Why is changing health-related behaviour so difficult?

Why is changing health-related behaviours so difficult? You’ve probably asked this question and that’s the reason you’ve enrolled in a Healthy Conversation Skills workshop!

It’s a tricky and complex question to answer. We’ve compiled a summary of a fascinating academic paper below which offers some interesting insights and comments by way of an answer.

It’s by renowned psychologist Associate Professor Dr Mary Barker and medical sociologist Professor Michael Kelly and looks at why changing health-related behaviour is so challenging.

We believe the discussion below really sets the scene for why Healthy Conversation Skills are so important in everyday practice and explains how practitioners can be at the forefront of health transformation as agents of change.

Have a read and see what you think.

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Behaviour is critical to health. We only need to look at the dramatic rise in the number of people experiencing obesity, diabetes and cardiovascular disease to know this.

Check out some New Zealand statistics:

- In 1977, only 10% of New Zealanders were classified as obese, but in 2017 more than 30% of Kiwis are obese.
- The number of New Zealanders with diabetes has doubled in the past 10 years and now more than 250,000 Kiwis live with diabetes.
- More than 170,000 Kiwis are living with heart disease in 2017.

It’s important to be aware that it’s not just individual behaviour that drives these epidemics. Everyone operates in a social environment and we must take into account the social, political, environmental and economic forces which influence individuals’ behaviour.

Changing individual behaviour is clearly seen as “easier” than addressing changes in the broader socio-economic context. But this focus on individual behaviour change, has not led to great success.
Most efforts to get people to change behaviour around alcohol misuse, the prevention of obesity and promoting physical activity have had only limited success. Dr Barker and Professor Kelly say that although much is known, there has been a failure to put into practice what the science shows to be effective. What has been done instead is to employ a range of approaches that are based on nothing much more than anecdote, gut feeling and common sense.

They say discussions about behaviour change have been influenced by six common beliefs which have made the business of health-related behaviour change much more difficult than it needs to be.

They identify the six errors as:

- **It’s just common sense**

  All too often thinking about behaviour change has been driven by the belief that human behaviour is so obvious that it needs little or no serious thought. This appeal to common sense is deliberately anti-intellectual and anti-scientific.

  It leads to thoughts such as: “It is obvious what needs to be done, so let us just get on and do it.”

  However, if changing behaviour was simply about making common sense simple changes and good choices then we would all be able to make whatever changes we wanted whenever we wanted. Obviously, we do not.

  What this kind of thinking ignores is that human behaviour is influenced by social and cultural factors and is the result of the complex interplay between habit, automatic reactions, and conscious choice.

  There is a science to human behaviour and more than two centuries of psychological, sociological and anthropological evidence which we can draw on. We ignore this at our peril.

- **It is about getting the message across**

  In a slightly more sophisticated vein, some argue that changing health behaviour is simply a matter of getting the messages right.

  The idea here is very simple. If we could only get the message out there in some form which people could understand and identify with, then they would change in response. It’s like advertising a product, except we’re advertising a positive or healthy behaviour.

  However, this is a simplistic approach which does not take account of the complex interplay of activities, decisions and environmental factors which influence human behaviour.

  The key point is that purchasing a car or a tube of toothpaste is not the same kind of behaviour as making a decision to stop smoking or not to have unprotected sex. There is a great deal more to it than just getting the message across.

  Campaigns can have an important role and can be effective, but they are but one part of a total strategy and behaviour change is not just about simple messaging.
Knowledge and information drive behaviour

All too often, we believe information from expert sources will drive behaviour change.

This stems from a belief in the traditional medical model of the doctor–patient relationship, which is based on the premise that the patient comes to the doctor for their expert knowledge and understanding.

This is a model that works well for patients with acute conditions, but it tends to work less well for chronic conditions, such as obesity and diabetes, which represent the great medical challenge we now face.

Using this model, if a practitioner tells someone about the negative consequences of eating too much or exercising too little then they will change their behaviour accordingly. However, this is clearly not true and every frontline clinician and practitioner knows it is not true.

This fundamental belief about the role of information and knowledge in determining behaviour is wrong and unscientific. Giving people information does not make them change.

People act rationally

Similarly, we’re driven by a belief that people act rationally meaning they will do what they know to be sensible and logical.

This means if we tell people what is good for them and what they need to do to protect their health, then they will do it. Again however, they clearly do not.

Smoking, eating, drinking and the amount of physical activity people do are activities that are ingrained in their everyday lives, routines and habits. These things help to define someone’s identity.

The idea that simply providing people with information will lead to them changing their sense of who and what they are (and prompt them to seek to be a different person to the one they are now) is false.

People act irrationally

As stated above, people can’t be counted on to act rationally, but neither do they act irrationally all of the time.

When someone with asthma refuses to stop smoking, we might regard them as foolish or addicted or both. But what we tend not to see is that this may not be an irrational decision given their lives and experiences. People have their own reasons for doing things. Behaviours that persist tend to be functional for people.

Whatever it may be, whether choice of food, decisions about breast feeding or walking and cycling, one person’s rationality is another’s irrationality. It is arrogant to assume that people consume alcohol, chocolate, or cream cakes because they are irrational or are simply behaving thoughtlessly or stupidly.

It is important not to dismiss the explanations people give for what they do just because the medical evidence dictates that what they do carries a health risk.
• It is possible to predict accurately

Lastly, although we have made great strides in identifying key factors which shape behaviour, it is still very difficult to say with any certainty how individual people will behave in any given situation.

In even the most careful of our models, there is a great deal of difference in individual behavioural outcomes remains.

A way forward

Predicting behaviour and supporting behaviour change is neither obvious nor common sense. It requires careful, thoughtful science that leads to a deep understanding of the nature of what motivates people and the social and economic pressures that act upon them.

Health psychology has identified a range of behaviour change techniques that can help us to understand and support change in the behaviour of individuals.

There have also been advances in understanding behaviour as social practice. That is, behaviour is not something that can be reduced simply to the things that individuals do and think as if they were isolated from others. It is the product of the relations between individuals and groups.

All these advances in thinking mean that we should not treat people who are needing to change health behaviours as “dopes” but as knowledgeable human beings who understand their own conduct.

We need to rethink the way we as health professionals work with the public. In Southampton, an initiative has been developed and tested a method to provide individual support for patients and clients of health and social care services that steers away from information giving and towards empowering and motivating individuals to generate their own solutions to their problems.

This approach is similar to the Healthy Conversation Skills workshop offered in New Zealand and is promising in its ability to produce sustained changes in the way health and social care staff support behaviour change and impact on the lifestyles of different population groups.

The movement to ‘make every contact count’ recognises the opportunity practitioners have to improve public health through supporting behaviour change in the thousands of people with whom they come into contact.

We need to do more. It seems an appropriate moment to harness recent advances in behavioural science in the battle against the rising tide of non-communicable diseases threatening to engulf us.

You can read the full article from Dr Mary Barker and Professor Michael Kelly here.

Find out more about Healthy Conversation Skills, early life science and behaviour change research on our:

• Website: www.healthystartworkforce.org.nz
• Our Facebook page: www.facebook.com/healthystartworkforce
• Or contact us: info@healthystartworkforce.org.nz