



Validation of the Korean Version of the Depression Coping Self-Efficacy Scale (DCSES-K)



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ABSTRACT

Coping self-efficacy is regarded as an important indicator of the quality of life and well-being for community-dwelling patients with depression. The Depression Coping Self-Efficacy Scale (DCSES) was designed to measure self-efficacy beliefs related to the ability to perform tasks specific to coping with the symptoms of depression. The purpose of this study was to examine the psychometric properties of a Korean version of the Depression Coping Self-Efficacy Scale (DCSES-K) for community-dwelling patients with depression. A cross-sectional survey design was used. Content and semantic equivalence of the instrument using translation and back-translation of the DCSES was established. A convenience sample of 149 community-dwelling patients with depression was recruited from psychiatric outpatient clinics. The reliability alpha for the DCSES-K was .93, and the internal consistency was found to be acceptable. For convergent validity, DCSES-K score was positively correlated with the General Self-Efficacy Scale (GSES-K) score. For construct validity, significant differences in DCSES-K scores were found between a lower BDI group (mean = 73.7, SD = 16.54) and a higher BDI group (mean = 53.74, SD = 16.99) ($t = 7.19, p < .001$). For the DCSES-K, 5 factors were extracted, accounting for 62.7% of the variance. Results of this study suggest that DCSES-K can be used as a reliable and valid measure for examining self-efficacy coping with depression for Korean community-dwelling patients with depression.

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SIGNIFICANCE

Depression is a widespread, international and complex health problem. It is of particular importance because of its significant impact on the coping of community-dwelling patients. This problem has been documented in several studies across cultures (Harris, Cronkite, & Moos, 2006; Park, 2011; Wang & Patten, 2002; Yamada, Nagayama, Tsutiyama, Kitamura, & Furukawa, 2003), but depending on the population studied, prevalence estimates of depression vary widely. In the study by Kessler, Chiu, Demler, and Walters (2005), it was found that major depression disorders affect about 6.7% of the U.S. population age 18 and older in a given year. In Korean samples, 2.5–10% of the adult population suffers from major depressive disorders (Cho & Lee, 2003; Cho et al., 2011).

The impact of depression varies globally but can be said to result in negative health-related quality of life and with its added burden relative to suicide and ischemic heart disease, depression is established as a major international concern (Ferrari et al., 2013; Rihmer, 2007). Another cross-cultural and potentially serious issue is poor self-management

in those with depression, which is thought to be a factor in relapse or recurrence (Tucker, Brust, & Richardson, 2002). The chronic, recurrent nature of depression and relapse significantly increases direct medical costs and other care expenses (Hollon, Thase, & Markowitz, 2002; Kessler, 2012).

Regardless of cultures, supporting depression self-management and improving self-efficacy may be one strategy to prevent relapse and improve quality of life among community-dwelling persons with depression (Houle, Gascon-Depatie, Bélanger-Dumontier, & Cardinal, 2013).

Self-efficacy refers to the belief that one possesses the necessary skills to complete a task as well as the confidence that the task can actually be completed with the desired outcome obtained (Schwarzer, 1992). Efficacy belief directs choice of behavior and regulatory strategies for thoughts, feelings, and emotions, which leads to the concept of coping self-efficacy. A high sense of coping efficacy can cause people to approach situations with confidence to obtain the desired outcome (Bandura, 1977). Bandura (1977), utilizing self-efficacy theory, describes how the low sense of efficacy of those with depression often leads to negative self-evaluations. Further, depressed people often blame themselves for negative life events and this negative explanatory style can worsen and prolong their depression (Peterson & Seligman, 1984). However, individuals with high efficacy to stop negative thoughts have been shown to have lower levels of depression (Kavanagh & Wilson, 1989). It has been theorized that higher confidence or self-efficacy in coping with depression could promote physical and

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psychological well-being resulting in a decrease in the recurrence of depression (Mahakittikun, Thapinta, Sethabouppha, & Kittirattanapaiboon, 2013; Perraud, 2000).

Search for a Measure of Coping in Depression

The first author on this paper embarked on a search for the best cognitive assessment tool and determinant of coping behavior in her community-dwelling patients with depression. The variable of depression coping self-efficacy was selected because coping self-efficacy is a significant predictor of depression recurrence across cultures. The Depression Coping Self-Efficacy Scale (DCSES) developed by Perraud (2000) is an instrument to measure self-efficacy beliefs related to the ability to perform tasks specific to coping with the symptoms of depression (Perraud, Fogg, Kopytko, & Gross, 2006). The DCSES was developed based on Bandura's theory of self-efficacy (Bandura, 1977, 1986). Items on the DCSES were derived from an exhaustive literature review on current cognitive-behavioral interventions used to treat major depression and aligned with DSM-III-R symptoms of major depression. Expert, face validation, and content analysis were done (Perraud, 2000).

The DCSES consists of 24 items. The responses to the items are scored on a proportional scale that is divided into 10 equal ranges between 0% and 100% on a continuum with anchors of not confident at the low end, moderately confident in the middle, and confident at the high end (0 = not at all confident or sure, 100 = completely confident or sure). All items are preceded by the statement "I am this percent confident that...", which is included just after the instructions for the scale. Scoring is done by summing the responses and dividing the total by the total number of items. Perraud (2000) tested the DCSES on individuals who had been diagnosed with depression and calculated Cronbach's alpha values of 0.93. The DCSES scores were negatively correlated with the Beck Depression Inventory (BDI) score ($r = -.71, p < .001$). Exploratory factor analysis yielded a single factor solution accounting for 48.8% of the variance with an eigenvalue of 12.7. Items reflect coping self-efficacy related to the domains of negative cognitions, behavior, and somatic problems (Perraud et al., 2006). The DCSES has been found to be a reliable and valid measure of coping self-efficacy in depressed inpatients, mildly to severely depressed women ages 18–43 recruited from a university community for an aerobic exercise intervention, and day hospital and psychiatric clinic populations. The DCSES has correlated in expected directions with scores on measures of depression, exercise self-efficacy, rehospitalization, functional impairment, depression symptom distress, suicidal ideation after hospitalization, social support, chronic pain/depression, and catastrophizing with pain (Albal & Kutlu, 2010; Albal, Kutlu, & Bilgin, 2010; Chu, Buckworth, Kirby, & Emery, 2009; Perraud, 2000; Perraud et al., 2006; Tucker, Brust, Pierce, Fristedt, & Pankratz, 2004; Tucker et al., 2002).

The DCSES has been translated and cross translated into several languages and has been validated with depressed inpatients and outpatients in Turkey and Thailand (Albal & Kutlu, 2010; Albal et al., 2010; Mahakittikun et al., 2013).

Permission was sought and received from Perraud to translate and use the DCSES in a Korean population and to participate in the cross translation (personal communication, January 2007).

AIM

Although several measures have been used to assess coping self-efficacy (Chesney, Folkman, & Taylor, 2006; Chesney, Neilands, Chambers, Taylor, & Folkman, 2006; Colodro, Godoy-Izquierdo, & Godoy, 2010; Luszczynska, Scholz, & Schwarzer, 2005), studies have not yet been conducted to analyze whether the structure of DCSES is well suited to assess coping self-efficacy of patients with depression in Korean populations. Since no valid and reliable Korean language tool is available for assessing confidence in coping with depression of community-dwelling patients with depression, adopting an established tool developed in

another language was considered. The Depression Coping Self-Efficacy Scale (DCSES) is a self-efficacy tool which has undergone some psychometric testing. It was originally developed in English, so to adapt it for the Korean population, translation and psychometric testing were required. Currently, there is no published study of the psychometric properties of the DCSES for Korean populations. The purpose of this study, therefore, was to test the psychometrics of the Korean version of the Depression Coping Self-Efficacy Scale, known as the DCSES-K.

METHODS

Procedures for Psychometric Testing of the Instrument

The psychometric properties of the DCSES-K were established in two steps. In step 1, the cross-cultural equivalence between the Korean and English version of the instruments were examined. In step 2, reliability and validity of the DCSES-K were established.

Step 1 Establishing Cross-Cultural Equivalence of the DCSES

For cross-cultural research, functional and conceptual equivalence were evaluated as suggested in previous studies (Drasgow & Kanfer, 1985; Hsueh, Phillips, Cheng, & Picot, 2005; Son, Song, & Lim, 2006). Functional equivalence examines whether a given phenomenon or behavior serves the same role or function in different cultures (Drasgow & Kanfer, 1985). In this study, functional equivalence was assessed by reviewing literature to identify applicability to another culture in terms of self-efficacy in coping with depression. Bandura (1986) suggested that self-efficacy, based on social cognitive theory, would play an essential role because the outcome people anticipate depends on the judgments of how well they will be able to perform in given situations. Oettingen (1995) pointed out that self-efficacy beliefs have similar effects on human functioning across cultures. Hence, in this study, it is assumed that self-efficacy plays the same role or function across cultures.

Conceptual equivalence deals with whether the concept or construct is expressed in similar attitudes or behaviors across cultures (Drasgow & Kanfer, 1985). Oettingen (1995) found that the concept of self-efficacy effects on cognition, affect, and motivation are universal across cultures. Scholz, Gutiérrez-Doña, Sud, and Schwarzer (2002) suggested in their findings that self-efficacy is a universal construct that applies to different cultures and that it is uni-dimensional. Hence, in this study, self-efficacy in coping with depression can be measured by inventories in different languages.

Content Equivalence: As an approach to translation and adaptation, content and semantic equivalence between original and translated instruments were evaluated as suggested by Flaherty et al. (1988). Content equivalence is established by determining whether the content of each item of the instrument is relevant to the phenomenon of each culture (Flaherty et al., 1988). In this study, the content and context of each item of the original DCSES were evaluated by two bilingual nursing scholars who were specialized in psychiatric care and fluent in both English and Korean. All 24 items in the original English version of DCSES were judged to be simple to understand and appropriate to Korean culture, and they were considered relevant to Korean community-dwelling patients with depression. For instance, "I can go to bed and get up at the same time everyday", and "I can meditate or do relaxation exercises at least once a day" were easy to understand across cultures.

Semantic Equivalence: Semantic equivalence is established by determining whether the meaning of each item remains the same after translation into the target language (Flaherty et al., 1988). The most common and highly recommended procedure for establishing semantic equivalence is back-translation

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