

**PUBLISHED VERSION**

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**Modelling health behaviour: the contribution of health thinking style**

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*See lead author's email 24 November 2016*

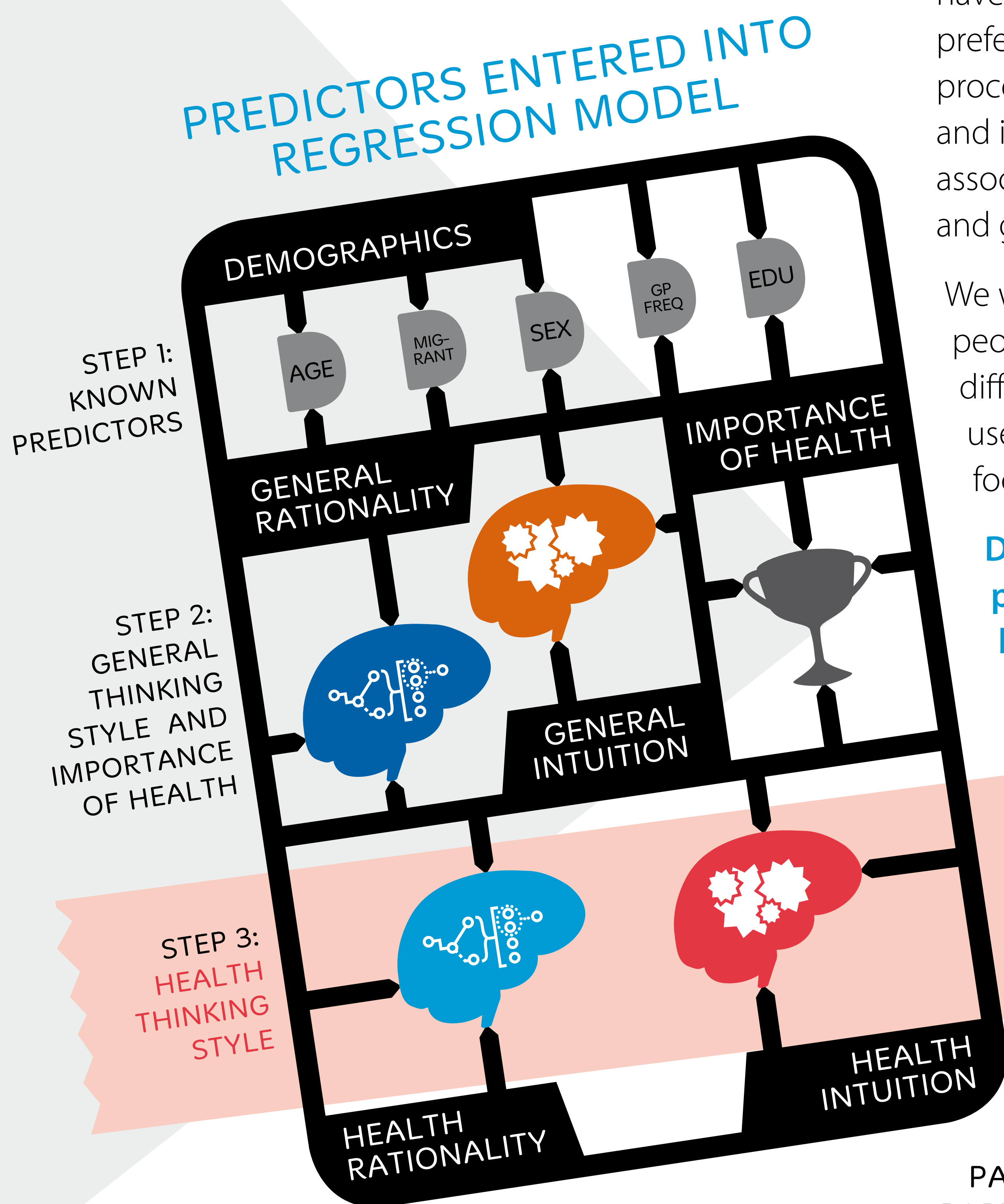
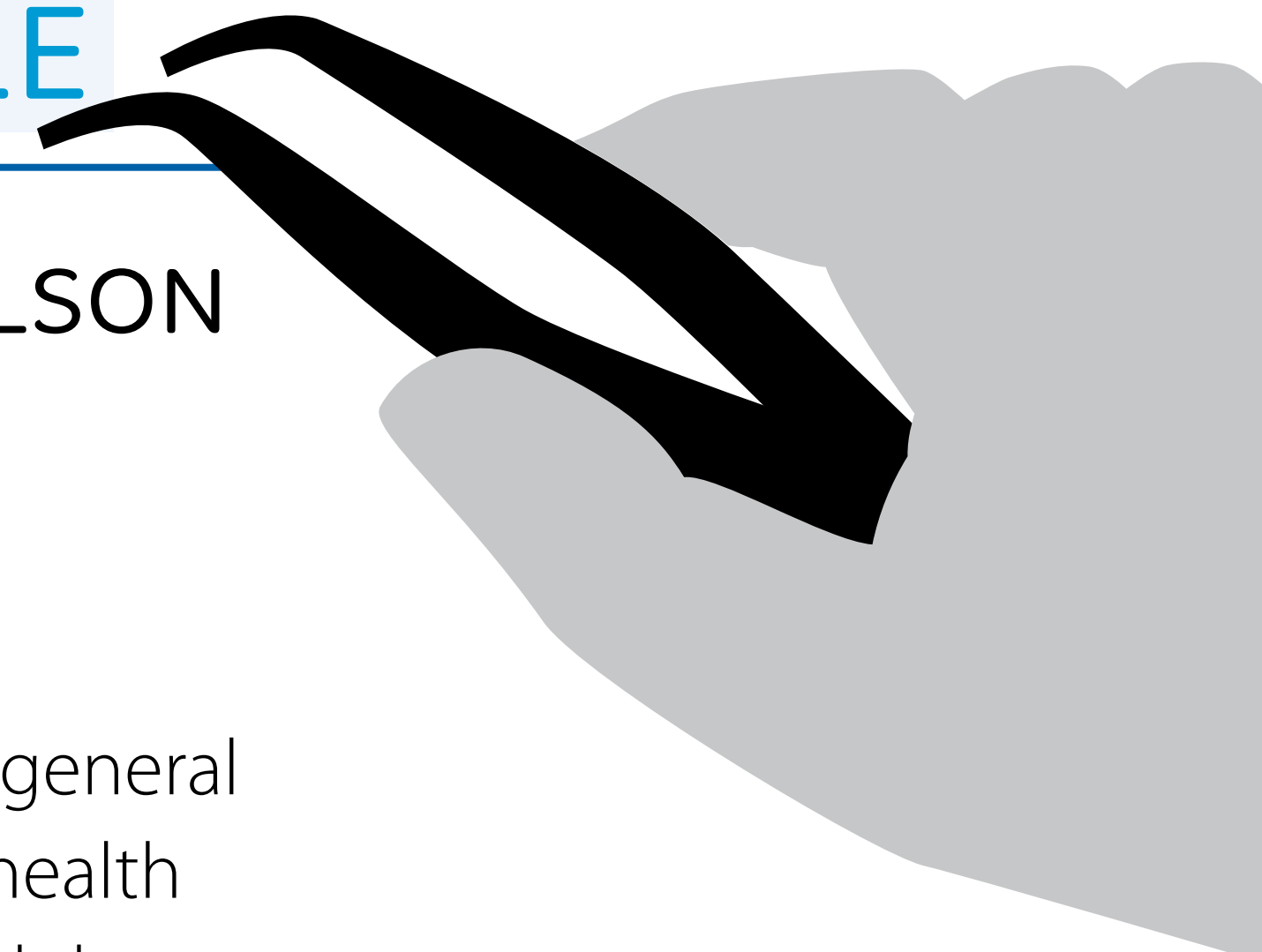
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# Modelling health behaviour

## THE CONTRIBUTION OF HEALTH THINKING STYLE

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It is well established that people have different *thinking styles*<sup>1</sup>: preferences for the use of rational processes (deliberative, effortful) and intuitive processes (rapid, associative) in making decisions and guiding behaviour.

We wanted to find out whether people alter their thinking style for different domains of life, and we used the health domain as our focus. We asked:

**Does health thinking style predict health behaviour better than general thinking style?**

We modified a measure of general thinking style<sup>1</sup> to relate to health matters. A sample of 992 adults (54.1% female; mean age 46.5) provided, in an online survey:

- demographics
- health importance rating
- general thinking style<sup>1</sup>
- health thinking style
- self-reported health behaviour.

We ran hierarchical regressions to assess the incremental validity of health thinking style for eight behaviours. Health rationality and intuition predicted variance in some behaviours at comparable levels to known demographic predictors.

### HEALTH THINKING STYLE PREDICTED UNIQUE VARIANCE IN...

### CREATING THE HEALTH THINKING STYLE SCALE

**Health thinking style: preferences for using rational and intuitive processes when thinking about health.**

**Intuition item<sup>1</sup>:**

I trust my initial feelings about people

**Health intuition:**

I trust my initial feelings about health matters

**Rationality item<sup>1</sup>:**

I enjoy problems that require hard thinking

**Health rationality:**

When a decision may affect my health, I think hard about it

1. Norris, P., & Epstein, S. (2011). An experiential thinking style: Its facets and relations with objective and subjective criterion measures. *Journal of Personality*, 79(5), 1043-79.

#### PAP SMEAR PARTICIPATION



STEP 3: R<sup>2</sup>=.13  
ΔR<sup>2</sup>=.01\*\*\*

#### DIET QUALITY



STEP 3: R<sup>2</sup>=.12  
ΔR<sup>2</sup>=.02\*\*\*

#### HOME STOOL TEST PARTICIPATION



STEP 3: R<sup>2</sup>=.09  
ΔR<sup>2</sup>=.06\*\*\*

Health rationality had incremental validity for prediction of three behaviours; health intuition showed incremental validity for predicting one behaviour.

Our new health thinking style variables, health rationality and health intuition, are potentially useful for understanding and promoting health behaviour.

Figure note. Only significant predictors shown. At step 3, neither general nor health thinking style predicted statistically significant variance in smoking, physical activity, mammogram, PSA test, or digital rectal examination.