Health belief model

Experience, Belief



Abstract

HealthBelief Model (HBM) is just one out of many psychological models that help predict and explain health behaviors, and use these behaviors to address negative health conditions. Perceived susceptibility, perceived seriousness of the condition, perceived benefits of an action, and perceived barriers to action form the basic set of HBM indicators. The preliminary analysis indicates that the female patient will be able to lose 30 pounds and to reduce the barriers to further weight loss.

Case StudyUsing Health Belief Model

Introduction

Numerous psychological approaches are used to raise the effectiveness of health promotion. Health Belief Model (HBM) is just one out of many psychological models that help predict and explain health behaviors, and use these behaviors to address negative health conditions. Universal character, convenience, and cost-effectiveness of psychological models in health promotion have already turned HBM into a valid tool for exploring and changing a wide range of long and short-term health behaviors.

Theoretical background

Health Belief Model was the first psychological model that was trying to predict health behaviors and to use those predictions to address negative health conditions. Rosenstock (1974) and Becker (1974) have adopted a new set of measurements to evaluate the individual's chances for becoming healthier, and to develop a set of valid measures that would effectively deal with health issues and their complications. Original researches provide

substantial empirical support for using HBM in health promotion (Becker, 1974; Janz & Becker, 1984; Rosenstock, 1974); prospective studies and retrospective researches prove that HBM creates extremely favorable conditions for dealing with complex health issues. " In the context of a prospective experimental design, a psychosocial approach to understanding individual health-related actions (the Health Belief Model) is evaluated in terms of its ability to predict and explain adherence to the diet", but the diet is not the only health condition where HBM can be useful (Janz, Champion & Stretcher, 2002). Founded on attempts to integrate cognitive theory with stimulus-response theory, HBM can be effectively applied to a wide variety of health conditions. The discussed psychological model targets person's desire to minimize negative health consequences; it further develops the patient's confidence that the recommended set of actions will help achieve the desired condition (Becker, 1974). "Reinforcements and incentives do not influence action directly, but via influencing the person's valuation of the action and the judgment of the likelihood that it will produce results" (Rosenstock, Stretcher & Marshall, 1988).

Perceived susceptibility, perceived seriousness of the condition, perceived benefits of an action, and perceived barriers to action form the basic set of HBM indicators. These indicators are used to assess patient's preparedness towards undertaking the recommended set of health-related actions. The results of preliminary health analysis provide health professionals with valuable information which further determines the cues to action and the level of individual's self efficacy (Janz & Becker, 1984).

In his original research, Rosenstock (1974) evaluated the validity and limitations of HBM as applied to various health conditions: the research has found significant "support to the importance of several of the variables in the model, as explanatory or predictive variables. However, a seventh major investigation conflicted in most respects with the findings of the earlier studies"; as a result, HBM was also effectively applied to predict voluntary behaviors in essentially healthy people. One significant limitation of HBM was reported by Janz & Becker (1984): the authors concluded that "interventions that incorporated the HBM precepts tended to produce superior results, but it was often impossible from the studies to isolate the effects of the HBM from other characteristics of the intervention".

Background

The object of the analysis is a young female facing weight loss issues. During the last three months, the woman has gained 25 extra pounds. The reasons of weight gain include heavy job duty, stress, and chronic fatigue. The patient realizes the importance of physical exercises, and knows that excess weight is the recipe for major health issues. The task is to develop a set of effective procedures that will address weight loss issues using HBM principles.

Method

The success of HBM implementation will be based on the evaluation of the three essential components: whether the woman is confident that her health problem (excess weight) can be avoided; whether she is confident that the recommended set of actions (diet and exercise) will address her negative

health condition; and whether she is prepared to undertake the recommended course of actions to achieve the anticipated positive results (i. e., weight loss).

Analysis

The analysis of perceived susceptibility suggests that the patient realizes the risks of her negative health condition. The analysis of perceived severity indicates the patient's awareness about the seriousness of excessive weight issues and the possible complications it may cause to her health. Generally, patients with the mildest forms of obesity have the lowest levels of perceived susceptibility, but in the present case, the person is fully prepared to undertake the set of recommended actions to lose excess weight (30 pounds). The level of perceived benefits is so high, that health providers do not need to develop the patient's belief that exercises will help achieve the predetermined healthgoals. It is critical that the patient is prepared to the constructive dialogue with the health provider and possesses objective opinion about the benefits of physical exercise. However, the patient displays the increasing level of perceived barriers, among which heavy workload, stresses, and fatigue prevail. Here, the role of healthcare provider is to provide motivating guidance and to re-consider the reasons of heavy workload and constant fatigue that prevent the patient from participating in recommended course of health promotion activities.

Recommendations

It is recommended that the patient participates in the physical therapy group. The group facilitator will provide the patient with the necessary guidance and will monitor the patient's progress. The patient is recommended to undertake a six-week physical therapy course; full information about possible barriers, complications, and problems will be delivered to the patient at the beginning of the course. The patient displays readiness to reduce the barriers against effective weight loss, and is likely to stay with the group until the very end of the course. The patient will be able to evaluate other group members' progress; those with the best weight loss indicators will serve the role models and will further motivate the patient towards attending physical therapy sessions. Simultaneously, the healthcare provider will need to address other related health issues, to identify the reasons of excessive fatigue, and to decrease its impact on physical therapy outcomes.

Independent and dependent variables

Perceived susceptibility, perceived severity, perceived benefits, and barriers form a set of independent variables that will impact the effectiveness of physical exercise on the weight loss (dependent variable). The actual severity of the patient's health condition is the intervening variable that indicates the link between the perceived severity and the weight loss during the physical therapy course. The success of other group members represents a different set of variables that impact the patient's psychological condition and her preparedness to stay with the group until the very end of the course.

Conclusion

It is very probable that in the course of implementing HBM to reduce excess weight in a female patient, we will not be able to distinguish the effects of

HBM principles from those of other medical interventions. However, HBM forms a sound practical framework that determines the patient's chances to achieve the predetermined health goals, and shows the means for increasing these chances (i. e., making the patient aware, prepared, and active). The recommended course will involve a number of independent variables that will impact the outcomes of the physical therapy course, but the preliminary analysis indicates that the female patient will be able to lose 30 pounds and reduce the barriers to further weight loss.

References

Becker, M. H. (1974). The health belief model and personal health behavior. Health

EducationMonographs, 2 (4): 69-72.

Janz, N. & Becker, M. H. (1984). The Health Belief Model: A Decade Later. Health

Education & Behavior, 11 (1): 1-47.

Janz, N. K., Champion, V. L., & Stretcher, V. J. (2002). The Health Belief Model. In K. Glanz,

B. K. Rimer, & F. M. Lewis (eds), Health behavior and health education: theory, research, and practice. San Francisco: Jossey-Bass.

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. Health Education

Monographs, 2: 328-335.

Rosenstock, I. M., Stretcher, V. J., & Marshall, H. B. (1988). Social learning theory and the

Health Belief Model. Health Education & Behavior, 15 (2): 175-183.