

Analysis of the moderating effect of self-efficacy domains in different points of the dementia caregiving process

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Introduction: Studies analyzing the moderator role of self-efficacy have centered their attention on the relationship between stressors and distress. However, drawing upon the stress and coping model, the moderator effects of self-efficacy may appear in the relationship between other key elements of the stress process.

Objectives and method: The purpose of this study was to analyze, in a sample of 167 dementia family caregivers, (1) the moderating effect of self-efficacy for managing behavioral problems on the relationship between frequency of behavioral problems and burden; and (2) the moderating effect of self-efficacy for controlling upsetting thoughts on the relationship between burden and caregivers' distress (depression and anxiety).

Results: While no support has been found for the hypothesis that self-efficacy for managing behavioral problems moderates the relationship between frequency of behavioral problems and burden, our findings support the moderator role of self-efficacy for controlling upsetting thoughts in the relationship between burden and distress. No differences in distress measures are found between caregivers with high and low scores on self-efficacy for controlling upsetting thoughts when they report low levels of burden. However, when the levels of burden are high, caregivers with high self-efficacy for controlling upsetting thoughts report significantly lower levels of distress than caregivers with low self-efficacy for controlling upsetting thoughts.

Conclusion: Self-efficacy for controlling upsetting thoughts may be particularly effective for caregivers who report high burden scores, attenuating the impact of burden on caregivers' distress (depression and anxiety).

Keywords: behavioral problems; burden; caregivers; dementia; distress; moderation

Introduction

Research is consistent regarding the association between being a caregiver of people with dementia and having poorer psychological and physical health (Pinquart & Sörensen, 2003). Due to the considerable demands that dementia caregivers must face during a long-time period, caring for relatives suffering dementia has been conceptualized as a chronic stressful situation (Vitaliano, Young, & Zhang, 2004). Drawing upon the stress and coping model (Kim, Knight, & Flynn-Longmire, 2007; Lazarus & Folkman, 1984; Pearlin, Mullan, Semple, & Skaff, 1990), both objective caregiver stressors (such as care receiver frequency of behavior problems or functional status) and subjective stressors (such as burden) have an impact on dementia caregivers' mental health (e.g., anxiety and depression). However, the effects of the stressors on caregiving outcomes vary among caregivers. Several variables such as social support or coping have been shown to have an influence in the impact that dementia caregiving has on caregivers (e.g., Gottlieb & Rooney, 2004; Schulz, O'Brien, Bookwala, & Fleissner, 1995; Thompson, Futterman, Gallagher-Thompson, Rose, & Lovett, 1993).

Caregiver self-efficacy: A multidimensional construct 50

Caregivers' self-efficacy is another variable that has been studied in the dementia caregiving research as a potential moderator in the relationship between stressors and distress, with research consistently showing the positive effects that this variable has on dementia caregivers' distress (Márquez-González, Losada, López, & Peñacoba, 2009; Rabinowitz, Mausbach, Thompson, & Gallagher-Thompson, 2007; Steffen, McKibbin, Zeiss, Gallagher-Thompson, & Bandura, 2002). 55 60

Traditionally, self-efficacy has been defined as the conviction that one can successfully execute the behaviors required to produce certain outcomes (Bandura, Adams, & Beyer, 1977). In the dementia caregiving context, self-efficacy has been conceptualized as the belief in the ability to carry out different activities related to caregiving (Steffen et al., 2002). Researchers have highlighted the multidimensionality of self-efficacy, which means that it is not a global entity but varies across activity domains, task demands, and situational characteristics (Bandura, 1997; Steffen et al., 2002). Several dimensions have been described for caregiving self-efficacy. For example, Steffen et al. (2002) identified three dimensions 70

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