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A Review Of Social Cognitive Theory From The Perspective Of Interpersonal Communication

Vimala Govindaraju

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Abstract

Social cognition, the skill to act sensibly in social interactions, is being enthusiastically studied in a variety of disciplines alongside clinical sciences, behavioral sciences, and psychology. The purpose of this article is to review the application of social cognition in the fields of interpersonal communication and the health environment. Social cognitive theory (SCT) is a type of approach at the interpersonal level that explains active and continuous learning by observing others. Social cognitive theory is a significant source of knowledge in social and health disciplines, explaining how various personal, environmental and cognitive factors affect human behavior. This article reviews the literature on social cognitive theory from a health care perspective.

Introduction

Social Cognitive Theory (SCT) is one of the social theories that integrates components of psychology, sociology, and political science. This theory emphasizes the role of observation and cognition in understanding and predicting learning and behaviour (Glanz, Rimer & Viswanath, 2015). SCT has been used in a variety of situations, including clinical practice, health promotion, education, health policy advantages, and environmental education approaches (Glanz et al., 2015). Bandura's theory began with the process of studying the philosophies of learning in the human social context, which led to his first formulation of the theory of social learning. Bandura later combined components of cognitive psychology and provided a broader range for understanding human function in terms of the social origins of human thoughts and behaviours (Glanz et al., 2008). The theory identifies that human behaviour is the product of interactions between personal, cognitive, behavioural, and environmental factors. The theory places particular emphasis on the potential of people to modify or construct an environment suitable for individual and mutual purposes. Social Cognitive Theory has an exclusive approach to the social part of recognizing the social origins of human thoughts and behaviours (Bandura, 1986; Glanz et al., 2008). This theory has helped broaden the horizons of contextual and social factors in different medical environments.

Formulation of social cognitive theory

According to Bandura, the aforementioned human behaviour is based on the behaviour and environment of personal factors. Human behavioural interactions include bidirectional effects of one's thoughts, emotions, biological characteristics and behaviours (Bandura, 1977; 1986; 1989). Social cognitive theory is a psychologist's point of view that emphasizes behaviour, environment, and cognition as important elements of development. Bandura's early work focused on observational learning, which is done by observing what others are doing. Social cognitive theorists believe that by observing the behaviour of others, people acquire a wide range of such behaviours, thoughts, and emotions. These observations are an important part of lifespan development. Bandura's (1986, 1998, 2000) modern models of learning and development include behaviour, people, and the environment.

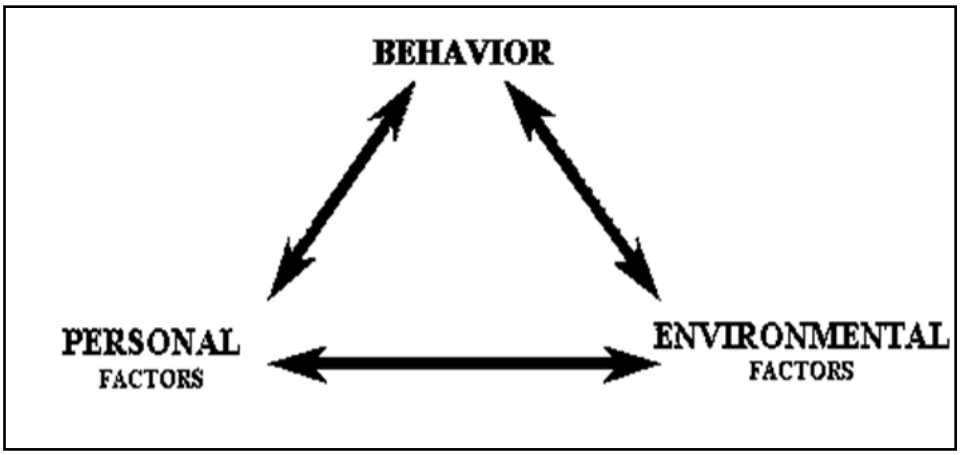

Figure 1: Bandura, A., (1986). Social Foundations of Thought and Action: A Social Cognitive Theory.

Social cognitive theory describes how people obtain and sustain specific behavioural patterns, while at the same time as long as the basis for involvement approaches (Bandura, 1997). The assessment of behavioural changes depends on the environment, people, and behavioural factors. Behavioural, individual, and environmental factors interact, as shown in Figure 1. Human cognitive activity can affect the environment. The environment can change a person's perception. As shown in Figure 1, a person's behaviour determines aspects of the environment to which the person is exposed, and that behaviour is altered by the environment. Social cognitive theory describes an individual's opinions, attitudes, and knowledge as the processes that occur between external perceptible stimuli and reactions that occur in real-life situations.

The environment is a factor that can affect a person's behaviour. There is a social and physical environment. The social environment includes family, friends, and colleagues. The physical environment is the size of the room, the ambient temperature, or the accessibility of certain foods. Environments and situations form a framework for understanding behaviour (Parraga, 1990). Situations are cognitive or psychological representations of the environment that can affect a person's behaviour. The situation is a person's perception of tips, time, physical characteristics, and activity (Glanz, 2002). The three elements of environment, people and behaviour always influence each other. Behaviour is not just the result of the environment and people, just as the environment is not just the result of people and people (Glanz, 2002). The environment provides a behavioural model. Observatory learning occurs when one observes the behaviour of another and the reinforcements that one receives (Bandura, 1997).

Many researchers use social cognitive theory to explain and analyse the relationships between personal, behavioural, and environmental impacts and reach the goal of helping students achieve a high degree of self-adjusting learning. To do. This theory is a multifaceted causal structure in which the belief in self-efficacy works according to recognized goals, expectations of results, and recognized environmental hazards and facilitators in regulating human motivation, behaviour, and well-being. Is assumed. In social cognitive theory, beliefs about effectiveness serve as one of many determinants of motivation, emotion, and behaviour. In social cognitive theory, values-based recognized goals provide additional self-incentives and guidelines for healthy behaviour (Bandura, 1986).

Social Cognition Theory and Interpersonal Communication

Cognition is at the fundamental of human efficiency. It is well defined as the practice of attaining, organizing, and developing information. Cognitive skill in current years has concentrated on facts processing, schemata, and control of action. Social cognition focuses on the theoretical processes involved during interpersonal, group, and social interactions. In simple terms, it may be described as the ability to act wisely in social communications (Hogarty & Flesher,1999). To some extent, social cognition includes "the ability to read the thoughts of others" and the ability to see the perspective of others, contributing to the ability to empathize (Tuch, 1999). Social cognition is a set of specific cognitive skills, but is also considered a field of study (Kar & Kar, 2002). Areas of social cognition consist of studies of linguistic and nonverbal communication, empathy, people's cognition, relationships characteristics, and group processes. It also includes studies of social communications, stereotypes, and memory of attribution bias. Related to this are the problems of psychological control of social cognitive practices and the cognitive origin of "self-awareness".

Social cognition utilizes basic elements related to information processing theory, such as responsiveness, awareness, coding, remembrance, and search. In addition to one-on-one interpersonal situations, social cognition helps to understand the subtleties of group interaction, especially how groups “think”. It helps individuals understand the implicit rules of games of social interaction that are tacitly communicated and seldom written out. Individuals who have difficulty understanding linguistic and nonverbal communication, the emotional nuances of others, or the complexity of group functions, have difficulty socially succeeding and are part of the

department. Their effectiveness (Tuch, 1999), which can be excluded as outsiders and feel vulnerable and uncomfortable in social situations with disabilities. Metacognitive monitoring is related to the study of social cognition.

Metacognitive observing contains paying consideration to thought categorizations, mistakes in thought content, contradictions, and false logic. This includes processes such as planning and monitoring activities, reviewing results, and increasing a knowledge base about what works and what doesn't work in a specific situation. This knowledge benefits in choosing particular strategies for education and for problem solving. There are a few themes that are often replicated by the social cognitive researches. People are usually good observers of social communications; they build up implications through designs of behaviour, stories they observe, stereotypes, and traits although their thinking strategies often depend on or influenced by their goals (Fiske,1992). Despite the fact that thinking is linked to activities, social cognitions link social understandings with social interactions, and activities leading to improved competency and efficiency (Fiske, 1992).

Social Cognitive Theory in Healthcare

Social Cognition Theory (SCT) is the primary theory of health care research based on its positive impact on one's behaviour, personal factors, or the environment. As social cognitive theory suggests, this idea affects one of these three areas, and then has a positive effect while many other models and communication theories focus on forecasting health habits, SCT provides predictions and informs, guides, and motivates people to adopt healthy habits and lifestyles. Promotes change in (Bandura, 2004). In relation to physical activity and exercise, SCTs help people understand why they adopt and maintain specific physical activity behaviours (Marmo, 2013). Literary-based social cognitive theory is an ideal option for designing a framework for communication interventions aimed at raising awareness, promoting behavioural changes and reducing the overall risk of developing the disease.

In Bandura’s 2004 research he interpreted the mechanisms of self-efficacy, cognized goals, result potentials, and environmental factors to limit effective health promotion and disease avoidance. The health risks and benefits of different health habits, the self-efficacy recognized as being able to control one's health habits, the expected consequences of the expected costs and benefits of different health habits, people to themselves Established health goals, specific plans and strategies for their realization, recognized facilitators, and social and structural barriers to desirable changes. (Bandura, 2004) While other health theories and models focus on predicting health habits and preventative measures, SCT educates individuals to adopt health habits and healthier habits. Predict both research-based criteria for guidance and encouragement. To predict specific health behaviours, he approached a set of social cognitive theories and, based on them, explained behavioural intent and behaviour itself with the help of variance indicators (Conner and Sparks, 2005).

Social cognitive theory refers to the theory in which individual cognitions and thoughts are considered to be the processes that intervene between observable stimuli and responses in real-life situations. Understanding of physicians who generally or do not adopt certain behaviours, such as health-related habits, in communicating with the patient. In this model below, it can be visualized as an equilateral triangle, and behaviour, cognition and other personal factors, and environmental events all act as interacting determinants. As shown in Figure 1, human behaviour is conceptualized in social cognitive theory as a result of interactions between personal factors, environmental factors, and the behaviour itself (Bandura, 1977). Although there are many personal factors that influence behaviour, Bandura has self-efficacy (confidence in performing the action), expectation of results (expectations of results related to performing the action), and behaviour. We have identified personal goals related to the most prominent. Environmental factors that help force action include support from others in the form of encouragement and resources.

Social cognitive theory can be linked to the study of interpersonal communication skills that physicians use with patients. The topic focuses on the doctor-patient relationship. Physician-Patient-Related Studies for Interpersonal Communication Skills Physician behaviour, behaviour, and decision-making play a vital role in patient communication (Vimala, 2017). The fully moral practitioner behaviour shown in the literature, showing humility, compassion, and supportive behaviour, will make patients believe that they can overcome their health problems. Physician's active immediate patient behaviour related to the patient's health problems. This helps patients find solutions to their health problems through appropriate dosing advice. The doctor's decision should be based on the patient's condition. In this case, both the doctor and the patient need to work together to determine the correct solution to the patient's health problem.

The doctor should be familiar with his or her internal cognitive, emotional, and physical skills. Physicians need to be cognitively, emotionally, and physically stable while communicating with the patient. This leads to the fact that the treatment process goes smoothly. Finally, physicians need to be aware of environmental factors in order to provide patients with reliable health-related information. According to social cognitive theory, Figure 1 shows the available independent variables associated with the model of this study in relation to the setting in which the medical interview was conducted. Hvrch (2001) points out the experience of physicians using their interpersonal communication skills with patients to increase patient satisfaction. The three elements of

environment, people and behaviour always influence each other. Behaviour is not just the result of the environment and people, just as the environment is not just the result of people and people (Glanz, 2002).
Modern health communication and public health mediations are becoming more dependent on campaigns (Kreps & Maibach, 2009). Studies show that modern health campaigns take into account these forms of new media, promote peer communication, send emails to build and maintain relationships, and use social media to promote interpersonal communication. Social cognitive theory assesses the impact of environmental forces on unique human traits and how their interactions ultimately predict behaviour, especially in the context of public communication campaigns. Consistent with social cognitive theory in the public health environment, interpersonal communication that seeks to raise awareness among the major public has been found to be absolutely associated with both real and observed knowledge (Engelberg, Flora & Nass, 1995). Interpersonal communication established in social cognitive theory can have an intermediary effect on exposure to the mass media as a source of social influence "(Morton & Duck, 2001, p. 602). Social cognitive theories in studying people's attitudes and responses to risk information have found that media exposure stimulates interpersonal communication and enhances individual awareness from a health care perspective (Morton & Duck, 2003).

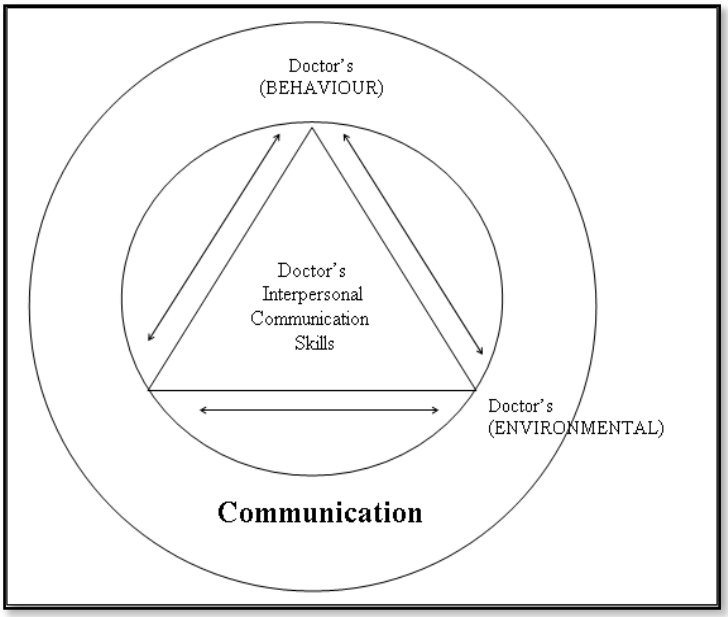

Figure 2: Social Cognitive Theory & Doctor - Patient Interpersonal Communication Skills Framework Vimala, G. (2017). Interpersonal Communication Skills Used by Cardiologists in Doctor-Patient Communication at The National Heart Institute, Malaysia.

Social cognitive theory examines a broad range of determinants in comparison to other theories and models. The approach acknowledges both the socio-structural and personal determinants of health (Bandura, 1998). Due to the triadic reciprocation of the personal factors, behavioural, and environmental components, strategy implementation can focus on any one of the three components with the notion it will benefit the other two components. Social cognitive theory places less emphasis on environmental and biological factors, and encourages comprehensive understanding and analysis of a variety of factors. While self-efficacy is arguably the most important component of social cognitive theory, much of the research performed weighs heavily on self-efficacy and neglects other components such as outcome expectations, goals, and environmental factors. Research suggests social cognitive theory can further influence health communication by creative use of technology and enhancing health promotion efforts (Bandura, 1998), as attempted by the proposed campaign in this paper. Theoretical implications on Social Cognitive Theory describe how doctors obtain and sustain positive behavioural patterns, while providing the basis for policies involvement. Evaluating behavioural change depends on the factors environment, people and behaviour. A study integrated with social cognitive theory provides a framework (Figure 2) for designing, implementing and evaluating by paying equal attention to the interpersonal communication skills especially verbal and nonverbal communication (Vimala, 2017).

Conclusion

The use of social cognitive theory, which has been a mainstay as Bandura supported the view that individual actions are the result of an interaction among personal, behavioral and environmental influences. Individuals consider the results of their own behavior, personal factors, and alter their environment to change subsequent behavior. Bandura changed the label of his theory from social learning to social "cognitive theory" to emphasize the role that cognition plays in "people's capability to construct reality, self-regulate, encode information, and

perform behaviors". The critical role interpersonal influences play on obtaining desired behavioral outcomes, whether defined as customer compliance or behavioral change.

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Author would like to share her research knowledge via publishing article and the cost bared by her own.

Authors' Contributions
Author for this article based from different field of expert. Dr Vimala from Human Communication background.Her field of expertise was on interpersonal communication since her doctoral dissertation focused onInterpersonal Communication skills in doctors and patients' communication.

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Author Information

Vimala Govindaraju
Faculty of Language and Communication, University
Malaysia Sarawak, Malaysia