Self-Efficacy and Writing Beliefs in Nursing

Thomas Lawrence Long

Almost daily, headlines and editorials publish news about health: health problems, health research, health professions, or health policy. While journalists sometimes interview nurses for these stories, the “experts” quoted are usually physicians. In addition, mass-media features and editorial journalism on health topics often find nurses distressingly invisible in health debates. This seeming absence of nurses in public forums is not new. Buresh, Gordon, and Bell (1991) found a substantial gap between physicians’ and nurses’ representations in news media, which according to Buresh and Gordon (2000) persisted a decade later. Where are nurse writers? As I have examined (Long 2013), there may be many cultural, professional and personal reasons for this reticence. However, here I want to apply two concepts familiar to nursing -- the health-beliefs model and the concept of self-efficacy -- to understand this relative silence and to suggest a remedy. This article is written for clinical nurses active in practice as well as for administrative or academic nurses who are already expected to be engaged in a variety of forms of professional writing. It applies health beliefs and self-efficacy to writing, and it suggests some practical “therapies” for nursing your writing based on these concepts and on my practice observations as a writing coach and editor in a school of nursing.

Health Beliefs and Self-Efficacy

Emerging in the 1950s as an explanatory model for why patients use or refuse health services, the health beliefs model offers a partial explanation (with its limitations glossed by critiques and refinements made in the intervening decades). In this model our perceptions are determinants of behavior, including our perception of the seriousness of a health condition, perception of our risk or susceptibility, perception of potential benefits to us, and perception of our barriers to healthier outcomes. In addition, these perceptions are affected by modifying variables like motivation, self-efficacy, and cues to action. Increasingly what cultural analysts call the “material conditions” of life (particularly educational attainment and socio-economic factors including those related to gender) are also taken into account (Hayden 2009). Nurses understand that simply “going over” with a patient the information about a health condition, treatments, and indicated lifestyle changes is not a guarantee of a patient’s changing behavior in order to produce a healthy outcome. Patients must perceive the seriousness of a health problem and themselves as being at risk, must perceive that behavioral or therapeutic change will benefit them, and must understand their barriers to health.

But what is the healthy thing to do, and to what extent do patients believe themselves able to change behavior, to surmount barriers, and to adapt to different circumstances in seeking healthy goals? This is the question of self-efficacy, the ability to succeed in different circumstances (and the persistence and resilience needed to surmount difficulties). For Bandura (1977), self-efficacy is a product of observational learning, which not only teaches us possibilities for action but also shapes
our perceptions of our ability to change as well as our perceptions of external forces pressing on us. Self-efficacy describes a range of cognitive dispositions that affect what we do and how we persist in what we do, as well as the extent to which we are resilient in the face of obstacles. Self-efficacy is related to our capacity for or disposition toward performing specific tasks. Fortunately, it can also be learned by observation and by practice.

**Applying Beliefs and Self-Efficacy to Writing**

Admonitions from nursing leaders or encouragement from nursing deans that nurses should be more visible and vocal in public, professional or scholarly debates about health care in general and nursing in particular do not fall on deaf ears. However, in my observation, like the patient who says, “I know I should . . . but . . .” when faced with a health issue, a therapy, and a recommended lifestyle change, nurses often deflect the call by saying, “I know I should” or “Someone else is a much better writer” or “I will get to that but can't now.”

Applying the health beliefs model to writing, let me ask these four questions:

- Do you see that there is a serious problem with nurses’ relative silence in public forums?
- Do you see that silence and invisibility jeopardize the nursing profession, your own career, and patient health?
- Do you perceive a benefit to the nursing profession, your career, and patient health by writing in public forums?
- What barriers do you perceive to expanding your scope of practice to include writing for a public?

There is also a literature concerning self-efficacy and writing (Pajares 2003), which suggests that a variety of factors, including gender, socioeconomic background, and race or ethnicity, can influence one’s confidence and perseverance in writing. These factors certainly affect the extent to which one perceives oneself as having the resources to write, like time or education. However, as Pajares observes:

In general, results reveal that writing self-efficacy makes an independent contribution to the prediction of writing outcomes and plays the mediational role that social cognitive theorists hypothesize. This is the case even when powerful covariates such as writing aptitude or previous writing performance are included in statistical models. Effect sizes between writing self-efficacy and writing outcomes in multiple regression and path analyses that control for preperformance assessments such as writing aptitude or previous achievement have ranged from .19 to .40. Typically, self-efficacy and preperformance assessments are the only variables that influence writing outcomes in models that include other motivation variables, gender, and grade level. (p. 145)

In other words, self-efficacy as a comprehensive phenomenon plays a decisive role in our performance of writing.

Let me provide one recent example to put your beliefs about writing and self-efficacy into focus: health care reform, the growing population of older adults globally, and the “physician shortage.” Over the past several months in a variety of news media, reports examining who will provide primary care to a growing patient population have assumed that only physicians provide this kind of health
care and that there are too few physicians to meet this need. “Physician shortage” reads the headline, and nurse practitioners are mentioned infrequently. Do you see the risks of nurses’ silence and invisibility in these debates? Do you see that your voice and visibility will benefit your profession and will ultimately benefit patients? If not you, who?

**Breaking the Personal Glass Ceiling**

Readers are no doubt familiar with the concept of the “glass ceiling” in gender studies, that is to say, the notion that women in the workplace experience an invisible barrier to career advancement, a barrier imposed by systemic, institutional, or even personal sexism. I want instead to invite you to consider the glass ceilings that we impose on ourselves, among which I often see writing or public speaking. Several years ago in a support group that I participated in, I met J who was a respected member of a team working for a federal contractor. J’s supervisor had for several years tried to promote J, who was both skilled and a natural leader. But J knew that public speaking in meetings small and large would come with the territory in a new position, and J was terrified. J’s public speaking anxiety had installed a glass ceiling on J’s career. I often find the same dread of writing among some of the nurses with whom I work. That dread takes various forms, from the explicit (“I’d rather clean toilets than write,” a sentiment once expressed to me by a clinical nurse faculty member) to the covert (for example, perfectionism that produces procrastination and the perpetually deferred submission of a manuscript). The first step in expanding your scope of practice to include writing is to acknowledge your avoidance and procrastination habits that are standing in the way and to understand their origins. This anxiety indicates diminished self-efficacy.

**Healing Past Writing Trauma**

In an informal workshop I gave to nursing doctoral students several years ago, I asked them to write anonymously a brief vignette or narrative that characterized their relationship to writing. During the workshop I invited them to share those personal vignettes (few did), but, when I collected and read them afterward, I found that about sixty percent of them might be characterized as trauma narratives. They were stories of a teacher’s insensitivity about a writing assignment, a disappointed response to something written, or an embarrassing and humiliating experience with writing. Although this was not methodically reliable data collection, over decades of teaching writing I’ve found similar patterns of response in novice writers and people who might be called avoidance writers. Acknowledging and healing the writing trauma is another step toward strengthening self-efficacy and embracing the role of writer. One way to begin healing is by gradual exposure, or what I call (if you’ll excuse the mixed metaphors), breaking the glass ceiling with low-hanging fruit. Write a letter to the editor. Post a comment on a blog site. Serve as a co-author of a manuscript in which you write one or a few paragraphs.

**Demystifying Writing for Self-Efficacy**

Despite my interest in health care issues, I am not a nurse for two reasons: I’m too squeamish to deal with bodies, and I cannot imagine myself making life-and-death decisions about people’s wellbeing. You are not squeamish and you are a skilled and self-confident clinician. Writing, although it may be unfamiliar or uncomfortable to you, is not harder than what you do already. Moreover,
there was a time when the assessments and procedures that you do daily seemed daunting at first, and you were not very good at them. By observation and practice in simulation and in real clinical situations you learned techniques that eventually became second nature to you.

Learning a technique, a routine, a formula is as essential to becoming a writer in professions as it is for becoming a nurse in practice. Unless you plan to write the Great American Novel or the Great American Memoir, you don’t need to wait for inspiration. (In fact you don’t need to wait for inspiration to write these, but I digress.) There’s work to be done! For example, advocacy writing -- letters to the editor, editorials, op-ed essays, public hearing testimony -- follows a very predictable formula, which you can learn, practice, and apply. I explain that formula here: [http://nursingwriting.wordpress.com/2012/08/23/writing­letters­to­the­editor­editorials­and­op­ed­essays­part­i/](http://nursingwriting.wordpress.com/2012/08/23/writing­letters­to­the­editor­editorials­and­op­ed­essays­part­i/) with links to templates for writing letters to the editor and op-ed essays. This is not to say that advocacy writing is neither creative nor original, but it is to say that, once you recognize a set of rhetorical conventions, you can go on to master the form.

From Out of Practice to In Practice

According to the notion of flow described by the psychologist Mihaly Csikszentmihalyi, our optimum experiences (when we are so fully engaged in an activity that we lose track of time) are the product of a balance between skill and challenge. If we are highly skilled but the activity is not challenging, boredom sets in; if we are not highly skilled and the activity is too challenging, anxiety sets in. In this regard, writing is no different from other forms of activity. So how do you develop a writing practice? I commonly hear, “I can only write when I have long uninterrupted stretches of time,” or “I don’t have the time because I’m busy with urgent matters.” Boice (1989) calls these maladaptive behaviors “bingeing” and “busyness” and proposes contingency management in the form of cultivating a daily writing habit (even for as few as 15 minutes) as their remedy. His research into what prevents academic writers from being more productive has been widely disseminated and adapted, for example, see Silvia (2007). Write now.

My hope in this article has been that you will discover the cognitive resources to add professional writing to your scope of practice or to write more consistently than you do now. Doing so may require that you, like your patients with health issues, will believe that cultivating your professional writing will enhance your career, the nursing profession, and patients’ wellbeing. You can do this.

References


**Author**

Thomas Lawrence Long, PhD, associate professor-in-residence at the University of Connecticut, is a professor of English in the School of Nursing. The creator of the Web site NursingWriting.com, he provides writing support services to nursing faculty and graduate students. He can be reached at thomas.l.long@uconn.edu

[Print this article] [Email it to a friend]

[Back to Table of contents] [View all articles in this issue]