

A Measure of Parenting Satisfaction and Efficacy

Charlotte Johnston

University of British Columbia

Eric J. Mash

University of Calgary

We obtained normative information for the Parenting Sense of Competence (PSOC) scale from 297 mothers and 215 fathers of 4- to 9-year-old boys and girls. Principal-components analysis of the PSOC revealed two factors: Satisfaction, an affective dimension reflecting parenting frustration, anxiety, and motivation; and Efficacy, an instrumental dimension reflecting competence, problem-solving ability, and capability in the parenting role. Significant inverse relationships were found between perceptions of child behavior problems and of parenting. For mothers, reported child behavior problems related to parenting satisfaction. For fathers, child behavior problems related both to satisfaction and efficacy as a parent. Mother and father reports of parenting were positively correlated; however, fathers obtained significantly higher scores than mothers, particularly on the Satisfaction dimension. PSOC scores did not vary as a function of child age or sex.

Recent theoretical and empirical work on parenting, in both clinical and developmental areas, has expanded on behavioral descriptions of parent-child interactions to include parental cognitions (Bugental, 1987; Goodnow, 1988; Sigel, 1985). Although studies have not yet clearly differentiated among various types of parental cognitions, the multidimensional nature of such cognitions is evident from research into parental attributions (Dix, Ruble, Grusec, & Nixon, 1986), reasoning (Newberger & Cook, 1983), self-perceptions (Williams et al., 1987), expectations (Azar, Robinson, Hekimian, & Twentyman, 1984), information processing styles (Wahler & Dumas, 1984), and belief systems (Sigel, 1985). Several clinical studies have suggested a link between parental cognitions and behavior. For example, Newberger and Cook (1983) found that abusive-neglectful

mothers showed less mature levels of parental morality, responsibility, and recognition of their child's individuality. Azar et al. (1984) found that abusive and neglectful mothers reported more unrealistic expectations for child behavior and poorer problem-solving ability than controls. In light of the important role that parental cognitions appear to play in parent-child relationships, there is a need to develop and validate measures of the relevant cognitive dimensions.

One aspect of parental cognition identified as significant across a range of child ages and in both clinical and normal samples is parenting self-esteem (Bugental, 1987; Gibaud-Wallston & L. P. Wandersman, 1978; Mash & Johnston, 1983a). *Parenting self-esteem* encompasses both perceived self-efficacy as a parent and the satisfaction derived from parenting. Bandura (1982) defined *self-efficacy* as expectations for successful coping in upcoming situations. In the parenting context, this refers to the degree to which the parent feels competent and confident in handling child problems. Bugental (1987; Bugental & Shennum, 1984) has shown that this sense of parenting efficacy functions as a moderator of parent-child relationships and that caregivers with low levels of perceived control over child behavior are sensitized to and cope ineffectively with difficult child behavior. Related to the dimension of efficacy is the quality of affect associated with parenting or the degree of satisfaction derived from the role. Low levels

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Requests for reprints should be sent to Charlotte Johnston, Department of Psychology, University of British Columbia, Vancouver, British Columbia, V6T 1Y7, Canada, or to Eric J. Mash, Department of Psychology, University of Calgary, Calgary, Alberta, T2N 1N4, Canada.

of perceived efficacy are proposed to result in poor persistence, depression, self-blaming attributions (Bandura, 1982), and diminished role satisfaction. Thus defined, these two dimensions of parenting self-esteem, perceived efficacy and satisfaction, appear important to understanding parenting within the clinical context.

Campis, Lyman, and Prentice-Dunn (1986) defined parenting self-efficacy as locus of control. They developed a 47-item questionnaire containing a 10-item Parenting Efficacy factor. This factor was related to general measures of self-efficacy and discriminated between parents of normal and problem children. However, it had poor internal consistency and was not related to a general locus-of-control measure or to parenting sense of competence as assessed by the Parenting Stress Index (Abidin, 1983). Guidubaldi and Cleminshaw (1985) developed a 50-item questionnaire assessing parenting satisfaction across several domains. They found satisfactory internal reliabilities for five factors and moderate correlations with life and marital satisfaction. A recent study by Mouton and Tuma (1988) used both the Campis et al. measure and Guidubaldi and Cleminshaw's scale. In Mouton and Tuma, both measures discriminated between parents of problem children and parents of normal children. The measures were also inter-related, and both correlated with Abidin's (1983) Parenting Stress Index. However, neither of these measures includes both the dimensions of parenting efficacy and satisfaction, and normative information is not available for either measure.

Taken together, these studies suggest that parenting self-esteem can be measured and that it is associated with both child behavior and parental functioning. Therefore, efforts are needed to develop a practical measure of parenting self-esteem, including both efficacy and satisfaction dimensions, and to provide normative and psychometric information for the measure.

Gibaud-Wallston and L. P. Wandersman (1978) developed the Parenting Sense of Competence (PSOC) scale, which includes two rationally derived scales, Skill-Knowledge and Value-Comforting, referred to here as Efficacy and Satisfaction. Gibaud-Wallston and L. P. Wandersman found that mothers of infants obtained higher Efficacy scores than fathers did and that scores increased for both parents over a 6-week period. General self-esteem correlated with efficacy for mothers and satisfaction for fathers. PSOC scores were also associated with perceived difficulty of the baby, social support, and measures of parental well-being. PSOC scores were not related to social desirability. Also using the PSOC, L. P. Wan-

dersman, A. Wandersman, and Kahn (1980) reported a relationship between Efficacy scores and marital cohesion in new fathers. In new mothers, Cutrona and Troutman (1986) found Efficacy scores were correlated with general self-esteem and mediated the effects of infant temperament and social support on postpartum depression.

Other studies have demonstrated the utility of the PSOC with parents of older children and in clinical samples. Mash and Johnston (1983a) compared PSOC scores in parents of younger and older hyperactive and normal children. Parents of hyperactives obtained scores lower than those obtained by parents of normals, with the parents of older hyperactives reporting the lowest levels of efficacy. PSOC scores, particularly Satisfaction scores, were also related to parental perceptions of child problems. Mash and Johnston (1983b) found that, in mothers of hyperactives, the Satisfaction and Efficacy scores differentially predicted mother behavior during play and task interactions with their children. Across hyperactive and normal children, Mash and Johnston (1983c) found that sibling interactions correlated with mother PSOC scores, and Mash, Johnston, and Kovitz (1983) found that abusive mothers reported PSOC scores lower than those reported by nonabusive mothers.

The importance of parenting self-esteem as measured by the PSOC has been demonstrated across a range of studies. The PSOC has shown theoretically expected relationships with general measures of self-esteem and functioning and with observed parent and child behavior. Preliminary evidence for the validity of the Efficacy and Satisfaction dimensions has been offered by the differential relationships of these scales to parent and child characteristics and by inter-parent differences on the two scales. Finally, the PSOC has proved useful with normal infants, older children, and in clinical samples.

This study was designed to provide normative and psychometric information for the PSOC in a sample of mothers and fathers of normal 4- to 9-year-old boys and girls. Although the two PSOC scales are conceptually distinct and have demonstrated preliminary validity, their factorial status has not been investigated. In this study, factor analysis was used to contribute to the goal of validating these scales empirically.

In past research, parenting self-esteem has consistently been related to child behavior problems (Gibaud-Wallston & L. P. Wandersman, 1978; Mash & Johnston, 1983a; Mouton & Tuma, 1988). To replicate these findings, correlations were calculated between PSOC scores and parental per-

ceptions of child behavior problems. Extending previous research, these correlations were examined for both externalizing and internalizing child problems.

Although previous research with parents of infants (Gibaud-Wallston & L. P. Wandersman, 1978) has reported inter-parent differences on the PSOC, these differences have not been investigated in parents of older children. The present study was designed to provide such information, comparing mother and father PSOC scores across different ages of children of both sexes. Previous research has also suggested that PSOC scores are dependent on child age. For example, the scores obtained by parents of younger and older hyperactive and normal children in the Mash and Johnston (1983b) study indicated that child age influenced PSOC scores, but in interaction with the child's diagnosis, the sex of the parent, and whether efficacy or satisfaction was being assessed. In our study, interactions between the effects of age of child, sex of parent, and sex of child on PSOC scores were explored.

In summary, our study was designed to provide psychometric, normative, and validity information for the PSOC. We see this information as useful not only for evaluating and understanding parenting self-esteem within normal samples but also as a necessary reference point for evaluating parental cognitions within a clinical context.

Method

Subject Selection Procedures

The information presented in this article was collected as part of a larger survey study. Over a period of 5 months, parents of 4- to 9-year-olds in a large Canadian city were randomly sampled in a door-to-door survey. One section of the city was chosen for survey because it included neighborhoods of varying socioeconomic status (SES) and was conveniently located. Streets in this section were randomly selected, and an attempt was made to contact someone in every household on these streets. Visits were made at various times on both weekdays and weekends. If no one was home when contact was attempted, a second visit was made at an alternate time of day. Eight female research assistants were responsible for contacting the households.

When contact was made, the research project was briefly explained, and the research assistant inquired if there were 4- to 9-year-olds in the household. If there were no 4- to 9-year-olds in the household, or if the parent indicated no in-

terest in the research, contact was terminated. If the household did include a 4- to 9-year-old and the parent expressed interest, the research assistant provided a more detailed description of the project. Mothers and fathers were each asked to complete a packet of questionnaires that included the PSOC and to return these in a stamped envelope. Parents received \$5 and a pamphlet containing child development information in return for their participation. If the parent(s) agreed to participate, the research assistant selected one child in the family as the target child. Over the course of the survey, an attempt was made to select an equal number of boys and girls in each of the six age levels (i.e., 4, 5, 6, 7, 8, and 9 years). Telephone reminders were used if questionnaires were not returned within 6 weeks.

A total of 5,343 households were surveyed. Of these, no contact was made with 2,444 (46%), and 2,277 (42%) of the households were inappropriate for the study either because they did not include children or because the children in the household were not between 4 and 9 years of age. In total, 622 (12%) appropriate families were contacted. Ninety-four (15%) of these declined to participate, leaving 528 appropriate households whose members agreed to complete the questionnaires. Of these, 297 (56%) households (297 mothers, 215 fathers) completed and returned a packet containing the PSOC.

Subject Characteristics

The numbers of mothers and fathers completing the PSOC for each age and sex of child are shown in Table 1, along with demographic information concerning family SES, parental age, and number of children in the family.

Measures

Mothers completed a brief questionnaire providing family information (e.g., parent occupation and education). Family SES was calculated according to the Hollingshead Four-Factor Index of Social Status (Hollingshead, 1975).

As described previously, the PSOC is a 17-item scale developed by Gibaud-Wallston and L. P. Wandersman (1978) to assess parenting self-esteem (see Table 2 for items). Each item is answered on a 6-point scale ranging from *strongly disagree* (6) to *strongly agree* (1). Scoring for Items 1, 6, 7, 10, 11, 13, 15, and 17 is reversed so that, for all items, higher scores indicate greater self-esteem. Mother and father versions of the PSOC differ only in the use of the word "mother" or

Table 1. Demographic Characteristics

Child Age	Number of Mothers	Number of Fathers	Mean Family SES ^a	Mean Mother Age	Mean Father Age	Mean Number of Children
Boys						
4	17	13	2.06 (1.26)	33.56 (4.69)	37.20 (4.44)	2.44 (.92)
5	33	21	2.25 (.98)	31.21 (4.37)	33.21 (4.48)	2.09 (.63)
6	28	23	1.78 (.89)	35.29 (3.94)	36.15 (6.12)	2.39 (.92)
7	22	16	1.72 (.83)	35.38 (5.86)	36.69 (4.66)	2.82 (1.01)
8	28	19	2.35 (1.09)	34.56 (3.99)	39.47 (5.99)	2.44 (1.01)
9	25	18	2.09 (.90)	36.83 (5.18)	38.27 (5.12)	2.44 (1.08)
Girls						
4	34	24	2.31 (1.26)	31.62 (5.46)	34.59 (7.43)	2.00 (.60)
5	27	20	2.33 (1.04)	33.11 (5.32)	34.73 (5.98)	2.85 (1.46)
6	29	20	1.93 (1.14)	35.70 (5.01)	36.85 (3.16)	2.54 (.99)
7	21	18	1.84 (.90)	34.40 (3.38)	37.00 (4.34)	2.71 (.85)
8	20	18	2.15 (1.09)	37.65 (6.46)	38.93 (7.23)	2.75 (1.16)
9	13	5	2.25 (1.14)	35.25 (5.10)	41.00 (0.00)	2.85 (1.28)
Total						
	297	215	2.04 (1.03)	34.33 (5.20)	36.74 (6.60)	2.50 (1.02)

Notes: All ages in years; standard deviations are in parentheses.

^aCalculated according to Hollingshead (1975).

“father” in item content. The PSOC was originally used with parents of infants, and so, to increase its applicability to parents of older children, “child” was substituted for “infant” in the wording of items. Parents were asked to complete the PSOC thinking only about the target child in the family (i.e., the child who had been selected for the survey).

Gibaud-Wallston and L. P. Wandersman (1978) reported alpha coefficients of .82 and .70 for the Satisfaction and Efficacy scales, respectively. Satisfactory 6-week test-retest correlations for the scales and for the total score were also reported; they ranged from .46 to .82. Cutrona and Troutman (1986) reported an internal reliability estimate of .72 for the Efficacy scale in a sample of mothers of infants.

Parents also completed the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) for the selected target child. This checklist assesses a range of child problems, and sex- and age-appropriate norms are available. Because the factor

structure (i.e., specific behavior problem scales) of the CBCL is different for boys and girls of different ages, only the broadband Internalizing and Externalizing scores were used in this study.

Results

Sample Characteristics

Inspection of Table 1 reveals that the average family was upper-middle-class, with parents in their mid-30s, and had two to three children. Analyses were conducted to check for demographic differences within the sample. Each demographic variable was analyzed using a 2 (Sex of Target Child) \times 6 (Age of Target Child) analysis of variance (ANOVA). No significant main effects or interactions were revealed for the dependent variables of SES and number of children. The age of child effect was significant for both mothers', $F(5, 273) = 6.86, p < .01$, and fathers', $F(5, 157) = 3.78$,

$p < .01$, age (older children had older parents). The sex of child and interaction effects were not significant for these variables.

Factor Analyses

The factor structure of the PSOC was investigated using principal-components analysis. Initial factor analysis revealed four factors with eigenvalues greater than 1.0. However, only the first two of these factors accounted for more than 10% of the variance in ratings, had more than three items loading above .40, and were easily interpretable. Because these first two factors appeared most meaningful and closely replicated the rationally derived scales of Gibaud-Wallston and L. P. Wandersman (1978), the principal-components analysis was repeated forcing a two-factor solution. The first factor accounted for 23.6% of the variance and had an eigenvalue of 4.02. The second factor accounted for 12.5% of the variance and had an eigenvalue of 2.13. Together, the two factors accounted for 36% of the variance in ratings. These two factors were rotated to an oblique solution, with a correlation between the factors of .22. (Orthogonal rotations were also examined and produced factor structures very similar to those of the oblique rotations. The oblique rotations were chosen as most appropriate because a correlation between parenting efficacy and satisfaction was expected.) The items with factor loadings above .40 on either factor are shown in Table 2.

The items loading on the first factor reflected the degree of manipulation, frustration, or low motivation the parent felt and closely matched the rationally derived Satisfaction scale. The one exception to the original structure was Item 8, "A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one." Although originally part of the Efficacy scale, this item loaded empirically on the Satisfaction factor. Items loading on the second factor reflected the degree of skill and familiarity in the parenting role and was similar to the rationally derived Efficacy scale. Exceptions included the aforementioned exclusion of Item 8 as well as the exclusion of Item 17, "Being a good mother/father is a reward in itself." Although included on the original Efficacy scale, Item 17 failed to load above .40 on either of the empirically derived factors.

Internal Consistency of the PSOC Total Score and Factor Scores

PSOC total scores were calculated by summing the 16 items that loaded on the two factors. Factor scores were computed by summing, with equal weights, items loading above .40 on each factor. Cronbach's alpha coefficients were calculated for the total score and for each factor. For the entire sample, the total score (16 items) revealed an alpha of .79; the Satisfaction factor (9 items) revealed an alpha of .75, and the Efficacy factor (7 items) revealed an alpha of .76.

Table 2. *Factor Structure of the PSOC*

Item	Satisfaction	Efficacy
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.	.64	
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.	.64	
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	.64	
5. My mother/father was better prepared to be a good mother/father than I am.	.52	
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	.45	
9. Sometimes I feel like I'm not getting anything done.	.57	
12. My talents and interests are in other areas, not in being a parent.	.52	
14. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as a parent.	.49	
16. Being a parent makes me tense and anxious.	.63	
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.		.53
6. I would make a fine model for a new mother/father to follow in order to learn what she/he would need to know in order to be a good parent.		.67
7. Being a parent is manageable, and any problems are easily solved.		.57
10. I meet my own personal expectations for expertise in caring for my child.		.64
11. If anyone can find the answer to what is troubling my child, I am the one.		.61
13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.		.71
15. I honestly believe I have all the skills necessary to be a good mother/father to my child.		.70
17. Being a good mother/father is a reward in itself.		

Table 3. Correlations Between PSOC Scores and CBCL Scores

	CBCL	
	Internalizing	Externalizing
Entire Sample (<i>N</i> = 481)		
Total PSOC Score	-.21**	-.24**
Satisfaction	-.26***	-.30***
Efficacy	-.07	-.10*
Mothers (<i>n</i> = 280)		
Total PSOC Score	-.17**	-.24***
Satisfaction	-.27***	-.31***
Efficacy	.01	-.07
Fathers (<i>n</i> = 201)		
Total PSOC Score	-.25***	-.27***
Satisfaction	-.22***	-.27***
Efficacy	-.17**	-.15*

* $p < .05$. ** $p < .01$. *** $p < .001$.

Correlations Between PSOC and CBCL Scores

To examine the relationship between parenting self-esteem and perception of child behavior, Pearson correlations were calculated between PSOC and CBCL scores across all parents and for mothers and fathers separately. These correlations are presented in Table 3. For the entire sample, the total PSOC score was significantly and negatively related to both Internalizing and Externalizing CBCL scores. The Satisfaction factor was also significantly inversely correlated with both CBCL scores. The correlation between the Efficacy factor and the Externalizing score was also significant. For mothers, the total score and Satisfaction score were significantly correlated with

CBCL scores. Mother Efficacy scores were not significantly related to perceptions of child behavior problems. For fathers, the total score and both factor scores were significantly related to the CBCL scores.

Descriptive Analyses

Means and standard deviations for the PSOC total and factor scores for younger and older boys and girls for both mothers and fathers are presented in Table 4. The total score and Satisfaction and Efficacy scores were each submitted to $2 \times 2 \times 2$ ANOVAs with Age of Child (Younger, Older), Sex of Child, and Sex of Parent as between-subjects factors. ANOVAs were also conducted using all six levels of child age (4, 5, 6, 7, 8, and 9 years). Because no significant age effects were demonstrated, the ages were combined into younger and older groups to simplify and clarify the presentation. For the total score, the main effect for sex of parent was significant $F(1, 504) = 4.42, p < .05$. Inspection of means revealed that fathers achieved total PSOC scores higher than those achieved by mothers. Fathers also scored significantly higher than mothers did on the Satisfaction factor, $F(1, 504) = 8.77, p < .01$. No significant effects were revealed for the Efficacy factor.

In mother-father pairs that completed the PSOC in reference to the same target child ($n = 208$ families), correlations were computed between mother and father scores. Significant positive correlations were found for the total score ($r = .31$,

Table 4. Means and Standard Deviations for PSOC Scores

	Total PSOC		Satisfaction		Efficacy	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Mothers						
Younger Children (4, 5, or 6 Years)						
Boys (<i>n</i> = 78)	63.00	9.74	37.40	6.60	25.52	5.29
Girls (<i>n</i> = 90)	63.83	9.92	38.76	5.87	25.08	5.97
Older Children (7, 8, or 9 Years)						
Boys (<i>n</i> = 75)	62.48	9.72	37.69	6.13	24.79	5.79
Girls (<i>n</i> = 54)	64.19	10.48	38.50	6.34	25.69	6.61
Fathers						
Younger Children (4, 5, or 6 Years)						
Boys (<i>n</i> = 57)	64.72	7.78	39.77	5.44	24.95	4.99
Girls (<i>n</i> = 64)	65.19	10.13	39.42	6.28	25.77	5.29
Older Children (7, 8, or 9 Years)						
Boys (<i>n</i> = 53)	65.91	8.44	40.47	5.72	25.43	6.21
Girls (<i>n</i> = 41)	64.61	8.98	39.20	5.62	25.42	5.43

$p < .001$), for the Efficacy score ($r = .31$, $p < .001$), and for the Satisfaction score ($r = .28$, $p < .001$).

Discussion

This study presented normative data for mother and father ratings on the PSOC scale in a sample of 4- to 9-year-old boys and girls. The factor structure of the PSOC was examined and revealed two dimensions of parenting self-esteem, labeled *Efficacy* and *Satisfaction*. The first factor, *Satisfaction*, indicated an affective dimension of parenting, reflecting the degree to which the parent feels frustrated, anxious, and poorly motivated in the parenting role. The second factor, *Efficacy*, indicated an instrumental dimension of parenting, reflecting the degree to which the parent feels competent, capable of problem solving, and familiar with parenting. These factors conform closely to the theoretically proposed efficacy and satisfaction dimensions of parenting self-esteem.

In this study, parental perceptions of child behavior were significantly correlated with PSOC scores. Consistent with previous studies (e.g., Gibaud-Wallston & L. P. Wandersman, 1978; Mash & Johnston, 1983a), parents who reported more child behavior problems also reported lower levels of parenting self-esteem, particularly on the *Satisfaction* dimension. These results suggest that the affective dimension of parenting self-esteem may be particularly sensitive to the effects of deviant child behavior. Examining the pattern of correlations for mothers and fathers separately revealed that, although the affective dimension was related to child behavior for both parents, the instrumental dimension was related to perceived child problems only for fathers. These results suggest that, for fathers, perceptions of parenting efficacy may be based, at least partially, on the extent to which the child is perceived as problematic. For mothers, however, feelings of parenting efficacy appear to reflect other influences. Rather than basing their self-evaluations on the degree of child problems, mothers may rely more on social comparison processes or on estimates of their ability to handle child problems in evaluating their competency as parents.

Although the correlations between child behavior and parenting self-esteem found in this study were only small to moderate in magnitude, the ranges of child behavior and parental cognitions were limited by the normative, nonproblem nature of the sample. Stronger relationships might be expected in samples including wider ranges of parent and child functioning.

Investigation of inter-parent differences in this

normative sample revealed that, although mother and father PSOC scores were correlated, fathers reported parenting self-esteem levels higher than those reported by mothers, particularly on the *Satisfaction* dimension. This inter-parent difference is consistent with the findings of Frank, Hole, Jacobson, Justkowski, and Huyck (1986). Using an interview measure, they found that, among parents of preschoolers, fathers reported greater parenting confidence and control than mothers did. The higher *Satisfaction* scores reported by fathers in this sample may reflect the dominant role of fathers in play with children (Lamb, 1976). That is, the emphasis on play in the father's parenting role, in contrast to the more instrumental nature of the mother's parenting role, may enhance the sense of satisfaction fathers, compared to mothers, receive from parenting. Further research is needed to replicate the mother-father differences found in this study and to investigate patterns of inter-parental agreement in clinical samples.

No differences between mother and father scores on the *Efficacy* factor were found in this study. These results are in contrast to Gibaud-Wallston and L. P. Wandersman's (1978) findings and suggest that inter-parent differences in parenting self-esteem may vary between parents of infants and older children. Although fathers are neither inept nor unresponsive in dealing with newborns, mothers of infants do assume more caregiving responsibility (Belsky, 1979) and may, therefore, hold more positive views of their parenting efficacy than fathers do. With older children, although mothers continue to assume primary caregiving responsibilities (Baruch & Barnett, 1986), the cumulative effect of several years of parenting may serve to equate mother and father perceptions of efficacy.

In contrast to the difference found between samples of parents of infants and older children, no effects associated with child age were obtained within this sample of 4- to 9-year-olds. It had been predicted that child age would influence parental cognitions, and the lack of significant effects is in contrast to previous findings with younger and older hyperactive and normal children (Mash & Johnston, 1983a). The failure to replicate these earlier findings is difficult to explain; however, the substantially larger sample size encourages heavier reliance on the current findings. Further research is needed to examine the effects of child age on parenting self-esteem, including efforts to expand the age range to encompass infants and adolescents. It is possible that developmental effects may occur only across these major age divisions and that parenting self-esteem is relatively independent of smaller variations in child age. Efforts are also needed to trace developmental ef-

fects on parenting self-esteem within clinical samples.

The failure to find clear age or sex of child effects in this study must be interpreted within the context of the potentially confounding effects of other children in the family. In this study, parents were asked to think specifically and only of the target child when completing the PSOC. However, the extent to which parental cognitions were influenced by the presence of other children in the family is not known. Although this situation creates a methodological dilemma for researchers of parental cognitions, it reflects the reality of most family situations. Investigating the effects of various combinations of child ages and sex on parental cognitions, although incredibly complex, would yield a clearer understanding of how parental cognitions interact with particular family constellations.

To increase comparability between this study and previous research, the PSOC was used in its original form (except that the word "child" was substituted for "infant"). All items on the original Satisfaction factor were negatively phrased, whereas all Efficacy items (except Item 8) were positively phrased. Thus, the factorial solution obtained in this study could reflect more general positive and negative dimensions of parenting rather than the specific item content of the factors and should be interpreted with this in mind. However, differences in item content, mother-father differences, and different patterns of correlations with child behavior lend support to the conceptual distinctiveness of the Efficacy and Satisfaction factors, and further exploration of these dimensions appears warranted.

In summary, the PSOC appears as a useful measure of parenting self-esteem. The normative and psychometric information contained in this report provides the basis both for future study of parental cognitions and for clinical applications of the PSOC.

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