



Published in final edited form as:

ANS Adv Nurs Sci. 2017 ; 40(4): E18–E37. doi:10.1097/ANS.000000000000179.

Delineating among Parenting Confidence, Parenting Self-Efficacy and Competence

Ashlee J. Vance, MA, RN, RNC-NIC and

Duke University School of Nursing, Durham, NC, USA

Debra H. Brandon, PhD, RN, CNS, FAAN

Division of Women and Children, Duke University School of Nursing, Durham, NC, USA

Introduction

Becoming a parent is one of the most demanding and intense social roles individuals can experience in their life.¹ Parent beliefs about how well they parent is a necessary component to understanding how their beliefs, actual parenting behaviors, and parent-child interactions are aligned. How confident a parent considers themselves is receiving increased attention by researchers because of the impact these parenting beliefs can have on the health and development of children. Functioning as a parent incorporates all that occurs with individual motives, affects, values, abilities, skills, and beliefs related to child rearing and the behaviors of caring for one's child. An individual's belief in their ability to be successful in the role of parenting (i.e., confidence) is an essential component of the quality and sustainability of parenting behaviors.²

Parenting has three essential dimensions: 1) providing care that protects children from harm that includes boundaries for the safety of the child and others, 2) parent-child interactions that support developmental, emotional and physical health, and 3) enhancing a child's potential by helping parents learn parenting strategies that facilitate effective growth and development.³ Parenting research often explores the process of parenting by observing how parents engage with their children in a specific context, daily interactions and/or caregiving tasks. By assessing the quality and dynamics of these interactions, evidence about which parenting behaviors and interactions create an optional environment for child health and development can be determined.^{2,3}

Other parenting research focuses on the relationships between intrapersonal factors, constructs that occur within a person (e.g., thoughts, emotions, attitudes, values), and the quality of parenting behaviors. Parenting confidence, parenting self-efficacy and perceived competence are three related concepts shown to influence how parents engage in parenting behaviors. While, these three concepts have been consistently used in parenting research over the last decade, the interchangeable use of terms, inconsistent conceptual definitions,

multiple measures, and limited use of theoretical frameworks has resulted in ambiguity among concepts and limited ability to synthesize findings across studies.

Our inability to designate clear conceptual boundaries between each concept led us to ask several important questions. Is parenting confidence the same thing as parenting self-efficacy? How are these two terms distinguishable from parenting competence? If parenting confidence and parenting self-efficacy are two distinct concepts, how can these concepts be operationalized and measured as separate concepts? How does the use of the term competence enhance or diminish our understanding of the other concepts? Accordingly, a concept delineation is necessary when concepts appear merged, as if they shared the same experience.⁴ Offering conceptual boundaries to these concepts will help to better synthesize evidence related to our understanding of how intrapersonal factors influence parenting, and promotes the health and development of infants and young children. Therefore, the aim of this paper was to delineate the concepts of parenting confidence, parenting self-efficacy and perceived competence in the context of parents with young children (ages 0 – 3 years old).

Methods

Morse's approach to concept delineation was used to disentangle the overlap between terms and offer clear conceptual definitions by examining the use of the concepts in a review of the literature.⁴ This method recommends an interdisciplinary exploration conducted in three phases: 1) collect data on the concepts based on a review of a literature; 2) describe each concept's antecedents, attributes, and consequences separately; and 3) discuss relationships between concepts and contrast potential differences. The utility of this method is to identify conceptual boundaries between similar or merged concepts.⁴

Search Strategy

The terms 'parenting self-efficacy' or 'parenting confidence' or 'competence' were identified as the appropriate search terms as they are the most common terms used to describe the phenomena of self-efficacy beliefs in the domain of parenting. An interdisciplinary search was conducted in PubMed, CINAHL, Psych INFO for published, full text articles in English (Figure 1). The initial search retrieved 651 articles with 138 duplicates. Title and abstract review was completed based on the following criteria: 1) identifiable conceptual definition or use of theory to describe the concepts of parenting self-efficacy, parenting confidence, or perceived competence, 2) sample population included parents of infants or toddlers ranging from zero to three years old, and 3) published after year 2000. Reviews, commentaries, clinical practice guidelines, study protocols or editorials were excluded from analysis as not pertaining to the sample population. The search was refined to articles published after year 2000 based on availability of two integrative reviews on parenting self-efficacy^{1,5} and a concept analysis on perceived parental efficacy that reviewed articles from 2000 and earlier.⁶ Limiting the studies to parents of infants and toddlers allowed for more coherent data analysis and interpretation of findings because parenting concerns are specific to the age of the child. The final sample included 37 articles, which was approximately 25% of full-text articles meeting inclusion criteria (n=120).⁴ An

additional five articles published prior to 2000 were kept based on their seminal contribution to the development of these concepts (see Table 1 for summary of articles).

Literature Review of Concepts

Level of Measurement

Providing an accurate assessment of the how these concepts may differ requires a thorough understanding of how these concepts are measured. Parenting self-efficacy, parenting confidence, and competence are multi-dimensional in nature; thus, these concepts have different levels of measurement. Predominately, three levels of measurement exist for measuring self-efficacy beliefs: 1) *global* (beliefs about being capable or confident to complete any given task); 2) *domain-general* (beliefs about being capable or confident to complete parenting tasks or engage in the behaviors associated with parenting); and 3) *domain-specific* (parent's belief in their ability to parent at a specific level or in certain conditions). Assessing general self-efficacy is accomplished through evaluation of global beliefs not necessarily linked to parenting tasks or children of certain ages.⁷ Domain-general is concerned about the broad perceptions of parenting ability, and not focused on specific parenting tasks or domain of parent (i.e. feeding behaviors, academic performance).⁵ In contrast, domain-specific (also referred to as task-specific) instruments assess level of confidence in specific tasks of parenting often associated with particular ages, issues or concerns (e.g., toddlers, infants, diseases, eating, academic performance).¹

There is some support that domain-specific measures have better predictive validity and are more sensitive to change than domain-general or global self-efficacy measures.⁸ However, before 1997, no studies included both levels of measurement in a single study to verify this assertion. Only a few studies have combined levels of measurement to assess the multi-dimensionality of the concept or to provide more conclusive evidence as to which level of measurement has the best predictive validity and sensitivity to change.⁹⁻¹³ Of the studies that included more than one level of measurement, each had a different combination of levels and measures (e.g., domain-general & domain specific; global and domain-general; global and domain-specific) and highly varied samples; thus, the findings remain inconclusive about which level of measurement is best. It would be useful to assess which level of measurement may be most appropriate in varying contexts or parenting behaviors. Regardless how parenting self-efficacy and parenting confidence are measured, these concepts are identified as an important intrapersonal resource associated with better parent psychological health,⁵ quality of parenting behavior,^{1,9} and overall infant growth and developmental outcomes.¹⁴ Further work is required to determine which level of measurement may be most appropriate to determine the strength of the relationships among specific outcomes. Table 2 provides a general definition of each concept, how the concept was used in the study, and measures to operationalize each concept.

Parenting Self-Efficacy

Parenting self-efficacy (PSE) was the term used most often (n=21), with one study that used the term 'infant care self-efficacy.'¹⁵ All but two studies^{16,17} provided conceptual definitions based on self-efficacy theory. Specific definitions ranged from quoting a

frequently used definition of PSE, “expectations parents hold about their ability to parent successfully”⁹ to paraphrased definitions using words like the belief or judgment or confidence in one’s ability to perform effectively or competently in the parenting role. Two studies^{16,18} assessed global self-efficacy beliefs rather than domain general or specific parenting beliefs because they believed it would provide a more comprehensive understanding of parenting confidence when a child has a health condition or disability, whereas domain general or specific measures are tailored to specific issues (e.g., academic performance, obesity, autism, or diabetes management or populations (e.g., adolescents, early childhood, or first time parents). The measure used most often (n=6) to assess PSE was the Parenting Sense of Competence Scale,^{9,12,13,17,19,20} a domain-general parenting scale that asks parents to rate *perceived* sense of competence in the parenting role. Some researchers consider this scale to be consistent with self-efficacy theory because the revised version, has an Efficacy subscale where the authors noted links to self-efficacy theory, although this was not explicit by the authors of the instrument.⁷ The second most commonly used scale (n=4) was the Maternal Efficacy Questionnaire (MEQ),^{12,21–23} a domain-specific scale that was created to measure how good a parent feels about their ability to perform tasks associated with caring for their infant. A total of 12 different scales^{10,11,14,24–29} were used to measure PSE, all of which were created using self-efficacy theory, except for the Parental Self-Agency Scale (for a complete review of scales see⁷).

In the 7 studies that included fathers, the measures were modified to include neutral language by changing the wording of the questions to be inclusive of both roles. However, none of the studies set out to validate a measure on a sample of fathers. A single qualitative study of fathers of preterm infants³⁰ was the only article to exclusively study fathers. The qualitative data confirmed that for fathers to feel confident, they required personal reinforcement (mastery experiences), role modeling (vicarious experiences), belief in their capacity to parent (self-perception of ability) and responsiveness from their infant. These findings are consistent with the mechanism for the development of self-efficacy as proposed by Bandura. Psychology journals focused on infant mental health and infant development were more likely to publish articles on this topic (n = 13) than nursing journals (n=6). Sociology, public health and one interdisciplinary journal were also represented.

Parenting Confidence

Parenting confidence (n=9) was most often defined as a parent’s appraisal of his or her capability to effectively engage in behaviors associated with parenting. Those studies that used the term ‘confidence’ were less likely to provide a theoretical framework, mention self-efficacy theory, or provide a clear conceptual definition,^{31–39} Confidence was measured using three scales: The Maternal Confidence Questionnaire (MCQ),³⁹ Maternal Self-Confidence Scale,³⁶ and the Toddler Care Questionnaire (TCQ).³³ The MCQ used most often (n=4) by the researcher who developed the scale. The articles using the Maternal Confidence Questionnaire (MCQ) focused on measuring a mother’s perception of her parenting ability. However, the MCQ was created using Mercer’s maternal role attainment theory, laying the groundwork for studying maternal confidence.⁴⁰ The TCQ was developed from the seminal work of Teti and Gelfand²¹ who were the first to explore maternal self-efficacy as a mediator of parenting behavior and parent psychological wellbeing. They

defined maternal confidence as a mother's belief in her ability to effectively manage and carry out tasks related to parenting. The two studies^{33,37} using the TCQ mentioned the measure's link to self-efficacy theory; however, their operational definition and concept of interest was maternal confidence. In contrast, the TCQ measure was used in a study⁴¹ where the concept of interest was PSE, further demonstrating the interchangeable use of measures and overlap of concepts. Only one study of parental confidence³² included fathers. Interestingly, no group differences between mothers and fathers was found related to level of confidence and psychological distress. Linking PC to a specific theory has made it difficult to distinguish perceptions of confidence in the parenting role as distinct from parental self-efficacy.

Competence

Perceived competence (n=5) was measured as an outcome variable in all the studies in the sample. Competence was defined as a mothers' perception of her ability manage or achieve competence in mothering, that is her perceived ability to feel competent. All but one study, used Mercer's Maternal Role Attainment Theory as the framework to guide the study. In Maternal Role Attainment, competence is only one component in the maternal developmental process to achieve competence in the mothering role as she integrates mothering behaviors into her life.⁴² The other two components are maternal identity and presence. Of the five studies exploring maternal competence, four used the Maternal Role Attainment Theory to guide the conceptual framework of competence. Even though this theory differs from self-efficacy theory, maternal competence was still measured by the Parenting Sense of Competence Scale (n=3)⁴²⁻⁴⁴, a self-report parenting measure widely accepted as a measure of domain-general parenting self-efficacy (i.e. *perceived* competence).⁷ The other study⁴⁵ measuring perceived competence used the Maternal Competence Subscale of the Parenting Stress Index, which has no theoretical ties but still used Maternal Role Attainment theory as the guiding study framework. The only exception to the measurement of perceived competence was a study exploring attributes of maternal role attainment.⁴⁶ In this study, competence was defined as an objective measure by creating a composite score of maternal interview data, behavioral observations, and scores from the HOME inventory subscales. Aside from this study, perceived competence was defined as a parent's sense of feeling capable in the parenting role, which overlaps with parental self-efficacy. Hence, for conceptual clarity and consistently in the literature, the use of the term competence should be reserved to describe an objective assessment of parenting quality attributed by someone other than the parent (i.e., not parental self-report) as has been mentioned by other authors.⁶

Findings

Findings were analyzed by organizing articles by their conceptual definition of parenting self-efficacy, parenting confidence, and perceived competence (see Table 2). Reviewing the literature in this manner allowed for identification of relationships between concepts. This also allowed for a better examination of how the concepts were studied (e.g., independent/predictor, mediator/moderator, or dependent/outcome variable) in each study sample.

Definition of Concepts—Parenting self-efficacy (PSE) is a multidimensional concept defined as parental beliefs or confidence in their ability to successfully carry out parenting tasks and is a distinct, domain-specific concept captured under self-efficacy theory.^{5,8} Parenting confidence (PC) is defined as the belief or judgment a parent holds about their ability to be successful in tasks associated with parenting.^{7,41} Competence has been conceptually defined as either *perceived* competence - a parent's perception of his or her ability perform tasks associated with caring for their child⁶ or as an *objective* appraisal by someone other than the parent to assess parenting quality.⁴⁶ The use of 'parenting sense of competence' or 'perceived competence' appears to be an early phrasing of the concept but has since been replaced by either PSE or PC.

Antecedents and attributes—The antecedents and attributes of PSE and PC are known based on the extensive research of self-efficacy beliefs.^{1,8,47} Based on this literature, identified attributes of PSE, which now includes PC, is knowledge, self-perceived ability, and strength of these beliefs (or perceptions) (Table 3). Confidence itself is the main attribute of self-efficacy. Being confident and being efficacious describe a person who perceive themselves with the ability to engage in certain behaviors. These beliefs are essential to a person's ability to start and subsequently master a behavior, such as those required of parents to foster the health and development of their child.

Because of the cyclical nature between the antecedents and attributes of PSE and PC, determining the exact nature of how confidence develops is difficult. For some parents, having previous experiences (knowledge) of parenting behaviors such as infant care, soothing, or feeding may enhance confidence, but these parenting behaviors may be experienced differently for a parent who now has an infant who requires hospitalization after birth; thus, having knowledge (an antecedent) does not translate to confidence immediately. Other parents may not have previous parenting experiences but through social and verbal feedback (antecedent: vicarious experience) and their own appraisal of confidence in other areas of life, they may have a greater sense of confidence not related to mastery experiences. If we think about a mother who has four previous children who then delivers a fifth baby with a congenital defect requiring intensive care immediately after birth, she may report a sense of confidence in general care of her infant but not feel confident in caring for that infant in the hospital setting until she has some mastery or vicarious experiences. While she may feel confident as a mother because she has four other children the experience of having a child in the hospital is new and thus her confidence may be different in this context. Conversely, first time parents may report similar levels of confidence even though they have no previous experience with infant care. If they were given opportunities to engage in parenting behaviors and received positive reinforcement and feel generally confident in other aspects of their life, they may develop a greater sense of confidence from knowing they can do it and having been given opportunities from nurses to engage in parenting behaviors.

One of the most important attributes of PSE and PC is the strength of this belief. Strength refers to the degree of certainty or uncertainty an individual has about a behavior.⁸ The greater the certainty or uncertainty of a belief influences how long a parent might persist in performing parenting behaviors.¹ Developing confidence in the parenting role is a cyclical

relationship between mastery of effective parenting behaviors, increased feelings of confidence (efficacy beliefs), and a child's developmental successes.⁴⁸ Increasing a sense of confidence is strengthened by effective parenting (mastery experiences) and the developmental success or sustained health of a child is likely to increase a parent's confidence by interpreting their parenting as favorable. A strong sense of efficacy influences the quality of parenting practices while efficacy beliefs can also reinforce parenting behaviors as a child responds positively to parent-child interactions. The overlap in PSE and PC antecedents and attributes describe concepts that require both the perception of ability (a sense of confidence to complete the task) and knowledge to engaging in behavior one desires to be successful (mastery experiences).

Perceived competence, along with parenting identity and presence, are necessary determinates to acquire *objective* competence.⁴² In other words, *perceived competence* is another way to describe PSE or PC, which is an antecedent to competence (the actual ability to engage in effective parenting behaviors). A parent must have some level of baseline confidence in order to engage in parenting tasks. Confidence is likely to increase overtime as mastery experiences and social/verbal feedback become more frequent; but, to even engage in parenting behavior, one must feel as though they have some ability, even if minimal.

PSE and PC not only includes the degree of confidence a parent has about particular behaviors, but also includes having adequate knowledge about these behaviors.⁴⁹ The knowledge is both an antecedent and attribute. Parents who have prior knowledge of a given behavior may have greater confidence. The reverse is also possible, those who feel less efficacious or lack necessary knowledge do not persist in the behaviors of parenting as readily and are more likely to give up sooner.⁸ Successful parenting requires both knowledge of behaviors and the belief in their capacity that is not overpowered by self-doubt. Parents may often engage in behaviors that they have no prior knowledge about (e.g. changing a diaper of a premature infant, consoling a fussy baby, attending to cues), but through modeling, social interaction, and personal achievement, they gain a greater sense of confidence in that behavior.

Implicit in most measures of PSE and PC is the assumption of prior knowledge of the task, but knowledge is not often directly measured. Of note, only two studies measured parental knowledge and confidence (self-efficacy) concurrently.^{23,49} One reason for this may be that measures assessing parents' feelings or ability to engage certain behavior inherently assume parents know what behavior is being asked of them. In creating a confidence measure, it may be an assumption that to measure confidence, this would not be otherwise possible if the individual had no knowledge of the necessary parenting behaviors. Thus, the two are inherently linked and not easily measured separately.

Consequences—Based on the available evidence, the three concepts have the same consequences. The major consequence of being an efficacious or confident parent is engaging in appropriate parenting tasks that fosters an environment in which their child can grow and develop with success.⁵ Consequences of these beliefs are also associated with better quality of life,¹⁹ improved psychological well-being³² and greater parenting quality.²³ The consequent of being a confident parent can improve parent psychological well-being,

promotes positive interactions with the infant, influences health and development of their child, and buffers against challenging situations, isolation, and maladjustment.

Use of Concept—Understanding antecedents, attributes and consequences is related to how the concepts are used (including measurement and other methodological issues) in research studies. How these concepts have developed comes from the evidence of what may predict better confidence, the ability of confidence to influence parenting quality or parent and infant wellbeing, and how confidence may change over time.

Sixteen studies placed PSE or PC as an independent variable to predict infant development (e.g., temperament and behavior), infant health (e.g., short stature, weight and length), perceptions of infant temperament and behavior family functioning, stress, psychological wellbeing and/or parenting behavior (i.e., competence). Seventeen studies focused on identifying how predictors like social support, income, age, ethnicity, fatigue, family functioning, and depression were associated with PSE, PC, or competence (e.g., outcome variable). Four studies tested the mediation or moderation effects of parent beliefs on infant behavior, parent behavior (competence), and stress and one was a qualitative study with fathers. In summary, upon close examination of the conceptual definitions and instruments used to measure these concepts, little distinguishes the measures as being conceptually different. Confidence is the most identifiable and common word in the English language to help individuals relate to the concept we are trying to understand.⁵⁰ Feeling confident is something tangible and identifiable for parents and is the most useful way to help parents identify the phenomena on interest to researchers.

Delineation between concepts—PSE and PC both describe parent perceptions of their ability to engage in the behaviors expected in their role as a parent, which includes those studies of competence that have used the conceptual definition that describes a parent's *perceived* sense of competence using either a domain-general or specific measure. The overlap among the attributes and antecedents for PSE and PC confirm why there has been significant overlap in the use of these concepts (Table 3).

Based on the analysis of the PSE and PC articles, there is significant overlap among the antecedents, attributes, and consequences for parenting self-efficacy and parenting confidence (Table 3). There is no distinct attribute for either PSE or PC; thus, it is not possible to delineate substantial differences between these two concepts. Confidence in parenting is a parent's belief in their ability to parent successfully,^{5,7} which assumes they also have the knowledge of specific parenting behaviors to foster their child's developmental successes. Lack of distinguishing differences may be partly because the most common measure (e.g., Parenting Sense of Competence Scale) was used in studies using each of the three terms, PC, PSE, and perceived competence. Based on this analysis, attributes for both PSE and PC include 1) parent appraisal of their parenting ability, and 2) knowledge of caregiving tasks and behaviors needed at each stage of their child's development. The following analysis revealed researchers primary aim was to identify perceived capacity about being successful in tasks associated with parenting. In contrast, Holditch-Davis et al⁴⁶ focused on competence as a specific component of a larger construct known as maternal role attainment; thus, their primary concept of interest was maternal role attainment and not

parenting confidence or parental self-efficacy. Self-efficacy is the perception of confidence relevant to activities in context or situations.

The difference between PSE, PC and competence lies in *who* is providing the perception. Most often those who use the term competence are in fact measuring a parent's sense of competence (i.e., perceived) and are not measuring competence objectively. Actual competence is an objective measure of the quality of parenting behavior by someone *other* than the parent about his or her parenting ability.⁶ Competence implies assessment of parenting quality (e.g. the completion of behaviors). Four studies included an objective measure of competence as an outcome variable by creating a composite score of parenting behaviors from direct observations of free play and feedings to assess parenting quality.^{9,21,23,46} Holditch-Davis et al⁴⁶ demonstrated that objective competence was positively related to improved caregiving quality (e.g. responsiveness and participation). Greater competence was directly related to better typical caregiving and health-care related caregiving in high risk infants;⁴⁶ yet, this study did not include a measure of confidence or perceived competence. Other researchers have yet to find significant links between self-efficacy and parenting quality (objective competence).^{9,23} However, this could be because of the differences in how the composite score was created as the measures used differed in each study. Hence, for conceptual clarity and consistently in the literature, the term competence should be used as an objective measure of parenting quality done by someone other than the parent (i.e. not parental self-report or perceived competence) as has been mentioned by other authors. This is an important distinction for clarity and evaluation of research findings.

Discussion

Across the literature, parental self-efficacy, parent confidence and parent competence were each used to describe parents' sense of confidence, or appraisal of their ability to be a successful parent, including a judgment about their ability to perform the parenting role as it varies by situational challenges and contexts.⁸ The literature also emphasized the importance of these concepts as an intrapersonal resource, necessary for the positive health and development outcomes of both parents and children. While parenting beliefs' research spans the interest of several disciplines, there has been little focus on examining what factors contribute to the development of confidence or self-efficacy beliefs related to parenting. In this analysis, delineation of the three concepts included careful evaluation of how each term was defined, operationalized, and measured. Thus, competence should be viewed as a distinct concept from *perceived* competence, where the latter is more in line with a parent's appraisal of confidence and the former is an objective measure of parenting quality (e.g. observation of parenting behaviors and interactions).

While some researchers discuss a distinct difference exists between parenting confidence and parenting self-efficacy;^{6,8} close examination of the evidence and measures used to assess these concepts do not reveal a clear distinction. Confidence is generally understood as a personal sense or feeling of self-assurance based on personal assessment of ability and capacity. Bandura argued that confidence is a "nondescript term"⁸ yet, using the word confidence to assess self-efficacy has been the only way to operationalize self-efficacy beliefs because it more clearly describes and isolates the concept of interest.⁵⁰ Our

understanding of both PSE and PC can only come from self-report measures that appraise a parent's sense of confidence in parenting. Offering clear boundaries between the concepts was further complicated by using the same measures for each concept across studies with different conceptual definitions. Consequently, research to date, reveals that PSE and PC are in-fact the same. Future research should attempt to parse apart the strength of a person's belief directly associated with the level of confidence tied to parenting behaviors, as suggested by Bandura, which could delineate between PSE and PC.

To distinguish between PSE and PC each concept may require measurement at a specific level (e.g., domain-general vs. domain specific). For instance, PSE could be conceptualized as the broad umbrella concept, best measured globally or domain-general, to encompass all parenting behaviors and not connected to specific ages of children. Thus, PC may be better measured as a domain specific concept measuring parenting beliefs in the context of specific situations and/or ages of children.. For example, the attributes parenting confidence may sensitive at the domain-specific level because confidence is tied to specific situations and context. Addressing whether parenting confidence attributes remain consistent across samples of parents who have healthy vs. chronically ill children may be one way to assess how domain-specific vs. domain-general confidence influences the development of confidence. In other words, are there general parenting experiences (i.e., domain-general) that enhance confidence or does confidence vary in relation to the context of certain parenting behaviors (i.e., domain-specific)?

Until then, it may be necessary to accept the interchangeable use of PSE and PC until better measures are developed that can more effectively disentangle specific attributes between PC and PSE. In summary, interchangeable use of parenting confidence and parenting self-efficacy should not be viewed as a disadvantage; rather a starting point to evaluate the overall evidence available about this important intrapersonal resource.

Limitations

Limitations persist regarding our understanding of either PSE or PC overall. First and foremost, fathers are vastly under studied. Only eight studies included them in their sample and those samples were limited to married couples. To date, no confidence scale has been validated on a large sample of fathers. There are no domain-specific scales for fathers; thus, current measures are adapted to include more neutral language. The Karitane Parenting Confidence Scale⁷ has gender-neutral language for use with both mothers and fathers. Initial psychometric data of the scale is from a sample of mothers and the preliminary data of fathers has yet to be published. While there is evidence to believe that paternal and maternal self-efficacy is associated and this intrapersonal factor operates similarly between each role but our understanding remains limited as to the sex differences of this factor and the differential effects of the concept on parenting as a mother or father.

Another substantial limitation is the lack of information available about how PSE or PC changes over time. More evidence is needed to add clarification as to how confidence is developed and how it may change in relation to time and/or experiences. Cross-sectional studies continue to be the primary research design, which can only provide a snapshot of this complex, highly contextual developmental process. More evidence is needed that captures

how confidence develops and how these beliefs might persist in varying contexts or environmental challenges. Through longitudinal examination, evidence could be gathered about the impact of this concept on infant health and developmental status over time and the temporal aspects of how the concept can be maintained in challenging environments.

Further research is needed to help delineate which levels of measurement is most predictive when measuring parent beliefs as it relates to the quality of parenting behaviors. Research is also needed that includes a measure of parenting confidence, objective competence and parenting quality (i.e., responsiveness, illness related caregiving quality, interactions) to further understand the relationships between these concepts and development of each concept. Finally, much of the attention in the literature has focused on how parenting confidence influences parenting quality, infant temperament and/or development, without including infant health (i.e. weight, growth, hospital admissions, etc.) as an outcome of interest. This huge gap in the literature is particularly relevant to nurse researchers whose focus is improvement of health outcomes for both healthy and medically complex infants and children. Nurse caregivers are present at all levels of healthcare and thus integral to the process of helping parents feel more confident as a parent, especially in context of having a child with health-related caregiving needs.

Conclusion

Parenting confidence is an essential component for parents to function successfully in their role. Confidence helps to buffer and support parents in their ability to care for not only healthy infants but those with complex health care needs. Parents who are challenged with developing healthcare related confidence and caregiving behaviors to their parenting repertoire, often do so in the hospital setting. This requires parents to adjust and develop new skills and strategies for balancing life with a child who has a chronic condition. The factors that influence what parents have more or less confidence requires further examination as there is limited information in this population; and yet, the health and developmental status of these infants requires parents who feel confident to engage in health-related parenting behaviors.

Parents who feel more confident in their role as a parent not only perceive themselves as being effective in their parenting role but are more likely to engage in successful parenting practices. Nursing research is uniquely positioned to study complex phenomena that address health outcomes and promotion of positive behaviors such as helping to create more efficacious parents. As researchers, our intent needs to be on producing informative, sound, and theoretically based evidence that enhances the health, wellbeing and quality of life for those in our care. Nurses inform care that will lead to improved health outcomes and enhance the quality of life for parents and their children. The more that is known about what helps parents become confident in their role as parent will not only positively impact the health and development of their child but the potential to influence the wellbeing of the whole family.

Acknowledgments

No conflicts of interest or funding organizations to disclose

References

1. Coleman P, Karraker K. Self-Efficacy and Parenting Quality: Findings and Future Applications. *Dev Rev.* 1997; 18:47–85.
2. Belsky, J., Jaffee, SR. The Multiple Determinants of Parenting. In: Cicchetti, D., Cohen, DJ., editors. *Developmental Psychopathology*. 2. Hoboken, NJ: John Wiley & Sons, Inc; 2015. p. 38-85.
3. Bornstein, MH., editor. *Handbook of Parenting: Volume 1 Children and Parenting*. Mahwah, NJ: Lawrence Erlbaum Associates; 2003.
4. Morse JM. Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science.* 1995; 17(3):31–46. [PubMed: 7778889]
5. Jones TL, Prinz RJ. Potential roles of parental self-efficacy in parent and child adjustment: a review. *Clin Psychol Rev.* 2005; 25(3):341–363. [PubMed: 15792853]
6. de Montigny F. Perceived parental efficacy: concept analysis. *J Adv Nurs.* 2005; 49(4):387–396. [PubMed: 15701153]
7. Crncec R, Barnett B, Matthey S. Review of scales of parenting confidence. *J Nurs Meas.* 2010; 18(3):210–240. [PubMed: 21290926]
8. Bandura, A. *Self-efficacy : the exercise of control*. New York, NY: Freeman; 1997.
9. Coleman P, Karraker K. Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal.* 2003; 24(2):126–148.
10. Sevigny PR, Loutzenhiser L. Predictors of parenting self-efficacy in mothers and fathers of toddlers. *Child Care Health Dev.* 2010; 36(2):179–189. [PubMed: 19645829]
11. Murdock KW. An Examination of Parental Self-Efficacy Among Mothers and Fathers. *Psychol Men Masc.* 2013; 14(3):314–323.
12. Troutman B, Moran TE, Arndt S, Johnson RF, Chmielewski M. Development of parenting self-efficacy in mothers of infants with high negative emotionality. *Infant Mental Health Journal.* 2012; 33(1):45–54.
13. Spielman V, Taubman-Ben-Ari O. Parental self-efficacy and stress-related growth in the transition to parenthood: a comparison between parents of pre- and full-term babies. *Health Soc Work.* 2009; 34(3):201–212. [PubMed: 19728479]
14. Kohlhoff J, Barnett B. Parenting self-efficacy: links with maternal depression, infant behaviour and adult attachment. *Early Hum Dev.* 2013; 89(4):249–256. [PubMed: 23398731]
15. Hudson DB, Campbell-Grossman C, Fleck MO, Elek SM, Shipman A. Effects of the New Fathers Network on first-time fathers' parenting self-efficacy and parenting satisfaction during the transition to parenthood. *Issues Compr Pediatr Nurs.* 2003; 26(4):217–229. [PubMed: 14630529]
16. Raikes HA, Thompson RA. Efficacy and Social Support as Predictors of Parenting Stress Among Families in Poverty. *Infant Mental Health Journal.* 2005; 26(3):177–190. [PubMed: 28682501]
17. Giallo R, Rose N, Vittorino R. Fatigue, wellbeing and parenting in mothers of infants and toddlers with sleep problems. *Journal of Reproductive & Infant Psychology.* 2011; 29(3):236–249.
18. Benzie K, Trute B, Worthington C. Maternal self-efficacy and family adjustment in households with children with serious disability. *Journal of Family Studies.* 2013; 19(1):35–43.
19. Dunning MJ, Giallo R. Fatigue, parenting stress, self-efficacy and satisfaction in mothers of infants and young children. *J Reprod Infant Psychol.* 2012; 30(2):145–159.
20. Anzman-Frasca S, Stifter CA, Paul IM, Birch LL. Infant temperament and maternal parenting self-efficacy predict child weight outcomes. *Infant Behav Dev.* 2013; 36(4):494–497. [PubMed: 23728195]
21. Teti DM, Gelfand DM. Behavioral competence among mothers of infants in the first year: the mediational role of maternal self-efficacy. *Child Dev.* 1991; 62(5):918–929. [PubMed: 1756667]
22. Surkan PJ, Kawachi I, Ryan LM, Berkman LF, Carvalho Vieira LM, Peterson KE. Maternal depressive symptoms, parenting self-efficacy, and child growth. *Am J Public Health.* 2008; 98(1):125–132. [PubMed: 18048782]
23. Hess CR, Teti DM, Hussey-Gardner B. Self-efficacy and parenting of high-risk infants: The moderating role of parent knowledge of infant development. *J Appl Dev Psychol.* 2004; 25(4):423–437.

24. Leahy-Warren P, McCarthy G, Corcoran P. First-time mothers: social support, maternal parental self-efficacy and postnatal depression. *J Clin Nurs*. 2012; 21(3–4):388–397. [PubMed: 21435059]
25. Pennell C, Whittingham K, Boyd R, Sanders M, Colditz P. Prematurity and parental self-efficacy: the Preterm Parenting & Self-Efficacy Checklist. *Infant Behav Dev*. 2012; 35(4):678–688. [PubMed: 22982267]
26. Pierce T, Boivin M, Frenette E, Forget-Dubois N, Dionne G, Tremblay RE. Maternal self-efficacy and hostile-reactive parenting from infancy to toddlerhood. *Infant Behav Dev*. 2010; 33(2):149–158. [PubMed: 20137816]
27. Shorey S, Chan SW, Chong YS, He HG. A randomized controlled trial of the effectiveness of a postnatal psychoeducation programme on self-efficacy, social support and postnatal depression among primiparas. *J Adv Nurs*. 2014
28. Verhage ML, Oosterman M, Schuengel C. Parenting self-efficacy predicts perceptions of infant negative temperament characteristics, not vice versa. *J Fam Psychol*. 2013; 27(5):844–849. [PubMed: 24015708]
29. Boivin M, Perusse D, Dionne G, et al. The genetic-environmental etiology of parents' perceptions and self-assessed behaviours toward their 5-month-old infants in a large twin and singleton sample. *J Child Psychol Psychiatry*. 2005; 46(6):612–630. [PubMed: 15877767]
30. Thomas J, Feeley N, Grier P. The perceived parenting self-efficacy of first-time fathers caring for very-low-birth-weight infants. *Issues Compr Pediatr Nurs*. 2009; 32(4):180–199. [PubMed: 19919173]
31. Badr Zahr LK. Quantitative and qualitative predictors of development for low-birth weight infants of Latino background. *Appl Nurs Res*. 2001; 14(3):125–135. [PubMed: 11481591]
32. Fonseca A, Nazare B, Canavarro MC. Parental psychological distress and confidence after an infant's birth: the role of attachment representations in parents of infants with congenital anomalies and parents of healthy infants. *J Clin Psychol Med Settings*. 2013; 20(2):143–155. [PubMed: 23053831]
33. Gross D, Rocissano L, Roncoli M. Maternal confidence during toddlerhood: comparing preterm and fullterm groups. *Res Nurs Health*. 1989; 12(1):1–9. [PubMed: 2922486]
34. Leahy Warren P. First-time mothers: social support and confidence in infant care. *J Adv Nurs*. 2005; 50(5):479–488. [PubMed: 15882364]
35. Liu CC, Chen YC, Yeh YP, Hsieh YS. Effects of maternal confidence and competence on maternal parenting stress in newborn care. *Journal of advanced nursing*. 2012; 68(4):908–918. [PubMed: 21790741]
36. Loo KK, Zhu H, Yin Q, Luo H, Min L, Tyler R. Maternal confidence in China: association with infant neurobehaviors but not sociodemographic variables. *Journal of pediatric psychology*. 2006; 31(5):452–459. [PubMed: 16687565]
37. Morawska A, Sanders MR. Concurrent predictors of dysfunctional parenting and maternal confidence: implications for parenting interventions. *Child Care Health Dev*. 2007; 33(6):757–767. [PubMed: 17944786]
38. Olafsen KS, Ronning JA, Dahl LB, Ulvund SE, Handegard BH, Kaaresen PI. Infant responsiveness and maternal confidence in the neonatal period. *Scand J Psychol*. 2007; 48(6):499–509. [PubMed: 18028072]
39. Zahr LK. The relationship between maternal confidence and mother-infant behaviors in premature infants. *Res Nurs Health*. 1991; 14(4):279–286. [PubMed: 1891613]
40. Zahr LK. The confidence of Latina mothers in the care of their low birth weight infants. *Research in nursing & health*. 1993; 16(5):335–342. [PubMed: 8210471]
41. Gross D, Conrad B, Fogg L, Wothke W. A longitudinal model of maternal self-efficacy, depression, and difficult temperament during toddlerhood. *Res Nurs Health*. 1994; 17(3):207–215. [PubMed: 8184132]
42. Mercer RT, Ferketich SL. Predictors of maternal role competence by risk status. *Nurs Res*. 1994; 43(1):38–43. [PubMed: 8295838]
43. Baker B, McGrath JM, Pickler R, Jallo N, Cohen S. Competence and responsiveness in mothers of late preterm infants versus term infants. *J Obstet Gynecol Neonatal Nurs*. 2013; 42(3):301–310.

44. Ngai FW, Wai-Chi Chan S, Ip WY. Predictors and correlates of maternal role competence and satisfaction. *Nurs Res.* 2010; 59(3):185–193. [PubMed: 20404775]
45. Tarkka MT. Predictors of maternal competence by first-time mothers when the child is 8 months old. *Journal of advanced nursing.* 2003; 41(3):233–240. [PubMed: 12581111]
46. Holditch-Davis D, Miles MS, Burchinal MR, Goldman BD. Maternal role attainment with medically fragile infants: Part 2. relationship to the quality of parenting. *Res Nurs Health.* 2011; 34(1):35–48. [PubMed: 21243657]
47. Gist M, Mitchell T. Self-Efficacy: A Theoretical Analysis of its Determinants and Malleability. *Acad Manage Rev.* 1992; 17(2):183– 221.
48. Ardeli M, Eccles JS. Effects of Mothers' Parental Efficacy Beliefs and Promotive Parenting Strategies on Inner-City Youth. *Journal of Family Issues.* 2001; 22(8):944–972.
49. Conrad B, Gross D. Maternal Confidence, Knowledge, and Quality of Mother-Toddler Interactions: A Preliminary Study. *Infant Mental Health Journal.* 1992; 13(4):353–362.
50. Bolton, N. *Concept formation.* Oxford; New York: Pergamon Press; 1977.

Statements of Significance

ANS requires that authors now include statements of significance with their submission. These statements are forwarded to reviewers with the manuscript, and if the article is accepted, they are also published with the article. Please download this template and fill in the two short statements that are required, each no more than 100 words. Please emphasize the significance for nursing and nursing knowledge development. These statements should be written in the first person, active voice, directly addressing the reader of your article.

What is known or assumed to be true about this topic

Parenting confidence, parenting self-efficacy, and competence are used interchangeably within the research literature; however, it is believed that these concepts are distinctly different. To date, no analysis is available delineating the conceptual boundaries between these three concepts. The concepts have similar conceptual definitions and there is overlap in the measures use, leading to confusion about the significance of the findings. Thus, the inconsistent findings result in ambiguity about the importance of these concepts and determining the influence of parenting beliefs on parent psychological health and infant health and development.

What this article adds

This article examines three important concepts related to parenting to delineate potential differences. It assesses evidence from multiple disciplines to provide clear conceptual boundaries between the concepts of parenting confidence, parenting self-efficacy, and competence. By investigating similarities and differences between definitions and measures, findings revealed that attributes, antecedents, and consequences of parenting confidence and parenting self-efficacy are in fact the same. Perceived competence also has similar attributes; however, competence should be a term used as an objective measure of parenting quality. This article adds clarity to nursing knowledge by providing a summary of these overlapping concepts.

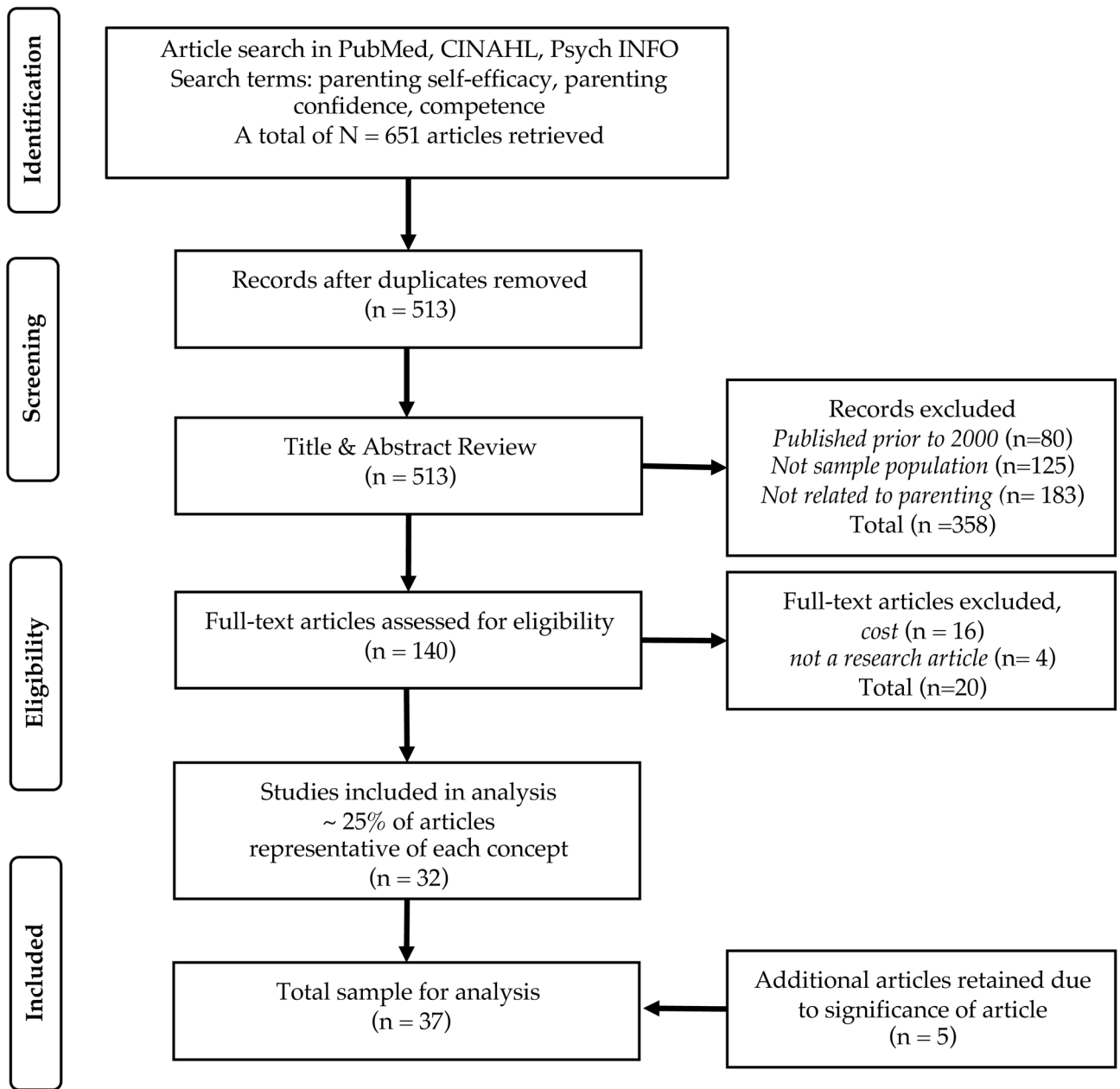


Figure 1.

TABLE 1

SUMMARY OF ARTICLES

Author (Year)	Sample	Conceptual Definition	Theoretical Framework	Level of Measurement <i>*italics indicates measure consistent with self-efficacy theory</i>	Variable Type
GENERAL SELF-EFFICACY (n=2)					
Benzies et al (2013)¹⁹	154 Mothers of children with disabilities (1 – 18 years)	"Self-efficacy is the belief in one's own capability to adequately cope with stressful life demands or challenges" p. 35	Stress Theory and Self-Efficacy	Global Self-Efficacy General Self-Efficacy Scale	Predictor – IV
Raikes & Thompson (2005)¹⁷	65 Mothers of infants & toddlers (2 – 36 months)	"Extent to which parents felt control over their lives, and belief in their ability to change their lives," p. 183	No theory referenced	Global Self-Efficacy Pearlin Mastery Scale	Mediator/Moderator
PARENTING SELF-EFFICACY (n=21)					
Anzman-Frasca et al (2013)²¹	110 Mother of infants (0 – 12 months)	"Parents' beliefs that they can adequately care for their child and can handle situations involving their child" p.494	Self-Efficacy Theory	<u>Domain-General</u> Parenting Sense of Competence Scale (PSOC)	Predictor – IV
Boivin et al (2005)³⁰	2,122 Mothers & 1,829 Fathers of infants (5 months)	"Parental self-efficacy refers to the perceived ability to carry out tasks associated with the role of a parent, specifically within the context of caring for a particular infant." p. 616	Self-Efficacy Theory	<u>Domain (Task)-Specific</u> Parental Cognitions and Conduct Toward the Infant Scale (PACOTIS)	Outcome – DV
Coleman & Karraker (2003)¹⁰	68 Mothers & Toddler (19–25 months)	"Parenting self-efficacy beliefs are broadly defined as parents' self-referent estimations of competence in the parental role...parents' perceived ability to positively influence the behavior and development of their children" p. 128	Self-Efficacy Theory	<u>Domain-General</u> 1 Self-Efficacy for Parenting Tasks Index—Toddler Scale (SEPTI-TS) 2 Parenting Sense of Competence (PSOC) <u>Global Self-efficacy</u> 3 Self-Efficacy Scale (SES)	Predictor – IV
Dunning & Giallo (2012)²⁰	1022 Mothers of children (0 – 6 years)	"A parent's belief in their ability to perform competently in their role as a parent", p. 146	Self-Efficacy Theory	<u>Domain-General</u> Parenting Sense of Competence Scale (PSOC)	Outcome – DV
Giallo et al (2011)¹⁸	164 Mothers of children (0 – 4 years)	Not clearly defined – Perceived competence in the parenting role.	No theory referenced	<u>Domain-General</u> Parenting Sense of Competence Scale (PSOC)	Outcome – DV

Author (Year)	Sample	Conceptual Definition	Theoretical Framework	Level of Measurement <i>*italics indicates measure consistent with self-efficacy theory</i>	Variable Type
Gross et al (1994) ⁴²	252 Mothers of toddlers (12 – 36 months)	"Perceived self-efficacy is defined as one's judgment of how effectively one can execute a task or manage a situation that may contain novel, unpredictable, and stressful elements." p. 208	Self-Efficacy Theory	Domain (Task)-Specific <i>Toddler Care Questionnaire (TCQ)</i>	Predictor – IV
Hess et al (2004) ²⁴	65 Mothers of high risk infants (0 – 12 months)	"Parental self-efficacy is defined as beliefs or judgments about one's competency or ability to be successful in the parenting role." p. 424	Self-Efficacy Theory	Domain (Task)-Specific <i>Maternal Efficacy Scale (MEQ)</i>	Predictor – IV
Hudson et al (2001) ¹⁶	44 Couples of infants (0 – 4 months)	"Infant care self-efficacy reflects parents' appraisal of their ability to perform infant care effectively and competently." p.32	Self-Efficacy Theory	Domain (Task)-Specific <i>Infant Care Survey (ICS)</i>	Outcome – DV
Kohlhoff & Barnett (2013) ¹⁵	83 Mothers of infants (0 – 12 months)	"Beliefs a parent holds of their capabilities to organize and execute the tasks related to parenting a child" (Cited from de Montigny, 2005, p. 390)	Self-Efficacy Theory	Domain (Task)-Specific <i>Karltane Parenting Confidence Scale</i>	Outcome – DV
Leahy-Warren et al (2012) ²⁵	410 Mothers of infants (6-weeks)	"Beliefs a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" p. 389	Self-Efficacy Theory	Domain-General Perceived maternal parental self-efficacy tool (PMPS-E)	Predictor – IV
Murdock (2013) ¹²	Parents (49 mothers & 33 fathers) of toddlers (3 – 5 years)	"As one's self-referent estimations of his or her abilities to be a competent and successful parent" p. 314	Self-Efficacy Theory	Domain-General 1 Parental Self-Agency Measure Global Self-Efficacy 2 General Self-Efficacy Scale	Outcome – DV
Pennell et al (2012) ²⁶	155 Parents (152 mothers & 3 fathers) of preterm & term infants	"Parent's judgments about their ability in all the common tasks of parenting" p. 679	Self-Efficacy Theory	Domain (Task)-Specific Preterm Parenting & Self-Efficacy Checklist	Mediation and Outcome – DV
Pierce et al (2010) ²⁷	1836 Mothers of infants & toddlers (4 – 28 months)	"Parents' perception of their ability to carry out the various tasks associated with their parental role" p. 150	Self-Efficacy Theory	Domain (Task)-Specific Parental Cognitions and Conduct Toward the Infant Scale (PACOTIS)	Predictor – IV
Sevigny & Loutzenhiser (2010) ¹¹	62 Couples of infants (18 – 36 months)	"Individual's appraisal of his or her competence in the parental role." p.179	Self-Efficacy Theory	Domain (Task)-Specific 1 Self-Efficacy for Parenting Tasks Index – Toddler Scale (SEPTI-TS) Global Self-efficacy 2 General Self-Efficacy Scale	Outcome – DV

Author (Year)	Sample	Conceptual Definition	Theoretical Framework	Level of Measurement <i>*italics indicates measure consistent with self-efficacy theory</i>	Variable Type
Shorey et al (2014) ²⁸	122 Mothers of term born infants & immediately following birth	"Belief held by mothers of their capabilities to perform specific tasks in the care of the newborn" p. 2	Self-Efficacy Theory	Domain (Task)-Specific Perceived maternal parental self-efficacy tool (PMPS-E)	Outcome – DV
Spieelman & Taubman-Ben-Ari (2009) ¹⁴	99 Couples of preterm & term infants	"Individuals expectations and beliefs regarding their capacity to carry out the parental role skillfully and efficiently." p. 202	Self-Efficacy Theory	Domain-General 1 Parenting Sense of Competence Scale (PSOC) Domain (Task)-Specific 2 Infant Care Survey (ICS)	Outcome – DV
Surkan et al (2008) ²³	595 Mothers of infants & toddlers (6 – 24 months)	"A parent's level of confidence in performing in her or his role as a caregiver" p. 125	Self-Efficacy Theory	Domain (Task)-Specific Maternal Efficacy Scale (MEQ)	Predictor – IV
Teti & Gelfand (1991) ²²	86 Mothers of infants (3 – 13 months)	"Judgment of ones' ability to perform competently and effectively in a particular task or setting" p. 918	Self-Efficacy Theory	Domain (Task)-Specific Maternal Efficacy Scale (MEQ)	Mediator/Moderator
Thomas et al (2009) ³¹	5 Fathers of very-low birth weight infants (preterm)	"The belief in one's ability to competently and effectively perform the particular cognitive, social, and motor behaviors related to being a parent" p. 181	Self-Efficacy Theory	Qualitative Interviews	NA
Troutman et al (2012) ¹³	109 Mothers of infants (1 – 13 months)	"Both level of perceived knowledge of appropriate child-rearing behaviors and degree of confidence in one's ability to perform parenting tasks" p. 45	Self-Efficacy Theory	Domain-General 1 Parenting Sense of Competence Scale (PSOC) Domain (Task)-Specific 2 Maternal Efficacy Scale (MEQ)	Predictor – IV
Verhage et al (2013) ²⁹	616 Mothers of infants (1 – 13 months)	"Expectations parents hold about their ability to parent successfully." (as cited in Jones 2005, p. 342)	Self-Efficacy Theory	Domain (Task)-Specific Maternal Self-Efficacy in the Nurturing Role Questionnaire (SENR)	Predictor – IV

CONFIDENCE (n=9)

Badr Zahr (2001) ³²	123 Mothers of infants (4 – 24 months)	No conceptual definition	No theory referenced	Domain (Task)-Specific Maternal Confidence Questionnaire (MCQ)	Predictor – IV
--------------------------------	--	--------------------------	----------------------	---	----------------

Author (Year)	Sample	Conceptual Definition	Theoretical Framework	Level of Measurement <i>*italics indicates measure consistent with self-efficacy theory</i>	Variable Type
Fonseca et al (2013) ³³	90 Couples of infants with & without congenital anomalies	"Perceived level of competence in one's parenting skills," p. 144	Attachment Theory	Domain (Task)-Specific Maternal Confidence Questionnaire (MCQ)	Predictor – IV
Gross et al (1989) ³⁴	132 Mothers of preterm & term infants	"Mother's perception of her effectiveness in managing parenting tasks or situations with her toddler," p. 2	Self-Efficacy Theory	Domain (Task)-Specific Toddler Care Questionnaire (TCQ)	Outcome – DV
Leahy-Warren (2005) ³⁵	135 Mothers at 6 weeks postpartum	"Mother's belief in their capabilities to organize and carry out tasks required in infant care," p. 481	Self-Efficacy Theory	Scale constructed for the study – Visual analogue scale used to measure confidence	Outcome – DV
Liu et al (2012) ³⁶	372 Mothers of infants (0 – 4 months)	"A mother's perception that she is able to care for and understand her infant," p. 909	No theory referenced	Domain (Task)-Specific Maternal Confidence Questionnaire (MCQ)	Predictor – IV
Loo et al (2006) ³⁷	40 Mothers of term-born infants immediately following birth	No conceptual definition	No theory referenced	Domain (Task)-Specific Maternal Self-Confidence Scale	Predictor – IV
Morawska & Sanders (2007) ³⁸	126 Mothers of Toddlers (18 – 36 months)	"The perception that one can effectively manage tasks related to parenting," p. 758	No theory referenced	Domain (Task)-Specific Toddler Care Questionnaire (TCQ)	Mediator/Moderator
Olafsen et al (2007) ³⁹	215 Mothers of preterm and term-born infants	"Mothers' perceptions of their effectiveness in relation to specific parenting tasks," p. 449	No theory referenced	Domain (Task)-Specific Maternal Confidence Questionnaire (MCQ)	Predictor – IV
Zahr (1991) ⁴⁰	49 Mothers of preterm infants	"Maternal confidence has been defined as the perception mothers have of their ability to care for and understand their infants," p. 279	Maternal role attainment theory	Domain (Task)-Specific Maternal Confidence Questionnaire (MCQ)	Predictor – IV

COMPETENCE (n=5)

Baker et al (2013) ⁴⁴	275 Mothers of late-preterm (n=49) and term-born infants (n=126)	"Maternal intelligence that influences infant development and includes elements of sensitivity, responsiveness, and synchrony," p. 302	Maternal role attainment theory	Domain-General Parenting Sense of Competence Scale (PSOC)	Outcome – DV
Holditch-Davis et al (2011) ⁴⁷	72 Mothers of medically fragile infants	"Competence (parenting role effectiveness)" p. 36	Maternal role attainment theory	Composite score of interview variables, behavioral observations, and the HOME assessment	Outcome – DV
Mercer & Ferketich (1994) ⁴³	303 Mothers of Infants (0 – 8 months)	"Mother's perception of her competence in the role reflects her maternal confidence, which is a basic determinant of her capacity as a mother and affects her response to her infant," p. 38	Maternal role attainment theory	Domain-General Parenting Sense of Competence Scale (PSOC)	Outcome – DV
Ngai et al (2010) ⁴⁵	184 Mothers of infants at 6-weeks postpartum	"Reflects women's perceptions of their abilities to manage the demands of parenting and the parenting skills they possess" p. 185	Transactional Model of Stress and Coping & Self-Efficacy Theory	Domain-General Parenting Sense of Competence Scale (PSOC)	Outcome – DV

Author (Year)	Sample	Conceptual Definition	Theoretical Framework	Level of Measurement <i>*italics indicates measure consistent with self-efficacy theory</i>	Variable Type
Tarikka (2003) ⁴⁶	248 Mothers of infants (8 months)	No conceptual definition provided.	Maternal role attainment theory	Domain-General Maternal Competence Subscale – Parenting Stress Index	Outcome – DV

OVERVIEW OF CONCEPTS

TABLE 2

	Parenting Self-Efficacy	Parenting Confidence	Competence
DEFINITION	“Parent’s belief or judgment about their ability to be successful in the parental role.” (Jones, 2005)	“Parental feelings of competence in the parenting role” (Crncec, 2010)	<i>Perceived</i> : “reflects her maternal confidence, which is a basic determinant of her capacity as a mother and affects her response to her infant.” (Mercer, 1994) <i>Objective</i> : “Quality of parental caregiving and interaction” (Miles et al, 2011).
USE OF CONCEPT	Predictor variable (n=9) Mediator/Moderator (n=2) Outcome variable (n= 10) Parenting Sense of Competence (n=6) Maternal Efficacy Scale (n=4) Toddler Care Questionnaire (n=1)	Predictor variable (n=6) Mediator/Moderator (n=1) Outcome variable (n=2) Toddler Care Questionnaire (n=2)	Outcome variable (n=5) Parenting Sense of Competence (n=3) Maternal Competence Subscale – (PSI) (n=1)
MEASURES	Parental Cognitions and Conduct Toward the Infant Scale (n=2) Self-Efficacy for Parenting Tasks Index (n=2) Parenting Confidence Scale (n=1) Perceived maternal self-efficacy tool (n=1)	Maternal Confidence Scale (n=4) Researcher developed scales (n=3)	Composite score (n=1)

TABLE 3

CONCEPT ANTECEDENTS, ATTRIBUTES, CONSEQUENCES

	Parenting Self-Efficacy	Parenting Confidence	Competence
ANTECEDENTS	<ul style="list-style-type: none"> • Mastery Experiences (knowledge) • Vicarious Experiences • Emotional State • Social/Verbal Feedback 	<ul style="list-style-type: none"> • Mastery Experiences (knowledge) • Vicarious Experiences • Emotional State • Social/Verbal Feedback 	<ul style="list-style-type: none"> • Identity • Presence • Perceived competence
ATTRIBUTES	<ul style="list-style-type: none"> • Knowledge • Self-perception of abilities • Strength of belief 	<ul style="list-style-type: none"> • Knowledge • Self-perception of abilities • Strength of belief 	<ul style="list-style-type: none"> • Ability to perform and quality of parenting behaviors (responsive to cues, talking, playing, affect) • Observed Interaction
CONSEQUENCES	<ul style="list-style-type: none"> • Effective parenting practices; higher quality of parenting behavior • Resiliency, empowerment, positive parent - child interactions • Associated with better illness-related caregiving quality • Better psychological adjustment • Positive infant/child developmental outcomes and health status because of parenting quality 		