

Saturday April 6, 2013 8.30-10.30am

Paper Session 9: HEALTH AND RISK ASSESSMENT

CHAIR: M. Caltabiano

Location: Tully III

Coping in the self-regulation of chronic illness: the CSCI

M. Callan

Monash University

The purpose was to develop a measure for assessing coping based on Leventhal's self-regulation model (SRM). One hundred and seventy one community residing adults aged 23 to 94 years with various chronic illnesses participated. The Coping Scale for Chronic Illness (CSCI) has 43 items, comprising 6 subscales (causes, timeline, illness identity, personal control, treatment control, and emotional responses) which mapped onto the illness representation domains of the SRM. Cronbach alpha for the subscales ranged from 0.66 to 0.81 and test-retest reliability from 0.69 to 0.88. The CSCI subscales correlated with comparable scales from a concurrently administered coping measure. The CSCI has demonstrated sound psychometric properties but further research is needed to confirm its dimensional structure and ascertain its discriminant validity.

The Medical Social Self-Efficacy Scale for use in culturally diverse groups

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James Cook University

Immigrants account for a quarter of Australia's total population. Self-regulatory health practices in chronic illness management are dependent on patients' understanding of health behaviours that are required of them, and their ability to communicate effectively in a medical context. This study sought to address a gap in the intercultural medical communication literature by examining patients' perceived ability to perform different communication behaviours. The Medical Social Self-efficacy Scale (MSSE) was developed to assess social self-efficacy within a medical context, for patients of diverse cultural backgrounds. Validation of the MSSE scale with a sample of 113 persons from culturally and linguistically diverse backgrounds indicated that the scale has good internal consistency, with a Cronbach's alpha coefficient of .85. A factor analysis yielded two factors (knowledge acquisition/medical clarification, assertive communication) which accounted for 64% of the total variance. Split-half reliability of the MSSE scale was .84. Predictive validity of the MSSE scale was found for the mental health component and general health subscale of the Short-Form (SF-12). Evidence of concurrent validity was found with the active coping, planning and positive reframing subscales of the Brief Cope. The results indicate that the MSSE scale appears to be a psychometrically sound instrument.

The processes of a parent's assessment and helping of their young child's pain

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