ORIGINAL ARTICLE

Self-efficacy, health locus of control, and psychological distress in elderly Chinese women with chronic illnesses

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Abstract

This study examined the associations among self-efficacy, health locus of control, and psychological distress in 159 elderly Chinese women who had chronic physical illnesses. The present findings did not support the dual health control hypothesis that specifies the balance between internal and external health control beliefs is related to a low level of psychological distress. Correlation results showed that internal health locus of control was linked to general self-efficacy. Results from hierarchical regression analysis indicated that health control beliefs did not interact with general self-efficacy; instead, these two variables each exerted their main effects on participants' negative mental health status. It was found that psychological distress was best predicted by a low level of general self-efficacy as well as a high level of external health locus of control. Internal health control beliefs did not contribute to the prediction of distress. Implications and limitations of this study were also discussed.

Introduction

Similar to other countries, Chinese societies are rapidly aging due to lowered fertility together with improved longevity. It is estimated that the elderly population in Chinese societies will account for approximately a quarter of the world's elderly population by the middle of this century (Lutz, Prinz & Langgasser, 1994). However, the health status of elderly Chinese has not been satisfactory. Studies have shown that a majority of elderly Chinese have at least one chronic illness (Chi & Lee, 1989; Chow & Chi, 1997; Swanson, 1989), and frequently report negative affect such as boredom, depression, and a low level of life satisfaction (Chi & Lee, 1989; DaCanhota & Pieterman, 2001; Liu et al., 1997; Zhang & Yu, 1997). Elderly Chinese also have the highest suicide rate as compared to other age groups in Hong Kong, and the leading cause of attempted suicides is often associated with the presence of chronic illnesses (Chow & Chi, 1997; Lo & Leung, 1985). It should also be noted that the social and mental health implications of growing old may be more distressful for elderly women than for elderly men (Forsell, Jorm & Winblad, 1994) since the former is more likely to live longer, is widowed, divorced, or alone, suffers from economic hardship, and has a history of domestic violence (Aitken & Griffin, 1996; Sprock & Yoder, 1997). Elderly Chinese women are especially vulnerable to these negative experiences, as they are often assigned inferior positions in the family as well as in the society according to traditional Chinese cultural values (Tang et al., 2000). Thus, it is important to explore various factors that may be associated with the mental health status of elderly Chinese women to facilitate the promotion of successful aging and the planning of services and policies.

Factors associated with adjustment to chronic health conditions

Researchers have suggested that elderly people's perceived control over their health and beliefs about their own abilities to perform health behaviours will affect how they adjust to their chronic illnesses (Affleck et al., 1987; Fowers, 1994; Helgeson, 1992; Willis et al., 1997). One of the most widely studied control-constructs is the health locus of control derived from the social learning theory (Wallston, 1992). According to this theory, internal health locus of control refers to people's belief that their own behaviours exert influences on their health status, while external health locus of control refers to people's belief that health outcomes are dependent on other people's action or 'chance' variables such as luck and fate. In general, studies have found a...