



Use of Theory to Examine Health Responsibility in Urban Adolescents[☆]



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ABSTRACT

The study's purpose was to examine the factors that may influence health responsibility among adolescents. More specifically, this study examined relationships among health responsibility, resilience, neighborhood perception, social support, and health promoting behaviors in adolescents, between the ages of 13 and 18 years old. The Health Promotion Model was used as the theoretical framework. This study empirically tested theoretical relationships postulated in the literature between health responsibility and the variables: (a) resilience (b) social support (c) neighborhood perception (d) social support and (e) health promoting behaviors. *Design/Methods:* A correlational study design was used. A convenience sample of 122 adolescents in an urban setting completed questionnaires assessing health responsibility, resilience, social support, neighborhood perception, health promoting behaviors, and a demographic questionnaire. Pearson correlations were used to examine relationships among variables. *Results:* A statistically significant relationship was found between health responsibility and healthy promoting behaviors ($r = 0.733, p < 0.001$) and between health responsibility and neighborhood perception ($r = 0.163, p < 0.01$). No relationships were found between the dependent variable of health responsibility and the independent variables of resilience and social support in this population. *Conclusions:* Study findings help contribute to the body of knowledge regarding the factors that influence health responsibility among urban adolescents to promote adoption and maintenance of healthy behaviors among this population. *Practice Implications:* Nurses need to educate adolescents to provide them with a good understanding of the consequences of health behaviors so that they can assess their own risk and make responsible, healthy choices.

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Introduction

Adolescence is a transitional period accelerated by physical, psychological, social, cultural, emotional and cognitive changes (DiClemente, Hansen, & Ponton, 2013; Lassi, Salam, Das, Wazny, & Bhutta, 2015; McNeely & Blanchard, 2010). Throughout the adolescent years, the body and brain grow and change, and while trying to become adjusted to these changes, the adolescent must learn to negotiate new responsibilities and establish a new sense of self-identity and autonomy which is essential for independence (DiClemente et al., 2013; McNeely & Blanchard, 2010). With this transition, opportunities and challenges present for improving health and preventing disease. As adolescents progress from childhood to adulthood, they take on increasing individual responsibility for their daily health habits. Trying to emulating adult

roles and behaviors is normal and healthy in these adolescent years, but some adolescents experiment in ways that endanger their health and safety and contribute to the development of chronic disease in adulthood (National Research Council [NRC] and Institute of Medicine [IOM], 2009). For instance, the initiation of risky behaviors often occurs and includes behaviors such as substance use, including alcohol and illegal drugs, unprotected sex and other unsafe sexual behaviors, and lack of physical activity (Lassi et al., 2015; McNeely & Blanchard, 2010; Park, Brindis, Vaughn, Barry, Guzman, and Berger, 2013; Patton, Ross, Santelli, Sawyer, Viner, et al., 2014; UNICEF, 2012). In addition, it has been reported that approximately one-third of the morbidity in adults and two thirds of premature mortality are associated with behaviors developed during adolescence (Lassi et al., 2015; UNICEF, 2012). Therefore, the behaviors developed during adolescence influences the individual's health status as an adult (Healthy People 2020, 2010; National Research Council [NRC] and Institute of Medicine [IOM], 2009).

The development of autonomy is critically important during adolescence when the development of competencies that allow for self-direction and a sense of self-responsibility are a necessary part of becoming a responsible adult (Millstein, Peterson, & Nightingale, 1993;

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Murphy, Greenwell, Resell, Brecht, & Schuster, 2008). During this stage, important psychological tasks involve establishing a sense of identity in conjunction with behavioral, emotional, and value autonomy (Hockenberry & Wilson, 2007). This progression towards increasing autonomy is considered to be an attribute of healthy development (Hockenberry & Wilson, 2007; Murphy et al., 2008). Therefore, adolescents should be given opportunities to develop and exercise autonomy around health by encouraging them to take an active role in managing their own health behavior - to take responsibility for their health. Health responsibility is concerned with paying attention to and accepting responsibility for one's own health, being educated about health and seeking professional assistance when necessary (Walker, Sechrist, & Pender, 1987, p.79).

To our knowledge, there exists very little empirical work that examines the relationships between resilience, social support and neighborhood perception using the Health Promotion Model (HPM) as a theoretical framework to better understand health responsibility in urban adolescents. Furthermore, health responsibility in the empirical literature is measured as one of several dimensions of the construct, health promoting behaviors. Some studies (Fonseca, Prioste, Sousa, Gaspar, & Machado, 2016; Rew, Arheart, Horner, Thompson, & Johnson, 2015; Scoloveno, 2013) do not report the findings specific to health responsibility nor are they examined using the HPM as a framework to help explain this phenomena. Therefore, the purpose of this study is to test theoretical propositions posited in the nursing theory to examine the relationships between resilience (personal factor), social support (interpersonal influence), neighborhood perception (situational influence), and health responsibility (behavioral outcome). This study will help contribute to the body of knowledge regarding the factors that may influence health responsibility among urban adolescents to promote the adoption and maintenance of healthy behaviors among this population.

Theoretical Framework

Pender's HPM provides a theoretical perspective to examine the relationships among factors contributing to health-promoting behaviors (Srof & Velsor-Friedrich, 2006) and provides the framework for examining health responsibility. Therefore, this study uses the theoretical propositions derived from the HPM to help better understand health responsibility of urban adolescents.

Pender, Murdaugh, and Parsons (2011) defined health promotion as behaviors that include a healthy lifestyle, motivated by individuals' desire to increase their health potential for productive living and improved health. Pender's HPM (1996) identifies three different types of factors that influence health promoting behaviors. These include individual characteristics and experiences (i.e., personal, psychological, biological, social factors, and prior related behavior); behavior-specific cognitions and affect (i.e., perceived benefits of action; perceived barriers to action; perceived self-efficacy; activity-related affect; interpersonal influences from family, peers, and providers; situational influences); and the desired behavioral outcome—the health promoting behavior (Pender, 2011). Pender's HPM is presented in Figure 1.

In this study, resilience was examined as a psychological personal factor that may influence the health responsibility of adolescents. Although there are many different definitions of resilience (Cicchetti, 2010; Masten, 2014; Ungar, 2013; Windle, 2011; Zolkoski & Bullock, 2012) they are generally similar in nature, referring to the positive adaptation of people to difficult situations (Skovdal & Daniel, 2012; Woollett, Cluver, Hatcher, & Brahmhatt, 2016). Resilience is defined in this study as the competence to deal with stress or trauma and to 'bounce-back' from adversity with a varying degree of severity over life-time (Windle, 2011). It is the aptitude to recover from stress—to 'bounce back' from stressful events (Smith, Epstein, Ortiz, Christopher, & Tooley, 2013). Therefore, based on the HPM proposition that individual factors affect the beliefs, affect, and engagement of health-

promoting behavior (Pender, 2011), it was hypothesized that resilience (personal factor) would be related to health responsibility (the behavioral outcome) in the urban adolescent population.

Behavior-specific cognitions and affect include interpersonal and situational influences. Cognition-concerning behaviors, attitudes of relevant others in regards to engaging in a particular behavior, and beliefs are interpersonal relations (Pender, 2011). These include expectations of significant others (norms), social support, and modeling (observing others engaged in behavior) which can affect the individual's responsibility to and performance of health promoting behavior (Pender, 2011). In this study, social support was examined as an interpersonal influence that may be related to the health responsibility of adolescents. Therefore, based on the HPM theoretical proposition that interpersonal influences can affect commitment to and performance of health promoting behaviors (Pender, 2011), it was hypothesized that perceived social support (interpersonal influence) would be related to health responsibility (behavioral outcome) in the urban adolescent population.

According to HPM (Pender, 2011), situational influences are personal cognitions and perceptions about the environment in which health promoting behaviors are intended to occur. These perceptions such as resources available and aesthetic features of the environment can promote or prevent health promoting behaviors. Pender (2011) identifies situational influences in the external environment as affecting one's commitment to or performance in health promoting behaviors and may have direct or indirect influences on health behavior. In this study, neighborhood perception was examined as situational influence that may be related to the health responsibility of adolescents. Ross and Jang (2000) refer to neighborhood disorder as "visible cues indicating a lack of order and social control in the community" (p. 413). Therefore, based on the HPM theoretical proposition that external environment influences can affect commitment to or participation in health-promoting behavior (Pender, 2011), it was hypothesized that neighborhood perception (situational influence) would be related to health responsibility (behavioral outcome) in the urban adolescent population.

Within the behavioral outcome, there is a responsibility to an action plan that results in the individual's engagement of a health behavior. Therefore, health responsibility in this study is a behavioral outcome with the action outcome of health decision-making and preparation for action. Health responsibility involves an active sense of accountability for one's own well-being (Pender et al., 2011; Walker et al., 1987).

Hypotheses

In summary, based on the theoretical propositions postulated in the HPM, it was hypothesized that health responsibility was related to resilience, neighborhood perception, social support, and health promoting behaviors in urban adolescents.

Design and Methods

This study used a cross-sectional correlational design to examine the relationships between health responsibility, social support, resilience, neighborhood perception, and health behaviors in urban adolescents, between the ages of 13 and 18 years old.

Sample and Procedure

Following approval of the university's institutional review board, individuals who met the delimitations of the study were approached by the principal investigator to discuss the purpose of the study and potential participation. Delimitations of the study included individuals (a) who are between the ages of 13 to 18 years old, (b) with the ability to speak and write English, (c) who attend a summer program in an urban setting in southern New Jersey and, (d) in attendance on the day of data collection. The adolescents attending this summer program

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