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REFLECTIVE ANALYSIS ARTICLE

SELF-EFFICACY IN BREASTFEEDING AND NURSING PROFESSIONAL PRACTICE

A AUTOEFICÁCIA NA AMAMENTAÇÃO E A PRÁTICA PROFISSIONAL DO ENFERMEIRO

LA AUTOEFICACIA EN LA LACTANCIA Y LA PRÁCTICA PROFESIONAL DEL ENFERMERO

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ABSTRACT

Objective: to reflect on the theory of self-efficacy in breastfeeding and its appropriation in nurses' practice.

Method: qualitative, descriptive study, whose data collection occurred from a literature review. After the extended and in-depth reading on the theme, two categories of reflection originated. **Results:** breastfeeding self-efficacy includes maternal confidence in the ability to successfully perform this practice. Studies demonstrate the influence of self-efficacy on the decision, initiation and maintenance of breastfeeding. However, this knowledge is still not very accessible to health professionals who do not use this variable in their actions with women and their children in promoting breastfeeding. **Conclusion:** the reflection about self-efficacy in breastfeeding allows to identify that this theory should be diffused in the clinical practice of nurses. The need for nurses to be motivated and open to the effective use of the variable maternal self-efficacy in clinical practice for the promotion of breastfeeding is evidenced. **Descriptors:** Breastfeeding; Self Efficacy; Nursing; Maternal and Child Health; Nurses; Professional Role.

RESUMO

Objetivo: refletir sobre a teoria da autoeficácia na amamentação e sua apropriação na prática do enfermeiro.

Método: estudo qualitativo, descritivo, cuja coleta dos dados ocorreu a partir de uma revisão de literatura. Após a leitura ampliada e aprofundada sobre a temática, originaram-se duas categorias de reflexão.

Resultados: a autoeficácia na amamentação compreende a confiança materna na habilidade para realizar essa prática com sucesso. Estudos demonstram a influência da autoeficácia na decisão, início e manutenção da amamentação. No entanto, esse conhecimento ainda é pouco acessível aos profissionais da saúde que não utilizam essa variável em suas ações junto às mulheres e seus filhos na promoção da amamentação.

Conclusão: a reflexão a respeito da autoeficácia na amamentação permite identificar que essa teoria deve ser difundida na prática clínica dos enfermeiros. Evidencia-se a necessidade de que os enfermeiros estejam motivados e abertos para a efetiva utilização da variável autoeficácia materna na prática clínica para a promoção do aleitamento materno. **Descritores:** Aleitamento Materno; Autoeficácia; Enfermagem; Saúde Materno-Infantil; Enfermeiros; Papel Profissional.

RESUMEN

Objetivo: reflexionar sobre la teoría de la autoeficacia en la lactancia y su apropiación en la práctica del enfermero. **Método:** estudio cualitativo, descriptivo, la recolección de los datos ocurrió a partir de una revisión de literatura. Después de una lectura ampliada y profundizada sobre la temática se originaron dos categorías de reflexión. **Resultados:** la autoeficacia en la lactancia comprende la confianza materna en la habilidad para realizar esta práctica con éxito. Los estudios demuestran la influencia de la autoeficacia en la decisión, inicio y mantenimiento de la lactancia. Sin embargo, este conocimiento todavía es poco accesible a los profesionales de la salud, que no utilizan esta variable en sus acciones junto a las mujeres y sus hijos en la promoción de la lactancia. **Conclusión:** la reflexión acerca de la autoeficacia en la lactancia permite identificar que esa teoría debe ser difundida en la práctica clínica de los enfermeros. Se evidencia la necesidad de que los enfermeros estén motivados y abiertos para la efectiva utilización de la variable autoeficacia materna en la práctica clínica para la promoción de la lactancia materna. **Descriptores:** Lactancia Materna; Autoeficacia; Enfermeira; Salud Materno-Infantil; Enfermeros; Rol Profesional.

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INTRODUCTION

The World Health Organization (WHO) and the Ministry of Health (MH) advise children to be breastfed up to six months of age exclusively and up to two years or more in a complementary way.¹⁻²

The benefits of breastfeeding are already widely described in the literature and cover children, women and families. However, it is noticed that most women start breastfeeding, but interrupt it early. Studies have shown that early weaning is a worldwide event and it is estimated that only 34.8% of the children receive breast milk exclusively during the first six months of life.² In Brazil, the prevalence of exclusive breastfeeding (BSE) in under six months was 41% in the Brazilian capitals and the Federal District.¹

There are many factors related to early weaning and studies have been carried out with the aim of detecting its main causes. These studies analyze several variables and the results show that psychosocial variables, such as breastfeeding intention, social support and trust, strongly influence the behavior of women in breastfeeding.²⁻⁵ Among the psychosocial determinants, confidence (self-efficacy) in breastfeeding, which, as a modifiable variable, allows planning and implementation of actions to improve breastfeeding rates and maintenance.⁶

Nursing professionals with the knowledge and skills necessary for clinical management and breastfeeding counseling contribute to the success of breastfeeding.⁷⁻⁸ Nurses' performance in order to increase women's confidence to breastfeed their be a facilitator of this process.

OBJECTIVE

- Reflecting on self-efficacy in breastfeeding and its appropriation in nursing professional practice.

METHOD

This is a reflexive analysis developed from a bibliographical review of scientific articles and guidelines of the Ministry of Health on breastfeeding and self-efficacy in breastfeeding. The LILACS and MEDLINE databases and the Scielo library were searched. Articles were selected in full, in Portuguese or English, and the search occurred in September 2017 with the following descriptors: breastfeeding; nursing; self-efficacy and maternal and child health. The study sought to verify, in the literature, what is the practical appropriation of nursing

self-efficacy by nursing professionals. All the articles that addressed the above mentioned theme were used in the development of this work.

The study was divided into stages for a better elaboration of the same. Thus, the first phase was the article search through the selected descriptors. After verifying the convergence of the article to the subject studied, the second phase was started, with the reading and analysis of the material in an in-depth form, which allowed the identification of two axes to be discussed: self-efficacy in breastfeeding and appropriation self-efficacy in nurses' professional practice. In a third stage, the reflections were deepened and the study in question was set up.

RESULTS

After analyzing the practical appropriation of nursing self-efficacy by nursing professionals, two guidelines were obtained for discussion - self-efficacy in breastfeeding and the appropriation of self-efficacy for breastfeeding in nursing professional practice - presented below.

DISCUSSION

♦ Self-efficacy in breastfeeding

The self-efficacy or trust construct, which integrates the Cognitive Social Theory⁹, refers to a factor that mediates health behaviors, since the individual needs to be convinced that he or she can perform a certain activity successfully, believing that it will reach the expected health outcome. The belief that a particular behavior or attitude can help you achieve specific goals goes beyond the perception of your own ability to perform the tasks that will lead you to the goals.

According to the construct of self-efficacy, all behavior is chosen, performed and maintained according to the expectations of the results that can be obtained from this behavior (expectation of results) and expectations about their own abilities to perform behavior (expectation of self-efficacy).⁹⁻¹¹

From the Cognitive Social Theory⁹, the author¹⁰⁻¹¹ developed the concept of Breastfeeding Self-Efficacy (BSE) understood by maternal confidence in the ability to breastfeed. Thus, self-efficacy for breastfeeding is related to the woman's perception of her ability to breastfeed and the belief that she has enough knowledge and skills to perform breastfeeding for her child.¹⁰

When considering breastfeeding, the expectation of results during this practice is influenced by four processes: (a) the woman's decision to breastfeed or not; (b) the amount of effort expended for this; (c) self-motivating or self-destructive thinking patterns, and (d) women's emotional response to difficulties in breastfeeding. The expectation of self-efficacy develops from four sources of information: (a) personal experience; (b) vicarious experiences; (c) verbal persuasion and (d) psychological and affective state.¹⁰⁻¹¹

Personal experience is often the strongest and most immediate source of information, since positive experiences increase self-efficacy, while repeated failures diminish confidence. It is conditioned by other factors such as the complexity of the task, the effort expended, and how much help is needed or received.¹⁰⁻¹¹

Vicarious experience or observational learning can have a strong impact on the perception of self-efficacy, especially in the absence of personal experience. This impact depends on the model that will be followed, for example, a mother can have greater success in breastfeeding if she observes mothers who have also been successful in breastfeeding and who present the same socioeconomic conditions and psychosocial characteristics.¹⁰⁻¹¹

Verbal persuasion is related to the positive reinforcement promoted by health professionals who are assisting infants, as well as their family members and others who are part of their social network. The greater the credibility promoted by verbal persuasion, the greater will be the woman's ability to achieve the perception of self-efficacy. And, finally, the emotional and physiological state influences the capacity of the woman in relation to the act of breastfeeding. When the body experiences feelings of satisfaction and excitement, it increases self-efficacy in the breastfeeding process, whereas pain, fatigue, anxiety, or stress reduce self-efficacy.¹⁰

♦ The appropriation of breastfeeding self-efficacy in nurses' professional practice

Self-efficacy in breastfeeding, as a variable that influences the onset and maintenance of breastfeeding, is analyzed from different perspectives. Women who perceive themselves to be competent as mothers tend to breastfeed longer than those who do not.¹²

Some authors relate self-efficacy in breastfeeding to milk production, as well as the nurse's perception of the satisfaction of the baby after breastfeeding.¹³ Maternal

perceptions of insufficient milk are associated with poor mother's confidence in breastfeeding. Thus, women who have doubts about their ability may perceive low milk production and introduce other foods into the child's diet and this fact may impact on the increase in the rate of early weaning.¹⁴⁻⁷

Another fact related to early weaning is primiparity, which may be a factor that negatively influences breastfeeding self-efficacy. The arrival of the first child involves feelings of fear and insecurity that, associated with inexperience in breastfeeding, exacerbate the idea of being wrong or even unable to provide food for the child.¹⁸

Support from family members and others in the women's social network is also considered an important factor for the initiation and continuity of breastfeeding. Support may make the woman more confident and confident, increasing self-efficacy for breastfeeding.¹⁹⁻²¹

The assistance of health professionals, who are directly involved in the care of mothers and infants, should also be considered as one of the factors that positively influence the duration of breastfeeding.¹⁴ The importance of persuasion, knowledge and attachment that the nursing professional must have at the moment of orientation / support on breastfeeding, since he / she attends the mother-child binomial throughout the pregnancy-puerperal cycle. Such skills are fundamental to foster women's confidence in the practice of breastfeeding.²²

For health professionals, especially nurses, the identification of mothers who are at risk for early weaning based on modifiable variables, such as maternal confidence, may facilitate the development of breastfeeding actions. Thus, several tools have been developed to help health professionals determine the behaviors related to modifiable variables, such as breastfeeding self-efficacy.²³

In order to minimize the distance between the construct of self-efficacy and clinical practice, researchers from Ceará developed and validated a serial album that promotes breastfeeding and maternal self-efficacy and can be used as support material by health professionals in the hospital, in basic health units or in offices. In addition, it is an important tool to be used in the Nursing work routine, since it allows the reflection and cooperation of the mothers in the process of building knowledge about breastfeeding.²⁴

However, in clinical practice, it can be seen that the actions related to breastfeeding are often based only on the biological model,

and the physical conditions of the mother and the baby are valued to carry out this practice.¹⁴ One study emphasizes that one some health professionals do not consider the impact of emotional effects on breastfeeding by simply transferring theoretical knowledge to women.¹⁹ Knowledge about self-efficacy in breastfeeding is still scarcely accessible to health professionals who do not use this variable in their related actions to breastfeeding. In addition, some professionals do not value the subjectivity of women in relation to their motherhood and breastfeeding, a fact that could facilitate the identification of those who need more information to strengthen their self-efficacy in breastfeeding.

It is possible, therefore, to distance scientific innovations from professional practice. For this reason, women, who could benefit from the use of tools that facilitate the breastfeeding process by health professionals, do not take advantage of this scientific development, reflecting the need and importance of the dissemination of this knowledge in clinical practice.

Based on the above, it is evident the importance of studies that analyze women's self-efficacy in breastfeeding, as well as the use of this indicator to improve clinical practice, since external and internal factors are directly related to the construction and maintenance of trust during the breastfeeding process and are essential for the construction and implementation of actions in favor of breastfeeding.

CONCLUSION

Self-efficacy in breastfeeding is a highly relevant factor that influences the behavior and intention of the woman to breastfeed. In this reflection, it was perceived that this element has been little explored by the professional nurse in his professional practice.

It was also verified that few studies focused on the appropriation of nurses' knowledge about the variable of self-efficacy in clinical practice. Therefore, it is inferred that there is little use of this variable by the nursing professional. Likewise, there were few proposals for concrete actions to increase maternal self-efficacy during breastfeeding. Thus, it is relevant to carry out new studies with the intention of deepening on the effective use of the variable efficacy in breastfeeding in clinical practice for the promotion of exclusive breastfeeding.

The analysis of the self-efficacy variable in breastfeeding may be useful in clinical practice, causing a positive impact on

maternal and child health. Therefore, it is evident that nursing professionals need to reflect on their praxis and are open to new concepts and strategies regarding breastfeeding.

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