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# Family self-tailoring: Applying a systems approach to improving family healthy living behaviors

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#### ABSTRACT

The adoption and maintenance of healthy living behaviors by individuals and families is a major challenge. We describe a new model of health behavior change, SystemCHANGE (SC), which focuses on the redesign of family daily routines using system improvement methods. In the SC intervention, families are taught a set of skills to engage in a series of small, family self-designed experiments to test ideas to change their daily routines. The family system-oriented changes brought about by these experiments build healthy living behaviors into family daily routines so that these new behaviors happen as a matter of course, despite wavering motivation, willpower, or personal effort on the part of individuals. Case stories of the use of SC to improve family healthy living behaviors are provided. Results of several pilot tests of SC indicate its potential effectiveness to change health living behaviors across numerous populations.

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### Introduction

Healthy living behaviors include adequate physical activity, healthy eating, sufficient sleep, and stress management. Assisting individuals and families to adopt and maintain healthy living behaviors, however, remains a major challenge for health care professionals. Although social learning theory (Bandura, 1986; Becker, 1974; Mennin, Ellard, Fresco, & Gross, 2013) and cognitive-behavioral approaches (i.e., motivational interviewing [Miller, 2001], self-efficacy enhancement [Bandura, 1977], cognitive-behavioral therapy [Ewart, 1989; Safren et al., 2004]) to behavior change have greatly contributed to our understanding

of how people are motivated to change and maintain their behaviors, these theories have shown only limited effectiveness in producing lasting behavior change. The ecological models of behavior change (Bronfenbrenner, 1979; Kok, Gottlieb, Commers, & Smerecnik, 2008) are promising new approaches in which the environment is posited as a major influence on peoples' behavior. The ecological models of behavior change (e.g., choice architecture [Thaler & Sunstein, 2009], habit building [Duhigg, 2012]) propose that changing the environment is key to creating lasting behavior change. Ecological frameworks of behavior change shift the focus from the individual to the person's immediate environment surrounding the

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performance of habitual behaviors. The most immediate environments influencing healthy living behaviors are the daily activities that comprise a family's home, school, and work routines. These daily routines comprise a system of activities resulting in behaviors that lead to health outcomes. Systems theory implies that every system is perfectly designed to achieve the outcomes it gets. Assisting families to focus on changing the daily systems in their lives (events, circumstances or activities) that affect healthy lifestyle behaviors may be a more fruitful approach to health behavior change than an emphasis on motivational approaches. The Systems Improvement Model (Alemi, Moore, & Baghi, 2008; Batalden & Stoltz, 1993; Deming, 1993; Langley, Nolan, & Nolan, 1994) is an ecological model that consists of a set of strategies to change a system to achieve a specific goal. The purpose of this article was to describe a new model of health behavior change, SystemCHANGE (SC), which focuses on the redesign of family daily routines using system improvement methods to support healthy living behaviors. In contrast to the current predominate cognitive-behavior change models that focus on peoples' motivation and personal efforts to improve healthy living behaviors, the SC intervention helps families to slowly re-engineer their daily routines that lead to better health behavior habits.

## A System Improvement Approach to Health Behavior Change

The System Improvement Model (Batalden & Stoltz, 1993) is a philosophy and methodology for making change. System improvement techniques were introduced in the 1950s by Edward Deming (Deming, 1993) to improve the work processes of Japanese and American factories and more recently has been adopted as a major framework to improve systems in the health care industry. Figure 1 lists the steps in the System Improvement Model by which change in a system is best accomplished (Alemi & Neuhauser, 2005).

A major emphasis of system improvement is systems thinking. We define systems thinking as the ability to recognize, understand, and synthesize the interactions and interdependencies in a set of components designed for a specific purpose. This includes the ability to recognize patterns and repetitions in the interactions and an understanding of how actions and

components can reinforce or counteract each other. These relationships and patterns occur at different dimensions: temporal, spatial, social, technical, or cultural (Moore, Dolansky, Singh, Palmieri, & Alemi, 2010; Oshry, 2007). Systems thinking enhances the awareness of the interdependencies among people, activities, and routines and to view an event, activity, or problem as occurring as a part of a chain of events of a larger system rather than as an independent event. It includes the process of accounting for the influence of various people, circumstances, and historical choices on the outcome (behavior) we wish to modify. By definition, systems thinking links a person's environment to his/her behavior. Few people, however, view their daily routines as a system or realize that all systems can be changed.

A significant difference between the cognitivebehavioral models and the system improvement model to change behavior is the role of motivation. Motivation is an inwardly focused function; it varies over time, and periodic lack of motivation can ultimately produce a complete absence of the desired behavior ("Why should I even bother trying to exercise when I never follow through?"). The System Improvement Model focuses on the environment and how personal routines enable or inhibit a particular behavior. An emphasis is placed on re-engineering the environment (such as a daily routine), rather than making changes that focus on an individual's willpower, reliance on memory, or increased personal effort. Another important distinction between a cognitive-behavioral approach and a system improvement approach to behavior change involves the participation of others. In cognitive-behavioral approaches, other people in a person's environment may function to encourage and support the person's motivation to reach his or her goal (e.g., to continue to exercise), whereas in the system improvement method, other people function in a different capacity. Considered an element of the subject's environment, other people are crucial in determining whether and when the participant can achieve his or her goals. For example, in a cognitive-behavioral intervention, friends or family members of a person might encourage the participant to exercise, remind them to exercise, or even exercise with them ("exercise buddies"). In contrast, in a system improvement behavior change approach, participants consult with friends and family members to determine how their personal environments are interconnected and how

- 1. Identify a measurable goal.
- 2. Examining the system processes surrounding the attainment of that goal.
- 3. List several ideas about how best to improve the system.
- 4. Engage in a series of experiments to test the best ideas to improve the process.
- 5. Implement the most successful ideas based on data from the experiments.
- 6. Monitor the system to hold the gains.

Figure 1 – Steps in the system improvement process.

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