (Bandura, Taylor, Williams, Mefford, & Barchas, 1985; Brady, Tucker, Alfino, Tarrant, & Finlayson, 1997; Cappelli et al., 1989; Cozzarelli, 1993; Gill, Williams, Williams, & Hale, 1998; Resnick, 1998; Sullivan, LaCroix, Russo, & Katon, 1998). Self-efficacy has been conceptualized as a person's belief about her or his ability to organize and execute courses of action to manage given situations (Bandura, 1997). Self-efficacy beliefs have diverse effects on psychosocial functioning: They (a) determine whether coping behaviors will be initiated, how much effort will be expended, and how long effort will be sustained in the face of obstacles and aversive experiences and (b) affect vulnerability to emotional distress and depression (Bandura, 1997).

Although sometimes confused with global self-esteem, locus of control, or self-confidence, self-efficacy is a separate conceptual scheme that pertains to specific judgements that one can perform competently and capably in given situations. Self-efficacy is not a global entity, but rather varies across activity domains, task demands, and situational characteristics. Gerontologists have used self-efficacy to predict different aspects of functioning in older adults, including active grandparenting (King & Elder, 1998), intellectual functioning (Berry, West, & Dennehey, 1989), functional status following a decrease in physical capacity (Mendes de Leon, Seeman, Baker, Richardson, & Tinetti, 1996), physical activity in osteoarthritis patients (Rejeski, Craven, Ettinger, McFarlane, & Shumaker, 1996), and adherence to exercise following a structured exercise program (McAuley, Lox, & Duncan, 1993). Despite the fact that the self-efficacy model has been widely used in research on chronic stress and coping, this construct has only recently been applied to help explain the experiences of family caregivers of persons with dementia (Gignac & Gottlieb, 1996; Zeiss, Gallagher-Thompson, Lovett, Rose, & McKibbin, 1999). This recent work suggests that self-efficacy theory holds significant promise for explaining the variability in family members' ability to cope with the chronic demands and challenges of caregiving.

Previous research on stress proliferation suggests that a personal sense of control or mastery plays several important roles in dementia caregivers. In their 3-year longitudinal study of caregiving processes and outcomes, Aneshensel, Pearlin, Mullan, Zarit, and Whitlatch (1995) found that a global sense of mastery and personal control had a direct effect of reducing depression over time. No support was found for mastery beliefs either mediating or moderating the effects of care-related stressors on depression. However, increased mastery over time also had indirect effects through lessening a sense of role captivity (i.e., feeling trapped in an unwanted role) and increasing perceived competence as a caregiver, both of which were related to depression. Conceptualized as a secondary intrapsychic strain, perceived caregiver competence was related to levels of family conflict and to role captivity, which were in turn associated with problematic patient behaviors (Aneshensel et al., 1995). These findings suggest that beliefs about competence and one's ability to affect events can have powerful and varied effects for caregivers of dementia patients. The measures used, however, were global in nature (i.e., four-item scales with ratings for general statements) and quite different from the conceptualization of self-efficacy discussed previously. This measurement strategy does not permit a closer examination of the role of context in influencing responses to these general items and limits our ability to predict caregiving-related outcomes. Bandura (1997) suggests that general efficacy beliefs do not create or determine specific efficacy beliefs. More specific caregiving-related