The Theory of Planned Behaviour

Dr Nicole Williams


How to tell what someone will do before they do it

Icek Ajzen studies what factors influence and explain virtually all human behaviour.

His Theory of Planned Behaviour (TPB) has been cited thousands of times and is one of the most influential models for predicting human behaviour. Among US and Canadian social psychologists, Ajzen’s associated research program has the highest ranking of ‘scientific impact’ meaning his fellow scientists see it as the most important research in the field.

Description of Ajzen’s 1991 paper

Ajzen’s 1991 paper looked at developing a theory to explain the relationship between different factors and behavioural outcomes in both existing research and his own. The result, the Theory of Planned Behaviour is an extension of the Theory of Reasoned Action (Ajzen & Fishbein, 1980, Fishbein & Ajzen, 1975) and suggests that the most important determinant of a person’s behaviour is intent.

For example, whether I do something, such as recycle my food waste, is most strongly predicted by my intent to do it. Seems pretty logical, right?. But what makes us intend to do something? The TPB describes the components that influence intent, and this is what was game-changing about Ajzen’s theory.

In assimilating the results of many studies, Ajzen found three components that contribute to intent to engage in a specific behaviour. These are:

1. **Attitude towards performing the behaviour** - the person’s perception of the outcome from performing the behaviour and the desirability of this outcome.
2. **Perceived subjective norm** - the person’s perception of how relevant others would see the behaviour, how normal the behaviour is within a particular reference group, and what sort of expectation others would have for the individual to complete the behaviour.

3. **Perceived control over the behaviour and perceived power** - how difficult the person perceives the behaviour to be, how successfully they think they could complete the behaviour, and how much control they believe they have in enacting the desired behaviour.

To illustrate this, let’s take the example of a person forming the intention to recycle food waste. They would be more likely to recycle food waste if:

1. They hold an attitude that it is desirable to recycle food waste and that recycling food waste will have a positive outcome.
2. They believe that those around them would see recycling food waste as a positive behaviour, are likely to do it themselves, and would expect others to do so.
3. They believe that recycling food waste is a manageable behaviour that they could complete successfully without anything stopping them.

In this example, these individual factors combine to create an intent to recycle food waste, which the TPB would say then predicts the person actually recycling food waste.

Importantly though, it can take only one factor to derail this process. For example if an individual’s attitude is that recycling food waste won’t make any difference to the environment, whether or not those around them would see this behaviour as beneficial, and whether or not it seemed an easy enough task with high chance of success, the individual’s intent would be lower no matter the other components.

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Turns out there are a few factors that predict whether you will recycle

Additionally, if someone has had a past experience in which the behaviour has not had a positive outcome (such as viewing a documentary showing the true destination of the waste), or anticipates upcoming circumstances that would make successful completion of the behaviour difficult (such as very strict or complex rules around what can be recycled and when), this is similarly likely to negatively affect intent, meaning it is less likely the individual would engage in that behaviour.

What has been the influence of Ajzen’s work?

The TPB has had a major impact on the planning and implementation of interventions designed to change people’s behaviour, in order to achieve better physical or mental health.

Prior to the TPB it was assumed that an individual’s intent could be significantly influenced by increased knowledge, and so therefore behaviour change interventions focused on increasing the amount of education on a topic. For example, an intervention targeting food waste recycling might include a pamphlet on the benefits of food waste recycling.

However, research has shown that focusing on general information and broad attitudes is not a good basis for behavioural prediction and interventions based on these are often ineffective.

In contrast when interventions are constructed according to the conceptual framework of the TPB, such that they:

1. Show the positive impacts of the behaviour;
2. Show that others are engaging in the behaviour and believe it is worthwhile; and
3. Explain clearly and simply how a person can engage in the behaviour;

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the interventions are more effective.

Furthermore, the TPB also offers a way to understand why different interventions did, or did not work, by assessing to what extent the intervention targeted the necessary factors for intention change. For example, a quit smoking intervention might determine that they could have improved their intervention by focusing more on the expectations of an individual’s family and friends that they should quit (perceived subjective norms).

The TPB has now been applied to a very wide range of human behaviours, including everything from health behaviours such as smoking, alcohol and drug use, sleep, diet and exercise, breastfeeding, screening attendance for health concerns, and seeking psychological help, through to protective behaviours such as risk-taking behaviours, speeding, seat belt and helmet use, phone use whilst driving, use of sun protection, and behaviours that have societal and environmental impacts, such as voting and recycling.

The TPB has also had a powerful impact on the way psychologists plan and implement behavioural interventions with their clients in individual therapy. For example, when looking at encouraging a client to make behavioural changes around drug use, domestic violence, social connectedness, social media use, exercise, or other valued activities, therapists can use the TPB to focus in on those three factors influencing intent.

One way this might be done is to help the client practice complex social behaviours (e.g. resisting peers when it comes to drug use), so that the client feels more confident in their ability to engage in the behaviour. Another might be to examine in-depth the fears and anxieties a client has about a particular behaviour (perhaps because of past experiences or irrational beliefs) that are getting in the way of them performing the behaviour.

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Applying the TPB in your own life

Say you’ve been thinking of ‘eating better’ for health and weight reasons but find that you never really get started on it, and if you do, the changes you make don’t really last a long time. You can use the TPB to ask yourself a few key questions that might help you uncover the reasons for your lack of success.

**Attitudes**

*How do I feel about making these changes to my diet?*

Maybe despite knowing ‘intellectually’ that it is a good idea to change your diet, the thought of it raises lots of negative emotions (e.g. anxiety, dread) which are getting in the way. Focus your attention on learning to identify these emotions and observe what role they play in derailing your attempts to make changes.

*Do I think making changes to my diet will have the positive outcomes I am hoping for?*

Maybe you aren’t really convinced of the positive impacts of changing your diet, certainly not enough to be very motivated to do so. You may need to do more research into the benefits of dietary change before you are convinced of the potential benefits.

**Subjective norms**

*Are other people supporting me in making these changes?*

Perhaps other people in your friend or family groups aren’t very supportive of your efforts to change your diet. Perhaps you feel like you are trying to do it all on your own. You might need to get a buddy or someone from your friend and/or family groups to join you in making these changes.

*Do other people eat in such a way and is it beneficial for them?*

Perhaps the changes you are wanting to make to your diet aren’t like those that other people have made and therefore you don’t feel like you are making changes that will connect you with other people. Consider going online and finding forums of people who are also trying to make the changes you are trying to make.

**Perceived control**

*Do I know exactly what changes I need to make and is it within my ability to make them?*

Maybe you don’t have a complete understanding of the changes you want to make, or don’t feel you have the skills to do so. For example, your ‘new diet’ might involve a lot of cooking and you aren’t confident in your ability to do that. Try breaking down the changes you want to make into really simple steps, and working on doing one step at a time.

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Where to go to learn more about the TPB

Ajzen has published hundreds of papers, and thousands more cite his Theory of Planned Behaviour.

His latest book is: Fishbein, M., & Ajzen, I. (2010). *Predicting and changing behavior: The reasoned action approach*. New York, NY: Psychology Press (Taylor & Francis). I only recommend reading this book if you are really serious about wanting to know more about the theory and how it has been applied. It is written with health professionals in mind.

Instead, I am going to recommend this brief Youtube video which outlines the theory in a simple and accessible way, and applies it to everyday life using the simple example of getting more exercise.

https://www.youtube.com/watch?v=DFn-I0cpd8A

Also, you might like this really neat graphic that captures many of the important aspects of Ajzen’s TPB. The site where the image is hosted also has a presentation by Icek on his work.

Image from: https://www.behaviourworksaustralia.org/portfolios/visiting-expert-icek-ajzen/ (click for a better view)

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