The benefits of physical activity are well recognized. Unfortunately, participation in physical activity (PA) is generally low and dropout rates are high. Whether an individual has decided to start an exercise program for personal reasons, or has been told by a health professional to be more active, the participant needs to learn a new behavior. The challenge for the exercise professional is to help a client develop the motivation and skills to start, and stick with a program of regular physical activity.

A number of theories have been used to describe the process of behavior change. Each theory is characterized by specific constructs or correlates which are thought to influence behavior. The purpose of this article is to provide an overview of some popular behavioral theories. Having an understanding of these theories may enable the exercise professional to guide a client through the process of making PA part of a healthy lifestyle.

The Health Belief Model

The Health Belief Model (HBM) suggests that people will modify behavior to prevent or control undesirable health conditions if they regard themselves as susceptible to the condition. The four main components of the model include perceived susceptibility to a condition, perceived severity of a condition, perceived benefits to taking action, and perceived barriers to taking action. Cues/strategies to take action and self-efficacy also have been associated with this model. Proponents of this theory would suggest that all of these combine to influence a person’s motivation to take action to improve the health condition. For example, a person who believes he is at risk of developing heart disease or diabetes, and believes that those are serious health risks, may be prompted to increase PA to reduce the threat of disease. In this scenario, the HBM also would suggest that the person must believe that PA would be an effective means of combating the disease, and that the benefits outweigh any potential disadvantages to exercise participation. Cues to action may come in the form of information from a physician or the media suggesting that PA is an effective means of preventing heart disease/diabetes; and self-efficacy means that the person has confidence that he is capable of overcoming any barriers that might get in the way of the planned exercise program.
Theory of Reasoned Action/Theory of Planned Behavior

The Theory of Reasoned Action (TRA) suggests that the most important determinant of behavior is intention, and intention is influenced by a person’s “attitude toward the behavior” (based on perceived value of the behavior) and “subjective norm” (i.e., beliefs about whether others approve of the behavior). The TRA assumes that as individuals receive and interpret information, they identify reasons (and develop intentions) for performing (or not performing) a behavior. Later, the Theory of Planned Behavior (TPB) was proposed as a modification of the TRA when the construct of “perceived behavioral control” (the participant’s belief that they have a choice to participate in a behavior) was added to the model. These control beliefs are described as being comparable to self-efficacy beliefs. Control beliefs acknowledge that some factors influencing behavior are out of the individual’s control and are affected by a person’s confidence in his abilities to make a change in spite of the barriers that may be encountered. Applying TPB to PA, when a person believes that PA is valuable and can contribute to a desirable result, the “attitude toward the behavior” is positive. At the same time, if the participant believes that friends or significant others approve of PA participation and is motivated to do what others think is appropriate, the rating of “subjective norm” is high. Finally, the individual who believes that it will be easy to overcome any barriers to PA participation will have high “perceived behavioral control.” The sum of the three constructs contributes to the person’s intention to participate in PA; this, in turn, leads to the adoption of the exercise behavior.

Social Cognitive Theory

The Social Cognitive Theory (SCT) uses the idea of “reciprocal determinism” to describe how environmental, personal, and behavioral factors interact to influence each other. Environment refers to factors that are external to the person and can include both social (e.g., family and friends) and physical aspects (e.g., places like home, neighborhood, or a workout facility). Personal factors include knowledge (cognitions), perceptions, values, and experiences. Constructs of SCT include observational learning (watching others), behavioral capability (having the knowledge and skill to perform a behavior), outcome expectations (anticipated benefits from participating in a behavior), reinforcement (positive consequences that promote continuation of behavior), self-efficacy (confidence to perform a behavior), and others. Bandura, who first described SCT, has suggested that self-efficacy is the most important predictor of behavior change. Self-efficacy indicates a person’s confidence in the ability to succeed at a specific task in specific difficult situations. The strength of that confidence influences whether a task is attempted, how much effort is expended to complete the task, and how persistent a person will be when faced with obstacles. Because self-efficacy perceptions are task-specific, individuals may have a high level of confidence in one area, such as eating a low-fat diet, but have low self-efficacy for another task, such as maintaining a regular exercise program.

Self-efficacy is derived from four sources: mastery, vicarious experience, verbal persuasion, and cognitive interpretation of physiological states. These four sources combine to determine a person’s confidence. Mastery refers to feelings of accomplishment experienced by the person who succeeds at a given task. Vicarious experience promotes confidence as someone pays attention to the successes of similar others. Verbal persuasion is used when another individual provides words of encouragement to reinforce a person’s capabilities and accomplishments. Finally, the understanding of normal physiological responses to a situation will minimize the stress of participating in a new behavior. The exercise professional is well-positioned to help build self-efficacy by providing verbal encouragement to a client, helping establish appropriate goals which a client can master, pointing out the successes of other participants with suggestions that “you can do...”
it too,” and helping the client understand normal physiological responses to PA (e.g., increased heart rate and blood pressure during activity) so that the client sees these responses as positive reasons to continue the program rather than debilitating reasons to quit.

Summary

The Health Belief Model, Theory of Planned Behavior, Transtheoretical Model, and Social Cognitive Theory are some of the theories which have been used to describe behavior, including PA participation. Each of the theories is defined by specific constructs which may overlap from one theory to another. It is unlikely that one theory can fully explain PA behavior, and it has been suggested that it may be most effective to integrate factors from several behavioral theories to facilitate behavioral change. The exercise professional who understands the psychological processes which influence behavior will be better prepared to help a client initiate and maintain a program of physical activity.

(Part 2 will discuss client-centered counseling and practical techniques which support the theoretical basis of behavior change.)

About the Author

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References