

Psycho-social correlates of health and health behaviours: challenges and methodological pitfalls

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The present issue of the International Journal of Public Health highlights an area of research that is of increasing interest to researchers and practitioners. While the last decades were determined by bio-medical health models, to an increased extent, current research is examining bio-psycho-social aspects of health. For example, a notable shift has occurred from the single emphasis on medical outcome parameters such as mortality to a broader range of outcome variables comprising concepts like health-related quality of life (HR-QoL) (Baumeister et al. 2005). The International Classification of Functioning, Disability and Health (ICF) (WHO 2001) provides a conceptual framework for the classification of bio-psycho-social aspects of health and diseases. The importance of psychosocial aspects of health and health behaviours is reflected by a body of current papers on this topic (Karvonen 2006; Borrell 2005; Berth et al. 2005). However, editing a special issue on psychosocial correlates of health and health behaviours comprises several challenges:

As we began to write the editorial, we were confronted with the question of what might be meant by health and psychosocial. The term health covers such different constructs as occupational health, mental health, oral health and world health. Moreover, health itself can also be understood as a narrower term of population characteristics. Referring to the papers within the present issue, health may be best defined as the extent of a positive state of bio-psycho-social well-being of individuals, irrespective of the setting within which health is examined (Sarafino 2002).

Narrowing down psychosocial is a somewhat more difficult task. The term psychosocial refers to everything and nothing in particular, except for its exclusion of biological and medical variables. Due to a lack of definitions and operationalisations, Martikainen et al. (2002) devoted their editorial on psychosocial determinants of health to elaborating on the

term psychosocial. According to them, “psychosocial factors can be best seen as and operationalized in terms of influences acting primarily between the fully social and the fully individual level – that is being neither one (note: structural characteristics of societies) nor the other (note: psychological characteristics of individuals)” (Martikainen et al. 2002). However, this definition still covers a multitude of different variables and concepts (which is, of course, inherent to the concept of psychosocial).

The topic of this issue is the association between psychosocial variables and health or health behaviours. We have defined health in terms of bio-psycho-social aspects of health. This definition shows an overlap with the term psychosocial. Therefore, researchers examining psychosocial correlates of health need to pay attention to tautological correlations. For example, tautologies are often found within studies examining the correlation of patients' mental health and psychosocial aspects of HRQoL. Since psychosocial aspects of HRQoL often comprise mental health scales, to some extent, in these studies, mental health was correlated with mental health.

In addition to a well-defined topic, a special issue needs to provide some reflections on its focus. Due to the broad concepts, an issue on psychosocial correlates of health and health behaviours can either exemplify the diversity of research (which is the case within this issue) or focus on a more specified topic within the area. Health and health behaviour can be examined within different settings (e. g. public health, occupational health, family health), directed towards different bio-psycho-social aspects of health (e. g. mental health, physical functioning) and conceptualised in many different ways (e. g. health behaviour based on the health belief model, the theory of planned behaviour or the transtheoretical model and stages of change (Glanz et al.

2002)). Widely used psychosocial variables are gender, age, marital status, employment status, socioeconomic status (SES) and race. Commonly used psychological constructs are for example self-efficacy, perceived risk, sense of coherence, health locus of control, social network and health related quality of life. Studies can be further subdivided depending on the hypothesised causal pathways of the association found. Psychosocial correlates of health and health behaviours can be seen as causal to health (risk and protective factors), an effect of health (health outcomes), determined by a third variable, correlated by chance as well as reciprocally associated. While most study designs are not appropriate for answering causal hypotheses, analyses of psychosocial correlates should at least be guided by theoretical assumptions of the underlying pathways. Depending on the focus of research, both can be appropriate: a restriction of the complexity of causal pathways in favour of highlighting, for example, important protective and risk factors, as well as modelling the complex reciprocal association of (bio-) psychosocial correlates of health and health behaviours. Finally, three methodological pitfalls should be mentioned. First, psychosocial constructs are often difficult to operationalise. Hence, a well-designed study with a strong emphasis on internal validity seems to be important. However, this could lead to well-conducted studies examining things that

are already self-evident. Second, research on psychosocial correlates of health runs the same risk that is inherent in bio-medical research and practice, namely the exclusive emphasis on the respective aspects of health. If psychosocial correlates of health and health behaviours are not analysed in the context of relevant biological, medical and economic variables, the impact of psychosocial variables may be overestimated. Third, psychosocial correlates are usually post-hoc estimations without a priori defined hypotheses on their association with health. As a result, analyses of psychosocial correlates of health are at risk of “fishing for significance”, thereby diminishing their usefulness.

The present issue shows the current state of research on psychosocial correlates of health and health behaviours within four original articles, two brief reports, one scientific letter and one “Hints&Kinks”. Within the four original articles, the issue highlights gender differences in leisure-time physical activity (Azevedo et al. 2007), psychosocial and physical outcomes of overweight patients in comparison to normal-weight individuals (von Lengerke 2007), behavioural and attitudinal trends relative to HIV prevention among men who have sex with men (Balthasar et al. 2007), and causes of increased morality in individuals of low socioeconomic status (Schneider 2007).

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