Journal of Bionursing
2024, VOL.7, NO. 1, 1-8

Implementing Bandura's Social Learning Theory in to Nursing Care: New Approach for Independence Nursing Practice

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ABSTRACT

Nurses exploits patients and their environment into nursing care plan due to improving patients health status. One of goal of the nursing intervention is patients behavior changes into a more positive or constructive for their current condition in response to their health condition. The Social Learning Theory has offered solution for the nursing practice field. Nursing practice which expects patients behaviour changes may consider this theory into the nursing service. This article tries to describe how to implement the Social Learning Theory of Bandura into nursing care plan. Distress spiritual among cancer patients is depicted as the background situation to be addressed.

KEYWORDS
Self-efficacy; social cognitive; nursing care plan

INTRODUCTION

Cancer is a devastating diagnosis that not only impacts the physical well-being of the patient but also their emotional and spiritual well-being. Patients often experience a range of emotional distress, including anxiety, depression, and a sense of loss over their present and future opportunities. Some person may challenge their spiritual belief and pace spiritual distress.

Spiritual distress is a state of suffering related to the disruption of a person's belief system, which provides meaning, hope, and strength This can manifest as questioning one's beliefs, experiencing feelings of guilt, shame, hopelessness, or struggling with existential questions about evil and suffering (Feldbush, 2007). Taxonomy II NANDA introduces spiritual distress (00066) into domain 10—*life principles*, and class 3—*value/belief/action congruence*. It is defined as *the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself* (Caldeira et al., 2013)

Nurses play a crucial role in providing supportive care and guiding these patients through the challenges they face. Effective communication between nurses and patients, along with understanding and respecting their preferences, can contribute to the improvement of safe and high-quality health outcomes. Nurses should work collaboratively with an interdisciplinary team to identify and manage the presence of cancer-related distress in these patients, as well as their families (Albrecht & Rosenzweig, 2012)

Defining Bandura's Social Learning Theory

Albert Bandura's Social Learning Theory posits that individuals can learn new behaviors by observing others (Manik et al., 2022). This theory emphasizes the importance of observational learning, social experience, and reciprocal interaction between

cognitive, behavioral, and environmental factors. According to Bandura, people can acquire new knowledge and skills by watching the actions and behaviors of others, and the outcomes of those behaviors (Carte et al., 2006)

Principles of Social Learning Theory

The key principles of Bandura's Social Learning Theory include: 1) Observational Learning: Individuals can learn new behaviors by observing the actions and consequences experienced by others. 2) Vicarious Reinforcement: People are more likely to adopt a behavior if they observe others being rewarded for it. 3) Self-Regulation: Individuals possess self-reflective and self-reactive capabilities that allow them to exercise control over their thoughts, emotions, and actions (Bandura, 1977; Manik et al., 2022; McLeod, 2024).

Applying Social Learning Theory in Nursing Practice

Bandura's theory has important implications for nursing care, particularly in the context of cancer patients experiencing spiritual distress. Nurses can leverage observational learning and vicarious reinforcement to promote positive coping behaviors and improved spiritual well-being among cancer patients.

For example, nurses can arrange for cancer patients to interact with and observe other patients who have successfully navigated spiritual challenge (Artino, 2012). Patients may find hope and inspiration in seeing how their peers have managed to maintain their spiritual beliefs and practices despite the difficulties of their illness.

Furthermore, nurses can model empathetic, compassionate, and spiritually-attuned behaviors when interacting with patients (Dunn et al., 2009; Murray, 1995). By demonstrating effective ways of addressing spiritual needs, nurses can encourage patients to adopt similar approaches.

Identifying Spiritual Distress in Cancer Patients

Spiritual distress is a common challenge faced by many cancer patients. Patients may grapple with existential questions, a loss of meaning and purpose, anger towards God or a higher power, or a sense of disconnection from their spiritual beliefs and practices (Klimasiński et al., 2022; Martins et al., 2024). Identifying and addressing spiritual distress is crucial, as it can significantly impact a patient's overall well-being, quality of life, and ability to cope with their illness (Delgado-Guay et al., 2021; Yilmaz & Cengiz, 2020). Moreover spirituality is an ultimate coping strategy for alleviating stress (Pargament, 2013) .

Assessing and Addressing Spiritual Needs

Nurses play a vital role in assessing and addressing the spiritual needs of cancer patients (Dunn et al., 2009; Mulyono & Chen, 2019; Veloza-Gómez et al., 2017). They can use various tools and techniques to evaluate a patient's spiritual well-being, such as a ssessing a patient's spiritual needs is a crucial aspect of holistic nursing care (Hawthorne & Gordon, 2020). While there are tools available, a

compassionate and individualized approach is essential. Here's a combined approach:

First, open communication. During the construction of open communication, it is necessary to get used to the following things. *Create a safe space***,** begin by establishing trust and rapport. Let the patient know you're interested in their well-being beyond the physical. *Use open-ended questions***.** Instead of direct inquiries about religion, ask about what gives their life meaning, what brings them comfort, or if there's anything they find concerning about their situation. *Active listening***.** Pay close attention to their verbal and nonverbal cues. Acknowledge their feelings and beliefs without judgment. Open communication is crucial since spirituality often considered as personal and privacy, therefore it demand trust to share the information (Hong & Oh, 2020)

Secondly, observation and cues identification. The skill of obtaining key information is essential for effective communication, because spirituality is an abstract matter (de Brito Sena et al., 2021). Observation of important signs or words is fundamental. *Notice verbal cues***,** listen for expressions of hope, despair, faith, forgiveness, guilt, or meaninglessness. *Be aware of nonverbal cues***,** observe for changes in behavior, mood swings, withdrawal, or expressions of peace and acceptance.

Third, Optimize Spiritual Assessment Tools. Consider standardized tools: While not a replacement for open dialogue, tools like the SPIRIT acronym or the FICA (F: Faith or Beliefs I: Importance and Influence of beliefs C: Community A: Address Care Issues) or HOPE (source of hope, organized religion, religious/spiritual practice, effect on health) (Puchalski, 2021) Spiritual History Tool can provide a structured framework for assessment. *Adapt to your setting***:** Choose or adapt tools that align with your patient population and healthcare setting.

Finally, collaboration. Involve the patient: Ensure the assessment process respects their pace and preferences. *Consult with chaplains or spiritual care professionals:* If you encounter complex spiritual needs or require further guidance, don't hesitate to involve specialized members of the healthcare team (Gomez-Castillo et al., 2015).

Remember, Spirituality is individual. What provides comfort and meaning varies greatly from person to person. Avoid imposing your own beliefs or making assumptions. *Respect cultural differences***:** Be sensitive to cultural and religious backgrounds, as they significantly influence spiritual perspectives (Cook, 2020). *Document your findings***:** Clearly and respectfully document your assessment in the patient's medical record to ensure continuity of care (Facchinetti et al., 2020). By combining these approaches, you can gain a deeper understanding of your patients' spiritual needs and provide appropriate support and interventions.

Nursing Interventions for Spiritual Distress

The intervention plan aims to achieve behavior change. In accordance with the ausmsi in Social Cognitive Theory, Albert Bandura (Bandura, 1977)agrees with the behaviorist learning theories of classical conditioning and operant conditioning. However, he adds two important ideas: 1) Mediating processes occur between stimuli & responses. 2)

Behavior is learned from the environment through the process of observational learning. Therefore, nursing interventions in patients with spiritual distress include the following.

First, **Modeling**. Modeling can be done with various activities. *Be the example*: Demonstrate empathy, active listening, and clear communication when interacting with patients. Your behavior serves as a model for them. *Peer role models*: Consider pairing patients with those who have successfully managed similar health challenges or procedures. This allows for observation of positive coping mechanisms and fosters a sense of hope (Sanad et al., 2023).

Second, **Observational Learning.** Observational learning includes activities that involve many activities. *Educational videos/demonstrations*: Use visual aids to show patients how to perform specific tasks, like wound care or using medical equipment (Navarro et al., 2021; Wolters-Zwolle et al., 2022). *Support groups*: Facilitate group sessions where patients can share experiences, learn from each other, and observe positive interactions (Pargament, 2013)

Third, providing **Vicarious Reinforcement,** through the following things. *Highlights success stories:* Share positive outcomes of patients who followed recommended care plans. This reinforces the benefits of adhering to treatment. *Positive reinforcement:* Acknowledge and praise patients' efforts to adopt healthy behaviors or learn new skills (Gattellari et al., 2001; Uitterhoeve et al., 2010).

Fourth, encouraging **Self-Efficacy** through sharing such strategies An essential aspect of Bandura's Social Learning Theory is the concept of self-efficacy, which refers to an individual's belief in their own capabilities to achieve desired outcomes. Nurses can foster a greater sense of self-efficacy among cancer patients (Atashzadeh-Shoorideh et al., 2021; Murray, 1995). *Set achievable goals*: Collaborate with patients to set small, attainable goals that build confidence in their ability to manage their health. *Provide positive feedback:* Recognize and acknowledge patients' progress, emphasizing their capabilities. Self efficacy is very beneficial in handling distress or promoting positive behaviour responds toward stress (Gattellari et al., 2001; Uitterhoeve et al., 2010)

Remember to adapt these strategies to your patients' individual needs and preferences. By consciously incorporating Social Learning Theory principles into your nursing practice, you can empower patients, improve their self-management skills, and enhance their overall well-being.

Assessing the Impact of Social Learning in Nursing

To evaluate the effectiveness of applying Social Learning Theory in nursing care for cancer patients with spiritual distress, several metrics can be considered: Patient-reported measures of spiritual well-being, such as the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being scale (Zheng et al., 2022). 2; Self-efficacy scores, as measured by tools like the General Self-Efficacy Scale (Justeau, 2014). 3 Treatment adherence and compliance rates. 4) Patient satisfaction with the quality of nursing care and support received (Hosseini

et al., 2019; Justeau, 2014) 5) Clinical outcomes, such as symptom management and improved quality of life (Gilbert et al., 2015).

By gathering and analysing data across these domains, nurses can assess the impact of their interventions based on the principles of Social Learning Theory and adjust enhance the effectiveness of their patient-centered approach.

Overcoming Barriers to Implementing Social Learning

While the principles of Social Learning Theory offer a promising framework for enhancing nursing care, there may be several barriers to implementation that need to be addressed: 1) Time and resource constraints: Incorporating additional educational and support activities into an already busy clinical setting may be challenging. 2) Patient engagement: Some patients may be reluctant to participate in group activities or share their personal experiences. 3) Organizational culture: The healthcare organization's culture and readiness for change can impact the successful adoption of new nursing practices.

To overcome these barriers, nurses can: 1) Advocate for dedicated time and resources to implement Social Learning-based interventions. 2) Tailor the approach to meet the unique needs and preferences of each patient 3) Collaborate with hospital administration to foster a supportive environment for patient-centered care.

By addressing these potential obstacles, nurses can more effectively integrate the principles of Social Learning Theory into their practice and empower cancer patients to better manage their spiritual distress.

Conclusion

In conclusion, Bandura's Social Learning Theory provides a comprehensive framework for enhancing nursing care for cancer patients experiencing spiritual distress (Atashzadeh-Shoorideh et al., 2021; Hoffert et al., 2007; Murray, 1995; Zehtab & Adib-Hajbaghery, 2014). By incorporating modeling, observational learning, vicarious reinforcement, and self-efficacy-building strategies, nurses can empower patients to develop effective coping mechanisms, improve their overall well-being, and actively participate in their own care.

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