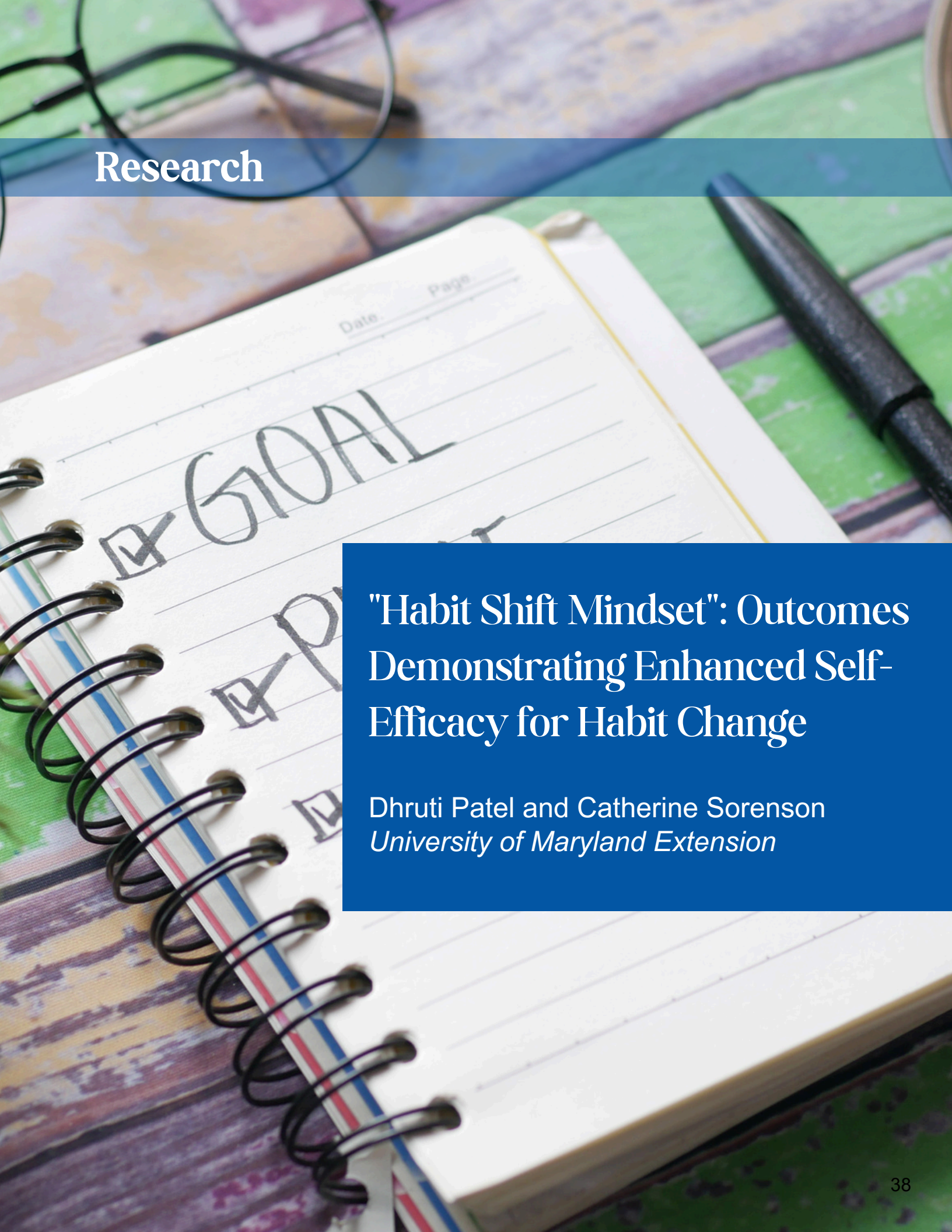

"Habit Shift Mindset": Outcomes Demonstrating Enhanced Self-Efficacy for Habit Change

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Abstract

The Habit Shift Mindset (HSM) program was developed in response to Extension programs' observed habit-based content deficit. The program uses a habit-based approach in modeling behavior change. This study demonstrates the efficacy of HSM's program framework, use of social cognitive theory, methodology, and outcomes. The program outcomes with paired Wilcoxon Signed Rank test showed statistical significance with a large effect size in habit self-efficacy (SE), habit management, goal adherence, resource allocation, implementation of learned strategies, barrier anticipation, and solution-seeking. The study also showed larger effect sizes in the pre- and post-intervention SE scores of r=0.59.

Introduction

Habits are ingrained human phenomena grounded in our neurobiology and psychology. Wood and colleagues (2002) quantified that about half of daily behaviors are automated and habitual. Since then, many habit researchers have found a clear sequential association between stimulus and response, even when unaware (Wood et al., 2002; Weiden et al., 2020; Wyatt, 2024). For example, people often struggle to implement New Year's resolutions, often reverting to ingrained habits like scrolling a mindless stream of social media content despite intending to exercise. Even with the best intentions, many people struggle to reach their identified goals. Almost all humans engage in habitual behaviors that are harder but not impossible to change. Studies in neuroscience, psychology, and behavioral sciences have shown that when a behavior is done consistently in the presence of the same context, it develops into a habit (Weiden et al., 2020).

In many instances, habits and behaviors are used interchangeably; however, both rely on neurologically distinct patterns. Habits are automated sequences of activities learned through repetition and context (Benjamin et al., 2020; Gardner et al., 2012; Gardner & Rebar, 2019). Habits follow three cyclical key steps: cue/stimulus, action/routine, and reward in the Habit Loop, a term coined by Charles Duhigg (2012). Behaviors are situation-dependent; they may or may not be unintentional (Gardner & Rebar, 2019). When performed repeatedly over long periods, behaviors transition into repetitive, habitual behaviors (Duhiggs, 2012; Gardner & Rebar, 2019). Given the automatic nature of habits, researchers discuss them as a key concept for behavioral maintenance (Rothman et al., 2009). Many health-related behavioral goals rely on long-term repetition and are conscious overrides of old, pre-established habits (Gardner et al., 2021). Almost all Cooperative Extension educational interventions aim to change behavior and can utilize habit-based scientific principles to help their community members cultivate new habits and relieve old ones.

Habit Shift Mindset Program

Due to the latest habit understanding in scientific frontiers, and the rarity of Extension educational program interventions on habit change, inspired the creation of the Habit Shift Mindset program. The program aims to 1) cultivate scientific literacy regarding habit formation and empirical research-grounded habit-change principles, 2) empower participants (Extension and non-Extension educators) to create their personalized habit plan of action, 3) encourage educators to develop program approaches that can help strengthen their current education programs towards lasting behavior change.

Habit Shift Mindset self-reflective workbook journaling

The program utilizes self-reflective journaling activities through a workbook component. This type of journaling activity is a well-utilized protocol in the behavioral science field. A literature study by Sudirman et al. (2021) discussed the transformative implications of journaling improving individuals' self-inquiry, self-discovery, critical ideation, cognition, and metacognitive capabilities. Throughout the program, participants engage in workbook journaling activities regarding their habit patterns, perceptions, influence of their

environments, impacts of their existing habits, and infusing scientific habit principles in changing their habits. This creates self-awareness (objective evaluation of current habit patterns) and self-efficacy (critical thinking in identifying ways to address identified habit patterns and improved self-confidence in their ability (fulfill their self-created habit plan) (Cook et al., 2018; Sudirman et al., 2021; Waddington, 2023).

Habit Shift Mindset self-reflective workbook journaling

The program included two central tenets: 1) the science of habit formation and 2) strategies for habit formation/change. A detailed overview of the program content and corresponding activities is provided in Table 1.

Theoretical Framework: Social Cognitive Theory (SCT)

Social Cognitive Theory, formerly known as Social Learning Theory, was developed by Albert Bandura (1977) (Islam et al., 2023; McAlister et al., 2008). Bandura (1977) presented many learning principles within the bounds of social contexts. They posited that humans engage in observational learning, cognitive processes (attention, retention, reproduction, and motivation), modeling, reciprocal determinism (individual behaviors reciprocal to their environment), self-efficacy (self-belief in one's ability to accomplish), and vicarious learning (learning from others' punishment/reward). In 1986, Bandura refined adaptation to the now-known SCT, where more integration of cognitive psychology, personal bias influencing learning from experience, and limitation of cognitive processing capabilities were articulated (Bandura, 1998; Islam et al., 2023; McAlister et al., 2008). Many social, economic, cultural, and internal factors contribute to the development of habitual behaviors (Islam et al., 2023). Therefore, this theory was chosen as a grounding theory to develop program content, learning activities, and program assessment.

1) SCT in developing program content and learning activities: The HSM program was developed to be introspective and reflection-focused, where participants were invited to develop self-awareness and external factors influencing their habit patterns. The program uses modeling and observational learning SCT principles by group participant scenarios and case studies. Self-efficacy is one of the key SCT principles. The HSM program allows participants to improve their self-efficacy by providing time to identify their habit patterns using Habit Loop and discover ways to break their loop by personalizing scientifically grounded habit theories.

2) SCT in developing the program workbook: The HSM program workbook was developed to ensure that program participants could engage in the program with a safe learning space (reciprocal determinism), learn from peers through their examples (vicarious factors), set goals (cognitive processing), visualize habit action plans (cognitive processing), anticipate glitches (self-efficacy), collect resources (self-efficacy, reciprocal determinism, and cognitive processing), and prepare for future barriers (vicarious factors and cognitive processing). The program evaluation was also grounded in SCT, which will be further discussed in the methodology section.

Objective

The study sought to assess changes in participant self-efficacy due to the HSM education program. It hoped to investigate specific measures of habit change self-efficacy, such as preparedness for habit-related challenges, overcoming barriers, resource access, emotion awareness, habit adherence, and implementing learned strategies.

Method

To improve program accessibility and flexibility, two program versions (an in-depth program for 120 minutes and an abbreviated program for approximately 75 minutes) were developed. The abbreviated program heavily emphasized scientific principles of habit formation/change as well as the use of case studies. The abbreviated program focused on SCT's reciprocal determinism and cognitive processing principles through case studies and group discussions. In comparison, the in-depth program provided

opportunities for reciprocal determinism, cognitive processing, self-reflection, self-efficacy, and vicarious factors (Bandura, 1998; McAlister et al., 2008). The program was implemented with general populations and educators (Extension) trained in the HSM program curriculum.

Program Participants

The HSM program participants were eighteen years older or older. This age criterion was identified due to the complexity of the educational content and the introspective learning activities, which are more appropriate for and relevant to adults. The participants were recruited through community partnerships, social media and email marketing for self-participant registration, and workforce development events.

Program Evaluation

The HSM program evaluation for the general population uses quantitative survey methodology implemented using retrospective pre and post surveys right after the program ends. The surveys were drafted using the Likert scale and gathered ordinal non-parametric data. In addition, the survey collected demographic data, which included race, ethnicity, sex, education level, income, county of residence, and state. The survey was formulated and adapted from the General Self-Efficacy Scale (GSES). This scale was developed by Schwarzer & Jerusalem, (1995) to assess a general sense of perceived self-efficacy to predict coping with daily hassles and stressful life events. The GSES is self-reported with a four-point Likert scale where 1 point is allotted for “note at all true”, 2 for “barely true”, 3 for “moderately true”, and 4 for “exactly true” (Schwarzer & Jerusalem,1995). The authors adapted this scale to develop habit self-efficacy measures (in before and after format) aligned with HSM program components, such as managing habit change, overcoming habit-related barriers, steadfastness in staying true to goals, navigating unexpected challenges, acquiring and using shared program resources, directing emotions in nurturing habit change process, habit change strategy adherence, habit sustenance (See Appendix A, adapted survey instrument). The retrospective pre and post survey format was determined due to the self-reported survey format and subjective experience measures (such as self-efficacy) (University of Wisconsin–Madison Extension, N.D.). Geldhof et al. (2018) described the consequences of using a retrospective survey to help mitigate response-shift bias in subjective experiences such as self-efficacy gained through program participation. There is an increased possibility that participants over or under exaggerating their experience, leading to response bias (Geldhof et al., 2018; University of Wisconsin–Madison Extension, N.D).

Data Collection and Analysis

The survey was anonymous and voluntary, and individuals could refrain from partaking in the survey, choose not to complete the survey after beginning, or skip questions. The survey was approved by the University of Maryland’s Internal Review Board (IRB NO. 2015977-1). They were disseminated in paper format or using a Qualtrics XM web survey link. Once physically collected, the paper surveys were entered into Qualtrics. The data analysis was conducted using SPSS 29 statistical software. The three data analysis components were tested: 1) descriptive statistics using frequencies, 2) the Wilcoxon Signed Rank Test for nonparametric (Likert scale) data comparing individual pre and post evaluation measures, 3) the Wilcoxon Rank Test for comparing sums of self-efficacy scores of two data points (pre and post), and 4) qualitative participant feedback on useful learned strategy taught in the program.

Results

The educators implemented the program with 329 participants throughout Maryland, reaching 21 out of 23 counties, including Baltimore City. Of the 329 total program participants, 233 completed participant surveys.

1) Descriptive Statistics of Participant Demographics

The voluntary demographic data (For detailed distribution (see Table 2) indicated that the majority of participants were white (52%) and non-Hispanic (79.3%), females (68.4%), with Bachelor’s degrees (43.9%), and income levels between $75,000 and above.

2) Wilcoxon Signed Rank Tests for Individual Evaluation Measures

The test revealed statistically significant improvements in self-efficacy across all measured themes related to habit change following the intervention ($p < 0.001$). Among all measures, participants reported the most significant changes in confidence in managing habit-related changes after the HSM program intervention (md/median= 4.00, n=233) from before intervention (md=2.00, n= 233), with a large effect size (r=0.59, p<0.001). Efficacy in adhering to habit changes also showed a larger effect size (r=0.58, p<0.001) from before intervention (md=2.00, n=233) to after intervention (md=4.00, n=233). Lastly, self-efficacy in overcoming barriers using HSM strategies also showed a larger effect size (r= 0.58, p<0.001) from pre-intervention (md=2.00, n=233) to post-intervention (md=3.00, n=233). For a more detailed statistical inference report, see Table 3.

Overarching improvements were reflected in increased mean scores from pre to post intervention, accompanied by a substantial effect size range (r = 0.55 to 0.59), indicating a practically significant enhancement in perceived self-efficacy among participants resulting from the HSM program. The individual measure scores demonstrated a significant increase in the effectiveness of the intervention in bolstering individuals' belief in their ability to enact and maintain habit changes.

3) Comparing Sums of Self-Efficacy Scores

The General Self-Efficacy Scale (GSES) relies on nonparametric scoring of the entire test to assess existing self-efficacy among adults (Schwarzer & Jerusalem, 1995). The score ranges from 10 to 40. A score closer to 10 is considered the lowest self-efficacy, where individuals have weaker beliefs in their ability to cope with various circumstances to achieve their specific goals (e.g., habit change). A score near 40 is the highest self-efficacy in one's ability to cope with various circumstances to achieve specific goals. The second Wilcoxon Signed Rank test compared the HSM program's effectiveness based on participants' overall SE scores in pre and post data points (See Table 4). The test showed significant improvements in self-efficacy scores post-intervention (Md=34, n=233) from pre-intervention (Md=20.00, n=233) with a larger effect size of (r=0.59 and p<0.001). In Figure 1, the sum of self-efficacy scores also shows a marked difference. The boxplot is also indicative of this change in self-efficacy scores, with the median score increasing from 20 in the pre-intervention to 34 in the post-intervention, despite the presence of outliers in both pre and post intervention data. In synthesis, both Wilcoxon Signed Rank Tests indicate a borderline and singular measure of positive impact of the HSM program on participants.

4) Qualitative participant feedback on relevant learned strategies

Qualitative participant feedback from 105 participants was collected, indicating the most relevant program strategies for their habit. The qualitative data were organized by frequencies, indicating that habit loop (28%), Friction/Dopamine cycle (23%), and barriers (13%) were the most discussed strategies of relevance among participants (see Figure 2).

Discussion

The study indicates the fulfillment of program goals in improving participants' self-efficacy to formulate and continue their habit formation/change journey. Social Cognitive Theory, General Self-Efficacy Scale, and Journaling workbook components provided participants with a safer and more introspective environment. This data supports the use of a habit-based approach in Extension programs, teaching wider communities to adopt and develop habits. In practicality this may mean, educators taking intentional steps in infusing concepts of teaching habit science, habit strategies (friction, barriers, habit loop), providing introspective space to develop a personalized plan of action, and engaging in tracking, smaller benchmarks, meaningful rewards, and developing ongoing support systems to foster those goals, such as community forums, Facebook groups, and support groups.

Future trends and limitations

The study data showed a limited reach among individuals with lower income

(<$75,000) and education levels (below Bachelor's degree), which has an impact on the representation of the larger population. Targeting underserved populations more effectively could lead to robust investigative outcomes and potentially reveal disparities within groups. For example, working with populations such as male participants, Hispanic individuals, non-English speakers, or low-income communities, or low literacy could strengthen the program's outreach efforts.

Future research and prolonged program interventions utilizing newer modalities, such as asynchronous courses, text interventions, along with other educational technology resources like artificial intelligence (AI), may provide even greater depth to this existing program model. In that effort, the authors are currently piloting a three-month text-based intervention to extend the HSM. Tailoring intervention and seeking more underrepresented groups would bring new insights and relevance to this program's outcomes.

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Appendix

Table 1

Program tenets Content	Activities
Science of habit formation Neuroplasticity and Habit Loop	● Identify a particular habit and observe influencing factors contributing to that habit. ● Develop a habit loop for the identified habit by organizing each micro-step of the habit loop. ● Explore various options for breaking the developed habit loop.
Strategies for habit Formation/change Finding “why”	● Identify motivations for the need to cultivate or change a habit. ● Explore where the sources of motivation (external or internal).
Identifying vision and goals	● Identify a clear vision and goal related to identified habits. ● Create small milestones and psychological distance
Emotions and habits	● Use of emotions as a barometer and support system to ground habits.
Role of friction in habit	● Apply optimal friction to engage in desired habits and refrain from undesirable ones. ● Use of reward circuitry by dopamine to reduce friction to change identified habits
Replacement theory	● Find high or equally valued replacement strategies for the identified habits.
Barriers to change	● Anticipate and prepare barriers that hinder habit change.
Narrative identification	● Introspect on internal dialogues that might inhibit change in habits or adherence to old habits.
Building support system	● Evaluate the current system of support and seek new venues of support that foster habit change.

Appendix

Table 2. Habit Shift Mindset participant demographics descriptive table

Categories	Sub-categories	N	%
Race	White	124	52.3%
	African American	45	19.0%
	Two or More Races	26	11.0%
	Asian	15	6.3%
	American Indian or Alaska Native	6	2.5%
	Native Hawaiian or other Pacific Islander	5	2.1%
	Prefer Not to Say	4	1.7%
	Race	1	0.4%
	Some other Race	1	0.4%
	No response	10	4.2%
Ethnicity	Non-Hispanic or Latino	188	79.3%
	Hispanic or Latino	27	11.4%
	Prefer Not to Say	5	2.1%
	No response	16	6.8%
Sex	Female	162	68.4%
	Male	49	20.7%
	Non-binary/Third Gender	10	4.2%
	Prefer not to say	6	2.5%
	No Response	9	3.8%
Education	Bachelor's degree	104	43.9%
	Graduate or Professional degree	70	29.5%
	Some college/Associate's degree	37	15.6%
	High school graduate/GED	2	0.8%
	Prefer not to say	11	4.6%
	No Response	12	5.1%
Income	$75,000 and above	112	47.3%
	$50,000- $74,000	66	27.8%
	Prefer not to say	36	15.2%
	$26,000- $49,000	5	2.1%
	No response	17	7.2%

Appendix

Table 3. Wilcoxon Signed Rank Test table for individual pre and post evaluation measures of self-efficacy

Self-Efficacy Question Theme	Pre			Post			Test		r
	m	md	SD	m	md	SD	Z	p	
Managing habit-related changes with efforts	1.98	2.00	0.73	3.18	3.00	0.68	12.02	***	0.55
Finding resources to overcome barriers associated with habit change	1.94	2.00	0.68	3.2	3.00	0.71	12.40	***	0.56
Sticking to habit goals	1.93	2.00	0.67	3.25	3.00	0.71	12.34	***	0.57
Navigating unexpected challenges related to habit changes	1.95	2.00	0.68	3.25	3.00	0.73	12.20	***	0.56
Resource availability to habit change strategies	2.02	2.00	0.71	3.37	4.00	0.72	12.05	***	0.56
Overcoming barriers through learned program strategies	1.94	2.00	0.61	3.30	3.00	0.72	12.55	***	0.58
Cultivating emotional awareness to guide a habit change process	1.85	2.00	0.64	3.04	3.00	0.84	12.08	***	0.56
Overall adherence to habit change	1.98	2.00	0.65	3.42	4.00	0.71	12.54	***	0.58
Overall self-confidence in applying learned strategies to any future habit	1.94	2.00	0.62	3.53	4.00	0.67	12.66	***	0.59

Note: The significance level of 5% was determined.

The symbols “m” for mean, “md” for median, “SD” for standard deviation, “Z” for test statistics, “p” for significance probability, and “r” for effect size. Significance level depictions are 0.1% as *, 0.01 as **, and 0.001 as ***.

Appendix

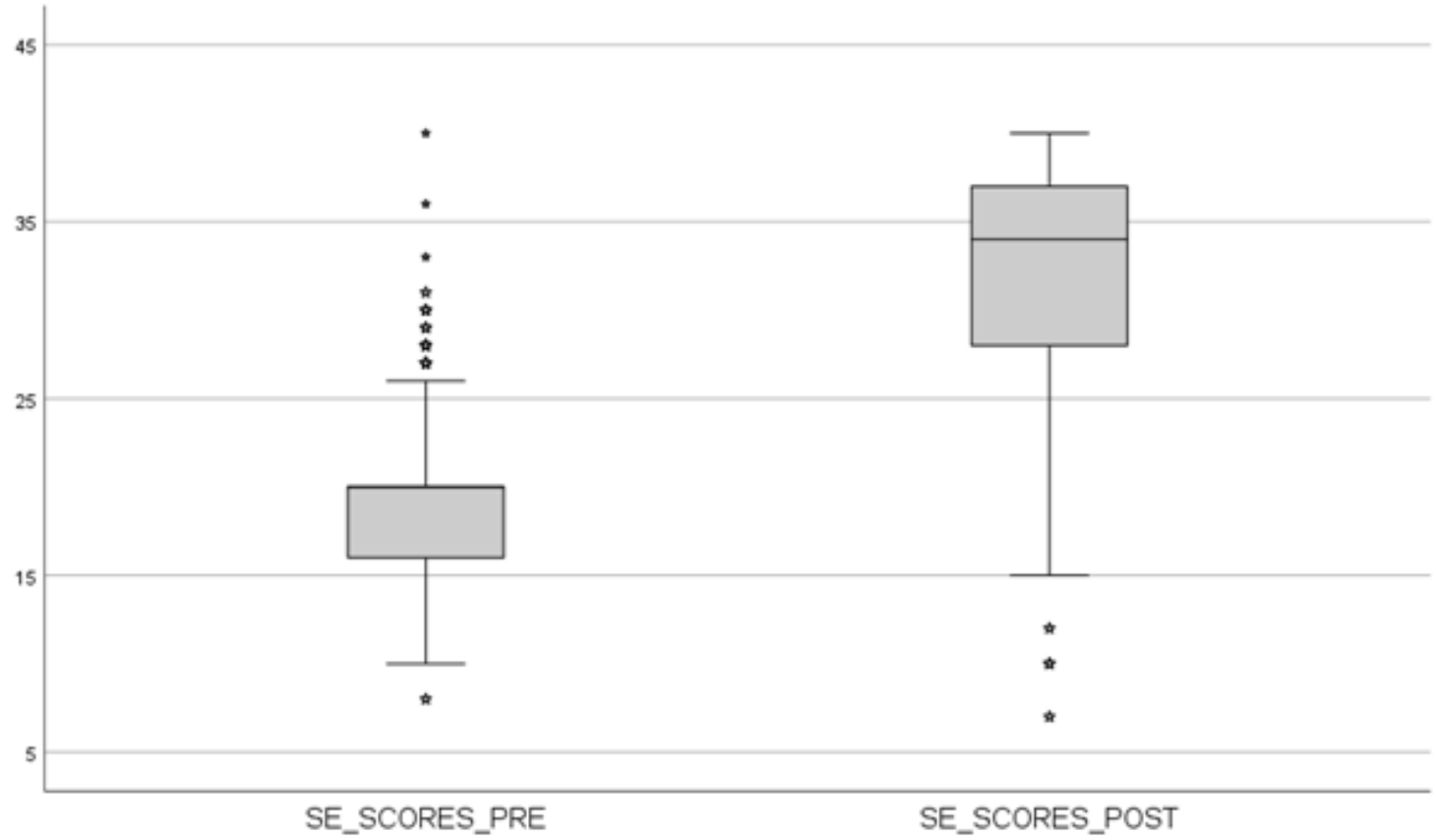
Table 4. Wilcoxon Signed Rank Test table for overall SE Scores

Overall Sample Self-Efficacy (SE) Scores	Pre			Post			Test		r
	M of SE scores	Md	SD	M of SE scores	Md	SD	Z	p	
Overall self-efficacy scores (n=233)	18.94	20.00	5.18	32.29	34.00	6.0	12.79	***	0.59

Note: The significance level of 5% was determined.

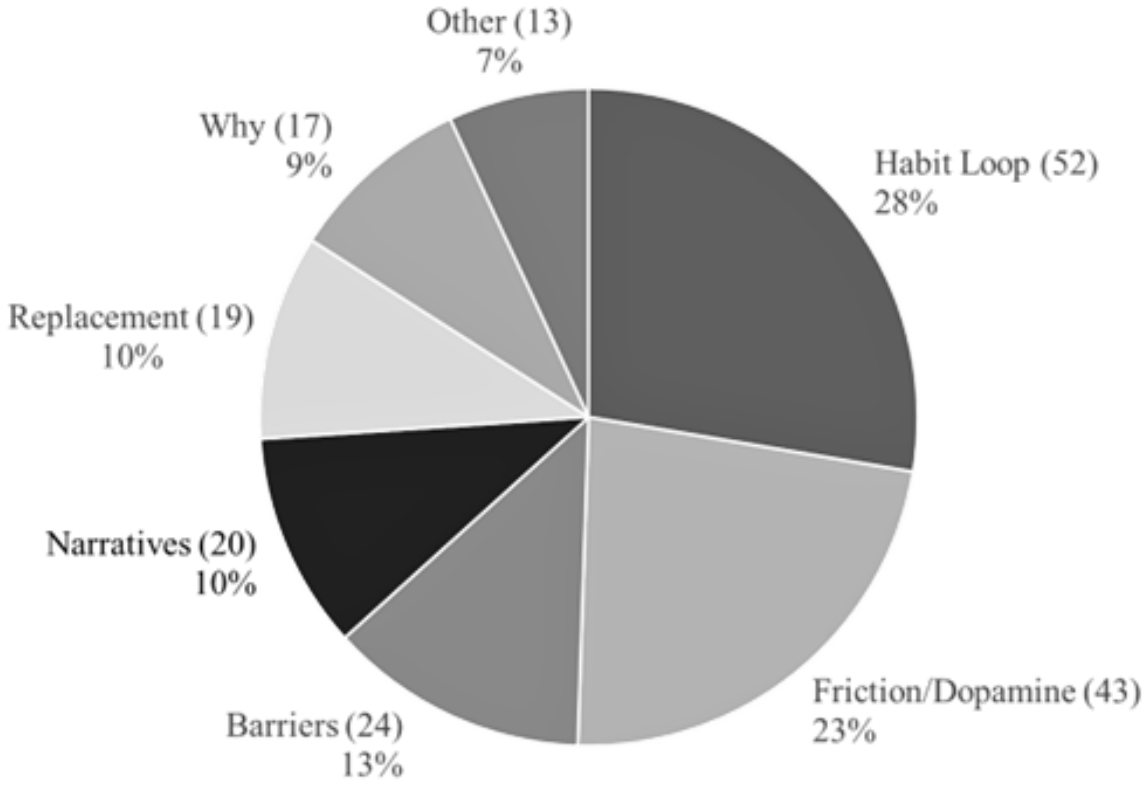
The symbols "M" for mean, "Md" for median, "SD" for standard deviation, "Z" for test statistics, "p" for significance probability, and "r" for effect size. Significance level depictions are 0.1% as *, 0.01 as **, and 0.001 as ***.

Figure 1. SE Scores for pre and post HSM participant intervention.



Appendix

Figure 2: Qualitative participant responses (n=105) on relevant program strategies



Note: The frequency of qualitative responses for strategies are indicated in the parentheses of each chart label.

Appendix A

Adapted Self-Efficacy Survey Instrument

Check on bubbles to indicate your survey question responses.	Not at all true	Hardly true	Moderately true	Exactly true
1. Before this program, I believed I could always manage to change habits if I tried hard enough.	○	○	○	○
1A. As a result of this program, I believe I can always manage to change habits if I try hard enough.	○	○	○	○
2. Before this program, if I experienced a barrier to changing my habits, I could find the means and ways to overcome it.	○	○	○	○
2A. As a result of this program, if I experience a barrier to changing my habits, I can find the means and ways to overcome it	○	○	○	○
3. Before this program, it was easy for me to stick to my aims and accomplish my goals	○	○	○	○
3A. As a result of this program, it is easy for me to stick to my aims and accomplish my goals.	○	○	○	○
4. Before this program, I was confident that I could navigate unexpected challenges and change my habits.	○	○	○	○
4A. As a result of this program, I am confident that I can navigate unexpected challenges when trying to change my habits.	○	○	○	○
5. Before this program, I had all the resources and skills I needed to apply the strategies I learned in this program.	○	○	○	○
5A. As a result of this program, I have all the resources and skills I need to apply the strategies I learned in this program.	○	○	○	○
6. Before this program, I could overcome most barriers if I invested the necessary effort.	○	○	○	○
6A. As a result of this program, I can overcome most barriers if I invest the necessary effort.	○	○	○	○
7. Before this program, I could identify and direct my emotions to drive my habit change process during difficult times.	○	○	○	○
7A. As a result of this program, I can identify and direct my emotions to drive my habit change process during difficult times.	○	○	○	○
8. Before this program, I was able to find creative ways to adhere to my habit change strategies.	○	○	○	○
8A. As a result of this program, I am able to find creative ways to adhere to my habit change strategies.	○	○	○	○
9. Before this program, I felt confident in my ability to apply various strategies for changing my habits.	○	○	○	○
9A. As a result of this program, I feel confident in my ability to apply the strategies I learned in this program.	○	○	○	○
10. Before the program, I felt confident in my ability to adapt and sustain my habit change process.	○	○	○	○
10A. As a result of this program, I feel confident in my ability to adapt and sustain my habit change process.	○	○	○	○