Predicting and Explaining Behavioral Intention and Hand Sanitizer Use Among U.S. Army Soldiers

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Introduction

- Military Waterless Environment¹
- Acute illness among soldiers²
 - Respiratory infections³
 - Gastrointestinal infections⁴

¹ Czerwinski, et al., 2001; Fein, Lin, & Levy, 1995

² Girou, Loyeau, Legrand, Oppein, & Brun-Buisson, 2002

³ Ryan, Christian, & Wohlrabe, 2001; Sanders, Putnam, Frankart, Frenck, & Monteville, 2005; Soltis, Sanders, Putnam, Tribble, & Riddle, 2009

⁴ Butz, Larson, Fosarelli, & Yolken, 1990; CDC, 2011; Hall, Wikswo, Pringle, Gould, & Parashar, 2014; Sanders, Putnam, Frankart, Frenck, & Monteville, 2005





Hand Hygiene

- Hand hygiene is important during preparation, distribution, and consumption of food.¹
- Hand hygiene includes both hand washing or the use of hand sanitizers.²
- Consumer behavior is an important point of intervention to reduce foodborne illnesses.³

 ² Fein, Lin, & Levy, 1995; Greig, Todd, Bartleson, & Michaels, 2007; Hedberg et al., 2006; Hilburn, Hammond, Fendler, & Groziak, 2003
³ Porta, Greenland, Hernan, Silva, & Last, 2014; Todd, Greig, Bartleson, & Michaels, 2008, 2009



¹ Armed Forces Health Surveillance Center, 2014; Arness et al., 2000; Hedberg et al., 2006



Problems

- Military need an effective strategy to reduce foodborne illnesses under waterless environments.¹
- A cost-effective proactive prevention program is necessary.²
- Previous training has been effective in improving knowledge, but is less effective for promoting practices.³

¹ Altman & Fechter, 1967; Czerwinski, et al., 2001; Fein, Lin, & Levy, 1995; Mott et al., 2007; Riddle, Murray, Cash, Pimentel, & Porter, 2013; Russell et al., 2006; ² Altman & Fechter, 1967; Mott et al., 2007; Riddle, Murray, Cash, Pimentel, & Porter, 2013; Russell et al., 2006; ³ Glanz & Rimer, 1997; Manuel, Tam, & Sameer, 2008; Martin, Knabel, & Mendenhall, 1999





Justification

Few studies have been completed within the military.¹

• No published studies have been conducted within a U.S. Army dining facility.

¹ Mott et al., 2007; Gibson, 1997



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The Theory of Planned Behavior



Adapted from Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179-211.



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Hypotheses







Methodology







Demographics

- The majority of respondents were male 186 (92.5%).
- Most soldiers were 18 34 years of age (92.5%).
- Most had completed high school (95.1%), were single (83.6%) and earn less than \$29,999/year (71.6%).



Direct Measurement Constructs

Mean ± Standard Deviation	Composite Score
Attitudes ($\alpha = 0.90$)	5.5 ± 1.3
Subjective Norms ($\alpha = 0.82$)	4.0 ± 1.5
Perceived Behavioral Control ($\alpha = 0.70$)	5.9 ± 1.1
Behavioral Intention ($\alpha = 0.93$)	$\textbf{4.9} \pm \textbf{1.6}$
Self-Reported Behavior ($\alpha = 0.77$)	4.3 ± 1.6

Responses were coded on a 1 - 7 point scale with 1 = strongly disagree, 2 = disagree, 3 = somewhat disagree, 4 = neither disagree or agree, 5 = somewhat agree, 6 = agree, 7 = strongly agree. Responses may not equal 100% due to non-response to a question



Summary of Belief Items

			Overall
Belief Items	Strength Mean ± SDª	Evaluation Mean ± SD ^b	Beliefs Mean ± SD ^c
Behavioral Beliefs (a = 0.75)	bbi*	be _i *	bbibei *
To do something positive for myself	5.2 ± 1.6	2.0 ± 1.2	10.9 ± 7.7
To avoid illness	4.9 ± 1.6	1.9 ± 1.5	10.3 ± 8.0
Normative Beliefs (a = 0.82)	nbi*	mc _i *	nb _i mc _i *
My family and friends	4.5 ± 1.6	1.2 ± 1.6	6.6 ± 7.5
Doctor and nurses	5.5 ± 1.4	1.0 ± 1.5	6.4 ± 9.0
Other soldiers	4.3 ± 1.6	-0.4 ± 1.8	-0.8 ± 8.5
Control Beliefs (a = 0.73)	cbi*	pp_i^*	cbippi *
Availability of hand sanitizers	3.7 ± 1.9	1.4 ± 1.5	5.7 ± 7.0

a. Strength means were measured on a 1 to 7 scale, SD = Standard Deviation; b. Evaluation means were measured on a -3 to -3 scale; c. Overall belief mean represents the mean of each strength item multiplied by each of the responding evaluation items, total score possible (- 21 to + 21). bb = Behavioral Beliefs, be = Behavioral Beliefs, nb = Normative Beliefs, mc = Motivation to Comply, cb = Control Beliefs, pp = Perceived Power





Regression Analysis



Note. $_{a}R^{2} = Adjusted R Square; \beta = Standardized Coefficients; **P < 0.01$





Hypothesis Results

Hypotheses	Path	Correlation	Result
H ₁	Attitude \rightarrow BI	$\beta = 0.70^{**}$	Supported
H _{2a}	$\mathrm{SN} \to \mathrm{BI}$	$\beta=0.5^{**}$	Supported
H_{2b}	$\mathrm{SN} \rightarrow \mathrm{Attitude}$	$_{a}R^{2} = 0.20^{**}$	Supported
H ₃	$PBC \rightarrow BI$	$\beta = -0.005^{*}$	Not Supported
H_4	Behavioral Belief \rightarrow Attitude	_a R ² =0.40**	Supported
H5	Normative Belief \rightarrow SN	_a R ² =0.25**	Supported
H ₆	$Control Beliefs {\rightarrow} PBC$	_a R ² =0.13**	Supported
H8	$BI \rightarrow SRB$	$R = 0.7^{**}$	Supported

Note: BI = Behavioral Intention; SN = Subjective Norm; PBC = Perceived Behavioral Control; SRB = Self-reported Behavior; **P > 0.01; *P > 0.5; $_{a}R^{2} = Adjusted R Square$



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Theoretical Implications

- First conceptual and comprehensive measure of hand sanitation behavioral intention within military dinning facilities.
- Explicit soldiers' personal beliefs identified:
 - E.g. Using sanitizers to avoid illness (Positive Attitude);
 - E.g. Social pressure from other soldiers (Negative Subjective Norms)





Practical Implications

- If we bring change to one of the significant belief constructs from our result, we can improve hand sanitation intentions, then change the behavior
 - Soldiers view using hand sanitizers as positive behavior
 - Family and friends have the most significant social influence
 - Other soldiers have negative social influence





Future Studies

- Longitudinal Observation Study
- Design Effective Future Intervention
 - Behavioral Expectation
 - Low vs Absolute Intender Intervention



Limitations

- Clustered data within one military installation in the state of Kansas
- Cross sectional study might cause common cognitive bias
- Non-response bias





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