Theory of Reasoned Action, Theory of Planned Behaviour, and the Integrated Behavioural Model
Today’s guest speaker will discuss recent advancements in String Theory.
Outline

- A Chronological description of Theory of Reasoned Action and Theory of Planned Behaviour
- Main constructs of TRA and TPB
- Integrated Behaviour Model (IBM)
- Measures of constructs
- Elicitation studies
- Limitations and Strengths
- Implications for Aging
Theory of Reasoned Action (TRA) (Fishbein 1967)

- Assumes that health behaviour is the result of behavioural intentions, which are derived from two sources:
  1. attitude toward a behaviour
  2. subjective norms

  Intention-precedes behavior and is an indicator of preparedness to implement a particular behavior.

- Attitude toward a behavior- individual’s positive or negative feelings about performing a behaviour.

- Subjective norms-beliefs about what others think we should do and the degree we are motivated by what others think
Theory of Reasoned Action (TRA)

- Behavioral beliefs and evaluations
- Normative beliefs and motivation to comply
- Attitude toward behaviour
- Subjective norms
- Intention to perform the behaviour
- Behaviour
Theory of Planned Behaviour (TPB) (Ajzen and Fishbein late 1980’s)

Expansion of TRA

Assumes that health behaviour is the result of intention which comes from 3 main sources:

- Attitudes towards the behaviour
- Subjective norms and
- Perceived control

The additional construct of perceived control considers situations where barriers exist that are outside of an individual's capability to control them.
Theory of Planned Behaviour (TPB)

- Behavioral beliefs and evaluations
- Normative beliefs and motivation to comply
- Control beliefs and perceived power
- Attitude
- Subjective norm
- Perceived control
- Intention to perform the behaviour
- Behaviour
Constructs of TRA and TPB

- **Attitude toward a behavior** - value placed on a behavior that can be either positive or negative.

- **Subjective norms** - beliefs about what others think we should do and the degree we are motivated by what others think.

- **Perceived control** - the belief that a behavior is within one’s control, noting that perception of a behavior performance (hard or simple) will effect intention.
Integrated Behaviour model (IBM) (early 2000’s)

- Derived from several health behaviour theories including the TRA and TPB
- intention was to create a *universal theory* that predicts health behaviours.
- IBM suggests that intention towards a health behaviour is the most important determinant
- includes four other components that influence behaviour:
  - knowledge and skills,
  - salience of behaviour,
  - environmental constraints
  - habit.
Integrated Behaviour model

- **Attitude**
  - Experiential attitude
  - Instrumental attitude

- **Perceived Norm**
  - Injunctive norm
  - Descriptive norm

- **Personal Agency**
  - Control beliefs
  - Efficacy beliefs
  - Perceived control
  - Self-efficacy

- **Behavioral beliefs**

- **Normative beliefs - Others’ expectations**

- **Normative beliefs - Others’ behaviour**

- **Feelings about behaviour**

- **Knowledge and skills to perform the behaviour**

- **Salience of the behaviour**

- **Intention to perform the behaviour**

- **Behaviour**

- **Experiential attitude**

- **Intention to perform the behaviour**

- **Perceived control**

- **Self-efficacy**

- **Environmental constraints**

- **Habit**
IBM Constructs

- **Attitude toward behaviour**
  - *Experiential*- emotional response to the idea of performing a behaviour
  - *Instrumental*- cognitive response to beliefs about the outcomes

- **Perceived norms**
  - *Injunctive norm*- what others think an individual should do
  - *Descriptive norm*- what others in an individual’s social networks would do

- **Personal Agency** - authors use Robert Bandura’s definition which is “bringing one’s influence to bear on one’s own functioning and environmental events”
  - *perceived control*- an individual’s perceived amount of control over behavioural performance based on environmental factors
  - *Self- efficacy*- an individual’s confidence in performing a behaviour in the context of barriers
Measures of constructs

- Types of scales used to measure constructs:
  - 5-7 point scales
  - Bipolar or bidirectional scales (-3 to +3) so that the belief that a behaviour will result in positive outcome will create a positive measure. Therefore the belief that quitting smoking will not lead to a gain in body weight is a positive outcome. However the belief that quitting smoking will lead to a weight gain yields a negative outcome to measure.
  - Unipolar scales (1-7)
  - Constructs can be scored directly (measurement of a major construct such as attitude, subjective norms and behavioural control) and indirectly (measurement of minor constructs that are contained within the major constructs)
Elicitation studies

- Elicitation studies
  - identify the constructs
  - Appropriate to the population being measured

- Identify relevant information
  - behavioural outcomes, environmental barriers and facilitators for behaviours of the population being studied.

- This information used in
  - questionnaires
    - theory measures are developed

(Author’s note)
Implementing IBM

- Clearly specify behaviour
- Conduct an elicitation study
- Develop survey
- Confirm that measures explain behavioral intention
- Identify specific targets that can be used to strengthen behavioral intention
- Develop persuasive arguments to change beliefs
- Select a persuasive communication method to deliver information to target population
- Implement intervention
- Evaluate intervention
Limitations

- Theories suggest that intentions lead to behaviour
  - intentions can overstate or understate actual behavior
- Not comprehensive
  - As noted in the reading these theories can’t be used to address how beliefs and attitudes can be changed, only explain behavioural intentions (Montano and Kasprzyk)
- Expensive research to do
  - elicitation interviews
  - POL’s (popular opinion leaders) trained people costly
- Maturation effects
  - any changes that occur over time
    - people may generally become more concerned about their health over time
- IBM - Many constructs to measure
  - Increases risk of error
  - Participant fatigue
Strengths

- Provide Frameworks to guide research
  - empirically identify factors on which behaviour interventions should focus (Montano and Kasprzyk)
- Widely applicable - conceptualize, measure and identify factors that effect a wide range of behaviours
- Well-defined constructs
- Theories increase individual and population based awareness of negative health behaviours
- TRA and TPB have relatively few constructs
  - decrease possibility of error when measuring.
  - decrease participant fatigue
- Encourage open ended elicitation interviews with population being studied
  - obtain specific relevant information about that population
Implications for aging

- Research in the last decade
  - TRA
    - used in research related to improving bone health, accepting information technology, and adherence to treatments for depression
  - TPB
    - applied in research related to fruits and vegetable consumption, changing physical activity beliefs, exercise, volunteering, adhering to prescription medications, and seeking preventative psychological help
  - Search for studies applying IBM to older population was not fruitful
  - The influence of habit, environmental barriers, health barriers, fatigue effects, and history effects require consideration when applying theories to the older population.
Brewer, N.t. & Rimer, B.T. (). Perspectives on health behaviour theories that focus on individuals.
