



Validation of the European Portuguese version of the Brief RCOPE: a methodological study

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Introduction

Being a family caregiver often leads to a burden, with an impact on different dimensions of life. As so, the caregiver develops coping strategies to deal with stressful situations. Coping is a multifactorial and individual process related to responding to stressful situations (1), such as being a caregiver of a relative with health conditions (2). There are different coping strategies, such as spiritual/religious coping (3). The 14-item Brief RCOPE is a widely used instrument to assess spiritual/religious coping, but it is not available in European Portuguese. This instrument is a short version of RCOPE which has 63 items (4), and has two subscales: Positive Religious Coping (PRC) and Negative Religious Coping

Objective: to translate, adapt and validate the 14-item Brief RCOPE in Portuguese caregivers of an adult relative with a health condition, such as dementia, mental illness, disabilities, among other physical diseases.

Methodology

The methodological guideline provided by Sousa and Rojjanasrirat (5) was used to examine the psychometric properties of the Brief RCOPE:

- Translation by two independent Portuguese native translators;
- Synthesis of the first translation was performed by a third translator;
- Blind back translation was completed by two English native translators;
- Synthesis of the back-translations was performed by a sixth translator;
- Pilot testing of the instrument and examination was performed by an expert panel;
- Full psychometric testing of the pre-final version in a sample of the target population.

Research Design

Sample

Sampling Method

Data collection

Data analysis

Ethical issues

105 family caregivers.

Non-probability sampling, recruitment online.

The questionnaire was open for submission through Google Forms from December 2020 to March 2021: sociodemographic questionnaire; Brief RCOPE; European Portuguese validations of the Duke University Religion Index (DUREL) (6); Spiritual Coping Questionnaire (SCQ) (7).

SPSS (v. 26) - Descriptive statistics of sample's characteristics; mean scores and standard deviation for each subscale; internal reliability; convergent validity; exploratory factor analysis (Kaiser-Meyer-Olkin measure) and confirmatory factor analysis (Maximum Likelihood Estimates method was used in AMOS); correlation matrix was calculated with Principal Axis factor analysis with varimax rotation

Health ethics committee approval. Informed consent.

Results

Translation

Brief RCOPE	Brief RCOPE-PT (Escala Breve de Coping Religioso)
1. Looked for a stronger connection with God	1. Procurei estabelecer uma ligação mais forte com Deus
2. Sought God's love and care.	2. Procurei o amor e afeto de Deus
3. Sought help from God in letting go of my anger.	3. Procurei a ajuda de Deus para me libertar da minha raiva
4. Tried to put my plans into action together with God.	4. Tentei pôr os meus planos em prática com Deus
5. Tried to see how God might be trying to strengthen me in this situation.	5. Tentei perceber como Deus poderia estar a dar-me forças nesta situação
6. Asked forgiveness for my sins.	6. Pedi perdão pelos meus pecados
7. Focused on religion to stop worrying about my problems.	7. Foquei-me na religião para parar de me preocupar com os meus problemas
8. Wondered whether God had abandoned me.	8. Questionei-me se Deus me teria abandonado
9. Felt punished by God for my lack of devotion.	9. Senti-me castigado por Deus pela minha falta de devoção
10. Wondered what I did for God to punish me.	10. Questionei-me sobre o que poderia ter feito para Deus me ter castigado
11. Questioned God's love for me.	11. Duvidei do amor de Deus por mim
12. Wondered whether my church had abandoned me.	12. Questionei-me se a minha igreja me teria abandonado
13. Decided the devil made this happen.	13. Decidi que esta situação foi causada pelo Diabo
14. Questioned the power of God.	14. Duvidei do poder de Deus

Sample's characteristics

- Female (82.9%) | Married (61.0%) | With a degree (71.4%) | Employed (65.7%) | Sons/daughters (59%) | Provided care permanently (56.2%) | Lived with a relative in need of care (62.9%)
- The mean age of the recipient of care (N = 112) was 73.8 years (range: 19–103 years); had one or more health conditions such as mobility and physical impairment (33.3%), chronic illnesses (29.5%), and dementia (27.6%).
- Caregivers considered themselves as: both spiritual and religious (43.8%), spiritual but not religious (32.4%). Only 12.4% considered themselves neither spiritual nor religious (12.4%). More than three-quarters of the caregivers had areligious affiliation (77.1%), mostly Christian Catholics (71.4%).

Mean scores, SD and internal reliability

Mean = 27.36
SD = 7.32
Cronbach's alpha – PRC = 0.945
Cronbach's alpha – NRC = 0.842

Exploratory factor analysis

- One item was excluded (loading = 0.1)
- Two factors (PRC – 7 items; NRC – 6 items)

Confirmatory factor analysis

- Model fit significant

Principal Axis Factoring with a varimax rotation of Brief RCOPE-PT.

	Factor Matrix ^a	
	1	2
Brief RCOPE-PT 1	0.902	-0.198
Brief RCOPE-PT 2	0.909	-0.211
Brief RCOPE-PT 3	0.854	-0.049
Brief RCOPE-PT 4	0.902	-0.156
Brief RCOPE-PT 5	0.846	-0.156
Brief RCOPE-PT 6	0.752	-0.072
Brief RCOPE-PT 7	0.677	-0.123
Brief RCOPE-PT 8	0.431	0.681
Brief RCOPE-PT 9	0.298	0.830
Brief RCOPE-PT 10	0.313	0.758
Brief RCOPE-PT 11	0.057	0.845
Brief RCOPE-PT 12	0.192	0.614
Brief RCOPE-PT 14	-0.215	0.570

Extraction Method: Principal Axis Factoring. ^a Two factors extracted. Six iterations required.

Concurrent validity

- Correlation between Brief RCOPE PRC subscale and SCQ Positive Spiritual Coping (r = 0.63)

Convergent validity

- Correlation was identified between the Brief RCOPE PRC subscale and DUREL (r = 0.75)

Conclusion

Assessing spiritual/religious coping opens new perspectives when providing holistic care to patients and caregivers. Having reliable instruments may be helpful in dealing with the subjectivity of spirituality and in implementing an effective holistic assessment of health. The European Portuguese version of the Brief RCOPE (Brief RCOPE-PT), with 13 items, reveals favorable psychometric properties to be used with caregivers of people with health conditions.