



Promoting healthy behaviors: How do we get the message across?

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ABSTRACT

The world is experiencing a rapid rise in chronic health problems, which places an enormous burden on health care services. Modifiable health behaviors are largely responsible for this high prevalence and incidence of chronic diseases. This realization has made initiatives that promote healthy behaviors an international and interdisciplinary priority. How can nurses and other health care providers get the message across to their patients in order to maximize likelihood of leading to desired outcomes? Message tailoring is a well-established health communication approach shown to increase the persuasiveness of message effects in the promotion of healthy behaviors. Message framing is an effective message tailoring strategy that has been well-studied in the psychology literature over the past 20-plus years across a breadth of health behaviors while being severely understudied in the nursing literature. Numerous variables, especially those related to individual differences, have been shown to moderate message framing effects, a finding of great utility for nursing. This article presents a detailed review of the current state of the message framing literature, offers specific suggestions for advancing this literature, and highlights implications for research, education, and practice, with particular attention to nurses.

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What is already known about the topic?

- Message tailoring is a well-established health communication approach shown to increase the persuasiveness of message effects in the promotion of healthy behaviors.
- Message framing is an effective message tailoring strategy that has been well-studied in the psychology literature over the past 20-plus years across a breadth of health behaviors.
- There is a paucity of message framing empirical studies in the nursing literature.

What this paper adds

- This paper presents a detailed review of message framing as a behavior change strategy and highlights implications for nursing research, education, and practice.

- This paper provides a thorough review of the current state of the message framing literature and draws specific conclusions – where it has gone and where its future lies – by summarizing findings from three meta-analytic reviews and other empirical studies.
- This paper offers suggestions for advancing the message framing literature by presenting general and specific examples for future studies that have not previously been examined in clinical populations, including combinations of certain moderating variables and framing strategies to help identify the most effective message “ingredients” under a variety of circumstances.

The world is experiencing a rapid rise in chronic health problems, which places an enormous burden on health care services (World Health Organization [WHO], 2005a). In 2005, an estimated 60% (35 million) of all global deaths were due to chronic diseases, primarily diabetes mellitus and cardiovascular diseases (32%), cancers (13%), and chronic respiratory diseases (7%) (Abegunde et al., 2007). Chronic diseases also place a grave economic burden on

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nations (Centers for Disease Control and Prevention [CDC], 2008; WHO, 2005b). The WHO (2005a) calls for the health care workforce to transition from a traditional provider-centered approach to a contemporary patient-centered approach in order to lessen the occurrence and detrimental impact of these worldwide burdens. For example, it is estimated that at least 80% of all type 2 diabetes and cardiovascular disease and over 40% of cancer can be prevented through changes in behavior (WHO, 2005b). Unhealthy diet, physical inactivity, and tobacco use are three examples of modifiable behaviors that contribute to the prevalence of chronic diseases. A patient-centered approach, where care is coordinated across time and centered around patients' needs, values, and preferences, strengthens patients' role in managing their health problems by empowering them to become active decision makers rather than just passive recipients of care (WHO, 2005a).

Health education and self-management/self-care training, with an emphasis on promoting healthy behaviors to prevent future problems, are vital components of a patient-centered approach. This education and training may be informal (e.g., unplanned and unstructured during a clinic visit) or formal (e.g., structured group diabetes class) and range from simple (e.g., distribute written materials) to complex (e.g., teach skill of self-monitoring blood glucose). Nurses play an essential part in delivering this education and training, both independently and alongside other health care providers. Nurses are well placed and have extensive opportunities to deliver patient education and training in a variety of settings (Coster and Norman, 2009). Studies have revealed that nurses are perceived as credible sources of health information. For example, Jones et al. (2003) conducted a pilot study and found that Registered Nurses (RNs) were not only perceived as credible sources but that this credibility did not differ from medical doctors (MDs). Research has also shown that patients find nurses easier to approach for health information than doctors. For example, Collins (2005) explored both nurse and doctor patient communications and found that overall, patients more openly and freely communicated with nurses.

Despite the fact that patient education and training are well-established key features of nursing and that nurses recognize these as important functions of their role, nurses often report difficulty providing education and training (see Coster and Norman, 2009; Kim et al., 2008). For instance, lack of time is a common barrier to effective nurse–patient communication. Nurses may only have a few minutes to deliver an important health education message. How do nurses get their message across to their patients in order to maximize likelihood of their message leading to the desired outcome—promotion of healthy behaviors? What well-established, empirically tested, effective strategies can nurses employ to help them successfully achieve their goal? The field of health psychology offers a theoretical and conceptual framework from which nursing can draw upon as a guide to answering these questions.

Health psychology emphasizes health promotion and disease prevention and focuses on the development of

theoretical constructs and empirically derived principles of behavior change (Matarazzo, 1980, 1982). Health psychology is also devoted to “understanding psychological influences on how people stay healthy, why they become ill, and how they respond when they do get ill” (Taylor, 2003, p. 17). Myers and Beckstead (unpublished manuscript) present an overview of the field of health psychology and highlight health psychology's utility for nursing research, education, and practice by providing examples of applications in nursing.

Effective health communication is one example of a health behavior modification approach and uses theoretical-based principles to inform and influence individual and community decisions that enhance health (U.S. Department of Health and Human Services [DHHS], 2000). Health behaviors and habits are complex, are determined by the interplay of multiple factors, and are resistant to change (see Rodin and Salovey, 1989; Taylor, 2003). Message tailoring is a health communication strategy that involves the customization of information and interventions to best fit the characteristics and needs of specific target populations or individuals (Kreuter and Wray, 2003; Salovey, 2005). There is empirical evidence that tailored health messages, compared to general, non-tailored health messages, are more persuasive and effective in promoting behavior change through various mechanisms such as enhanced salience and stimulation of greater cognitive activity or elaboration (e.g., Kreuter et al., 1999; Kreuter and Wray, 2003; Latimer et al., 2005). Nurses have long recognized the value of enhancing nurse–patient communication and of utilizing approaches such as message tailoring (although not always labeled as such) in nursing interventions (e.g., Coster and Norman, 2009; Kim et al., 2008; Shin et al., 2006). Message framing is one method of message tailoring that involves manipulating how information is framed in order to affect people's behavioral decisions (Rothman and Salovey, 1997). Myers and Beckstead (unpublished manuscript) briefly describe message framing theory and provide examples of how message framing has been applied in health-related decision problems. However, they stop short of discussing the current state of message framing theories and research.

The purpose of this article is to more comprehensively describe developments in message framing as a behavioral change strategy and to discuss its utility for guiding nursing research, education, and practice. In the next section I examine the origins of message framing theory. I then discuss its definitions and typologies. Next, I summarize related theories and conceptual models followed by a review of empirical studies. Finally, I discuss implications for research, education, and practice with a specific focus on applications in nursing.

1. Origins of message framing

Decision making under risk involves a choice between prospects or gambles. Historically, expected utility theory has dominated the analysis of decision making under risk (Kahneman and Tversky, 1979) and involves assigning expected values to final assets of prospects (choice options). The utilities of outcomes are weighted by their

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