

Motivation Was Never the Problem: What Researching Behaviour Change Taught Me About Caring for Myself

(By Hazel Haworth – Health Care Researcher)

Healthcare professionals are very good at caring for other people. Mothers are too. When you are both, putting yourself last can become so normal that you barely notice it happening.

We understand the importance of looking after our health and wellbeing. Yet knowing what we should do does not mean we have the time, energy or capacity to do it.

After caring for everyone else, what do we have left with which to care for ourselves?



When caring for others came first

My journey into healthcare and education was not conventional. I left school at 16, had two children by 19 and four by 32. While raising my family, I returned to education and studied health and social care, eventually completing an MSc in Dementia Studies.

Alongside studying, I worked in various healthcare roles across Northern Ireland. I particularly loved work that enabled people to be heard and involved in decisions affecting their lives. Caring for and encouraging other people became central to both my personal and professional identity.

Then, a series of events changed my own health.

A viral infection affected my heart, and I had a heart attack while driving my children to school. Afterwards, walking upstairs felt like running a marathon and everyday tasks left me exhausted. As a single mother of four children, however, I could not simply stop. I had to keep going and put on a brave face for them.

I eventually moved from an active role into a desk-based dementia support job. From the outside, I probably appeared to have recovered, but I struggled to walk any distance. A later

fall left me with a mild traumatic brain injury and mild difficulties with walking, finding words and recognising faces.

My health continued to decline. I experienced fatigue, brain fog, joint pain, low mood, high blood pressure and declining confidence. I was also living with sleep apnoea that had not yet been diagnosed and treated, and my weight increased significantly.

Throughout this, I continued caring for my children and supporting people living with dementia and their families. By the end of most days, I could barely form a sentence. There was very little left for me.

Although much of what had happened was outside my control, I felt deeply ashamed of how unfit I had become. I knew what healthy behaviour looked like. I understood the advice. I simply seemed unable to act on it consistently.

Choosing to invest in myself

While my health was declining, my career was progressing. I was working alongside people living with dementia, helping them become involved in research and co-design. Then, at 46, I was unexpectedly offered the opportunity to undertake a PhD.

Accepting meant leaving my job, salary and financial security. After years of making decisions around what other people needed, choosing something because I wanted it felt almost selfish. But I realised that I had spent much of my life investing in other people. Perhaps I was finally allowed to invest in myself.

I promised that my PhD would be about more than gaining a qualification. I would use the time to develop academically, professionally and personally, including improving my health.

I did not know how I would do that and was not even certain I had made the right decision. Then my research introduced me to a different way of understanding behaviour.

What Parkinson's research taught me about change

My PhD investigates how people living with Parkinson's manage complex and time-sensitive medication regimens and how educational and digital support could help.

Meaningful support cannot be designed from a distance. My research has involved listening directly to people with Parkinson's, family and carers through a UK survey, interviews and co-design workshops. Their experiences have shaped my understanding of medication management and the proposed support.

One lesson became particularly clear: taking medication is rarely as simple as knowing what to take and remembering to take it. It can be affected by symptoms, fatigue, memory, confidence, changing routines and access to practical support. Someone can understand the importance of their medication and be strongly motivated to take it correctly, while still encountering significant barriers.

As part of this work, I studied the COM-B model of behaviour change. It proposes that for a behaviour to occur, people need three things: the physical and psychological **capability** to do it, the physical and social **opportunity** to make it possible, and the **motivation** to act.

Healthcare often concentrates on knowledge and motivation. We give people information, explain why something matters and assume that should be enough. When behaviour does not follow, it can be tempting to conclude that the person is unmotivated or has failed to follow advice.

My research showed me why that explanation is often inadequate. It also made me look differently at myself.

Turning the research on my own life

As I examined the barriers and enablers affecting medication management in Parkinson's, I realised that I had never considered my own health with the same compassion and curiosity I brought to my research. I had spent years asking why I could not try harder. COM-B helped me ask better questions.

Was motivation really what I lacked?

I wanted to improve my health and understood why it mattered. One of my children, who is neurodiverse and needs considerable daily support, once told me that he did not know how he would cope if I died. I could hardly have had a stronger motivation to change.

Motivation was never the problem.

My physical capability had been affected by a heart attack, brain injury, untreated sleep apnoea and years of exhaustion. My opportunity was limited by work, caring responsibilities, established routines and the fact that everybody else's needs came before mine.

Mapping those barriers helped me stop treating my health as a personal failure. Instead, I could identify what needed to change.

I had my sleep apnoea treated and worked with a health and fitness coach who helped me plan nutrition and exercise at an achievable level. I used health apps, family support and structured routines and gradually developed the skills and confidence I needed.

I did not suddenly begin exercising five times a week. I started with what I was physically capable of doing and built from there. I now attend the gym three times a week and aqua aerobics twice a week, but reaching that point took time.

More than a number on the scales

I have now lost eight stone, or 51kg. That is the most visible outcome, but it is not the most important one.

I am physically stronger, my stamina has improved and my mind feels clearer. I enjoy exercise and no longer need blood pressure medication, anti-depressants, or inhalers. I feel more confident and better able to cope with challenges. I have ziplined through the Swiss Alps, climbed hills I could once barely have contemplated and joined my family on an outdoor adventure ride that I had previously been too heavy to use.

I can participate, enjoy myself and create memories without the same shame, fear or limitations.

What healthcare professionals can learn from this

We would not expect a patient to overcome illness, exhaustion and a lack of practical support through motivation alone. Yet healthcare professionals, and mothers, often expect exactly that of themselves.

We tell ourselves that we should cope, be more disciplined or somehow find the energy to add self-care to an already impossible list.

But looking after ourselves is not simply another responsibility to squeeze into the day.

Sometimes we need to stop asking why we are not trying harder and start asking what is preventing our motivation from becoming action.

The same principle should shape patient care. Information matters, but information alone rarely changes behaviour. We must listen to people, understand the realities of their lives and develop support with them rather than expecting them to fit into systems designed without them.

Healthcare does not happen only within hospital walls. It also happens through research, education, supportive relationships, digital tools, community organisations and conversations in which somebody finally feels heard and understood.

The two photographs accompanying this article were taken just before I began my PhD and, three years later, at my eldest son's wedding. In the second, I am eight stone lighter and only weeks away from submitting my thesis. I feel transformed, academically and physically.

Neither journey has been quick, straightforward or perfect. But I no longer look back with shame at the woman in the first photograph. She was not weak, lazy or lacking motivation. She was using everything she had to survive and care for the people who needed her.

She is still me. The difference is that I finally learned to extend to myself the same understanding, care and support I had always offered to others.

My PhD taught me how to investigate behaviour. Unexpectedly, it also taught me how to understand and care for myself.

