

BREAST CANCER SURVIVOR SELF-EFFICACY SCALE

POLISH ADAPTATION AND PRELIMINARY VALIDATION

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INTRODUCTION

- ➔ Breast cancer (BC) is a most common cancer among women worldwide (2.3M new cases annually)
- ➔ Self-efficacy (SE) is a proven resource that supports coping with BC
- ➔ There is no BC-specific SE tool available in Poland
- ➔ **The Breast Cancer Survivor Self-Efficacy Scale (BCSES)** (Champion et al., 2013) is an 11-item questionnaire with a 5-point Likert response scale, presenting very good psychometric properties
- ➔ Aim: adapt and preliminary validate the BCSES into Polish context

RESULTS

Table 1. Psychometric Properties of the Polish BCSES. Comparison of 11-item vs 4-item version.

	Factor structure	Model fit	Factor loadings	Reliability
11-item BCSES	5 factors	CFI = .87, RMSEA = .073	Several low (< .40)	$\alpha = .74$
4-item Short-BCSES	1 factor	CFI = 1.00, RMSEA = 0.00	Strong (.64 - .81)	$\alpha = .79$

Table 2. 4-item Short-BCSES.

English version	Polish version
1. I am able to deal with the fact that I had breast cancer.	1. Radzę sobie z faktem zachorowania na raka piersi.
2. I am able to deal with physical symptoms from having breast cancer.	2. Radzę sobie z fizycznymi objawami raka piersi (jeśli ich doświadczam).
3. I am able to handle any fears I have about breast cancer returning.	3. Radzę sobie z lękiem dotyczącym nawrotu raka piersi.
4. I am able to successfully deal with emotions since I have breast cancer.	4. Radzę sobie z emocjami od momentu rozpoznania choroby.

Table 3. Correlations of the Polish Short-BCSES with Psychological and QoL Measures.

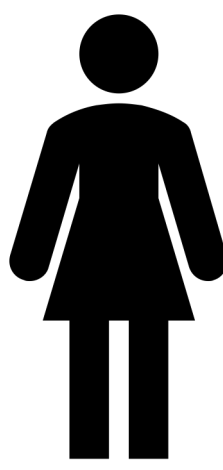
Variable		r	p
Anxiety symptoms		-.47	< .001
Depression symptoms		-.27	.007
Well-being		.50	< .001
Global health	EORTC QLQ C30 - Global scale	-.34	< .001
Emotional functioning	EORTC QLQ C30 – Functional scales	.48	< .001
Cognitive functioning		.40	< .001
Social functioning		.30	.002
Physical functioning		.21	.041
Pain	EORTC QLQ C30 – Symptom scale	-.27	.006
Body image	EORTC QLQ BR23 – Functional scales	.34	< .001
Future perspective		.41	< .001
Systemic therapy side effects	EORTC QLQ BR23 – Symptom scales	-.27	.007
Arm symptoms		-.24	.019
Breast symptoms		-.30	.003

METHODS

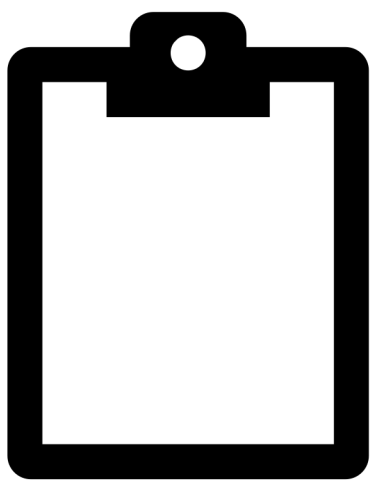
STUDY DESIGN



Maria Skłodowska-Curie
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N = 101



- BCSES (specific SE)
- GAD-7 (generalized anxiety symptoms)
- CES-D (depressive symptoms)
- MHC-SF (emotional, psychological, and social well-being)
- EORTC QLQ C30 and BR23 (health-related quality of life)

- ➔ **Sample:** women after BC surgical treatment
- ➔ **Age:** 27–77 (M = 51.5, SD = 12.3)
- ➔ **Analysis:** exploratory factor analysis (EFA), confirmatory factor analysis (CFA), reliability (Cronbach α), criterion validity (Pearson correlations)

DISCUSSION

- ➔ **The 11-item BCSES** did not replicate the original one-factor structure, CFA fit was poor (CFI = .87, RMSEA = .073) and reliability was modest ($\alpha = .74$)
- ➔ **The 4-item Short-BCSES** showed clear one-factor structure, strong loadings (.64–.81) and **good reliability** ($\alpha = .79$)
- ➔ Excluded items reflect specific clinical and cultural context (country-specific healthcare system, perioperative context, retirement vs active career)
- ➔ **Criterion validity** was supported by meaningful associations: higher specific SE was related to better well-being ($r = .50$) and higher quality of life, as well as lower levels of distress (anxiety $r = -.47$, depressive $r = -.27$) and symptoms

LIMITATIONS:

- ✓ Lack of test-retest procedure, which prevents conclusions about scale's temporal stability
- ✓ Modest sample (N = 101) reduced to perioperative patients

CONSLUSIONS:

- ✓ The Polish Short version of BCSES is a **reliable and valid tool**
- ✓ Further validation is required, ideally in larger and more diverse samples

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