

Validation of the Spanish Version of the Mammography-Specific Self-Efficacy Scale

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About 17,100 Hispanic women living in the United States were diagnosed with breast cancer in 2012 (American Cancer Society [ACS], 2012). Although Hispanic women are less likely to be diagnosed with breast cancer than non-Hispanic Caucasian and African American women, they are more often diagnosed at a later stage and with more negative prognostic features (e.g., greater tumor size, higher-grade tumors) than non-Hispanic Caucasian women in the United States (ACS, 2012; Hill et al., 2010). Breast cancer is the most frequently diagnosed cancer and the greatest cause of cancer death in Hispanic women (Centers for Disease Control and Prevention [CDC], 2014a).

Breast cancer screening using mammography is one of the most effective means of identifying breast cancer at an early stage. In 2012, a national survey found that about 67% of women aged 40 years and older and of all races and ethnicities reported having had a mammogram in the past two years (CDC, 2014a). Rates were fairly consistent across race and ethnicity, with about 67% of non-Hispanic Caucasian women, 68% of African American women, and 64% of Hispanic women, all aged 40 years and older, reporting a screening in the past two years (National Center for Health Statistics [NCHS], 2014). These rates dropped precipitously for uninsured women (36%) and women with less than a high school education (53%) (NCHS, 2014).

Studies have found insurance status to be a primary predictor of cancer screening across ethnicities (Henry et al., 2011; Nuño, Castle, Harris, Estrada, & Garcia, 2011). Removing financial and access barriers to screening has not provided sufficient incentive to increase screening rates in low-income women (Terán, Baezconde-Garbanati, Márquez, Castellanos, & Belkic, 2007). As the United States reaches full implementation of the Patient Protection and Affordable Care Act (ACA), more than 10 million Hispanic citizens will either purchase health insurance or receive benefits from the expanded Medicaid program (Levy, Bruen, &

Purpose/Objectives: To consider psychometric estimates of the validity and reliability of the Spanish translation of a mammography-specific self-efficacy scale.

Design: A cross-sectional study.

Setting: Three primarily Hispanic churches and a Hispanic community center in a low-income urban area of New Jersey.

Sample: 153 low-income Hispanic women aged 40–85 years.

Methods: The translated scale was administered to participants during a six-month period. Internal consistency, reliability, and construct and predictive validity were assessed.

Main Research Variables: Demographic variables included income and insurance status. Outcome variables included total mammography-specific self-efficacy and having had a mammogram within the past two years.

Findings: Preliminary evidence of reliability and validity were found, and predictive validity was demonstrated.

Conclusions: The health needs of specific populations can be addressed only when research instruments have been appropriately validated and all relevant factors are considered. Diverse groups of low-income women face similar challenges and barriers in their efforts to get screened.

Implications for Nursing: Nurses are in an ideal position to help women with preventive care decision making (e.g., screening for breast cancer). Understanding how a woman's level of self-efficacy affects her decision making should be considered when counseling a client.

Key Words: breast cancer; Hispanic women; validation; self-efficacy; mammography

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Ku, 2012). In addition, nearly all insured women will be entitled to a breast cancer screening using mammography without cost sharing (U.S. Department of Health and Human Services, 2014). Whether this increase in benefits will result in an increase in adherence to screening guidelines is unclear. A CDC report on breast cancer screening services cited low self-efficacy as a cause of poor adherence to mammography guidelines;