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Procrastination and intentions to perform health behaviors: The role of self-efficacy and the consideration of future consequences

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Abstract

The present study sought to extend previous research suggesting a relationship between trait procrastination and health behaviors by examining the behavioral intentions of procrastinators. Two cognitive variables (self-efficacy and the consideration of future consequences) were proposed to mediate the procrastination–intentions relationship. Students ($n = 182$) were administered personality and health-related questionnaires and then asked to recall a past illness episode along with health behaviors that may have improved or prevented this experience. Intentions to actually perform one of the listed behaviors in the near future were then rated. A negative relation between trait procrastination and intentions to engage in health behaviors was found. Further, the weak intentions of procrastinators were mediated by a lower health-specific self-efficacy. The consideration of future consequences did not play a role in the procrastination–intentions relationship although it was moderately and negatively related to trait procrastination. These findings were consistent with the role of self-efficacy in intentions as theoretically proposed, and with previous work suggesting that procrastination is associated with low perceived behavioral control.

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Keywords: Procrastination; Health behaviors; Self-efficacy; Intentions; Future consequences

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1. Introduction

Procrastination has been described as a self-regulation style that involves delay in the start and/or completion of a task (Ferrari & Tice, 2000), and the avoidance of an intention and its implementation (Van Eerde, 2000). Although the negative mental health consequences of procrastination (e.g., anxiety and depression) are well established (Ferrari, 1991a; Flett, Blankstein, & Martin, 1995; Haycock, McCarthy, & Skay, 1998), recent investigations have revealed that procrastination is also associated with negative physical health consequences (Sirois, Melia-Gordon, & Pychyl, 2003; Sirois & Pychyl, 2002; Tice & Baumeister, 1997). Specifically, it has been demonstrated that procrastinators tend to engage in fewer wellness behaviors such as healthy eating and exercise (Sirois et al., 2003; Sirois & Pychyl, 2002), and that the poor health experienced by procrastinators may be due in part to their tendency to delay seeking care for their health problems (Sirois et al., 2003).

Models of predicting health behavior initiation and completion suggest that the formation of intentions is key in determining if a behavior will be performed (Ajzen, 1985, 1991; Fishbein & Ajzen, 1975). Given that procrastination is related to fewer health-promoting behaviors, what remains then is to determine the stage in the intentions-action process that procrastinators are likely to experience difficulty that results in a lower probability of engaging in healthy behaviors. Do procrastinators form intentions to perform health behaviors such as exercising and eating healthy and then simply fall short in their efforts to successfully act on these intentions? Or do procrastinators engage in fewer healthy behaviors because they avoid forming health behavior intentions? And, what are the factors implicated in the formation of these intentions? The present study sought to address these unanswered issues by exploring the health behavior intentions of procrastinators and the cognitive factors that may be key in the development of these intentions.

1.1. *Procrastination and intentions*

Current research suggests that procrastinators do not differ from non-procrastinators in their intentions to perform certain tasks. Procrastination has been found to be unrelated to job search intentions (Lay & Brokenshire, 1997), to academic work intentions (Steel, Brothen, & Wambach, 2001), and to the number of study intentions formed (Dewitte & Lens, 2000). Given these findings it has been suggested that procrastination may be a behavioral as opposed to an intentional problem (Schouwenburg & Groenewoud, 2001). Indeed, several investigations have noted that procrastinators have greater discrepancies between their intentions and actions than non-procrastinators (Beswick, Rothblum, & Mann, 1988; Blunt & Pychyl, 1998; Lay & Schouwenburg, 1993; Lay & Burns, 1991; Scher & Ferrari, 2000; Steel et al., 2001).

However, much of this research has focused on intentions to complete academic tasks that by their nature are associated with specific time frames for completion. Moreover, procrastination is often operationalized as being specific to the task being assessed, rather than viewing procrastination from a trait perspective where its relation to a wider spectrum of behaviors and intentions is considered. Therefore, it is unclear whether these findings regarding the procrastination-intentions relationship would extend into other domains such as health behaviors where time frames for completing goals are often not regulated by external sources, and where there is usually less or no time pressure to accomplish goals.

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