

Assessing Self-Care in Psychologists: A Spanish Adaptation of the SCAP Scale

Marta Garrido-Macías¹, Gemma Sáez², María Alonso-Ferres³, Manuel J. Ruiz², Celia Serrano-Montilla³,
and Francisca Expósito³

¹ University of Alicante, ² University of Extremadura, and ³ University of Granada

Abstract

Background: Psychologists' increased workload over recent years has highlighted the importance of using self-care strategies that allow these professionals to become aware of and control their overall health. Despite the importance of these strategies, there is no instrument adapted for measuring them in the Spanish population. Therefore, this study presents an adaptation of the Self-Care Assessment for Psychologists (SCAP) scale for the Spanish population. **Method:** A total of 368 professional Spanish psychologists ($M_{\text{age}} = 40.34$, $SD = 10.50$) participated in the study. First, we obtained validity evidence based on the content using a panel of six experts. Second, we analyzed the dimensionality and internal consistency of the instrument, and we obtained validity evidence based on its relationship with related constructs. **Results:** A bifactor structure fit the data adequately, and suitable reliability was confirmed. In addition, self-care was associated with lower levels of perceived stress and burnout and higher satisfaction with life. **Conclusions:** The Spanish version of the SCAP is a reliable, valid instrument that supports the intended interpretation of the SCAP scores about the self-care strategies used by Spanish psychologists.

Keywords: Self-care, psychologists, reliability, validity, instrumental study.

Resumen

Evaluación del Autocuidado en Psicólogos: Adaptación Española de la SCAP. Antecedentes: el aumento de la carga de trabajo al que se han visto sometidos los/as psicólogos/as en los últimos años ha puesto de relieve la importancia del uso de estrategias de autocuidado que permitan a estos profesionales tomar conciencia y controlar su salud. A pesar de la relevancia de estas estrategias, en España no existe un instrumento adecuado para medirlas. Este estudio presenta la adaptación española de la escala de Autocuidado de Psicólogos/as (SCAP). **Método:** 368 psicólogos/as españoles ($M_{\text{edad}} = 40.34$, $DT = 10.50$) participaron en el estudio. Primero, obtuvimos evidencias de validez basadas en el contenido utilizando un panel de seis expertos/as. Finalmente, analizamos la dimensionalidad y consistencia interna del instrumento y obtuvimos evidencias de validez en relación con otros constructos. **Resultados:** la estructura bifactor se ajustó adecuadamente a los datos y la fiabilidad fue adecuada. El autocuidado se asoció con menores niveles de estrés percibido y burnout y mayor satisfacción con la vida. **Conclusiones:** la versión en español del SCAP es un instrumento fiable y válido que apoya la interpretación de las puntuaciones propuesta para la SCAP sobre las estrategias de autocuidado utilizadas por los/as psicólogos/as españoles.

Palabras clave: autocuidado, psicólogos/as, fiabilidad, evidencias de validez, estudio instrumental.

All psychologists face considerable demands throughout their professional careers, especially when their work consists of helping others to improve their living conditions, as happens with health professionals. This profession usually involves emotional stress, which increases the risk for negative outcomes such as burnout and other psychological problems such as workload or higher levels of exhaustion, and ultimately has a detrimental effect on well-being (e.g., Bloomquist et al., 2015; McCormack et al., 2018). Based on previous literature and codes of ethics for psychologists, these negative outcomes can be prevented through self-care (American Psychological Association, 2002).

An integrative definition of self-care would understand it as a “multidimensional, multifaceted process of purposeful engagement in strategies that promote healthy functioning and enhance well-being” (Dorociak, Rupert, Bryant et al., 2017, p. 326). Specifically, self-care for professionals involves participating in any self-selected activity, strategy, or behavior that is effective in reducing stress and achieving and maintaining a balance between personal and professional life, promoting well-being in the face of the specific demands of work (Lee & Miller, 2013; Newell & Nelson-Gardell, 2014). Based on this definition, the concept of self-care is composed of two self-care domains (e.g., Saakvitne & Pearlman, 1996; Lee & Miller, 2013): *personal self-care*, focused on behaviors that promote holistic health (physical, psychological, spiritual, social, and recreational) and well-being of the self, and *professional self-care*, focused on work-related behaviors that help to foster well-being at the workplace.

In recent years, the growing demands for professional psychological care (Infocap, 2020) and the negative consequences

related to the lack of appropriate self-care strategies (Posluns & Gall, 2020) have emphasized the need for research and intervention on psychologist self-care, which undeniably requires a good instrument to evaluate self-care practices, with the aim of (a) helping psychologists to identify areas of strength and weakness in self-care, (b) creating programs focused on promoting the use of these strategies, and (c) investigating predictors and outcomes of (in)adequate self-care practices. It must be considered that self-care might serve as an effective mechanism to take control of overall health and avoid burnout (Lee & Miller, 2013; Myers et al., 2012), with important consequences for professionals and their clients.

In the last few years, the importance of self-care for psychologists has resulted in several instruments developed to evaluate the use of these strategies. Among those instruments developed for psychologists, the most prominent are the Self-Care Utilization Questionnaire (SCUQ; Goncher et al., 2013), the Self-Care Behavior Inventory (SCBI; Santana & Fouad, 2017), and the Self-Care Assessment for Psychologists (SCAP; Dorociak, Rupert, Bryant et al., 2017). Whereas the SCUQ assesses well-being focused on positive coping and personal fulfillment, the SCBI evaluates three aspects of self-care (cognitive-emotional-relational, physical, and spiritual). Both scales are intended to measure self-care practices of psychology doctoral students. In contrast, the SCAP scale was specifically developed to evaluate self-care for practicing psychologists, enabling the application of the scale to these specific workers.

Despite its recent development, the SCAP (Dorociak, Rupert, Bryant et al., 2017) has received good acceptance for several reasons: (a) It followed widely recommended guidelines for scale development (DeVellis, 2012) and new theoretical approaches to the study of validity, providing different evidence—based on test content, internal structure, and relations to other variables—and, in particular, evidence based on internal structure at two different time points (Zumbo & Padilla, 2019); (b) it has been used in numerous studies from English-speaking countries such as the US, Canada, the United Kingdom, and Australia (e.g., Campoli, 2021; Hoenig, 2020); and (c) it has good psychometric properties, with adequate internal consistency reported for all dimensions (Dorociak, Rupert, Bryant et al., 2017; Rupert & Dorociak, 2019).

The SCAP operationalizes the two theoretical self-care dimensions of self-care traditionally accepted (personal and professional) through an internal structure of five correlated dimensions: professional support, professional development, work-life balance, cognitive awareness, and daily balance (Dorociak, Rupert, Bryant et al., 2017). Within professional self-care, *professional support* refers to the importance of support from coworkers and includes strategies such as taking care of relationships with colleagues. *Professional development* alludes to the importance of getting involved in work activities that are pleasant, participating in organizations and events, and staying up to date with professional knowledge. *Life balance* refers to the relevance of having not only a professional identity, but also a personal identity, emphasizing the use of strategies that serve to build a balance between work and personal life. Within personal self-care, *cognitive awareness* highlights the importance of psychological self-care and implies, for example, being aware of stress and emotions in the workplace. Finally, *daily balance* alludes to specific strategies that can be incorporated throughout the workday to manage work demands while being aware of the available resources and their renewal (Dorociak, Rupert, Bryant et al., 2017).

In addition, regarding external validity evidence for the SCAP, it is necessary to enhance the empirical entity of self-care in Spanish practicing psychologists through their relationship with other constructs. Professionals' self-care has been related to different psychological variables, such as well-being (e.g., Dorociak, Rupert, & Zahnisher, 2017; Rupert & Dorociak, 2019; Santana & Fouad, 2017), professional quality of life (e.g., Hotchkiss & Cook-Cottone, 2019), and self-perceived competence (e.g., Santana & Fouad, 2017), among others. The present study focuses on the relationship between self-care and burnout, perceived stress, and satisfaction with life. Previous research confirms that burnout is negatively associated with self-care (e.g., Dorociak, Rupert, Bryant et al., 2017; Santana & Fouad, 2017). Regarding perceived stress, research has also indicated a negative relationship with the use of self-care strategies (e.g., Bloomquist et al., 2015; Dorociak, Rupert, Bryant et al., 2017). Finally, previous literature has shown that satisfaction with life correlates positively with self-care (e.g., Dorociak, Rupert, Bryant et al., 2017; Hotchkiss & Cook-Cottone, 2019).

In short, the SCAP (Dorociak, Rupert, Bryant et al., 2017), as previously mentioned, is the most psychometrically sound instrument used in the literature for evaluating self-care in practicing psychologists. Therefore, the present study aims to provide a suitable instrument to reliably and validly assess self-care in Spanish professional psychologists.

Method

Participants

The sample was composed of 368 practicing psychologists (86.1% women; 13.3% men; 0.6% others) aged between 23 and 66 ($M = 40.34$, $SD = 10.50$), of whom 69.8% had full-time jobs, 29.4% had part-time jobs, and 0.8% were unemployed. Most individuals (43.8%) worked 30 hours or less, followed by 37.2% who worked 30-40 hours per week, and 19% who worked more than 40 hours per week. All participants developed their professional career in Spain, with an average professional experience of 12.13 years ($SD = 9.46$).

Instruments

Self-Care in Psychologists. The recent SCAP scale (Dorociak, Rupert, Bryant et al., 2017) is a 21-item measure that assesses personal and professional self-care among practicing psychologists through five domains: Professional Support, Professional Development, Life Balance, Cognitive Strategies, and Daily Balance. Scores were provided on a 7-point Likert scale, ranging from 1 (*never*) to 7 (*always*). For the present study, the scale translation was made drawing from a committee procedure (Harkness, 2003). Specifically, the research team, which was formed by researchers from different areas of expertise (target psychological constructs, social psychology, psychometry, and cross-cultural assessments) prepared and discussed the translation to assure a balanced treatment of psychological, linguistic, and cultural considerations (Van de Vijver & Tanzer, 2004).

The original version of the SCAP showed reasonable validity evidence based on internal structure but also adequate reliability for the five domains. Cronbach's alphas were .85, .79, .80, .71, and .69 for Professional Support, Professional Development, Life Balance, Cognitive Awareness, and Daily Balance, respectively.

Burnout. The Spanish version of the *Maslach Burnout Inventory-Human Service Survey* (MBI-HSS; López-Agrelo, 2013) consists of 22 items rated on a 7-point type Likert scale, ranging from 0 (*never*) to 6 (*everyday*) for the assessment of the different dimensions of burnout: depersonalization ($\alpha = .85$), emotional exhaustion ($\alpha = .68$), and personal accomplishment ($\alpha = .78$).

Perceived Stress. The *European Spanish Version of the Perceived Stress Scale* (short version) (PSS; Remor, 2006) was administered. This self-reported instrument is composed of 14 items that evaluate the level of perceived stress during the last month using a 5-point Likert-type scale (0 = *never*, 4 = *very often*). Internal consistency for the study was adequate ($\alpha = .87$).

Satisfaction with Life. The Spanish version of the *Satisfaction with Life Scale* (SWLS; Cabañero-Martínez et al., 2004) was used. The SWLS is a 5-item instrument that measures people's overall judgement about their satisfaction with life. The response format was a 5-point Likert scale, ranging from 1 (*totally disagree*) to 5 (*totally agree*). Reliability was good for this study ($\alpha = .86$).

Demographics and Professional Characteristics. Participants were also asked about demographics (i.e., gender, age, nationality, native language), and professional characteristics (i.e., contract category, years as practicing psychologist, and area of expertise).

Procedure

The sample was recruited via non-probabilistic sampling methods. First, an online study advertisement was spread by the research team, as well as by the General Psychology Council of Spain, which disseminates the study among Regional Colleges of Psychologists, on social networking sites. The call for study participation was directed toward every psychologist that works in psychology intervention regardless of her/his area. Psychologists were included in the final sample whether: (a) they had professional experience as practicing psychologists, and (b) their nationality and mother language were Spanish. This study was approved by the Ethical Committee of the University of the last author.

Data analysis

Guideline proposed by Muñiz et al. (2013) was followed to adapt the SCAP to the Spanish context and assess its psychometric properties. First, validity evidence based on the scale content was obtained. Specifically, a panel of six experts in psychometry, social, and clinical and health psychology were asked to complete a task in which three essential elements of content validity were evaluated: domain definition, domain representation, and appropriateness (Sireci & Faulker-Bond, 2014). Specifically, each expert had the semantic definition of self-care and their evaluation consisted of identifying the self-care dimension to which each item had been classified as belonging and indicating the degree of representativeness—from 1 = *nothing representative* to 4 = *very representative*—to which the item reflected a behavior indicative of such dimension. Subsequently, the item's appropriateness was assessed on a 4-point Likert scale considering comprehension (1 = *incomprehensible language*, 4 = *understandable language*), ambiguity (1 = *varied interpretations*, 4 = *a single interpretation*), and clarity (1 = *nothing concise*, 4 = *very concise*). The Kappa and content validity (CVI) indices were then computed for the different items to obtain a quantitative indicator of agreement regarding item adequacy through the three areas of content-based validity.

CVI > .79 indicated that the item would be appropriate, between .70 and .79 that it might need revision, and < .70 that it should be eliminated. Likewise, Kappa values above 0.74, between 0.60 and 0.74, and between 0.40 and 0.59 were considered excellent, good, and fair, respectively (Zamanzadeh et al., 2015).

Second, descriptive statistics (mean, standard deviation, kurtosis and skewness) for the items and correlations between the proposed dimensions were calculated. Then, confirmatory factor analyses (CFAs) were carried out to test five latent structures of the SCAP measure: (a) unidimensional model, (b) bidimensional correlated model, (c) one second-order factor with five first-order dimensions, (d) five correlated dimensions, and (e) bifactor model (i.e., one general factor and five specific factors). Competitive measurement models were those proposed by the original study (see reasons on Dorociak et al., 2017). In addition, the correlated bidimensional model was introduced following the starting theoretical framework to item generation (Lee & Miller, 2013; Saakvitne & Pearlman, 1996). Given the normal distribution of the data (skewness and kurtosis values between -.99 and -.04, and -.92 and -1.23, respectively; Muthén & Kaplan, 1985), maximum likelihood (ML) was used (Denuit et al., 2019). Model fit was assessed using chi-square (χ^2), comparative fit index (CFI), Tucker-Lewis index (TLI), root mean square error of approximation (RMSEA) with a 90% confidence interval, and standardized root mean square residual (SRMR). CFI and TLI values higher than .95 and between .90 and .95 indicated excellent and acceptable fit of model to data, respectively (Hu & Bentler, 1999; Kaplan, 2000). Otherwise, values $\leq .08$ for SRMR and $\leq .08$ and $\leq .06$ for RMSEA indicated good and excellent fit, respectively (MacCallum et al., 1996). Given that traditional fit indices tend to benefit the bifactor model, other statistics indices are needed to check the robustness of the general factor, as well as the contribution of each specific factor (Domínguez-Lara & Rodríguez, 2017). Therefore, explained common variance (ECV), percentage of uncontaminated correlations (PUC), and omega hierarchical for the general factor (ω_H) and specific factors (ω_{Hs}) were calculated. PUC and ECV values greater than .80, ω_H greater than .70, and ω_{Hs} greater than .30 support that the instrument is essentially unidimensional but also recognize the entity of specific factors (Rodríguez et al., 2016). Reliability for each factor was also checked using Cronbach's alphas. Furthermore, to check the quality of items for the dimensions that were confirmed by the CFA, we also calculated item-total corrected correlations.

Finally, to obtain validity evidence based on relationships with other variables (Muñiz & Fonseca-Pedrero, 2019), we calculated Pearson's correlations and 95% confidence intervals between the scores of SCAP factors and other theoretically related constructs (burnout, perceived stress, and satisfaction with life). The magnitude of the correlation was set at .10, .30, .50 for small, medium, large coefficients respectively based on Cohen's (1988) benchmarks. The analyses were performed with Mplus 7.3 and Omega Computer softwares for validity evidence of internal structure, and Jamovi Version 1.6 for item analysis, reliability and validity evidence of relationships with other variables.

Results

Evidence based on SCAP content

CVI and inter-judge agreement Kappa index indicated adequacy of content for all items (CVIs and Kappa indices

above .83), except for eight items regarding item belonging and representativeness, and another three in terms of clarity, ambiguity, and/or comprehension (CVIs and/or Kappa indices below .70 or between .40 and .59, respectively). The research team reviewed such items in detail and made changes according to experts' comments to improve adequacy of content, grammar, and lexicon to Spanish idiosyncratic language and culture following DeVellis' (2012) recommendations.

Evidences based on internal structure, item analysis, and reliability

All of the SCAP items showed adequate functioning, showing variability ($SD > .82$; see Table 1) and the different dimensions were positively correlated (see Table 2).

Table 3 shows the overall goodness-of-fit indices of five competitive models. The bifactor model was the latent structure, which had a better fit to the data. However, some changes in the specification of the model were required. First, we removed item

1. The CFA for the bifactor model confirmed that item 1 in the dimension of life balance was not statistically significant ($p = .124$). Furthermore, the discrimination index for such item was the lowest within the life balance dimension ($r_{IT-c} = .47$).

Second, we introduced correlations between a pair of item residuals (i.e., item 2 and 3) belonging to professional support as new parameters (Figure 1). This was because high modification indices for the correlation between such item residuals were detected. After reviewing items, redundant content (i.e., wording and terminology) was found. This fact supported the re-specification of the model (Gerbing & Anderson, 1984). The final fit was acceptable: $\chi^2(149) = 401.08, p < .001, CFI = .92, TLI = .90, RMSEA = .068, 90\% CI [.060, .076], SRMR = .069$. Given that the bifactor model had the best fit to the data, further specific indices were calculated. For the general factor of self-care, $ECV = .45$, and $PUC = .83$. Otherwise, $\omega_{H \text{ self-care}} = .73, \omega_{Hs \text{ professional support}} = .56, \omega_{Hs \text{ professional development}} = .51, \omega_{Hs \text{ life balance}} = .32, \omega_{Hs \text{ cognitive awareness}} = .30$, and $\omega_{Hs \text{ daily balance}} = .41$. The results confirmed that internal structure is essentially unidimensional but also specific factors have enough entity to evaluate (Rodríguez et al., 2016).

Table 1
Descriptive Statistics of 21-items of SCAP

Dimension	Items*	M (SD)	Skewness	Kurtosis
Professional support	8. Mantengo una red de apoyo profesional	4.72 (1.64)	-.52	-.64
	10. Comparto experiencias positivas del trabajo con mis compañeros/as	4.99 (1.52)	-.73	-.14
	11. Comparto situaciones estresantes del trabajo con mis compañeros/as	5.02 (1.52)	-.73	-.18
	12. Evito el aislamiento en el ámbito laboral	4.94 (1.52)	-.57	-.57
	19. Cuido las relaciones profesionales con mis compañeros/as	5.52 (1.23)	-.99	-.89
Professional development	4. Participo en actividades que promueven mi desarrollo profesional	5.52 (1.27)	-.94	.87
	5. Participo en eventos relacionados con el trabajo (e.g., charlas, jornadas profesionales)	5.10 (1.50)	-.66	-.30
	7. Tengo contacto con organizaciones relevantes para mi trabajo	4.68 (1.56)	-.46	-.60
	15. Encuentro la manera de estar al día del conocimiento profesional	5.52 (1.12)	-.68	-.32
	17. Le saco el máximo partido a las actividades profesionales que me gustan	5.53 (1.17)	-.65	.08
Life balance	1**. Encuentro la forma de fomentar un sentido de conexión social y de pertenencia en mi vida	5.50 (1.17)	-.82	.57
	6. Paso tiempo con las personas con las que disfruto de su compañía	5.45 (1.29)	-.70	-.21
	9. Paso tiempo con mi familia o amigos/as	5.49 (1.32)	-.81	-.14
	16. Busco actividades o personas que me reconforten	5.66 (1.24)	-.96	.41
Cognitive awareness	2. Soy consciente de mis sentimientos y reacciones hacia los pacientes	5.95 (0.83)	-.72	-1.23
	13. Soy consciente de los desencadenantes que aumentan el estrés profesional	5.56 (1.04)	-.65	.42
	14. Hago un esfuerzo proactivo por afrontar los desafíos de mi trabajo	5.74 (1.05)	-.87	.77
	18. Intento ser consciente de mis sentimientos y necesidades	5.75 (1.08)	-.92	.69
Daily balance	3. Evito sobrecargarme con responsabilidades del trabajo	4.06 (1.45)	-.04	-.71
	20. Me tomo un tiempo de descanso durante la jornada laboral	4.80 (1.71)	-.38	-.92
	21. Me tomo momentos de descanso a lo largo de la jornada laboral	4.34 (1.70)	-.15	-1.02

Note: *English items can be found in Dorociak, Rupert, Bryant et al. (2017).
**Item 1 was removed in consequence of CFA results

Table 2
Correlations among SCAP dimensions

	1	2	3	4	5
1 Professional support	—				
2 Professional development	.46***	—			
3 Life balance	.42***	.35***	—		
4 Cognitive awareness	.37***	.39***	.45***	—	
5 Daily balance	.17**	.21***	.54***	.41***	—

Note: ** $p < .01$, *** $p < .001$

Table 3
CFA Fit indices for competitive models of the SCAP

Model	χ^2	χ^2/df	CFI	TLI	RMSEA [90% IC]	SRMR
Unidimensional model	1652.1***	8.7	.55	.50	.145 [.139, .152]	.11
Bi-dimensional correlated model	1467.4***	7.8	.60	.56	0.136 [.130, .143]	.11
One second-order factor with five first-order dimensions	671.3***	3.6	.85	.83	.085 [.078, .092]	.09
Five correlated dimensions	476.8***	2.7	.91	.89	.069 [.061, .076]	.063
Bifactor model (one general and five specific factors)	401.08***	2.7	.92	.90	.068 [.060, .076]	.069

Note: χ^2 = Chi-square test of model fit; CFI = Comparative fit index; TLI = Tucker-Lewis fit index; RMSEA = Root mean-square error of approximation; SRMR = Standardized Root Mean Square Residual; *** $p < .001$

Standardized parameter estimates from this solution are presented in Figure 1. In particular, the factor loadings were all high ($> .40$) and significant ($p < .001$) in a specific dimension and/or general factor. Furthermore, item analysis indicated that corrected item-total correlations were higher than .32 for the general factor of self-care and higher than .52, .44, .24, .48, and .49 for specific factors of professional support, professional development, life balance, cognitive awareness, and daily balance, respectively. Internal consistency was adequate for all dimensions and the general factor: professional support ($\alpha = .85$), professional development ($\alpha = .79$), life balance ($\alpha = .83$), cognitive awareness ($\alpha = .72$), daily balance ($\alpha = .77$), and self-care ($\alpha = .88$).

Evidence based on the relationships with other variables

Validity evidence based on the relationships with other variables was tested. As shown in Table 4, all specific dimensions and the general factor of self-care were related to burnout with a small-medium magnitude of the coefficient effects. In particular,

whereas the specific SCAP factors were negatively associated with emotional exhaustion and depersonalization, a positive and significant link was found with personal accomplishment. No significant relationship was found between personal support and depersonalization ($r = -.06, p = .22$). Similarly, perceived stress was associated significantly and negatively with SCAP dimensions but also with the general factor of self-care. Specifically, small correlations coefficients were found for the link between perceived stress and professional support, and professional development. More intense associations emerged between perceived stress and life balance, cognitive awareness, daily balance, and the general factor. Finally, satisfaction with life had a medium positive and significant link with the general factor of self-care and the five specific dimensions.

Discussion

Every day, psychologists perform the important task of helping people to cope with their life problems, through the use of

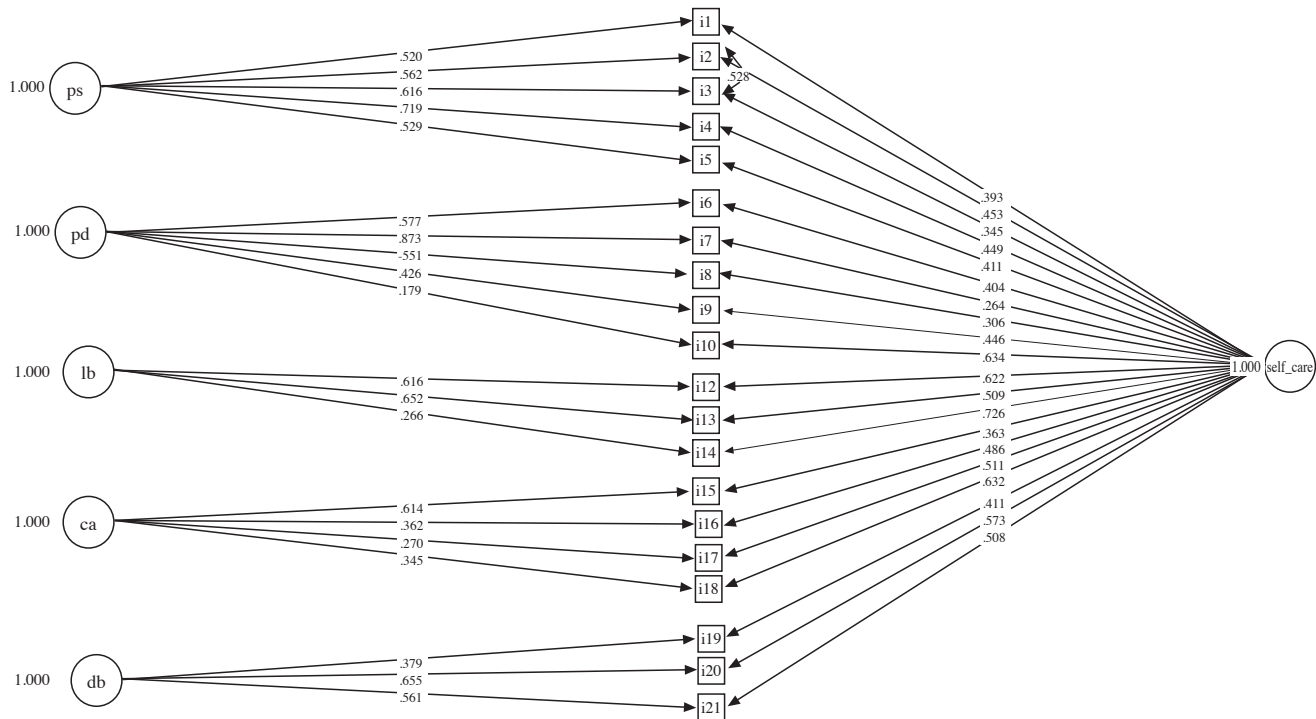


Figure 1. Standardized Factor Structure of the Spanish version of Self-Care Assessment for Psychologists scale (SCAP)
Note: ps = professional support; pd = professional development; lb = life balance; ca = cognitive awareness; db = daily balance

Table 4
Bivariate Correlation between General and Specific Factors of the SCAP and MBI-HSS, PSS, and SWLS

		SCAP	PS	PD	LB	CA	DB
		r_{xy}	r_{xy}	r_{xy}	r_{xy}	r_{xy}	r_{xy}
MBI-HSS	Emotional exhaustion	-.37 [-.45, -.27]	-.11 [-.21, -.02]	-.14 [-.24, -.03]	-.39 [-.49, -.30]	-.27 [-.37, -.16]	-.52 [-.60, -.43]
	Depersonalization	-.24 [-.33, -.15]	-.06 [-.16, .03]	-.14 [-.25, -.05]	-.23 [-.34, -.13]	-.27 [-.36, -.17]	-.22 [-.32, -.13]
	Personal accomplishment	.38 [.28, .47]	.20 [.11, .29]	.31 [.11, .29]	.31 [.20, .42]	.43 [.33, .53]	.19 [.08, .29]
PSS	-.39 [-.48, -.29]	-.16 [-.26, -.04]	-.18 [-.28, -.07]	-.37 [-.46, -.28]	-.33 [-.42, -.23]	-.45 [-.53, -.36]	
SWLS	.39 [.28, .48]	.30 [.20, .39]	.23 [.12, .34]	.39 [.28, .48]	.25 [.14, .36]	.23 [.12, .34]	

Note: MBI-HSS = Spanish versión of Maslach Burnout Inventor-Human Service Survey; PSS = Spanish version of Perceived Stress Scale; SWLS = Spanish version of Satisfaction With Life Scale; PS = Professional Support; PD = Professional Development; LB = Life Balance; CA = Cognitive Strategies; DB = Daily Balance
*Correlations are considered significant when 0 is not included within the 95% confidence interval

validated procedures – considering that evidence-based practices in psychology is the integration of randomized control trials (RCT) and other factors like professional experience and skills (for a review see Fonseca-Pedrero et al., 2021) – which can leave mental health professionals overwhelmed and oversaturated. Therefore, given that Spanish psychologists lack validated instruments that allow them to evaluate their own self-care strategies to reduce such negative consequences, the aim of this study was to validate the SCAP scale (Dorociak, Rupert, Bryant et al., 2017) in Spanish culture. This is the first instrument validated in Spanish to assess the construct of self-care that will be helpful for researchers and counselling psychologists in their daily work. By using this scale, psychologists will identify which areas require work and promotion to avoid burnout (Lee & Miller, 2013), and they will be able to look for useful and tailored strategies such as connecting with their support system or taking mindful moments, among others (Norcross & Phillips, 2020).

Overall, our results suggest that the Spanish version of the SCAP is a well-adapted, reliable, and valid bifactor structure to study self-care among psychologists. First, the traditional statistical model fit indices of CFA supports the bifactor structure. This is partially in accordance with the original theoretical model of the SCAP supported by the pioneer authors (Dorociak, Rupert, Bryant et al., 2017), who empirically confirmed a five-factor correlated model for an American psychologist sample. However, when the facets are connected by a common underlying factor—supported by moderate/high significant correlations between factors in the original version of the SCAP (from $r = .22$ to $r = .55$; Dorociak, Rupert, Bryant et al., 2017) but also upon our study—the bifactor model provides an ideal tool for representing such multifaceted constructs in comparison with second-order factor measurement models (i.e., enhancing the interpretation of the scores and being conceptually more clear/precise because group and general factors explain item response variance directly but not through first-order factors; Chen et al., 2006). For Spanish psychologists, the general factor captures the commonality shared by the common content of all items, and the group factors represent the unique contribution of individual domains, beyond the general factor. In this sense, bifactor indices support the unidimensional use of the scale,

as well as the five-factor use. In particular, omega hierarchical indicated that from 30% to 56% of systematic variance in unit-weighted total scores is attributed to the individual differences on specific factors regardless of the general self-care factor. Otherwise, the joint understanding of ECV, PUC and ω_H promotes the suitable unbiased use of a total score of self-care (Rodríguez et al., 2016). It might be considered useful for obtaining a unique and comprehensive score of the degree to which psychologists are engaging in strategies related to their self-care and specific scores regarding which strategies are most used. Similarly, this structure allows a thorough understanding about the general and specific effects of self-care on negative consequences for psychologists, such as distress or burnout.

Second, the use of the bifactor model for the SCAP is also supported in terms of the internal consistency. Importantly, factors with higher number of items have more importance in the model, being work-place dimensions (professional development, professional support and cognitive strategies) more important compared to daily and life balance, which are focused on finding a work and life harmony. Thus, values found were acceptable, indicating that the Spanish version of the SCAP provides an accurate evaluation. The lower value was for the cognitive awareness dimension ($\alpha = .72$), but similar to that obtained by Dorociak et al. (2017, $\alpha = .71$). Moreover, the daily balance subscale showed higher reliability in the Spanish adaptation ($\alpha = .77$) compared with the original one ($\alpha = .69$). The item 1, which originally pertained to the life balance dimension, was removed due to its lack of significance and lower discrimination index.

Finally, the magnitude of the correlations between the SCAP's specific and general factors and related constructs were medium and significant, providing certainty regarding the intended uses and interpretation of scores of the SCAP measure. Specifically, satisfaction with life correlated significantly and positively with the general factor and with the five specific factors, whereas perceived stress was related to them negatively and significantly. These results are consistent with Dorociak, Rupert, Bryant & et al.'s (2017) proposal. In addition, examination of the correlation coefficients showed that both the general and the five factors of the SCAP were strongly related to each dimension of burnout.

Specifically, they were negatively and significantly related to emotional exhaustion and positively related to a greater sense of personal accomplishment. These results show the need for focusing on personal (cognitive and emotional) skills and resources for preventing burnout instead of focusing on job environmental stressors (Rupert et al., 2015). Additionally, correlation analysis showed a negative association between depersonalization of clients and the general factor of the SCAP, professional development, life balance, cognitive strategies, and daily balance. Importantly, we did not find a significant relationship between professional support and depersonalization. This result agrees with previous studies that failed to find negative outcomes related to the lack of professional support (e.g., Rupert et al., 2015), but prior evidence has also supported the above-mentioned relationship (e.g., Dorociak, Rupert, Bryant et al., 2017). Therefore, further research is needed to replicate those results and to determine whether our interpretation of the finding is correct or, conversely, it is due to methodological issues (i.e., reliability of depersonalization dimension). In general, the correlations between the SCAP factors and other related constructs replicated prior empirical findings, and evidence that self-care is consistently related to overall well-being in the expected directions.

The current findings supporting the psychometrics of the SCAP could open the door for psychologists to self-evaluate their level of self-care and seek strategies that increase their well-being and buffer their stress level. Moreover, this scale might be useful to assess baseline and post-intervention levels when intervention programs are carried out, as well as to detect critical areas where interventions should be more precise. For example, the SCAP might help to evaluate the effectiveness of interventions based on the self-care resources provided by American Psychological Association (APA), like peer consultation groups (i.e. forum of psychologists focused on discussing clinical and practical issues;

APA, 2002). Furthermore, the use of validated measures to analyze the effectiveness of an intervention program will help policy makers to invest monetary resources in the best interventions for reducing burnout and stress among psychologists.

In summary, this study offers initial psychometric support for the SCAP scale in a Spanish sample of psychologists. However, limitations also were present. On the one hand, 86.1% of participants were women. Nevertheless, this is representative of the psychologist gender distribution registered in 2019, in which 81.57% of psychologists registered in the Official College of Psychologists were females (National Statistics Institute, 2021). On the other hand, even though the sample size is similar to that of the original scale development study (Dorociak, Rupert, Bryant et al., 2017) and our study included at least five participants by parameter (Gorsuch, 1983), the structure obtained should be replicated with a larger and diverse sample of psychologists. Finally, because this is the very first study validating a Spanish version of the SCAP specifically to be used in Spain, further cross-cultural adaptations would be needed to be used in Spanish-speaking countries with different linguistic and cultural backgrounds, which would doubtlessly spread the use of this instrument. In addition, given that validity is conceptualized as a continuous process (Zumbo & Padilla, 2019), future research should test differential item functioning and invariance of the measure to provide validity evidences about the degree of equity and fairness in assessment across groups (e.g., gender, psychologist intervention specialty; Muñiz & Fonseca-Pedrero, 2019).

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