Knowledge Translation and Behaviour Change: Patients, Providers, and Populations

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HEALTH BELIEFS AND BEHAVIOUR

Health beliefs are firmly held opinions or convictions about how to maintain, attain, or regain good health or prevent illness. *Health behaviours* are actions taken to achieve those goals, such as exercising regularly, eating a balanced diet, and obtaining necessary inoculations. Often health beliefs guide health behaviours,^{1,2} which is why physiotherapists spend time educating their patients. The connection between health beliefs and health behaviours is also the foundation of public-health educational interventions that aim to change health behaviours by informing health beliefs with best available evidence.

WHEN BEHAVIOURS DON'T MATCH BELIEFS

While people's health behaviours often clearly reflect their health beliefs, the connection is not always so direct. People may believe an activity or product is healthy, yet choose not to participate in the activity or use the product; they may believe a behaviour is unhealthy, yet still continue it. Health behaviours depend on many other personal factors besides health beliefs, including ability, self-efficacy, financial resources, addiction, habit, and choice.³

When an individual's behaviours do not match his or her health beliefs, changing behaviour becomes a challenging and complex task. Change will depend partially on a realization that the positive health benefits from the new behaviour outweigh the burdens of changing the old behaviour, but it will also depend on a supportive social, environmental, and political context.^{3,4} One well-known example is smoking cessation. A sizeable proportion of people believe that smoking is bad for their health yet continue to smoke.⁵ For this reason, most public-health interventions aimed at helping people stop smoking combine educational messaging on the health detriments of smoking with other tobacco-control strategies such as legislative changes (e.g., laws against smoking in public areas, higher taxes on tobacco products).^{6,7} Regular exercise is another example of a health behaviour that has been targeted through combined personal, social, environmental, and legislative strategies.^{8–10} Health care providers, including physiotherapists, can

play an important role in public-health initiatives and help foster a healthy and supportive context.

PHYSIOTHERAPY ENGAGEMENT IN KNOWLEDGE TRANSLATION FOR CHANGING BELIEFS AND/OR BEHAVIOUR

Public-health strategies aimed at changing health beliefs or behaviours based on best available evidence are a form of knowledge translation (KT) – a dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health (definition from the Canadian Institutes of Health Research).¹¹ Over the next 2 years, *Physiotherapy Canada* will be running a special series of articles that consider novel KT approaches aimed at changing health behaviour. The realm of KT relevant to physiotherapy will be specifically explored, including how physiotherapists are engaged in novel KT strategies aimed at fostering positive changes in health behaviour. The series will cover three levels:

1. *Patients*: What strategies are most effective for changing the health behaviours of individuals treated by physiotherapists? How can physiotherapists increase or ensure patients' compliance with exercise and other advice given? What do we do if patients don't want to change their behaviour, despite known adverse effects on their health?
2. *Providers*: What strategies are most effective for changing the practice behaviours of physiotherapists to foster improved health outcomes for patients? How can therapists be influenced to practise in a more evidence-based fashion? How should therapists be trained to ensure that they have the skills they need to remain current on best practice and research evidence?
3. *Populations*: How can physiotherapists promote change in people's health behaviours related to optimal levels of physical activity, participation in regular exercise, and healthy diet? What strategies are most effective for changing health behaviours among the general public? What are the roles of the mass media, government, and healthy public policy, and

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how can physiotherapists be involved in each? How should health services and payment schemes be designed to foster optimal clinical outcomes?

Physiotherapy Canada is currently requesting submissions directly or indirectly related to the above topics; submissions will be accepted now and throughout 2012, for publication in 2013/2014. All submissions will be refereed in the usual way for *Physiotherapy Canada* and should follow the journal's style guidelines. If you have questions about the relevance of a project you are working on, or require more detail, please contact Doug Gross at doug.gross@ualberta.ca or (780) 492-2690.

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Application des connaissances et changement de comportement : patients, prestataires et populations

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CROYANCES SUR LA SANTÉ ET COMPORTEMENT DE SANTÉ

Les *croyances sur la santé* sont des opinions ou des convictions fermement ancrées sur la manière de maintenir, d'obtenir ou de retrouver une bonne santé ou de prévenir les maladies. Les *comportements de santé* sont des mesures prises pour atteindre ces objectifs, comme la pratique régulière d'exercices, une alimentation équilibrée et l'obtention des vaccins nécessaires. Les croyances sur la santé guident souvent les comportements de santé^{1,2}, raison pour laquelle les physiothérapeutes investissent du temps dans l'enseignement de leurs patients. Le lien entre croyances sur la santé et comportements de santé constitue en outre l'assise des interventions d'enseignement en santé publique qui cherchent à modifier des comportements de santé en éclairant les croyances sur la santé par les meilleures données probantes disponibles.

LORSQUE COMPORTEMENTS ET CROYANCES S'OPPOSENT

Si les comportements de santé d'une personne sont souvent l'expression manifeste de ses croyances sur la santé, le lien n'est toutefois pas toujours aussi direct. Une personne pourrait croire qu'une activité ou un produit est sain, mais décider de ne pas participer à l'activité ou de ne pas utiliser le produit; elle pourrait juger son comportement malsain sans pour autant y mettre fin. Les comportements de santé reposent sur de nombreux facteurs personnels autres que les croyances sur la santé, notamment la capacité, l'autoefficacité, les ressources financières, la dépendance, les habitudes et les choix³.

Lorsque les comportements d'une personne ne vont pas dans le sens de ses croyances sur la santé, lui faire adopter un autre comportement devient une tâche ardue et complexe. L'adoption du changement dépendra en