

Applied Summary: Bandura and Peplau

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An Analysis of the Theories of Albert Bandura and Hildegard Peplau

The analysis of Bandura and Peplau draws several similarities and differences and takes into consideration their efficacy within nursing. Both are renowned theorists of the 20th century. Banduras focuses on a behavioral approach to understanding patient needs. Alternatively, Peplau focuses on the nurse-patient relationship. Despite their differences, they are united in their efforts to pave the way for an enhanced level of understanding towards patient care.

Bandura's Social Cognitive Theory and Its Relevance to Nursing

Bandura began his career in theoretical psychology in a graduate program through the University of Iowa, and after graduation, served as a professor at Stanford University (Grusec 1992). His work focused mainly on social learning theory—later known as his Social Cognitive Theory—which Grusec described (1992) as a “juxtaposition of psychoanalytic and learning principles” (pg. 780). During this time, he and a graduate student enrolled in his class, Richard Walters, produced two books: *Adolescent Aggression* and *Social Learning and Personality Development* (Grusec 1992).

As Bandura wrote a second book, *Social Learning and Personality Development*, he refined his Social Cognitive Theory (Grusec, 1992). Grusec (1992) explains that Bandura's theory focuses on the cognitive operations of children and adults, and social experiences influence their behavior and development. “Individuals are believed to abstract and integrate information that is encountered in a variety of social experiences, such as exposure to models, verbal discussions, and discipline encounters” (Grusec, 1992, pg. 781). Bandura (2001) views his social cognitive theory through an agentic perspective, defining an agent as something that intentionally makes something happen, including things such as belief systems and self-regulatory capabilities.

Bandura's (2001) theory changed psychological nursing in that it focused on behavioral principles that acknowledged the necessity of an input-output model. Because computers can do almost as much as the mind can, Bandura (2001) sought to figure out how to differentiate the human mind's capabilities from that of a computer's. For human minds, the difference lies within external and internal factors such as environment and sensory stimuli respectively (Bandura, 2001). Bandura (2001) states that humans are "agents of experiences," meaning that their experiences shape them and move them to act. Bandura (2001) explains that intentionality, forethought, self-reactiveness, and self-reflectiveness are all core features of human agency.

The Social Cognitive Theory contains three key agencies within it: "personal agency exercised individually; proxy agency in which people secure desired outcomes by influencing others to act on their behalf; and collective agency in which people act in concert to shape their future" (Bandura, 2002, pg.270). Bandura (2002) believes that these are cross-cultural needs for everyday within a patient's life, and that cultures are dynamic instead of static. Bandura (2002) defines agents as something that intentionally impacts the life of the person and the person's circumstances. Bandura (2002) implies that successful functioning in life requires all three of the personal agencies previously listed. Through these agencies, people are able to adapt within different cultural environments.

Within the Social Cognitive Theory, Banduras cites three key concepts: self-efficacy, outcome expectation, and self-regulation. Self-efficacy is "an individual's degree of confidence that he or she can perform a particular behavior" (Patterson, Umstattd, Beaujean, & Bowden, 2014, pg. 297). Patterson et al (2014) define outcome expectation as the individuals idea of the repercussions of a certain behavior or action. Self-regulation is characterized by the use of self-

monitoring, goal setting, feedback, self-reward, self-instruction, and enlistment of social support in order to bring about a sense of control over oneself (Patterson et al, 2014).

The use of Bandura's social cognitive theory does not just apply to the scope of psychology; it is prevalent within the healthcare field as well. Patterson, Umstattd, Beaujean, and Bowden (2014) conducted a study entitled *Using the Social Cognitive Theory to Understand Physical Activity Among Dialysis Patients*. Patterson et al (2014) utilizes Bandura's concepts of self-efficacy, outcome expectation, and self-regulation as key contributors to patient success. Patterson et al (2014) report that the use of this theory "adds theory-based research to the collection of existing literature investigating activity behavior among chronic disease populations" (pg. 297). The study found that dialysis patients have the use of Bandera's three concepts resulted in patients that were more physically active and had greater benefits of therapy (Patterson et al, 2014).

Peplau's Interpersonal Theory: Concepts and Relevance in Nursing

Peplau's Interpersonal theory revolutionized not only psychological nursing, but also nursing theory. Serving as the catalyst to Peplau's career, Gastmans (1998) described Peplau's belief that nursing should be it's own science with the help of other sources, including natural and social sciences. Peplau argues that nursing cannot be reduced to an empirical science, arguing that nursing is much more, including issues such as health promotion, well being, and care (Gastmans, 1998). Gastmans (1998) reports Peplau was ahead of her time, upholding the value within evidence-based practice and the existence of a therapeutic relationship between the patient and the nurse. Peplau defines nursing as a "significant, therapeutic, interpersonal process," she means that both the nurse and the patient undergo a process towards better health (Gastmans, 1998, pg. 1315). By this, one can conclude that each role is not equal to the other; the

nurse is a professional with knowledge that contributes to the efficacy of her competency and care towards the patient. The nurse-patient relationship must have a communicative and linguistic character, and it must be therapeutic instead of friendly or maternal.

Peplau's middle-range Interpersonal Relations Theory contains four phases. The first phase, orientation, is where the nurse establishes rapport with the patient as well as establishes the nurse's role within the relationship (Peplau, 1952). The second phase is the identification phase, in which, Forchuk and Dorsay (1995) state that after the patient assess their situation, they identify their needs to the person who can offer the most help (which is often the nurse). The third phase is the exploitation phase in which the nurse utilizes her own skills and resources in regards to the patient's situation (Forchuk & Dorsay, 1995). Peplau describes the final phase as the resolution phase, in which the nurse breaks off the relationship with the patient cordially after the patient needs are met, and the patient moves on.

Within the orientation phase, Peplau (1952) describes the various different roles of the nurse. The first is the resource person, who gives specific information to the patient and aids them in identifying their issue (Peplau, 1952). The second is the stranger, which functions as both a role of the nurse and of the patient (Peplau, 1952). Peplau (1952) defines the counselor is the role in which the nurse actively listens to the patient and therapeutically guides him to reflect upon his feelings and issues. There is also the role of the teacher, in which the nurse actively teaches the patient about things such as medication, therapies, coping mechanisms, etc. The surrogate role is defined as any role in which the nurse is a substitute for, such as a mother, father, or child (Peplau, 1952). The final role is the expert role, and Peplau (1952) identifies this as person who understands the complexities of devices, biological processes, and health-related issues in order to best guide the patient.

Peplau's Interpersonal Relations Theory has been used for decades within nursing science and can be applied to several areas within nursing. Senn (2013) provides an example of the use of Peplau's Interpersonal Relations Theory within the emergency department.

Emergency nurses can use the components of Peplau's (1952) theory particularly when applying the principles of the phases in the nurse-patient relationship. The process used by the triage nurse in an emergency department is similar to the process described in the initial orientation phase of the theory. During the initial meeting the stage is set during the interaction between the nurse and the patient. The type and quality of interaction either facilitates or hinders further communication. (pg. 33)

Senn (2013) argues that the focus of Peplau's theory in its contemporary adaptation should be on the nurse-patient relationship. In order to treat the patient the most effectively, it's imperative to first forge a trusting relationship with the patient, in which care cannot only be given, but also received.

Comparative Conclusion of Bandura's and Peplau's Theories

There are several notable similarities within Bandura's and Peplau's theories, and they are illuminated upon examination of the four metaparadigms within nursing, their applicability, and their conceptual level. The four metaparadigms of person, environment, health, and nursing are all met within Peplau's Interpersonal relations theory. The concept of person is met through role establishment and the initial phase of Peplau's Interpersonal Relations Theory. By establishing a trusting relationship during orientation and assessing for the type of role the patient needs, the nurse's treatment is centered on the patient. The metaparadigm of environment is met through Peplau's Identification phase, in which the nurse actively seeks out resources tailored to the patient's main issue (Peplau, 1952). The third metaparadigm, health, is met—albeit weakly—through the exploitation phase, in which the nurse provides proper resources to treat the patient. This metaparadigm is met weakly because it doesn't emphasize the importance of health promotion. Because her theory is tailored towards nursing roles within the patient-nurse

relationship, the final metaparadigm of nursing is met throughout Peplau's Interpersonal Relations Theory.

Contrasting with Peplau, Bandura struggles to meet the four metaparadigms on nursing. Because Bandura's social cognitive theory isn't specifically a nursing theory, it does not technically fall within a specific conceptual level of nursing theory. The social cognitive theory, however, is still applicable to nursing as a whole however, and implicitly meets three metaparadigms of nursing: person and environment. Bandura (2002) describes that individuals model their behavior after others and their environment. To apply this to nursing theory, Bandura's theory is essential to helping the patient change their behavior.

Bandura's theory does not explicitly cover the third and fourth metaparadigm, health and nursing; however, the nurse can still utilize the Social Cognitive Theory within the realm of nursing. By viewing the patient as a whole, taking in not only their personality but also the people and environment they surround themselves with, the nurse can more holistically and efficiently treat the patient and the issues they face. Similarly to Bandura, Peplau's Interpersonal Relations Theory takes into consideration the patient as a whole as well by enlisting support from various resources within the environment and adapting to different roles tailored to the patient's needs specifically. Together, these theories prove to be potent resources within a nurse's arsenal, and can be applied to the healthcare field to enhance patient care significantly.

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Mechanics Check-Off Sheet

Item *I have checked this item in this entire paper	√	Item *I have checked this item in this entire paper	√
APA Title page has required information from ppt		Possessive vs. plural	
APA First page of text has title		Noun-verb & number-tense agreement	
APA Headers, page numbers, & running head		Language is mostly gender-neutral	
APA Abbreviations spell out word first then abbreviate in parenthesis		Phrases are properly set off by commas	
APA Numbers 1-9 only are written out		Use of idioms/slang/colloquialisms is purposeful and surrounded by quotes	
APA All elements in series are separated by commas		Sentences do not begin with conjunctions or qualifiers such as “also” or “however”	
APA One space after punctuation		Active voice is used when possible	
APA The word “introduction” is not used as a header		Past tense is used where appropriate	
APA Title on first page is not used as a heading		Use of expletives (e.g. terrific, fantastic) is limited	
		Paragraphs are used in sections	
		Correct use of commas, colons, and semi-colons	
		Syntax—sentence flow. Appropriate to level of college class	
		Words used and spelled correctly	
		Avoid use of “you” “one”	
Citations & References			
All quotes have a page number			
Journals are italicized and in title case		Did You Remember?	
Items cited or quoted in paper are in reference list		Title of paper on first page of text?	
Ideas not your own are cited		All required elements, including appendices?	
Book/article titles in sentence case with proper names capitalized		Attach a grading sheet?	
		Confidentiality statement in first paragraph?	

**Note—these are general rules only; specific examples and exceptions can be found in the APA Manual of Style, 6th ed.

**Applied Summary Paper
Compare and Contrast Theorists Related to Nursing
Grading Sheet**

See syllabus for directions

It is the student's responsibility to seek clarification if the assignment is not clear. Read directions in both the syllabus; note additional clarification given in class

This paper must be developed using the following criteria and must be in APA format, narrative form, using titles and headings. Please follow the general guidelines for written papers that were included in your syllabus and specific guidelines for this paper in your syllabus. All papers submitted **MUST HAVE** a title page and reference list in APA format, using headings. The paper is to be 5-6 pages in length. The title page, reference list, and appendices are **NOT** included in the total number of pages. Please edit your work. Paper is to be written in narrative format. **The title of the paper must include the FULL names of both theorists.**

Follow guidelines for electronic submission

Area	Points Available	Your Points
Body of Paper	(180)	
1-Introduction to paper & theorists	10	
2-Description of theories/models	40	
3-Analysis of each theory/model	40	
4-Arguments (e.g., Is it useful, relevant, current, applicable to nursing?)	40	
5-Comparison/Contrast of theories	40	
6-Conclusion	10	
Research	(50)	
Addressed all elements in the analysis guidelines in syllabus	10	
References, Citations, Quotations	30	
Two articles or resources, one related to each theory, submitted or Webb link given in reference list.	10	
Text Mechanics	(120)	
Text Mechanics Sheet, filled out and attached		
APA Format (title page, pagination, headings, form)	40	
Grammar/form/spelling/punctuation	40	
Logical flow/readability/ Overall impression	40	
Grading & Text Mechanics Sheets sheet attached (minus 5 points each if not submitted)(minus 5 points for each page over page limit)	---	
Total	350	

Comments: