

The background of the cover is a photograph of a pedestrian crossing sign. The sign is circular with a black background and a white border. It features a red silhouette of a person standing in the upper half and a green silhouette of a person walking in the lower half. A large, semi-transparent red 'stop' sign is overlaid on the image, with its top half covering the red silhouette and its bottom half covering the green silhouette. The title 'Promoting Healthy Behaviour' is written in a large, white, sans-serif font across the middle of the image, partially overlapping the red 'stop' sign.

Promoting Healthy Behaviour

A Practical Guide for Nursing and Healthcare Professionals

Dominic Upton & Katie Thirlaway

promoting healthy behaviour

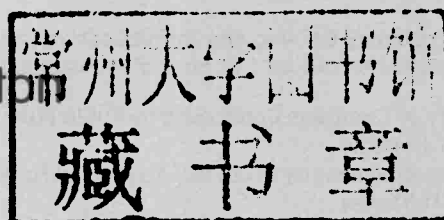
a practical guide for nursing and
healthcare professionals

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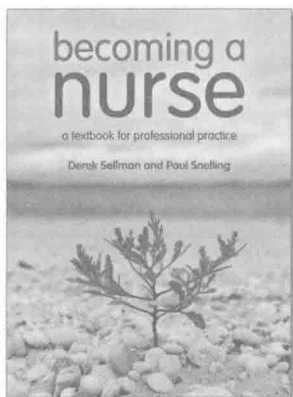
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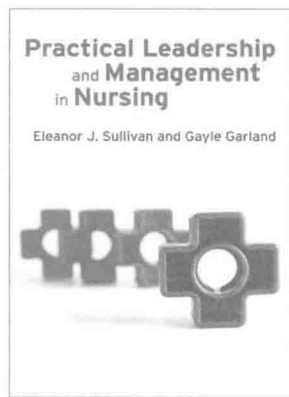
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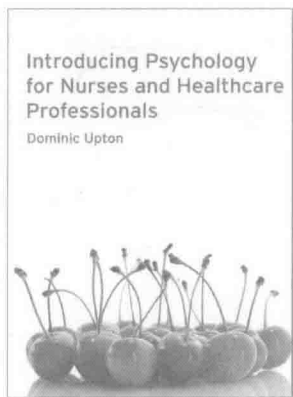
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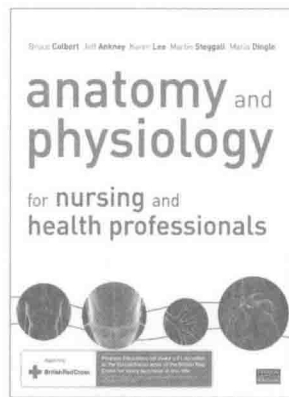
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For Penney (DU)

For Mark (KT)

Preface

Background to this book

In 2009 we published a well-received text on *The Psychology of Lifestyle* (Thirlaway and Upton, 2009) which was based on our experience and understanding of the major challenges that faced the UK – and the wider Western world – in terms of the so-called ‘lifestyle diseases’. During the writing of that text we both became convinced that there was a need for a book that had a practical focus, albeit within an academic and evidence base framework: the result was this text.

The rationale for this book (and the previous one) was based on the premise that ‘lifestyle diseases’ are one of the major challenges facing the NHS. This is not a supposition put forward by ourselves exclusively but by many others, including not least the former prime minister, Tony Blair. Of course, politicians are not the only ones to have entered the debate. Opinion formers, academics and leader writers have all contributed to the debate, with increasing attention given to these diseases, whether this be within academia, social policy or the media. We and many others have long recognised the importance of psychology in the development of these lifestyle diseases and we wanted to ensure that appropriate psychological theory and practice were discussed and disseminated for use as part of the armoury available for healthcare professionals. Further research and discussion with colleagues led us to believe that there was a market for such a book and we began a dialogue with a very receptive publisher from which this text has resulted.

It has been appreciated for some time that poor lifestyles are associated with increasing health risk – at both an individual and a population level. Of course, such diseases are not distributed evenly across the population; there are certain sections of society that may suffer more than others. Hence, the influence of social class, gender and ethnicity should not be overlooked. It is essential that all healthcare professionals take into account these variables when discussing some of the approaches in this text. Furthermore, it is obvious that cognisance has to be taken of the individual differences when in a clinical situation; the personal characteristics and situation of the individual client can have a significant bearing on an individual’s health and lifestyle. These characteristics may be related to their current situation or may be related to more cultural aspects. Moreover, there are differences between the individual countries of the UK, with certain behaviours and health and illnesses more prominent in some areas compared to others. There are also psychological variables which may be described as either ‘risk’ factors or ‘protective’ factors – ‘personality’ variables, self-efficacy or mood, for example.

Psychological models have attempted to integrate all of these social, demographic and psychological variables to predict behaviours and develop theoretically based interventions. This has been the fundamental foundation of this text. We have tried to demonstrate the value of these psychological models and how they can be used practically by healthcare professionals.

We see the role of psychology in lifestyle as of significant, if not of primary, importance. Similarly, we see the role of lifestyle in health and in illness as predominating and likely to become ever more important to the NHS in the coming decades. Indeed, the Foresight report

described the 'obesity epidemic' as a problem comparable to climate change (Jones *et al.*, 2007). Obviously, how these issues are going to be addressed is a matter of debate and potential solutions range from the theoretically driven to the more light-hearted. Lifestyle is an issue about which every commentator feels confident to express an opinion. For example, the stigmatisation of obese people (albeit in, one would assume, a humorous article) is not uncommon: 'Most obesity is a consequence of stupidity and indolence and not of some genetic affliction. It is a lifestyle choice which people would be less inclined to adopt if they knew we all hated them for it' (Liddle, 2008). In this text, we review some of the more serious and theoretically driven approaches, debate their value and discuss the potential ways that healthcare professionals can use these for the benefit of their patients and clients.

Overall, we hope that you find this book useful and informative and a guide for your practice both now and in the future. It is geared towards healthcare professionals at any stage of their careers: those wishing to enter a health education/promotion, health (or social) care profession, those new to their particular role and those who have been engaged in professional practice for a number of years but wish to enhance their practice. It is not a manual of tips or a series of laws that have to be followed by all. There are some methods and guiding principles that we hope you will find useful, but this text is intended to be a series of thought-provoking chapters that will intrigue, stimulate and provoke, and hopefully enhance your practice for the benefit of your patients and clients.

The content of this book

We thought for some time about the content of this book - what should we include and what should be excluded? We also had advice from others who suggested additional material, but then others suggested other forms of behaviour that could be included. For example, should we include sleeping? After all, it is a behaviour and can affect health either positively or negatively. Similarly, others considered that we should include stress, which can impact on both mental and physical health and contributes significant mortality through accidents.

We also knew the psychology that needed to be included. So what was the cause of our consternation? Why did we spend so much time discussing the content over well-brewed coffee (other than the obvious)? We appreciated at the outset that there was a possibility of considerable repetition within this text. Many of the behaviours discussed are underpinned by similar psychological variables and have been investigated within similar theoretical modes. After writing the first couple of chapters we recognised this and re-jigged the book to include the chapter on psychological concepts, which presents the information in a more coherent and sensible manner. We hope that this has removed considerable overlap, although we recognise that there are key psychological principles and models which will play a central part in many of the behaviours we discuss.

We should emphasise at the outset that this is not a book about smoking or obesity or psychological concepts *alone*. It is a book that attempts to cover a range of topics in an integrating framework. Hence, there are sections on social support, for example, that some may consider skimpy, and there are psychological factors and models that could have been included in many more chapters than currently presented. We have done this on purpose - we have not written a book that is dedicated to any one behaviour or any one approach. We obviously cannot compete with more narrowly focused texts for specific behaviours or models. However, we

present an overview with a thematic connection between the chapters which we hope readers will find interesting, thought provoking and, most importantly, of practical use.

We should also discuss why we have selected these topics for inclusion. On the one hand we could simply have discussed those mentioned by Tony Blair in his 2006 speech: 'obesity, smoking, alcohol abuse, . . . , sexually transmitted disease', but we recognised that this did not cover the complete range of behaviours we wanted to discuss. We initially included sleep as a lifestyle behaviour and thought that it was of key importance with the emergence (or, in reality, continued presence) of the 24-hour society and the increasing proportion of individuals involved in shift work. However, we came to realise that this did not fit with the other behaviours described in this text, so we abandoned this chapter. We then reviewed those behaviours which have the most significant impact on health and went for the chapters presented in this final volume.

Chapter 1: Introduction to healthy behaviour

In this opening chapter we set the context within which health practitioners are working and individuals are making choices about how they behave. We look historically at the socio-cultural climate in which we all operate, considering how and why lifestyle diseases and related behaviours have become so pertinent for us in the twenty-first century. We also consider the political imperative to encourage individual responsibility for long-term health and we reflect on the environmental influences over twenty-first century lifestyles.

Chapter 2: Psychology in practice

In this chapter we describe a number of key psychological concepts that are of relevance to the topic of lifestyle and lifestyle change. There are a great many theories of behavioural change, many of which include similar psychological concepts in different theoretical frameworks. The decision not to introduce specific theories but rather to introduce the key concepts that have consistently proved relevant for behavioural change is an attempt to bridge the gap between theory and practice. It is intended to make identifying the key aspects of research relevant to practice simpler. However, this is in no way intended to undermine the importance of theory, and the chapter highlights further reading that will enable interested readers to gain greater insight into the psychological theory that underpins these concepts. The existence of a large number of theories of behavioural change has been beneficial to our understanding of how and why people change their behaviour. It has enabled us to identify and understand those factors we might have expected to be important but are not, and those factors that are important in behavioural choices. However, it does make exploring the psychological research into behavioural change somewhat daunting for non-psychologists, so this chapter hopes to make the key psychological concepts to date easier to identify.

Chapter 3: Eating well

In this chapter we explore eating and diet. The problems in providing a clear message of a 'healthy diet' are stressed, as are the issues surrounding the social environment impact on diet. The governmental approaches to the 'obesity epidemic' are outlined and the role of psychological models in the development of appropriate interventions is stressed - ultimately, what the healthcare professional can do to promote healthy eating in those who are currently overweight, and how healthy eating can be promoted in the young.

Chapter 4: Being active

In this chapter we consider the predominance of sedentary lifestyles in the population. Physical activity is the output side of the input-output energy equation and so is a key factor in the rising levels of obesity. The role of the obesogenic environment and how psychological interventions can work in such adverse environmental conditions are explored.

Chapter 5: Sensible drinking

Drinking is a popular component of many aspects of leisure in Britain. Drinking has adverse consequences for social and physical well-being. The changing nature of drinking patterns in the UK and in particular in women is described and discussed. Government policies to establish healthy drinking patterns in the young and promote healthy drinking in adults are outlined and the role of psychological interventions to support healthy drinking and deter deleterious drinking is evaluated.

Chapter 6: Quitting smoking

The health consequences of smoking are well established and well known throughout the population – smoking can have a significant impact on morbidity and mortality. However, approximately a quarter of the population still smokes and this has a significant impact on both the individual and the country's health. Given the significant impact that smoking has on the health of the nation, there has been extensive research into smoking and much of this has a psychological nature. In this chapter, the psychological variables and models that have been applied to smoking and, more importantly, how they can be used to promote smoking cessation are discussed.

Chapter 7: Safer sex

The safe sex message is being promoted in order to reduce the spread of sexually transmitted diseases. Sexual behaviours are not simply a consequence of physiological drives, but there are social, emotional and cultural (to name but three) variables that influence such behaviour. Within these broader influences the psychological factors have to be appreciated and developed. These psychological models and how they can be applied to promote safer sex are discussed. Importantly, safer sex is discussed within a pleasure-promoting context rather than a fear-inducing one.

Chapter 8: Stopping illicit drug use

Illicit drug use is perhaps different from the other lifestyle behaviours explored in this text. It is a relatively rare behaviour but it has a clear impact on the community and the country at large. Furthermore, when exploring government material and recent academic texts, many include this as a lifestyle *choice* (although we acknowledge the debate around the use of the C-word). It is also important to recognise that illicit drug use can be categorised as a sub-category of smoking and alcohol abuse. The interventions designed to reduce illicit drug

taking by employing psychological approaches which are relevant and essential to other lifestyle behaviours are discussed.

Chapter 9: Conclusion

This final chapter attempts to draw together the diverse behaviours discussed in the previous chapters and identify the key similarities and differences in the various behaviours we have considered. It is crucial for health practitioners to recognise which psychological techniques are effective across all behaviours in order to enable them to deal more effectively with the various prevention and promotion targets they are required to meet. This final chapter also tries to look ahead and identify what else we need to know to make our interventions more effective.

For each of these chapters we have included a selection of the following features:

- **Learning objectives:** What you will find in this book, so that you can navigate your way through the text and know what to expect and what you can achieve.
- **Case study:** We provide a brief case study that highlights some key principles to be discussed later in the chapter. In some of these you are asked to take the role of the individual practitioner dealing with the client and we hope that this will highlight issues that you may face in practice (or have faced), whether this be as a qualified or student healthcare professional. We hope that the case study will raise questions and issues that we address later in the chapter.
- **Introduction:** The introduction follows the case study - we hope that the case study has whetted your appetite and you will begin to appreciate during the chapter the importance of the case study and how it relates to the chapter content.
- **Key messages:** These key points are littered throughout the chapter, highlighting the key messages that are in the text.
- **Applying this to...:** At stages throughout the chapter a box highlights how the principles discussed in the text can be applied to the case study.
- **Discussion points:** These act as points for discussion - they relate either to all of the chapter content or to the case study highlighted at the outset.
- **Applying research in practice:** In the chapter, empirical research studies are presented throughout to demonstrate the evidence base of the suggested techniques. More detail on a couple of these is provided in these boxes.
- **Putting this into action:** A final box at the end of the chapter contains all of the principles and skills discussed during the chapter and finally applies it to the case study.

We hope you are interested and engaged in this book and that it leads to an enhancement of your personal and professional skills. Overall, we hope that it leads to an improvement in healthy behaviours in your client group and goes some way to reducing the immense health problems associated with a poor lifestyle currently evident in the UK today.

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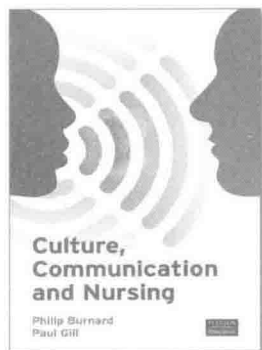
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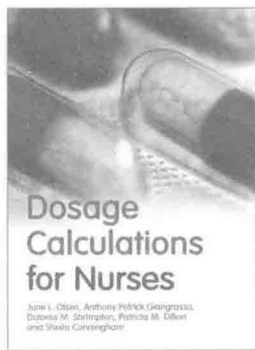
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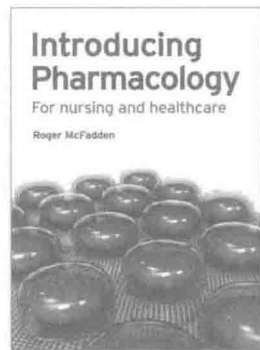
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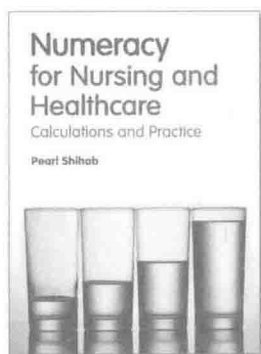
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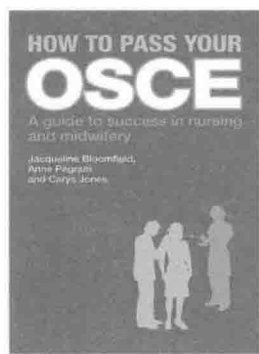
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