

# [Personal health behavior change essay sample](https://assignbuster.com/personal-health-behavior-change-essay-sample/)

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INTRODUCTION

Each person has a particular goal for a specific time in his or her life that is necessary to adapt to changes that occur. In this light, the author of this paper has chosen to set to achieve a personal health goal. The goal is to be able to exercise 30 minutes each day, three days per week within the course of 10 weeks. This endeavor was chosen for the purpose of improving the author’s quality of life through the achievement of known benefits of regular exercise such as: relief of stress, increase in energy level and better sleep patterns. In addition to this, the author also believes that the attainment of her personal health goal will enable her to feel better, look better and maintain a healthy weight, and more importantly, reduce the risk of the development  of cardiovascular disease, diabetes and cancer.

THE TRANSTHEORETICAL MODEL OF BEHAVIOUR CHANGE

To aid in process of achieving this personal health goal, the author has decided to employ the use of the Transtheoretical Model of Health Behaviour Change.  This model has been found to be used in a variety of behavioral change management programs such as smoking cessation,    ( Velicer, Prochaska, Rossi, & Snow 1992 ), alcohol abuse (Eastwood, 2004) and  sedentary lifestyle (Bulwer, 2004) and even dietary interventions in diabetes (Sanna et al, 2008). Marcus et al (1994) further gives further support in this model’s use with the statement: “ The transtheoretical model has been used to understand the stages individuals progress through, and the cognitive and behavioral processes they use while changing health behaviors”.

The model describes how people modify a problem behavior or acquire a positive behavior. The central organizing construct of the model is the Stages of Change. The model also includes a series of independent variables, the Processes of Change, and a series of outcome measures, including the Decisional Balance and the Temptation scales. The Processes of Change are ten cognitive and behavior activities that facilitate change. (Velicer et al., 1998)

The Transtheoretical model differs from other models for change in the sense that it focuses on the temporal part equally with the other external parts of change, such as social influence and environmental factors. It focuses on the decision-making of the individual. It includes cogntion, emotion and behavior and integrates this so as to facilitate change. The core of this model is the five stages of change, which serves also as the basis for a person’s progress towards change in behavior. These five stages will also be applied by this author to track her personal progress. As discussed by Velicer et al (1998), the five stages include Precontemplation, Contemplation, Preparation, Action and Maintenance.  The first stage, Precontemplation is the stage where a person does not intend to change in the foreseeable future, or in the next six months. There is little motivation in this stage because of either lack of information or failed attempts at changing their undesirable behavior.

The Second Stage, Contemplation involves a person’s ability to see them making the change within the next 6 months. This is when an individual weighs the pros and cons of changing his behavior with information at hand. This is also a stage where individuals tend to procrastinate. The third stage, Preparation is when a person intends to take steps toward change in the near future, as in the next month. The third stage usually involves a plan that has been already drawn up by the individual. It is at this stage that people should be recruited to join self-help programs.  The fourth stage, Action involves a significant change in the behavior of an individual within the past six months. The change is observable because of the actions taken yet this part is only one in the five stages of change. This is the stage were vigilance to prevent relapse is very important. The last stage, Maintenance, involves further action by the person to prevent relapse into engaging in the undesired behavior.

The Transtheoretical Model also has, as one of its features a defined set of Processes of Change, which are the over and covert actions that individuals employ to go through the process of change. Five of these are considered Experiential and used primarily for the initial stages of change. These are: Consciousness Raising [Increasing awareness] Dramatic Relief [Emotional arousal], Environmental Reevaluation [Social reappraisal], Social Liberation [Environmental opportunities], and Self-Reevaluation [Self reappraisal]. The other five are considered Behavioral and used for later stage changes. These are Stimulus Control [Re-engineering], Helping Relationship [Supporting] , Counter Conditioning [Substituting],  Reinforcement Management [Rewarding] , Self Liberation [Committing].

These salient features of the Transtheoretical model are also the very reasons why this model was chosen by this author to facilitate the attainment of her personal health goal. The author believes that  this model is logical, concrete in its concept, and easy to apply.  It also appears to fit well with the personal health goal chosen. The Transtheoretical Model provides concepts to guide in both the implementation and evaluation in attaining the author’s personal health goal. The planning and implementation shall be based on the Model’s Ten identified

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Processes of Change which includes the experiential and behavioral areas. The outcome shall be evaluated using the Model’s Stages of change, wherein the attainment of the fifth stage, Maintenance is the usual criterion to deem that a  goal has been met. It is important to note, however, that the given time is for 10 weeks or 2 and half months, which is relatively short for the 6-month mark suggested to indicate that an individual has progressed from the fourth stage to the fifth stage. In view of this limitation, the author then indicates that for purposes of this paper, the goal has been met when she has exercised for 30 minutes each day for 3 days per week consistently within the course of 10 weeks.

ACTION PLAN

To achieve the goal set by this author, an action plan based on the Ten Identified Processes of Change was made and followed. The same format was based on other behavioral change programs to which the Transtheoretical framework was applied, such as how it was used  in “ The transtheoretical model of change for multi-level interventions for alcohol abuse on campus.” (Eastwood, 2004), “ The transtheoretical model: applications to exercise behavior.” (Marcus & Simkin, 1994) and “ Sedentary Lifestyles, Physical Activity, and Cardiovascular Disease: From Research to Practice.” (Bulwer, 2004).  The author’s personal steps shall be outlined in view of the experiential and behavioral processes of change.

The Processes of Change. These processes were undertaken for 10 weeks as stated in the personal health goal. These involve the experiential processes, which are the intra-personal processing of information and determination of willpower, and the behavioral processes; which are the outward manifestations or steps in achieving the goal of being able to exercise for 30 minutes for 3 days a week in a period of 10 weeks.

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Consciousness Raising . The author gathered information about the health benefits of exercise, its long and short term effects and the resources needed to begin exercising.

Dramatic Relief. The author expressed the desire to be more physically active and pondered on its effects on her physical appearance and sense of well being.

Environmental Reevaluation. The author considered that a change in behavior towards exercise will  benefit others in around her, with the belief that one of the benefits of exercise is higher energy level leading to higher work productivity.

Self-Reevaluation. The author evaluated her own readiness to change  by using the PACE assessment tool and determines her own willpower to effect a change in personal behavior.

Social Liberation. The author expressed a firm commitment to engaging in exercise for 30 minutes each session for 3 days  in a week

Stimulus Control. The author scheduled the days and times that she planned to exercise in advance in order to be in control of her own activities and resist the urge to exercise only when she feels like doing so.

Helping Relationship. The author also involved her husband as a source of social support She also joined him in his exercise routine at least one of the three days per week in the view that her husband is very active and that he is encouraging and supportive of the author’s desire to exercise and more than willing to go at my pace when exercising.

Counter Conditioning. The author used her time wisely by following her scheduled activities such as attending her classes and clinical during the days when he was not scheduled to exercise.

Reinforcement Management . The author chooses to reward herself for every week that she is able to exercise consistently for thirty minutes, for three days during that week.

Self Liberation. The author states her commitment to consistently and constantly following her exercise regimen.

OUTCOME EVALUATION

Outcome evaluation involves the use of the five stages of change to track the progress of the author on her way to achieving her health goal. The action done per each stage of change has been included in the discussion of this paper.

PreContemplation . The author was in this stage of change when she had not formulated her health goal yet. She was in this stage prior to joining the class to which the assignment was given. She had several attempts before to set an exersice schedule but she did not follow through with these plans.

Contemplation . The author entered this stage when she started to think about what health goal would be appropriate for her. When she was in this stage, she used the assessment tools to evaluate her readiness to change. At this point, she was already aware about the pros and cons of engaging in regular exercise and was already actually pondering on the steps she could take to initiate the transition.

Preparation. The author entered this stage when she formulated and verbalized her Health goal. She  was in this stage when she decided to employ the use of the Transtheoretical Model for Change in Health Behavior. Being in this stage also included her ability to draw up a scheduled plan for her exercise regimen.

Action. This is one of the significant stages of change because it is here where the behavior modifications have become obvious. This stage is not  however, the final level in the stages of change. For the purposes of the this paper, however, given the limited time frame, the attainment of the author’s personal health goal shall be determined by reaching this stage. The author reports, at this stage, having established a consistent exercise regimen wherein she engages in physical activity for 30 minutes for three days in a week. She also exhibits other behavior modifications favorable to the attainment of her health goal. She follows the processes of change both in the experiential and behavioral area.

Maintenance. Based on the time constraints as  limitations of this endeavor, this paper cannot cover evaluation of this fifth stage of change.

Using the five stages of change from the transtheoretical model for health behavior change, it can be surmised that the author of this paper was able to reach the fourth stage, which included the execution of the activities that indicated change in her behavior. Since the limitations of this paper have been stated beforehand, this being set within  10 weeks, although the fifth stage of change has not been reached, one can still consider the goal of being able to exercise for 30 minutes for 3 days in a week for 10 weeks as having been met. The documentation of reaching the fifth stage of change is beyond the scope of this paper.

MODEL EVALUATION

The author believes that she has chosen the correct model to achieve her health goal. This is because the Transtheoretical Model takes into consideration the intrinsic and extrinsic factors and indicators for change. (Velicer et al, 1998).  Also, it provided both a guide for the planning, implementation and outcome of the whole project to attain the specific health goal. Although, the time frame is not exactly in sync with the projected time for the 5 stages to be deemed complete, the model was still flexible enough to accommodate such limitations. The concept of the Transtheoretical Model for Health Behaviour Change is one that is grounded soundly in both theory and application and that makes it very reliable in terms of measurement and planning guide.

DISCUSSION

This endeavor has enabled the author to apply a theory and see its effectiveness. The nursing process requires the adherence to a systematic approach to a health problem. This assignment has facilitated the learning of the important value of following the process. The use of transtheoretical model has also been found useful by this author because it takes into consideration a multitude of factors in effecting change. More importantly, it focuses on the patient or the person’s determination to change. It takes into consideration the temporal aspect of making a decision to change a specific behavior. In this way, change is evaluated from within the person’s will and from the external manifestations, which are the changes in behavior. In light of this, it is important that the nursing practice, a theoretical model that is precise yet flexible and which provides a tool for outcome evaluation should be chosen. For example, in wanting to

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effect change in a patient with regards to an undesired health behavior, the patient should be evaluated for  readiness to change. In order to be able to reach the stage of contemplation, she should be supplemented with as much knowledge needed to enable her to make a good decision about the pros and cons of behavior change. When the person is in the planning stage, resources must be made available to help the patient make a good plan of action and encourage this patient to enter the action stage. While in the action stage, vigilance should be kept in order to retain learned behavior and avoid relapse. Finally, the evaluation of the outcome of the plan for the patient’s change in behavior will be deemed met when there is maintenance of health because of the change in behavior.  Also, with the knowledge of the transtheoretical model, nurses will be able to provide social support and necessary feedback to encourage the patient to observe the processes of change both in the experiential and behavioral area. The use of   Transtheoretical Model, in general was found by this author to be highly useful in both planning, implementation and evaluation in facilitating a change in behavior in order to attain a specific personal goal and also in relation to the application of the nursing process.

REFERENCES

Bulwer BE(2004). Sedentary Lifestyles, Physical Activity, and Cardiovascular Disease:

From Research to Practice. Critical Pathways in Cardiology , 3, 184-193

Cancer Prevention Research Center. 2004, November 23.

Detailed Overview of the Transtheoretical Model . Retrieved April 22, 2008 from http://www. uri. edu/research/cprc/TTM/detailedoverview. htm

Center for HealthCommunication Research(2008) Transtheoretical Model.

Retrieved April 21, 2008. http://chcr. umich. edu/how\_we\_do\_it/health\_theories/healththeories5/chcr\_document\_view

De Vet, E., Nooijer, J. D., de Vries, N. K., Brug, J.(2006).

The Transtheoretical model for fruit, vegetable and fish consumption: associations between intakes, stages of change and stage transition determinants. International Journal of Behavioral Nutrition and Physical Activity , 3, 1479-5868-3-13

Eastwood, Andrea L (2004)The transtheoretical model of change for multi-level interventions

for alcohol abuse on campus. Journal of Alcohol & Drug Education . Retrieved April 22, 2008  from The Free Library database.

Health Education Research Advance Access. (2008, April 11).

Transtheoretical model-based dietary interventions in primary care: a review of the evidence in diabetes. Retrieved April 22, 2008, from http://her. oxfordjournals. org/cgi/reprint/cyn015v1

Marcus, B. H..; Simkin, L. R.( 1994). The transtheoretical model: applications to

exercise behavior. Medicine & Science in Sports & Exercise . 26, 1400-1404.

Prochaska JO, Velicer WF(1997) The transtheoretical model of health behavior change.

American Journal of Health Promotion , 12, 303-313

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change.

American Journal of Health Promotion , 12, 38–48

Velicer, W. F, Prochaska, J. O., Fava, J. L., Norman, G. J., & Redding, C. A. (1998)

Smoking cessation and stress management: Applications of the Transtheoretical Model   
of behavior change. Homeostasis , 38, 216-233.