Focus on Health Promotion: Self-Efficacy in Oncology Nursing Research and Practice

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Purpose/Objectives: To discuss self-efficacy in oncology nursing research and practice in promoting health for people with cancer.

Data Sources: Published articles, abstracts, and books; consultations.

Data Synthesis: Self-efficacy has much merit as a concept to guide oncology nursing research and practice related to health promotion. It has strong predictive capability in nononcology populations for determining the likelihood of individuals engaging in health-promotion behaviors. In oncology, it has been an effective determinant to predict disease prevention and early-detection behaviors and adaptation to cancer.

Conclusions: Self-efficacy provides prescriptive specificity to guide clinical interventions to promote health in people with cancer.

Implications for Nursing Practice: Exercise for people with cancer recently has been emphasized, and specific examples of cancer nursing research and practice using self-efficacy to increase participation in this health-promotion behavior have been suggested. Research that tests this concept further as a basis for health promotion in people with cancer is needed.

The concept of health can be viewed as a state that one can strive to achieve, even in the face of serious illness. The concept of self-efficacy relates to individuals' perceptions of their competence to influence their health by participating in health-promotion behaviors. Health-promotion behaviors can influence quality of life and patients' feelings of control, even in the face of a cancer diagnosis.

The more than one million people in the United States diagnosed with cancer in 1999, at least half will survive longer than five years (Landis, Murray, Bolden, & Wingo, 1999). Advances in cancer therapy have prolonged the length of survival to the point that cancer now is considered a chronic condition. Consequently, the cancer paradigm has shifted from one of inevitable death to a focus on life and quality of life. As early as 1982, oncology nurses questioned whether being healthy and having a diagnosis of cancer were necessarily incompatible (Johnson, 1982). Subsequent studies have confirmed that people with cancer do not equate illness with being unhealthy (Frank-Stromborg, Pender, Walker, & Sechrist, 1990; Fryback, 1993; Kagawa-Singer, 1993; Moch, 1990).

Concurrent with the change in attitudes regarding a cancer diagnosis has been an increased emphasis on health promotion. The federal health promotion agenda was initiated with the 1979 publication of Healthy People: Surgeon General's Report on Health Promotion and Disease Prevention in the United States. This initiative was expanded eventually with the publication of Healthy People 2000: National Health Promotion and Disease Prevention Objectives, which committed the nation to three broad goals: increase the span of healthy life, reduce health disparities, and provide access to preventive services for all Americans (Maiuse & Fox, 1998). Federal policies, nursing literature, and the global community continue to build on the trend toward health promotion as a major focus of health care (Laffrey, 1992; Spellbring, 1991).

The concept of health promotion for people living with cancer may seem incongruous to those who view health as the absence of disease. Patients and researchers suggest that not only is health possible in the presence of illness but also that a serious illness such as cancer is often the stimulus that encourages people to engage in health-promotion behaviors (Fryback, 1993; Kagawa-Singer, 1993; Moch, 1990).

Certainly, participation in health-promotion behaviors while one is experiencing cancer- and treatment-related symptoms is a monumental challenge. The concept of self-efficacy, which Bandura (1997) defined as “beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p. 3), may provide a basis for the researcher interested in studying health-promotion behaviors in people with cancer. Self-efficacy also

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