BANDURA'S SOCIAL COGNITIVE THEORY

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Introduction

This is Part I of a two part project on Bandura's Social Cognitive Theory. Bandura's Social Cognitive Theory emphasizes simultaneous and reciprocal effects of the environment and behavior, proposing that our behavior is affected by two things: external stimuli and internal cognitive factors. Bandura's theory is useful in nursing because it is applied in health behavior change and how we nurses can apply this knowledge in working with patients to collectively motivate and facilitate to determine their progress. Two main articles referencing Bandura's social cognitive theory, as mentioned below, are authored by (1) Wyss and Alderman, and (2) Heydari, et al. Additional sources have been incorporated in this paper to further describe his fascinating theory. The purpose of Part I is to define the theory, by using the two main articles that are the foundational experiments for Part II, and other sources that elaborate on the topic. This will help us understand the experiments when we critique them in Part II.

Summary

Albert Bandura published his view on human functioning in 1986 *in Social Foundations of Thought and Action: A Social Cognitive Theory* (Pajares, 2002, p. 1). According to Bandura, the theory is based on a relationship that coexists between the environment, the personal, and individual behavior and the concepts of personal efficacy; self-regulating process and self-efficacy. This means that a person's belief in his ability to succeed in a specific situation (self-efficacy) is also relative to environment, personal and the person's behavior (Heydari, 2014, p. 20). Environment consists of region, culture, family and even school. But it isn't just environment that affects our behavior and attitude. It is also the environment that we choose. According to Bandura, "we are a product and producer of our environment." Hence, he holds

that "environment is not a single concept of physical dimension but it is divided into three sections: (1) exposed environment, (2) selected environment, and (3) structured environment "(Bektas, 2019, p.1145). While these causal factors are interdependent, each one has the ability to affect the other factors in reciprocal relationships. Bandura labels it "triadic reciprocal relationship" (e.g. reciprocal determinism) (Wyss, 2006, p.2). The "cognitive/personal determinant includes factors such as beliefs about one's competence; causes of success and failure; and a sense of control, values, and goals" (Wyss, 2006, pp. 1-2). The environment involves cultural context, disease exposure, and social support. A person's behavior (or performance) is relative to how the person adheres to medication, and how the person responds to coping. The three components have a reciprocal situation whereby each one affects the other (Wyss, 2006, pp. 5-6). Thus, Bandura's social cognitive model stresses 3 factors that influence self-efficacy: behaviors, environment, and personal/cognitive factors. Invariably, they affect each other, however, the cognitive factors are important because people can regulate their own behaviors and learn how to take responsibility to control these behaviors.

The reciprocal determinism, mentioned earlier, holds that individual factors, behaviors and environment jointly affect each other and this interaction is what shapes a person's behavior. Sometimes the environment predominates in these factors and other times individual factors may trigger entry and exit of certain behaviors (Bektas, 2010, p. 1143).

Bandura contends that in order for us to cognitively make these changes, we have to believe in ourselves and want to make the changes. The environment affects us because it shows us how to master the skills, and persuades us that we are capable and can do it. However, the environment has to supply us with modeling and also social support when this modeling is given. An example would be nurses training patients how to manage care after being released from

hospital; after surgery; or just daily routine care (self-efficacy). The patient support by family, and healthcare providers is all part of the ongoing process, and self-efficacy would not be effective without special modeling directed to that patient. This explanation is very logical because when you understand that what you are doing is not healthy, and how you can change your behavior to produce a good outcome, you have the tools to change bad behavior.

But there is no guarantee you will actually change your behavior. You have to be motivated to do so, and if you have reasonable expectations for success, you will probably do it. But this includes self-confidence and other factors that unhealthy, and how he can change that behavior to produce a good outcome, that person will change the bad hehaviors. The person also is motivated to do it because he has reachable expectations, and these come through self-confidence. Self-confidence comes through knowing what needs to be done, how to do it, and the support that we need has been placed at our disposal. By this, we mean the social supports like our family members, our community, our healthcare providers, and everyone involved in our culture that nurtures and collaborates to help us cope with challenging situations.

Bandura's social cognitive model is very important in nurse care because if a patient thinks he cannot do what tasks he needs to do to get better, or function, there will be a lack of motivation to act. If you think you can influence your circumstances, you will be motivated to act. Moreover, even if you are diseased but don't accept the fact that you are, then the negative impact of the disease will not be a factor for motivation. Sometimes people are influenced so heavily by their culture and gender issues, that they have little motivation to act. So they live at high risks behavior, self-medicate thinking it will get better, and cope by ignoring the issue and perhaps are not educated enough to understand the situation or unwilling to accept the financial responsibility for treatment.

Barriers to diagnosis and treatment adherence come from the environment. Some of these barriers are: lack of control over the disease process and treatment options; lack of understanding the language and the diagnosis; and a low sense of self efficacy due to fear (Wyss, 2006, p. 9). With regard to self-efficacy, increased knowledge plays a role in increased self-efficacy for everyone. Bandura said that self-reflection is a very important feature of social cognitive theory, and thru it people make sense of their experiences. We naturally explore our own cognitions and self-beliefs, and then react by either changing them or make judgments about them. The factors that influence our functions are numerous. We can either change things with knowledge and skills or not change things. That is why our outcomes are often inconsistent, since we don't' really think our actions will be successful.

Perhaps this is why there are so many theories for nurses to use when it comes to patient education. The social cognitive theory clearly shows us that cognitive reasoning and changing learned behavior to a healthier behavior, can lead to positive behavioral change. Yes, we do self-regulate and reflect on many decisions we make in life. This helps us to adapt to many different situations. Bandura wanted us to understand how and why we react the way we do, in terms of continuous reciprocal interaction of influences of cognitive, behavior and environment. As said earlier in this paper, we are product and producer of our world. The environment causes our behavior, and our behavior in turn causes environment. It is a continuous cycle of reciprocation.

Bandura's theory is an interesting theory to reflect upon, because it incorporates modeling and reinforcement of motivation. It incorporates everything humans are capable of, such as thinking, remembering, imitating behavior, and even teaching each other as nurses to get positive feedback and gain confidence and get rid of fear when it comes to making nursing decisions and rehabilitating patients.

Social cognitive theory, according to Bandura, is not reacting to things around us. It is proactive, self-organizing, self-reflecting and self-regulating. That is a positive outlook and reciprocal. That is what he means by triadic reciprocality. Rather than the environment affecting us, we are a product consisting of personal, behavioral and environmental influences that alter our environment by our behavior. It informs and alters the environment, and personal factors we have inform and alter further behavior. It is a good theory because it gives nurses empowerment and hope – hope that our knowledge and skills can better the lives of those we serve. It is applicable to change in a collective sense, as well as an individual sense (Pajares, 2002, p, 2),

Conclusion

Understanding Bandura's social cognitive theory in a concise manner, as demonstrated in this paper, helps readers to understand experimental research that is based on using theory to interpret it. The two articles that applied Bandura's social cognitive theory to guide them in their research experiments were "The effect of Bandura's social cognitive theory implementation on addiction quitting of clients referred to addiction quitting clinics" by Heydari, and "Using Theory to Interpret Beliefs in Migrants Diagnosed with Latent TB," by Wyss and Alderman. The two articles were chosen for Part II, in a separate report, because they applied Bandura's social cognitive theory for their research experiments.

In addition, the Wyss experiment went into greater detail about Bandura's theory; explaining it and how and why it was applicable to the experiment with Migrants diagnosed with latent tuberculosis. The other article by Heydari skilled the surface of Bandura's theory, but it did design the research experiment around the theory and used self-efficacy questionnaire to

gather information and educate patients. It was application of Bandura's theory that the findings were possible, and that the researchers were motivated to conduct the study.

Most importantly, the foundation of theories like Bandura's social cognitive, are tools we can use to provide effective education to patients. Nursing incorporates many theories on patient education and behavior, and this theory is very important because it can change a person's life, forever, for the best.

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