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ORIGINAL ARTICLE

Perceived stigma of caregivers: Psychometric evaluation for Devaluation of Consumer Families Scale

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KEYWORDS

Confirmatory factor analysis;
Family caregiver;
Perceived stigma;
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Instrumental study

Abstract

Background/Objective: The Devaluation of Consumer Families Scale (DCFS) is commonly used to measure perceived stigma towards family members of people with mental illness. However, its factorial structure has never been confirmed using confirmatory factor analysis (CFA). This study aimed to test the psychometric properties of the DCFS Taiwan version (DCFS-TW).

Method: Family caregivers ($N=511$) completed the DCFS-TW (97 completed the DCFS again after 2 to 4 weeks) and other instruments. CFA, test-retest reliability, internal consistency, concurrent validity, and known-group validity were analyzed.

Results: The three-factor structure of the DCFS-TW performed better than the one-factor structure. Test-retest reliability ($r = .66$) and internal consistency were satisfactory ($\alpha = .85$); concurrent validity (absolute $r = .20$ to $.58$) was acceptable; known-group validity was supported by the significantly different DCFS-TW scores in clinical characteristics (had been vs. had not been hospitalized; had been vs. had not been compulsorily admitted).

Conclusions: The DCFS-TW has decent psychometric properties and is suitable for health professionals to measure perceived stigma towards family members of people with mental illness.

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PALABRAS CLAVE

Análisis factorial confirmatorio; cuidador familiar; estigma percibido; personas con enfermedad mental; estudio instrumental

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Estigma percibido en cuidadores: Evaluación psicométrica de la The Devaluation of Consumer Families Scale de las familias de consumidores

Resumen

Antecedentes/Objetivo: La Devaluation of Consumer Families Scale (DCFS) se usa comúnmente para medir el estigma percibido de los familiares de las personas con enfermedad mental. Sin embargo, su estructura factorial nunca ha sido confirmada mediante análisis factorial confirmatorio (AFC). El objetivo de este estudio era evaluar las propiedades psicométricas de la versión taiwanesa de la DCFS (DCFS-TW).

Método: Los cuidadores familiares ($N=511$) completaron la DCFS-TW (97 de ellos completaron nuevamente la DCFS entre 2 y 4 semanas después) y otros instrumentos. El AFC, la fiabilidad test-retest, la consistencia interna, la validez concurrente y la validez de grupos conocidos fueron analizados.

Resultados: La estructura de tres factores de la DCFS-TW ajustó mejor que la estructura unifactorial. La fiabilidad test-retest ($r = .66$) y la consistencia interna fueron satisfactorias ($\alpha = .85$); la validez concurrente (absoluta $r = .20$ a $.58$) fue aceptable, la validez de grupos conocidos fue corroborada por las puntuaciones significativamente diferentes de la DCFS-TW en relación a las características clínicas (habían vs. no habían sido hospitalizados; habían vs. no habían sido internados obligatoriamente).

Conclusiones: La DCFS-TW tiene propiedades psicométricas aceptables y es adecuada para que los profesionales de la salud midan el estigma percibido en los familiares de las personas con enfermedad mental.

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The process of stigmatization defined by Goffman (1963, p. 6) as "an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute" is always a challenging and difficult issue for stigmatized individuals, especially for people with mental illness (PWMI). For example, PWMI may fear negative attitudes toward their illness from the society or community (Timimi, 2014). How the individual think most people or the society view him/her personally as a member of the stigmatized group is defined as perceived stigma (Brohan, Slade, Clement, & Thornicroft, 2010). Evidence shows that the general public holds negative stereotypes and prejudice against people with mental illness in economically developed countries (Angermeyer & Dietrich, 2006). In other words, PWMI experience negative attitudes and behaviors from the general public, or so-called public stigma (Parcesepe & Cabassa, 2013). Because of the public stigma, PWMI face unequal access to resources (e.g., education, quality healthcare) and discrimination (Centers for Disease Control & Prevention, 2012). Evidence also shows that stigma is related to poor health outcomes, including psychological health, social function and quality of life for PWMI (Chan & Mak, 2014; Lin, Chang, Wu, & Wang, 2016; Livingston, 2012). Therefore, the issue of stigma should be tackled by both government and healthcare providers.

Although family members of PWMI, especially those in a caregiving role of PWMI, do not receive the same public stigma that PWMI encounter, they suffer from other types of public stigma (Chang, Yen, Jang, Su, & Lin, 2017).

Specifically, society may blame the family members for the development of mental illness and may expect them to bear the responsibility of caring for their ill relative. For example, parents may be accused of causing the illness; siblings and spouses are blamed for not caring well for the PWMI; children are viewed as having a higher risk for developing a mental illness themselves (Corrigan & Miller, 2004). After perceiving the public stereotypes, family members of PWMI may consequently develop poor health outcomes as studies have shown that perceived stigma is correlated to the poor social interaction and inappropriate coping strategies. Because family members are those who understand and care for the PWMI most (Pérez-Fuentes, Gázquez Linares, Ruiz Fernández, & Molero Jurado, 2017), they are usually the key people working together with healthcare professionals to treat the PWMI. Thus, monitoring the perceived stigma of the family members is a critical issue (Chang et al., 2017). Specifically, if a family member perceives high levels of public stigma, he or she may have poor health and subsequently cannot provide high quality of care for the care recipients and may be less able to cooperate with healthcare professionals. Hence, using a validated instrument to monitor the perceived stigma of a family carer of PWMI may help health professionals develop appropriate interventions for PWMI and their family members (e.g., stigma reduction programs and coping skills). This may enhance effectiveness of treatments.

Although many studies (e.g., Sher, McGinn, Sirey, & Meyers, 2005) have assessed perceived stigma in family

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