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121
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**ILLNESS COGNITIONS AND HEALTH BEHAVIOURS
IN ADULT ASTHMATICS**

**A thesis presented in partial
fulfilment of the requirements for the degree
of Doctor of Philosophy
in Psychology at
Massey University**

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ABSTRACT

A study in the area of health psychology, focusing on illness cognitions and health behaviours and employing a cognitive approach, was conducted. The aim of the study was to test two theoretical models of the determinants and consequences of perceived seriousness of illness using adult asthmatics and, supplementary to this, to generate some information of practical value in self-managing this illness. It was hypothesized that perceived prevalence, perceived treatability, and asthma history (duration, average intensity over entire history, average intensity over the last six months, and frequency of attacks) would correlate with perceived seriousness (self-rated seriousness and number and frequency of symptoms), and that these relationships would be moderated by repressive defence style. It was further hypothesized that seriousness would influence asthma health behaviour (competencies and adherence), and that response and personal efficacies would moderate these relationships. These hypotheses were tested using data from two mail surveys of members of New Zealand regional Asthma Societies, conducted six months apart (N=412 and 389 respectively).

The results revealed limited support for the model examining determinants. Only average intensity over entire history, average intensity over the last six months, and frequency of attacks were positively related to self-rated seriousness, whilst average intensity over entire history was positively related to number and frequency of symptoms. There was no evidence that repressive defence style moderated any of the seriousness relationships. However, repressive defence style related to number and frequency of symptoms, but not to self-rated seriousness. The findings provide some support for the notion that rational information processing dominates the seriousness relationships in persons with chronic asthma. The desensitizing influence of asthmatics' experiences with, and knowledge of, asthma was offered as an explanation

(iii)

for the null relationships between duration and seriousness, prevalence and seriousness, and treatability and seriousness.

The findings also revealed limited support for the consequences model. Only one seriousness-health behaviour relationship emerged, such that number of symptoms positively related to health competencies. This finding is consistent with a number of studies reporting that the experience of symptoms motivates health behaviour. The competing influences of seriousness as a motivator of health behaviour versus the tendency for seriousness to be negatively related to adherence to complex regimens was offered as a possible explanation for the null relationship between seriousness and adherence. Self-efficacy was not a moderator of the seriousness-health behaviour relationships. It was concluded that methodological inadequacies may have contributed to this result. Despite the general lack of support for the models, the study led to some interesting discussion on a range of largely theoretical issues. For example, it was concluded that an assertion made early in the study that seriousness is a salient illness cognition may not be justified.

Additionally, the study findings have three potential applications in the area of asthma self-management. First, the percentage of asthmatics using each of the health competencies provides information of use to asthma educators and clinicians in targeting asthmatics weak in particular areas of self-management. Second, variations identified in the adherence practices and use of health competencies by age, gender, educational level, and number of symptoms should also be useful to asthma professionals, for the same reason. Third, of all the study variables, response efficacy was identified as being most important in determining asthma health behaviour. It is suggested that developers of asthma self-management programmes should incorporate this variable in programmes aimed at promoting health behaviours.

(iv)

DEDICATION

This thesis is dedicated to my father

James Gordon Laird

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TABLE OF CONTENTS

	Page
Abstract	ii
Dedication	iv
Acknowledgements	v
Table of Contents	vii
List of Tables	xi
 CHAPTER I INTRODUCTION	1
1.1 Cognitive approaches in health psychology	1
1.1.1 Perceived seriousness	2
1.1.2 Determinants of seriousness	6
(i) Perceived prevalence	8
(ii) Treatment information	11
(iii) Personal experience	12
(iv) Denial	14
1.1.3 Summary	18
1.1.4 Consequences of seriousness	19
(i) Definition of health behaviour	19
(ii) Seriousness and health behaviour	20
(iii) Self-efficacy and health behaviour	24
1.1.5 Summary	29
1.2 Adult asthma	29
1.2.1 Description	29
(i) Definitions	29
(ii) Symptomatology	31
(iii) Health behaviour	32
1.2.2 Rationale for selecting asthma	35
(i) Reasons for selection	35
(ii) Contribution to asthma health behaviour research	36
1.2.3 Asthma research	37
(i) Demographic characteristics	37
(ii) Denial	38
(iii) Symptoms	40
(iv) Cognitions	41
(v) Summary	44
1.3 The present study	45

CHAPTER II	METHOD	50
2.1	Design	50
2.2	Sample	50
2.3	Demographic information	52
2.4	Procedure	54
2.5	Questionnaires	55
	(i) Seriousness	56
	(ii) Prevalence and treatability	58
	(iii) Asthma history	59
	(iv) Health behaviour	60
	(v) Self-efficacy	62
	(vi) Repressive defence style	63
	(vii) Miscellaneous	64
2.6	Statistical analysis	64
2.7	Ethics	65
CHAPTER III	RESULTS	67
3.1	Determinants of seriousness	68
3.1.1	Main analyses	69
	(i) Univariate considerations	69
	(ii) Cross-sectional bivariate relationships	70
	(iii) Cross-sectional multivariate relationships	74
3.1.2	The symptom factors	77
3.2	Consequences of seriousness	79
3.2.1	Main analyses	79
	(i) Univariate considerations	79
	(ii) Cross-sectional bivariate relationships	80
	(iii) Cross-sectional multivariate relationships	85
3.2.2	The symptom factors	87
3.2.3	The health competency factors	88
3.3	Seriousness as a mediator	89

CHAPTER IV	DISCUSSION	92
4.1	The determinants of seriousness	92
	(i) Seriousness	93
	(ii) Average intensity, frequency of attacks and seriousness	93
	(iii) Duration, prevalence, treatability and seriousness	96
	(iv) Repression and seriousness	98
	(v) Gender differences in seriousness	100
	(vi) Stability of the model	101
	(vii) General issues in the model	103
4.2	The consequences of seriousness	107
	(i) Seriousness and health behaviour	108
	(ii) Self-efficacy and health behaviour	111
	(iii) Age differences in adherence	114
	(iv) Stability of the model	115
4.3	Seriousness: A salient illness cognition?	116
4.4	Applications: Adult asthma self-management	117
	(i) Clinical applications	117
	(ii) Other applications	119
4.5	Future directions	120
REFERENCES		123
APPENDIX A	Consent Form/Information Sheet - Auckland	142
APPENDIX B	Consent Form/Information Sheet - Christchurch	144
APPENDIX C	Accompanying letter - Questionnaire One	145
APPENDIX D	Questionnaire One	146
APPENDIX E	Accompanying letter - Questionnaire Two	161
APPENDIX F	Questionnaire Two	162
APPENDIX G	Multiple regression analyses for subcomponents of the determinants model	175

APPENDIX H	Multiple regression analyses for subcomponents of the consequences model	180
APPENDIX I	Percentage of asthmatics who use specific health competencies	184
APPENDIX J	Laird, R. J. (1993). Securing respondent cooperation by circulating consent forms in a society newsletter. <i>Marketing Bulletin</i> , 4, 58-60	190
APPENDIX K	Laird, R. J., Chamberlain, K., & Spicer, J. (1994). Self-management practices in adult asthmatics. <i>New Zealand Medical Journal</i> , 107, 73-75	196

LIST OF TABLES

Table 1	Gender, age group, ethnicity, educational level, occupational status and marital status for the sample at Time 1 (N=412) . . .	53
Table 2	Test-retest (frequency and number of symptoms) and alpha (Round 1 data) reliabilities for the ASC factors	58
Table 3	Means and standard deviations of determinants and seriousness measures, assessed at both times (N=302)	69
Table 4	Intercorrelations among determinants, RDS, and control variables at Time 1 (N=330) and Time 2 (N=322)	71
Table 5	Intercorrelations among the seriousness measures at Time 1 (N=367) and Time 2 (N=374)	72
Table 6	Correlations between determinants, control variables and seriousness measures at Time 1 (N=303) and Time 2 (N=315)	73
Table 7	Regression coefficients, adjusted R^2 , and R^2 change for regressions of seriousness on determinants and control variables at Time 1 and Time 2	76
Table 8	Means and standard deviations of seriousness measures, response and personal efficacies, and the health behaviour measures at both times (N=304)	80
Table 9	Intercorrelations among seriousness measures, response and personal efficacies, and control variables at Time 1 (N=327) and Time 2 (N=339)	81
Table 10	Intercorrelations among health behaviour measures at Time 1 (N=397) and Time 2 (N=374)	83
Table 11	Correlations between seriousness, response and personal efficacies, control variables, and health behaviour measures at Time 1 (N=321) and Time 2 (N=328)	84

Table 12	Regression coefficients, adjusted R^2 , and R^2 change for regressions of health behaviour measures on seriousness measures, response and personal efficacies, and control variables at Time 1 and Time 2	86
Table 13	Standardized regression coefficients (betas) for analyses examining seriousness as a mediator between determinants and consequences	90
Table 14	Regression coefficients, adjusted R^2 , and R^2 change for regressions of ASC factors (frequency of symptoms) on determinants, and control variables at Time 1 and Time 2	176
Table 15	Regression coefficients, adjusted R^2 , and R^2 change for regressions of ASC factors (number of symptoms) on determinants, and control variables at Time 1 and Time 2	178
Table 16	Regression coefficients, adjusted R^2 , and R^2 change for regressions of health competencies on ASC factors (number of symptoms), response and personal efficacies, and control variables at Time 1 and Time 2	181
Table 17	Regression coefficients, adjusted R^2 , and R^2 change for regressions of health competency categories on seriousness corresponding personal and response efficacy items, and control variables at Time 1 and Time 2	182
Table 18	Percentage of asthmatics who use specific health competencies (N=412)	186