

Basics of Health Promotion and Education Intervention
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Lecture - 19
Models of Inter-Personal Health Behaviour

Hello everyone, today I will be talking on models of interpersonal health behaviour. So, let us start.

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CONCEPTS COVERED

- Social Cognitive Theory
- Transactional model of stress and coping
- Key interpersonal functions and health outcomes

Childhood experiences, Housing, Education, Social support, Family income, Employment, Our communities, Access to health services

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We will be covering the following topics a social cognitive theory, transactional model of stress and coping and key interpersonal function and health outcomes.

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KEYWORDS

- Self-efficacy
- Interpersonal Communication
- Stressor
- Coping

Childhood experiences Housing Resilience Social support

Family income Employment Discomfort Access to health services

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Social Cognitive Theory (SCT)

- Social Cognitive Theory (SCT) started as the Social Learning Theory (SLT) in the 1960s by Albert Bandura. It developed into the SCT in 1986.
- SCT provides a comprehensive and well-supported conceptual framework for understanding the factors that influence human behavior and the processes through which learning occurs, offering insight into a wide variety of health related issues.
- SCT posits that human behavior is the product of the **dynamic interplay** of personal, behavioral, and environmental influences.
- Proposes that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior.

The social cognitive theory or SCT, social cognitive theory actually it was started as the social learning theory. So, initially it started as social learning theory in 1960s by A Bandura. Then it developed into social cognitive theory or SCT in 1986. This theory I mean this SCT provides a comprehensive and well supported conceptual framework for understanding the factors which influence human behaviour.

So, the processes through which learning occurs offering insight into a wide variety of health-related issues. Now SCT actually posits that human behaviour is the product of dynamic interplay. So, this is a key term which you have to remember and you have to understand I will

explain in my next slide. So, actually it is it assumes that the human behaviour is actually the product of the dynamic interplay of the personal, behavioural and environmental factors or influences.

Now it proposes that learning occurs in a social context with a dynamic and reciprocal interaction of the person environment and behaviour. So, see the key term social context that is very important and the dynamicity the dynamic interplay I was talking about dynamic and the reciprocal interaction of person environment and behaviour.

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Social Cognitive Theory (SCT)

- **Reciprocal Determinism:** Central concept of SCT. Dynamic and reciprocal interaction of person (individual with a set of learned experiences), environment (external social context), and behavior (responses to stimuli to achieve goals).
- **Behavioral Capability:** A person's actual ability to perform a behavior through essential knowledge and skills. In order to successfully perform a behavior, a person must know what to do and how to do it.
- **Observational Learning:** People can witness and observe a behavior conducted by others, and then reproduce those actions.

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Now these are the construction concepts of social cognitive theory. So, the first is a reciprocal determinism. Now this reciprocal determinism is central concept of SCT, dynamic and reciprocal interaction of person like individual with a set of you know learned experience information and knowledge. Then environment, environment is actually the external social context and the behaviour responses to stimuli to achieve some goals.

Then behavioural capability, a person's actual ability to perform a behaviour through essential knowledge and skill. If a person has to behave a specific you know preventive behaviour or any kind of behaviour, then the thing is the ability should be there I mean the knowledge the information and the skill to perform that behaviour that should be present. In order to successfully perform a behaviour a person must know what to do and how to do.

So, this is very important that whatever a person is going to perform he must know that what to do and how to do it then. Next you see the observational learning, now people can witness and observe a behaviour conducted by others like you know people can see what other people of it can be friends, family members, relatives anybody. So, people can witness and observe a behaviour conducted by others and they reproduce those actions.

So, after seeing and observing a particular behaviour then he can reproduce those behaviour or actions.

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Social Cognitive Theory (SCT)

- **Reinforcements:** The internal or external responses to a person's behavior that affect the likelihood of continuing or discontinuing the behavior. Reinforcements can be self-initiated or in the environment, and reinforcements can be positive or negative.
- **Expectations:** Anticipated consequences of a person's behavior. People anticipate the consequences of their actions before engaging in the behavior, and these anticipated consequences can influence successful completion of the behavior.
- **Self-efficacy:** The level of a person's confidence in his or her ability to successfully perform a behavior. Self-efficacy is unique to SCT although other theories have added this construct later. Self-efficacy is influenced by a person's specific capabilities and other individual factors, as well as by environmental factors (barriers and facilitators).

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Next you see the reinforcement, you all must have heard about the word reinforcement. Now this is actually the internal or external responses to a person's behaviour that affect the likelihood of continuing or discontinuing the behaviour. Like if a person has started a behaviour or he is going to start a behaviour, so reinforcement is something some responses you know to a person behaviour which will actually affect the continuation of that particular behaviour.

Now reinforcement can be self-initiative or in the environment, this is very important. So, it is not always that reinforcement will come from the external environment or the social context. It can be self-initiated or in the environment and very important is it can be positive or negative.

So, you see I was just I see where I have kept this laser point this continuing or discontinuing. So, that is why here it is mentioned the reinforcement can be positive or negative.

Like you have started performing any kind of behaviour and there is that the reinforcement is positive, then you will continue to perform that behaviour and if it is negative then you can discontinue also. Then expectations; expectation is also very well-known word among all of us. Now what it says that anticipated consequences. So, the important thing is anticipation anticipated consequences of a person's behaviour.

Now you know people anticipate the consequences of their action before engaging in the behaviour. Like if somebody you know before engaging into regular physical activity or any other behaviour every day you know the proper hand hygiene practices or any kind of behaviour, so always they anticipate some consequences that when they are going to perform that behaviour, what are the consequences of those behaviour.

And these anticipated consequences can influence successful completion of the behaviour, definitely because you know for example a regular physical activity. You are anticipating that if I will be performing regular physical activity. Then I will be able to maintain my body weight or I will remain healthy whatever anything. So, if that anticipated consequences are made and you know it can influence the completion of the behaviour.

Then the self-efficacy, now you know the self-efficacy like in the previous slide I was talking about the social learning theory previously then the social cognitive theory came. So, the addition of this self-efficacy actually made the social learning to social cognitive theory. The addition of the self-efficacy, then it becomes the social cognitive theory. Now in previous lectures also like you all have come to know what is actually the self-efficacy.

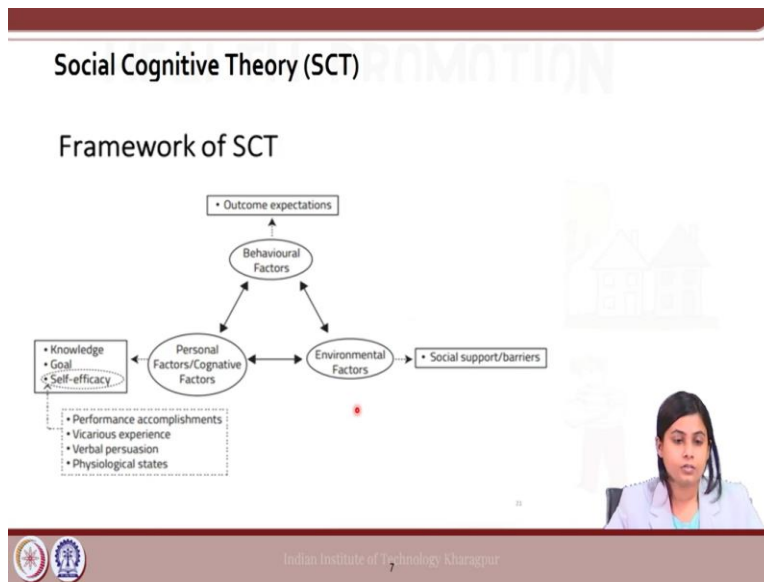
So, what is self-efficacy actually? The level of a person's confidence like I was talking in my last lecture also that how much a person is confident that he or she can perform that particular behaviour, he or she can overcome barriers and constraining condition and then he or she can

perform that particular behaviour. So, self-efficacy is actually the level of a person's confidence in his or her ability to successfully perform a behaviour.

Now this self-efficacy is unique to social cognitive theory although other theories have added this self-efficacy construct later but actually initially this social cognitive theory taken into consideration about this self-efficacy. Self-efficacy is influenced by a person's specific capabilities and other individual factors as well as some environmental factors. Now whatever the environmental factors it can be barriers and facilitators.

So, our self-efficacy is actually influenced is determined by so many things. So, it can be the specific capability of an individual or other individual factors can be there and the environment context is also important here.

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Now you can see this framework, so this is the framework of social cognitive theory. Now the personal the dynamic interplay I was talking in the first slide personal, behavioural and environmental. Now see the dynamic interplay between these three, I mean you can see the arrows you know these arrows itself reflects that this is the actually the dynamic interplay and one more thing let me go to my last slide the reciprocal determinism.

So, dynamic and reciprocal interaction of the individual or person environment and behaviour. So, now in this framework you can see the reciprocal determinism and also the dynamic interplay, so it is very clear from this framework. Now see the personal factor or cognitive factor here knowledge of the person, goal, self-efficacy, then the behavioural factors the outcome expectations.

What is the expectation if a person will perform that behaviour, then actually what will be the outcome those expectations actually outcome expectation. And environmental factors it can be social supports, it can be barriers also, so environmental can be barrier or facilitator. Now see in the left side I pointed out here in the personal factor of cognitive factors you see knowledge goal and self-efficacy.

Now like we were talking about self-efficacy in social cognitive theory. Now these four points you can see are the dotted points and under these dotted points there is a dotted box also. So, see performance, accomplishment, vicarious experience, verbal persuasion and physiological states. Now these are the things which actually you know enhance self-efficacy you can say or these are the sources of self-efficacy.

It can enhance it can increase the self-efficacy of a person. Now see the physiological state a relaxed and you know well rest mind and body, so this is important. Then the verbal persuasion, for example verbal persuasion like if you have a goal that I want to perform a certain behaviour that behaviour can be anything like regular physical activity or any task you have a goal to perform a task or a behaviour.

Now if somebody is there that can be your family member or anybody your friend if that person keeps you encouraging or motivating that yes you can do it you can perform that behaviour. Then you know what happens your own confidence also gets increase, so by that way your self-efficacy also gets enhanced and increased. Then vicarious experience, now what happens sometimes like it these things are actually happening you know in every day's life in us.

So, vicarious experience is like if you see somebody who has also a goal of yours, like you have a goal or you have targeted something that you will be doing that and somebody else has also some target, the same target but there is a different people. Now you see that person has succeeded in that behaviour in performing that behaviour. So, what happened when we see ok, she has also succeeded he has also succeeded.

I mean he could also perform that behaviour she could also perform that behaviour. Then what happen? You gain a self confidence in you that yes then if he or she can do then definitely I think I can also do. So, this is actually the vicarious experience and what happened this experience boost your confidence. So, ultimately your self-efficacy gets enhanced it gets increased. Then performance accomplishment like there is a task that you have targeted.

Now there is so many tasks we target right so many behaviour we have to perform, we have to set some goals, so you see that here this is regarding your own self not about what are you seeing in other people. You have performed previous to behaviour you have performed previous to task, then what happened your confidence increases. If I could perform that behaviour then I think I can also perform this behaviour also in future also I will be able to perform that behaviour.


So, this is actually performance accomplishment. So, these are the four points on the personal factors actually knowledge, goal and self-efficacy was there and this self-efficacy can be enhanced by these four issues because these are the actually the source of self-efficacy. It is also said that these are actually the source of self-efficacy. So, you can enhance your self-efficacy if you focus on all these points while working if you are going to conduct any research and you can include any model.


This is social cognitive theory is not the only model where self-efficacy is there theory of planned behaviour, it is basically integrated behaviour model which is also an extension of theory of planned behaviour, there self-efficacy is there. So, if you adopt or follow that model then you can keep all these points in your mind. So, like that you can plan research, you can plan health education or health behaviour kind of activities and research.

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Transactional model of stress and coping

- The Transactional Model of Stress and Coping is a framework for evaluating processes of **coping with stressful events**.
- Stressors are demands made by the internal or external environment that upset balance or homeostasis, thus affecting physical and psychological well-being and requiring action to restore balance or equilibrium.
- Stressful experiences are construed as person– environment transactions, in which the impact of an external stressor, or demand, is mediated by the person's appraisal of the stressor and the psychological, social, and cultural resources at his or her disposal.





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Now next thing we will be talking on transactional model of stress and coping. So, see the name is actually you can see the point stress and coping. Now transactional model of stress and coping is a framework for evaluating process of coping with stressful events. Now I have you know put this in a bold, so you see the coping with stressful event. So, the transactional model of stress and coping, actually it is a framework.

It is a model framework where it can be evaluated like if some stress you know stress can be anything Covid 19 illness or Covid 19 pandemic itself is a big example of stressors. So, how can a person cope, how somebody can cope with such stressful event or stress? Stressors are demands made by the internal or external environment that upset balance or homeostasis. Thus, affecting your physical, psychological well-being and it requires action to restore balance or equilibrium.

So, any kind of stress illness or any you know hazards if it occurs then actually you know balance upset the balances or homeostasis. Now it can be a physical also it can be a psychological also, so many psychological you know imbalances can occur due to any kind of stress. Then what is required is the action so that again that balance can be restored and that equilibrium can be maintained.

Now stressful experiences are construed as person environment transaction, in which the impact of an external stressor or demand is mediated by the person's appraisal of the stressor and the psychological social and culture resource at his or her disposal.

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The slide is titled "Transactional model of stress and coping". It contains two bullet points:

- When faced with a stressor, a person evaluates potential threats or harms (*primary appraisal*), as well as his or her ability to alter the situation and manage negative emotional reactions (*secondary appraisal*).
- Actual *coping efforts*, aimed at problem management and emotional regulation, give rise to *outcomes* of the coping process (for example, psychological well-being, functional status, and adherence).

The slide also features a small inset video of a woman in the bottom right corner and logos of the Indian Institute of Technology Kharagpur at the bottom.

Now when somebody is faced with a stressor or any kind of stress then what happens that person evaluates potential threats or harms, this is also known as primary appraisal. So, whenever any human being or like individual you know any kind of stress when occurs when they face any kind of stress, then first thing that happens is the primary appraisal. How person evaluates the potential threat of that stressor event like Covid 19 illness if we can take an example.

So, first thing that somebody does is a primary appraisal how that he that person will evaluate that what are the threat like you know perceived threat we were talking about in health belief model. Now perceived susceptibility perceived severity what kind of harms can that stress you know bring into that is actually the primary appraisal. So, this is the perception actually, you evaluate and you perceive.

Now then what happens as well as his or her ability to alter the situation and manage negative emotional reactions. So, like some you know some stresses occur some problem has occurred then the next thing which occurs after the primary appraisal is the secondary appraisal, you know

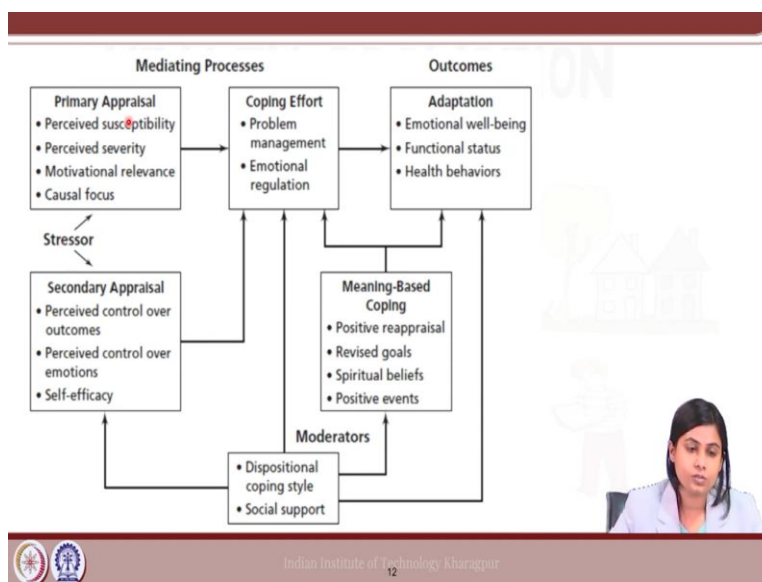
these are the threats these are the harms. Now next thing is how actually you are going to overcome? How actually how much do you have the perceived control?

So, that you can overcome those things. So, his or her ability to alter the situation and obviously so many negative you know emotional reactions occurs, psychologically you become very negative. So, then how actually you can what is the ability to overcome that situation to alter that situation is your secondary appraisal. Actual coping efforts aimed at problem management and emotional regulation, this is very important, Covid 19 illness.

So, emotionally psychologically also you have to manage. You have to manage that you have to balance those emotions also and the problem management, definitely if something has occurred then you have to manage that is actually coping effort how much you can cope with the stressful event. Now then these coping efforts, after coping efforts it gives rise to outcomes of the coping process.

So, what happens when you cope then ultimately if you cope well, you give your coping efforts and you cope well, then outcome will occur that is actually the outcome of the coping process. What will happen again your psychological well-being will be maintained, your functional status adherence everything will be restored and balanced.

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Now before I explain all these things, this is the framework. I will go to the previous two slides but I think first of all you should see this framework, then it will be easier to understand the important concepts, important terms of this transactional model of stress and coping. Now see the first box, this is primary appraisal in the middle you can see stressor I mean some stress has occurred some event has occurred.

So, the first thing I was talking about the primary appraisal, susceptibility, severity, motivational relevance causal focus. Then what comes is the secondary appraisal, self-efficacy comes under the secondary appraisal, how you are confident that you can cope, self-efficacy is very important. Apart from that I was saying perceived control over outcome perceived control over emotions. So, when any kind of stress comes your maintenance of emotion you know the emotional well-being is also very important.

So, these are the secondary appraisal which I was talking about that you perceive that how much you can, how much you have the ability that you can control this situation this stressor and how ultimately the outcome will occur. Now then what happened these are the primary and secondary appraisal; you can see the coping effort this box the middle one. So, coping effort you are actually not coping your coping process has started.

So, emotional regulation I told you emotional regulation is also very important and the problem management whatever the stress is whatever the problem has occurred. So, that management is important, so this is coping effort. Now this is a mediating process from primary and secondary you know appraisal you can see the coping effort and from that the outcome. The outcome is ultimately what you will get at the end.

So, that outcome is you know adaptation, ultimately your emotional well-being will be restored, your functional status will be restored and health behaviour if it is related to any kind of health behaviour. Now here are the moderators like you see dispositional coping style and the social support this moderates the coping effort. Then you see the meaning-based coping. Now what is meaning based coping?

These are the four points comes under the meaning-based coping that is positive reappraisal, you can revise your goals, spiritual beliefs, some positive events. So, this meaning-based coping is actually enhancing this coping process and ultimately definitely at the end outcome or adaptation will occur.

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Transactional model of stress and coping

- **Primary appraisal:** Evaluation of the significance of a stressor or threatening event.
- **Secondary appraisal:** Evaluation of controllability of the stressor and a person's coping resources.
- **Coping efforts:** Actual strategies used to mediate primary and secondary appraisals.

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So, now let us go to the previous two slides, primary appraisal as we were talking about evaluation of the significance of a stressor or a threatening event. The first thing that one is doing is the primary appraisal then what he does is the secondary appraisal evaluation of controllability of the stressor and persons coping resources. Actually, how much the self-efficacy is important here in the secondary pressure, his perception that yes, he has the ability to overcome the problem.

Coping efforts, actually coping efforts are the coping process, these are the strategies that a person will follow. So, actual strategies used to mediate primary and secondary appraisal. So, basically your primary appraisal is done your secondary appraisal is done. Now these coping efforts or the coping process will actually mediate which I was talking about it will mediate these two things, the primary and secondary appraisal, so that outcome or adaptation can occur.

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Transactional model of stress and coping

- **Dispositional coping styles:** Generalized ways of behaving that can affect a person's emotional or functional reaction to a stressor.
- **Meaning based coping:** Coping processes that induce positive emotion, which in turn sustains the coping process by allowing re-enactment of problem or emotion focused coping.
- **Outcome:** Emotional well being, functional status, health behaviors.



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Then dispositional coping style, generalized ways of behaving that can affect a person's emotional or functional reaction to a stressor. It was acting as a moderate you know moderating the coping efforts and the outcome. Meaning based coping process that induce positive emotion. So, very important this point is very important that basically meaning based coping, you are coping but that should be very rational meaningful.


So, that your negative emotions can be turned into the positive emotion. Now then which in turn sustain the coping process by allowing the re-enactment of problem or emotion focused coping, so emotion focused coping is also a key term. And at the end like we saw in that framework is the outcome or the adaptation. So, then what will happen your emotional well-being will be restored your functional status health behaviour everything will come in equilibrium and in a balanced stage.


So, now I think this is clear about this framework, the arrow itself you know is meaningful and you can understand that how each primary appraisal or secondary appraisal is actually how then coping process is going and then adaptation outcome is occurring.

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Key interpersonal functions and health outcomes

- Interpersonal communication is one of the key sources of social influence, a process critical to change in health behavior.
- Interpersonal communication may take place in informal relationships, such as families and friends, or in more formal relationships, such as physicians and patients.
- A strong physician-patient relationship is particularly important for patients because of the fear and worry associated with threats to health and well-being.
- Good communication is associated with improved physical health, more effective chronic diseases management, and better health-related quality of life.





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Then the next thing is the key interpersonal functions and health outcomes. So, the first important thing is interpersonal communication is one of the key sources of social influence. We all know interpersonal communication, how actually we are communicating to the other people. A process critical to change in health behaviour, as a health care professional or a public health professional how actually you are communicating to beneficiaries or the community member or anybody.

That will actually will lead to a positive behaviour or it can also lead to negative behaviour. So, this is very critical. Now interpersonal communication may take place in informal relationship we all know families, friend's peers or in more formal relationship that is physician and patient. So, between a physician and patient it can be on clinic based or in a community based both. So, whenever whatever you are doing whenever you go to the community you have to keep this in mind.

Being a community physician or a health care or public health care professional, you have to keep this in mind that how actually you are interacting, how you are communicating with the community member's beneficiaries or patients. Now a strong physician patient relationship is particularly important for patients because of the fear and worry. So, you all know a patient you know is in fear and worry associated with threats to health and well-being with any health problem or with any issues.

That particular person is actually in anxiety or fear. So, a strong physician patient relationship is there then that fear and worry can be you know it will not be there, actually if you communicate with your patient properly then that patient's anxiety and fear will no longer prevail. Then good communication is associated with improved physical health more effective chronic disease management and better health related quality of life.

So, communication is very important, so good communication is always related with include physical health, mental health, any effective management of chronic disease and actually the entire quality of life.

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Key interpersonal functions and health outcomes

Six communication functions that are key to promoting improve health outcomes:

- Establishing and maintaining the physician-patient relationship
- Exchanging and managing information
- Validating and responding to emotions
- Managing uncertainty
- Making decisions
- Enabling patient self-management

The slide features a background illustration of a doctor in a white coat and a patient in a blue shirt. The doctor is standing and talking to the patient, who is sitting. There are also icons of a house and a person. The slide is from the Indian Institute of Technology Khargpur, as indicated by the logo and text at the bottom.

Now six communication functions that are key to promoting improve health outcomes. So, these are the six-communication function. Now you see the first one establishing and maintaining the physician patient relationship. Now this is very important like I was just talking about that whenever a patient comes you know to a physician that patient can have so many fear and anxiety worries related to what is actually happening to his health and so many issues can be there.

So, that physician patient relationship maintenance is very important. It is a responsibility you know of a physician to actually decrease or to remove the anxiety or fear among any patient.

Exchanging and managing information, so, whenever you go to community or if a patient comes to you, this exchanging and managing information is very important. Actually, information can be anything related to the disease the health that information should be properly done between the physician and patient.

So, this exchanging information is very important everything should be clearly known about that person, about that person's health everything. Validating and responding to emotions like you know if a person is suffering from any life-threatening disease, then there will be so much of anxiety or the very that person will go in a very negative emotions you know that person will be having very negative emotions.

So, as a physician you have the responsibility to respond to those emotions very properly. So, that that negative emotions can be you know balanced or it can be turned into positive that is important. Then managing uncertainty, now any kind of uncertainty can occur and here very important thing is that as a physician how you are managing. So, here also communication has a very important role uncertainty can be anything. So, that also, you have to keep in mind.

Making decisions, so these decisions you know the thing is that you felt that these are the things required for your patient or for the community member. But it might happen that that community member or your patient or anybody that patient has other issues other cultures and beliefs you know other values then that also you have to keep in mind. Actually, this decision should be you know mutually accepted.

Like you cannot just force somebody that you have to do these this 1, 2, 3, 4 these are the points that you have to do. Maybe among those five points that patient or that individual will not be able to do some two behaviours or some two points. Then in that case as a physician you have to take that into consideration and you have to talk, here also like you see you have to communicate properly. So, during making decision mutualism should be there that should be kept in mind.

Then enabling patient self-management, now enabling patient self-management like you have to you know that interpersonal communication that physician patient relationship should be such

that a patient can be managed himself. Like that patient should know this is the disease this disease can do these are the complications these are the you know management that I have to do, so these are the things that you have to enable that patient you have to make that patient understand.

In every way you have to make that patient understand that these are the things that you have to do. It is not like just you have written five or six advices you have given him that you have to do all these things and the communication is over no you have to enable that is why it is written enabling patient self-management. You have to actually enable; you have to help that particular patient so that he can manage himself.

So, these are the six communication functions that are key to promoting improve health outcomes and one more important thing is like when you communicate with your patient like very unnecessary information which that patient is not understanding too much of information or you know or something which is not understandable by that person that has to be keep in mind. So, you have to communicate in that way where the opposite person has understood you know empathy is also very important here.

So, respect trust and empathy everything you have to keep in mind while dealing with any patient. So, for building physician patient relationship these are the things that one has to keep in mind.

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CONCLUSION

- SCT posits that human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences.
- SCT emphasizes *reciprocal determinism* in the interaction between people and their environments
- Interpersonal communication is one of the key sources of social influence, a process critical to change in health behavior.

Now let us conclude. So, social cognitive theory posits that human behaviour is a product of the dynamic interplay of personal, behavioural and environmental context. The SCT emphasizes reciprocal determinism in the interaction between people and the environments like you know I saw you saw that framework where the reciprocal determinism was shown. Now interpersonal communication is one of the key sources of social influence and it is a process critical to change in health behaviour.

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RESOURCES

- Glanz K, Viswanath K, Rimer B. Health behavior: theory, research, and practice, 5th ed. San Francisco, Calif.: Jossey-Bass; 2015
- Dobe M; Health promotion and Education: Foundations for Changing Health Behavior. 1st Edition 2022 Academic Publishers

These are the learning resources you can go through these resources. Thank you.