**Healthy Change Journal 2**

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**Part 1: Health Behaviour Change Reflection**

In my first journal, I identified my inactivity as a healthy behaviour that I wanted to change. My goal was to have a step count of at least five thousand steps every single day from outdoor aerobic exercise of my choice. This goal would ensure that I was spending a reasonable amount of time each day outside getting fresh air, sunlight, and exercise.

The reason I wanted to reduce my physical inactivity was because I recognized that it was having a negative impact on my mental and physical health. When I tried to perform physical activities, I had difficulty due to my decreased endurance and strength. I also had low motivation to complete tasks because I was constantly fatigued. Furthermore, the lack of vitamin D from the sunlight added to my depressed mood. The guilt of knowing I was the sole cause of my deteriorating health was one of my main motivators for changing this health behaviour.

Despite my motivation to change, my plan did not go as expected. As shown in Appendix A, I started the week with a light morning jog with my brother. My rationale was to start off strong because as a former long-distance runner, I was used to intense, daily training; however, I struggled greatly with the run; I stopped multiple times and by the end, I struggled to breathe properly and felt dizzy. This first experience was extremely discouraging for me and led me to miss most of my goals for the week. The graph shows an increase in my last two days; a result of pushing myself to not completely miss every day of my initial goal.

Out of all seven days in my post-change period, I was only able to reach a step count over five thousand steps once. Compared to the two days of success in my baseline frequency, I would classify this overall attempt as a failure. My inability to reach my goal on the first day made me feel defeated and lead to my overall failure with changing my health behaviour. The effort required to actually reach five thousand steps turned out to be much more difficult than I anticipated. When I went for a jog on the first day, I felt confident that I had exceeded my goal greatly; however, my expectations were let down when I checked my step-tracking app to find that my step count had not even reached five thousand.

In Healthy Change Journal 1, I identified a lack of motivation, weather conflicts, and too much schoolwork as factors that may hinder my ability to achieve my goals. In Appendix D of Journal 1, I listed one of my wishes that would assist me would be to have someone to exercise with to give me more motivation. Luckily, my brother had recently started going on morning runs and allowed me to join him. The first time I joined him was the first day of initiating my healthy change plan. Although I predicted an exercise partner to be a helpful factor, I found myself more demotivated at the end because I was constantly comparing my progress to my brother; oftentimes, I had to stop and rest which made me feel like I was a setback. The weather did not end up being an issue because I found that I enjoyed running in the light rain. Schoolwork, however, did get in the way as expected and I moved less on busy days.

Some issues I did not foresee included my body adjusting to a new state accompanied by muscle soreness. As a child, I participated in many school sports and ran cross-country; I was used to year-long vigorous training. As a result, I falsely assumed that I would be able to get back into exercise immediately. As previously mentioned, this was proved wrong after my first day. On top of that defeat, I was extremely sore for a few days after my initial morning jog. The soreness may be the reason why the following days scored significantly lower in terms of steps.

In Appendix G of Journal 1, I explained that the benefits of applying this change would be related to improved mental and physical health, including increased concentration, and improved cardiovascular health. I did notice that it was easier to fall asleep on the days that I did go out and exercise, which also indirectly played a role in my mood and affect for the day. Some of the negative aspects of this behaviour change attempt were decreased self-esteem due to not achieving outlined goals and less motivation to reattempt changes afterwards. These consequences differ from the ones listed in my first journal because I assumed there to be more physical effects like exhaustion.

Although, I do want to change my inactivity, this recent attempt made me feel very demotivated to reattempt it in the future. I stated in my first journal that I was moderately motivated to try and change this health behaviour, ranking my motivation a five on a nine-point scale; however, I would rank my current motivation a two on that same scale.

As discussed in Appendix C of Journal 1, many of my expectations to the benefits of my habit change would be improvements in my mental state. These improvements included decreased stress, improved mood, and increased self-esteem. When I went on runs, my mental state deteriorated because I did not achieve any of my expectations; however, when I went on simple walks, all these expectations were achieved. The walks gave me time to explore my own thoughts instead of focusing on other stressful tasks at hand which helped decreased my stress.

**Part 2: Applying Health Behaviour Theories to my Change**

 According to Taylor et al. (2020), the Theory of Planned Behaviour (TPB) is the idea that healthy behaviour changes are the result of strong intentions to change one’s habits. Intentions are comprised of three components: a person’s outlook on what the change will result in, what others around the person think they should do, and the belief that the person has the ability to achieve their goal. In the field of health psychology, TPB is used to predict which health behaviours a person will engage in. For example, a public health nurse may use TPB to determine whether the students at her high school are likely to engage in sexual intercourse without the proper use of condoms. If the school is deemed to be a population that is at-risk for such behaviours, the nurse can adjust her health teaching to accommodate her audience. Although TPB is extremely helpful in predicting health behaviours and fosters focused interventions, many believe TPB is limited because it focuses on changing attitudes and perceptions about health behaviours which are hard to alter when they are part of a regular routine for a person.

 Applying TPB to my own behaviour change, I can see that the reason it was so difficult to achieve my goal was because my inactivity had become a new habit for me despite being active in my youth. Once established as a habit, it became harder to for me to have a strong intention to change, which lead to my failure. Specifically, I believed that the outcome of my behaviour change would be positive for my health and was supported by the people around me as well; however, I did not fully believe I could accomplish my goal because of various logistical factors including scheduling the time to exercise. Reflecting on this, the only way for me to successfully exercise more is to believe I can achieve a step count of five thousand steps; a seemingly simple statement that will take a lot of effort.

 While TPB does not directly provide answers on ways to make healthy behaviour changes regarding exercise, there is a lot of research that has found some solutions. A study on TPB that looked at the intention of pregnant women wanting to engage in physical activity found that although the majority of the women felt the desire to exercise, they were often stopped by additional barriers, such as social support (Zhu et al., 2020). Therefore, one way to assist in achieving exercise-related changes is to use resources like personal trainers and healthcare professionals to monitor and guide the progress being made. Another study on TPB with exercise-related changes found that the frequency of exercise amongst participants was greater in those who had more hope in being able to achieve their exercise goals (Anderson & Feldman, 2020). Consequently, exercise plans and programs should put an importance on establishing a high level of confidence in participants to ensure desirable outcomes.

 In conclusion, health habits are not changes that can be made in a single day. They require multiple steps starting from acknowledging what change needs to be made to creating an intention to make a difference and finally implementing a plan. I am not discouraged that this attempt also resulted in a failure. From this experience, I have learned more about the factors that played a role in my failure to exercise. Additionally, I have come up with new ideas to incorporate exercise into my daily routine, like taking my cat outside for walks or volunteering to run errands outside of the house. This way I can still get some physical activity in until I get to a point where I have a strong intention to exercise that is required to make an official change.

References

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**Appendix A: Post-Change Frequency**

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| Day | Number of Steps | Notes |
| 1 – Sunday, November 15 | 4460 | Early morning jog |
| 2 – Monday, November 16 | 381 | Midterm |
| 3 – Tuesday, November 17 | 282 | Spent the day studying at home |
| 4 – Wednesday, November 18 | 147 | Midterm |
| 5 – Thursday, November 19 | 604 | Spent the day at home |
| 6 – Friday, November 20 | 1468 | Grocery shopping |
| 7 – Saturday, November 21 | 7699 | Passed out flyers in neighbourhood |