

Health Belief Model

The health belief model (HBM), established in the 1950s, remains a popular conceptual framework implemented by nursing staff to promote healthy behavior in patient populations (Finfgeld, Wongvatunyu, Conn, Grando, & Russell, 2003). A patient's acceptance of their illness and willingness to make necessary changes for better wellness are based on perceived susceptibility, self-efficacy, and motivation, perceived severity of illness, barriers, and continued learning experiences (Finfgeld, Wongvatunyu, Conn, Grando, & Russell, 2003). Their beliefs and emotions will change over time due to continued learning experiences, with the goal to work to achieve or maintain wellness (Finfgeld, Wongvatunyu, Conn, Grando, & Russell, 2003).

The HBM has been researched to help chronic kidney disease and end stage renal disease patients and determine their compliance levels (Elliot, Ortman, Almaani, Lee & Jordan, 2015). The framework helps providers to remove barriers by providing information in a multi-faceted way through continued dietician, nurse and physician education, as well as instructional handouts and peer interactions to provide information and reassurance to follow a recommended regimen. Maintaining a proper diet, taking calcium and phosphate binders, and general understanding of Mineral Bone Disease (MBD) is essential for patients to maintain better health and to understand their perceived susceptibility and severity of illness. The goal is to help guide patients to make better choices by helping to illustrate healthy eating patterns and reducing any misinformation regarding food choices. Self-efficacy will be improved through use of grocery store pocket card and informational binder allowing patients to make the right choices to achieve or maintain health and avoid adverse outcomes.

References

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