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Benefit finding in adult cancer populations: Psychometric properties and performance of existing instruments

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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 existing instruments that aim to measure benefit finding in adult cancer populations.

Methods: Four electronic databases were searched. The focus was to identify English language, peer-reviewed journal articles where benefit finding is assessed with adult cancer populations. The terms 'benefit finding', 'cancer', 'instruments', 'scales', and 'adult' were used in various combinations. The instruments were rated against established criteria for instrument construction, reliability, validity, and interpretability.

Results: Seventeen benefit finding instruments were reviewed. The instruments present a multifarious conceptualisation of the construct. Instrument structure is diverse. Several instruments ($n = 4$) reported on all the psychometric properties, but not interpretability. One instrument, the Stress-Related Growth Scale – Revised, additionally reported correlation statistics with another benefit finding instrument. Based on the information provided, the psychometric rigour of a number of instruments is yet to be established.

Conclusions: One instrument reported validation statistics for all the identified criteria. While existing instruments provide a range of operationalisations of the benefit finding concept and have been more or less used in previous research, a majority are in the early stages of development and require further validation work in adult cancer populations. Given the increasing interest in the role benefit finding in clinical practice, researchers are urged to use these instruments further and to report relevant validation statistics when using them.

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Introduction

The knowledge that people living with and beyond cancer have capacity to assess and understand their situation, and to make use of available emotional and/or physical resources to move in a health promoting direction (salutogenesis), with discernible health-related outcomes, has been recognised for several decades (Antonovsky, 1979, 1987). Psycho-oncology literature indicates that a focus on the positives or benefits in adversity is more beneficial to well-being than a focus on the negatives (Pascoe and Edvardsson, 2013).

This emerging area of research indicates that the use of positively-oriented emotional coping may be beneficial to people

living with and beyond cancer treatment (Thambyrajah et al., 2010). Benefit finding has been identified as a positively-oriented emotional coping strategy that may influence psychological and physical health outcomes (Affleck and Tennen, 1996). The increasing acknowledgement in recent decades that positive emotions can potentially lead to improved physical and psychological outcomes has prompted researchers to investigate which health outcomes are identified with positively-oriented coping strategies; hence the increasing appearance of benefit finding in the contemporary cancer literature.

The ebb and flow of cancer experiences generally means that individuals will be challenged to manage both acute and chronic adversities (Thambyrajah et al., 2010). The capacity, therefore, to draw from a wide-ranging repertoire of coping responses can maximise opportunities for individuals to facilitate best possible health outcomes. The impact of benefit finding on salutogenesis in adult cancer populations may thus be more than just a perceived or

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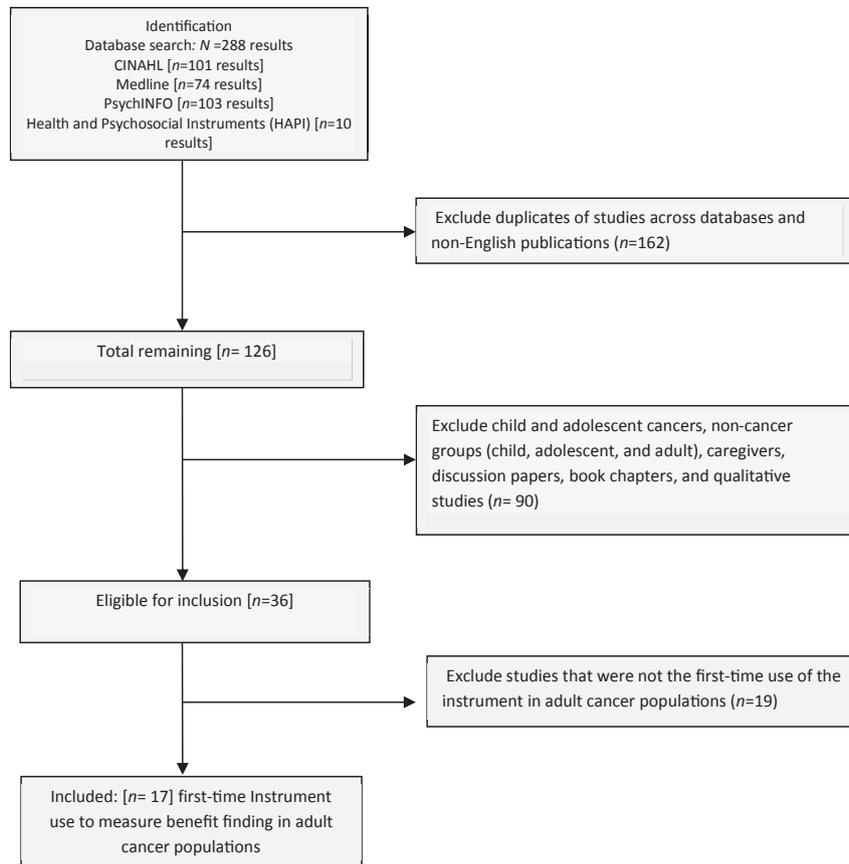


Fig. 1. Selection process.

expressed feeling of well-being. A recent review of the health-related outcomes associated with the use of benefit finding in adult cancer populations reported emerging evidence for an association between benefit finding and reduced physiological stress-response biomarkers (Pascoe and Edvardsson, 2013).

However, a clear consensus about the theoretical foundations of benefit finding is yet to emerge, as various disciplines have slightly different perspectives on the concept. 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; Taylor et al., 1983, 1984), whereby the search for meaning becomes part of individuals coping processes (Taylor et al., 1984; Fife, 1994; Folkman and Moskowitz, 2004). While the theoretical views may differ slightly between disciplines, there seems to be a common agreement that a conceptual core of benefit finding involves trying to find the positives or benefits in adversity, and that this is more beneficial than focusing on the negatives.

A number of instruments that aim to assess benefit finding have emerged in the literature, particularly in the area of cancer. Thus, a diversity of instruments is currently being used to measure benefit finding in adult cancer populations, but information is lacking regarding the psychometric properties and performance of these instruments.

This paper aimed to address this gap in the literature by analysing the psychometric properties and performance of existing instruments that aim to measure benefit finding in adult cancer populations.

Methods

A set of criteria suggested by Brandstätter et al. (2012) was used to analyse the psychometric properties and performance of 17 instruments aiming to measure benefit finding in adult cancer populations.

Search strategies

References for the instruments to be included in the analysis were identified by searches of Medline (1948 to March 2013), PsychINFO (1987–March 2013 (OVID), Health and Psychosocial Instruments (HAPI) (2000 to March 2013), CINAHL (2000 to March 2013). The terms 'benefit finding', 'cancer', 'instruments', 'scales' and 'adult' were entered in various combinations. The electronic, multi data-base search strategy produced 288 potential studies on benefit finding in adult cancer populations. As shown in Fig. 1, these abstracts were read and papers were selected for inclusion based on the inclusion criteria presented below.

Inclusion criteria

Seventeen benefit finding instruments were identified for inclusion. Instrument selection was based on the following inclusion criteria: 1) articles were published in English, peer-reviewed

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