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Dispositional self-efficacy as a personal resource factor in coping after surgery

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Abstract

Perceived general self-efficacy may serve as a dispositional coping resource factor in times of stress. Over a time period of 11 months, self-efficacy was studied as a predictor of four coping strategies: planning, humour, acceptance, and accommodation. Participants were 130 men and women who had undergone tumour surgery. They provided data at 1, 6 and 12 months after surgery. In the context of this stress episode, coping turned out to vary in terms of general self-efficacy levels and in terms of time. Planning, humour, acceptance, and accommodation were substantially associated with general self-efficacy, and time-lagged correlations suggested an antecedent role of general self-efficacy as a personal resource factor. Cross-lagged panel correlations with latent variables confirmed the hypothesised sequence of the two sets of variables.

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1. Introduction

Coping resources play an important role in the adjustment to illness. Self-efficacy represents a personal resource factor that may facilitate coping (Knoll, Rieckmann, & Schwarzer, 2005). However, resources and processes are seen as confounded, and successful coping processes may build up a self-efficacy resource while maladaptive coping may impair self-efficacy. The question is whether the hypothesised antecedent status of resources can be demonstrated within a non-experimental, longitudinal research design. Because of the multiple and diverse threats that cancer patients may be dealing with at any moment, and the difficulty in specifying when certain stressors start or cease to affect the patient (e.g., recurrence, social role changes), it is hypothesised that temporal variations in the course of coping with cancer will be found. To examine this hypothesis, different types of coping are selected to assess problem-focused/assimilative coping strategies (e.g., planning) and emotion-focused/accommodative coping strategies (e.g., humour, accommodation, and acceptance). In the context of uncontrollable stressors such as cancer, *planning* refers to thinking about gathering information regarding disease and available treatments, defining new goals (e.g., following regular cancer screenings) and modifying old ones (Carver et al., 1993). Coping modes such as *acceptance*, *accommodation*, and *humour* are directed at threat minimisation that enable individuals to manage their distress. Acceptance means compliance with the reality of a stressful situation, learning to live with it, accepting its implications, and its irreversible course (Carver et al., 1993). Although this definition implies that accommodation and acceptance refer to the same coping strategy, it is arguable that acceptance is an adaptive coping response, in that someone who accepts the reality of a stressor would come to terms with the situation. On the other hand, accommodation can be regarded as somewhat distinct from acceptance as it involves cognitive or behavioural efforts to adjust the self to stress e.g., “I learned to live with my illness”. The use of humour, acceptance, and accommodation was found to be associated with lower distress among cancer patients (Carver et al., 1993).

2. Perceived general self-efficacy as a coping resource factor

Perceived self-efficacy is the belief in one's competence to tackle difficult or novel tasks and to cope with adversity in specific demanding situations. Self-efficacy makes a difference in how people feel, think, and act (see Bandura, 1997; Luszczynska & Schwarzer, 2005). People with high self-efficacy choose to perform more challenging tasks. They set themselves higher goals and stick to them. Actions are preshaped in thought, and once an action has been taken, highly self-efficacious people invest more effort and persist longer than those low in self-efficacy. When setbacks occur, they recover more quickly and remain committed to their goals. High self-efficacy also allows people to select challenging settings and explore their environment or create new ones. Thus, it represents a belief in one's competence in dealing with all kinds of demands. This implies an internal-stable attribution of successful action and a prospective view. These characteristics make it a unique theoretical construct different from related ones, such as self-esteem, locus of control, or self-concept of ability. Only self-efficacy (“I am certain that I can ambulate in the hospital ward even if I feel dizzy”) is of a *prospective* and *operative* nature, which furnishes this construct with additional explanatory and predictive power in a variety of research applications. In

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