

Attribution theory on human health behaviors



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The analysis of health behavior is grounded on two premises, like in nations where industrialization is more particular, ratio of fatality from main reason of disease is a certain behavior pattern which is changeable (Stroebe and Stroebe 1995). It is now clearly known that people play active part in their health by adapting certain health behaviors like doing exercise and stay away from some other things like smoking, alcohol, drugs etc. For e. g. There is a study conducted in Alameda given 7 features in style of living: no smoking, moderate consumption of alcohol, 7-8 hrs sleep every night, doing routine exercise, keeping preferable body weight, restrict snacks and regular breakfast- these altogether link with low morbidity and high long term survival (Belloc and Breslow 1972; Belloc 1973; Breslow and Enstrom 1980)

Abstract:

Psychologists are interested in beliefs. The essay defines the health related behaviours and shows

how behaviours give contributions in different risks to individuals. It also helps to understand and

improve the health behaviours. It also describes few theoretical models which are helpful in making

useful interventions in health behaviours for high risk population. Attribution theory deals with

person's own attributions for the causes of different behaviours. Self efficacy is a person's

confidence to follow up a specific behaviour.

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Attribution Theory:

Firstly Heider (1944, 1958) worked on this theory. Then it is developed by Kelley (1967, 1971) and given a clear theory that attribution is form of given criteria's: Distinctiveness, Consensus, Consistency over time, Consistency over modality. Kelly present that attributions are formed with these criteria's.

The dimensions of attribution are given below that changes the person's behaviour :

Internal Vs External: Example is that I am not selected for job because I had not given good performance Vs the person took interviewed didn't like my gender.

Stable Vs Unstable: Example is that my failure always follows me Vs I was just fail for that job only.

Global Vs Specific: Example is that this failure affects other things in my life Vs not affected other things.

Controllable Vs Uncontrollable: Example is that reason for my failure was controllable by myself Vs was not controllable by me.

The four factors of attribution theory that act upon motivation in study:

Ability: It is internal and stable component on which student have not great direct control.

Task difficulty: It is external and stable component which is away from student control.

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Effort: It is internal and unstable component on which a student can have great control.

Luck: It is external and unstable component on which a student has a very less control.

Herzlich (1973) talked to 80 people regarding basic cause of health and illness. He found that health seems to be internal and illness found to be thing that received from the outer world. Brickman et al. (1982) recognized between the reason of problem and its workable solution. As an example they verify that an alcoholic person accept the responsibility for becoming an alcoholic because of low willpower (cause), he also trust that with the help of medical treatment he will be recovered (solution).

Bradley (1985) analyzed patient's attributions for cause of their diabetes and acknowledged that credited control of disease is the chosen treatment by them. Here their attribution is that either this is manageable by me or it is by God? Patients choose an insulin pump or conventional intervention or regular injectables. The conclusion showed less control over the diabetes over more control to their doctors.

Another analysis done by King (1982) regarding attribution for illness and attending screening clinics for high blood pressure. The analysis showed that if high blood pressure was perceived as external but manageable by person then he will likely showing his attendance in clinic. His attribution was that he is not liable for disease but he can control it.

If we critically evaluating these three situations then these persons will be cured, if the doctor give them treatment and confidence. Because this will satisfy their attributions, and their confidence also improved to be cured. So if the patient will be cured by this attribution then this helps in his treatment.

According to Fritz Heider the people made two types of attributions:

Personal attributions: Example of this is “ he got good marks in examination because he studied well”.

Situational attributions: Example of this is “ he got good grades because the exam was easy”.

Examples of self attribution theory depend on circumstances which are positive and negative. A student who failed in an exam may attribute his failure to his studying behaviour, studying not according to syllabus; the tutor didn't provide the correct learning material. By this externalization of blame student totally exclude himself from his failure. The attribution plays important part in diagnosis in psychiatry and treatment of patients in health psychology.

If a runner putting his maximum efforts but failed to reach the final, then by saying this is because of his less efforts made him feel low(Robinson, 1990). If we encourage him to do more efforts and use better strategy then he probably succeed in future. But if he uses wrong strategy in future too then even best efforts doesn't improve his future outcomes.

So the person's own attributions plays major role in the behavioural change. It's his own perception which changes his behaviour towards different situations.

Health Locus of Control:

The Health Locus of Control construct evolved from Social Learning Theory developed by Rotter in 1966. In the year 1976, the first HLOC measure was created by Wallston, Wallston, Kaplan and Maides. Every person is different in regard to issues as controlled by themselves (internal locus of control) or not controlled by themselves (external locus of control). Wallston and Wallston (1982) create a criterion of Health Locus Of Control which tells either a person consider his health as controlled by himself (e. g. ' he himself is responsible for his health') or a person thought that his health is controlled by his destine (it's my fate that I am allright or sick), or person thought that his health is controllable by other expert persons (I can do things according to my doctors advice).

Health Belief Models

The Health Belief Model (HBM) (Rosenstock, 1966)

The Theory of Planned Behaviour (Fishbein & Ajzen, 1975)

Health Belief Model (HBM): A person will take preventative measures if-

Person thought that illness could have critical effects

Person thought preventative measure will be good

Person considers the requirement (like pain) doesn't dominate the benefits of the health.

Theory of Planned Behaviour: Health aims are presented by-

Personal belief regarding particular behaviour (for e. g. I was given up alcohol because this saves my expenses).

Attitudes about unobjectionable way of behaviour.

According to Weinstein (1983, 1984) indicated that the reason that people practicing same nonhealthy behaviours is because of their unrealistic optimism. Weinmen(1987)mention four cognitive factors which give contribution to unrealistic optimism: 1. No physical experience with problem. 2. The belief that with individual action the problem is able to be prevent. 3. The belief if problem is not in present; it will not be in future. 4. The belief that the problem is not frequent.

According to DiClemente et al. 1991; Marcus et al. 1992, the stages of change model which applied to various health-related behaviour within health psychology like smoking, alcoholism, weight loss and other screening behaviours(breast self examination) suggests the different set of beliefs and behaviours at various stages:

1. Precontemplation: Person not thinking for any behavioural change. Like ' Being a smoker I am glad and ready to continue the same'.
2. Contemplation: Person thinking over behavioural Change. ' Lately due to lot of cough, I should think to quit smoking'.

3. Preparation: Person starts creating changes. ' I am not go to pub and try to stop smoking'.

4. Action: Person actively pursuing changed behaviour. ' I have quit smoking'.

5. Maintenance: Person preserving the changed behaviour. ' The smoking has been stopped by me for ten weeks'.

Persons go by these stages in order, might revert to primary stages. 50-80% relapse within a year who quits smoking because their maintenance stage is weak. In the maintenance stage people focus on profits (person feel sound after quitting the smoking). But persons in primary stages mostly focus on cost (May be there will be social disadvantage because of quitting smoking). If the maintenance stage is weak then the person might revert and start smoking again . So his internal locus of control should be strong to quit smoking.

A college going student having strong internal locus of control thought his marks in exam was because of his efforts and hard work. However the student having external locus of control that his low marks was because of bad luck or a tutor who design bad exam or marks. Person having external locus of control are more suffer with clinical depression (Benassi, Sweeney&Dufour, 1988; cited in Maltby, Day&Macaskill, 2007).

According to Redeker(1989) the ladies who done a self examination of breast a minimum of three times in one year had strong internal health locus of control belief. Whereas, other studies failed to got any concern in between

health locus of control belief and to do self examination of breast (Seeman and Seeman 1983; Lau et al. 1986; Smith et al. 1990).

If we critically evaluates this then the persons having internal locus of control are more efficient to deal with diseases and have good health. So health educators need to train the persons who are sick, and develop internal locus of control in them.

Self-Efficacy:

According to Albert Bandura, self-efficacy is “ the belief in one’s capabilities to Organize and execute the courses of action required to manage prospective situations” (Albert Bandura, 1995, p. 2). In other words, it is a person’s belief in their power to come through in a peculiar position. Bandura described these beliefs as determinants of how people think, behave, and feel. According to Bandura person’s motivation and its process presumed on three expectancies:

Situational-outcome expectancies

Action-outcome expectancies

Perceived self-efficacy

Self efficacy expectancies presumed having leading affect on person’s behaviour and indirect affect on intentions. Bandura and others thought the self efficacy of a person play a main part in approaching towards their goals, assignments, and contests. In case of health behaviour change, a person having strong self efficacy, rapidly recovers from their worries and disappointments. They deeply involved in the tasks in which they involved.

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They saw challenging problems as tasks in which they want to master. Whereas the persons having low self efficacy are not involving in challenging tasks. They thought that difficult affairs and challenges are not in their capacities. They mostly targeted on negative outcomes and easily lose confidence in their abilities (Bandura, 1994).

According to Gibson and Dembo (1984), the teachers having high instructional efficacy were more dedicated to give instruction time in academic study. they provide good help to students when they want. They gave good comments on their success. Similarly, Woolfolk and Hoy (1990) experienced that the teachers having less self -efficacy use custodial strategies that concentrate on negative sanctions. However, teachers having high self-efficacy give motivation and encouragement to the students to improve their academic learning. Ultimately, Bandura (1997) points that various educational institutes and departments have different perceptions of self-efficacy. Institutional staffs who judge themselves in collective way have more self-efficacy and made an atmosphere of higher productivity in the students of their institution.

These are the four factors which affects self-efficacy:

Successful experience- Your strong belief made on your success achieved by you. For example if I person think about quit the smoking habit and continuously not smoke for a week then he build a thought that “ he can do this”.

Modeling- Person gets encouragement from others, who leave the habit of smoking. He thought “ if that person does the same, why not me”.

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Feedback from others-Boost from other persons also affects self-efficacy.

Physiological-The person's internal feelings and mind told him that " he is able to do this".

(Bandura, 1997)

If we critically evaluate the contribution of self efficacy in Health Psychology then as in above case of addiction to smoking, with the above four factors which affects self efficacy, the person is able to quit smoking. His is able to change his health behaviour.

CONCLUSION:

These theories bespeak person's health behaviours. Some studies established positive indication in health behaviour change while others failed to do same. Each theory has some limitations but these are trustworthy for certain health behaviours. They guide a person how to behave and tell the personality and health behaviour of a person in the particular circumstances. The theories guide us to live healthy life.