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Colette B. Waddill, MSN, RN, IBCLC, RLC, CNE, CHSE^a
Tracy Arnold, DNP, RN^b

The literature is replete with references to the concept of breastfeeding self-efficacy. This concept is relevant to the nursing and lactation disciplines and requires analysis to gain a mutual understanding of the term. Clarification of the concept of self-efficacy as it relates to breastfeeding will standardize the use of this terminology in professional practice and research. The authors conducted a review of recent literature to identify the attributes, definition, antecedents, and consequences of breastfeeding self-efficacy. Model, related, borderline, and contrary cases further illustrate the concept. Several empirical referents for breastfeeding self-efficacy are identified and analyzed for validity, reliability, and adaptability.

Keywords: self-efficacy; lactation; breastfeeding motivation; breastfeeding success; breastfeeding confidence; breastfeeding initiation; breastfeeding maintenance

Self-efficacy is a concept derived from Bandura's social cognitive theory that attempts to explain how and why some people achieve a specific goal, whereas others do not. Self-efficacy, as defined by Bandura, is a "person's belief that he or she can (or cannot) successfully organize and execute an action to achieve the desired outcome in a particular situation" (as cited in Yancey, 2016, p. 1). Other concepts often used interchangeably with self-efficacy are *confidence* and *self-esteem*. These concepts may have similar attributes, but are dissimilar in important aspects. Confidence is a generalized belief in one's own abilities, whereas *self-efficacy* refers to one's strength of belief about specific goal attainment. Self-esteem is related to feelings of self-worth, whereas self-efficacy relates to one's capabilities for achieving a desired outcome.

Breastfeeding self-efficacy applies the concept of self-efficacy to the specific goal of initiating and maintaining exclusive breastfeeding for as long as the mother originally intended. Self-efficacy, as a causal and correlational factor, has been cited repeatedly as a predictor of health behaviors, including breastfeeding behaviors (Dennis, 1999; Gerçek et al., 2017; Loke et al., 2013). However, there is no definitive conceptualization of breastfeeding self-efficacy presented in the literature. This concept analysis is meant to clarify the concept of breastfeeding self-efficacy to enable healthcare providers to assess, plan, and implement strategies to improve breastfeeding

outcomes by increasing breastfeeding self-efficacy in mothers.

Defining Attributes

The defining attributes of breastfeeding self-efficacy are *motivation to breastfeed*, *expectation of success*, and *determination to persevere*.

Motivation to Breastfeed

Motivation is the driving force of one's actions, and is a precursor to a mother's success in attaining breastfeeding goals. A combination of intrinsic and extrinsic motivators influences a mother's breastfeeding goals. In the context of breastfeeding education, knowledge-seeking is an intrinsic factor; whereas a breastfeeding promotion campaign is an extrinsic factor. Either factor alone or both factors together may motivate a mother to seek information about breastfeeding (Stockdale, Sinclair, Kernohan, & Lavender, 2010). Sheldon and Kasser (1998) found that individuals are more highly motivated to adopt a behavior when it aligns with their values.

A mother may place an intrinsic value on breastfeeding because she wants to do what is best for her infant. If her significant other and individuals in her social network value breastfeeding, the mother would be extrinsically motivated to breastfeed. Extrinsic motivators may enhance or undermine intrinsic motivators, but eventually, the extrinsic motivators must be internalized to become integrated into a mother's personal goals (Stockdale et al., 2010).

a. colette.waddill.rn@gmail.com

b. tarnold@gardner-webb.edu

Expectation of Success

Expectation of success will influence an individual's willingness to initiate and sustain a particular activity (Bandura, 1997). Previous successes are predictive of future successes; therefore, past breastfeeding accomplishments provide an expectation of success in women who have previously breastfed. Likewise, the vicarious experience of observing others breastfeed successfully will enhance a mother's expectation of success. Charlick, Fielder, Pincombe, and McKellar (2017) reported that a mother who focused on the breastfeeding success of her mother and sisters was able to meet her breastfeeding goals for exclusivity and duration. O'Brien, Buikstra, and Hegney (2008) found a significant positive correlation between a mother's expectation of successful breastfeeding and breastfeeding duration.

Determination to Persevere

By combining the definitions for determination and perseverance, a determination to persevere can be described as a firm or fixed intention to achieve a desired end, even in the face of difficulty (Determination, 2017; , 2017). Women face many challenges that make them reconsider their original breastfeeding goals, such as pain, stress, illness, milk supply, unsupportive advice, and obstructive social norms. Thus, intent to breastfeed must be accompanied by determination to persist through difficulties and challenges. In fact, one mother cited self-determination "as the most critical element in her exclusive breastfeeding journey" (Charlick et al., 2017, p. 8). At times, the determination to persevere will involve seeking and accepting support from a partner, family, friends, or healthcare providers. One woman reported that her determination to breastfeed required her to harness the positive social supports around her to negate the challenges she experienced (Charlick et al., 2017).

Definition

Breastfeeding self-efficacy is defined as the motivation to breastfeed with an expectation of success in meeting breastfeeding goals and the determination to persevere in overcoming breastfeeding challenges.

Model Case

Mrs. S. is a mother of a 1-day-old infant who has attended prenatal breastfeeding classes with her husband and values the benefits of breastfeeding for both mother and child. Mrs. S. was breastfed as an infant and has two sisters who have collectively breastfed five children. She has two other children whom she has breastfed

successfully. On the first postpartum day, Mrs. S. is having difficulty latching the infant and asks to see a lactation consultant. The lactation consultant coaches her on proper positioning and latch technique, but, at Mrs. S.'s request, is allowing the mother to follow her instructions without hands-on assistance. Mrs. S. successfully latches the infant. On the second postpartum day, the lactation consultant assesses Mrs. S.'s nipples and finds a compression stripe that appears to be painful. Mrs. S. acknowledges that she has experienced nipple pain in the first few days of her prior experiences with breastfeeding and wishes to continue putting the baby to breast because she believes the pain will resolve after a few days.

Related Case

Mrs. M. is a mother of a 1-day-old infant who has not attended breastfeeding classes because she is confident in her ability to reach a goal if she chooses to do so. Mrs. M. was breastfed as an infant and has a sister who breastfed three children. This is Mrs. M.'s first child, so she has no previous breastfeeding experience. On the first postpartum day, Mrs. M. is having difficulty latching the infant and asks to see a lactation consultant. She asks the lactation consultant to explain proper positioning and latch technique. She follows the lactation consultant's instructions and successfully latches the infant. On the second postpartum day, the lactation consultant assesses Mrs. M.'s nipples and finds a compression stripe that appears to be painful. The lactation consultant suggests strategies to decrease nipple pain. Mrs. M. accepts the suggestions, but wants to take a break from putting the baby to breast. She asks about pumping breast milk for her baby until her nipples heal.

Borderline Case

Mrs. J. is a mother of a 1-day-old infant who has attended prenatal breastfeeding classes with her husband and values the benefits of breastfeeding for both mother and child. Mrs. J. was breastfed as an infant and has a sister who has breastfed two children. This is Mrs. J.'s first child, so she has no breastfeeding experience. Mrs. J. is visited by the lactation consultant on the first postpartum day while she is attempting to breastfeed. She is having difficulty latching the infant and asks the lactation consultant to latch the baby for her. On the second postpartum day, the lactation consultant assesses Mrs. J.'s nipples and finds a compression stripe that appears to be painful. Mrs. J. acknowledges that she has been unable to successfully latch the baby by herself and is experiencing nipple pain. She asks the lactation consultant if she should consider formula-feeding.

Contrary Case

Mrs. W. is a mother of a 1-day-old infant who has not attended breastfeeding classes because she is too busy with work and social engagements. Mrs. W. was not breastfed as an infant, and her three sisters fed their children commercially prepared formula from a bottle. This is Mrs. W.'s first child, so she has no breastfeeding experience. Mrs. W. is visited by the lactation consultant on the first postpartum day while she is attempting to breastfeed. She is having difficulty latching the infant and reports experiencing nipple pain whenever the baby tries to suckle. The lactation consultant offers assistance with getting the baby properly positioned and latched and suggests ways to decrease nipple pain. Mrs. W. declines the offer of assistance and requests a bottle of formula for her baby.

Antecedents

Antecedents of breastfeeding self-efficacy are physical well-being, mental well-being, and preparedness. Physical and mental well-being are essential components of breastfeeding self-efficacy. If there is a physical deficiency that prohibits a mother from producing sufficient milk or safely providing breast milk for her infant, breastfeeding self-efficacy cannot be promoted. Likewise, untreated or severe mental illness that interferes with a mother's ability to perform infant care excludes these mothers from the development of breastfeeding self-efficacy. Therefore, only mothers in whom breastfeeding is not contraindicated for physical or mental health reasons are able to initiate breastfeeding self-efficacy.

Preparedness entails a realistic understanding of all elements that have been shown to positively or negatively influence breastfeeding success, including physiological factors, infant behaviors, hospital practices, and societal norms. Spencer, Greatrex-White, and Fraser (2014) found that inadequate preparation, such as lack of knowledge about common breastfeeding problems and lack of awareness of newborn behavior, negatively influences breastfeeding enjoyment and duration. Preparedness provides a realistic impression of the breastfeeding experience, preparing women for the breastfeeding role and creating a foundation for the development of breastfeeding self-efficacy.

Consequences

Breastfeeding self-efficacy has been shown to positively influence breastfeeding duration and exclusivity (Gerçek et al., 2017; Loke et al., 2013). Thus, the consequences of breastfeeding self-efficacy reflect an increase in

exclusive breastfeeding rates, resulting in a dose-related improvement in maternal and infant health outcomes. Breastfed infants have a decreased incidence of sudden infant death, ear infections, allergies, asthma, gastrointestinal problems, diabetes, and obesity. Mothers who breastfeed lower their risk of breast and ovarian cancers, heart disease, and diabetes (American Academy of Pediatrics, 2012). Research shows reduced incidence of child maltreatment and neglect in breastfeeding dyads (Strathearn, Mamun, Najman, & O'Callaghan, 2009) (Figure 1).

Empirical Referents

Numerous instruments have been developed to measure breastfeeding self-efficacy, such as the Breastfeeding Self-Efficacy Scale (BSES; Dennis & Faux, 1999), the Breastfeeding Self-Efficacy Scale—Short Form (BSES-SF; Dennis, 2003), the H & H Lactation Scale (Hill & Humenick, 1996, as cited in Tuthill, McGrath, Graber, Cusson, & Young, 2016), the Breastfeeding Personal Efficacy Beliefs Inventory (BPEBI; Cleveland & McCrone, 2005), the Prenatal Breastfeeding Self-Efficacy Scale (Wells, Thompson, & Kloeblen-Tarver, 2006), and the Infant Feeding Intentions Scale (Nommsen-Rivers & Dewey, 2009). Researchers must ensure that instruments measure what is intended across multiple settings. To this end, authors of each instrument provided evidence for construct validity and reliability.

Using a theoretical framework to guide item development ensures that there is uniformity between intended and actual measurements. The authors of the BSES, BSES-SF, and BPEBI explained in detail the application of the theoretical framework to item development (Tuthill et al., 2016). The BPEBI reliability is diminished because it has been used in only one other study; whereas the BSES has been translated and adapted for use in several countries, and the BSES-SF has been widely used in numerous studies (Tuthill et al., 2016). Researchers must also consider the length of time it will take to complete the instrument to avoid participant fatigue (Tuthill et al., 2016). Thus, the BSES-SF with 14 items is likely preferable to the BSES with 33 items as a tool for measuring breastfeeding self-efficacy.

Conclusion

Individuals elect to participate in activities and situations they believe they can handle; thus, breastfeeding self-efficacy plays an important role in a mother's decision to initiate and maintain exclusive breastfeeding. The literature shows that breastfeeding self-efficacy, and thus breastfeeding outcomes, can be improved using a

Figure 1. Schematic representation of breastfeeding self-efficacy: concept, attributes, antecedents, and consequences.

variety of nursing interventions (Gerçek et al., 2017). This concept analysis is meant to define antecedents and attributes of breastfeeding self-efficacy to guide lactation assessment and intervention planning aimed at increasing breastfeeding self-efficacy for improved client outcomes.

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Colette Waddill, MSN, RN, IBCLC, RNC, CNE, CHSE, is a nurse educator at University of North Carolina Wilmington in Wilmington, NC and teaches in the prelicensure and RN-BSN nursing programs. Colette has been an International Board Certified Lactation Consultant since 2013.

Tracy Arnold, DNP, RN, teaches in the graduate and undergraduate nursing programs at Hunt School of Nursing at Gardner-Webb University, Boiling Springs, NC.