

## 结果期望理论在健康教育中的应用

### Application of outcome expectancy theory in health education

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人们常常对自身某种行为的结果有一些期望, 这种期望对他们的真实行为往往有强烈的影响。如果一个人认为做某件事情会有良好的结果, 那么他真的去做这件事的可能性就比较大; 而如果一个人认为做某件事情会有不好的结果, 那么他就很可能不去做这件事。同时, 当一个人对行为结果有好的期望时, 与不确定结果是好是坏的时候比起来, 在前一种情况下他去做这件事的可能性也往往大于后一种情况。

这种简单的现象就是建立结果期望理论的基础。

#### 什么是结果期望?

结果期望是有关某种特定行为结果的习得信念。如果我认为我的某种行为会产生好的结果, 那么我就会去做; 如果我认为我的某种行为会导致不好的结果, 那么我就不会去做。对于结果的期望就像一个“如果……那么……”的陈述。“如果我这样做, 那么就会产生这样的结果”。比如, 这里有一些关于吸烟的结果期望的陈述: “如果我吸烟, 我会得癌症”, “如果我吸烟, 人们会觉得我看起来更成熟”, “如果我吸烟, 它会使我放松”, 等等。

很多例子表明, 这种对结果的期望是真实行为的一个很强的预测因子。对于那些认为会有好结果的人来说, 他们行动的可能性要比那些认为有不好的结果的人大得多。

#### 结果期望是如何建立的?

结果期望可能通过许多途径建立起来。人们可

能通过他们过去的经验学习到结果期望。如果一个人对于某一行为有过积极的体验, 那么他很有可能还会重复这一行为。而如果一个人对某一行为有过消极的体验, 那么他就很有可能不再会重复这一行为。举个例子来说, 如果一个人喝酒的时候觉得很高兴, 这个人就会建立起一种期望认为下一次喝酒也会让他再次感到这种乐趣。如果一个人由于喝酒而患病, 他就会建立起一种对于喝酒的负面期望, 这种期望也将改变他以后的行为。

结果期望也可以通过观察他人某种行为导致的结果而获得。如果一个年轻人看到他的父母和亲友喝酒的时候很高兴, 他就很有可能建立一种期望, 认为他喝酒的时候也会很快乐。这意味着即使一个人从未做过某件事, 他也有可能学习到这件事可能给他带来什么。父母和他人是建立结果期望的一个重要来源。

他人也可能会直接告诉我们应该期望什么。许多年轻人通过这一途径鼓励其他年轻人做某件事情, 因为他们告诉别人一种坏的行为会产生好的结果。

社会上有许多“扳机事件”会告诉我们应该期望什么。举例来说, 广告告诉人们使用某种产品会带来很多好的结果。法律和规章制度也告诉我们如果我们做某些事情, 可能会产生非常恶劣的后果。

期望是通过学习建立起来的。通常人们在很小的时候就会不知不觉地学习到一些期望。既然如此, 我们也可以通过教育改变期望。

这一理论对于那些设计健康教育项目并试图影响人们行为的健康教育工作者来说十分有用。如果人们已经预期一种不良的行为会对健康产生不良的影响, 那么健康教育项目需要告诉人们还有其他的不良后果, 以此强化已有的消极期望。如果人们不

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知道从一种与健康相关的行为中应该期望什么,那么健康教育项目需要提供相关的信息,告诉人们这一行为将会给他们带来什么。如果一个人过去的经验是不正确的,那么健康教育项目应该提供相关的信息,帮助他们建立起正确的期望。

很多实践证明,结果期望理论对于开展健康教育是很有帮助的。

#### 如何测量结果期望?

不同的人对某一特定的行为有不同的期望。例如,吸烟者会告诉你吸烟有很多好处,其他人则会告诉你吸烟有很多不良后果。在吸烟者当中,所谓

积极的结果对每个人的意义是有所区别的,同样,每个人对于吸烟的消极的结果期望也是各不相同的。

在人群中测量结果期望的时候,第一步是尽可能多的收集这一人群中存在的积极的和消极的结果期望。这一步可以通过个人会谈及小组讨论来完成。

接下来,通过对这些收集来的结果期望的信息进行进一步的研究分析,可以编制成一份问卷。调查人员也可以根据以往的研究经验,或者某一理论,或者探讨某一重要概念的需要,在问卷中再加入一些关于结果期望的陈述(见表1)。

表1 结果期望信息分析后编制的问卷

结果期望的陈述	强烈 反对	反对	既不同意 也不反对	同意	强烈 同意
如果我喝酒,我的名声会受损。	1	2	3	4	5
如果我喝酒,我的判断能力会下降。	1	2	3	4	5
如果我喝酒,有助于我结交朋友。	1	2	3	4	5
如果我喝酒,我会感到放松。	1	2	3	4	5
如果我喝酒,会有益于我的健康。	1	2	3	4	5
如果我喝酒,别人会佩服我。	1	2	3	4	5

下一步,将问卷发放给一个大样本人群,让被试者在5点量表上对问卷中的期望陈述作答。在这个5点量表中,5=强烈同意,4=有一些同意,3=既不同意也不反对,2=有一些反对,1=强烈反对。当然,也有可能使用更加细致的,如7点,8点,9点,或10点量表来测量同意或反对的程度。

几年来,在与中国青少年进行讨论的基础上,我们已经编制了一份中国青少年饮酒期望问卷。下面是我们从与年轻人的讨论中收集到的一些结果期望的陈述。这些陈述反映了不同人的结果期望的差别,也显示了结果期望的陈述在问卷中应该如何表达。

使用这样的问题进行调查,从结果来看,鉴别不同人群结果期望的模式特征是有可能的。例如,通常情况下,男性和女性的对饮酒的结果期望是不同的。

在对中国青少年的研究中,我们认为关于饮酒的结果期望可以被归入一些大类中:有一些期望与饮酒的好的或不好的结果有关;另一些期望与饮酒如何帮助一个人与其他人交流有关;还有一些期望

是关于饮酒是否向他人显示礼貌和友好;还有一些期望与饮酒影响性体验有关。我们利用这些信息设计健康教育项目,维持、强化或改变结果期望。

#### 如何通过健康教育改变结果期望

了解人们的期望对健康教育工作者提出了三项任务。健康教育工作者需要(1)强化现有的正确的期望,(2)纠正有偏差的或错误的期望,(3)在期望尚未建立起来的情况下为人们提供信息,帮助他们确定行为的结果,使他们能够建立起自己的期望。

强化现有的期望可能是最简单的任务。然而,这也是常常被忽视的任务。为了强化期望,我们需要让人们更加确定他们已经相信的事情是正确的,同时还要提供更多的附加信息告诉人们为什么他们的期望是正确的,并帮助他们扩展正确期望的范围。例如,如果一个人有强烈的期望认为饮酒对他的健康有害,健康教育者可以告诉他过度饮酒确实会给健康带来不良影响。健康教育还可以通过提供有关饮酒的其他不良后果的信息来扩展这种消极的期

望,例如造成社交的尴尬以及人际关系问题等等。

纠正错误的期望是很困难的。由于一个人已经相信会有某种结果,我们必须首先让他们明白他们的想法是错误的,或者他们所相信的结果不如其他结果那么重要。例如,一个人可能相信饮酒可以改善他的表现,那么很重要的一点就是证明即使他觉得自己的表现提高了,实际却是下降了。因为酒精是一种中枢神经系统抑制剂,它在使人们行为表现下降的同时,也抑制了人们察觉能力,使人们意识不到行为表现的下降。纠正关于某种行为的错误期望意味着我们需要首先确定这些期望是什么,然后再提供新的信息。调查能够帮助我们发现那些未被发现的期望,好的教育项目为我们提供信息,改变这些错误期望。

当人们不确定某一行为会导致什么结果时,健康教育工作者需要提供一些信息,告诉人们哪些事情可能会发生。如果信息来源是一个可信的人,或者有很多理由证明某一结果会发生,这些信息往往是最有帮助的。例如,如果父母、教师、媒体等都传递了关于某种行为结果的相似的信息,这种教育通常比仅有一个信息来源的时候更有效。如果所提供的信息与健康或其他重要的事情有关,如友谊,外貌美观,求职机会,成熟,富有等等,这些信息会比那些仅仅涉及某一个方面的信息更容易受到关注。在这里,重点是健康教育工作者所传递的关于行为结果的信息必须与目标人群切实相关。

#### 影响结果期望的建立

通过个人直接经验建立起来的期望常常比那些

通过看到的或听到的其他人的经历而建立起来的期望更强,更难以改变。因此,帮助年轻人早期切实体验他们的行为结果就显得很重要。另外一点需要引起特别注意的就是改变一种建立在直接经验基础上的期望将不会那么容易。

在我们对于中国青少年饮酒期望的调查中,我们发现那些大量饮酒的年轻人认为饮酒不会损害他们的健康,而会使他们在异性面前显得更有吸引力,让他们更有力量去控制别人。这样,为了减少这些年轻人的饮酒量,健康教育项目就需要将重点放在纠正这些错误的期望上,或者用那些关于不喝酒或少喝酒所带来的良好结果的期望来对抗这些错误期望。

我们还了解到那些不饮酒的年轻人认为饮酒对他们的健康有害,影响他们的行为表现,影响他们与朋友的友情,并会给他们的家庭抹黑。这些期望都是需要被强化的。

#### 使用结果期望的测量指标评估健康教育项目

在实际工作中,直接评价健康教育带来的行为改变非常困难,这样,测量结果期望的改变就成为一个有用的选择。

对健康教育工作者来说,懂得结果期望对于行为的影响是很有帮助的。在制定健康教育项目的目标的时候,使用结果期望的概念会使整个项目变得更加有效。在健康教育项目中,一个关于期望改变的具体的目标会使整个项目看起来更加切实可行,并且也有利于找到更好的健康教育的方法。

[收稿日期] 2004-12-10 [本文编辑] 庞 静

· 简讯 ·

### 2005 年世界献血者日主题为“庆祝您血液的礼物”

世界卫生组织、国际红十字会与红新月会国际联合会、国际献血组织联合会、国际输血协会将每年 6 月 14 日定为“世界献血者日”,以感谢那些拯救他人生命的自愿无偿献血者,称颂他们无偿捐助血液的无私奉献之举,宣传和促进全球血液安全规划的实施。《中华人民共和国献血法》实施 6 年来,经过各级政府的领导,多部门的协作,卫生部门的努力和社会各界的广泛参与,全国无偿献血工作得到了健康发展。无偿献血占采集临床用血比例,已经从 1998 年的 22% 上升到 2004 年底的 91.3%,其中自愿无偿献血占采集临床用血比例从 5% 逐年上升到 71.5%,基本实现了由有偿供血向无偿献血的平稳过渡。经血液途径传播疾病得到了有效控制,临床用血安全有了极大保障。这些成绩的取得有赖于自愿无偿献血者的无私奉献。2005 年 6 月 14 日“世界献血者日”的主题为:“庆祝您血液的礼物”。卫生部、中国红十字会总会倡导在全国范围内组织开展 2005 年“世界献血者日”的系列宣传活动。

(大 雁)

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Title: Knowing What People Expect is Important When Planning Health Education Programs

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### ***Introduction***

What someone expects will happen if they behave a particular way has a strong influence on how they behave. If a person expects a good outcome from a particular behavior, there is a greater probability the person will carry out that behavior. If the person thinks the outcome will be bad, there is a greater probability the person will not do the behavior. Also, a person is more likely to do a behavior if they expect to get a good outcome than if they are uncertain of the outcome.

This simple observation is the basis of Outcome Expectancy Theory.

### ***What are Outcome Expectancies?***

Outcome expectancies are learned beliefs about the outcomes of a particular behavior. If I believe something good will happen as a result of my behavior then I will do it. If I believe something bad will happen as a result of my behavior, then I will not do it. Outcome expectancies are like "if-then" statements. "If I act this way, then this will happen." Examples of outcome expectancy statements about tobacco smoking would be: "If I smoke cigarettes I will get cancer" or "If I smoke cigarettes people will think I look more mature. "If I smoke cigarettes it will relax me."

Expectancies have been shown to be very strong predictors of actual behavior. People who anticipate positive outcomes are more likely to act than those who expect bad outcomes.

### ***How Do People Develop Outcome Expectancies?***

Outcome expectancies develop several ways. People learn outcome expectancies from their personal experiences. If a person has a positive experience from a behavior, there is a greater likelihood the person will repeat the behavior. If a person has a negative experience from the behavior, there is a greater likelihood the person will not repeat that behavior. For example, if a person drinks alcohol and has fun, the person will develop the expectancy that he will have fun the next time he drinks alcohol. If a person drinks alcohol and gets sick, he will develop a negative expectancy about drinking alcohol, which may change his future behavior.

Outcome expectancies are developed by observing what happens to other people when they behave a particular way. If a young person sees her parents and relatives have fun when they drink alcohol, she is likely to develop the expectancy that she will have fun when she drinks alcohol. This means that a person can learn what to expect from a certain behavior even though the person never actually participates in that behavior. The behavior of friends, parents and other people is an important source of outcome expectancies.

Other people may tell us what to expect. In this way many young people encourage other young people to behave a particular way because they suggest a bad behavior will have a good outcome.

There are many “triggers” in our society that tell us what to expect. Advertising, for example, suggests many positive outcomes as a result of using a particular product. Laws and regulations also tell us that if we behave in a particular way the outcome could be very bad.

Expectancies are learned. Often they are learned unconsciously at a very young age. Since expectancies are learned, then we can change expectancies through education.

This theory is very useful to people who plan health education programs to try to influence behavior. If people already expect a negative consequences from a bad health behavior, then the health education program needs to teach additional negative expectancies and reinforce the existing negative expectancies. If people do not know what to expect from a health-related behavior, then the health education program needs to give them information about what will happen if they behave a particular way. If a person’s expectancies are inaccurate, then the health education program needs to give them information to development accurate expectancies.

Expectancy theory has been shown to be very helpful in developing educational programs.

### ***How Do We Measure Outcome Expectancies?***

Different people hold different expectancies about a particular behavior. For example, cigarette smokers can tell you many good outcomes from smoking cigarettes. Other people will tell you many bad outcomes from smoking. Among the smokers the range of positive outcomes will differ from person to person. Expectancies about bad outcomes from smoking will also differ from person to person.

To measure outcome expectancies in a group of people, the first step is to collect as many negative and positive outcome expectancies as possible. This can be done by talking with individuals and by conducting discussions with members of the group we are interested in.

The outcome expectancies gathered from the members of the group can be combined in a questionnaire. Investigators can also add expectancy statements to the questionnaire based on results of prior research, based on a particular theory, or based on their desire to explore the significance of a particular concept.

A questionnaire can be distributed to a large number of people who can respond to the expectancy statements on a 5-point Likert Scale with 5=strongly agree, 4=somewhat agree, 3=neither agree nor disagree, 2=somewhat disagree, 1=strongly disagree. It is also possible to measure the strength of agreement or disagreement in more detail using a 7-, 8-, 9-, or 10-point Likert Scale.

Over several years we have developed a Chinese Adolescents Alcohol Expectancy Questionnaire based on discussions with Chinese young people. Below are some of the outcome expectancies that were gathered from our discussion with young people. These statements show the differences in the outcome expectancies of different people and also show how expectancies are written as expectancy statements in a questionnaire.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
If I drink alcohol my reputation will be ruined.	1	2	3	4	5
If I drink alcohol it will impair my judgment.	1	2	3	4	5
If I drink alcohol it will help me make friends.	1	2	3	4	5
If I drink alcohol I will feel relaxed.	1	2	3	4	5
If I drink alcohol it will improve my health.	1	2	3	4	5
If I drink a lot of alcohol I will be admired.	1	2	3	4	5

From the results of questions like these it is possible to identify patterns of outcome expectancies that characterize different groups. For example, often males and females will differ in their expectancies.

In our studies of Chinese young people we identified expectancies that could be grouped together in several general areas: There were expectancies that related to the bad outcomes of alcohol use and good outcomes of alcohol use. There are also a group of expectancies about how alcohol helps a person communicate with others, expectancies about how alcohol shows courtesy and hospitality to others, and expectancies about how alcohol affected sexual experiences. This information then helps us plan educational programs to reinforce or to change outcome expectancies.

### *How to change expectancies through health education*

Knowing about the expectancies in a group of people suggests three tasks for the health educator. The health educator needs to 1) reinforce existing appropriate expectancies, 2) correct erroneous or incorrect expectancies and 3) in the absence of expectancies provide information so people can decide for themselves the consequences of a behavior and establish their own expectancies.

Perhaps the easiest task is to reinforce existing expectancies. However, this is also the task that is most over looked. To reinforce expectancies we need to reassure a person that what they already believe is correct and also to provide additional information to show why their expectations are correct and expand the range of their expectancies. For example, if a person has strong expectancies that alcohol is bad for his health, the health education program could confirm the health consequences of drinking too much. The health education program could expand the range of negative expectancies by providing information about other negative outcomes of drinking alcohol, such as embarrassing social behaviors and personal relationship problems.

To overcome incorrect expectancies is very difficult. Because a person already believes in particular outcome we must first show them that their beliefs are wrong or less important than some other outcomes. For example, a person may believe that drinking alcohol improves performance it is important to illustrate that even though they feel like their performance is improved it has actually declined. Because alcohol is a central nervous system depressant, it decreases performance levels at the same time it suppresses the ability to detect decreased performance. To correct wrong expectancies about a behavior means we need to first identify those expectancies and then provide new information. Surveys help us identify unfounded expectancies and good education programs help us provide the information to change these expectancies.

When someone is uncertain of an outcome to a particular behavior health educators' need to provide information about what can be expected. It's helpful if this information comes from a person who is believable and if the information represents a variety of reasons for the outcome. For example, if parents, teachers, and the media, can all describe similar outcome to a behavior expectancies it will be more effective than if just one source provides this information. If the information provided describes expectancies related health and other important variables such as friendship, looking good, chance of getting a job and growing old and getting rich, the message is more likely to be heard than if the message relates to only one of these areas. The important point is that the outcome be relevant to the target audience

### ***Influencing Expectancy Development***

Expectancies that develop from direct experience are stronger and more difficult to change than those which develop from watching or listening to the experiences of others. Therefore, it is important to help young people realistically experience the consequences of their behaviors early in life. It is also important to recognize that changing an expectancy that is based on direct experience will not be easy.

From our surveys of alcohol expectancies among young people in China we learned that those young people who drank a lot of alcohol believed that it was not harmful to their health, that it made them more attractive to the opposite sex and that it gave them power over other people. To reduce alcohol use among this group, a health education program would need to correct or counteract these outcome expectancies with expectancies that

suggested better outcomes from not drinking and from drinking less.

At the same time we learned that young people who did not drink alcohol believed it was bad for their health, affected their performance, their friendships and its use would bring shame to their families. These expectancies need to be reinforced.

### *Using Expectancy Measures to Evaluate Programs*

Because it is very difficult to actually measure behavior change as a result of health education programs the measurement of changes in expectancies can be a useful alternative measure.

Understanding the role expectancies play in behavior is very useful to the health educator. Using expectancies in the development of program objectives will make the programs more effective. Having program objectives that specify changes in expectancies will focus the educational program and help define the methods used.

For more information about alcohol expectancies among Chinese young people, go to...



NIHE/CDC/CHINA Series on Health Education/Behavioural Science.

To be published in: Chinese Journal of Health Education

Audience: Chinese health educators who have little training in the social sciences and may or may not have heard about the models discussed.

As a result of reading these articles they need to understand the ideas expressed by the models and see ways that they could use them in their own thinking, planning, and programming.

These papers will be translated into Chinese.

This is the first of six papers, Others will deal with The Health Belief Model, Self efficacy, Stages of Change, Diffusion and Adoption, the Theory of Reasoned Action.