

Changing Behaviors: The Role of Self-Efficacy

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Changing Behaviors

- How do individuals accept health diagnoses and decide to engage in treatment?
 - Are there factors that cause differences in how individuals respond and behave?
- Number of theories to explain how individuals behave re: their health
- Health Belief Model explain and predict health behaviors.
 - Focuses on the attitudes and beliefs of individuals

Changing Behaviors

Health Belief Model (HBM)

- First developed in the 1950s by social psychologist Hochbaum
 - Yet relevant to health care in 21st Century
- Most commonly used theory in health promotion and health education
- Focuses on role of personal beliefs in taking action re: health care
- Particularly relevant to hearing loss and the rehabilitative process

Health Belief Model Constructs

- **Perceived Susceptibility**

- Chances of getting a condition (High? Low?)

- **Perceived Severity**

- Individual opinion of how serious a condition and its consequences

- **Perceived Benefits**

- Individual's belief in the health care recommendations

- **Perceived Barriers**

- Individual's opinion of the tangible and psychological costs of the health care recommendations

- **Cues to Action**

- Events, people or things that cause individual to act

- **Self-Efficacy**

- Confidence in one's ability to take action

(Glanz, Marcus Lewis & Rimer, 1997)

Self-Efficacy: What is it?

- Important part of Health Belief Model when looking at long-term health behaviors and rehabilitation
 - beliefs determine how people feel, think, motivate themselves and behave
 - involves self-confidence to execute change in behavior, life-style, etc...
 - does the individual BELIEVE he/she can be successful in dealing with disorder/disease? (Rosenstock, 1990)
- Domain specific belief that one can successfully participate in and/or complete an activity
 - High self-efficacy for one task and low for another
- Undergo changes throughout the course of the lifespan
(Bandura, 1986; 1986; 1994)

High Self-Efficacy & Participation in Health Care

- Individuals put forth more effort with high self-efficacy
- Set high goals
- Persevere through obstacles
- Increase likelihood individuals will learn and regularly use new behaviors to manage health condition

(Smith and West, 2006)

Self-Efficacy: Strong vs. Weak

➤ Strong self-efficacy:

- View challenging problems as tasks to be mastered
- Develop deeper interest in the activities in which they participate
- Form a stronger sense of commitment to their interests and activities.
- Recover quickly from setbacks and disappointments

➤ Weak self-efficacy:

- Avoid challenging tasks.
- Believe that difficult tasks and situations are beyond their capabilities.
- Focus on personal failings and negative outcomes
- Quickly lose confidence in personal abilities

(Bandura, 1994)

Role of Self-efficacy in Hearing Rehabilitation

Strong self-efficacy needed for:

- Successful, consistent use of hearing aid(s)
- Adjustment to amplified sound in a variety of environments (including challenging ones!)
- Management of tinnitus
- Successful adjustment to cochlear implant or BAHA
- Assertive, consistent use of conversational repair strategies
- Requests for clear speech with communication partners
- Effective use of visual cues to enhance communication

Role of Self-efficacy: Hearing Rehabilitation Process

- Plays role in decision making process with hearing aids

(Weinstein, 2000)

- Required to master skills needed to use hearing aids and assistive technology

(Kochkin, 2005; Reese & Hnath-Chisholm, 2005)

- May be a predictor of successful hearing aid use

(Kricos, 2000)

Self-Efficacy with Hearing Rehabilitation: Recent Research

- Purpose: Explore beliefs individuals have in their abilities to use hearing aids in a variety of situations successfully (Smith, West & Kricos, 2004)
- Tool: Developed *Measure of Audiologic Rehabilitation Self-Efficacy in Hearing Aids* (MARS-HA), (Smith et al., 2005)
 - Valid, reliable measure with 24-items:
 - Basic handling of hearing aids (e.g., insert battery)
 - Advanced handling (e.g., troubleshooting)
 - Adjustment (getting used to my own voice)
 - Aided listening (speech understanding in a group conversation)

Self-Efficacy with Hearing Rehabilitation: Recent Research

- MARS-HA given to 211 new and experienced hearing aid users
- Results:
 - Degree of hearing loss
 - Lower self-efficacy found in individuals with moderate-severe hearing loss
 - Higher self-efficacy in individuals with mild loss
 - Word recognition in quiet
 - Lower self-efficacy in individuals with poor word recognition
 - Higher self-efficacy in individuals with good-fair word recognition

(Smith & West, 2006)

Can Self-Efficacy Be Improved???

4 ways self-efficacy can be increased (Bandura, 1994):

- Create strong sense of self-efficacy through mastery experiences
 - Successes build a robust belief in one's personal efficacy
 - Failures undermine self-efficacy particularly if failures occur before self-efficacy is firmly established for a behavior
- Strengthen through vicarious experiences provided by social models
 - Seeing people similar to oneself be successful raises individual's beliefs that he/she can master comparable activities required to succeed

Can Self-Efficacy Be Improved???

- Social persuasion strengthens people's beliefs that they have what it takes to succeed
 - Verbal persuasion convinces individuals they can master given activities
 - Will put forth greater effort and will sustain it
 - Self-doubts and/or personal deficiencies will weaken beliefs in ability to master tasks/change behaviors
- Reduce people's stress reactions
 - Alter their negative emotional proclivities
 - Alter negative interpretations of their physical status

(Bandura, 1994)

Self-Efficacy & Hearing Rehabilitation

Does self-efficacy improve with rehabilitation?

How do audiologists:

- Create strong sense of self-efficacy through mastery experiences?
- Strengthen self-efficacy through vicarious experiences provided by social models?
- Strengthen people's beliefs that they have what it takes to improve communication despite hearing impairment?
- Reduce people's stress reactions to the rehabilitation process?

Self-Efficacy & Hearing Rehabilitation

Bandura's “**mastery experiences, persuasion, social peer modeling and stress reduction**” approaches to improving self efficacy seen in:

- Communication strategies training/audiologic rehabilitation
- Rehabilitation Groups
- Involvement of family, communication partners
- COUNSELING??

Self-Efficacy & Hearing Rehabilitation

A reciprocal relationship??!?

- Hearing rehabilitation (counseling, communication strategies, role playing, hearing aid use, etc) may raise an individual's self-efficacy re: improved communication...
- High self- efficacy may lead to more successful hearing rehabilitation...
- So can an individual be successful in hearing rehabilitation without strong self-efficacy?
- If not, then shouldn't self-efficacy be built as a first goal of hearing rehabilitation in order to reach the goal of improved communication?

Summary

- Self-efficacy is an essential part of HBM
- Self- efficacy appears to be key ingredient in successful hearing rehabilitation
- Some growing evidence that self-efficacy can be increased
- Many current rehabilitation tools (counseling, role playing, etc...) may increase self-efficacy
- Building high self-efficacy may increase communication success & provide audiologists with an effective tool in which to reduce the functional consequences of hearing loss

So question of the moment:

What role does self-efficacy play in living well with hearing loss?!??

More to come....



Thank you!

