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Evaluation of Self-Efficacy & Acceptance of Change Among BSN Students



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Background

Venskusk & Craig (2017, pp. 14-16) provide an excellent summary differentiating the general self-efficacy and specific self-efficacy constructs.

Personal efficacy—or self-efficacy—is an affective, self-referent quality that is inherent within an individual and that mediates interactive reasoning processes. Self-efficacy determines the activities in which a person chooses to engage, the amount of effort expended in a given situation, and the limits of participation on encountering adversity (Tipton & Worthington, 1984). Self-efficacy was initially presented by Bandura as a situation-specific theory (Bandura, 1977). More recent research has differentiated general self-efficacy (GSE) and specific self-efficacy (SSE). GSE is a trait-like competence belief that is situation independent (Scherbaum, Cohen-Charash, & Kern, 2006). It is "individuals' perception of their ability to perform across a variety of different situations" (Judge, Erez, & Bono, 1998, p. 170) or judgment of their capacity to handle events in their lives and deal with life's challenges. GSE is a stable construct reflective of cognition and other personality characteristics not associated with a specific task. It is conceived by some as an internal averaging of successes and failures attributed to the self (Sheldon, 1990). In contrast, SSE is a malleable, state-like motivational construct associated with goals, motivation, and situational anxiety (Chen, Gully, Whiteman, & Kilcullen, 2000). Belief in one's capacity as a PT to accurately reason about a patient's clinical presentation is a demonstration of SSE ...Increases in self-efficacy are associated with higher levels of performance. In contrast, people with lower levels of self-efficacy experience greater struggles in task performance (Mavis, 2001). SSE is a more powerful predictor of behavior and performance and is more strongly linked to achievement than either outcome expectancies or past experiences (Bandura, 1977; Sherer, Maddux, Mercandante et al. 1982).

Dandavino et al (2013) made a strong argument for measuring GSE simultaneously with SSE. GSE measures provide insight into an individual's belief that he or she is competent at managing challenging, unique, complex, or new or unusual situations across a variety of circumstances (Scherbaum et al. 2006). SSE is context specific or unique ... GSE is positively correlated with SSE, and experiences of mastery that support the development of GSE are generalized to SSE (Jensen, 2007).

Venskusk & Craig (2017) used the New General Self-Efficacy (NGSE; Chen, Gully, & Eden, 2001) and developed a specific measure of self-efficacy named the Physical Therapist Self-Efficacy (PTSE) scale which reflects developmental changes in an educational environment. Using components analysis, the authors report finding a two-component solution. "Physical therapist self-efficacy is a unique construct that is separate from GSE. The 2-factor solution differentiated GSE and PT self-efficacy because all indicators related to GSE strongly defined a single component and all indicators related to PT self-efficacy strongly defined a second and unique component; there was no overlap in the solution" (Venskusk & Craig, 2017, p. 18).

Venskusk & Craig (2017, p. 18) hypothesized that "GSS is a stable construct overtime compared with SSE, which is more environmentally influenced (Chen, Gully, & Eden, 2001). No change was expected in

Background (cont'd)

GSE scores across the 3-year enrollment in the curriculum ... A change in GSE was also observed and was statistically significant ($F = 4.604$; $df = 2$; $P < .013$). Third-year students demonstrated an overall decline in GSE compared with both first- and second-year students ($t = -2.926$; $df = 2$; $P < .005$), whereas second-year students demonstrated greater GSE than either first- or third-year students ($t = 2.117$; $df = 2$; $P < .038$) ... [Regarding SSE] a planned comparisons analysis of variance ... demonstrated that increases in self-efficacy among students across years of enrollment in the DPT curriculum were statistically significant ($F = 22.134$; $df = 2$; $P = .000$)."

DiFabio and Gori (2016, p. 1) the concept of acceptance of change emphasizes a positive movement beyond research examining resistance to change. A "... theoretical background of this new construct in the work and organizational fields [is provided with an evaluation of] the psychometric properties of a new measure for assessing acceptance of change. The results of exploratory factor analysis indicated a factor structure with five principal dimensions; besides confirmatory factor analysis (CFA) goodness of fit indices indicated a good fit of the model to the data. All the dimensions showed good values of internal consistency. The results of the present study indicate that the Acceptance of Change Scale (ACS) is a brief and easily administered instrument with good psychometric properties that can promote the development of clients' strengths and the growth of a sense of Self, thereby helping them choose their own way without losing any opportunities in their lives and their work."

Methods

This educational intervention was designed and implemented to explore the relationship or association among self-efficacy and acceptance of change. The participants (N=28) were Bachelor of Science in Nursing (BSN) students in the Second Degree Accelerated Program.

Instrumentation: Schwarzer & Jerusalem's (1995) GSE scale was used as a global mean of efficacy. DiFabio and Gori's (2016) acceptance to change common factors have supportive psychometric reliability estimates (Predisposition to change, .83; Support for change, .79; Change seeking, .80; Positive reaction to change, .75; Cognitive flexibility, .72).

Hypothesis 1: There will be a difference in the correlational analysis among the revised self-efficacy scale and the five acceptance of change common factors.
Hypothesis 2: There will be differences among the five acceptance of change common factors as reported by DiFabio and Gori (2016, p. 7) in Table 2.
Hypothesis 3: Using multiple regression with self-efficacy as the dependent variable and the Predisposition to change, Support for change, Change seeking, Positive reaction to change, and Cognitive flexibility as predictor variables, the outcome will be significantly different from zero.

Results

Hypothesis 1: Significant correlations were found between self-efficacy and predisposition to change ($p = .683$) and self-efficacy and support for change ($p = .02$). Hypothesis 2: DiFabio and Gori report significant correlations among the five common factors. In this sample, there was only one significant finding ($r = .402$, $p = .034$) between predisposition to change and change seeking common factors. Hypothesis 3: Using SPSS 25, the overall regression was significant ($F(5,22) = 7.968$, $R = .803$, $R\text{-squared} = .644$, $p = .001$).

Discussion

It appears that self-efficacy is an important predictor of acceptance to change. Educational research investigations are begun designed and implemented to evaluate the depth and breadth of this finding.

References

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2):191-215.
- Chen, G., Gully, S., & Eden, D. (2001) Validation of a new general self-efficacy scale. *Organizational Research Methods*, 4(1):62-83.
- Chen G, Gully, S., Whiteman, J., & Kilcullen, R. (2000). Examination of relationships among trait-like individual differences, state-like individual differences, and learning performance. *Journal of Applied Psychology*, 85(6):835-847.
- Dandavino, M., Young, M., Gosselin, R., Snell, L., & Bhanji, F. (2013). Development and validation of a self-efficacy scale for clinical decision-making in general paediatrics. *Paediatrics Child Health*, 18(4): 184-188.
- DiFabio, A. & Gori, A. (2016). Developing a New Instrument for Assessing Acceptance of Change. *frontiers in Psychology*, 7, 1-10.
- Jensen, G. (2007). *Expertise in Physical Therapy Practice: Applications for Practice, Teaching, and Research* (2nd ed.). St Louis, MO: Saunders Elsevier.
- Judge, T., Erez, A., & Bono, J. (1998). The power of being positive: the relation between positive self-concept and job performance. *Human Performance*. 1998;11(2-3):167-187.
- Mavis, B. (2001). Self-efficacy and OSCE performance among second year medical students. *Advances in Health Sciences Education*, 6(2):93-102.
- Scherbaum, C., Cohen-Charash, Y., & Kern, M. (2006). Measuring general self-efficacy: a comparison of three measures using item response theory. *Educational and Psychological Measurement*, 66(6):1047-1063.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON.
- Sherer, M., Maddux, J. E., Mercandante, B., Prentice-dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-efficacy scale: Construction and validation. *Psychological Reports*, 51(2), 663-671. <http://dx.doi.org/10.2466/pr0.1982.51.2.663>
- Sheldon, S. (1990). Developing the construct of general self-efficacy. *Psychological Reports*, 66(3, part 1):987-994.
- Tipton, R. & Worthington, E. Jr. (1984). The measurement of generalized self-efficacy: a study of construct validity. *Journal of Personality Assessment*, 48(5):545-548.
- Venskusk, D. & Craig, J. (2017). Development and Validation of a Self-Efficacy Scale for Clinical Reasoning in Physical Therapists. *Journal of Physical Therapy Education*, 31(1), 14-20.