



Psychometric properties and performance of the 17-item Benefit Finding Scale (BFS) in an outpatient population of men with prostate cancer



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A B S T R A C T

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Purpose: To analyse the psychometric properties and performance of the 17-item Benefit Finding Scale (BFS) in an Australian outpatient sample of men with prostate cancer.

Methods: The instrument's psychometric properties and performance were rated against established criteria for reliability (internal consistency), construct validity (instrument dimensionality) and variability (floor and ceiling effects).

Results: Internal consistency reliability was satisfactory as evidenced by a Cronbach's alpha of 0.95. Dimensionality analysis confirmed a unidimensional structure indicating construct validity. A greater than 15% floor effect suggested limited data variability.

Conclusion: The 17-item BFS seems to have satisfactory psychometric properties for use in an outpatient sample of men with prostate cancer, with some questions regarding detection of variability. The high internal consistency reliability points to the instrument's ability to reliably capture the benefit finding construct in this population. The evidence for instrument dimensionality indicates a unidimensional scale, and thus a calculation of a single total score can be recommended. The >15% floor effect suggests that there may be issues with the instrument's ability to detect variance, and thus some questions remain regarding the instrument's ability to discern change in health status over time. Nevertheless, the findings of this study together with previous evidence indicate that the 17-item BFS can be recommended as the tool of choice when exploring benefit finding in adult cancer populations.

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Introduction

The ongoing challenges faced by those living with cancer have prompted psycho-oncology research to more closely examine the association between different coping strategies and associated health outcomes (Sumalla et al., 2009). Emerging research indicates that the use of positively-oriented coping responses may be beneficial to people living with and beyond cancer treatment (Thambyrajah et al., 2010). Benefit finding has been identified as such a positively-oriented coping strategy that may influence psychological and physical health outcomes (Affleck and Tennen,

1996). Psycho-oncology literature highlights that a focus on the positives or benefits in cancer-related adversity is more beneficial to well-being than a focus on the negatives (Pascoe and Edvardsson, 2013).

A clear consensus about the theoretical foundations of benefit finding is yet to emerge as various disciplines offer slightly different epistemological foundations and conceptual constructions. One perspective locates benefit finding in stress and coping theories as a key construct in coping with adversity (Affleck and Tennen, 1996; Davis et al., 1998; Helgeson et al., 2006). From this viewpoint, benefit finding has been described as a positive reappraisal process that may facilitate or enhance positive coping emotions and behaviours in people undergoing life-changing experiences (Tennen and Affleck, 2002). Another point of view on benefit finding is aligned with the construction of positive meaning making (Taylor, 1983), whereby the search for meaning becomes part of the

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individual's coping process (Fife, 1994; Folkman and Moskowitz, 2004). While the theoretical views may differ slightly between disciplines, there is a common agreement that the conceptual core involves the ability to look for the positives or benefits in adversity.

A number of instruments that claim to assess benefit finding have emerged in the literature, particularly in the area of cancer. While a diversity of instruments are described in the literature to measure benefit finding in adult cancer populations, the evidence of their psychometric properties and performance is variable. One instrument, the 17-item Benefit Finding Scale (BFS) (Antoni et al., 2001), stands out as being the most commonly used across a diversity of adult cancer populations (Cruess et al., 2000; McGregor et al., 2004; Schulz and Mohamed, 2004; Graves and Carter, 2005; Luszczynska et al., 2005; Urcuyo et al., 2005; Youngmee et al., 2007; Harrington et al., 2008; Dunn et al., 2011; Kangas et al., 2011; Llewellyn et al., 2013). In terms of the instrument's psychometric properties, internal consistency reliability (Cronbach's alpha) of .87–.95 have been reported, which suggests that the instrument shows a capacity to consistently capture reliable data (Beckstead, 2013). Evidence for construct validity, based on analysis for instrument dimensionality, identify the 17-item BFS as both unidimensional (Antoni et al., 2001; Urcuyo et al., 2005; Kangas et al., 2011) and multidimensional (Luszczynska et al., 2005; Llewellyn et al., 2013). In addition, the ability of the BFS to detect variance, for example, as measured through floor and ceiling effects has been sparsely reported in previous research. This study aimed to explore the psychometric properties and performance of the 17-item BFS in an Australian outpatient sample of men with prostate cancer.

Aim and research question

This study aimed to investigate the psychometric properties and performance of the 17-item BFS (Antoni et al., 2001) in an Australian outpatient cancer setting. Specifically, the intentions were to evaluate the psychometric properties and performance of the 17-item BFS when used in a sample of men treated with prostate cancer, with the following research question: Is the 17-item BFS a reliable, valid and feasible instrument to investigate benefit finding in an Australian outpatient population of men with prostate cancer. Psychometric properties and performance in terms of reliability (internal consistency), construct validity (instrument dimensionality), and variability (floor and ceiling effects) were investigated.

Methods

Study sampling and data collection

The study employed a combination of convenience and purposive sampling. A tertiary hospital out-patient clinic was selected by convenience, and a purposive sample consisted of men receiving androgen deprivation therapy as a medical treatment for prostate cancer was recruited from this clinic between July 2011 and December 2013.

The study inclusion criteria were as follows: being aged 40 years and over; diagnosed with prostate cancer and first-time recipient of androgen deprivation therapy with uninterrupted use and; being able to speak, comprehend, read and write English sufficiently to give informed consent and complete the study survey. The study exclusion criteria identified men whose physical/cognitive or emotional frailty precluded their ability to give informed consent and complete the survey. The participants anonymously completed a self-report survey, which included the 17-item BFS. All data was collected between July 2011 and December 2013.

Instrumentation

The 17-item Benefit Finding Scale (BFS) (Antoni et al., 2001) comprises 17 items formulated as statements of how benefit finding is experienced by adults living with cancer. Each item on the BFS begins with the stem, 'Having had cancer ...', followed by a potential benefit that may have been gained from this experience, for example, 'Has led me to be more accepting of things' and, 'Has helped me to take things as they come' (see Table 2 for complete item content). For the purposes of this study, the stem 'Having had cancer' was changed to 'Having prostate cancer ...', with the same 17 items. Participants were asked to indicate, using a five-point Likert-type scale ranging from (1) 'not at all' to (5) 'extremely', the extent to which each item applied to them. The total score of the scale can range from 17 to 85, where higher values indicate a higher degree of benefit finding. No cut-off values for high and low benefit finding has previously been described in the literature. It has previously been described that of the 17 items comprising the instrument, 12 items were derived from the Positive Contributions Scale (PCS), originally developed by Behr et al. (1992) to assess perceptions of parents who have children with special needs. The remaining 5 items were developed and subsequently modified by Antoni et al. (2001) following administration to an independent sample of women with early-stage breast cancer (Boyers et al., in preparation). Factor analysis performed on the modified instrument identified the 17-item BFS as unidimensional (Antoni et al.,

Table 1
Sample characteristics.

Variable	N	%	Mean	SD	Range
Age	(n = 209)		71.96	7.20	53–92 years
Marital status	(n = 208)				
Single/never married	16	7.7			
Married/defacto	160	76.6			
Separated/divorced	20	9.6			
Widowed	12	5.8			
Living arrangements	(n = 208)				
Living alone	30	14.4			
Living with partner	161	77.0			
Other	17	8.1			
Work status	(n = 208)				
Fulltime	30	14.4			
Part time	17	8.1			
Retired	153	73.2			
Unemployed	2	1.0			
Other	6	2.9			
Education status	(n = 208)				
Primary school	21	10.0			
Secondary school	76	36.4			
Trade certificate	64	30.6			
University	47	22.5			
Hormone therapy	(n = 205)				
Leuprolide acetate	132	63.2			
Goserelin	73	35.0			
Previous treatment	(n = 209)				
None	44	21.1			
Surgery [1]	43	20.6			
Radiotherapy [2]	72	34.4			
Chemotherapy [3]	1	.5			
Other [4]	2	1.0			
1, 2	43	20.6			
2, 3	2	1.0			
1,2,3	1	.5			
1,2,4	1	.5			
Spread of disease	(n = 209)				
Yes	36	17.2			
No	143	68.4			
Unsure	30	14.4			
History of depression	(n = 209)				
Yes	16	7.7			
No	193	92.3			

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