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ORIGINAL RESEARCH PROJECTS

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The Moderating Role of Basic Hope on the Relationship Between Self-Efficacy and Disability Acceptance in Women with Congenital and Acquired Physical Disability

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Abstract
This research aims to investigate the relationship between self-efficacy and disability acceptance exploring the moderating effect of basic hope in women with congenital and acquired physical disability. The study involved 181 Polish women with congenital and acquired physical disabilities who completed Polish versions of three inventories: General Self-Efficacy Scale (GSES), Multidimensional Acceptance of Loss Scale (WSAUS), and Basic Hope Questionnaire (BHI-12). The associations between the variables were examined using correlation and moderation analyses. In the moderation model, self-efficacy was posited as a predictor, basic hope as a moderator, and disability acceptance as the outcome variable. Self-efficacy correlates with disability acceptance. Basic hope moderates this relationship. All four models were significant and two of them revealed the moderating

role of basic hope. The relationship between self-efficacy and disability acceptance is moderated by basic hope.

Keywords: basic hope, disability acceptance, moderation analyses, self-efficacy, women with physical disability.

Introduction

Studying the psychological functioning of people with physical disabilities (PD) has been a pivotal area of research, as it sheds light on the relationship between physical limitations and mental health (Lal et al., 2022). Whether acquired or congenital (Dhole et al., 2015), PD is consistently associated with maladaptive psychological patterns leading to the prevalence of anxiety, negative feelings, emotional suppression etc. (Muziki et al., 2024). Research shows that coping with a wide range of disability-induced life stressors (Taleporos & McCabe, 2008), can differ between women and men with PD (Terrill & Molton, 2019). Such differences – experienced by WWPD – are mostly anchored to the combination of having a disability (Pentland et al., 2002), existing gender roles (such as wife/partner, or mother) (García et al., 2022), and societal structural barriers (e.g., exclusion and stereotypes) (Zitzelsberger, 2005). Of course, gender differences in PD may vary across countries because women and men are exposed to risk and protective factors differently in different contexts (Wheaton & Crimmins, 2016). Still, previous research shows that WWPD have to cope with gender-specific challenges and consequences. For instance, they can profit from gender-specific support and rehabilitation (Smeltzer et al., 2022) from pregnancy decision making (O'Connor-Terry & Harris, 2022), and maternity care (Heideveld-Gerritsen et al., 2021) to after childbirth care (Becker et al., 2021). Furthermore, WWPD seek health information about their gender (Hughes et al., 2022). Since WWPD experience more sexual dysfunctions, engage in fewer intimate relationships and are typically less sexually active than women without PD, their sexual well-being is at risk (Nery-Hurwit et al., 2022).

Till today, it seems that there is a limited body of research on the psychosocial functioning of WWPD (Stojic et al., 2025). Accordingly, the present study

aims to highlight the relationship of three important psychological factors of mental health, often investigated in the case of people with disability, namely, self-efficacy, disability acceptance and basic hope. As it will be defended in the following sections, while these constructs may have been examined in dyads. However, we couldn't spot any research, which puts forward the acceptance of disability, as being a high valued psychological entity (Martz & Livneh, 2016), especially in WWPD.

Self-efficacy

General self-efficacy (GSES) is an important determinant of coping with the encountered difficulties and challenges (Byra & Ćwirynkało, 2018), and at the same time it is not important for the employment status of people with long-term PD (Ordway et al., 2020). Self-efficacy in people with spinal cord injuries is positively correlated with mental health (Peter et al., 2012). Research with WWPD shows that self-efficacy is a mediator in the relationship between the intervention (Terrill & Molton, 2019). Lastly, GSES was found to correlate significantly with coping strategies, basic hope, and appraisal of disability in women with long-term spinal cord injuries (Byra & Gabryś, 2022).

Disability acceptance

Wright (1983) in her theory presented acceptance of disability as a process by which a person with a disability incorporates the disability into their self-concept in such a way that it does not reduce their self-esteem. Research with WWPD shows that disability acceptance is positively correlated with posttraumatic growth (Byra, 2017a), and negatively correlated with the strength of interpersonal relationships and social support (Gabryś, 2020b). Disability acceptance is also related to self-efficacy, emotional status (Attawong & Kovindha, 2005), quality of life (Elfström et al., 2005), and coping among people with PD (Kim et al., 2022). Lastly, a mediating effect of disability acceptance was found in explaining the relationship between basic hope and posttraumatic growth in people with spinal cord injuries (Byra, 2019).

Basic hope

Basic hope is a fundamental belief in two features of the world: its sense and order and general positivity toward humans (Trzebiński & Zięba, 2004). Research with people with PD shows that basic hope is correlated with coping strategies (Byra & Ćwirynkało, 2018), life satisfaction, self-reported adjustment (Felter et al., 2017), and posttraumatic growth (Byra, 2019). In a longitudinal study (10 years post-discharge) hope proved to be a strong theme in the overall adjustment and coping process for people with spinal cord injuries (Dorset et al., 2017). Previous studies have shown a significant correlation between basic hope, coping strategies, self-efficacy, and disability appraisal among women with long-term spinal cord injuries (Byra & Gabryś, 2022).

The present research

Therefore, the purpose of this study was: (a) to investigate the correlation between self-efficacy and disability acceptance in WWPD, and (b) to examine the moderating effects of basic hope on this relation. We expected to find a significant relationship between self-efficacy and disability acceptance established with the contribution of the moderating effects of basic hope on this relation. Furthermore, we expected that the relationship between self-efficacy and disability acceptance would differ depending on the level of basic hope in WWPD. See Figure 1 for the hypothesized relations between these variables. Furthermore, basic hope is conceptualized as a relatively stable personality

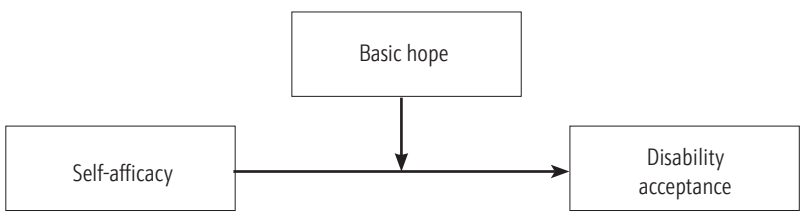

Figure 1. A conceptual model of the relations between the variables

Source: Own study.

construct, reflecting a fundamental belief in the meaningfulness, orderliness, and benevolence of the world (Trzebiński & Zięba, 2003). Given its relatively stable nature, it is unlikely to be shaped by self-efficacy. Therefore, in this study, basic hope is considered a moderator rather than a mediator of the relationship between self-efficacy and self-acceptance.

Method

Participants

Finally, the study involved 181 (63.50%) women: 66 (36.50%) with congenital PD (meningeal hernia, cerebral palsy), and 115 with acquired PD (spinal cord, lower limb amputation). Inclusion criteria included being an adult ≥ 18 years WWPD. WWPD were invited to the study group through contacts with associations, institutions employing persons with PD, and foundations in Poland. The participants agreed to complete the measures voluntarily without remuneration. The research was a cross-sectional study based on self-reports. The paper-and-pencil procedure was used. The measurements were administered in person by the authors of this study who certify that all applicable institutional and governmental regulations concerning the ethical use of human volunteers were followed during the course of this research.

Women's average age was 38.52 years (*SD* = 9.91, ranging: 20–61 years). The majority of participants lived in the city (58.20%) and were single (58.10%); the remainder were married (38.10%), divorced (2.70%), or in separation (1.10%). Almost 75% of the respondents did not have children. Almost 53.00% of respondents were unemployed. The rest of the women worked part-time (26.00%), full-time (11%), had a contract (8.00%), or had a contract for specific work (2%). The majority of the respondents (71.10%) rated their health status as average. Full independence in life was declared by 60 respondents (33.10%), while most (95 – 52.40%) consider themselves only partially independent. The vast majority of women (145 – 80.10%) reported they were fully self-reliant in making decisions about their functioning.

Measures

General Self-Efficacy Scale

The General Self-Efficacy Scale (GSES) in a Polish adaptation by Juczyński (2001) contains 10 statements constituting one factor (e.g., *"It is easy for me to stick to my aims and accomplish my goals"*). It is used to determine the intensity of an individual's general belief about the effectiveness of dealing with problems and difficult situations. Higher scores imply greater general self-efficacy. Answers to the questions are given on a four-point scale, where 1 means *not at all true*, 2 – *hardly true*, 3 – *moderately true*, and 4 – *exactly true* (Juczyński, 2001). In this study, the scale had satisfactory psychometric properties and Cronbach's alpha was 0.82.

Multidimensional Acceptance of Loss Scale

The Multidimensional Acceptance of Loss Scale by Ferrin, Chan, Chronister, and Chiu in a Polish adaptation by Byra (2017b), is a 42-item measure. It consists of four subscales: 1) transformation from comparative to asset values (e.g., *"I have found new interests or activities that are meaningful to me"*), 2) enlargement of the scope of values (e.g., *"I actively participate in activities I enjoy"*), 3) containment of disability effects (e.g., *"I have accepted that I cannot control everything"*), and 4) subordination of physique (e.g., *"I have come to terms with my disability"*). The respondents assess items using a 4-point Liker-type scale, where 1 stands for *I definitely disagree* and 4 for *I definitely agree* (Byra, 2017b). In the present study, Cronbach's alpha results were as follows: subscale I, 0.80; subscale II, 0.82; subscale III, 0.84; and subscale IV, 0.78.

Basic Hope Questionnaire BHI-12

The Basic Hope Inventory (BHI-12) by Trzebiński and Zięba (2003) contains 12 statements evaluated by respondents on a 5-point scale (e.g., *"I trust that things will work out for the best"*). Higher scores imply stronger basic hope. The

tool is used to determine the general level of basic hope manifested in personal beliefs about the world, its meaning, order, and positive nature (Trzebiński & Zięba, 2003). The psychometric properties of the instrument were satisfactory: Cronbach's alpha in the current study was 0.78.

Statistical analysis

Data were analyzed using SPSS 28 and G*Power 3.1.9.4. First, using G*Power software, we calculated the power equal to our sample size (181). Second, we used Harman's single-factor test to examine the presence of common method bias in the applied measures. Third, we prepared descriptive statistics and coefficients of correlations for the analyzed variables: self-efficacy, disability acceptance, and basic hope. Four, we tested the hypothesis that basic hope moderates the relationship between general self-efficacy and disability acceptance in WWPD using the PROCESS in SPSS by drawing 5000 bootstrap samples and considering a 95% confidence interval (Preacher & Hayes, 2004).

Results

A post hoc power analysis using G*Power 3.1 (Faul et al., 2009) showed that, for four predictors, $\alpha = 0.001$, and $n = 181$, the achieved power was $1 - \beta > 0.99$ across the tested models ($R^2 = 0.14 - 0.66$), indicating that the analyses were sufficiently powered. Harman's single-factor test indicated no evidence of common method bias. All items from the scales were subjected to an exploratory factor analysis using an unrotated factor solution. Following Podsakoff et al. (2012), we assumed that if a single component accounted for less than 50% of the total variance, common method bias would not be a concern. The analysis revealed one factor explaining 20.02% of the total variance, confirming the absence of common method bias. Descriptive statistics of all analyzed variables (self-efficacy, disability acceptance, basic hope) are presented in Table 1. To compare levels of individual dimensions of disability acceptance, the total score in each subscale obtained by each participant was divided by the number of items in this subscale.

Table 1. Descriptive statistics for variables self-efficacy, disability acceptance, and basic hope

Measure	M(SD)	Item means (SD)
Self-efficacy	28.78 (3.93)	-
Disability acceptance:		
AKC-I – Enlargement of the scope of values	29.52 (3.33)	2.95 (0.33)
AKC-II – Subordination of physique	25.92 (5.19)	2.59 (0.52)
AKC-III – Containment of disability effects	31.04 (7.07)	2.82 (0.64)
AKC-IV – Transformation from comparative to asset values	32.82 (3.35)	2.98 (0.30)
Basic hope	39.44 (5.65)	-

Source: Own study.

The total score for self-efficacy was in the range of average results in accordance with the standards developed for self-efficacy by Juczyński (2001). Data show that 53.04% of women revealed high, 33.70%, average, and 13.26% low levels of self-efficacy. In the case of disability acceptance, respondents scored highest in Transformation from comparative to asset values, and the lowest in Subordination of physique. The surveyed women (44.75%) reveal average, 37.02% high, and 18.23% low levels of basic hope (Juczyński, 2001).

Table 2. Correlations (Pearson's *r*) between the analyzed variables (n=181)

Variables		1	2	3	4	5	6
1. GSES		-					
Disability acceptance	2. AKC-I	0.50**	-				
	3. AKC-II	-0.26**	0.64**	-			
	4. AKC-III	-0.63**	0.52**	0.65**	-		
	5. AKC-IV	0.62**	0.56**	0.78**	0.63**	-	
6. BHI		0.58**	0.39**	-0.22**	-0.54**	-0.56**	-

Note: GSES = General self-efficacy; AKC-I = Enlargement of the scope of values; AKC-II = Subordination of physique; AKC-III = Containment of disability effects; AKC-IV = Transformation from comparative to asset values; BHI = Basic hope; $^{**}p < 0.01$.

Source: Own study.

As shown in Table 2, there was a statistically significant correlation between the analyzed variables (self-efficacy, basic hope, and disability acceptance). Self-efficacy was found to correlate positively with basic hope and two dimensions of disability acceptance: Enlargement of the scope of values, and Transformation from comparative to asset values, and negatively with two dimensions of disability acceptance: Subordination of physique (weak correlation) and Containment of disability effects.

Table 3. The magnitude and statistical significance of the effects of self-efficacy and basic hope on disability acceptance – basic hope as a moderator

Variables		B	**SE**	t	p	**LLCI**	**ULCI**
AKC-I Enlargement of the scope of values	constant	10.430	7.774	1.342	0.181	-4.912	25.772
	Self-efficacy	0.484	0.246	1.968	0.051	-0.001	0.970
	Basic hope	0.271	00.168	1.617	0.108	-0.060	0.602
	Self-efficacy x Basic hope	-0.005	0.005	-0.987	0.325	-0.015	0.005
Model 1: R^2 = 0.27, F(0.974) = 21.695, p < 0.001							
AKC-II Subordination of physique	constant	55.214	10.851	5.089	0.001	33.799	76.629
	Self-efficacy	-1.055	0.343	-3.072	0.003	-1.733	-0.377
	Basic hope	-0.687	0.234	-2.935	0.004	-1.148	-0.225
	Self-efficacy x Basic hope	0.025	0.007	3.589	0.001	0.011	0.038
Model 2: R^2 = 0.14, F(9.447) = 12.881, p < 0.001							
AKC-III Containment of disability effects	constant	143.125	26.202	5.462	0.001	91.416	194.834
	Self-efficacy	-4.271	0.829	-5.151	0.001	-5.907	-2.635
	Basic hope	-3.326	0.565	-5.890	0.001	-4.441	-2.212
	Self-efficacy x Basic hope	0.125	0.017	7.536	0.001	0.093	0.158
Model 3: R^2 = 0.66, F(114.956) = 56.792, p < 0.001							
AKC-IV Transformation from comparative to asset values	constant	-9.174	8.781	-1.045	0.298	-26.503	8.155
	Self-efficacy	1.724	0.278	6.205	0.001	1.176	2.273
	Basic hope	1.056	0.189	5.581	0.001	0.683	1.430
	Self-efficacy x Basic hope	-0.044	0.006	-7.829	0.001	-0.055	-0.033
Model 4: R^2 = 0.59, F(85.188) = 61.299, p < 0.001							

Source: Own study.

All four models were found to be significant and accounted for 14–66% of the variance in disability acceptance. Two of these models revealed the moderating role of basic hope. Basic hope moderated the association between self-efficacy and Containment of disability effects ($F(114.956) = 56.792$, $p < 0.001$). The moderating factor model explains 66% of the variance in disability acceptance in this dimension. The analysis revealed that self-efficacy is negatively related to disability acceptance in the dimension of Containment of disability effects only in women with average ($B = 0.995$, SE = 0.198, $t = 5.038$, CI95% = [0.605, 1.385]), and high levels of basic hope ($B = 1.497$, SE = 0.168, $t = 8.915$, CI95% = [1.165, 1.828]). In addition, basic hope moderated the association between self-efficacy and the Transformation from comparative to asset values ($F(85.188) = 61.299$, $p < 0.001$). The moderating factor model explains 59.00% of the variance in disability acceptance in this dimension. The analysis also revealed that self-efficacy is positively related to acceptance of disability in the dimension of Transformation from comparative to asset values only among women with high levels of basic hope ($B = -0.284$, $SE = 0.056$, $t = -5.047$, CI95% = [-0.395, -0.173]).

Discussion

We found high levels of self-efficacy and average levels of basic hope in the surveyed WWPD. These results correspond to research results confirming average levels of basic hope (Gabryś, 2020; Byra & Gabryś, 2022), and high levels of self-efficacy in women with spinal cord injuries (Byra & Gabryś, 2022). Self-efficacy plays a crucial role in human life by affecting individuals' emotional capacity and behavioral competencies through cognitive processes. In addition, self-efficacy is a positive indicator of social participation of people with PD (Kim, 2022). More positive beliefs about the world may change how one perceives goals and values which were abandoned earlier as less satisfactory and valuable (Trzebiński & Zięba, 2004). It plays a significant role in fostering positive changes in people with spinal cord injuries (Byra, 2017a). In the case of disability acceptance, respondents scored highest in *Transformation from comparative to asset values*, and the lowest in *Subordination of physique*.

Wright (1983) posited that acceptance requires people with PD to change and expand their personal values and beliefs about their disability. The surveyed WWPD most often accepted their disability by avoiding social comparison to nondisabled people and other people with PD in dimensions where they were dissimilar (Dunn, 2015). That means these women focus on their own relative progress and goals and remember the assets related to their life values. In turn, WWPD were least likely to accept their disability by making changes to their values and focusing less on the importance of physical appearance or other aesthetic concerns, and more on skills, personality, competencies, interests, etc. (Dunn, 2015). Thus, physical appearance proved very important for WWPD. As other research shows, body image is key to life satisfaction, and overall psychological well-being in WWPD (Nosek & Hughes, 2003).

In line with research hypotheses, the obtained results suggest significant correlations between self-efficacy and disability acceptance in WWPD. Wright (1983) promoted the notion that psychosocial adjustment to disability can be considered in the light of positive psychology. The results of the present research are consistent with studies indicating that self-efficacy is a significant predictor of illness acceptance in people with multiple sclerosis (Dymecka et al., 2021), and that it is related to disability acceptance among people with PD (Attawong & Kovindha, 2005). WWPD who experience stronger self-efficacy, which enables them to set ambitious goals, make them want to commit to them, and, despite possible difficulties, consistently strive to meet them, deriving satisfaction from their own achievements and activity (Bandura, 1994) make greater changes in the values that make up their acceptance of disability. At the same time, basic hope was found to correlate with self-efficacy and disability acceptance, which is consistent with other research results (Byra & Gabryś, 2022). Also, more positive beliefs about the world were found to positively correlate with the transformation of values that constitutes acceptance of disability in people with spinal cord injuries (Byra, 2019). Higher levels of basic hope are likely to allow WWPD to believe more strongly that they have the capacity to cope successfully with difficulties. Also, higher levels of basic hope are likely to allow WWPD to appreciate and take interest in activities that can be accomplished and assess them as being of higher value than those

that cannot be performed. Higher hope also helps WWPD focus less on the importance of physical appearance and other aesthetic concerns. In addition, women with higher levels of basic hope less frequently transfer the effects of their disability to other areas of their lives and avoid social comparison (Dunn, 2015).

This research indicates that the relationship between self-efficacy and disability acceptance depends on basic hope in WWPD. Self-efficacy is negatively related to disability acceptance in the dimension of *Containment of disability effects* only in women with average and high levels of basic hope. This suggests that stronger beliefs about the ability to reach one's goals in difficult situations occur in women who less frequently change the value of containing the spread of disability effects into other life domains, and who have more positive beliefs about the world. Despite their stronger belief that they can be successful when carrying out difficult tasks and more positive beliefs about the world, these women generalize disability on all levels of their functioning. Thus, it can be assumed that a certain change in values does not depend on positive beliefs about oneself and the world. The present results may suggest that in women characterized by high basic hope and a strong belief in their own efficacy, a particular tension arises between expectations and the actual limitations resulting from disability. Such dynamics may manifest in the form of overcompensation or avoidance strategies which, although adaptive in the short term, may not foster long-term integration of disability into the individual's identity (Bogart, 2014).

Also, self-efficacy is positively related to acceptance of disability in the dimension of *Transformation from comparative to asset values* only among women with high levels of basic hope. Higher personal effort and persistence in facing difficulties occurred in women who made more changes by not comparing themselves to nondisabled people, and who had more positive beliefs about the world. Thus, a positive assessment of the surrounding world and people and their favourability towards the individual may be associated with a stronger personal belief about one's ability to reach goals in difficult situations and with no need for comparing oneself to nondisabled people. High levels of basic hope may provide the cognitive and emotional foundation

necessary for this transformation by reinforcing trust in the orderliness of the world and in the benevolence of others (Trzebiński & Zięba, 2003). In this way, hope strengthens the belief that personal goals remain attainable despite physical limitations, thereby supporting greater resilience and psychological adjustment. These findings correspond with earlier results indicating the benefits of high basic hope in women with spinal cord injuries (Byra & Gabryś, 2022). Thus, the present findings add to a growing body of literature suggesting that the interaction of self-efficacy and basic hope may be particularly crucial for facilitating adaptive cognitive transformations that underlie disability acceptance.

Limitations

This study has some limitations. First of all, the study does not account for personality traits and disability-related variables that can encourage disability acceptance, which can be covered in future studies. Secondly, the examined group of women is not representative of the entire population of WWPD. It is heterogeneous in terms of disability type (congenital, and acquired) which is also associated with life challenges and adaptation to disability (Bogart, 2014). Jamal et al. (2021) suggested that people with congenital disabilities accept their disabilities earlier than people with acquired disabilities – future research should address this issue. Thirdly, measurements of self-efficacy, disability acceptance, and basic hope are based on self-reports, which are associated with the risk of some cognitive disruptions, resulting from, for example, the need for social approval. Fourthly, the present study was conducted on an individual level: personal characteristics of the WWPD were examined whereas disability acceptance experienced by these women, is formed in a specific dyad with their husband/partner. Almost half of the surveyed women live with someone. As Fekete et al. (2020) indicated, persons living with disabilities are less likely to have an intimate partnership or be married than persons without a disabling condition, and if they marry, they are at increased risk of divorce and separation. Research shows that marital status is significantly correlated with disability acceptance (Harrison et al., 2004). Investigating these factors

would certainly provide a better understanding of disability acceptance in the WWPD.

Despite certain limitations, the study's findings have practical value for rehabilitation, counseling, and therapy. Understanding factors that support disability acceptance can benefit both women with physical disabilities (WWPD) and practitioners. The results point to the need for: (1) developing gender-specific, individualized interventions that strengthen self-efficacy and acknowledge the role of basic hope; (2) using the relatively high self-efficacy levels found in WWPD to inform support strategies; (3) increasing awareness of the importance of basic hope for disability acceptance; and (4) training practitioners to foster self-efficacy and hope in WWPD to support adaptive coping and long-term adjustment.

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