

How can health psychology help us with our New Year's resolutions?

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Happy 2008! Every New Year brings with it intentions to make sustained changes in our lives. These usually focus on health-related behaviours such as regular exercise, reduced alcohol consumption or quitting smoking (particularly given the need to now venture into the cold on a night out to feed the addiction!).

Unfortunately, rarely are these sincere intentions translated into permanent behaviour changes. Why are we generally incapable of fulfilling our New Year's resolutions long-term? Perhaps health psychology can help us to understand.

Health Psychologists have long been utilising social cognition models (such as the Health Belief Model, the Protection Motivation Theory, the Theory of Planned Behaviour and the Transtheoretical Model) to understand and predict health behaviour. Through understanding the thought processes which influence our behaviour, strategies can be implemented to ensure any changes in behaviour are successful in the long term and any reversions back to old habits easily understood (and reasonably justified!). But can such models really help us to maintain our New Years resolutions?

The Health Belief Model (HBM¹) was one of the first psychological models to examine health problems. This model postulates that initiating and maintaining your healthy New Year's resolutions are determined by the extent to which you believe there is a threat to your health status if you do not do so. Perceived susceptibility to the health threat and perceived severity of the threat are important factors in the model. Simply put, the perceived health benefits of

engaging in the behaviour must outweigh the barriers for the behaviour change to take place. A suitable 'cue to action' provides the necessary trigger to instigate this thought process. For example, if your resolution this year is to quit smoking, seeing a "stop smoking" advertising campaign may motivate you to curb the habit!

Since the development of the HBM, other theories such as the Theory of Reasoned Action (TRA²) and the Theory of Planned Behaviour (TPB³) have been applied to understanding and predicting health behaviour. According to the TPB just the intention to adhere to your New Year's resolutions can predict your behaviour. Behavioural intentions are determined by your attitude towards a certain behaviour (formed through beliefs about the outcome of the behaviour and evaluation of these outcomes) and by subjective norms (beliefs held about important others' attitude towards the behaviour and motivation to comply with important others). A third factor, perceived behavioural control, is an additional predictor of behavioural intentions (or a direct predictor of behaviour, unmediated by intentions; See Fig. 1). Therefore, if you plan to exercise regularly in 2008, simply believing that you have total control over your ability to exercise may translate your well placed intentions into permanent behaviour change.

Social cognition models are used to try and derive some kind of formula or model that shows all the factors that contribute to people's decisions about health behaviours. They are borne out of Rotters social learning theory⁴ which posits that the likelihood of a behaviour occurring is a function of expectancies and values i.e that behaviour will take place if a reward or reinforcement is anticipated and if that



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

...continued on page 2

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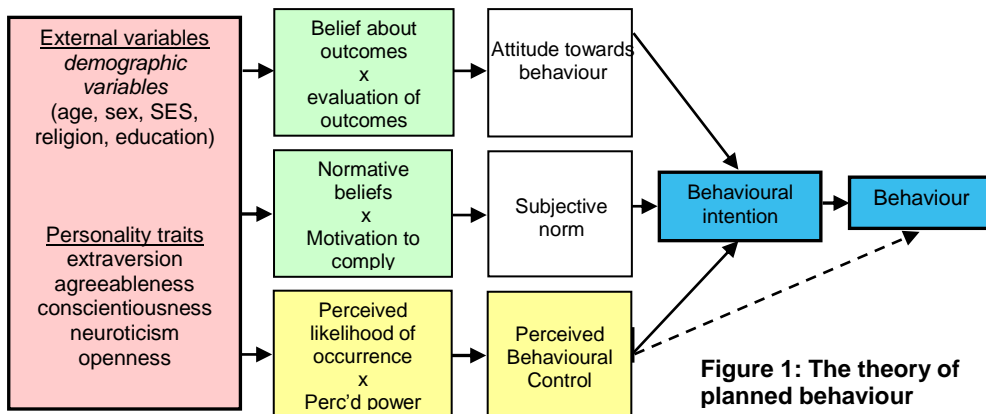


Figure 1: The theory of planned behaviour

...continued from page 1

reward is valued. Unfortunately research has provided inconsistent support for social cognition models. Comprehensive reviews examining the relationship between the variables of the TPB and actual behaviour show weak correlations⁵. The four dimensions of the HBM have also been shown as weak predictors of behaviour⁶.

Social cognition models have identified a number of variables which have furthered our understanding of health behaviours and provide a theoretical framework for guiding research and designing interventions (as well as teaching professionals to listen to patients), but in reality, it is clear that we are influenced by factors specific to us as individuals. Aspects such as past behaviour, emotional response, and situational factors are also likely to have a significant impact on perseverance with any new behaviour you uptake⁸.

So, perhaps health psychology can help us to understand behaviour change and social cognition models can aid us in

implementing and maintaining our proposed behaviour changes. However, given the number of additional factors not incorporated into existing models, don't be put off if you've already faltered in upholding your New Year's resolution, there's no harm in starting again, after all this may act as your long awaited 'cue to action'!

See this month's "In the Journals" for an example of the TPB applied to exercise during cardiac rehabilitation.

1. Rosenstock I M (1974) Historical origins of the health belief model. Health Education Monographs, 2: 1-8
2. Fishbein M & Ajzen I (1975) Belief, attitude, intention, and behaviour: an introduction to theory and research. Reading, MA: Addison-Wesley
3. Ajzen I (1991) The theory of planned behaviour. Organizational Behaviour and Human Decision Processes, 50: 179-211
4. Rotter J B (1954) Social Learning and Clinical Psychology. Prentice-Hall
5. Armitage C J & Conner M (2001) Efficacy of the Theory of Planned Behaviour: A meta-analytic review. British Journal of Social Psychology, 40: 471-499
6. Harrison J A, Mullen P D & Green L W (1992) A meta-analysis of studies of the Health Belief Model with adults. Health Education Research: theory and practice, 7: 107-116
7. Conner, M., & Norman, P. (2005). Predicting health behaviour: Research and practice with social cognition models. Maidenhead: Open University Press


In the news

- Tooke delivers news on medical training**
<http://www.hsj.co.uk/announcements/2008/01/tooke.html>
- Is your doctor prescribing placebos?**
<http://www.time.com/time/health/article/0,8599,1700079,00.html>
- Healthy living can 'add 14 years'**
<http://news.bbc.co.uk/1/hi/health/7174665.stm>

- Tips to get into shape without leaving the house**
<http://www.sciencedaily.com/releases/2008/01/080104115938.htm>
- FDA receives new data on risks of anemia drugs**
<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01769.html>
- Low vitamin D heart health risk**
<http://news.bbc.co.uk/1/hi/health/77.stm>



"health psychology can help us to understand behaviour change and social cognition models can aid us in implementing and maintaining our proposed behaviour changes"

	<h2 style="text-align: center;">In the Journals</h2>
<h3><i>The TPB in Understanding Exercise Adherence in Cardiovascular Disease</i></h3>	
<h1>1</h1>	<p>Exercise capacity in patients with cardiovascular disease may contribute to a 20% reduction of mortality within the first 3 years post cardiac event.</p>
<h1>2</h1>	<p>The theory of planned behaviour (TPB) was evaluated as a framework to comprehend low rates of adherence to exercise during phase II cardiac rehabilitation (CR).</p>
<h1>3</h1>	<p>215 patients completed a baseline questionnaire about past exercise, including items pertaining to the constructs of TPB (See figure 1 on page 2). Exercise adherence was measured by program attendance.</p>
<h1>4</h1>	<p>Consistent with previous research, intention was the sole determinant of exercise adherence but the extent to which intention explained the variance in adherence was weak. This could be attributed to timing of questionnaire administration.</p>
<h1>5</h1>	<p>A hierarchic regression analysis revealed that attitude, subjective norm and perceived behaviour control (PBC) explained 30% variance in exercise intention. Behavioural, normative and control beliefs contributed to understanding why patients held certain attitudes, subjective norms, PBC and exercise intentions.</p>
<h1>6</h1>	<p>This study suggests that the TPB can provide a useful framework for understanding exercise adherence and intentions</p>
<p>Blanchard CM et al (2003). Is the theory of planned behavior a useful framework for understanding exercise adherence during phase II cardiac rehabilitation? <i>J Cardiopulm Rehabil.</i> 23(1): 29-39</p>	

Are psychological interventions making a difference to public health?

Possibly inspired by psychological models of behaviour change (see page 1 for discussion) recent campaigns have utilised techniques that acknowledge and work with individual belief systems as well as social norms. Public health messages have changed from being didactic and disciplinary in style to being more psychological; focusing on self learning, awareness and positive reinforcement. Encouragingly, many campaigns are adapting aspects of these models to enable people to make positive health changes more easily.

The NHS' most recent smoking cessation program "Go Smoke Free" has been tailored to individual smoker needs through enabling adaptation of the intervention so that each programme can take into consideration individual barriers to success. Similarly, the Drinkaware Trust (an independent UK public-facing body) advocates positively changing how people drink alcohol through awareness and education on an individual basis. Their website offers tips that can be feasibly used in every day life addressing the need to consider social norms. Finally, the public health campaign "Change One Thing" run by Boots pharmacy works on challenging peoples' perceived behavioural control and behaviour beliefs by suggesting they have realistic expectations and focus on changing one health behaviour at a time.

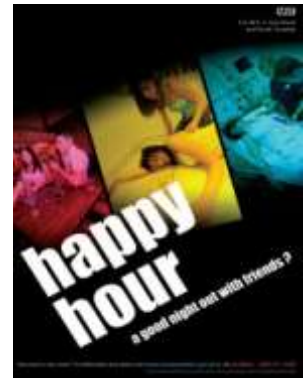
Whether these specifically tailored behaviour change campaigns are more successful than their predecessors will only be apparent with time but the results will probably be highly anticipated by health care professionals - including us!

Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problems we pose and send your response to us.

According to the theory of planned behaviour, what can behaviour be predicted through?

If yours is selected for publication in our e-bulletin, you will win an Amazon voucher. Please send your letters to: info@ahpresearch.com. The closing date for entries is 12 noon on **Friday 1st February**.



Lunch and Learn

This New Year we are offering our readers 90-minute in-house training sessions, during which you and your team can have a sandwich and at the same time avail of some intensive leading-edge education.

We have assembled a menu of the "favourite five" topics:

- Developing a PRO strategy: why and how?
- What does the FDA draft guidance mean for me?
- Critical appraisal skills: what do I need to know to understand a paper's true value?
- Why gamble? The perils of selecting the wrong PRO measure for your product's evaluation
- Social context in clinical trials: why do people not participate in clinical research?

There are 6 slots available between now and April. To compliment these sessions, the topics are also available as full-day in-house workshops.

We will be offering a varied menu of sessions on a quarterly basis throughout 2008. So, if nothing takes your eye this time, you might note a session of more interest to you in the April programme. We always welcome suggestions for new training sessions, so please feel free to offer ideas. For more details, please contact us by [email](#) or on 01895 273599.

In Brief

■ [Mediterranean diet found to be beneficial](#)

Numerous studies have previously shown the Mediterranean diet to have health benefits. A recent study in the US, the largest study to evaluate Mediterranean diet and mortality to date, found that a Mediterranean diet may reduce death by approximately 20%. Almost 400,000 participants were observed over 10 years and awarded points on a modified Mediterranean 9-point diet scoring system. The closer the diet was adhered to, the more the risk of all-cause death was reduced. A major highlight of the study was the finding that the smoking population experienced a 45% reduction in death when following the key components of the Mediterranean diet. Further research in this particular population would be of benefit.

■ [NHS patients told to treat themselves](#)

The NHS's newly introduced agenda for self care has recently been the attention of much controversy as an internal document has described the policy as "primarily a money-saving device". Under the agenda, patients with chronic or long-term conditions may be encouraged to treat themselves (including self-administration of medicine, self-monitoring of symptoms such as heart activity and blood pressure (with equipment being installed into homes) and reporting medical information remotely by telephone or computer). This "personalised" care has

been inspired by a highly successful expert patient programme (piloted by 30,000 people who reduced their hospital attendances by up to 16%), and has been welcomed by some groups such as Asthma UK. However, implications that it might be used as a measure to save money has caused concern amongst a variety of patient groups such as the British Heart Foundation who are concerned that it may lead to a reduction in availability and quality of specialist care needed.

■ [Amount of exercise, not intensity, important for BP lowering in kids](#)

A new British study has found that it is the volume, rather than intensity of physical activity that helps lower blood pressure (BP) in children. The study is part of a larger longitudinal study of parents and children which measured physical activity with an activity monitor (most studies have used questionnaires) allowing for accurate levels of activity to be recorded. Over 5000 children aged 11-12 years participated by wearing an accelerometer/movement detector recording movement. It is recommended that children have 60 minutes of vigorous activity per day, although only 3% of the children in the study met this guideline. However, it was found that as long as the volume of activity remained the same, intensity did not matter (in terms of BP results). Any activity other than lying or being seated could therefore contribute towards the days recommended amount of exercise.

Forthcoming events

20 February 2008

Critical Appraisal Skills Training (UKCRN): London

21 February 2008

Social Context in Clinical Research Training (UKCRN): London

5-7 March 2008

Diabetes UK: Glasgow

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