



Reliability and Validity of the Brief COPE Scale into the Sri Lankan Context

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Abstract

Coping strategies play an integral part in patients with cancer. This refers to the specific efforts; both behavioural and psychological that minimizes negative effects of stressful events. In Sri Lanka, validated scales to measure coping are scarce. This study examined the Sinhala version of the Brief COPE Scale for its psychometric properties. This scale is a self-administered 28 item scale; consists of both constructive (adaptive) and destructive (maladaptive) coping. Items are divided into following (14) subscales: active coping, self-blame, use of instrumental support, denial, positive reframing, religion, self-distraction, acceptance, behavioural disengagement, use of emotional support, substance use, humour, venting, and planning. Each subscale has two items. Cancer patients (n=40) were registered ‘first come - first serve’ basis using their appointment register at the Radiotherapy Unit, Teaching Hospital, Karapitiya. They were requested to complete a Sinhala version of three scales; the Brief COPE, the Centre for Epidemiological Studies –Depression (CES-D) and the World Health Organization-Quality of Life-Brief (WHOQOL-BREF), and demographic details. To test-retest reliability, the same subjects were asked to fill the same scales two weeks later. Results were regarded as statistically significant if $p < 0.05$. Ethical approval was granted. The mean (\pm SD) age was 61(\pm 12) years. The mean overall coping (\pm SD) was 63.50 (\pm 7.22). The Sinhala-Brief COPE was found to have a negative correlation with the CES-D (divergent validity) but was positively correlated with the WHOQOL-BREF (convergent validity). The internal consistency of the overall scale was good (Cronbach’s alpha - 0.81). Adaptive and maladaptive coping showed a high Cronbach’s alpha (0.793 and 0.788). The test-retest reliability was 0.66. The Sinhala version of the Brief COPE is a reliable and valid tool to assess coping strategies; this could be used to gain an understanding of both adaptive and maladaptive coping among patients with cancer in Sri Lanka.

Keywords: Coping, Brief COPE, Validity – Reliability, Cancer

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