

# Health Promotion Models and Theories



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# OBJECTIVES

1. Discuss theoretical assumptions and concepts of health promotion theories and models
2. Identify key features of each non-nursing model/theory
3. Compare nursing and non-nursing theories and models in terms of their strengths and limitations

# LIFE COURSE HEALTH DEVELOPMENT MODEL



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# Behavior Models



## Behavior Change Models

Health Belief Model (Rosenstock, 1996)

Theory of Reasoned Action or Theory of Planned Behavior (Fishbein & Ajzen, 1975)

Social Cognitive Theory of Learning (Bandura, 1989)

Self-Determination Theory (1991)

Transtheoretical Model, Stages of Change (Prochaska, Norcross & DiClemente, 1997)

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Precaution Adoption Process Model

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Precaution Adoption Process Model

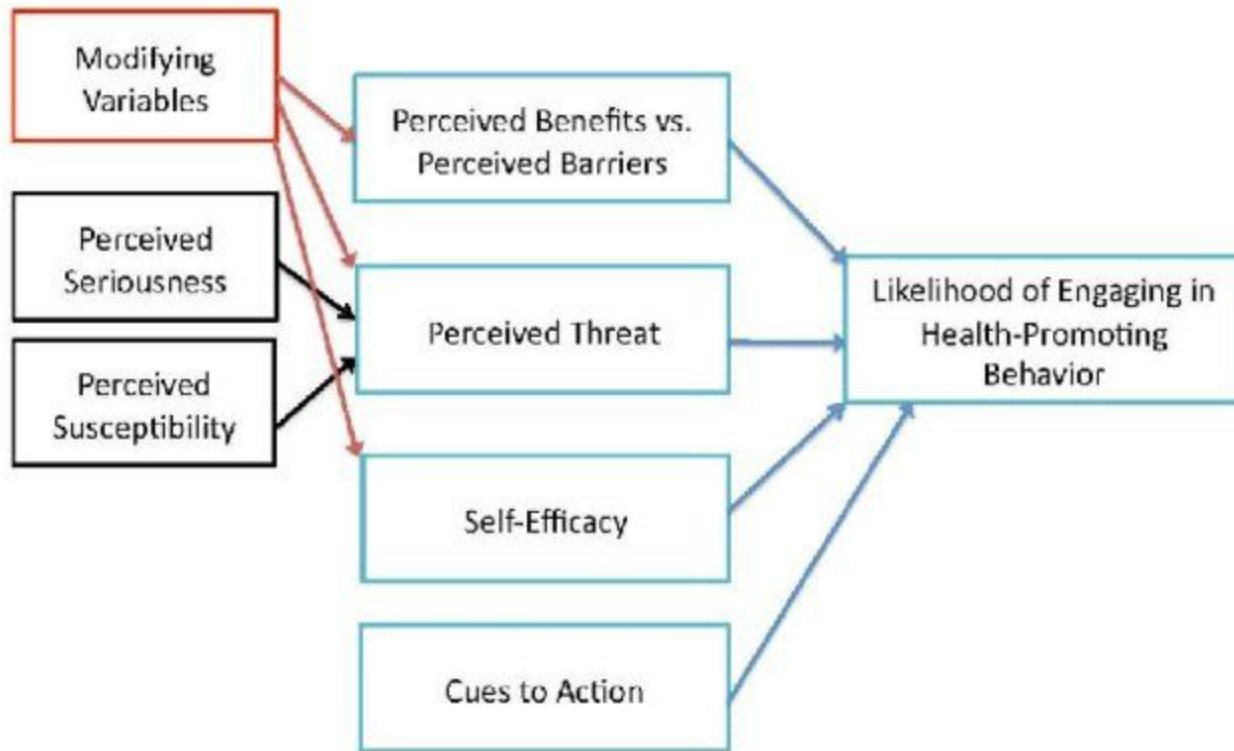
# Health Belief Model (Rosenstock, 1996)




is a theoretical model concerned with health decision-making. The model attempts to explain the conditions under which a person will engage in individual health behaviors such as preventative screenings or seeking treatment for a health condition (Rosenstock, 1966).



# The Health Belief Model



# Theory of Reasoned Action and Theory of Planned Behavior (Fishbein & Ajzen, 1975)



suggests that a person's behavior is determined by their intention to perform the behavior, and that this intention is, in turn, a function of their attitude toward the behavior and subjective norms (Fishbein & Ajzen, 1975)

The person's beliefs that the behavior leads to certain outcomes and his evaluations of these outcomes

Attitude toward the behavior

Relative importance of attitudinal and normative considerations

The person's belief that specific individuals or groups think he should or should not perform the behavior and his motivation to comply with the specific referents

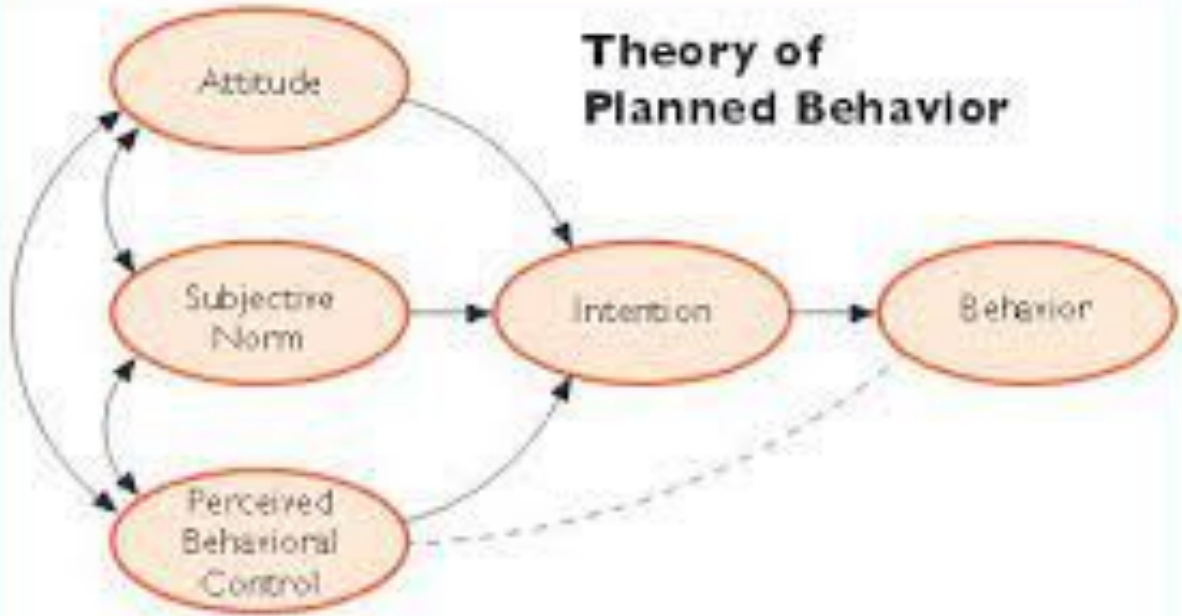
Subjective norm

Intention


Behavior



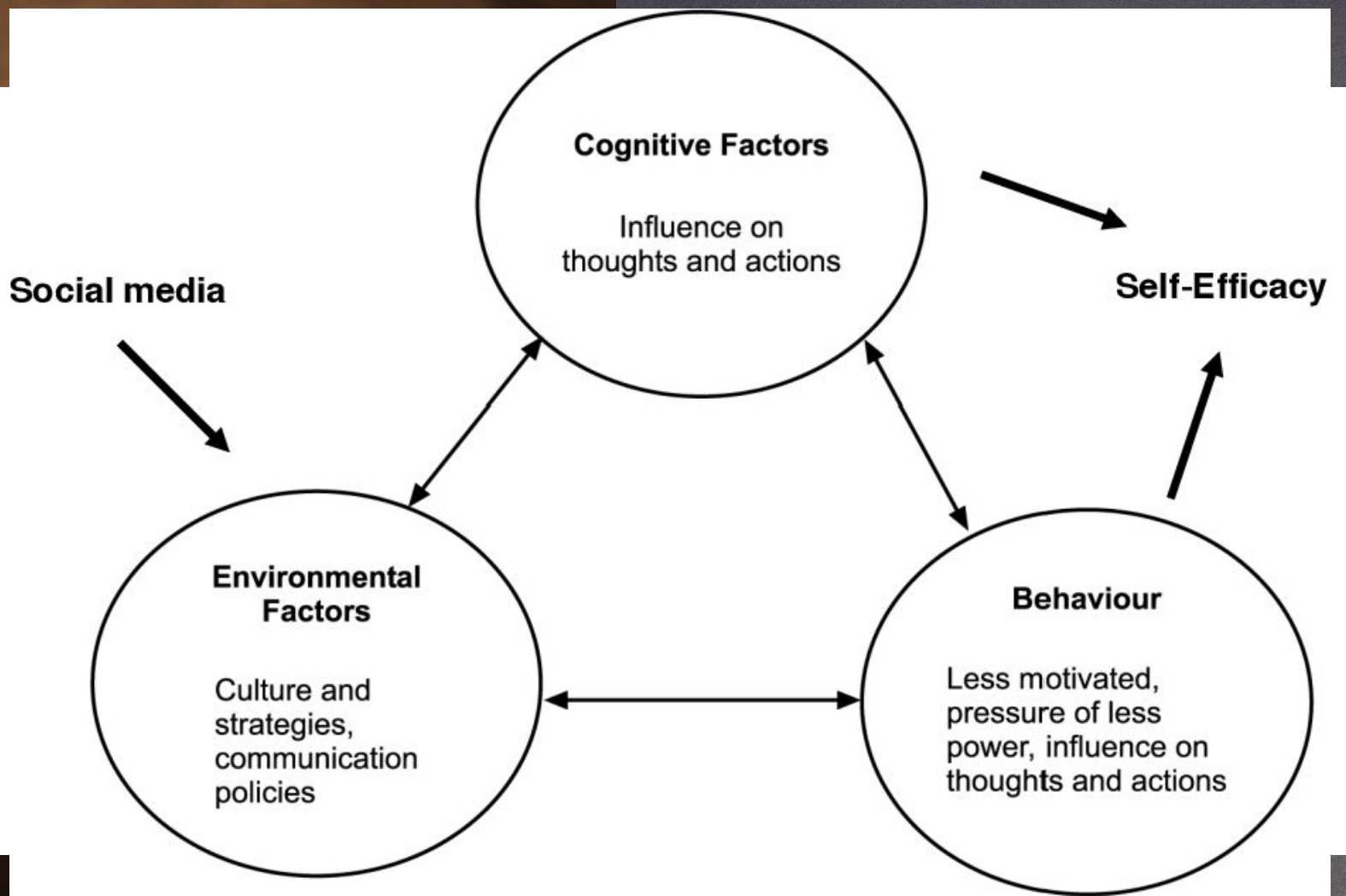
# Theory of Planned Behavior



# Social Cognitive Theory of Learning (Bandura, 1989)



learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior




# Self-Determination Theory (1991)

When our social environments, including the places where we receive health care, are more supportive of these psychological needs, the quality of our motivation is more autonomous.



Alternatively, when our psychological needs are not well met or even thwarted through our social interactions, the quality of our motivation is more controlled. Researchers have found through many studies that when people are more autonomously motivated, they are more likely to achieve their health goals over time





## SELF-DETERMINATION THEORY

Amotivation

Extrinsic Motivation

Intrinsic  
Motivation

No  
regulation

External  
regulation

Introjected  
regulation

Identified  
regulation

Integrated  
regulation

Intrinsic  
regulation


INCREASING AUTONOMY OR  
SELF-DETERMINATION



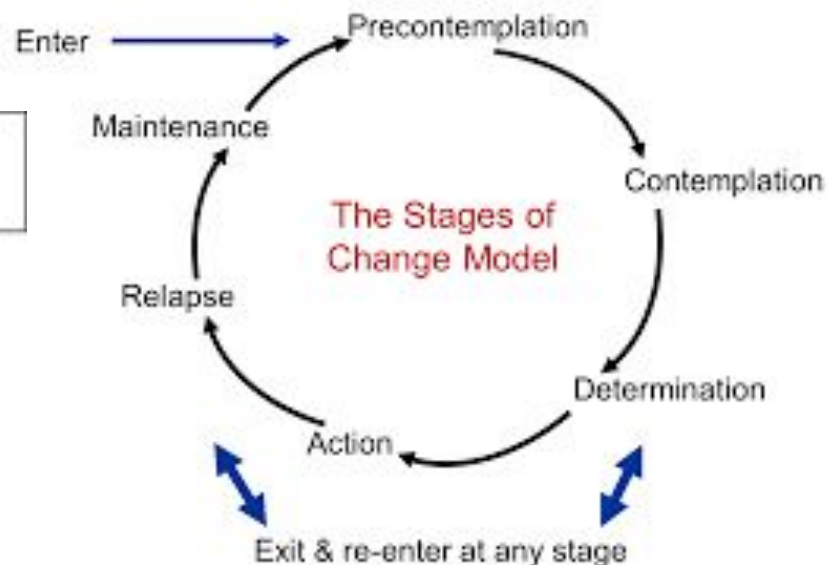


# Transtheoretical Model and Stages of Change

(Prochaska, Norcross & DiClemente, 1997)




health behavior change involves progress through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination.

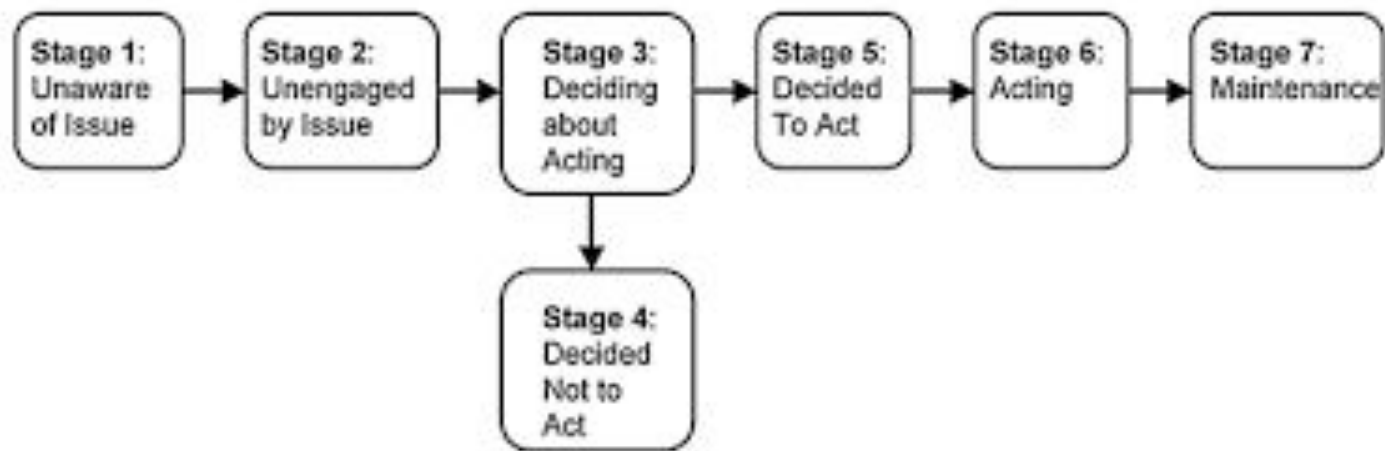


# Precaution Adoption Process Model

attempts to explain how a person comes to decisions to take action and how he or she



translates that decision into action. Adoption of a new precaution or cessation of a risky behavior requires deliberate steps unlikely to occur outside of conscious awareness.



# Intervention-Based Models

A decorative horizontal bar consisting of several colored segments: black, blue, dark blue, yellow, cyan, light blue, dark blue, cyan, grey-blue, black, and yellow.

Tannahill Model (1980)

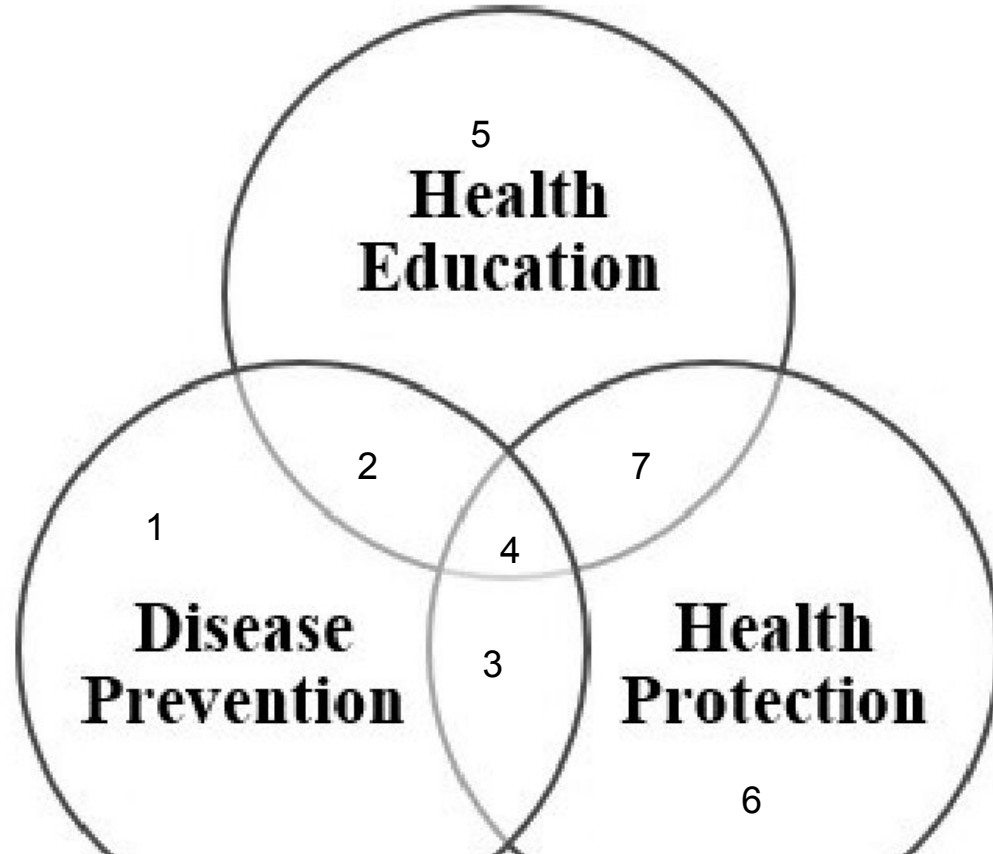
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## Tannahill Model (1980, 1990)

Disease prevention can be done in three ways: primary prevention, secondary prevention and tertiary prevention.

The main goal of primary prevention is to prevent the onset of illnesses so that they do not occur by identifying who are at risk

# Tannahill









# Communication Theories



Diffusion of Innovations  
Theory (1962)

Health Communication  
Theory (Weick, 1979)

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# Diffusion of Innovations Theory (1962)

The main players in the theory are:

- 1) **innovators** - venturesome and interested in new ideas
- 2) **early adopters** - enjoy leadership roles, and embrace change opportunities; know that change is inevitable
- 3) **early majority** - need to see evidence that the innovation works before they are willing to adopt it
- 4) **late majority** - only adopt an innovation after it has been tried by the majority
- 5) **Laggards** - bound by tradition and very conservative

# Diffusion of Innovations Theory (1962)

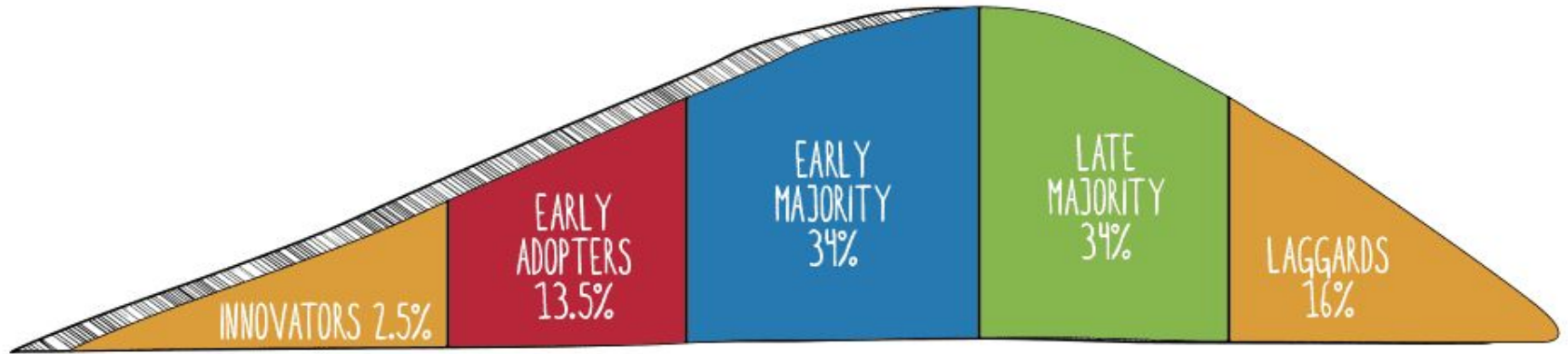
This theory describes the pattern and speed at which new ideas, practices, or products spread through a population



Everett Rogers, a professor of communication studies, popularized the theory in his book *Diffusion of Innovations*; the book was first published in 1962

Adoption of a new idea, behavior, or product does not happen simultaneously in a social system, it is a process; some people are more eager to adopt the innovation than others

# DIFFUSION OF INNOVATION MODEL



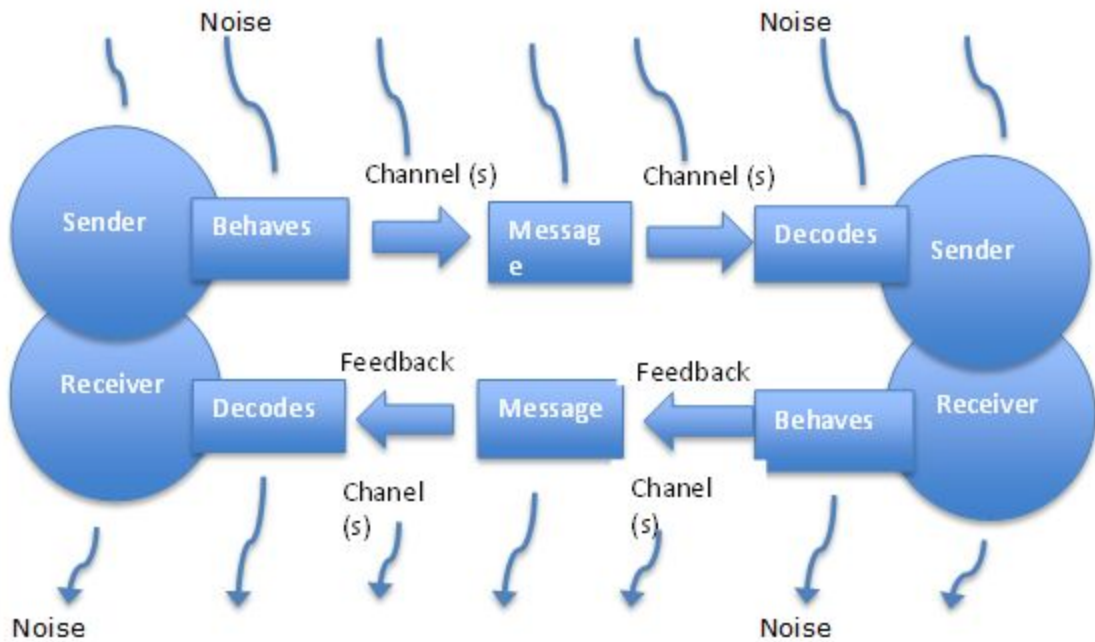
ESSENTIAL MARKETING MODELS [HTTP://BIT.LY/SMARTMODELS](http://bit.ly/smartmodels)

# HUMAN COMMUNICATION THEORY (1979)

By F. Shudder states that **all living beings existing on the planet communicate** although the way of communication is different.

*How do you know that plants need watering?*

the process of transferring information from the sender to the recipient where the recipient decodes the information and acts accordingly.



Sender

**COMMUNICATION  
THEORIES**

Message

Receiver

Medium

# Ecological Models



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Precaution Adoption Process Model




# **SOCIAL ECOLOGICAL MODEL (1979)**

Ecology of Human Development or Ecological Systems Theory was developed by psychologist Bronfenbrenner




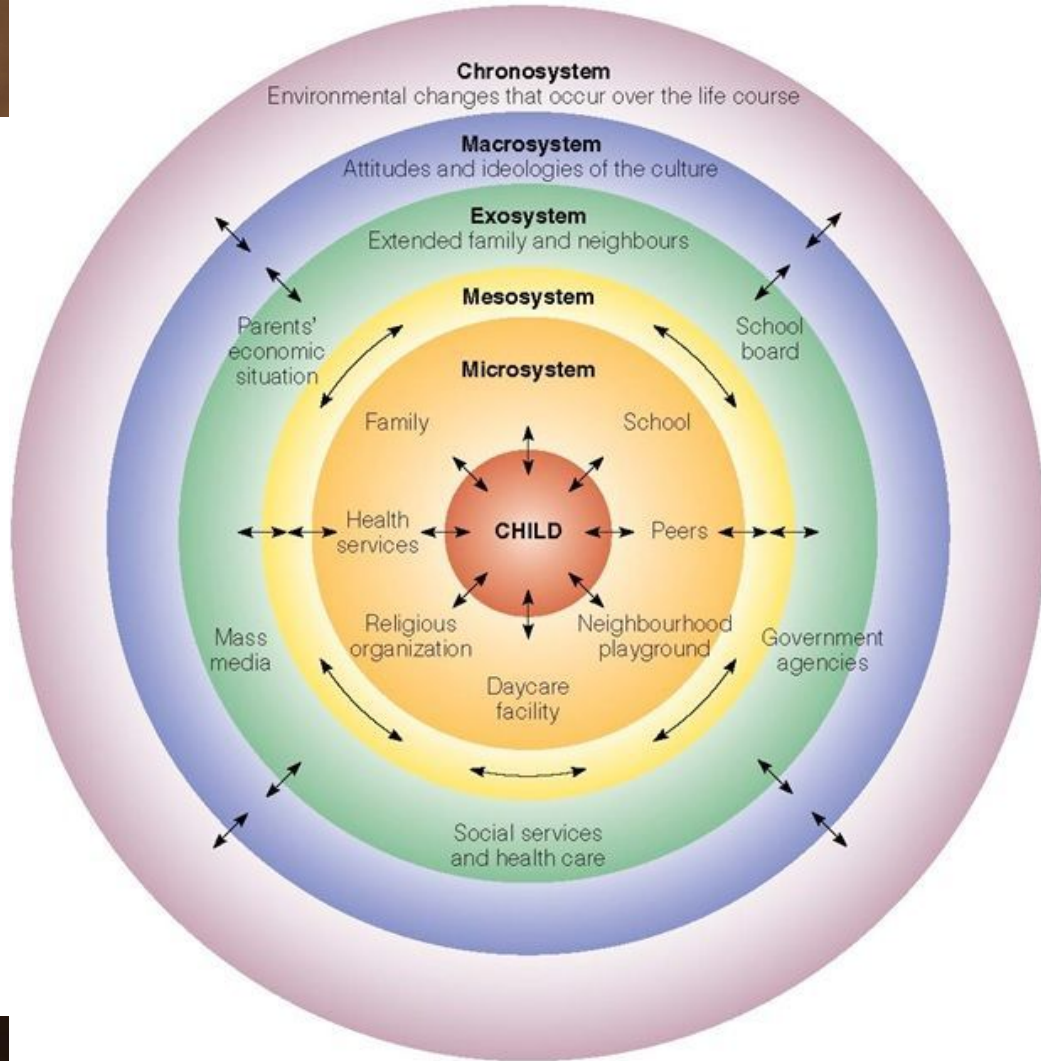
views child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings of family and school to broad cultural values, laws, and customs.



# SOCIAL ECOLOGICAL MODEL


Bronfenbrenner divided the person's environment into five different systems:

- 
- 1) the microsystem,
  - 2) the mesosystem,
  - 3) the exosystem,
  - 4) the macrosystem,
  - and 5) the chronosystem



# SALUTOGENIC THEORY (1996)

study of the origins of health and focuses on factors that support human health and well-being, rather than on pathogenic factors



focuses on the direction towards the healthy end of the health continuum - **Aaron Antonovsky** (1923-1994) “How can we move toward greater health

health results of continuous everyday life interactions between the individual and inevitable social-, economic-, cultural-, physical-, mental- and biochemical stressors

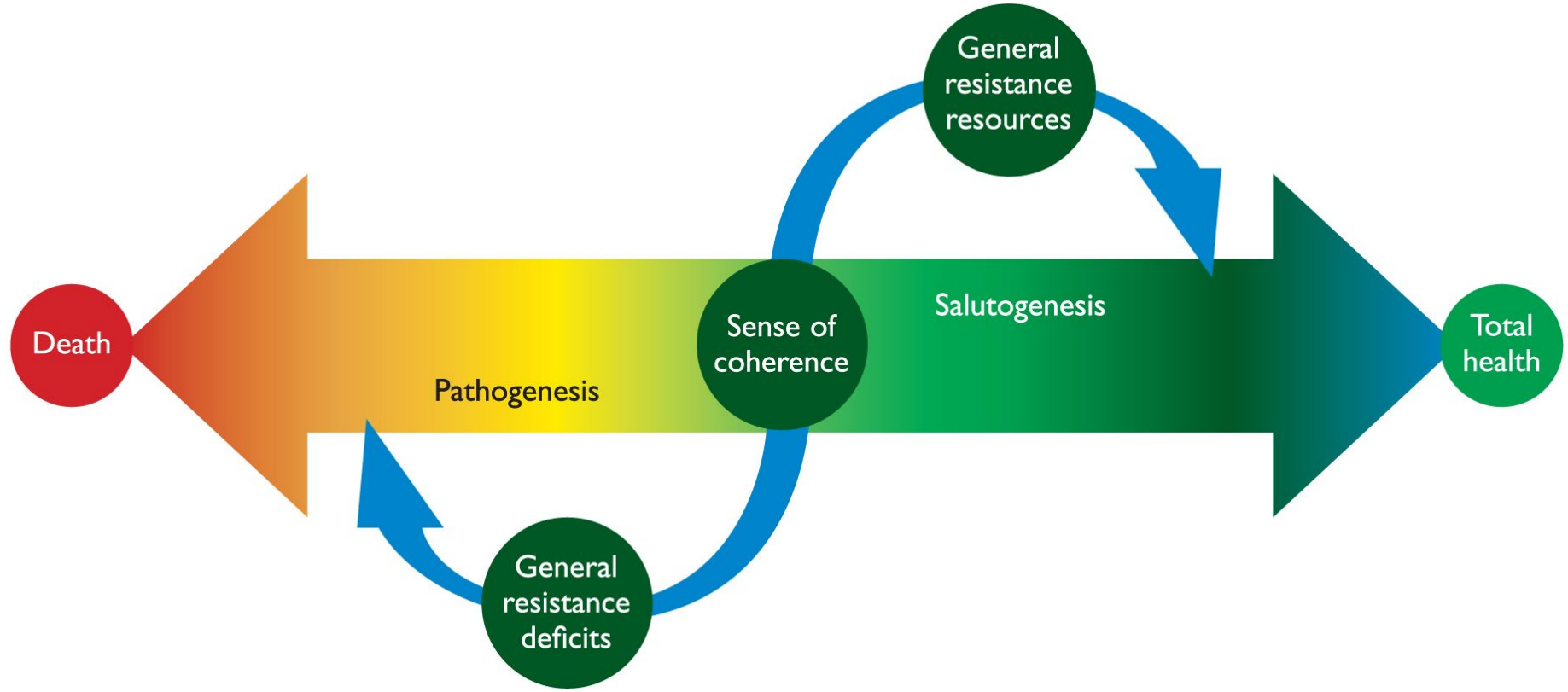
# SALUTOGENIC THEORY (1996)

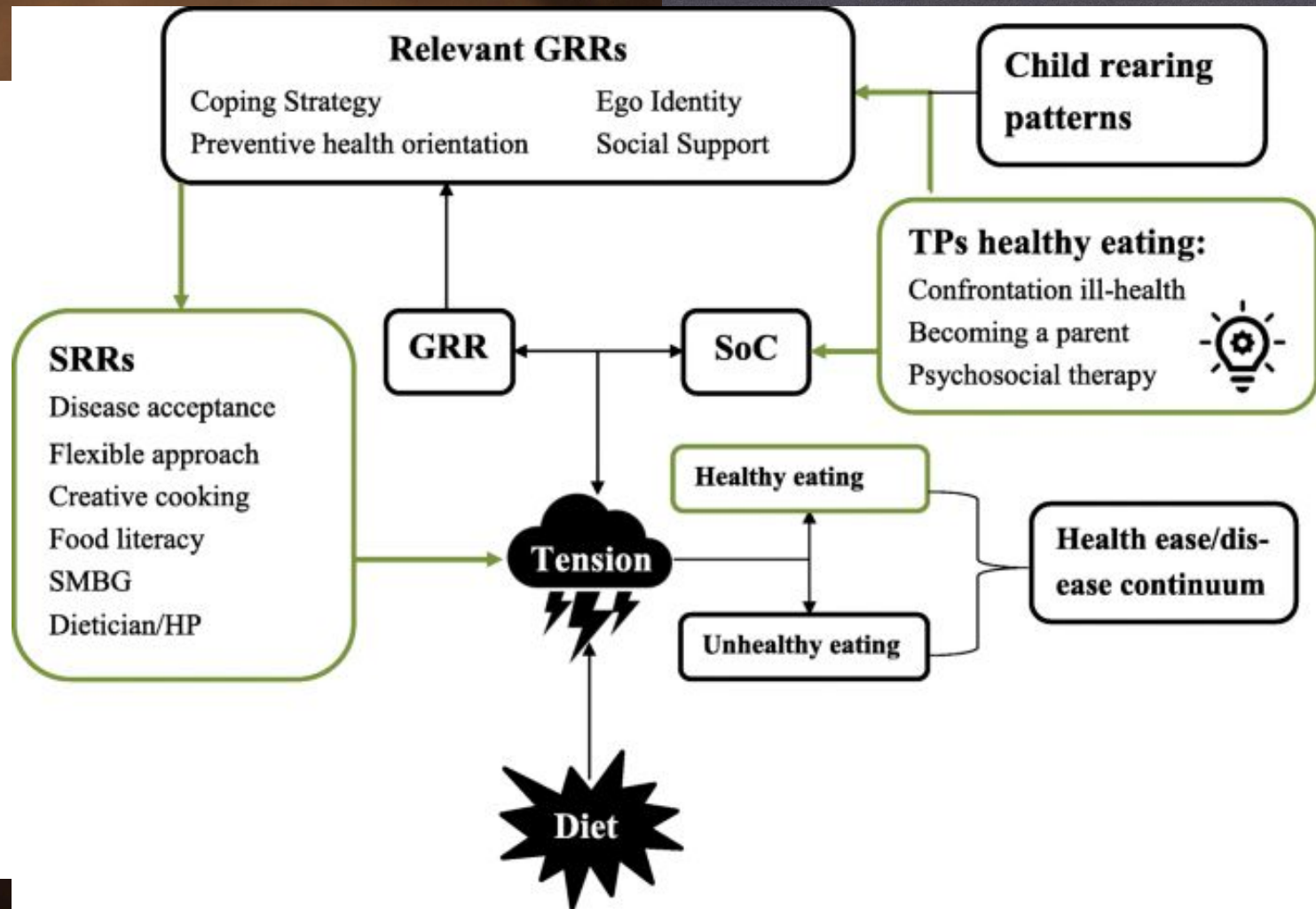
Sense of Coherence (SoC): The individual's capability to identify and mobilize resources



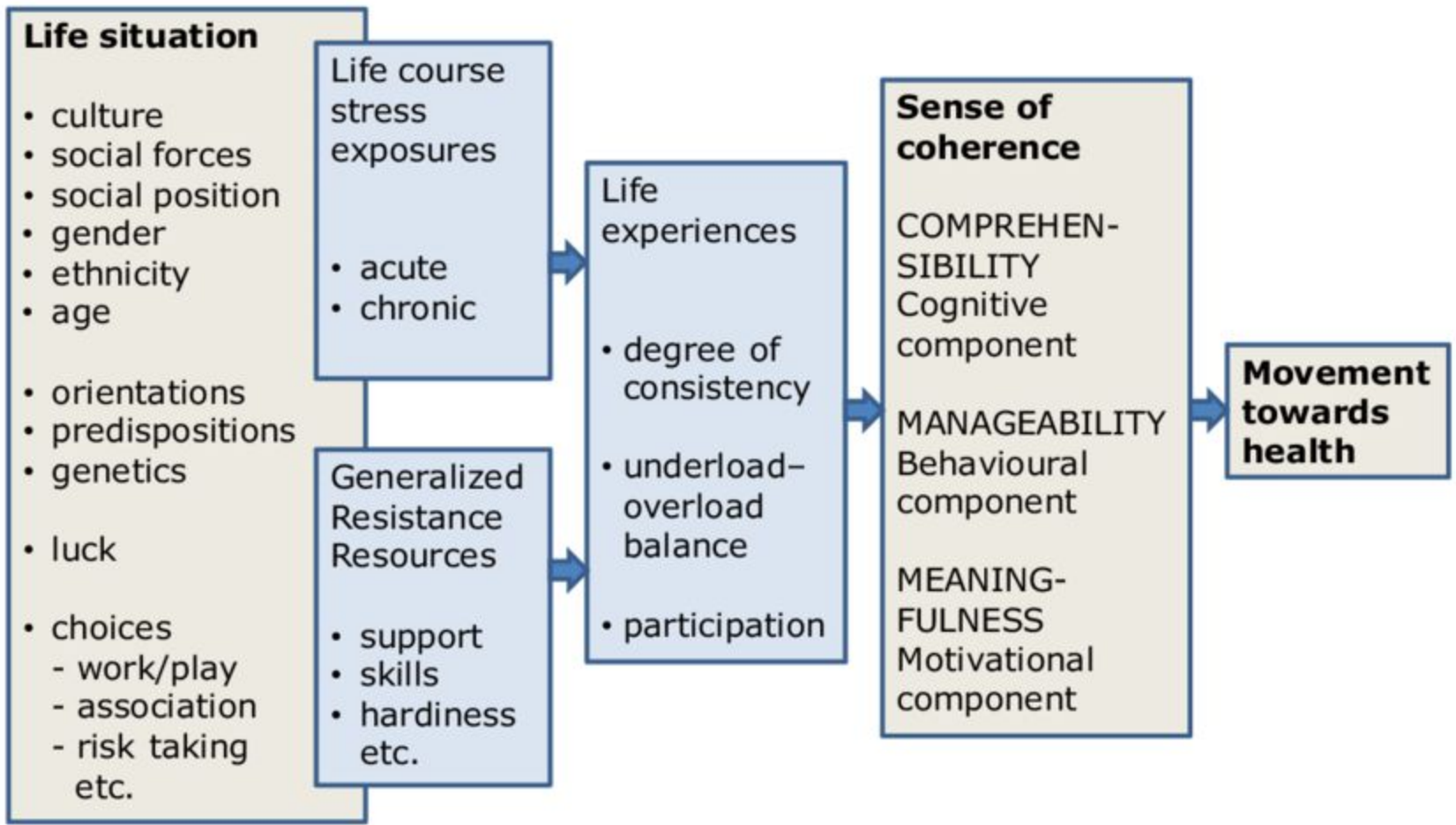
Generalized Resistance Resources (GRRs): The resources that promote health and facilitate coping with stressors

Specific Resistance Resources (SRRs): useful in *specific* situations of tension











# LIFE COURSE HEALTH DEVELOPMENT MODEL ( 2002)

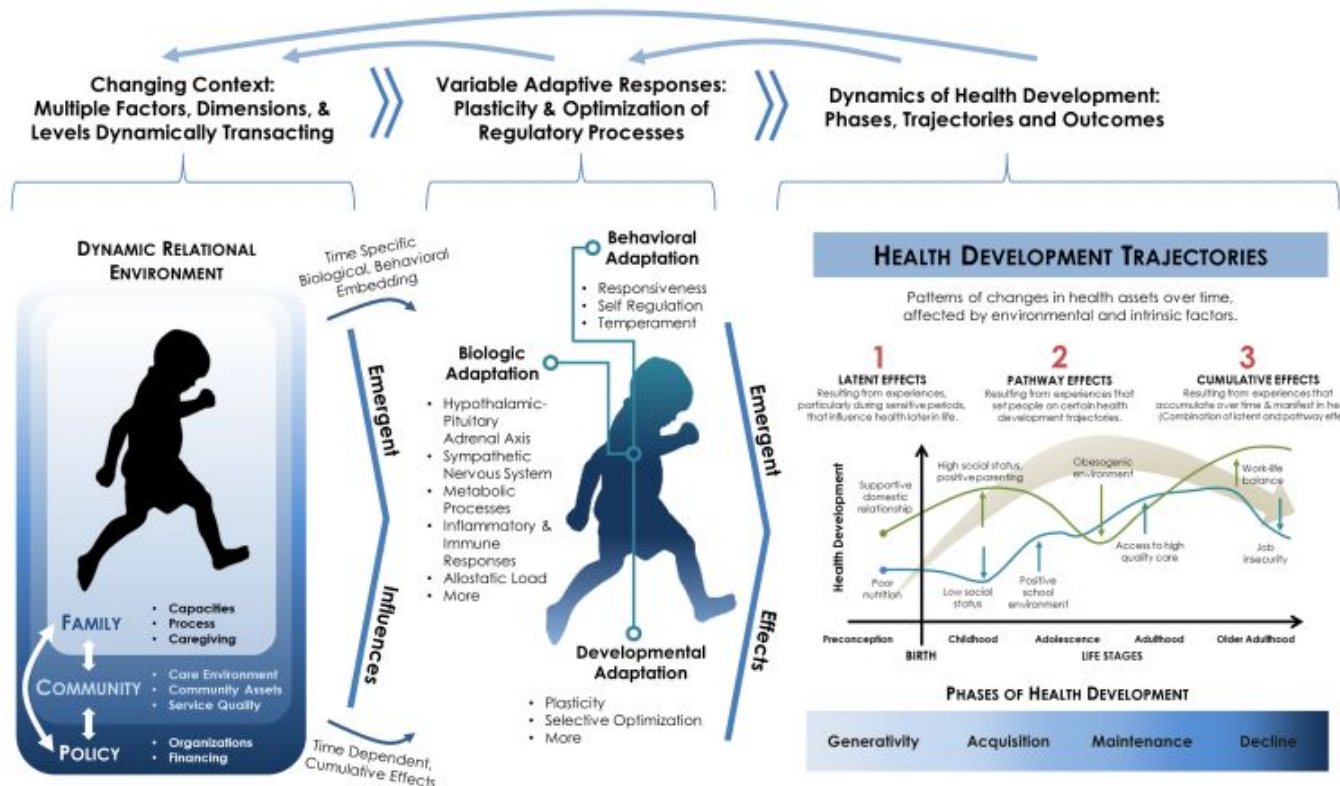
Halfon & Hochstein, developed this framework after decades of analyzing people's lives within structural, social, and cultural contexts.



theory that seeks to understand the multiple factors that shape people's lives from birth to death, placing individual and family development in cultural and historical contexts

There are seven (7) principles of this theory

# LIFE COURSE HEALTH DEVELOPMENT MODEL



## LIFE COURSE HEALTH DEVELOPMENT CORE PRINCIPLES

1. Health development is an emergent property of living systems.

2. Health develops continuously over the lifespan.

3. Health development is a complex, non-linear process that results from person-environment interactions that are multidimensional, multidirectional, and multilevel.

4. Health development is highly sensitive to the timing and social structure of environmental exposures.

5. Evolution enables and constrains health development pathways and plasticity.

6. Optimal health development promotes survival, enhances thriving and protects against disease.

7. The cadence of human health development results from synchronized timing of molecular, physiological, behavioral, cultural and evolutionary processes.

## Health development:

1. Is a unified whole
2. Continuously unfolding
3. Results from complex interactions of individuals with environments
4. Sensitive to timing, environmental exposures, experiences
5. Plasticity - Adaptable and malleable to diverse environments
6. Thriving - promotes survival, enhances well-being, and protects against disease
7. Harmony - results from the balanced interactions of molecular, physiological, behavioral, cultural, and evolutionary processes



# Planning Models



Simmons's Health  
Promoting Self-Care  
System Model (1990)

Whitehead's Social  
Cognitive Model for  
Health Promotion  
Practice in Nursing  
(2001)


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# Simmons's Health Promoting Self-Care System Model (1990)

- integrates perspectives of self-care and health promotion
- encourages the development of a cumulative nursing knowledge base and contribute to the goal of enhancing the health and well-being of persons across developmental and sociocultural contexts

# Simmons's Health Promoting Self-Care System Model (1990)

By Susan Simmon



a framework for identifying and explaining sequential patterns among factors which influence the decision-making, performance and outcomes of health-promoting lifestyles The model is based upon a synthesis of elements comprising constructs of the Self-Care Deficit Nursing Theory as well as certain factors in the Interaction Model of Client Health Behaviour and the Health Promotion Model



# The self-care continuum

Pure self care

Responsible

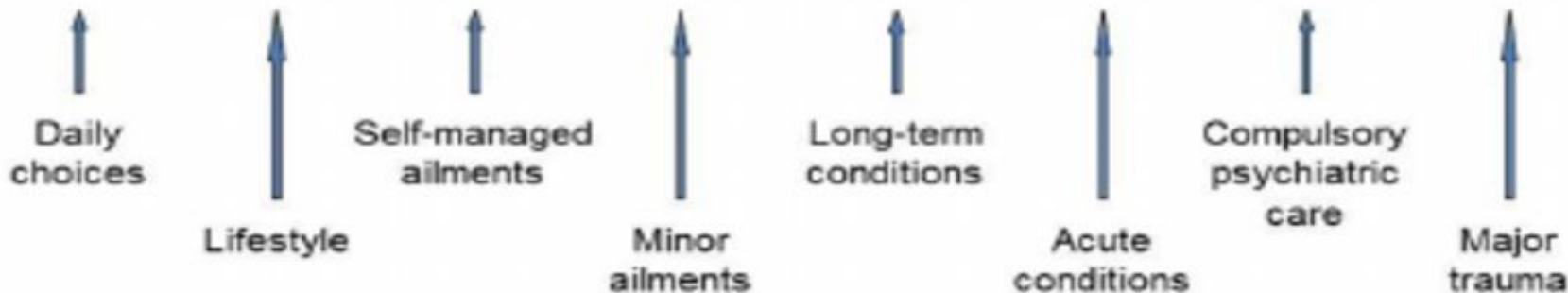
individual

Pure medical care

Professional

responsibility

The self-care continuum



Healthy living


Minor ailments

Long-term conditions

In-hospital care

# Whitehead's Social Cognitive Model for Health Promotion Practice in Nursing (2001)

Social cognitive behavioural models are valuable tools that nurses can incorporate routinely into existing frameworks of practice

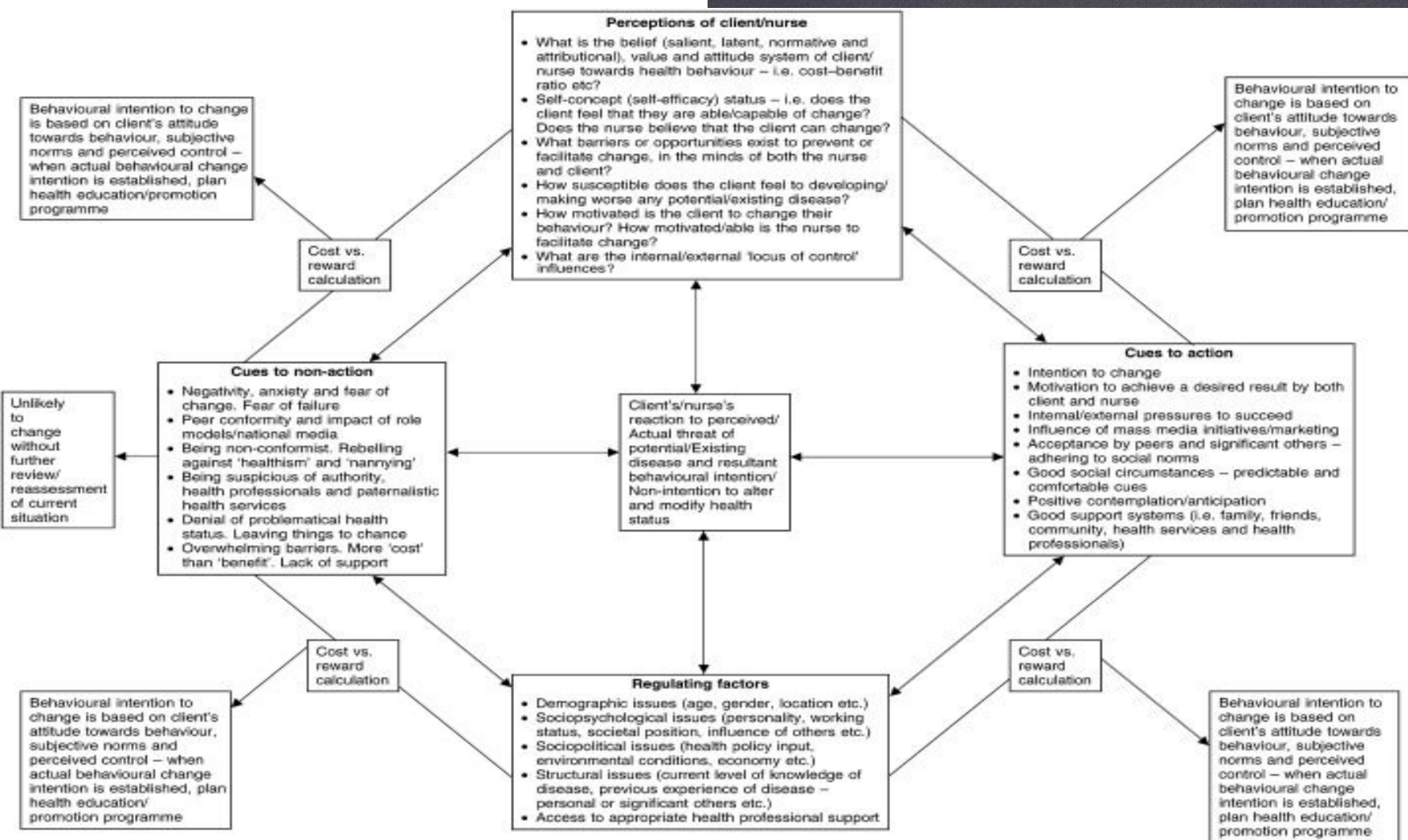


This is designed to make the adoption of health-related behavioural change in clients easier and more realistic



# Whitehead's Social Cognitive Model for Health Promotion Practice in Nursing (2001)

- Perception of client and nurse:  
Self-concept, beliefs, locus of control, susceptibility
- Cues to action
- Cues to non-action
- Regulating factors: Access issues, Situational factors, costs, constraints,





**Thank you!**