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THE RELATIONSHIP OF THE LOCUS OF CONTROL FOR HEALTH
AND HEALTH PROMOTING BEHAVIORS
IN RECENTLY BEREAVED SPOUSES

AN ABSTRACT OF
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by
Cindy Trynieszewski

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The purpose of the study was to examine the practice of health promoting behaviors among the population of recently bereaved spouses. The ultimate goal of the research was to decrease the high incidence of morbidity and mortality in this population by intervening and structuring health education programs to correspond with health locus of control beliefs.

The hypothesis tested in the study was that there would be a significant inverse relationship between the practices of health promoting behaviors and the belief in the influence of chance over health in the recently believed spouse. A random sample of 200 spouses bereaved over an 11 month period was identified in a large New England city. The Health Promoting Lifestyle Profile (HPLP), a 48-item summated rating scale, provided a measure of the frequency of the performance of specific health promoting behaviors. The Multidimensional Health Locus of Control Scale, an 18-item scale, provided a measure of three constructs: 1) internality (IHLC), 2) powerful others externality (PHLC), and 3) chance externality (CHLC).

The sample was predominantly female, over 50 years old, living alone, and listed the deaths of their spouses as having been a sudden event. Pearson's r revealed that there was a zero correlation between HPLP

and CHLC, HPLP and IHLC, and HPLP and PHLC. However, the sample demonstrated trends toward the practice of health promoting behaviors and belief that outcomes of one's health was determined internally and not by powerful others, fate or chance. Limitations of the study are included.

Implications for nursing are discussed. Nurses are encouraged to consider health value and psychosocial issues in conjunction with health locus of control when attempting to understand and alter the practice of health promoting behaviors in the recently bereaved spouse. The role of nursing is discussed in relationship to the increasing health care demands of the growing number of elderly, female bereaved spouses.

The replication of the study with a larger sample is recommended and an examination of the relationships among health locus of control expectancies, reinforcement values as predictors of health promoting behaviors, and psychosocial factors. Implementation of longitudinal studies investigating the extent that bereavement may or may not influence the relationship of the variables is recommended. Studies that address the impact that health locus of control beliefs have on the development of health education programs for the recently bereaved spouse are also recommended.