

Rationale for Developing SHCB

The Theory of Self-Health Care Behavior (SHCB) was developed to address critical gaps in existing health promotion and self-care models. Most individuals and health systems continue to equate *health* with the absence of disease, neglecting the preventive and promotive dimensions that sustain long-term well-being. Evidence suggests that lack of awareness about preventive care leads to delayed adoption of healthy behaviors until illness manifests, reinforcing a reactive rather than proactive approach to health (Kickbusch et al., 2013; World Health Organization [WHO], 2021).

Healthcare professionals, too, are often constrained by biomedical models that prioritize curative treatment over preventive counseling and behavior-focused education. Although preventive health is a global priority, studies show that clinical practice still emphasizes disease management rather than health maintenance (Marmot et al., 2020; Schröder-Bäck et al., 2020). Nurses and allied health professionals frequently acknowledge the value of health education but lack structured frameworks that integrate preventive care with practical behavioral guidance (Whitehead, 2004).

Existing models such as Orem's Self-Care Deficit Theory and Pender's Health Promotion Model provide valuable insights but remain limited in scope. Orem's model focuses largely on nursing systems that compensate for deficits, while Pender's model emphasizes individual motivation without sufficiently addressing the internal conflicts individuals face in sustaining behaviors over time (Orem, 2001; Pender et al., 2015). Neither framework fully integrates the psychological tension between discipline and comfort—the dynamic forces that shape everyday health behavior choices.

SHCB was conceptualized to address these gaps by:

- **Providing a holistic model** that integrates biological, psychological, behavioral, and social dimensions of health.
- **Highlighting the preventive domain**, positioning health as a dynamic continuum rather than a binary state of “sick” or “well.”
- **Integrating discipline with health sciences**, through the constructs of *Hard Core (discipline-driven activation force)* and *Soft Core (comfort-driven resistance force)*, which explain the internal struggle behind sustained or failed health behaviors.
- **Guiding health professionals** with a structured theoretical base for patient education, lifestyle counseling, and empowerment alongside curative care.
- **Enhancing health literacy in the general public**, enabling individuals to self-assess their position in the Healthy, Transient, or Unhealthy Zones and to take ownership of upgrading their health through consistent actions.

By focusing on preventive self-care, SHCB aligns with the World Health Organization's (2019, 2021) call for strengthening self-care interventions as a cornerstone of universal health coverage and sustainable health systems. This makes SHCB relevant for both professional practice and everyday health management, bridging the gap between biological stabilization and behavioral empowerment.

References -

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