

The Health Belief Model: A Theoretical Framework for Nursing Practice

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Course

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Introduction

Theories evolve from the necessity to solve clinical problems or formulate explanations for observed phenomena. Within the nursing profession, multiple conceptual frameworks focusing on caring can be operationalized to guide practice. These frameworks are vital when planning clinical interventions designed to help individuals adopt health-promoting behaviors. Among the most notable models utilized for this purpose is the Health Belief Model (HBM). As this model demonstrates, understanding the internal cognitive processes of an individual is highly relevant to effective care delivery.

Background

Theorist's Background

The development of the HBM is attributable to social psychologists working within the U.S. Public Health Service during the 1950s. These researchers were concerned by the public's reluctance to adopt screening measures for the early diagnosis of asymptomatic conditions. Consequently, they sought to identify the root causes of the widespread failure to embrace diagnostic tests that could aid in early disease detection (Janz & Becker, 1984). Later, during the 1970s and 1980s, Nancy K. Janz and Marshall H. Becker became pioneering researchers who focused comprehensively on demonstrating the utility of the model to explain diverse health-related behaviors. Because the original developers were social psychologists, they approached health behavior from a behavioral perspective, considering the external environment highly influential in shaping individual actions.

Phenomenon of Concern

The original investigators sought to understand why individuals avoided or remained disinterested in early detection screenings for tuberculosis, even when those services were

offered free of charge or at minimal cost. They also sought to evaluate the specific motivations that prompted certain individuals to pursue screening (Janz & Becker, 1984). Ultimately, the core phenomenon of concern centers on the precise beliefs or perceptions an individual must possess to take preventive action or accept diagnostic screening for an asymptomatic disease.

Theory Description

The foundational argument of the HBM is that health behavior depends heavily on the value an individual places on a specific health goal, combined with their estimation of the likelihood that a given action will achieve that goal. In relation to healthcare, behavior is driven by an individual's desire to avoid illness (or recover from disease) and the corresponding belief that a specific clinical intervention will prevent the illness or reduce its perceived threat. Thus, the model functions as an organized framework designed to explain, predict, and increase patient adherence to healthcare recommendations.

Concepts

The HBM consists of six core dimensions. The first concept is *perceived susceptibility*, which entails an individual's subjective perception of their personal vulnerability or risk of contracting a specific disease. The second concept, *perceived severity*, relates to individual feelings regarding the seriousness of the medical or social consequences of leaving an illness untreated. These subjective feelings vary significantly from one person to another. The third concept, *perceived benefits*, evaluates an individual's estimation of the effectiveness of a recommended health action to reduce the overall threat or risk of a disease. For an individual to accept and adopt a recommended intervention, they must perceive it as highly efficacious.

Conversely, the fourth concept, *perceived barriers*, includes the anticipated negative consequences or obstacles associated with a health action that may discourage the adoption of

the recommended behavior. The fifth concept, *self-efficacy* (often tied to health motivation), relates to an individual's perceived capability and internal drive to successfully execute a health-promoting action. Finally, the sixth concept, *cues to action*, entails the internal or external triggers that prompt an individual to make a decision regarding a specific health action (Janz & Becker, 1984; Lipman & Burt, 2017). Collectively, these six concepts are applied systematically to understand and interpret a wide array of health-related behaviors.

Diagram

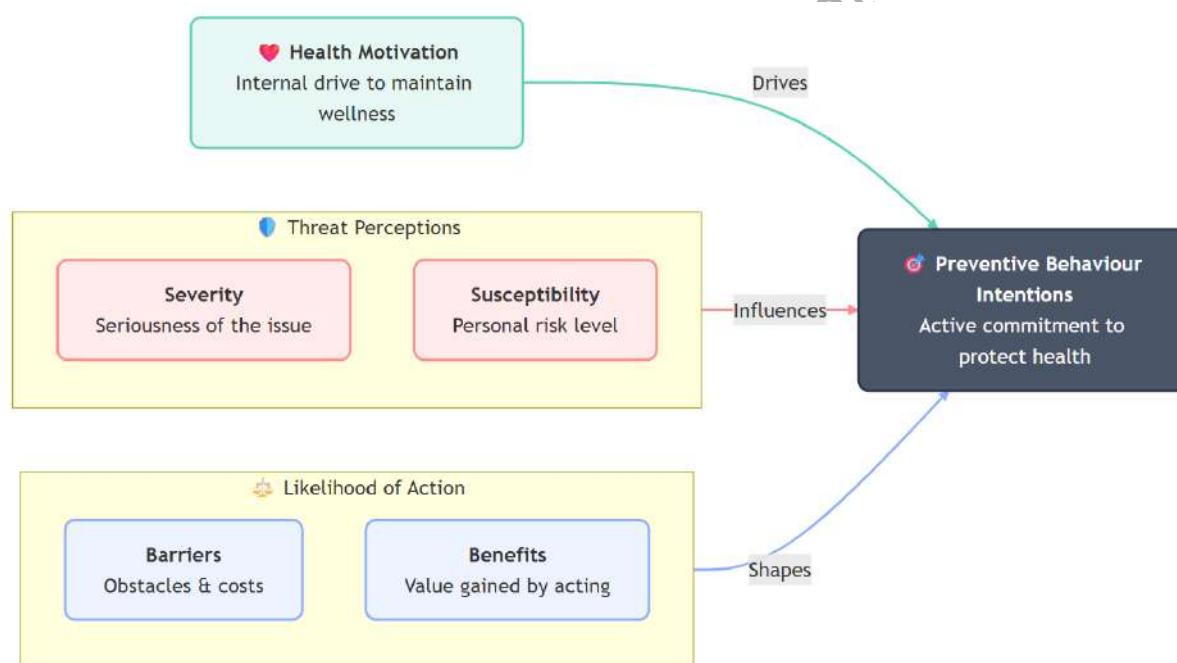


Figure 1: Health Belief Model (Adapted from Lipman & Burt, 2017)

Relationships

As illustrated in Figure 1, preventive behavior intentions are directly dependent upon an individual's internal health motivation, threat perceptions, and overall likelihood of action. Threat perceptions are uniquely comprised of the perceived severity and perceived susceptibility of the clinical condition. Meanwhile, the likelihood of action is shaped by balancing the benefits

derived from preventive measures against the structural or psychological barriers that hinder individuals from adopting those behaviors. Ultimately, an individual is highly likely to execute a preventive health behavior if they are internally motivated, concerned about the potential condition, and fully convinced that the recommended action will yield beneficial outcomes.

Evaluation

Weaknesses

The HBM is somewhat linear and simplistic, which may limit its utility in complex care delivery environments. As public responses to recent public health mandates (such as COVID-19 vaccinations) revealed, individuals from diverse ideological, socioeconomic, and environmental backgrounds do not approach recommended health behaviors uniformly. The model fails to account for a variety of deeply entrenched variables that dictate human actions. For instance, an individual's pre-existing attitudes, cultural habits, and non-health-related dimensions, such as religious beliefs, social acceptability, peer pressure, and structural information availability, significantly shape health behaviors independent of personal health beliefs.

Metaparadigms

The central nursing metaparadigms addressed within the HBM include health, human beings, and the environment. The model posits that a human being is inherently inclined to adopt a recommended health action if they are convinced that avoiding an illness is possible. Furthermore, the individual must expect that the action will successfully mitigate the threat to their health status, and they must maintain the baseline environmental and psychological belief that they can execute the health action successfully.

Application

Empirical Studies Utilizing the Framework

The HBM has been successfully operationalized across multiple recent peer-reviewed studies. For instance, Ghorbani-Dehbalaei et al. (2021) utilized the HBM to explore how health beliefs and health literacy collectively influence women's health-promoting behaviors. To assess student beliefs, these researchers developed a 50-item questionnaire derived directly from the HBM constructs, tailoring the queries to topics such as anemia, breast cancer, genital infections, and menstrual disorders.

Similarly, in a study involving hemodialysis patients, Nooriani et al. (2019) utilized the HBM framework to evaluate the impact of targeted nutritional education on patients' nutritional knowledge, behavioral constructs, and actual dietary intake. In this investigation, the researchers relied on the model's core dimensions to construct a 32-item instrument utilizing a traditional Likert scale. The application of these theoretical constructs across contemporary research initiatives affirms the continued relevance of the model.

Area of Practice

The HBM remains an essential theoretical tool within the broader nursing profession. In clinical practice, the model serves as an effective blueprint to guide disease prevention, patient education, and community health promotion initiatives. It offers crucial, structured insights necessary for advanced practice nurses to analyze, anticipate, and address complex clinical challenges related to patient medication compliance, preventive health screenings, and long-term care follow-up.

Conclusion

The HBM remains among the most enduring theoretical frameworks utilized to understand, predict, and influence targeted modifications in health behaviors. The model applies seamlessly to a wide variety of clinical and preventative health contexts. As evidenced by its

deployment in contemporary empirical studies, the theory maintains significant relevance in modern evidence-based practice. Its explanatory power and structural insights continue to serve as highly effective resources for enhancing outcomes in nursing practice.

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