ORIGINAL ARTICLE

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

Chih-Cheng Chang\textsuperscript{a,b,c}, Jian-An Su\textsuperscript{d,e,f}, Kun-Chia Chang\textsuperscript{g,h}, Chung-Ying Lin\textsuperscript{i,*}, Mirja Koschorke\textsuperscript{b}, Graham Thornicroft\textsuperscript{b}

\textsuperscript{a} Department of Psychiatry, Chi Mei Medical Center, Tainan, Taiwan
\textsuperscript{b} Centre for Global Mental Health, Health Services and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, United Kingdom
\textsuperscript{c} Department of Health Psychology, Chang Jung Christian University, Tainan, Taiwan
\textsuperscript{d} Department of Psychiatry, Chang Gung Medical Foundation, Chiayi Chang Gung Memorial Hospital at Chiayi, Taiwan
\textsuperscript{e} School of Medicine, Chang Gung University, Taoyuan, Taiwan
\textsuperscript{f} Department of Nursing, Chang Gung Institute of Technology, Taoyuan, Taiwan
\textsuperscript{g} Jianan Psychiatric Center, Ministry of Health and Welfare, Tainan, Taiwan
\textsuperscript{h} Department of Public Health, College of Medicine, National Cheng Kung University, Tainan, Taiwan
\textsuperscript{i} Department of Rehabilitation Sciences, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University, Hong Kong

Received 28 September 2017; accepted 14 December 2017

KEYWORDS
Confirmatory factor analysis;
Family caregiver;
Perceived stigma;
People with mental illness;
Instrumental study

Abstract

\textbf{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).

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

\textbf{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 (α = .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).

\textbf{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.

\textsuperscript{*} Corresponding author: OT/L, Department of Rehabilitation Sciences, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University, 11 Yuk Choi Rd, Hung Hom, Hong Kong.

E-mail addresses: cylin36933@gmail.com, cy.lin@polyu.edu.hk (C.-Y. Lin).

https://doi.org/10.1016/j.ijchp.2017.12.003

1697-2600/© 2018 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Estigma percibido en cuidadores: Evaluación psicométrica de la 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 (α = .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.

© 2018 Asociación Española de Psicología Conductual. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (http://creativecommons.org/licenses/by-nc-nd/4.0/).

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

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 (PWI). For example, PWI 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, PWI experience negative attitudes and behaviors from the general public, or so-called public stigma (Parcesepe & Cabassa, 2013). Because of the public stigma, PWI 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 PWI (Chen & 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 PWI, especially those in a caregiving role of PWI, do not receive the same public stigma that PWI 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 PWI; 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 PWI 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 PWI mostly (Perez-Fuentes, Gázquez Linares, Ruiz Fernandez, & Molero Jurado, 2017), they are usually the key people working together with healthcare professionals to treat the PWI. 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 PWI may help health professionals develop appropriate interventions for PWI 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...
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات