

ASSUMPTIONS AND THEORETICAL PROPOSITIONS OF THE HEALTH PROMOTION MODEL (HPM)

HPM Assumptions

The HPM is based on the following assumptions, which reflect both nursing and behavioral science perspectives:

1. Persons seek to create conditions of living through which they can express their unique human health potential.
2. Persons have the capacity for reflective self-awareness, including assessment of their own competencies.
3. Persons value growth in directions viewed as positive and attempt to achieve a personally acceptable balance between change and stability.
4. Individuals seek to actively regulate their own behavior.
5. Individuals in all their biopsychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time.
6. Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their lifespan.
7. Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change.

HPM Theoretical Propositions

Theoretical statements derived from the model provide a basis for investigative work on health behaviors. The HPM is based on the following theoretical propositions:

1. Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior.
2. Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.
3. Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.
4. Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior.

HPM Theoretical Propositions (continued)

5. Greater perceived self-efficacy results in fewer perceived barriers to a specific health behavior.
6. Positive affect toward a behavior results in greater perceived self-efficacy, which can in turn, result in increased positive affect.
7. When positive emotions or affect are associated with a behavior, the probability of commitment and action is increased.
8. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior.
9. Families, peers, and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior.
10. Situational influences in the external environment can increase or decrease commitment to or participation in health-promoting behavior.
11. The greater the commitment to a specific plan of action, the more likely health-promoting behaviors are to be maintained over time.
12. Commitment to a plan of action is less likely to result in the desired behavior when competing demands over which persons have little control require immediate attention.
13. Commitment to a plan of action is less likely to result in the desired behavior when other actions are more attractive and thus preferred over the target behavior.
14. Persons can modify cognitions, affect, and the interpersonal and physical environment to create incentives for health actions.

Source: Pender, N.J., Murdaugh, C. L., & Parsons, M.A. (2002). *Health Promotion in Nursing Practice* (4th Edition). Upper Saddle River, NJ: PrenticeHall.