Integration of the Theory of Self-Health Care Behavior (SHCB) with Existing Theories and Its Distinctiveness

The **Theory of Self-Health Care Behavior (SHCB)** offers a comprehensive framework for understanding and guiding individual health-related behaviors. It emphasizes the dynamic interplay of internal motivational forces, belief systems, and stages of self-regulation while considering the role of health care professionals in facilitating behavior change. While SHCB builds on principles from several established theories in health psychology and nursing, it also introduces unique constructs that distinguish it from existing models. This chapter explores both the integration of SHCB with established frameworks and its distinctive contributions to health behavior theory and practice.

Integration with Existing Theories

1. Health Belief Model (HBM)

The **Health Belief Model** posits that health behavior is influenced by perceptions of susceptibility, severity, benefits, and barriers, mediated by cues to action and self-efficacy. SHCB aligns with HBM in several ways:

- **Construct Alignment**: SHCB's *Introspective Awareness* parallels perceived susceptibility and severity, while *Justifying Beliefs* function similarly to perceived benefits and barriers, guiding decision-making.
- **Extension**: The dual-force mechanism—*Hard Core* and *Soft Core*—explains why individuals with high awareness may still fail to act, addressing limitations of HBM.
- **Implication**: SHCB allows practitioners to assess not just knowledge and perceptions but also motivational conflicts, enabling targeted interventions.

2. Transtheoretical Model (TTM)

The **Transtheoretical Model** describes stages of behavioral change: Precontemplation, Contemplation, Preparation, Action, Maintenance, and Termination.

- **Construct Alignment**: SHCB's *Seven-Stage Self-Health Transformation Cycle* maps onto TTM stages. For example:
  - *Introspection* → Precontemplation/Contemplation
  - *Realization* → Preparation
  - *Self-Determination* and *Action Implementation* → Action/Maintenance
- **Extension**: SHCB introduces **Health-Resistive Propensity (HRP)** to quantify internal motivation and resistance, offering insight into potential relapse.
- **Implication**: Integrating TTM with SHCB allows precise identification of intervention points and prediction of behavioral persistence or regression.

3. Self-Determination Theory (SDT)

Self-Determination Theory emphasizes autonomy, competence, and relatedness as drivers of behavior.

- **Construct Alignment**: SHCB's *Hard Core* represents autonomous motivation, while *Soft Core* reflects controlled or resistant tendencies.
- **Extension**: SHCB operationalizes belief alignment through *Justifying Beliefs*, strengthening internal motivation in a structured framework.
- **Implication**: Practitioners can enhance autonomous motivation by aligning interventions with personal beliefs and reducing Soft Core resistance.

4. Social Cognitive Theory (SCT)

Social Cognitive Theory highlights reciprocal determinism, self-efficacy, and behavioral reinforcement.

- **Construct Alignment**: SHCB incorporates self-efficacy via *Action Implementation* and *Self-Determination*. *Health Zones* reflect the influence of environmental factors on behavior.
- **Extension**: SHCB explicitly models internal forces (Hard Core/Soft Core), explaining inconsistencies between self-efficacy and actual behavior.
- **Implication**: Combining SCT's modeling and reinforcement with SHCB's force assessment enhances skill acquisition and motivation for sustained health behavior.

5. Nursing Theories

SHCB integrates core nursing metaparadigm concepts:

- **Person**: Active agent influenced by internal forces, beliefs, and context.
- **Health**: Dynamic movement across Healthy, Unhealthy, and Transient zones.
- **Environment**: External facilitators and barriers modulate HRP.
- **Nursing**: Facilitates transformation by assessing stage, forces, and belief alignment.

Integration Examples:

- *Orem's Self-Care Deficit Theory*: SHCB quantifies internal motivational forces, extending guidance for nurse-led interventions.
- *King's Theory of Goal Attainment*: SHCB structures goal setting through introspection, justifying beliefs, and force dynamics.

Distinctive Features of the SHCB Theory

The SHCB theory advances understanding of health behavior by integrating psychological, physiological, and behavioral domains into a single, dynamic framework. Unlike traditional models that focus primarily on beliefs, motivation, or discrete self-care tasks, SHCB explicitly conceptualizes the **opposing internal forces** of Hard Core (discipline, growth) and Soft Core (avoidance, comfort), which drive behavior and resistance. The theory introduces **dynamic health zones (Healthy, Transient, Unhealthy)** and a **Seven-Stage Cycle of Self-Health Transformation**, capturing real-world fluctuations in energy, resilience, and self-regulation over time. By incorporating **Health Regulatory Pressure (HRP) and energy/vitality levels**, SHCB provides a biopsychosocial mechanism explaining why self-health behaviors succeed or fail. Furthermore, the model offers **actionable guidance for healthcare professionals and interventions**, linking assessment of internal forces, HRP, and zone placement to tailored

strategies that can sustain behavior change. These novel elements collectively distinguish SHCB from existing theories and provide both a conceptual and practical foundation for advancing research, nursing practice, and self-health care interventions.

1. Integration of Multiple Domains

- **Existing theories** often focus on one aspect:
  - Health Belief Model → beliefs and perceived risks
  - Self-Efficacy Theory → confidence in performing behaviors
  - Orem's Self-Care Theory → nursing-centered care tasks
- **SHCB novelty:** Integrates **psychological (Hard Core/Soft Core), physiological (energy, HRP, neurohormonal balance), and behavioral (zone transitions, stages)** in a single framework. This **multi-level integration** is rarely seen in a single theory.

2. Dynamic Self-Regulation

- Most models are **static snapshots**: they categorize someone as adherent/non-adherent or healthy/unhealthy.
- **SHCB novelty:** Introduces **dynamic zones (Healthy, Transient, Unhealthy)** and the **Seven-Stage Cycle**, capturing real-world fluctuations in self-care, energy, and resilience over time.

3. Internal Force Concept

- Hard Core (discipline, growth) and Soft Core (avoidance, comfort) provide a **mechanistic explanation of motivation and resistance**.
- This goes beyond simple "motivation vs barriers" models by **quantifying and conceptualizing opposing internal forces**, which can be **measured, tracked, and targeted** in interventions.

4. Energy and Health Regulatory Pressure (HRP)

- Many models assume motivation or self-efficacy drives behavior, but rarely **explicitly integrate physiological and neurohormonal regulation with energy dynamics**.
- SHCB explicitly links **fatigue, vitality, HRP, and behavioral performance**, providing a **biopsychosocial mechanism** for why behavior changes succeed or fail.

5. Practical Guidance for Interventions

- SHCB is **actionable for healthcare professionals**:
  - Map a patient's zone
  - Identify dominant internal force (HC vs SC)
  - Modulate HRP through interventions
- Few models provide this **structured, stepwise approach** linking theory to real-world nursing/behavioral intervention design.

6. Feedback Loops and Self-Sustainability

- SHCB emphasizes **positive feedback loops**: success reinforces Hard Core, reduces HRP, and increases energy.
- This explains **why behavior change can be self-sustaining** or why lapses occur — a level of mechanistic clarity rarely addressed in traditional health behavior models.

7. Novel Measurement Opportunities

- SHCB constructs (HRP, HC/SC dominance, energy levels, zone placement) can be operationalized for **empirical studies**, enabling both **predictive and interventional research**.

Discussion: SHCB theory in Relation to Existing Literature

The **Theory of Self-Health Care Behavior (SHCB)** integrates diverse behavioral, psychological, and health promotion perspectives to propose a dynamic framework for understanding individual health-related choices. As illustrated in the literature review matrix (Box 1), SHCB draws upon seminal theories while extending their explanatory power, positioning itself as a comprehensive model unifying motivational, cognitive, and contextual elements of health behavior.

- **Hard Core (Activation Force)**: Reflects principles from SDT (Deci & Ryan, 1985) and SCT (Bandura, 1986), emphasizing intrinsic motivation, self-efficacy, and goal-directed action. By conceptualizing health behavior as identity-driven (Clear, 2018) and goal-oriented (Locke & Latham, 2002), Hard Core provides the psychological energy necessary for progression, especially during *Self-Motivation* and *Self-Action* phases.
- **Soft Core (Resistance Force)**: Mirrors constructs from Ego Depletion Theory (Baumeister et al., 1998) and hedonic motivation (Freud, 1920; Kahneman, 2011), reflecting the human tendency to seek comfort and avoid distress. Soft Core parallels relapse and temptation constructs in TTM, framing resistance as a dynamic oscillation rather than a static backward step.
- **Health Regulatory Force (HRF)**: Operationalizes Lewin's (1951) Force Field Analysis and resonates with homeostatic/allostatic models (Sterling & Eyer, 1988) and Behavioral Momentum Theory (Nevin, 1996). HRF provides a lens to understand the push-pull dynamics of health behavior, guiding professionals in supporting patients through competing motivational influences.
- **Seven-Stage Cycle**: Extends TTM by embedding identity, motivation, and self-growth in stages like Introspection, Realization, and Self-Determination. SHCB views relapse and recovery as iterative, growth-oriented processes rather than failures, aligning with Experiential Learning Theory (Kolb, 1984) and Maslow's Hierarchy of Needs (Maslow, 1943).
- **Health Zones**: Draws from the Salutogenic Model (Antonovsky, 1979), Pender's Health Promotion Model (Pender, 1996), and Positive Psychology (Seligman, 2011; Ryff, 1989). Unlike static health categorizations, zones depict fluid positioning across behavioral, cognitive, and emotional dimensions, enabling tailored interventions.
- **Self-Regulation**: Acts as the unifying process stabilizing behavior over time, consistent with Bandura's (1991) self-regulatory mechanisms and Beck's (1976) cognitive-behavioral principles. Feedback, reflection, and reinforcement of identity allow health behaviors to persist and evolve.

Conclusion

The **SHCB theory** successfully integrates cognitive, motivational, behavioral, and nursing constructs from existing frameworks while introducing novel components that address gaps in understanding and guiding health behavior. Its **dual-force mechanism, measurable internal energy constructs, health zones, seven-stage transformation cycle, and belief alignment** distinguish it from traditional models. By combining explanatory, predictive, and practical dimensions, SHCB provides a **holistic, dynamic, and actionable framework** for researchers, clinicians, and health professionals seeking to enhance self-health care behavior in diverse populations

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