How confident would you be?
An analogue study of interpersonal and situational factors influencing caregiver self-efficacy in the context of advanced cancer

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Westmead Breast Cancer Institute
Advanced Cancer Caregiving
Advanced cancer caregiving

Fletcher, Miaskowski, Given, & Schumacher, 2012
“You feel like you’ve taken on something and it’s added a different colour to your personality … you walk away with battle scars but in a way it’s kind of good.”

“I think I might’ve been a better carer if I hadn’t been trying to cope 24 hours a day with a patient who panicked and became abusive … there was an impact on my health and I suffered much guilt about leaving him in hospital and refusing to bring him home.”
Different carers, different outcomes

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- care recipient &/or - medical care ➔ ↓ coping with caregiving / bereavement
- care recipient ➔ ↓ physical and mental health, other relationships
+ care recipient ➔ ↑ coping with caregiving / bereavement
Research Question

Is carer confidence influenced by care recipient demeanour and supportiveness of medical care?
Method
Participant Recruitment

Selection criteria: over 18 years old
resident in Australia
able to answer online questionnaire written in English
no prior cancer caregiving experience

Via: advertisements on social media
snowball sampling via personal email networks.

Responses: 158 accessed the online questionnaire,
17 did not complete (dropout rate 10.7%)

Final Sample: N = 141
average age = 48.2 years (SD = 14.08, range = 21-76)
79.4% female
43.3% had prior NON-cancer caregiving experience
Design: 2x2 analogue study

2x2: examines 2 variables, each with 2 levels:
   1. demeanour of care recipient
      - positive
      - negative
   2. supportiveness of medical team
      - supportive
      - unsupportive

Analogue Study: hypothetical scenario about caring for someone with advanced cancer, based on bereaved cancer carer interviews

The Manipulation: “Please read these paragraphs carefully and try to put yourself in this person’s position ... [then] answer some questions about how you might think or feel if you were in this situation.”
Design: 2x2 analogue study

Pre-manipulation: Demographics + Positive Reappraisal + Social Support + Attitude to Dying

MOTHER’S DEMEANOUR

POSITIVE

NEGATIVE

MEDICAL TEAM

SUPPORTIVE

Positive Mother/Supportive Medical

Negative Mother/Supportive Medical

UN SUPPORTIVE

Positive Mother/Unsupportive Medical

Negative Mother/Unsupportive Medical

Post-manipulation: Self Efficacy + Mother’s Likely Behaviour
Design: pre-manipulation

Demographics + Positive Reappraisal + Social Support + Attitude to Dying

Positive Reappraisal:  “How do you generally respond if things go wrong?”
- Cognitive Emotion Regulation Questionnaire – Short Version (Garnefski & Kraaij, 2006)
- two item subscale, e.g., “I think that I can become a stronger person as a result of what has happened”
- 5 point Likert scale, range: 1 (almost never) to 5 (almost always)
- original reliability reported for subscale: good (α=.81), present study: acceptable (α=.76)

Social Support:  “When you are experiencing significant difficulties, do you agree that …”
- Expressive Support Scale (Pearlin, Mullan, Semple, & Skaff, 1990) –
- eight items, e.g., '… the people close to you let you know that they care about you'
- 4-point Likert scale, range: 1 (strongly disagree) to 4 (strongly agree)
- original reliability reported: good (α=.87), present study: excellent (α=.94).

Attitude to Dying:  “Do you think you would feel disturbed or anxious about …”
- Collett-Lester Fear of Death Scales (Lester, 1990), Dying of Others subscale –
- eight items, e.g., ‘… having them want to talk about death with you’
- 5-point scale ranging from 5 (very disturbed or anxious) to 1 (not disturbed or anxious)
- Mooney and O’Gorman (2001) reported subscale reliability: good (α=.85), present study: good (α=.88).
Manipulation: Participants randomly assigned to hypothetical caregiving scenarios

**MOTHER’S DEMEANOUR**

<table>
<thead>
<tr>
<th>MEDICAL TEAM</th>
<th>SUPPORTIVE</th>
<th>NEGATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITIVE</td>
<td>good relationship with mother makes caring easier at ease talking about difficult subjects</td>
<td>difficult relationship with mother makes caring much harder apprehensive talking about difficult subjects</td>
</tr>
<tr>
<td>UNSUPPORTIVE</td>
<td>know you can call medical team for advice being able to get that help makes it easier to cope with everything</td>
<td>don’t feel you can call medical team for advice not being able to get that help has made it harder to cope with everything</td>
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</table>
Design: manipulation

Pre-manipulation: Demographics + Positive Reappraisal + Social Support + Attitude to Dying

Manipulation

“You have always had a [good/difficult] relationship with your mother, and this makes caring for her [easier/much harder] … when you need to talk with her about difficult subjects you feel [at ease/apprehensive] …

When situations arise and you don’t know how to best care for your mother, you [know you/don’t feel you] can call them for advice … and [being able/not being able] to get that help has made it [easier/harder] to cope with everything …”

Post-manipulation: Self Efficacy + Mother’s Likely Behaviour
Design: post-manipulation

Post-manipulation: Self Efficacy + Mother’s Likely Behaviour

“If the scenario you have just read about was true for you ...”

**Self-Efficacy:** “*How confident do you feel that you could* ...”
- Caregiver Self-Efficacy Scale (Ugalde et al., 2013) –
- 21 items and four subscales:
  - Resilience, e.g., “… continue to care when you feel frustrated?”
  - Self-Maintenance, e.g., “… have some time to yourself?”
  - Emotional Connectivity, e.g., “… be positive when you need to be?”
  - Instrumental Caregiving, e.g., “… help the mother make decisions about her treatment?”
- 4 point Likert scale, range: 1 (not at all confident) to 4 (very confident)
- original reliability reported: good (α=.81 to .94), present study: good (α=.86 to .90)

**Mother’s Likely Behaviour:** “*How likely is it that the mother described would* ...”
- Active Engagement Scale – Partner Version (Kuijer et al., 2000)
- five item scale with “partner” changed to “mother”, e.g., “discuss things openly with you?”
- 5 point Likert scale, range: 1 (extremely unlikely) to 5 (extremely likely)
- original reliability reported: good (α=.83), present study: excellent (α=.91)
Results
## Participant Characteristics

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**Social Support:** 3.3 - 5

**Positive Reappraisal:** 1 - 5

**Attitude to Dying:** 1.4 - 4.6

**Social Support:** 3.3 - 5

**Positive Reappraisal:** 1 - 5

**Attitude to Dying:** 1.4 - 4.6
## Participant Characteristics

### MOTHER’S DEMEANOUR

**POSITIVE**

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### MEDICAL CARE

**SUPPORTIVE**

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**UN SUPPORTIVE**

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*NO differences between groups pre-manipulation*
Manipulation Check

Do participants’ ratings of the mother’s likely behaviour differ between groups?

* Bootstrapped univariate analyses of covariance: 5000 samples; controlling for age, gender, prior caregiving experience, positive reappraisal, social support, and attitude to dying.
Manipulation Check

Do participants’ ratings of the mother’s likely behaviour differ between groups?

**Mother’s Demeanour**

- **Positive**
  - UNSUPPORTIVE: M (SD): 3.63 (.66)
  - SUPPORTIVE: M (SD): 2.35 (.82)

- **Negative**
  - UNSUPPORTIVE: M (SD): 3.30 (.97)
  - SUPPORTIVE: M (SD): 2.03 (.74)

**Significant main effect for scenario:** $F_{(3, 124)} = 26.57, p<.0005, \eta^2_{\text{partial}} = 0.39$

* Bootstrapped univariate analyses of covariance: 5000 samples; controlling for age, gender, prior caregiving experience, positive reappraisal, social support, and attitude to dying.
Post-manipulation Results *

Is carer confidence influenced by care recipient demeanour and supportiveness of medical staff?

SE Emotional Connectivity: significant main effect for scenario

\[ F_{(3, 124)} = 7.28, p<.0005, \quad \eta^2_{\text{partial}} = 0.15 \]

- SE Resilience
- SE Self-Maintenance
- SE Instrumental Caregiving

* Bootstrapped multivariate analyses of covariance: 5000 samples; controlling for age, gender, prior caregiving experience, positive reappraisal, social support, and attitude to dying.
Is carer confidence influenced by mother’s demeanour and supportiveness of medical staff?

+ Mother ➡️ ↑ SE Emotional Connectivity

- Mother ➡️ No Change for other 3 SE subscales

- Medical Team ➡️ No Change

Further questions:
- Why only SE Emotional Connectivity?
- Can this result be confirmed in advanced carer population? And if so …
- What is the relationship between Emotional Connectivity and caregiving outcomes?
Thank you