

Assessing Coping with Stress Self-Efficacy: English Validation of the CSSES

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ABSTRACT

BACKGROUND: Specific self-efficacy for coping with stress refers to the judgments regarding the personal resources aimed at effectively facing taxing conditions. Coping self-efficacy is essential in stress-related issues as well as for increasing coping skills.

OBJECTIVE: To cross-validate the psychometric properties of the Coping with Stress Self-Efficacy Scale (CSSES) among English speakers in order to complement previous findings with the original Spanish version.

METHODS: A convenience, population-based sample of adult women and men from the UK answered the CSSES and another questionnaire assessing self-efficacy beliefs for the use of specific strategies for coping with stress.

RESULTS: The CSSES showed adequate reliability and factorial and concurrent validity. Confirmatory factor analysis corroborates those results. A few weaknesses were detected and some solutions are proposed.

CONCLUSIONS: Given that the CSSES is brief and easy to use as well as adequate psychometrically, it seems to be an appropriate instrument for evaluating coping with stress self-efficacy in both research and clinical contexts.

KEYWORDS: Adult British population; Assessment; Coping with stress; Psychometric properties; Self-efficacy

According to Lazarus and Folkman's Stress and Coping Theory,¹ secondary appraisal and coping are key processes when experiencing stress. Stress results from a doubt about one's own capabilities for coping with threatening events. When we think that we are not able to cope effectively with a situation that is appraised (primary appraisal) as threatening or harmful because we perceive our resources (eg, coping skills) as being insufficient, inadequate, or inefficient to meet the associated demands

(secondary appraisal), problem- or emotion-focused coping will not be performed. Further, coping is conceived as a contextually determined process; therefore, it is specific to the situations to be handled.^{2,3}

Lazarus and Folkman's theory on stress and coping is related to another key concept in understanding the process and management of stress: perceived self-efficacy.⁴⁻⁹ According to Bandura's concept of personal agency,^{10,11} people are actively involved in their lives, and through their actions they can exert control over what happens to them. Being an "agent" means intentionally influencing personal functioning and the course of the events that affect us.^{9,12} In particular, the judgments we make about our ability to confront the diverse situations, along with the control we believe we have, determine our personal agency, which in turn affects our behavior, adjustment, daily functioning, health, and well-being.^{8,13} Self-efficacy is the foundation of personal agency.⁹ It has been suggested that self-efficacy should be defined as specific to concrete actions.⁴⁻⁸

Based on the previously mentioned concepts of stress, coping, active control, and personal agency, a specific self-efficacy for coping with stress construct can be devised. *Coping with Stress specific Self-Efficacy* (CSSE) has been proposed recently,¹⁴⁻¹⁸ and it involves an advancement in the study of stress and coping by attributing a central role to the personal judgments that individuals make about their capabilities, functioning, and outcomes. The critical question is how confident we are about our coping skills and their outcomes. Although some early attention was devoted to this concept in the Self-Efficacy Theory,^{8,19-22} the references are vague, incomplete, mostly implicit, and mainly refer to anxiety. More recently, other concepts, such as emotional self-regulation,²³ have been proposed with references to CSSE; but no definition, characterization, or even label has been given to the latter.

Under the framework of the Self-Efficacy Theory, CSSE would be defined as a set of beliefs about the confidence on the personal resources that can be used to manage stressful situations in an effective and competent manner. This effective management includes 1) actions aimed at stress reduction, elimination, or prevention, decreasing the impact of stress; and 2) actions aimed at controlling undesired consequences.¹⁴⁻¹⁸ CSSE is based on the following 2 types of expectations: 1) efficacy expectations (EE), which are beliefs about one's personal capability to organize and execute the required courses of action to cope with stressful situations and emotional reactions; and 2) outcome expectations (OE), which are beliefs referred to that such actions will lead to desired coping outcomes. The difference between these components is relevant because the judgments about one's personal coping skills do not necessarily correspond to the judgments about coping outcomes; however, to demonstrate an adaptive and functional CSSE, both dimensions must be appraised in the same direction. If we believe that we possess useful and effective abilities and resources and we expect positive results, our sense of personal efficacy will grow, and our coping efforts will probably be more successful. CSSE beliefs must be viewed as a cognitive-motivational resource that is relevant for answering the question "what can I do to manage what is happening to me?" Coping resources undoubtedly depend on the beliefs about them, or in other words on the confidence in ones' own coping resources and their outcomes.

Hence, the integration of Lazarus and Folkman's, and Bandura's theories is the framework under which we formulated CSSE and from which the measurement instrument that is used in this study was developed. The main aim of this study was to create the Coping with Stress Self-Efficacy Scale (CSSES),²⁴ the English version of a previous instrument validated within the Spanish population,^{14-17,25,26} and to establish its psychometric properties with a convenience, population-based sample composed of adult women and men from the United Kingdom. Reliability (internal consistency), factorial validity, and concurrent validity were studied, and comparisons with the results obtained with the original, Spanish version are presented.

MATERIALS AND METHODS

Subjects

A total of 184 adults aged 18-66 years ($M = 39.03$ years, $SD = 11.47$; for 9 participants, this information was unknown) participated in this study. They were all Caucasian, and given that no racial subsamples

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