

**Positive Psychological Variables and Health Behavior Practices
among Chronically Ill Patients**

ABSTRACT

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ABSTRACT

Background:

Chronic illnesses like cardiovascular disease, diabetes, etc. have reached epidemic levels, affecting people of all ages, genders, and locations (World Health Organization, WHO 2022; CDC 2022). These health conditions are largely caused by modifiable behavioral risk factors like smoking, alcohol, food, and inactivity (WHO, 2022; CDC, 2022). Thus, promoting health behavior adjustment is the best way to treat chronic diseases (CDC, 2009; Lachat et al., 2013; Dietz, 2016). These practices are cost-effective and promising, but people often struggle to incorporate them into their daily lives.

Even the existing health behavior theories have limitations in explaining and ascertaining these behaviors. They predominately emphasize only socio-cognitive factors, particularly intentions, to predict health behavior. However, individuals may not always make rational and conscious decisions (Kwasnicka et al., 2016; Sheeran, 2016). This shows that socio-cognitive factors alone cannot explain health habits, necessitating further study of additional factors. Recent research suggests that for the optimum positive outcomes of health behavior practices, it is necessary to unfold the facts and mechanisms that can shape conscious and unconscious processes and determine the initiation and maintenance of health behavior concurrently. Self-regulation has emerged as one such factor that has the potential to bridge the intention-behavior gap and maintain long-term behavior. However, the associated factors and underlying

mechanisms through which self-regulation functions to shape the initiation and maintenance of health behaviors largely remain unknown.

The present research is a step in this progression. The researcher in this study first identified the three main positive psychological variables using empirical evidence (Kwasnicka et al., 2016) and the upward spiral theory (Vancappelln, 2018). These were positive emotions, intrinsic motivation, and psychological capital. Afterwards, a causal model was developed to explore the path and the underlying mechanism by which these variables can interact and influence health behavior practices. The review of the literature has also indicated a dearth of scales to measure these variables, specifically in the context of chronic illnesses. Thus, scale development was also undertaken to achieve this research's key aim.

Methodology:

The present study collects data from patients with chronic illnesses utilizing purposive sampling. The present study is positioned in a post-positive paradigm and utilizes a quantitative technique with causal research design. This research design facilitates to uncover the underlying paths and mechanism by using the intricate process of structure equation modeling based on partial least square method (SEM-PLS) through the SMART-PLS-4 software.

Findings:

This investigation built upon tool development and adaptation. The finding suggests the significant non adherence of health behavior among chronically ill patients. It justify the necessity of exploring the factors beyond socio-cognitive to make the health behavior integral part of daily life by promoting their initiation and maintenance simultaneously.

The present study systematically probed the direct and indirect effects of positive psychological variables. The findings revealed that Psychological capital, a pivotal construct, showcased its

influence on positive emotions, intrinsic motivation, and, ultimately, health behavior practices. Intrinsic motivation also exerts significant direct effect on health behavior practices.

However, the revelation that positive emotions did not exert a direct impact on health behavior practices added a layer of complexity. Even its direct impact on intrinsic motivation is intriguing as it shows that positive emotions, in the context of chronic illnesses, are identified primarily as having a building effect, contrary to conventional wisdom. It prompted the significance of indirect pathways in the proposed causal model. Indeed examining indirect effect unveils a novel pathway, suggesting that psychological capital influences health behavior practices through positive emotions, enhancing intrinsic motivation.

The cumulative effect of these positive psychological variables is demonstrated to be greater than the sum of their individual impacts, emphasizing the importance of considering their interrelationships for promoting health behavior practices among chronically ill patients. This challenges linear assumptions and emphasizes the need for a holistic understanding of their collective impact on health behavior practices.

The quality assessment of the structural model, demonstrated its validity in representing the underlying processes. Intriguing relationships were identified among variables, affirming the model's utility in explaining the studied phenomenon. The model's application to chronic illness contexts provides a valuable lens through which researchers and practitioners can comprehend and address health behavior challenges.

Conclusion:

The study contributes theoretically and advances the present understanding of positive psychological variables in the context of chronic illnesses. It calls for a contextualized approach to theories, recognizing the diverse functions of these variables in different settings.

This study not only addresses direct pathways but also consider indirect pathways involving positive emotions and intrinsic motivation. The identification of a new path through psychological capital suggests potential avenues for enhancing health behavior practices. Overall, the study provides valuable insights for researchers, practitioners, and policymakers aiming to promote positive psychological well-being and improve health behaviors among chronically ill populations.