

First-time parents' experiences related to parental self-efficacy: A scoping review

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Abstract

Becoming a parent for the first time is a major transition, and parental self-efficacy (PSE) is considered an important predictor of parenting functioning. We aimed to describe and synthesize qualitative studies that explore first-time parents' experiences related to PSE in the transition to parenthood in the first-year postpartum. We conducted a scoping review in accordance with international guidelines. The main search strategy consisted of searches in six electronic databases. We selected studies based on predetermined inclusion and exclusion criteria, extracted data, and conducted a descriptive qualitative thematic analysis. We included 58 studies (presented in 61 reports) with 1341 participants from 17 countries. Most of the participants (89%) were mothers, and a third of the studies were task-specific regarding breastfeeding. The thematic analysis of the findings concerning PSE revealed five main, interconnected themes: *culture*—factors in society and the healthcare services; *parents*—processes within the parents; *tasks*—different parental tasks; *support*—parents' perceived support from professionals, peers, friends, family, and partner; and *child*—the child's well-being and feedback. This scoping review describes qualitative studies on first-time parents' experiences related to PSE. The findings inform future studies of PSE and clinical practice by confirming the importance of PSE in the transition to parenthood, the complexity of different factors that may have an impact, and the centrality of breastfeeding in PSE. Based on these findings, we suggest that a full systematic review with quality assessment would be appropriate.

KEYWORDS

parents, postpartum, qualitative research, scoping review, self-efficacy

1 | BACKGROUND

Becoming a parent for the first time is a major transition which involves psychological changes and new interdependent relationships within a family system and society (Baldwin et al., 2019; Bandura, 1997; Hjälmhult

& Lomborg, 2012). Parents' capabilities to comfort, secure, and regulate their child's emotions, in addition to ensure nutrition and other physical needs, are of importance for the child's development (Bowlby, 1988; Hoffman et al., 2017; Siegel & Hartzell, 2019). Parental self-efficacy (PSE)—parents' belief in their ability to perform the parenting role successfully

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(Wittkowski et al., 2017)—is considered a strong predictor of parenting functioning (Albanese et al., 2019; Jones & Prinz, 2005), and is a common outcome measure for family-related interventions (Liyana Amin et al., 2018; Wittkowski et al., 2017).

1.1 | Self-efficacy theory

The concept of PSE is captured under Bandura's (1977) self-efficacy (SE) theory, which in turn is encompassed by his broader Social Cognitive Theory. Self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments and regulates human functioning through cognitive, motivational, affective, and selective processes (Bandura, 1997). The four information sources that impact SE are *enactive mastery experience*, *vicarious experience*, *verbal persuasion*, and a person's *physiological and affective states*. One can have different levels of SE in different domains in life, and in situations or tasks within a domain (Bandura, 1997).

In the research literature, SE measurements are often divided into four levels: *general SE* refers to broad efficacy across several domains of functioning; *domain-general SE* refers to efficacy beliefs in one domain of functioning (such as parenting) but is not task-related; *domain-specific SE* refers to all the tasks that constitute a particular domain of functioning; and *task-specific SE* refers to one's perceptions of one's ability to complete a specific task within a specific domain—for example, a parent's ability to feed the baby or to soothe the baby when it is crying (Bandura, 1997, 2006; Barnes & Adamson-Macedo, 2007; Leahy-Warren & McCarthy, 2011). Based on Bandura's SE theory, Dennis (1999) developed a task-specific breastfeeding SE framework, often referred to as the breastfeeding SE theory. Another relevant theory to PSE is Ajzen's (2002) theory of planned behavior, which builds on Bandura's SE theory. Ajzen (2002) argued that perceived behavioral control is comprised of perceived controllability (one's belief that one's behavior is volitional) and perceived SE (one's belief about one's own ability).

Bandura (1997, 2006) recommended avoiding measurements at the general level since they lack predictive utility, unlike domain- and task-specific measurements. He also argued that SE measurements should rely on a solid conceptual analysis of the relevant domain of functioning (Bandura, 1997). Here, qualitative studies with in-depth descriptions of parents' experiences concerning PSE seem important. Qualitative studies may also provide insights into important background variables when constructing quantitative studies and may help interpret and contextualize parents' PSE experiences with interventions and professional support.

1.2 | Research on PSE

To the best of our knowledge, there are no systematic reviews of qualitative studies addressing perceived PSE in first-time parents in their transition to parenthood in the first-year postpartum. In the last two

decades, systematic reviews on PSE address the role of PSE in parent and child well-being (Albanese et al., 2019; Jones & Prinz, 2005); the effect of universal parent education interventions on PSE in first-time parents (Liyana Amin et al., 2018); maternal PSE in the postpartum period (Leahy-Warren & McCarthy, 2011); factors associated with PSE (Fang et al., 2021); the concepts of PSE, parenting confidence, and competence (Montigny & Lacharite, 2005; Vance & Brandon, 2017); and finally, self-report measures of PSE (Wittkowski et al., 2017). These reviews are quantitatively focused; indeed, among the aforementioned eight reviews, only one included study is qualitative. While other syntheses of qualitative findings concerning parents' experiences the first-year postpartum exist, these focus on concepts, such as a sense of security (Werner-Bierwisch et al., 2018; Wiklund et al., 2018), or more generally on parents' needs in the postpartum period (Entsieh & Hallström, 2016; Finlayson et al., 2020; Nystrom & Ohrling, 2004). Thus, we address a research gap in the literature by mapping and consolidating the empirical qualitative research on PSE among first-time parents, to understand the scope of the current state of research and identify research needs.

Our decision to examine first-time parents in the first-year postpartum was based on Bandura's SE theory. In contrast to multiparous parents, first-time parents lack enactive mastery experience of being a parent. Furthermore, given that tasks related to the parenting role change concurrently with the child's development, we limited the time period to the first-year postpartum. This is a crucial period in parents' lives, constituting a major life transition for most parents (Hart & Schwartz, 2009; Mercer, 2004).

1.3 | Clarification of terms to describe the PSE assessment

In the research literature, PSE is often used interchangeably with concepts like parental confidence, competence, parental self-esteem, satisfaction, self-regulation, self/personal agency, self-management, and self-sufficiency (Vance & Brandon, 2017; Wittkowski et al., 2017). This is highlighted as a problem (Montigny & Lacharite, 2005), primarily because the use of interchangeable concepts hampers the ability to compare studies, especially if the concept used is not clearly described. Montigny and Lacharite (2005) conducted a concept analysis of studies published between 1980 and 2000 that addressed PSE, parenting confidence, and parenting competence. Their analysis enabled perceived PSE to be distinguished from perceived parental confidence and competence. However, in the context of parents with young children (aged 0–3 years), Vance and Brandon (2017) analyzed the delineation among the same concepts in studies published between 2000 and 2017. They found that evidence and measures used to assess these concepts revealed no clear distinctions; rather, they found that perceived parental competence, confidence, and PSE had similar attributes. Given Vance and Brandon's (2017) findings, we chose to include studies that use the terms “parental self-efficacy,” “parental confidence,” and/or “perceived parental competence” to describe the PSE assessment.

1.4 | Research questions

The research questions for our scoping review were: Which qualitative studies exist on first-time parents' experiences regarding PSE in the transition to parenthood the first-year postpartum? And what are the studies' characteristics and findings?

2 | METHODS

To answer our research questions, we conducted a systematic scoping review. A scoping review is a type of systematic review in its own right—exploratory and descriptive; it is useful to gain an overview of a broad field (Tricco et al., 2018). Scoping reviews aim to provide greater conceptual clarity about a specific topic or field of evidence, identify further areas for subsequent research, and help determine whether a full systematic review with quality assessment is appropriate (Arksey & O'Malley, 2005; Levac et al., 2010). We followed Arksey & O'Malley (2005) methodological framework, further developed by Levac et al. (2010). We developed a protocol with specification of research questions and methodology before undertaking the review. The protocol is available on request at ResearchGate. We report in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018).

2.1 | Inclusion and exclusion criteria, literature search, and study selection

We selected relevant studies based on predetermined inclusion and exclusion criteria. As seen in Table 1, our organizing framework for inclusion was the SPIDER tool for qualitative evidence synthesis - Sample, Phenomenon of Interest, Design, Evaluation, Research type (Cooke et al., 2012). We anticipated that it would be difficult to decide on inclusion with respect to the phenomenon of interest—the concept of PSE. In line with previous research (Vance & Brandon, 2017), we therefore specified that the study had to contain one or more of the terms “confidence,” “competence,” and “self-efficacy” in the context of parents' ability to perform the parenting

role, related to the theory of SE (without necessarily referring to theory). If a study had a mix of samples (e.g., parents with one child and those with multiple children), we included the study if the majority of the sample met the inclusion criteria, or if the results were reported separately.

Our search strategy primarily utilized electronic databases. The search strategy was developed by the first author and a search specialist who conducted a systematic search on September 7, 2020 in Medline, EMBASE, PsycINFO, Web of Science, SweMed+, and CINAHL to capture studies within nursing and psychological sciences. We used synonyms for “parent”/“first-time parent,” “the postpartum period,” “self-efficacy,” and “experience” to find studies of interest. In addition, the first author screened the reference lists of the included studies (see Table 2).

We imported all retrieved records into EndNote X8 (End-Note, 2013) and deleted duplicates. We then imported all records into Rayyan systematic review software (Ouzzani et al., 2016). Two reviewers screened all the records in pairs, independent of each other. The first author screened all records, and the four coresearchers divided the records among them. First, they screened all titles and abstracts, and records that both reviewers agreed met the inclusion criteria were then read in full text and included if the inclusion criteria were met.

2.2 | Data extraction and synthesis

From each included study we extracted general information and study characteristics, sample characteristics, details about the SE concept, and study results. The first author extracted the information from all included studies, using a predesigned data recording form to enable consistency, and the coresearchers checked the extracted data. Any uncertainties or disagreements were discussed. By compiling the data in a single spreadsheet, we could group them according to their main characteristics to carry out descriptive analyses.

We read through the included reports several times and conducted a thematic analysis, following Braun and Clarke (2006). Relevant findings, restricted to instances across the data with relevance to PSE, were copied into a Word document. The first author condensed the extracted data; determined codes; looked for

TABLE 1 Inclusion and exclusion criteria

Sample	First-time parents, with children 0-12 months old. We excluded studies with parents who were seriously ill (e.g., cancer, HIV) and parents with seriously ill children (e.g., cancer, diabetes, preterm).
Phenomenon of Interest	Experiences related to parental self-efficacy
Design	Studies based on interviews, focus groups or diaries
Evaluation	Experiences, perceptions, impressions, thoughts
Research type	Qualitative (data collection and analysis), or qualitative part of a mixed methods study reporting the results separately
Other (language, year)	Publication in English or Scandinavian language (Danish, Norwegian, Swedish). Studies published year 2000 until date of search (September 7, 2020)

TABLE 2 Key words relevant for the search

Parents	Postpartum	Self-efficacy	Experience
Parent*	Postpartum	Self-efficacy	Experience*
Mother*	Postnatal	Confidence*	Perception*
Father*	Perinatal	Competence*	Impression*
Primipar*		Parent* efficacy	Thought*
Paternal		Maternal efficacy	View*
Maternal		Paternal efficacy	

*Truncation was used in the searches.

repeated patterns, responses, and meaning across the data related to PSE; and synthesized the findings to themes and subthemes. The analysis was inductive and data-driven and was checked by one of the coauthors. We did not assess studies' methodological limitations because that is not a prerequisite in scoping reviews (Arksey & O'Malley, 2005; Levac et al., 2010; Tricco et al., 2018).

3 | RESULTS

3.1 | Identification of studies

From 3281 records, we included 58 studies concerning PSE (Figure 1). Three of the studies were presented in two reports each, producing 61 included reports. Most of the reports ($n = 45$) were identified from the databases, while 16 were identified from the reference lists.

3.2 | Descriptions of included studies

Each of the 61 reports of the included studies, their characteristics, and references are presented in an online Supporting Information: Appendix. All except four (which were doctoral theses) were journal articles. The concept of PSE was directly addressed in the title and/or aim of nine studies; in the remaining studies, PSE was a (main) finding and deliberated in the discussion. The studies included a total of 1341 participants, of whom 83.5% were first-time parents.

Table 3 summarizes the main characteristics of the 61 included reports. About two-thirds of the reports were published in the last 10 years, most were from Europe (39%) or North America (25%), and all but five were purely qualitative studies, with 74% collecting data solely via interviews. In 54% of the records, data were collected within the first 3 months postpartum. The samples consisted primarily of women, six reports included only men, and four reports included both parents, with men making up 11% of the total sample. No studies included same-sex parents. Fifty-six percent of the reports included only primiparous parents.

Regarding the use of SE theory, 69% of the reports did not refer to a specific theory related to SE. When theories were used, Bandura's SE theory was most frequently cited. In the reports, SE was most often

directed at the domain-specific level. Lastly, the concept of PSE in the context of parents' ability to perform the parenting role was addressed with two or more terms in 66% of the reports: all used "confidence," 29 used "self-efficacy," and 23 used "competence" (perceived).

3.3 | Findings related to PSE

The thematic analysis revealed five main themes of importance for PSE: *culture*—factors in society and the healthcare services; *parents*—processes within the parents; *tasks*—different parental tasks; *support*—parents' perceived support from professionals, peers, friends, family, and partner; and *child*—the child's well-being and feedback (Table 4). These themes comprised processes within the parents (intrapersonal processes), and processes between the parents and cultural factors; their child; and the support from professionals, peers, friends, family, and partner (interpersonal processes). In addition, the theme *tasks* concerned different tasks that comprised the domain of parenting for the informants and were thus essential for their PSE in the first-year postpartum. Most of the findings concern mothers, while findings specific to fathers are highlighted.

3.3.1 | Culture

General societal factors

The cultural context related to norms, traditions, and expectations for parenting had an impact on PSE. Important societal factors were the confinement period; the generation gap in traditional Asian culture (due to the influence of Western culture); the change in fathers' involvement in childcare across cultures; societal expectations toward women around combining work and childrearing; fear of being criticized and blamed if something went wrong; less baby-friendly societies and cultures; poor intergenerational integration; and a lack of realistic life skills and education regarding babies.

Breastfeeding or bottle-feeding culture

Many mothers struggled with breastfeeding in cultures where breastfeeding is viewed as synonymous with good motherhood, maintaining confidence in breastfeeding in a bottle-feeding culture, or breastfeeding in a culture where breastfeeding in public or breastfeeding older children are not culturally acceptable.

Instinct-based parenthood

In cultures where mothering (especially breastfeeding) was considered natural, instinctual, and easy, experiencing parental difficulties could produce feelings of failure and decrease PSE.

Healthcare services

Techno-medical or fear discourse, a focus on parents' deficits, a singular focus on the child, and a lack of time could negatively impact PSE. Fathers were welcomed in words, but body language, lack of information, and environmental facilities (e.g., only single rooms)

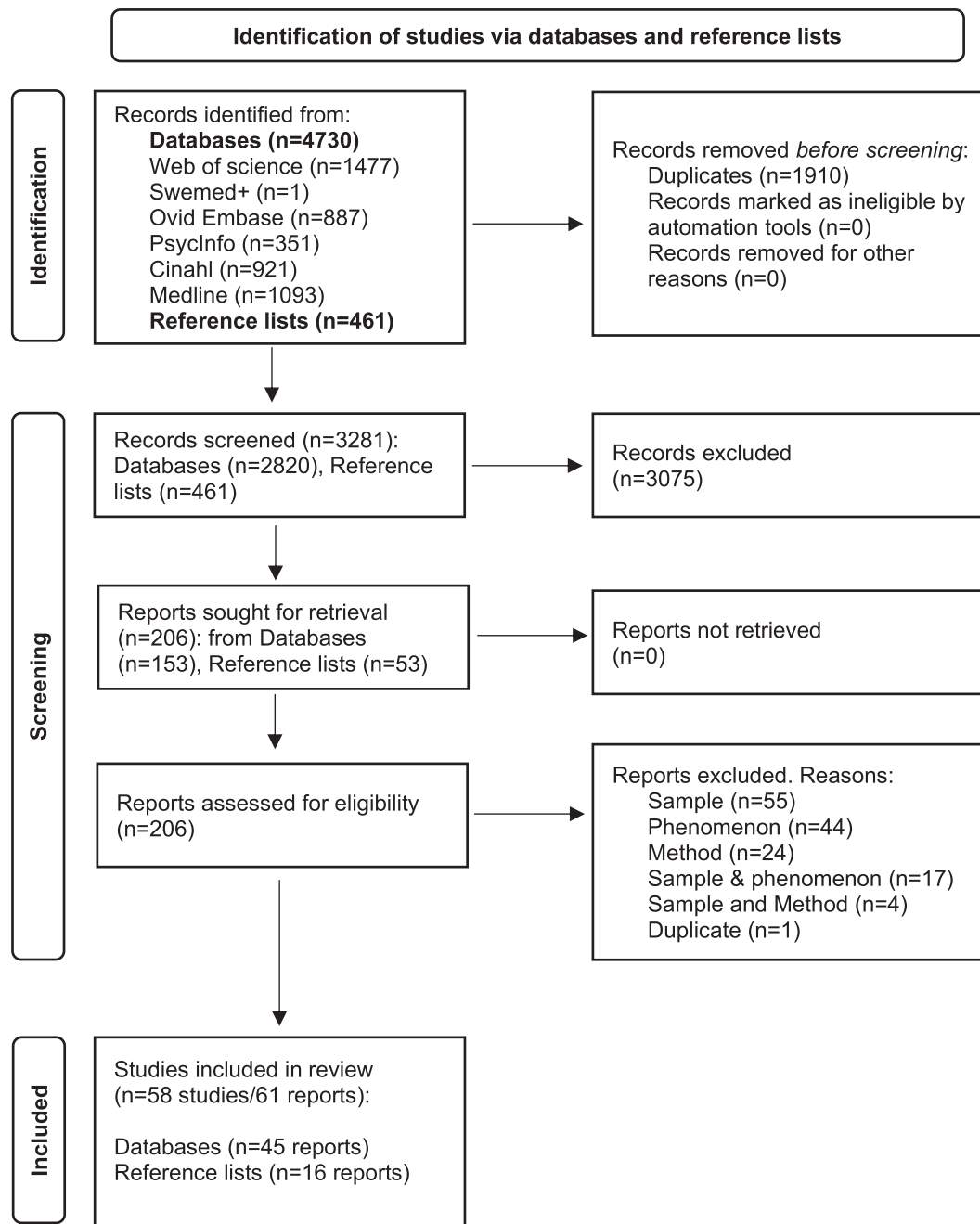


FIGURE 1 Identification of studies via databases and reference lists

were perceived as noninclusive of fathers. The cost of prenatal classes was mentioned as a barrier to acquiring prenatal knowledge.

3.3.2 | Parents

Commitment

Gaining confidence in breastfeeding began in pregnancy, with predetermined breastfeeding-positive statements (“I will breastfeed,” vs. “I will try to breastfeed”). Commitment made it easier to overcome breastfeeding difficulties. However, some mothers appeared to frame breastfeeding

problems as something beyond their control, as a way of dealing with the possibility of being judged by others if they failed. This could then become a self-fulfilling prophecy.

Expectations versus reality

In general, mothers had high expectations about becoming a mother, and many prepared themselves through prenatal classes, and so on. However, many felt unprepared for the reality. The dichotomy between “right” and “wrong” childcare and a fear of not being good enough and judged by others created feelings of stress, anxiety, guilt, and a need for reassurance.

TABLE 3 Characteristics of the included reports ($n = 61$)

Characteristics	Reports
Year of publication	
2000–2005	7 (11%)
2006–2010	12 (20%)
2011–2015	16 (26%)
2016–2020	26 (43%)
Study country/setting	
Australia	7 (12%)
Canada	5 (8%)
China	5 (8%)
Great Britain (England + Scotland)	14 (23%)
Norway	2 (3%)
Singapore	5 (8%)
Sweden	5 (8%)
USA	10 (17%)
Other (one study from each country) ^a	8 (13%)
Type of data collection	
Interview	45 (74%)
Focus groups	5 (8%)
Interview and focus groups	5 (8%)
Interview and observation	3 (5%)
Focus groups and observation	2 (3%)
Diary	1 (2%)
Time of data collection ^b	
From pregnancy to 2 weeks postpartum	9 (15%)
Up to 6 weeks postpartum	11 (18%)
Up to 3 months postpartum	13 (21%)
Up to 6 months postpartum	11 (18%)
Up to 9 months postpartum	3 (5%)
Up to 12 (18) months postpartum	9 (15%)
Within the first year (not further specified)	5 (8%)
Sample: Gender	
Women	51 (84%)
Men	6 (10%)
Women & men	4 (6%)
Sample: Primiparous and/or multiparous	
Primiparous	34 (56%)
Primiparous and multiparous	27 (44%)
Self-efficacy theory used	
Bandura	10 (16%)
Dennis	2 (3%)
Bandura & Dennis	6 (10%)

TABLE 3 (Continued)

Characteristics	Reports
Dennis & Ajzen	1 (2%)
None	42 (69%)
Self-efficacy level	
Domain-specific	40 (66%)
Task-specific	21 (34%)

^aBrazil, Denmark, Iran, Ireland, Oman and United Arab Emirates, South Africa, Tanzania, Turkey.

^bReported as stated in the publications, with the time of data collection being inclusive of period from birth to given weeks/months.

TABLE 4 Themes and subthemes of parental self-efficacy for first-time parents

Themes	Subthemes
Culture— factors in society and the healthcare services	<ul style="list-style-type: none"> • General societal factors • Breastfeeding or bottle-feeding culture • Instinct-based parenthood • Healthcare services
Parents— processes within the parents	<ul style="list-style-type: none"> • Commitment • Expectations versus reality • Reassurance and normalization • Learning process • Physical and mental health • Aspects for involvement (fathers)
Tasks— different parental tasks	<ul style="list-style-type: none"> • Breastfeeding • Other tasks related to childcare • Balancing childcare and other tasks
Support— parents' perceived support	<ul style="list-style-type: none"> • Professionals • Peers • Partner, family, and friends
Child— the child's well-being and feedback	<ul style="list-style-type: none"> • Development, health, and well-being • Behavior and feedback toward parents

Reassurance and normalization

Parents needed positive feedback and reassurance regarding what was normal. Overall, a lack of knowledge and experience in childcare, and minimal exposure to both vicarious experiences and the realities of motherhood inhibited their SE.

Learning process

Confidence in parenting was described as a learning process and grew with exposure to parenting. However, natural or instinctive parenting could also be an approach to parental confidence. Unmet expectations and negative experiences negatively affected PSE. Several studies addressed the balance between receiving support

and being independent in childcare as important for PSE—exemplified as a continuum from receiving long-term support in the confinement period to early discharge with limited support.

Physical and mental health

Sleep affected PSE in both parents. Mothers' mood, physical health problems after birth, cesarean section, and opportunities for self-care were critical for mothers' PSE. A rapid physical recovery and positive birth experiences contributed positively. Breastfeeding anxiety was addressed; this included feelings of guilt, stress, depression, and loneliness; concerns about the quality and quantity of breastmilk; and mothers' coping ability regarding sore nipples, mastitis, and general pain.

Aspects for involvement (fathers)

Receiving guidance and reassurance from others (not just their partner), practicing childcare, sharing the feeding (giving a bottle), and having individual time to bond with their baby facilitated fathers' PSE. Further, cesarean birth and early discharge could enhance fathers' feelings of competence, but a noninclusive hospital environment and staff's attitude about their needs were inhibiting factors. Other important aspects were cultural expectations, work responsibilities, lacking skills, and mothers who believed the father lacked necessary abilities and thus inhibited father involvement.

3.3.3 | Tasks

Breastfeeding

Breastfeeding was the most frequently mentioned task in the 40 domain-specific reports, and all 21 reports that were task-specific addressed breastfeeding.

Other tasks related to childcare

Caretaking tasks included bathing, changing diapers, changing clothes, and dealing with the umbilical stump, crying, and abdominal pain. Other tasks were related to medical childcare, reading and responding to babies' cues and behavior, nurturing the parent-child relationship and bonding, facilitating the child's socialization, being a good role model, and planning for future development. Struggling with bonding had a negative impact on PSE; for some mothers, practicing infant massage facilitated bonding.

Balancing childcare and other tasks

Mothers had to balance childcare, especially breastfeeding, with housework, work, and personal space. Fathers had to balance their traditional role as a breadwinner with their role of father.

3.3.4 | Support

Professionals

Parents obtained postpartum support from professionals via hospitals, home visits, child health clinics, technology-based interventions,

groups, telephone follow-up, and baby cafés with both professional and peer support. They wanted prenatal information to be realistic and targeting common issues (not rare, frightening problems); emotional support and support in learning parenting skills; continuity between and in services; enough time, flexibility, availability, and access when needed (e.g., a telephone hotline); trusting relationships and individualized care (e.g., professionals and parents working together to identify parents' strengths and needs); and for professionals to be friendly, polite, calm, patient, and supportive, and to use “nonjudgmental” words and ask for and discuss the parents' needs, experiences, values, and goals—preferably without a checklist.

Technology-based interventions were appreciated because they offered anonymity, and audio and video recordings served as vicarious experiences. Concerning breastfeeding, professionals should position the mother as an expert on both her infant and her body, show respect for privacy, explain, sit through a feeding, and give reassurance (not simply attach the baby to the mother's breast). Mothers valued both professional advice and healthcare personnel sharing personal experiences. Conflicting advice from different healthcare professionals was common and could confuse the parents.

Fathers wanted to be informed. Some fathers highlighted the need for “hands-on” practice with real babies instead of a dummy baby and disliked formal teaching with minimal interaction. Involvement of fathers and other family members could contribute to creating a supportive home environment, especially regarding breastfeeding.

Peers

Mothers mentioned that receiving support from peers was important in normalizing their transition to motherhood. Their learning process was facilitated by listening to others in the same situation, sharing expectations and experiences, and asking for help without fear of criticism.

Partner, family, and friends

Positive support from partner, family, and friends enhanced mothers' PSE, while critical comments and lack of support had the opposite effect. Mothers appreciated practical, social, and emotional support from their family and partner. Family and friends served as role models; however, some viewed the experiences of mothers/mothers-in-law as outdated regarding childcare. Some fathers wanted to assist with feeding the baby to relieve the mother if she had breastfeeding problems and/or to better bond with the baby themselves. This could affect the mothers' decision to breastfeed fully or partially.

3.3.5 | Child

Development, health, and well-being

The baby's general well-being, day-to-day issues (feeding, sleeping, crying), health problems (cold, constipation, colic), and normal development affected parents' PSE. Maternal SE in breastfeeding was affected by the baby's ability to be breastfed (specifically, their ability to attach to the breast, not being too sleepy) and the baby's

weight, problems with gas, and whether the diapers were wet and dirty (indicating the amount of milk consumed).

Behavior and feedback toward parents

The parent–child bond was affected by the baby's general mood and temperament (whether it was an “easy” or “difficult” child), and how the baby reacted to the parents' presence, smiles, conversations, and lullabies. Receiving positive responses from and connecting with the baby facilitated PSE.

4 | DISCUSSION

4.1 | Identification of studies—potential for conducting a systematic review with quality assessment

We identified a rich body of qualitative literature regarding PSE among first-time parents in the first-year postpartum; however, we found only a handful of qualitative studies that specifically aimed to examine PSE. Of the 58 identified studies, most were inductive and data driven, and the concept of PSE was typically found as a theme and deliberated in the discussion.

Conceptual syntheses like ours depend on the studies' conceptual range (Thomas & Harden, 2008), and as illustrated by our diverse themes and subthemes, the conceptual range was rich and broad. Taken together, the conceptual range and the substantial number of studies identified suggest that conducting a qualitative evidence synthesis would be appropriate. It would be useful if such an in-depth synthesis included an assessment of studies' methodological limitations and attempted a theoretical analysis of the PSE terminology used, to further clarify the PSE concept.

4.2 | General characteristics of the included studies and identification of knowledge gaps

We found that qualitative research on PSE is expanding, particularly in European and North American settings. In most of the studies, data were collected within the first 3 months postpartum. The first months postpartum constitute a period of importance related to enhancing PSE and establishing maternal identity, which is achieved around 4 months postpartum (Mercer, 2004). However, as tasks related to the parenting role change concurrently with the child's development, studies after this first period are also of interest—particularly with regard to fathers, who in some countries are given paternal leave in the final period of the first year postpartum and thus spend more time with their children. It is also worth noting that fathers comprised only 11% of the study participants, emphasizing a lack of a holistic family perspective in studies of parenthood (Davison et al., 2017).

These identified characteristics point to knowledge gaps and a general need for more qualitative research on PSE, particularly in

nonindustrialized settings, with a family perspective, and throughout the first-year postpartum.

4.3 | Characteristics related to Bandura's self-efficacy theory

4.3.1 | Domain-specific and task-specific self-efficacy

We categorized the included qualitative studies on PSE as concerning domain-specific or task-specific SE. The 21 publications that could be categorized as task-specific all concerned breastfeeding, and nine studies referred to Dennis' task-specific breastfeeding SE framework (1999).

While we did not explicitly search for task-specific studies or breastfeeding studies, the number of task-specific studies shows that SE is important with regard to breastfeeding. Furthermore, the strong focus on breastfeeding, seen in the domain-specific studies, implies that breastfeeding is critical for gaining confidence in parenting. The focus on breastfeeding mirrors the number of reviews regarding breastfeeding SE based on quantitative studies—such as Galipeau et al. (2018), Gonzales (2021), Maleki et al. (2021), and Wong et al. (2021)—and supports Bandura's argument to measure domain- and task-specific SE, rather than general SE (Bandura, 1997).

4.3.2 | Referring to self-efficacy theory

The lack of reference to SE theory is noteworthy. Less than one-third of the studies referred to Bandura's SE theory (1997), Dennis' breastfeeding SE framework (1999), or Ajzen's (2002) theory of planned behavior. In fact, the term “self-efficacy” was used in fewer than half the publications. Instead, all studies used the term “confidence.” About a third used “competence” (perceived). The terms used did not seem to relate to the use of theory. For example, “self-efficacy” was used only 55% of the time when one or more of the three theories were cited. That “confidence” was used in all our included studies supports Vance and Brandon's (2017) findings that “confidence” was the term most commonly used to express PSE, but also that it was used interchangeably with “competence” and “self-efficacy.” However, while the authors suggest that “competence” should be used as an objective measure to assess parenting quality, we recommend the application and discussion of a theory to clarify the concept.

4.4 | The identified studies' findings regarding PSE—a complex picture

Five main themes and more than a dozen subthemes emerged from the inductive thematic analysis. Four of the main themes can be described as processes that influence PSE and/or where the

perceived level of PSE influences parental functioning. The final main theme, *tasks*, represents a range of identified tasks that make up the parental role in the first year.

4.4.1 | Identification of tasks

The term “tasks” may seem too mechanical in describing the parental role. However, it broadly describes the content of the functions and responsibilities—including emotional aspects, like nurturing the parent–child relationship and bonding—that parents must master to support the child's development, both emotionally and physically (Bowlby, 1988; Hoffman et al., 2017; Siegel & Hartzell, 2019).

Our identified tasks related to the child are in line with the four task categories described by Barnes and Adamson-Macedo (2007) in their domain-specific measurement of PSE: *caretaking procedures*—tasks related to the baby's basic needs (e.g., feeding); *evoking behavior(s)*—eliciting a change in the baby's behavior (e.g., soothing); *reading behavior (s) or signaling*—understanding and identifying changes in the baby's behavior (e.g., perceiving that the baby is sick); and *situational beliefs*—judging one's ability by one's overall interaction with the baby. In addition, we identified other tasks, such as being a role model, facilitating the child's socialization and future development, and balancing childcare with work and activities within the family and society, all of which align with Bandura's (1997) emphasis on parenting involving new demands within both family and social systems.

4.4.2 | Parenting theories

Parenting theories—such as Mercer's (2004) “becoming a mother” theory, a version of “the maternal role attainment theory,” which was originally based on Rubin's (1984) theory, and an updated model of Belsky's theory (Taraban & Shaw, 2018)—describe the transition to parenthood as complex, involving several interacting factors, including characteristics of the social context, the parents, and the child. Fifteen of our included studies refer to theories of Mercer, Rubin, or Belsky. Bandura (1997) also stressed the complex interplay of factors. He argued that the level of PSE plays a key bidirectional role in these processes, and might affect the outcome (i.e., parental functioning). This complexity is also revealed in the Fang et al. (2021) systematic review on factors associated with PSE among parents of children aged 0–18 years. The authors used Belsky's model of parenting to guide their data synthesis and identified 89 factors associated with PSE; however, most of these factors were reported in only one or two studies.

4.5 | The identified themes' connection to the four information sources of self-efficacy

It is challenging to connect our identified themes and subthemes with the four information sources of SE, because not only are the four

sources mutually connected (Bandura, 1997), but so are our identified themes. However, we made a comparison of the findings to the information sources.

4.5.1 | Enactive mastery experiences

We found that *enactive mastery experiences* are connected to the *culture* theme and the *expectations versus reality* and *learning process* subthemes. The different cultural contexts seem to play an important role in defining “good enough parenting” and thus parents' expectations. Kiehl and White (2003) found that prenatal identification with the motherhood role and knowing what to expect provided a sense of control, which were important for maternal identity and the mother's confidence in her ability to cope with the tasks of motherhood. This illustrates the importance of having realistic expectations and knowledge of parenthood, and that minimizing the gap between expectations and reality will likely make it easier to have positive mastery experiences—which will enhance PSE.

4.5.2 | Vicarious experiences

Vicarious experiences are evident within the subtheme *general societal factors*, with being exposed to childcare as a natural part of daily life, and within the theme *support*, with watching videos, and observing health personnel, peers, and family members engage in childcare. Leahy-Warren et al. (2012) highlight the importance of health personnel to provide anticipatory guidance for new mothers, such as organizing peer-support groups, and to facilitate vicarious experiences to normalize the realities of first-time motherhood.

4.5.3 | Verbal persuasion

Normalizing the realities of motherhood is also related to the third information source, *verbal persuasion*, and is evident in the *reassurance and normalization* subtheme. Parents needed reassurance to feel that what they experienced was normal. We also found that encouragement and positive support from sources at macro, meso, and micro levels (from society, health personnel, peers, and confidantes) could facilitate the development of PSE, as described within our theme *support* and within the subthemes *learning process* and *aspects for involvement (fathers)*. The association between social support and PSE is also strongly emphasized and described as important in quantitative studies (Fang et al., 2021; Leahy-Warren et al., 2012).

Our subtheme regarding the child's *behavior and feedback toward the parents* describes that PSE is affected by the child's mood, temperament, and “verbal” and “non-verbal” response to the parents' presence and approach. These findings are also reflected in previous quantitative studies on associations between children's temperament

and PSE (Fang et al., 2021; Troutman et al., 2012). In addition, findings within the subtheme *development, health, and well-being* may serve as an objective confirmation of parents' parenting skills and impact their PSE.

4.5.4 | Physiological and affective states

The fourth information source, *physiological and affective states*, is described within the subtheme *physical and mental health*. Lack of sleep in both parents, and the physical and emotional changes and difficulties that most often accompany the early postpartum period (especially for mothers) influenced the parents' physiological and affective states in the process of judging their capabilities. We excluded studies with parents who were seriously physically or mentally ill. However, some of the studies included participants with self-reported symptoms of depression or anxiety related to the first period after birth. Associations between PSE and mental illness, such as depression, distress, and anxiety, have been found in quantitative studies (Albanese et al., 2019; Fang et al., 2021; Leahy-Warren et al., 2012) and are of great importance, but beyond the scope of our review. However, our findings emphasize that normal physical and emotional changes in this first period could also have an impact and must be accounted for, both in future research regarding PSE and in clinical practice.

4.6 | Implications for clinical practice

Our findings revealed a number of implications for clinical practice. Overall, practitioners need to be aware of the importance of PSE in parents' transition to parenthood, and the centrality of breastfeeding. Our findings endorse the provision of generous, respectful, and individually tailored pre- and postpartum parental support, continuity between services, and consistency in information provided to parents. Fathers should be more actively included in support services. The findings in our scoping review are consistent with results in other reviews on professional support in the postpartum period (Entsieh & Hallström, 2016; Finlayson et al., 2020; Werner-Bierwisch et al., 2018; Wiklund et al., 2018), which emphasize the importance of the findings beyond the focus on PSE.

4.7 | Strengths and limitations

The strengths of our scoping review include the systematic searches, selection, and data extraction conducted by two reviewers, quality-assured collation of data, and our descriptive qualitative thematic analysis. However, in accordance with the scoping review methodology, we did not assess methodological limitations of the included studies. Furthermore, we limited the number of languages and performed no extensive searches of gray literature sources. Despite our extensive literature searches, there is a risk that we did not identify all relevant studies. Nevertheless, a conceptual synthesis like

ours is unlikely to change, even if a few relevant studies are missed; rather, the synthesis depends on the conceptual range found in the studies (Thomas & Harden, 2008). Finally, it is important to be aware that the findings may not be transferable beyond first-time parents in the first-year postpartum, and that the analysis level in this scoping review provides an overview of the field, meaning nuances and depth within the identified themes are not covered.

5 | CONCLUSION

Study findings represent a contribution to research in nursing and health, especially nursing practice, describing parents' experiences regarding PSE in the transition to parenthood in the first-year postpartum. The rich body of qualitative literature on PSE shows the centrality of breastfeeding and lack of research on fathers' experiences of PSE. The 58 studies' findings concerning PSE revealed five main, interconnected themes important for PSE: (1) cultural factors; (2) processes within the parents; (3) different parental tasks; (4) parents' perceived support from professionals, peers, friends, family, and partner; and (5) the child's well-being and feedback. The scoping review maps important factors that influence first-time parents' PSE, and thus informs practice and research. Based on our findings, we suggest that a systematic review with quality assessment would be appropriate.

AUTHOR CONTRIBUTIONS

Study design: Kristin Marie Sæther, Rigmor C. Berg, Kari Glavin, Nina Jøranson. *Data collection:* Kristin Marie Sæther, Rigmor C. Berg, Bettina Holmberg Fagerlund, Kari Glavin, Nina Jøranson. *Analysis:* Kristin Marie Sæther, Rigmor C. Berg, Nina Jøranson. *Manuscript preparation, final approval of the version to be published and agreement to be accountable for all aspects of the work:* Kristin Marie Sæther, Rigmor C. Berg, Bettina Holmberg Fagerlund, Kari Glavin, Nina Jøranson.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that supports the findings of this study are available in the supplementary material of this article.

ETHICS STATEMENT

We report in accordance with the PRISMA guidelines for scoping reviews.

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