

Combining Theory and Practice: How Understanding Patient Behavior Can Improve Health Outcomes

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Disclosures

 Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Educational Objectives

- At the conclusion of this session, participants should be able to:
 - Define the role of health behavior theory in patient care.
 - Apply constructs of the health belief model, social cognitive theory, and transtheoretical model to the patient experience.
 - Describe how incorporating health behavior theory into clinical practice can reduce health disparities.

Patient-Provider Communication

Barriers to Communication

- Clinician perspective
 - Treatment non-adherence can be perceived negatively by providers which can result in labeling a patient as "non-compliant" or "difficult".
 - These labels have negative connotations and can create disparate care.

- Patient perspective
 - Providers can be perceived as "uncaring".
 - Patients feel concerns/questions are minimized or ignored.

Patient Provider Relationship



Effective patient-provider communication is essential for a therapeutic relationship.



Communication can often be hindered due to differing perspectives and expectations by the patient and provider.



Enhancing shared decision making and patient education is necessary to improve health outcomes.

Health Behavior Theory

What is health behavior theory?

- Health Behavior
 - "Actions taken by individuals that affect health or mortality."
 - "Actions may be intentional or unintentional, and can promote or detract from the health of the actor or others."

- Theory
 - "A set of interrelated concepts, definitions, and propositions that explains or predicts events or situations by specifying relations among variables."

Defining health behavior theory

- Health Behavior Theory
 - A combination of psychological concepts and public health frameworks that seek to explain or change health behaviors among individuals, communities, populations, or organizations.

Why is health behavior theory important?



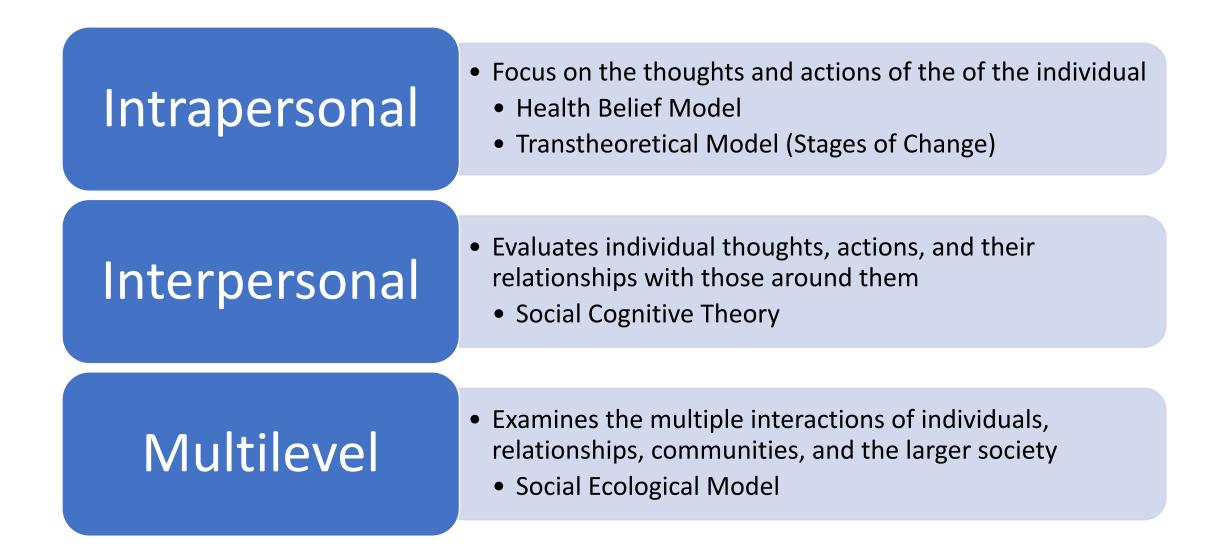
Health behavior theory can be used to explain why patients may chose or not chose to adopt recommended changes or treatments.



Health behavior theories and models can also be used to facilitate change and increase the effectiveness of health education programs and interventions.

Theoretical Models/Theories

Types of Health Behavior Theories



Health Belief Model

Health Belief Model (HBM)

• HBM

- Developed in 1950s by the U.S. Public Health Service to explain the lack of participation in disease prevention and detection programs.
- It proposes that health behaviors are based on a value-expectancy model, where the <u>value</u> is avoiding illness or improving health and the <u>expectation</u> is prevention of a condition they perceive to be a risk.

- Components of the HBM include:
 - Perceived susceptibility
 - Perceived severity
 - Perceived benefits
 - Perceived barriers
 - Cues to action
 - Self-efficacy

Components of HBM

HBM Concepts	Definitions
Perceived Susceptibility	Beliefs about the risk of acquiring the condition
Perceived Severity	Beliefs about the seriousness of a condition
Perceived Benefits	Beliefs about the value or positive attributes of adopting a new behavior
Perceived Barriers	Beliefs about possible obstacles or negative attributes of a behavior change
Cues to Action	Factors that spur the individual to perform the behavior
Self-efficacy	The belief (or confidence) that the individual can change their behavior

Clinical Application of HBM



HBM can be used to guide conversations regarding plans of care.



Constructs of the HBM are applicable in the setting of hesitancy or reticence when recommending preventative care or adopting new treatments.



Perceived barriers and benefits have been more correlated with behavior change as compared to other HBM constructs.

HBM Considerations



HBM is useful for evaluating individual concerns and behaviors but does not fully explain the patient experience.



HBM ignores the influences of environment, social networks, community, and policies that also impact patient decision making.

Social Cognitive Theory

Social Cognitive Theory (SCT)

- SCT
 - Developed by psychologist Dr. Bandura in 1977 it established that learning occurred through observation (vicariously). It also emphasized that learning was connected through social modeling (exemplars) and established the concept of self-efficacy.
 - SCT posits that health behavior must be evaluated by considering the interactions of personal cognitive, physical and social environment, and behavioral factors.

Social Cognitive Theory (SCT)

Constructs	Definition
Self-efficacy	The confidence to adopt a new behavior or activity
Collective-efficacy	The belief in a group of individuals to achieve a certain outcome
Outcome expectations	The assumed positive or negative consequence of a behavior
Knowledge	Comprehending the risk and benefits of activities or behavior
Observational learning	Learning the positive and negative of behaviors or actions through the observation of others
Normative Beliefs	The perception of social acceptance of behaviors based on cultural norms and beliefs
Social Support	Acceptance and encouragement of new behavior by the social network
Barriers and Opportunities	Factors that enable or hinder the new behavior
Behavioral skills	Skill needed to perform new behavior
Intentions	The goal of adding a new behavior or modify current behavior
Reinforcement and Punishment	Incentives or punishments meant to modify behavior

Clinical Application of SCT



The SCT is critical to mitigating unhealthy behaviors associated with health literacy and knowledge.



Health literacy and knowledge have a significant influence on selfefficacy and the ability of patients to adhere to treatment plans.



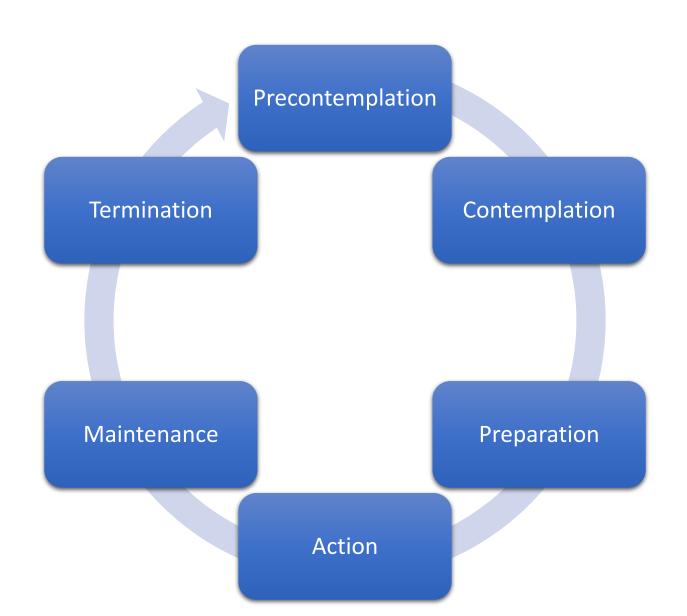
Understanding the factors that influence learning can enhance patient education.

Transtheoretical Model

Transtheoretical Model (TTM)

- TTM
 - Originally developed from numerous leading psychotherapy theories. Early iterations focused more on why individuals change rather than how.
 - Includes processes of change, decisional balance, and self-efficacy.

Stages of Change



Processes of Change

Constructs	Definitions
Consciousness Raising	Increasing awareness about the causes, consequences, and cures for unhealthy behavior
Dramatic Relief	Increasing negative or positive emotions to motivate taking appropriate action
Self-reevaluation	Reassessment of an individuals image with or without the unhealthy behavior
Environmental reevaluation	Assessment of how a behavior impacts their social environment
Self-liberation	Belief that one can change and commit to healthy behavior
Helping relationships	Acceptance and support from others for behavior change
Social liberation	Increase in healthy social opportunities or alternatives
Counterconditioning	Replacing unhealthy behaviors with healthier alternatives
Stimulus control	Removing reminders of unhealthy behavior to promote healthy
Reinforcement management	Incentives by the individual or others for successful progress

Decisional Balance

Constructs	Definitions
Pros	Benefits associated with change
Cons	Cons associated with change

Self-efficacy

Constructs	Definition
Confidence	The confidence to engage in healthy behavior despite barriers
Temptation	The urge to participate in unhealthy behaviors

Clinical Applications of TTM

- Clinically TTM is most associated with motivational interviewing which is an effective method of guiding behavior change.
- TTM can be utilized when evaluating a patient's readiness for change when providing smoking cessation or other lifestyle changes.

Using Theory to Reduce Health Disparities

Improving Healthcare with Research

- Health Interventions
 - Addressing the health needs of communities and populations should be guided by health behavior theory.
 - Health interventions should be data driven and be based on research specific to patient populations.
 - Interventions that are theory driven are more often effective as compared to those without a theoretical framework.
 - Health behavior theory provides context for the patient decision making and allows clinician-researchers to develop or use objective measures for addressing patient needs.

Improving Healthcare with Research

- Recommendations
 - Clinicians should partner with public health practitioners or health educators to ensure that proposed health interventions are theory driven.

Enhancing the PA Role

- PAs in academia, healthcare leadership, or research are in unique roles that have the ability to impact health outcomes on a larger scale.
- While health behavior theory has the ability to improve health outcomes on an individual level, the greatest impact is seen when applied on the community and organizational levels.

Main Points

- Health behavior theory can be a useful tool for improving patient education and shared decision making.
- While these theories are useful they don't cover are explain every facet of the patient experience.
- Health behavior theory is a complex topic and there is not a one size fits all approach.
- Researching and evaluating health behaviors often requires combining multiple theories and constructs.

References

- Glanz K, Barbara K, Rimer K, Viswanath K. *Health Behavior : Theory, Research, and Practice*. Vol Fifth edition. Jossey-Bass; 2015. Accessed February 2, 2022. <u>https://search-ebscohost-com.offcampus.lib.washington.edu/login.aspx?direct=true&db=nlebk&AN=1021677&site=ehost-live</u>
- Sulat, J. S., Prabandari, Y. S., Sanusi, R., Hapsari, E. D., & Santoso, B. (2018). The validity of health belief model variables in predicting behavioral change. *Health Educ*, *118*(6), 499–512. https://doi.org/10.1108/he-05-2018-0027
- Noar SM, Zimmerman RS. Health Behavior Theory and cumulative knowledge regarding health behaviors: are we moving in the right direction?. *Health Educ Res.* 2005;20(3):275-290. doi:10.1093/her/cyg113
- Cusumano J, Martin CS, Butler B, Bixler B, Shirk K. Efficacy of a physician assistant student-developed behavior change program at a local free clinic. *J Physician Assist Educ*. 2017;28(1):41-44. doi:10.1097/JPA.0000000000106
- McArthur LH, Riggs A, Uribe F, Spaulding TJ. Health belief model offers opportunities for designing weight management interventions for college students. *J Nutr Educ Behav*. 2018; 50(5):485-493. doi: 10.1016/j.jneb.2017.09.010.
- Borhaninejad V, Iranpour A, Shati M et al. Predictors of self-care among the elderly with diabetes type 2: Using social cognitive theory. *Diabetes Metab Syndr*. 2017;11(3):163-166. doi:10.1016/j.dsx.2016.08.01
- Pollard S, Bansback N, FitzGerld JM, Bryan S. The burden of nonadherence among adults with asthma: a role for shared decision-making. *Allergy*. 2017;72(5):705-712. doi:10.1111/all.13090
- Siewchaisakul, P., Luh, D.-L., Chiu, S., Yen, A., Chen, C.-D., & Chen, H.-H. (2020). Smoking cessation advice from healthcare professionals helps those in the contemplation and preparation stage: An application with transtheoretical model underpinning in a 3community-based program. *Tob Induc Dis*, *18*(July). https://doi.org/10.18332/tid/123427

Questions?