

Commentary: Choosing a health behaviour theory or model for related research projects: a narrative review

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Public health research appears to be even more to the fore due to the Covid-19 pandemic. Debate abounds on the measures introduced for the general protection of the public, including the introduction of widespread anti-Covid vaccinations (Amlot et al., 2021). The ever present population health issues of alcohol misuse; illegal substances usage; obesity; and depression, many of which are reported to be showing an increased prevalence since the advent of Covid-19 and the subsequent lockdown restrictions, continue to be discussed especially in relation to the scarcity of resources required to manage and reduce the associated ill health effects, and the wider impact on communities and society (Abbas et al., 2020: Burton et al., 2021: Senthilingham, 2021).

This paper gives a thorough explanatory overview of health behaviour theories and models and is therefore a welcome and useful addition to public health academia and to research. It will be seen to be of particular relevance in helping to further advance the aforementioned debates and deliberations. The paper will help both neophyte and seasoned researchers to focus on appropriate health behaviour theories and models that by their very nature require inclusion into the methodological design of a relevant and specific research study. It is important to remember that in any proposed study the purpose of the selected methodological design is to facilitate the achievement of the study's explicit research aims. It is this, coupled with how the study is conducted that culminates in the production of a valid and reliable research product. Adherence to this research principle will counter-balance any tendency for a researcher to perhaps use an informed health behaviour theory or model as a given hand-me-down research recipe that can be automatically placed in a study without the incorporation of any further cognitive rationale as to its relevance and 'fit'.

The paper's content relates in the main to a quantitative paradigm. However, due to the complex nature of all things societal, mixed-methods studies, which utilise quantitative and qualitative data collections and analyses to inform and enhance the overall data findings (Cresswell and Cresswell, 2017) would be appropriate for incorporating health behaviour theories or models providing these are relevant to the phenomenon being investigated and explored.

Some readers might be critical of the rather dated references that appear in sections of the paper. Many Higher Education Institutions (HEIs) require that only references that are current within the

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last 10–15 years be cited in academic texts. However, where an author is explaining and putting into context how certain ideas developed in a particular subject area it is pertinent to reference the founders of those thoughts. Without this, a disjointed and ad hoc picture can be gained of historical developments, which limits holistic scholarly understanding. Any perceived 'outdated' references appearing in this paper are of particular relevance to the development of the health behaviour theories and models discussed. By their inclusion the authors make a further scholarly contribution to the paper's content.

References

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