Sindhudurg Education Society's

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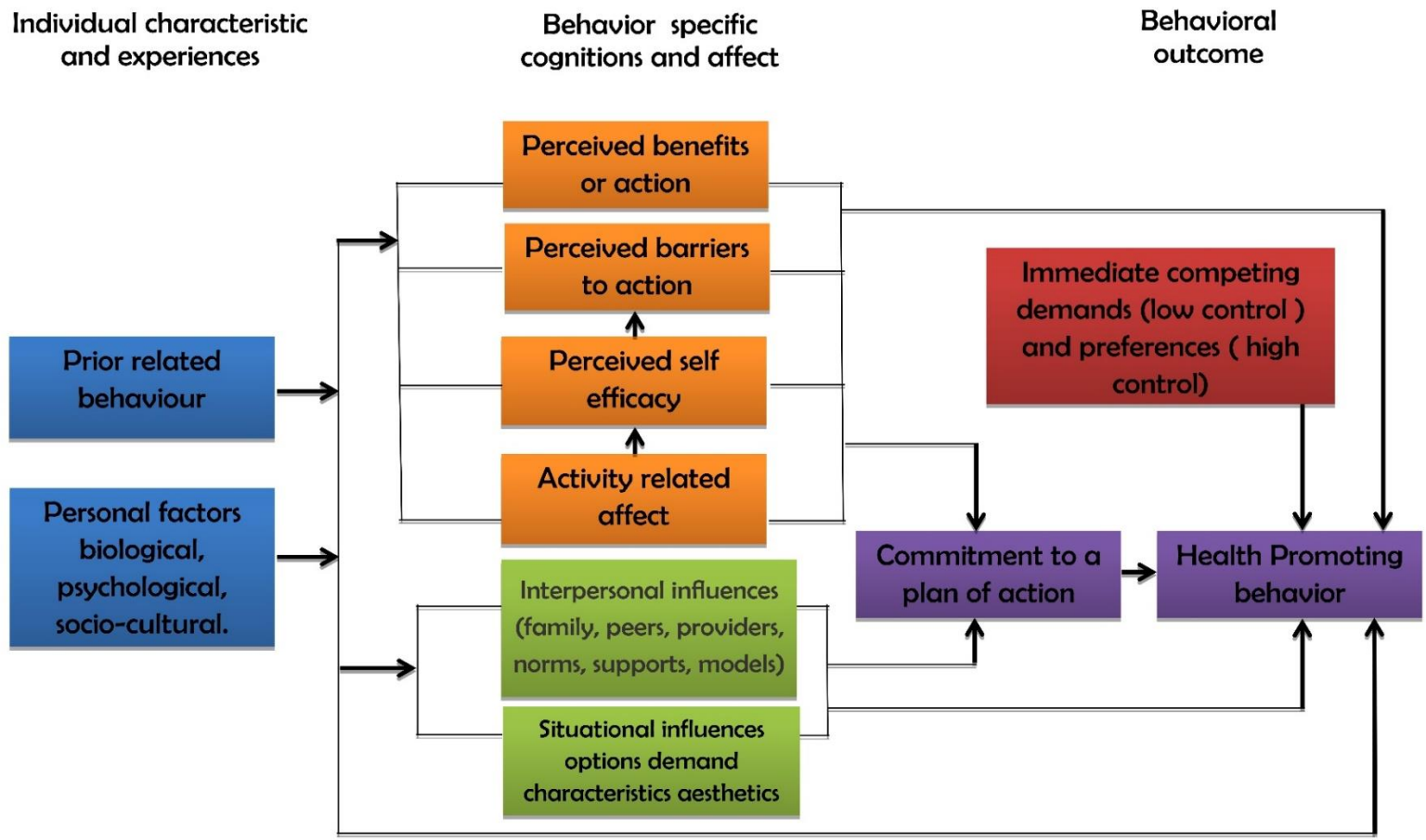
PENDER'S HEALTH PROMOTION MODEL



OVERVIEW OF HEALTH PROMOTION MODEL

Purpose: Assist nurses in understanding the major determinants of health behaviors as a basis for behavioral counseling to promote healthy lifestyles

History: First appeared in nursing literature in 1982
Model revised in 1996 based on changing theoretical perspectives and empirical findings

Research: Studies on the model have been conducted over a period of 27 years Philosophical Roots: Reciprocal

Interaction World View in which humans are viewed
holistically, but parts can be studied in the context of the whole. Human beings interact with their environment and shape it to meet their needs and goals.

Theoretical Roots: Expectancy value theory – Individuals engage in actions to achieve goals that are perceived as possible and that result in valued outcomes.
Social cognitive theory – Thoughts, behavior, and environment interact. For people to alter how they behave, they must alter how they think

Brief Description: The model identifies background factors that influence health behavior. However, the central focus of the model is on eight beliefs that can be assessed by the nurse. These eight beliefs are critical points for nursing intervention. Using the model and
working collaboratively with the patient/client, the nurse can assist the client in changing behaviors to achieve a healthy lifestyle.

KEY CONCEPTS IN NURSING DEFINED AS A BASIS FOR THE HEALTH PROMOTION MODEL

Person is a biopsychosocial organism that is partially shaped by the environment but also seeks to create an environment in which inherent and acquired human potential can be fully expressed. Thus, the relationship between person and environment is reciprocal. Individual characteristics as well as life experiences shape behaviors including health behaviors.

Environment is the social, cultural and physical context in which the life course unfolds. The environment can be manipulated by the individual to create a positive context of cues and facilitators for health-enhancing behaviors.

Nursing is collaboration with individuals, families, and communities to create the most favorable conditions for the expression of optimal health and high-level well-being.

Health in reference to the individual is defined as the actualization of inherent and acquired human potential through goal-directed behavior, competent self-care, and satisfying relationships with others, while adjustments are made as needed to maintain structural integrity and harmony with relevant environments. Health is an evolving life experience. There are definitions for family health and community health that have been proposed by other authors.

Illnesses are discrete events throughout the life span of either short (acute) or long (chronic) duration that can hinder or facilitate one's continuing quest for health.

DEFINITIONS OF COMPONENTS OF MODEL

Individual Characteristics and Experiences

Prior related behavior – frequency of the same or similar health behavior in the past

Personal factors (biological, psychological, sociocultural) – general characteristics of the individual that influence health behavior such as age, personality structure, race, ethnicity, and socioeconomic status.

Behavior-Specific Cognitions and Affect

Perceived benefits of action – perceptions of the positive or reinforcing consequences of undertaking a health behavior

Perceived barriers to action – perceptions of the blocks, hurdles, and personal costs of undertaking a health behavior

Perceived self-efficacy – judgment of personal capability to organize and execute a particular health behavior; self-confidence in performing the health behavior successfully

Activity-related affect – subjective feeling states or emotions occurring prior to, during and following a specific health behavior

Interpersonal influences (family, peers, providers): norms, social support, role models – perceptions concerning the behaviors, beliefs, or attitudes of relevant others in regard to engaging in a specific health behavior

Situational influences (options, demand characteristics, aesthetics) – perceptions of the compatibility of life context or the environment with engaging in a specific health behavior

Commitment to a plan of action -- intention to carry out a particular health behavior including the identification of specific strategies to do so successfully

Immediate competing demands and preferences – alternative behaviors that intrude into consciousness as possible courses of action just prior to the intended occurrence of a planned health behavior

Behavioral Outcome- Health Promoting Behavior

Health promoting behavior – the desired behavioral end point or outcome of health decision-making and preparation for action

HPM ASSUMPTIONS

The HPM is based on the following assumptions, which reflect both nursing and behavioral science perspectives:

1. Persons seek to create conditions of living through which they can express their unique human health potential.
2. Persons have the capacity for reflective self-awareness, including assessment of their own competencies.
3. Persons value growth in directions viewed as positive and attempt to achieve a personally acceptable balance between change and stability.
4. Individuals seek to actively regulate their own behavior.
5. Individuals in all their biopsychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time.
6. Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their lifespan.
7. Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change.

HPM THEORETICAL PROPOSITIONS

Theoretical statements derived from the model provide a basis for investigative work on health behaviors. The HPM is based on the following theoretical propositions:

1. Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior.
2. Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.
3. Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.
4. Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior.
5. Greater perceived self-efficacy results in fewer perceived barriers to a specific health behavior.
6. Positive affect toward a behavior results in greater perceived self-efficacy.
7. When positive emotions or affect are associated with a behavior, the probability of commitment and action is increased.
8. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior.
9. Families, peers, and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health- promoting behavior.
10. Situational influences in the external environment can increase or decrease commitment to or participation in health-promoting behavior.
11. The greater the commitment to a specific plan of action, the more likely health- promoting behaviors are to be maintained over time.
12. Commitment to a plan of action is less likely to result in the desired behavior when competing demands over which persons have little control require immediate attention.
13. Commitment to a plan of action is less likely to result in the desired behavior when other actions are more attractive and thus preferred over the target behavior.

14. Persons can modify cognitions, affect, interpersonal influences, and situational influences to create incentives for health promoting behavior.

Source: Pender, N.J., Murdaugh, C. L., & Parsons, M.A. (2011).

Health Promotion in Nursing Practice (6th Edition). Boston, MA: Pearson.