

Psychometric Properties of the Perceived Barriers to Support Groups Scale

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Abstract

The Perceived Barriers to Support Groups Scale is a measure of the degree to which individuals endorse perceived obstacles or costs associated with attending support groups. Examination of the scale's psychometric properties showed high internal consistency and a single factor structure. The validity of the scale is supported by significant associations with self-reported perceived need for support groups and self-reported perceived interest in support groups.

Introduction

The Health Belief Model (Rosenstock, 1974) and the Theory of Planned Behavior (Ajzen & Fishbein, 1980; Ajzen & Madden, 1986) suggest that people perform a cost/benefit analysis informed by beliefs, attitudes, and perceived control over a specific health behavior in order to determine whether they will engage in a specific behavior. Health care utilization may be influenced by such a cost/benefit analysis. In particular, the decision to seek out or participate in a support group for a chronic illness may be influenced by the outcome of a cost/benefit analysis. Perceived barriers to support group participation may be among the possible costs (Walch, Roetzer, & Minnett, 2005).

The Perceived Barriers to Support Groups Scale (PBSGS) has recently been developed and utilized in a small study involving HIV positive participants. Limited psychometric data are available. The present study examines the psychometric properties of this new scale. Specifically described, the goal of the present study was to determine the internal consistency of the scale and whether the PBSGS measures a single factor structure or multiple factors that may be interrelated or independent. In addition, concurrent validity of the scale was investigated by examining the relationship between perceived barriers to participants' interest in and participants' perceived need for HIV support groups.

Method

Participants:

While 118 persons with HIV/AIDS agreed to participate, 98 (83%) completed all relevant items and were included in analyses. The sample was predominately male (74.6%), homosexual or bisexual (65%), and had known about their HIV status for five years or longer (68.7%). There was an equal representation of Caucasians and African Americans (45.8% each). The majority of participants classified their relationship status as either married (22%) or never married (52.5%). Most participants considered themselves to be disabled from employment (46.6%).

Method (continued)

Table 1: Demographic Characteristics of the Sample (N = 118)

| | n | % |
|--|----|------|
| Gender | | |
| Male | 88 | 74.6 |
| Female | 28 | 23.7 |
| Transgender | 2 | 1.7 |
| Race/ethnicity | | |
| African American/Black | 54 | 45.8 |
| Caucasian/White | 54 | 45.8 |
| Other | 6 | 5.1 |
| Missing | 4 | 3.4 |
| Current Relationship Status | | |
| Single/never married | 62 | 52.5 |
| Married/living as married | 26 | 22.0 |
| Divorced/separated | 22 | 18.6 |
| Widowed/other | 7 | 5.9 |
| Missing | 1 | 0.9 |
| Sexual orientation | | |
| Homosexual | 62 | 52.5 |
| Heterosexual | 39 | 33.0 |
| Bisexual | 13 | 11.0 |
| Missing | 4 | 3.4 |
| Highest level of education achieved | | |
| Less than 12 years | 20 | 17.0 |
| 12 years/GED/high school diploma | 33 | 30.0 |
| 13-15 years/some college | 43 | 36.4 |
| 16 years/college degree or more | 22 | 16.6 |
| Employment | | |
| Disabled | 55 | 46.6 |
| Employed: full-time/part-time/unpaid | 36 | 30.5 |
| Unemployed/other | 18 | 15.3 |
| Missing | 9 | 7.6 |
| Time since diagnosis | | |
| Less than or equal to five years | 34 | 28.8 |
| 5 to 10 years | 29 | 24.6 |
| 10 to 15 years | 29 | 24.6 |
| 15 years | 23 | 19.5 |
| Missing | 3 | 2.5 |

Procedures:

Following IRB approval, a convenience sample of participants was recruited during a regional conference for persons living with HIV/AIDS. After completing informed consent forms, participants completed a packet of self-report questionnaires, including measures of demographics, negative affect, the quality of one's social support network, and emotional coping. Among the measures was the PBSGS, a 19-item Likert-type, self-report measure that assesses the degree to which perceived barriers are endorsed. Participants completed the measure in a semi-private area and received a small monetary incentive. Participants were compensated in the amount of \$5.00.

Measures:

After completing informed consent forms, participants completed a packet of self-report questionnaires, including the PBSGS, a 19-item Likert-type, self-report measure that assesses the degree to which perceived barriers are endorsed. The packet of questionnaires also included a measure of participant interest in HIV support groups (i.e., "How interested are you in attending an HIV support group at this time in your life?") and a measure of perceived need for HIV support groups (i.e., "How much do you believe you need to attend an HIV support group?") Participants completed the measure in a semi-private area and received a small monetary incentive.

Results

Cronbach's alpha suggested the internal consistency reliability of the 19 items was high ($\alpha = .90$). Exploratory principal components factor analysis, with Varimax rotation and Kaiser normalization, was used. Factor analysis suggested that a one-factor structure was credible, accounting for 40.6% of the variance in the scale. Out of the 19 items, four items were dropped for having loadings less than .50. Table 2 displays the factor loadings of the 15 items that remained in the scale and Table 3 displays the factor loadings of the four dropped items. Using this single-factor structure, internal consistency remained high ($\alpha = .91$). Spearman correlations were performed to determine the relationship between scores on the measure and participants' interest in HIV support groups and participants' perceived need for HIV support groups. Scores on the PBSGS were significantly negatively correlated with both interest in HIV support groups ($r(97) = -.39, p < .01$) and perceived need for HIV support groups ($r(97) = -.39, p < .01$).

Table 2: Items and Factor Loadings for the Perceived Barriers to Support Group Participation Scale (PBSGS)

| Item (number) | Factor Loading |
|--|----------------|
| My home schedule prevents me from going to a support group (6) | .836 |
| I don't like support groups (8) | .813 |
| Support groups are only for people who can't cope (14) | .793 |
| I don't have time to go to a support group (7) | .761 |
| Support groups aren't useful (18) | .735 |
| Support group meetings are too long (9) | .705 |
| I am not able to attend a support group because of my illness (19) | .689 |
| My work schedule prevents me from going to a support group (5) | .687 |
| I live too far away from any support groups (17) | .686 |
| I don't like talking in a group (4) | .668 |
| I have concerns about my privacy in a support group (13) | .642 |
| I can't find a support group with other member similar to me (12) | .562 |
| Support group meetings are too short (10) | .559 |
| I don't have transportation to and from a support group (16) | .518 |
| I haven't needed a support group in the past (2) | .504 |

Results (continued)

Table 3: Discarded Items from the Perceived Barriers to Support Group Participation Scale (PBSGS)

| Item (number) | Factor Loading |
|--|----------------|
| Support group meetings are hard to find (11) | .483 |
| I don't need a support group right now (1) | .477 |
| Support groups sometimes turn into "pick-up joints" (15) | .368 |
| I have enough support already (3) | .297 |

Discussion

The high internal consistency of the PBSGS suggests that the items are strongly related to each other. This also suggests that the scale measures one underlying construct, perceived barriers to support group participation, rather than more than one aspect of perceptions of barriers or more than one construct. The scale may not need to be divided into subscales.

The scale appears to have face validity, as the items can be reasonably assumed to relate to barriers to participating in support groups. Furthermore, perceived barriers were significantly, negatively correlated with interest as well as perceived need. This may suggest that the PBSGS has some concurrent validity in relation to interest and perceived need. Higher scores on the PBSGS were associated with lower interest in and perceived need for support group participation. Further research may be needed to determine other ways in which the PBSGS is valid (e.g., predictive validity).

While the PBSGS was used with regards to HIV support groups, the items of the PBSGS do not specify a specific type of support group. With additional psychometric validation, the PBSGS may be used to measure participation in any type of support group.

References

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.
- Ajzen, I., & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. *Journal of Experimental Social Psychology*, 22, 453-474.
- Rosenstock, I. M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, 2, 354-386.
- Walch, S.E., Roetzer, L.M., & Minnett, T.A. (2006). Support group participation among persons with HIV/AIDS: Demographic characteristics and perceived barriers. *AIDS Care*, in press.