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Letter and reply

Hepatitis B Preventive Behavioral Intentions in Healthcare Workers

To the Editor

The recent report on "Hepatitis B Preventive Behavioral Intentions in Healthcare Workers" is very interesting [1]. Morowatishaifabad et al [1] concluded that "risk perceptions were the most important determinant of preventive behavioral intentions for hepatitis B among health personnel." In fact, there are many factors determining risk perception. There is no doubt that a person might or might not want to perceive the risk. For example, someone might not want to know their serological status [2]. Therefore, there is no doubt that when a simple question was used to ask medical personnel on their hepatitis B status, some persons might give an answer saying that they do not know and do not want to have blood test [3]. To use a simple education or training program might help a little with improvement of risk perception and prevention [4]. "Health beliefs and behaviors relevant to specific populations" seems to be an important consideration [5] and in-depth qualitative research is suggested for planning for increasing hepatitis B preventive behavioral intentions in healthcare workers in different settings.

Conflicts of interest

The author has no conflict of interest to declare.

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In Reply

In response to a letter regarding to our paper entitled "Predictors of Hepatitis B Preventive Behavioral Intentions in Healthcare Workers" [1], we concluded that the risk perception in comparison with knowledge and cues to action is the most important predictor of behavioral intention in the prevention of hepatitis B. A meta-analysis conducted in 2007 suggests that risk perceptions are more important than suggested by prior studies and could be placed as a core concept in health education theories [2]. However, in general we are in agreement with the author of the letter. It is obvious that if we had enrolled other predictors of behavioral intentions in our work, such as self-efficacy and social support, the results would be different. Therefore, we propose conduction of structured research based on a specific model such as the Health Belief Model or Protection Motivation Theory with deeper evaluation of constructs of behavioral intentions to quantify the possible roles of each construct. A focus on perceived severity and perceived vulnerability is also proposed. Other studies also found that health education interventions based on perceived susceptibility and severity are likely to contribute to increased healthy behaviors [3]. Preparation of educational material based on these constructs, especially perceived severity and vulnerability, would be interesting.

Conflicts of interest

The author has nothing to disclose.

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