You Must Believe

“Believe in yourself, and you can achieve anything.” “Positive self-affirmations are the key to success.” “Prosperity begins with self-confidence.”

I’m sure you’ve heard quotes like these before. Each reflects a common theme among motivational speakers. Their focus is typically to convince audiences to believe in themselves. The orator presents a powerful rationale for self-confidence, often by presenting their own hardship stories and courageous triumphs at overcoming impossible odds. Sometimes they tell us of the trials and tribulations of national heroes who surmounted countless obstacles in rising to enviable heights. The key contributor to the eventual success in all these cases is the belief that it would be accomplished.

There is empirical and theoretical support for the assertion that believing you can do something is the first step toward doing it. The academic term for this belief is “self-efficacy,” and it has been the topic of many research articles and theoretical proposals. Most notable is Albert Bandura’s 1997 book, entitled simply “Self-Efficacy.” Here, in 604 pages of fine print, the author makes a strong case for self-efficacy being the most central and critical concept in applied psychology. Let’s consider the main features of this concept.

Can I Do It?

Self-efficacy reflects a “can do” attitude. It refers to a person’s perception that he or she can organize the relevant resources and execute the procedures necessary to reach a certain goal. Numerous studies have shown that people who score relatively high on a measure of self-efficacy gain more from psychotherapy and perform better at a wide range of tasks. They show greater ability and motivation to solve complex
problems at work, and they have better health and safety habits.

**Self-Efficacy vs. Self-Esteem**

Self-efficacy is not the same as self-esteem, but self-efficacy contributes to self-esteem, and vice versa. Self-esteem reflects a general sense of self-worth as in “I am valuable,” whereas self-efficacy refers to feeling successful or competent at a particular task. While self-esteem remains rather constant across situations, self-efficacy is task-focused and therefore can vary markedly from one circumstance to another.

**Self-Efficacy and Training**

The aim of good training is to give participants certain skills or competencies. Effective training in safety coaching, for example, involves teaching specific procedural steps for 1) observing and analyzing another person’s behaviors, 2) delivering supportive and corrective feedback, 3) developing an improvement plan, and 4) obtaining commitment for change and follow-up. But effective safety coaches need more than these skills. They need self-efficacy.

Participants in a training program show what they know on written exams, and they demonstrate their behavioral expertise through role-play. Skillful trainers improve skills through behavior-based feedback. In other words, through practice and feedback, participants develop competence.

Mastery at something usually builds self-efficacy, and vice versa. But having one does not mean the person has the other. People may have the skills to excel at a certain task, but lack the personal confidence to execute the required behaviors. And, it’s possible for people to have more self-efficacy than warranted by their ability to perform. That’s what we mean when we label a person “over-confident.” But, even
when people have both self-efficacy and adequate skills to implement an intervention, they won’t do it unless they also have response-efficacy.

**Will the Technique Work?**

Response-efficacy refers to one’s belief that a certain technique or strategy will actually produce a desired outcome. Thus, it’s not enough to know what to do and have the confidence to do it. The participant must believe it’s worth doing. People can have the skills and self-efficacy to perform safety coaching, for example, but they will not actually coach on a regular basis unless they believe the coaching process will actually improve safety.

**Response-Efficacy and Training**

This concept of response-efficacy has critical implications for safety training. Specifically, it’s not enough to teach participants the procedural steps for conducting a certain safety process. Trainees need to be convinced the technique has the potential to prevent personal injury. How can we accomplish this?

Response-efficacy is most commonly taught with group numbers or outcome statistics. Data are presented from research that show significant improvement as a result of a particular intervention strategy. This approach is effective for research presentations, but it might not convince the average employee.

**Case Studies Over Statistics**

I don’t mean to imply that employees can’t understand statistics. My point is, they won’t necessarily relate to such numbers. It’s better to get more personal and relevant when trying to “sell” the value of an intervention process to a work force. Research on risk perception, for example, has shown that people get more concerned
or outraged about an issue when individual case studies are used in lieu of group statistics. That’s the rationale behind politicians pointing to specific individuals in their audiences when attempting to gain support for a particular issue or plan of action.

As I emphasized in an earlier ISHN article on mental imagery and safety (August, 1998), personal testimonies provide a powerful image. Listeners can relate to an individual’s story and put themselves in the same situation. Two kinds of testimonies can increase response-efficacy: 1) a personal account of an injury that could have been prevented by the safety technique, and 2) an anecdote about someone who avoided injury by using the particular strategy or safety process.

**Is the Outcome Worth the Effect?**

The third type of belief entertained in Dr. Bandura’s text on self-efficacy is “outcome expectancy.” This is about the consequence one expects to receive when practicing the intervention process. As I’ve discussed in prior ISHN articles (particularly in November 1995), consequences keep us going. One of B. F. Skinner’s most important legacies is “selection by consequences,” which means behavior is motivated by events or conditions that follow it. In other words, we motivate ourselves to do or not do something by anticipating what positive consequences we expect to gain from our participation and/or what negative consequences we expect to avoid.

So, we might believe we can do something and believe what we do will have a certain effect, but we won’t perform unless we also believe the effect is worth working for. Will our labor reap sufficient benefits to outweigh the costs, including our effort? In safety, for example, a group might believe their safety record is good enough, given that they see very few coworkers getting seriously injured. The potential gain from an
inconvenient safety process might seem too small to justify the amount of extra effort required for implementation.

Here again it’s more useful to “sell” with a case study than a statistic like “total recordable injury rate.” It’s also important to point out the difference between an individualistic mindset and a systems perspective (see my ISHN article in May 1997). From an individual outlook, the probability of an injury is miniscule. As a result, the outcome from participation in a safety effort can seem insignificant. In contrast, systems thinkers take a wider view. They recognize that someone will benefit from large-scale participation in a safety process.

You could show, for example, the details of a single injury that occurred in your plant, and explain how an intervention like the one being taught could have prevented that incident. In this way, you are inspiring both response-efficacy and outcome expectancy -- the belief that the intervention process can work and produce an outcome everyone should want and be willing to work for.

In Conclusion

The pop psychologists and motivational speakers are right. Beliefs are important in determining success. However, these advocates usually only tell us about one kind of belief -- self-affirmation or self-confidence in one’s ability to meet a challenge. Clinical psychologists call this “self-efficacy.”

Self-efficacy is a key to success, but it’s not the only key. A belief that a particular action plan will be effective is also critical, as well as a belief that the ultimate outcome from the intervention is worth the effort. Psychologists call the former belief “response-efficacy” and the latter “outcome-expectancy.”
Safety consultants and trainers need to understand and appreciate these three types of personal beliefs and attempt to influence them when teaching the steps of an intervention process. It’s not enough to convince trainers they can perform a certain technique. Trainers must also believe the technique will work to produce a desirable outcome, and that the ultimate effects of the intervention will be worthwhile.

Inspiring these three beliefs in yourself and others is key to maximizing participation and success in an intervention process. This article reviewed a few ways of doing this. Behavior-based coaching with supportive and corrective feedback can increase self-efficacy, whereas a personal testimony of achievement with a particular intervention process can enhance response-efficacy. And, appealing to workers’ caring for themselves, their families, and their coworkers can enhance outcome expectancy.

Systems thinking and an interdependent mindset can augment the perceived value of the potential consequences of an intervention. In other words, when people see the bigger picture and adopt a “collective community” perspective, they realize their participation in a safety process will eventually benefit someone in their workplace. This belief that it’s meaningful to work for the potential benefit of others provides motivation to fuel efforts that develop self- and response- efficacy. This is the belief that it’s preeminent to actively care for the safety and health of others.

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