

Brief Report

Coping Responses Among Hospice Family Caregivers: A Confirmatory Factor Analysis

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Abstract

Context. Hospice family caregivers must often cope with significant stressors. Research into the ways caregivers attempt to cope with these stressors has been challenged by pronounced difficulties conceptualizing, measuring, and categorizing caregiver coping.

Objectives. The purpose of this study was to begin addressing these challenges by determining the structure of coping among hospice family caregivers.

Methods. Hospice family caregivers ($n = 223$) residing in the midsouthern U.S. completed the Ways of Coping Questionnaire as part of a cross-sectional survey. To examine the validity of various coping response factor structures, researchers conducted multiple confirmatory factor analyses.

Results. Although individual coping behaviors were able to be sorted into broader “ways of coping” (i.e., first-order factors), data did not support the further grouping of ways of coping into more general “families of coping” (i.e., second-order factors). Folkman and Lazarus’s proposed structure of coping, which comprises eight first-order factors or subscales, better fit the data than the tested alternatives.

Conclusion. Despite its broad appeal, grouping ways of coping responses into families of coping based on the presupposed nature of the responses (e.g., positive or negative) lacked empirical support for this sample of hospice family caregivers, which suggests that relying on families of coping may oversimplify complex responses from caregivers. Rather than trying to characterize coping responses into broader families, hospice support for caregiver coping strategies may be more effective when based on individualized assessments of each caregiver’s ways of coping and the consequences of those coping responses on their quality of life. *J Pain Symptom Manage* 2015;50:867–873. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Hospice, caregiver, family, stress, coping

Introduction

For decades, researchers have found family caregiving to be characterized by intense, often prolonged stress.^{1,2} In the advanced stages of an illness, family caregivers (FCGs) may experience social isolation, sleep disturbances, and barriers to self-care.³ Additional potential stressors include communication challenges, perceived loss of control, financial difficulties, and unsolicited critiques of caregiving quality.⁴ When end-of-life care becomes necessary, many FCGs turn to hospice for support. Hospice FCGs have been found

to be at risk of experiencing a number of negative caregiving outcomes including psychological distress^{5–7} and diminished quality of life.⁸ A number of interventions aim to support hospice FCGs’ coping to reduce the occurrence and/or intensity of these negative outcomes.

Caregiver Coping and Related Research

Prevailing theories on stressors and their subsequent effects highlight the important role played by coping in determining how specific life events (e.g.,

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Accepted for publication: July 10, 2015.

providing care to a dying family member) impact specified outcomes (e.g., caregiver distress).^{1,9} Research on caregiver coping faces many of the same challenges as research on coping in the general population. Common among these are the challenges associated with conceptualizing, measuring, and categorizing coping in a way that enhances the likelihood that related research will be relevant to FCGs' everyday lives.^{10,11}

Skinner et al.¹¹ argued that the development of empirically supported coping categories is a key to improving coping research, describing coping categories as the "building blocks of description on which subsequent attempts at explanation and optimization of coping are built." They posited that the identification of a set of lower order categories (also referred to as "first-order factors") that group individual acts of coping is clearly important; however, they advocated for further clarification of the structure of coping, suggesting that these lower order categories or "ways of coping"¹² should be grouped into broader "families of coping"¹¹ to meaningfully connect responses to more long-term patterns. In more technical language, Skinner et al.¹¹ were advocating for the identification of second-order (or higher) factors of coping.

Researchers have previously conceptualized broader categories of coping responses based on the nature of the response (positive or negative) and/or its target (problem focused or emotion focused). Despite overwhelming evidence that "no universally effective or ineffective coping strategy exists,"¹³ labeling specific coping responses as "positive" or "negative" continues to have broad appeal. This type of categorization can be beneficial when coping responses are measured separately from their outcomes, thus allowing researchers to determine which behaviors are most effective in reducing negative outcomes in the face of specific stressors. It can be problematic, however, when any particular coping response is determined to be inherently beneficial or harmful regardless of the circumstances.¹³ Others have divided coping responses into problem-focused (directed at solving a problem) or emotion-focused (directed at managing the emotional reactions associated with a problem) categories.^{9,14} Determining if a given coping response is discretely problem focused or emotion focused can be difficult, however, as most people use both types of responses in the vast majority of stressful episodes.¹³

Study Purpose and Research Question

The purpose of the present study was to determine the structure of coping responses for family members caring for a hospice patient. The following research question guided the study: What is the structure of coping for hospice FCGs? Within that question, we

investigated alternate subscales for coping responses and possible "families" of coping response subscales.

Methods

Sample

Before recruitment, all research activities were approved by the sponsoring university's institutional review board. We recruited study participants from a large, nonprofit hospice agency located in the mid-southern U.S. To be eligible for inclusion in the study, participants had to be 18 years of age or older and be serving as the primary FCG of an adult patient receiving hospice services. During their regular visits, hospice social workers asked eligible participants for permission to share their contact information with the research team. If permission was granted, a researcher contacted the caregiver to explain the study, enroll him or her as a study participant, and schedule a time and method (i.e., via phone or online) to collect data. This process resulted in the participation of 248 FCGs. The patients for whom study participants provided care had been receiving hospice services for a median of eight weeks (mean = 21.18 weeks, SD = 32.86 weeks) at the time of FCG enrollment in the study. Informed consent to participate in research was obtained from all human subjects before study enrollment.

Data Collection

As part of a larger study, FCGs completed the Ways of Coping Questionnaire (WCQ),¹⁵ which conceptualizes coping as a cognitive and/or behavioral process executed in response to a stressor, and is considered a standard in the field.¹⁶ The WCQ contains items describing specific coping responses across eight subscales: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive reappraisal. Participants were asked to indicate the degree to which they used each coping response when faced with a stressor related to managing pain or other symptoms associated with their care recipient's illness.

Measures of coping responses are typically less reliable than ideal standards recommend.¹⁷ The items within each of the eight WCQ subscales have been shown to have internal consistency ratings ranging from 0.68 to 0.79.¹⁵ These measures were found to be relevant to the construct of coping (i.e., construct validity) through multiple studies showing the measurements to be consistent with theoretical predictions.¹⁸⁻²⁰

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