

Preparedness for Caregiving Scale

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WHY: Family caregivers, also referred to as informal caregivers, provide a level of care at home often equivalent to that of professional nurses, such as monitoring their family member's acute or chronic condition(s), recognizing early signs of impending problems such as medication side effects, knowing how and when to respond, and procedures such as dressing changes. Yet, while caregivers provide this high level of skill at home, they often feel unprepared for caregiving and lack the knowledge and skills required to provide care (Schumacher, Beck, & Marren, 2006). Research has established that caregiving is stressful and informal caregivers are at high risk for adverse physical and psychological consequences of caregiving. However, caregivers who report a high level of preparedness for caregiving experience lower levels of caregiver strain after hospitalization of older adults, during cancer care, and cancer treatment (Archbold, Stewart, Greenlick, & Harvath, 1990; Schumacher, Stewart, & Archbold, 2007; Schumacher, et al., 2008). A new study of psychometric properties of caregiver preparedness in caregivers of stroke survivors has shown reliability and validity (Pucciarelli, Savini, Byun, Simeone, Barbaranelli, Vela, Alvaro, & Vellone, 2014). Nurses are in a pivotal position to evaluate caregiver preparedness prior to transitions to other health care settings and may address the specific education and training needs of family caregivers to reduce adverse consequences of caregiving.

BEST TOOL: The Preparedness for Caregiving Scale (PCS) (Archbold, Stewart, Greenlick, & Harvath, 1990) is a caregiver self-rated instrument that consists of eight items that asks caregivers how well prepared they believe they are for multiple domains of caregiving. Preparedness is defined as perceived readiness for multiple domains of the caregiving role such as providing physical care, providing emotional support, setting up in-home support services, and dealing with the stress of caregiving. Responses are rated on a 5 point scale with scores ranging from 0 (not at all prepared) to 4 (very well prepared). The scale is scored by calculating the mean of all items answered with a score range of 0 to 4. The higher the score the more prepared the caregiver feels for caregiving; the lower the score the less prepared the caregiver feels. Several researchers recommend screening caregivers for preparedness in clinical practice (Archbold et al., 1992; Hudson & Hayman-White, 2006; Schumacher, 2006; Pucciarelli et al., 2014).

TARGET POPULATION: Caregivers of older adults with an acute exacerbation of chronic illness, prior to transitions to other levels of care or receiving home health, and/or provision of care for a care recipient with a chronic illness in the community. Additionally, researchers demonstrated that the PCS is reliable and valid in caregivers of stroke survivors (Pucciarelli et al., 2014).

VALIDITY AND RELIABILITY: Internal consistency has been reported as moderate to high with alphas of 0.88 to 0.93 reported (Carter et al., 1998; Hudson & Hayman-White, 2006). Construct and content validity have been demonstrated between caregiver worry and lack of resources (Archbold et al., 1990). In caregivers of stroke survivors, the Cronbach alpha was 0.94 and test-retest reliability 0.92 (Pucciarelli et al., 2014).

STRENGTHS AND LIMITATIONS: The Preparedness for Caregiving Scale is brief and easily self-administered by the primary family caregiver. In addition to the eight-item responses, caregivers can specify in writing areas in which they feel unprepared to provide care. The instrument does not ask about specific knowledge or skill needs, thus requires healthcare providers to specifically ask. Other assessment instruments or best practice approaches to care may be appropriate to use during transitions between health care settings, such as the Caregiver Strain Index, dementia-related instruments, and the Transitional Care Model at transitions in care. A recent study (Pucciarelli et al., 2014) indicates that the PCS is valid and reliable in caregivers of stroke survivors.

FOLLOW-UP: Further assessment regarding the specific needs of the caregiver must be ascertained; caregivers' needs may be different than what healthcare providers think they are, only the caregiver knows the challenges and limitations at home and what their resource needs are. Examples of areas to examine include ability to manage with care recipient functional activities, medication administration and side effects, accessing community resources, and follow-up communication.

MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

Archbold, P.G. & Stewart, B.J. (1986). Family caregiving inventory. Unpublished manuscript, Oregon Health Sciences University, School of Nursing, Department of Family Nursing, Portland.

Archbold, P.G., Stewart, B.J., Greenlick, M.R., & Harvath, T. (1990). Mutuality and preparedness as predictors of caregiver role strain. *Research in Nursing & Health*, 13, 375-384.

Archbold, P.G., Stewart, B.J., Greenlick, M.R., & Harvath, T.A. (1992). The clinical assessment of mutuality and preparedness in family caregivers to frail older people. In S.G. Funk, E.M. Tornquist, M.T. Champagne, & L.A. Copp (Eds.), *Key aspects of eldercare* (pp. 328-339). New York: Springer Publishing Company.

Carter, J.H., Stewart, B.J., Archbold, P.G., Inoue, I., Jaglin, J., Lannon, M., et al. (1998). Living with a person who has Parkinson's disease: The spouse's perspective by stage of disease. *Movement Disorders*, 13(1), 20-28.

Family Caregiver Alliance. (2006). Caregiver assessment: principles, guidelines and strategies for change. Report from a national consensus development conference. Volume 1. San Francisco. Guideline accessible at: http://www.guideline.gov/summary/summary.aspx?doc_id=9670.

Hudson, P.L., & Hayman-White, K. (2006). Measuring the psychosocial characteristics of family caregivers of palliative care patients: Psychometric properties of nine self-report instruments. *Journal of Pain and Symptom Management*, 31(3), 215-228.

Pucciarelli, G., Savini, S., Byun, E., Simeone, S., Barbaranelli, C., Vela, R. J., Alvaro, R., & Vellone, E. (2014). Psychometric properties of Caregiver Preparedness Scale in caregivers of stroke survivors. *Heart & Lung: The Journal of Acute and Critical Care*, 43(6), 555-560.

Scherbring, M. (2002). Effect of caregiver perception of preparedness on burden in an oncology population. *Oncology Nursing Forum*, 29(6), E70-E76.

Schumacher, K.L., Beck, C.A., & Marren, J.M. (2006). Family caregivers. *AJN*, 106(8), 40-49.

Schumacher, K.L., Stewart, B.J., & Archbold, P.G. (2007). Mutuality and preparedness moderate the effects of caregiving demand on cancer family caregiver outcomes. *Nursing Research*, 56(6), 425-433.

Schumacher, K.L., Stewart, B.J., Archbold, P.G., Caparro, M., Mutale, F., & Agrawal, S. (2008). Effects of caregiving demand, mutuality, and preparedness on family caregiver outcomes during cancer treatment. *Oncology Nursing Forum*, 35(1), 49-56.

The Preparedness for Caregiving Scale

YOUR PREPARATION FOR CAREGIVING

We know that people may feel well prepared for some aspects of giving care to another person, and not as well prepared for other aspects. We would like to know how well prepared you think you are to do each of the following, even if you are not doing that type of care now.

	Not at all prepared	Not too well prepared	Somewhat well prepared	Pretty well prepared	Very well prepared
1. How well prepared do you think you are to take care of your family member's physical needs?	0	1	2	3	4
2. How well prepared do you think you are to take care of his or her emotional needs?	0	1	2	3	4
3. How well prepared do you think you are to find out about and set up services for him or her?	0	1	2	3	4
4. How well prepared do you think you are for the stress of caregiving?	0	1	2	3	4
5. How well prepared do you think you are to make caregiving activities pleasant for both you and your family member?	0	1	2	3	4
6. How well prepared do you think you are to respond to and handle emergencies that involve him or her?	0	1	2	3	4
7. How well prepared do you think you are to get the help and information you need from the health care system?	0	1	2	3	4
8. Overall, how well prepared do you think you are to care for your family member?	0	1	2	3	4
9. Is there anything specific you would like to be better prepared for? _____					

MEAN SCORE of the number of items answered: _____

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Stewart & Archbold (1986, 1994)