

Implementation Models, Theories & Frameworks

Theory of Reasoned Action / Theory of Planned Behaviour

The Theory of Reasoned Action and its extension, the Theory of Planned Behaviour, provide a framework for understanding and predicting health-related professional behaviours and the uptake of health innovations.

Type

Theory

Purpose

To predict and explain health professionals' adoption and implementation of evidence-based practices, technologies, and services by linking beliefs to intentions and action. The Theory of Planned Behaviour serves as a mechanism to understand why healthcare professionals may or may not adopt new practices, tools, or guidelines, by identifying salient beliefs that can be targeted through education, policy, or organisational changes.

Elements – Theory of Planned Behaviour

Core constructs

- Attitude toward the behaviour (positive/negative evaluation of performing the behaviour).
- Subjective norms (perceived social pressure to perform or not perform the behaviour).
- Perceived behavioural control (perceived ease or difficulty of performing the behaviour).

Behavioural intention

Use with

- Theoretical Domains Framework: Theory of Planned Behaviour constructs are mapped within TDF to identify target domains for behavioural change interventions.

- Knowledge-to-Action (KTA) framework: to understand determinants of research use and inform knowledge translation strategies.
- COM-B and the Behaviour Change Wheel
- Consolidated Framework for Implementation Research (CFIR)
- Normalisation Process Theory (NPT)

Strengths and Limitations

STRENGTHS

- Well-validated structure.
- Clear, testable predictions about intention and behaviour (attitude, norms, control).
- Practical utility for intervention design.
- Flexibility and broad applicability across health behavioural and professional contexts.
- A common language for integrating findings with other theories to create comprehensive, multi-level implementation strategies.

LIMITATIONS

- Intention-behaviour gap: empirical evidence shows that strong intentions do not always translate to action.
- Measurement and reporting challenges.
- Overemphasis on individual cognition – may under-capture organisational, structural and system-level determinants of implementation.
- Predictive strength of Theory of Perceived Behaviour may differ by context and population.

See it in practice



[Systematic development of a theory-informed multifaceted behavioural intervention to increase physical activity of adults with type 2 diabetes in routine primary care: Movement as Medicine for Type 2 Diabetes \(Avery et al., 2016\).](#)



[Fertility education: recommendations for developing and implementing tools to improve fertility literacy \(Martins et al., 2024\).](#)



[Nursing staff intentions towards managing deteriorating health in nursing homes: a convergent parallel mixed-methods study using the theory of planned behaviour \(O'Neill et al., 2018\).](#)

Find out more



[Rural Health Information Hub: Theory of Reasoned Action/Planned Behaviour](#)



[Theory of reasoned action and theory of planned behaviour-based dietary interventions in adolescents and young adults: a systematic review \(Hackman & Knowlden, 2014\).](#)



[Theory of reasoned action, theory of planned behaviour, and the integrated behavioral model \(Montano & Kasprzyk, 2015\).](#)

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