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reast cancer survivors (BCSs) are the largest female cancer survivor group and include 2.6 million women in the United States (American Cancer Society, 2012). BCSs deal with problems related to the disease and treatment throughout their life. Compared to women without breast cancer, survivors experience more depression, anxiety, fatigue, and sexual dysfunction, as well as decreased marital satisfaction (Minton & Stone, 2008; Von Ah, Kang, & Carpenter, 2008). The construct of self-efficacy has demonstrated effectiveness for developing interventions that enable cancer survivors to manage symptoms, ultimately improving their overall quality of life (QOL) (Hoffman et al., 2009; Merluzzi, Philip, Vachon, & Heitzmann, 2011; Zachariae et al., 2003). The purpose of this article is to present the psychometric development of a breast cancer self-efficacy scale (BCSES) that can quantify self-efficacy for use in interventions that address long-term problems encountered by BCSs.

Self-efficacy is a central construct in Bandura’s (1977) social cognitive theory and is defined as an individual’s perception of his or her ability to complete a given task. Self-efficacy predicts the effort expended for a given problem and the length of time an individual will maintain a behavior to gain an expected outcome toward a unifying theory (Bandura, 1977). Self-efficacy and future outcome expectations play central roles in behavior change. Self-efficacy includes (a) magnitude (level of task difficulty), (b) generality (whether one believes tasks can be accomplished across several situations or only under limited conditions), and (c) strength (the relative certainty an individual has relative to accomplishing a given task or behavior) (Bandura, 1977; Champion, Skinner, & Menon, 2005).

Bandura (1997) postulated that self-efficacy mediates behavior through cognitive appraisal. Decreased self-efficacy has been associated with physical and psychological distress and lower QOL (Cunningham, Lockwood, & Cunningham, 1991; Han et al., 2005; Lev...