

# 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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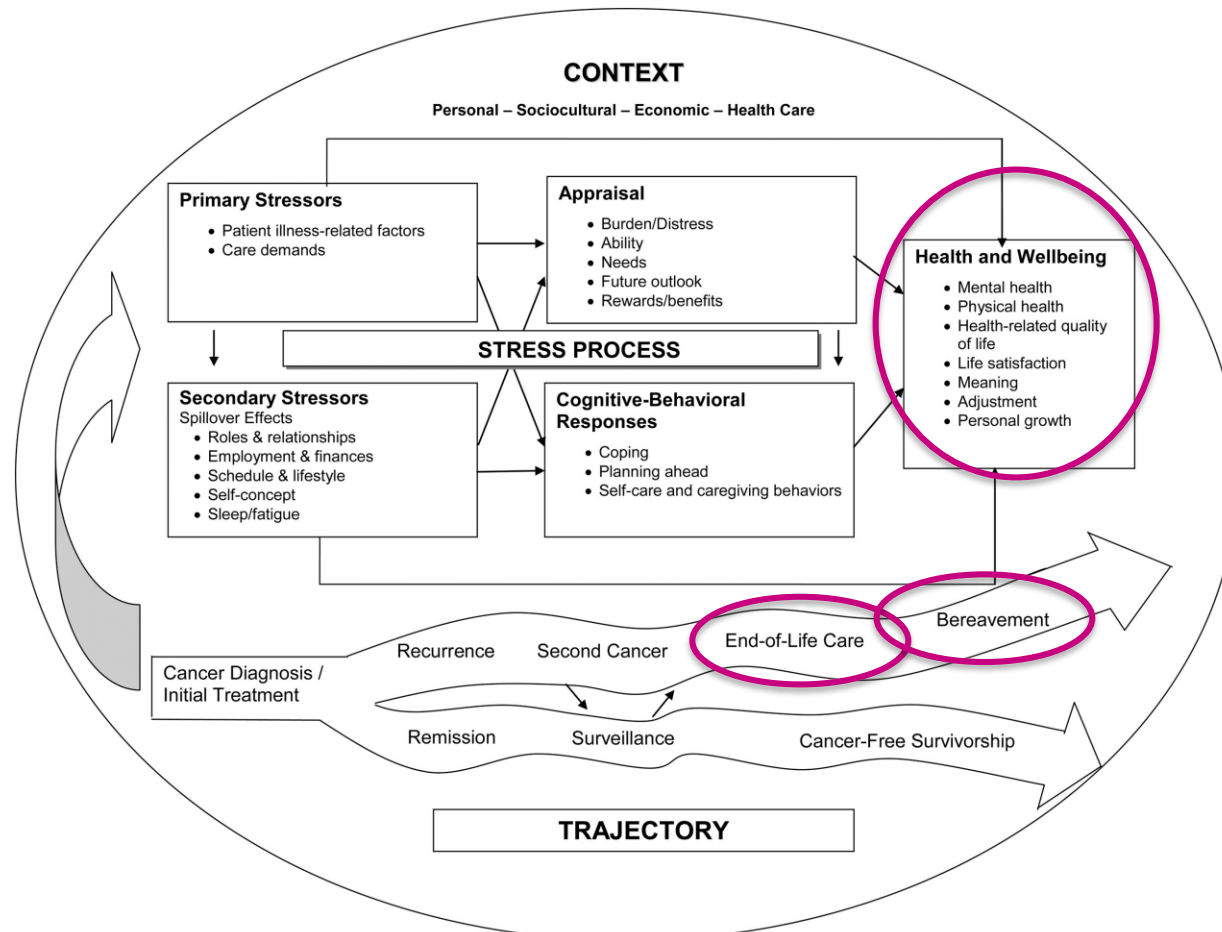
Westmead Breast Cancer Institute



# Advanced Cancer Caregiving



# Advanced cancer caregiving



Fletcher, Miaskowski, Given, & Schumacher, 2012

# Different carers, different outcomes

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*“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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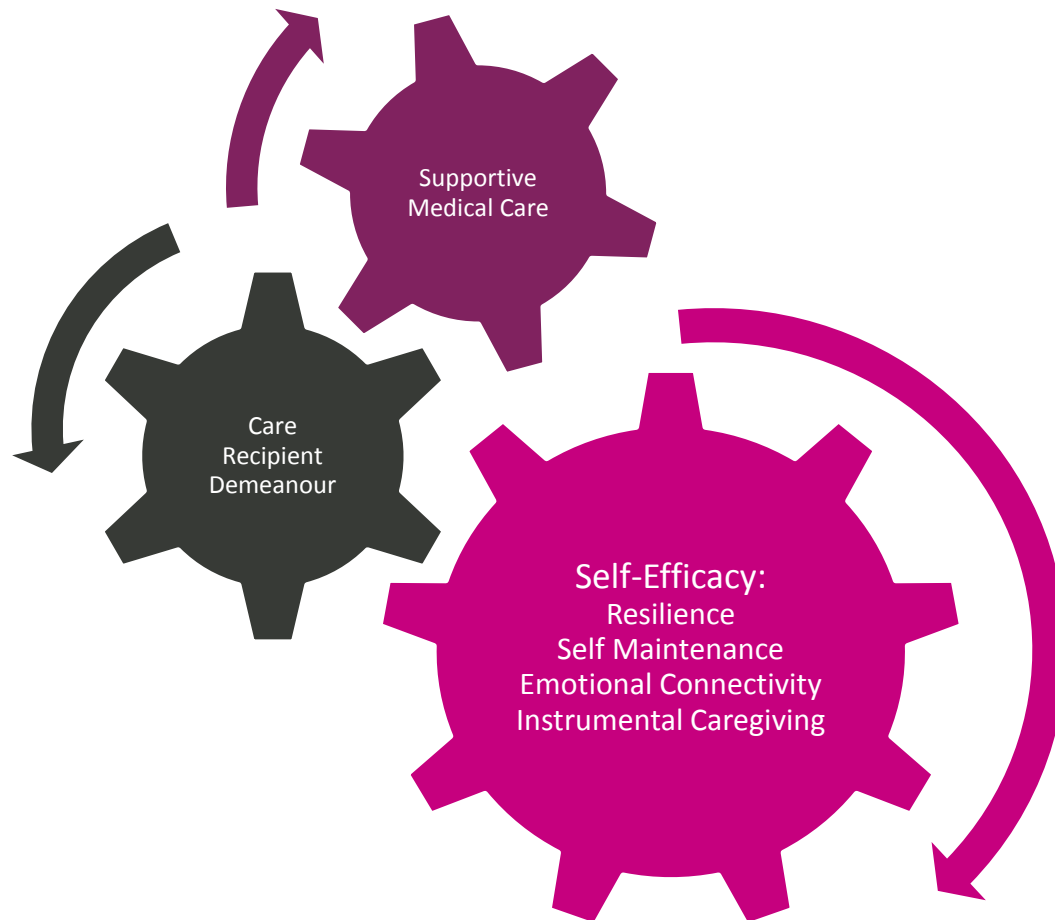
*“You feel like you’ve taken on something and it’s added a different colour to your personality ... you walk away with battle scars but in a way it’s kind of good.”*

*“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.”*

- 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

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- 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

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## 2x2:

examines 2 variables, each with 2 levels:

1. demeanour of care recipient

- positive
- negative

2. supportiveness of medical team

- supportive
- unsupportive

## Analogue Study:

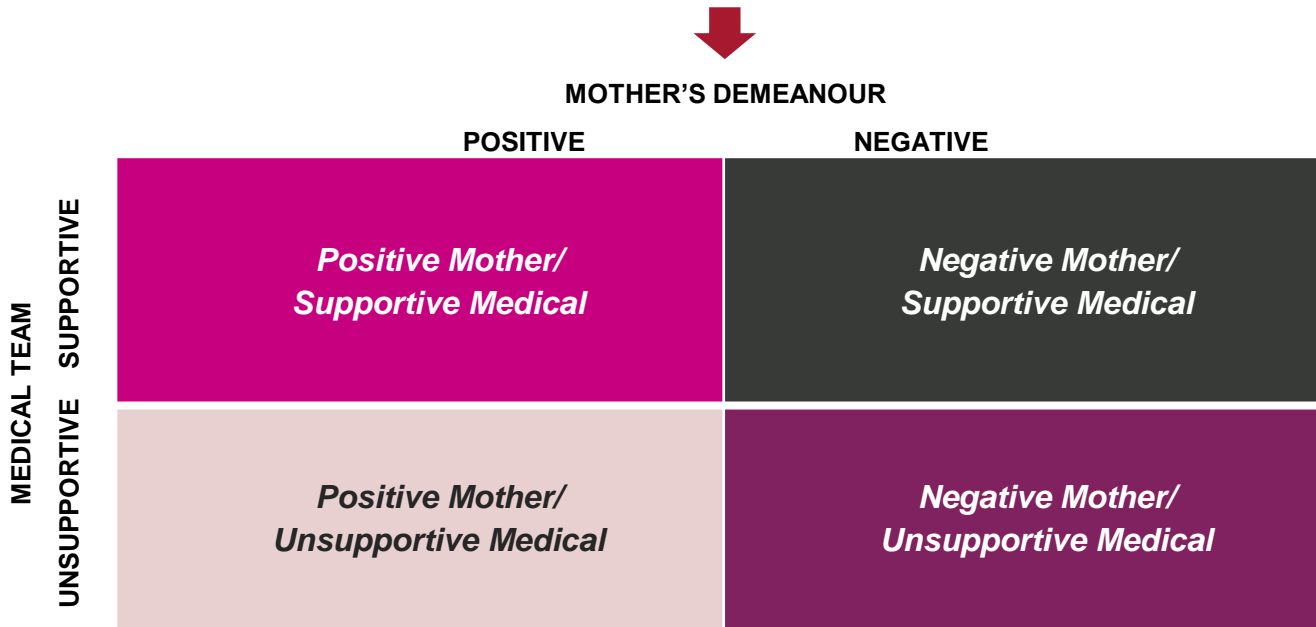
hypothetical scenario about caring for someone with advanced cancer, based on bereaved cancer carer interviews

## 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



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 ( $\alpha=.81$ ), present study: acceptable ( $\alpha=.76$ )

### **Social Support:** *“When you are experiencing significant difficulties, do you agree that ...”*

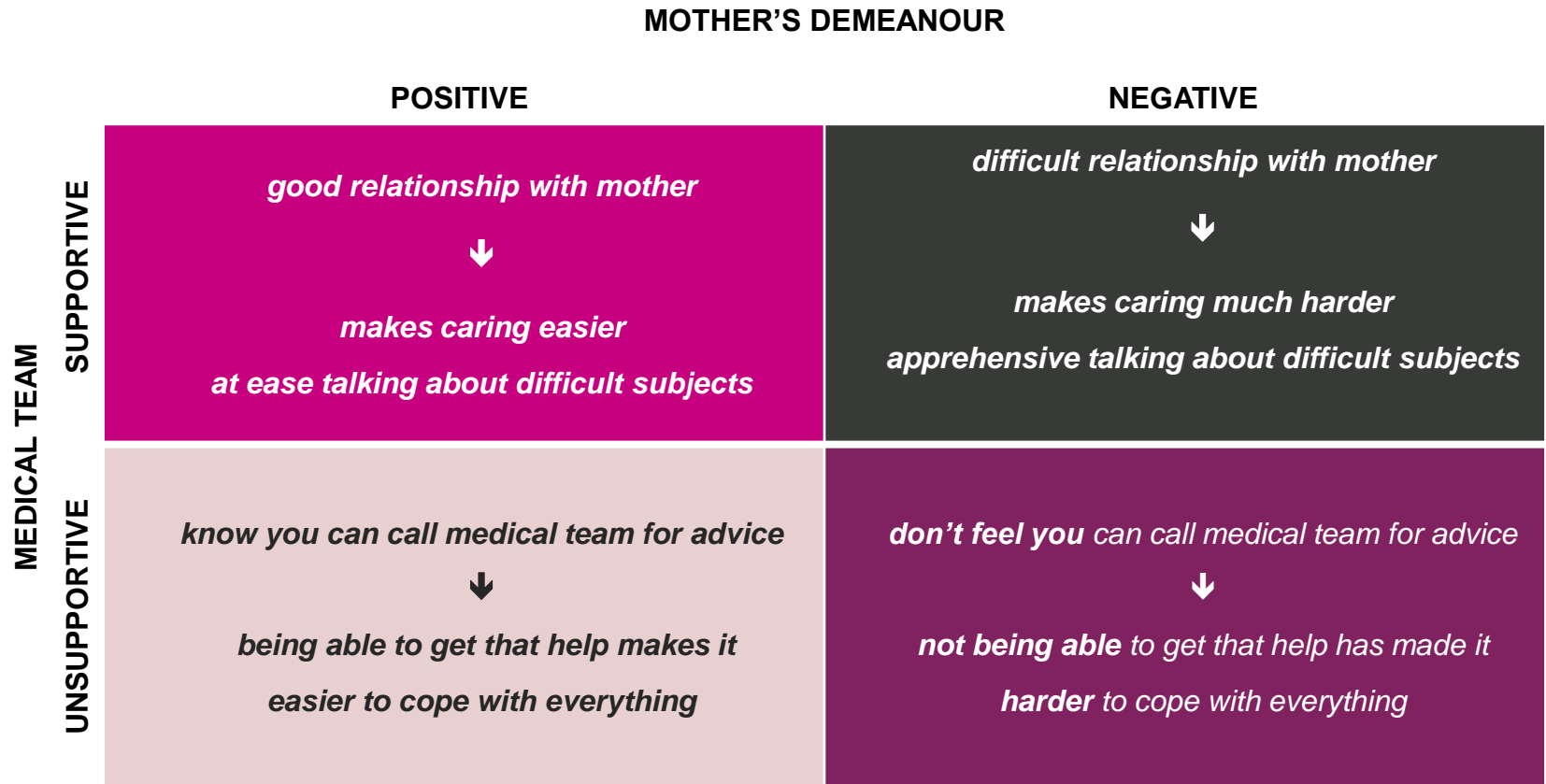
- Expressive Support Scale (Pearlin, Mullan, Semple, & Skaff, 1990) –
- eight items, e.g., ‘... the people close to you let you know that they care about you’
- 4-point Likert scale, range: 1 (strongly disagree) to 4 (strongly agree)
- original reliability reported : good ( $\alpha=.87$ ), present study: excellent ( $\alpha=.94$ ).

### **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 ( $\alpha=.85$ ), present study: good ( $\alpha=.88$ ).

# Design: manipulation

**Manipulation:** Participants randomly assigned to hypothetical caregiving scenarios



# Design: manipulation

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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 ( $\alpha=.81$  to  $.94$ ), present study: good ( $\alpha=.86$  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 ( $\alpha=.83$ ), present study: excellent ( $\alpha=.91$ )

# Results



# Participant Characteristics

|                    |                    | MOTHER'S Demeanour    |                    |                    |                       |            |         |
|--------------------|--------------------|-----------------------|--------------------|--------------------|-----------------------|------------|---------|
|                    |                    | POSITIVE              |                    |                    | NEGATIVE              |            |         |
| MEDICAL CARE       | SUPPORTIVE         |                       | M (SD)             | Range              |                       | M (SD)     | Range   |
|                    |                    | Positive Reappraisal: | 3.98 (.87)         | 1 - 5              | Positive Reappraisal: | 4.02 (.83) | 1 - 5   |
|                    |                    | Social Support:       | 4.09 (.97)         | 3.3 - 5            | Social Support:       | 4.04 (.91) | 3.3 - 5 |
|                    | Attitude to Dying: | 3.59 (.82)            | 1.4 – 4.6          | Attitude to Dying: | 3.56 (.90)            | 1.4 – 4.6  |         |
|                    | UNSUPPORTIVE       |                       | M (SD)             | Range              |                       | M (SD)     | Range   |
|                    |                    | Positive Reappraisal: | 4.00 (.78)         | 1 - 5              | Positive Reappraisal: | 3.93 (.64) | 1 - 5   |
| Social Support:    |                    | 4.13 (.69)            | 3.3 - 5            | Social Support:    | 3.90 (.99)            | 3.3 - 5    |         |
| Attitude to Dying: | 3.39 (.72)         | 1.4 – 4.6             | Attitude to Dying: | 3.40 (.83)         | 1.4 – 4.6             |            |         |



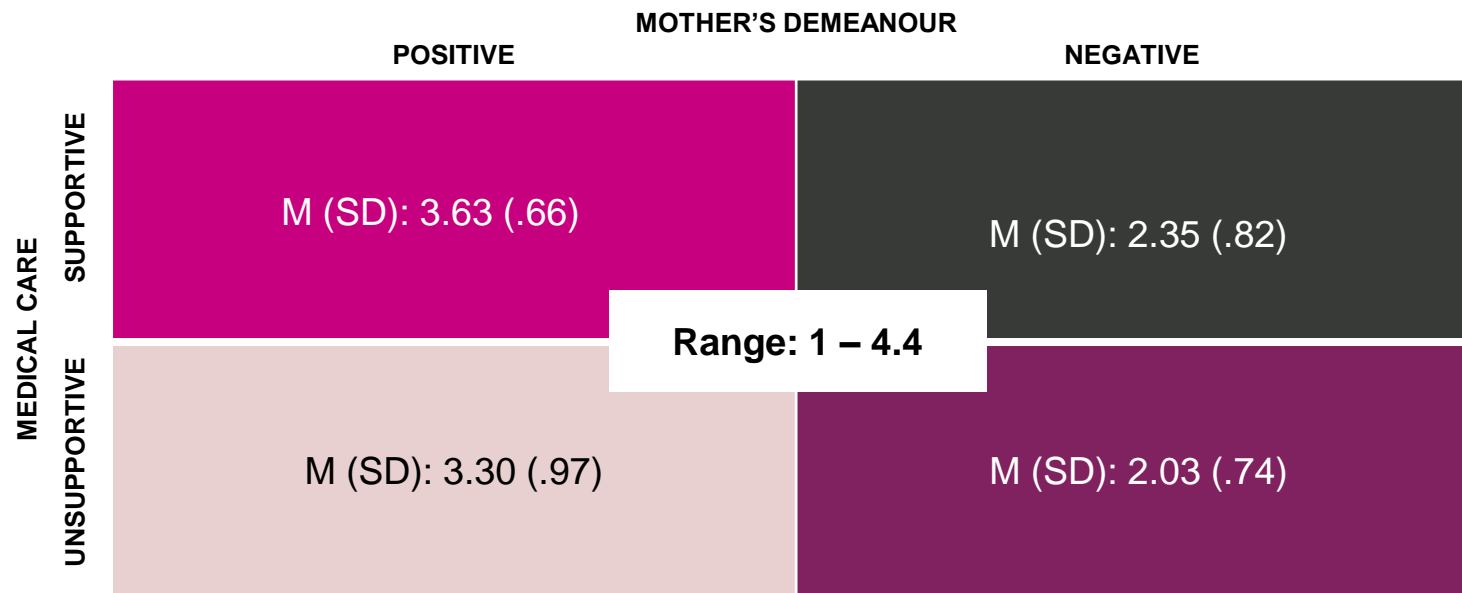
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**NO differences between groups pre-manipulation**

# Manipulation Check\*

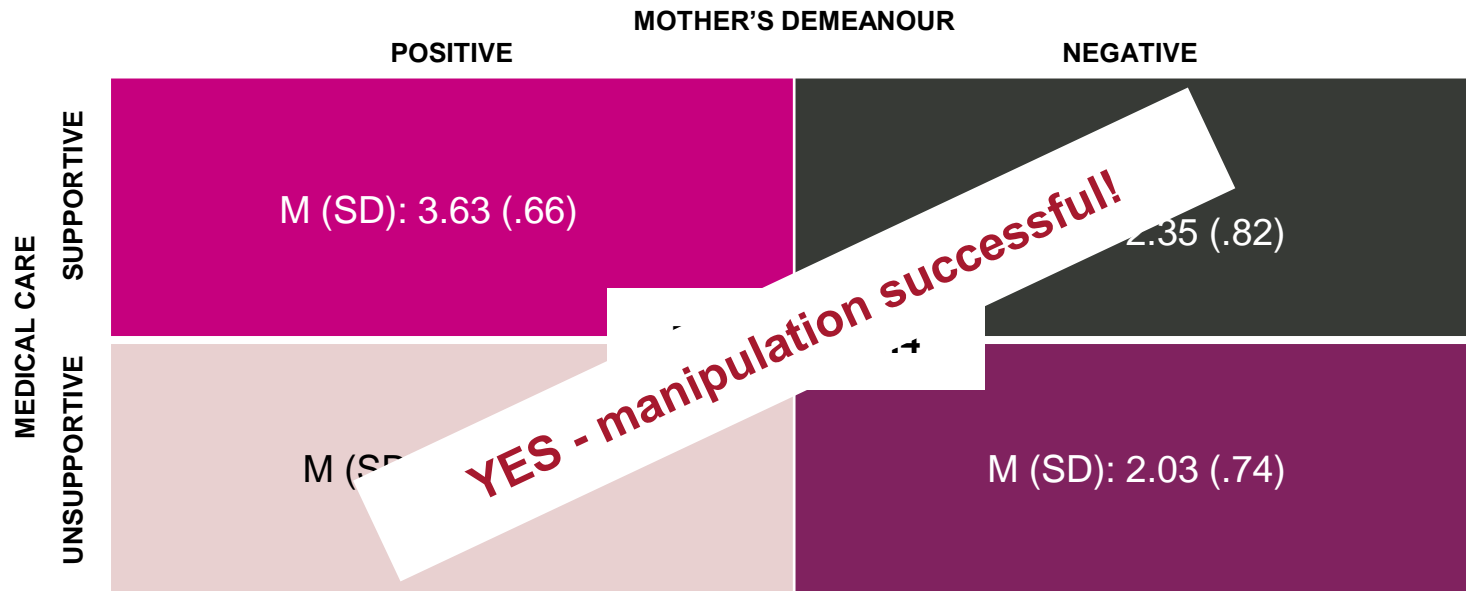
Do participants' ratings of the mother's likely behaviour differ between groups?



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

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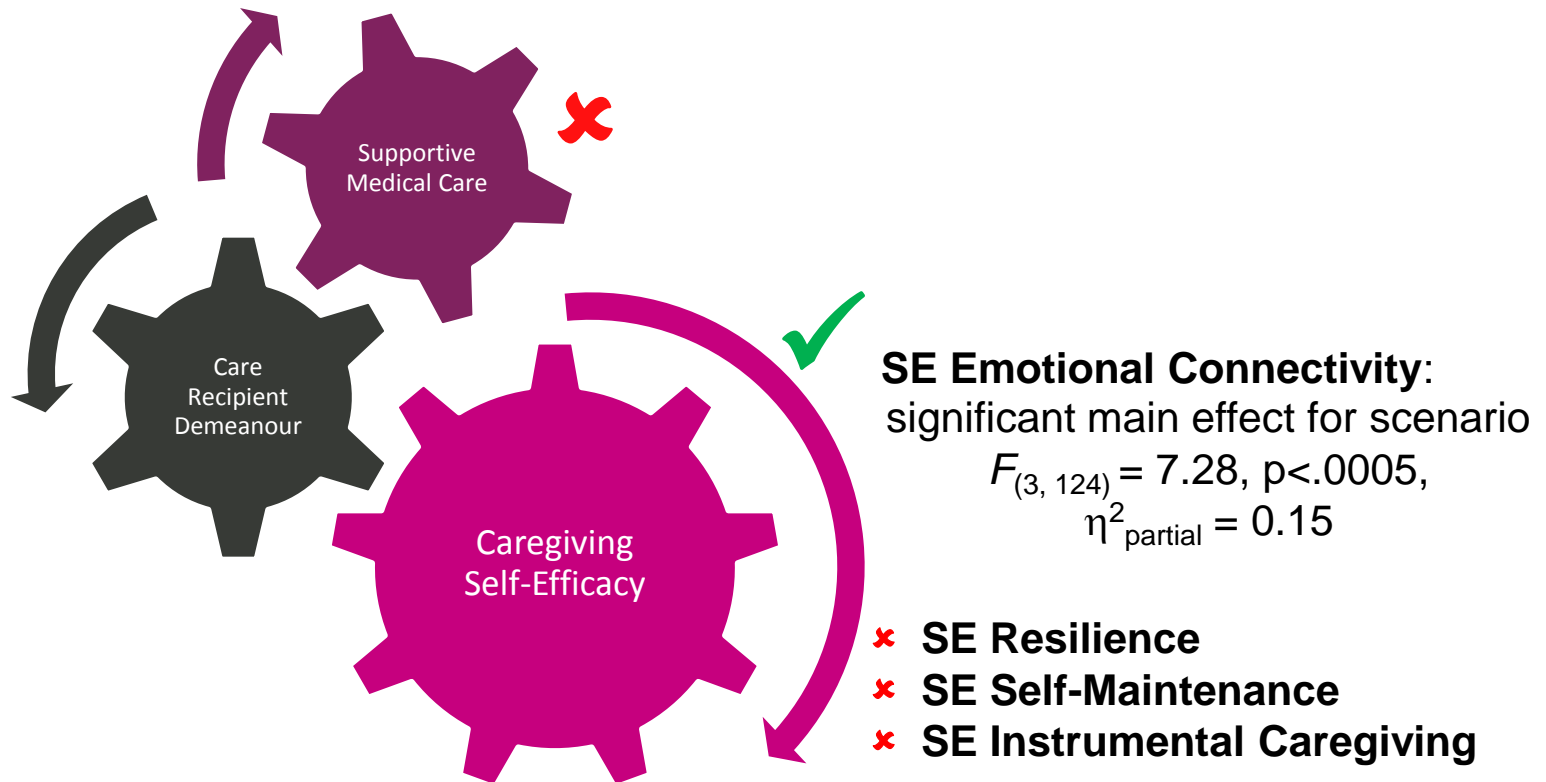


Significant main effect for scenario:  $F_{(3, 124)} = 26.57, p < .0005, \eta^2_{\text{partial}} = 0.39$

\* 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?



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

# CONCLUSIONS



# Summary

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Is carer confidence influenced by mother's demeanour and supportiveness of medical staff?

+ Mother → ↑ SE Emotional Connectivity

*DEMEANOUR  
ACCOUNTED FOR  
15% OF VARIANCE*

- 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**

