CHAPTER 4

Development of a health promotion model for facilitation of self-care of women in midlife to support them in the attainment of wholeness

4.1 INTRODUCTION

Chapter 3 discussed the results obtained from the interviews with reference to the literature review. This chapter discusses the development of a model of health promotion that enhances self-care of women in midlife to support them as they strive to attain optimal wellness and wholeness.

From the data, it is clear that the women viewed menopause as a normal process and practised self-care to attain and maintain health and wellness. The use of health-promoting strategies facilitated this process.

Health professionals create a supportive environment and, in this way, encourage self-care and health promotion in midlife that results in women managing the changes that occur during this period of transition. In this study, health professionals include physicians, nurses and allied health personnel. This term is used throughout chapters 4, 5 and 6. The focus, however, is the nurse and therefore the terms are used interchangeably throughout.

4.2 CONCEPT IDENTIFICATION

Rodgers and Knaff (2000:210) describe concept analysis as “a formal exercise that allows one to examine the attributes and characteristics of an identified concept. This may be independent or simultaneous concept analysis.” Chinn and Kramer (1995:74, 78) define a concept as a “complex

mental formulation of experience" and state that concepts are extracted from life experiences, clinical practice or research.

Concept analysis consists of concept identification and definition. For the purpose of this study, concepts were identified that assisted in developing a model of health promotion for the facilitation of self-care in midlife to support women in the attainment of wholeness.

The main concepts of the model were identified from analysis of the interviews. The data analysis indicated that women in the USA who are in midlife perceive this experience as a normal change process (see chapter 3). The data reflected that women in midlife practise self-care and to this end, use health-promoting strategies such as preventive screening, nutritional regimens, exercise and the use of supplementation. It was evident from the data that although the women practise self-care and participate in strategies that promote health, they do not see these activities as health promotion. In spite of the desire to attain and maintain wellness, the women are unable to correlate the self-care with positive health outcomes or health promotion. Health professionals, more specifically physicians and nurses, do not practise within the framework or philosophy of health promotion that would facilitate this exercise for the women.

It can be deduced from the data that self-care is important to the women as it not only enhances their well-being, but gives them control of their lives. Palank (1991:16) states that self-care is one of the prerequisite strategies to accomplish proactive decision-making, which is an essential requirement for health promotion. Women in midlife practise self-care because they are self-directed in their learning style, especially with regard to what they need to know to attain optimal health. According to Pender (1996:102), this is a characteristic of an adult learner. Women in midlife are also interested in role modelling for their own families and therefore strive to increase their knowledge and skills with regard to health (Pender 1996:102).

In addition, it emerged from the data that quality of life is important for women in midlife and is an attribute of health promotion (Palank 1991:16). Adequate attention to self-care during midlife promotes optimal health and life satisfaction (Pender 1996:103). Health promotion facilitates the practice of self-care. Therefore, the researcher identified that health promotion was essential to facilitate the self-care practices of women in midlife. The intention, then, was to develop a health promotion model that facilitates self-care during midlife for the attainment of wholeness in women.

Having identified the main concept, the defining attributes of that concept were pinpointed.

4.3 DEFINING ATTRIBUTES OF THE MAIN CONCEPT(S)

Walker and Avant (1995:41, 45) describe a methodology for conceptual analysis based on Wilson's (1963) work and state that the purpose of concept analysis is to distinguish between the defining attributes of a concept and its irrelevant attributes. Wilson (1995:20) states that concept analysis is a sophisticated form of communication, with few rules and people are required to learn by actually "doing it" rather than by following rules or a framework. This approach relies heavily on the development of exemplary cases such as model, contrary, related and borderline. Rogers and Knaff (2000:210) describe the steps in this methodology as defining the attributes of the concept, identifying antecedents and consequences, and defining the empirical referents. Botes (2002:25) regards Wilson's methodology of concept analysis as limited because of a perceived lack of rigor that limits triangulation of data. Walker and Avant (1995:44) contend that concept analysis is one of three approaches to concept development. In addition to concept analysis, concept synthesis and concept derivations are included as part of concept development (Rogers & Knaff 2000:48).

Chinn and Kramer (1995:92) state that concepts contain defining attributes that allow one to determine whether phenomena are good examples of the concept or not. Moreover, it is better to have three or four defining attributes that describe and characterize the concept well than to have many attributes that are marginally related to the concept. A conceptual definition may be viewed in much the same way as a dictionary definition; however, conceptual definitions go beyond general language usage.

The defining attributes of a concept determine the differences, dissimilarities and similarities of that concept. Chinn and Kramer (1995:92) maintain that identifying and clarifying concepts allows one to develop the ideas on which the theoretic structure is built. The concepts can come from various personal experiences, basic or applied research, philosophy and literature.

In this study, the concepts were initially defined from the data originating from the interviews (see chapter 2). The researcher explored dictionary definitions of the concepts and extensive subject literature. Chinn and Kramer (1995:40) state that in clarifying concepts it is essential to do as wide a reading as possible of materials related to the concept. To this end, the literature review was not limited to nursing and healthcare literature.

4.3.1 Examination of the concept "health promotion"

Various dictionaries and subject books were consulted and reviewed to describe and understand the term "health promotion". To define the concept "health promotion", the term "health" was defined first, then "promotion" and lastly, "health promotion".

4.3.1.1 Definition of the concept "health"

Pender (1996:19) states that health may be defined in different ways and is multidimensional. Pender defines health as a positive dynamic state and not merely an absence of disease (Potter & Perry 2004:93). Health as a concept has been integrated into the majority of nursing theories and constitutes one of the four concepts common to most nursing metaparadigms, namely health, person, environment and nursing. Nightingale viewed health as an additive process, a direct result of environmental, physical and psychological factors, not just the absence of disease (Parker 2001:47). Pender (1996:15) points out that the emergence of health promotion as a global strategy has resulted

in health being defined in a more expansive manner and further that definitions that define health in terms of physical or biological outcomes are "inadequate for the 21st century".

Johnson's behavioural systems model views health as an outcome of an efficient and effective system that manages a person's relationship to the environment (Parker 2001:93). Roy (1991:15) defines health as "a state and process of successful adaptation that promotes being and becoming an integrated person".

The WHO (1958:3) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease. Terris (1975:1037) criticizes this visionary but altruistic view as "vague and imprecise with a Utopian aura". Terris expanded the definition to include the ability to function and removed the word "complete" from the definition and in this way the WHO definition of health became more appropriate and applicable (Stanhope & Lancaster 2000:290).

Health may also be defined culturally, religiously and politically. Culture will determine health choices and behaviours. Health in the cultural sense will be influenced by the environment, structures within the community and interpretation of causation and effect.

According to Sorochan (1970:3), the word "health" is derived from the Old English *hoelth*, which means being safe and sound, and whole of body. Sorochan (1970:3) points out that the concept of whole of body was of particular importance because any disfiguring disease was socially unacceptable in previous eras. The nineteenth century was peculiar for its attitude towards mental illness, which was perceived in the same way as any physical impairment. The Renaissance and commencement of the scientific era and more specifically that period when medicine took on a scientific framework saw the evolution of health as being "freedom of disease". In 1974, the WHO (1974:19) defined health as "a state of complete physical, mental and social well-being and not merely an absence of disease and infirmity" thereby defining health in a multidimensional manner.

Webster's Collegiate Dictionary of the English Language (2002:701) defines health as "soundness of mind: well-being; general condition of the body or mind", which includes the concept of mind and condition of the body. Soundness means "functioning without impairment or being free from flaw" (*Webster's Collegiate Dictionary* 2002:701); well-being is being in "a condition of health" and "a state of happiness or prosperity" (*Webster's Collegiate Dictionary of the English Language* 2002:840).

The *Concise Oxford English Dictionary* (2004:658) defines health as "the state of being free from illness or injury" and the Germanic origins of the word "health" relate primarily to being "whole". In this sense, health is seen as more than being free from disease. The *Concise Oxford English Dictionary* (2004:1647) defines whole as "complete; undamaged". *Encarta World English Dictionary* (1999:826) defines health as "the presence or absence of well-being, or the general condition of the body or mind, especially in terms of the presence or absence of disease, injuries or impairment". Included is the concept of a condition that is assessed in terms of "soundness, vitality and proper functioning". This suggests more than just the absence of disease, as soundness of functioning must reflect the physical, psychosocial and spiritual functions of a person. Again, "soundness" is used in defining health and this links the absence of flaw or impairment.

Encarta World English Dictionary (1999:902) defines impairment as "a lessening or the absence of a particular physical or mental function".

"Health is also used in terms of diet, finance and lifestyles. In this context, it does not reflect a disease process or injury but rather a state of functionality and balance. One may drink or toast one's health, which is a wish for prosperity and well-being for the intended person" (*Encarta World English Dictionary* 1999:827).

Well-being is "a state of comfort and health" (*Encarta World English Dictionary* 1999:2015). The term "health" may also be used to describe several entities, such as a philosophy of care (health

promotion), a system, behaviours, costs and insurance. Health is also described in terms of qualifiers such as good, bad, poor or excellent. To a large degree, these terms are used in a subjective manner.

From the above definitions, it is clear that "health" encompasses more than a physical condition and thus refers to a state of soundness and fulfilment.

The *Oxford Pocket American Thesaurus of Current English* (2004:331) lists the following synonyms for health: physical condition, well-being, strength, vigor, shape, good condition, robust, strong, soundness, and salubrity. *Roget's International Thesaurus* (2001:60) lists the following synonyms for health: unailing, well, sound, wholeness, unimpaired, hale and hearty

Health is one of the four tenets of nursing philosophy and theory. Currently it appears as a self-standing concept in most of the postulations of current (and past) nursing theorists. Nightingale suggested that the law of health was to keep the person or population well. One of the ways in which this could be accomplished was to enhance and control the environmental factors, which were causative of disease and illness (Parker 2001:47).
Levine (1991:8) sees health as dependent on one's ability to choose from redundant options, which are available to the individual to ensure adaptation. Adaptation is "a process of change to health challenges" (Parker 2001:107).

Parker (2001:336) states that Neuman's theory introduces the concept of health as the best possible wellness. Moreover, wellness can only be said to exist when the individual stores more energy than is expended. Conversely, death will occur when energy stores do not support life.

In her self-care theory of nursing, Orem (1995) defines health as "a state characterized by soundness and wholeness of human structures and bodily and mental functions" (in Pender 1996:20). According to Orem, well-being may be characterized by contentment, pleasure and happiness.

Pender (1996:22) contends that health must be seen as a holistic experience and defines health 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". The assumptions here are that health should address affective, behavioural and biological aspects.

Edelman and Mandle (2002:4) describe four models of health, namely the clinical, role performance, adaptive and eudaimonistic models. The clinical model determines that health exists when no symptoms are present, while the role performance model concludes that the ability to perform social roles is indicative of health. Included in this model is the notion of the sick role, which allows someone the excuse for failure to complete or accomplish a role when ill. The adaptive model assumes that when one demonstrates an ability to adapt to social, mental or biological change, one is healthy. The eudaimonistic model links well-being with health, illness may be inferred by a lack of involvement in life.

Domar and Dreher (1996:125) state that indulging in life's pleasures may be construed as health. Health in this context may be said to assume that pleasure enhances the immune system which keeps one in a healthful state.

To summarize the key elements of health from the subject literature, then, health is dynamic and multidimensional, characterized by happiness and contentment, and the result of individuals' deliberate activities.

4.3.1.2 Definition of the concept "promotion"

The concept of promotion is invested in the notion of support. According to the *Concise Oxford English Dictionary* (2004:1149), promotion is "an activity that may increase public awareness; the elevation of someone to a higher rank, such as occurs in business; in sporting circles, when a team moves from one league to another". Murray and Zentner (2001:53) describe health promotion as "activities that increase the levels of health and well-being and actualize or maximize the health potential of

individuals, families, groups, communities and society". The suggestion of potential is central to health-promoting activities. The *Concise Oxford English Dictionary* (2004:1123) defines potential as "capacity to develop; latent quality that may be developed and lead to future success or usefulness".

The *Concise Oxford English Dictionary* (2004:1123) defines promotion as "an activity that supports publicity of a product or service that increases sales or public awareness" and promote as "support, encourage and make aware". Awareness is an integral part of promotion, as to be aware is "to have knowledge or some sort of perception of the fact in hand" (*Concise Oxford English Dictionary* 2004: 91).

Promotion is also used as an activity of business, as an additive term in chemistry and as an exchange in the context of chess, when one exchanges a pawn for a more powerful piece when it reaches the opponent's end of the board.

Webster's Collegiate Dictionary of the English Language (2002:581) defines promotion as "contributing to the progress, development and growth of something; furthering or encouraging something or someone; advocate actively; speak or write in favor of something or someone; defense or support of someone or something".

Encarta World English Dictionary (1999:1439) defines promotion as an "activity that advances, supports or encourages; encouragement for growth and development".

The term "advance" suggests movement, usually forward, or progress as an improvement. It may also be used in monetary terms when an advance payment may be made.

The *Concise Oxford English Dictionary* (2004:1448) defines support as "bearing the weight or giving assistance; to be encouraging and give approval" and the adjective supportive as "providing encouragement or emotional help". The *Oxford Pocket American Thesaurus of Current English*

(2004:594) lists the following synonyms for “promotion”: endorsement, encouragement, help, support, sponsorship, back-up, upgrading, elevation, advancement and backing.

Promotion involves not only activity but also cognitive ability to enable independent decision-making. Edelman and Mandle (2002:16) state that promotion can be active and passive. Passive strategies depict the individual as an inactive participant. Such strategies would include public health strategies that deliver safe water and sanitation. These require little, if any, input from the community or individual to whom the services are directed. However, active strategies require the individual and/or community to become personally involved in the decision-making and the application of the programme. Often, lifestyle changes are required that include diet, exercise, avoidance of risk behaviours and stress management.

Promotion of health is a proactive activity that includes various strategies, among them, self-care, the management of chronic disease and positive behavioural changes (Edelman & Mandle 2002:16). Self-care as an entity of health promotion emerged from the data. It is integral to the concept of health promotion. Pender (1996:97) identifies self-care as a “universal requirement for sustaining and enhancing health”. It is an ongoing activity, which Pender (1996:97) defines as “activities initiated and performed by an individual, family or community to achieve, maintain or promote maximum health”. Orem’s theory of self-care (in Parker 2001:173) views human beings as having the power to know and meet their own therapeutic self-care demands. According to Orem (1995:103), the role of nursing is to enable individuals to develop and exercise their self-care abilities. Orem (1995:104) defines self-care as “the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being”.

Promotion efforts in health may also include protective strategies that focus on preventing the onset of certain diseases in the individual and the community. In health care services, in particular, the question of how one promotes health must be asked as well as what individuals do to promote their own health.

Promotion of health is more than just exercise and nutrition therefore the challenge is to identify the manner in which health promotion occurs.

The key elements of promotion appear to be that promotion is an activity that can be active or passive and requires cognitive ability. Promotion in the sense of health requires proactive activities and one of these is self-care.

4.3.1.3 Definition of the concept "health promotion"

The concept of health promotion is not unique or new in health and well-being literature. The civil rights movement of the 1960s and 1970s saw an upsurge in personal rights, including the right to choice and, indeed, the right to health. In the 1960s, the health belief model (HBM) first suggested that health was to be seen not only in the curative paradigm but also in preventive and promoting domains. The question was what health was to the individual, the community and the nation. It was against this background that the early models of health promotion emerged (Pender 1996:5).

Health promotion emerged as a concept in the 1960s (Edelman & Mandle 2002:16). Contributing to this concept was the work of Leavell and Clark (1965) who introduced the concepts of primary, secondary and tertiary prevention and in this way moved away from the medical, curative model. Leavell and Clark (in Stanhope & Lancaster 2000:290) conceptualized primary prevention as having two components: health promotion and specific prevention. These components further enhanced health as a concept; and subsequently, terms such as health behaviour, choices and habits were viewed as positive strategies for maintaining health.

Pender's health promotion model first emerged in 1970 and became the capstone on which other health promotion models in nursing have been modelled. The model is based on the following assumptions (Pender 1996:55):

- Persons seek to create living conditions through which they can express their unique human health potential.
- Persons have the capacity to assess their own competencies.
- Persons value growth in directions viewed as positive and attempt to achieve balance between change and stability.
- Individuals actively seek to regulate their behaviour.
- Individuals with all their biopsychosocial complexity react and interact with the environment, transforming themselves and the environment over time.
- Health professionals are part of that environment and exert an influence on persons throughout the lifespan.
- Self-initiated reconfiguration of person-environment interactive patterns is essential to behaviour change.

Pender (1996:29) outlines concepts that include health as a dynamic state. The model includes three focal areas: the individual's experiences, behaviour and knowledge, and the effect of the individual and behavioural outcomes (Potter & Perry 2004:92). The hypothesis of the model assumes that health behaviours will make for a better quality of life.

The WHO (1984:5) defines health promotion as "the process of enabling people to increase control over and improve their health". Edelman and Mandle (2002:18) list several characteristics of health promotion. According to Edelman and Mandle (2002:18), health promotion.

- focuses on maintaining or improving the general health of individuals, families and communities
- is a practical and effective mode of care delivery
- has the potential to enhance the quality of life from birth to death
- requires individuals to take personal responsibility
- activities are cost-effective
- nurtures values and habits that will make a difference to an individual's life

- is an important concept for nursing as it embodies many of the concepts with which nursing is concerned

Pender (1996:7) points out that there is an important difference between health promotion and health protection. Health protection may be defined in this context as illness prevention and is motivated by the individual to ensure wellness, and by the institution at large to provide service and maintain cost-effectiveness. Health protection is usually motivated by a strong desire to avoid illness or to limit the impact of illness.

Health promotion is motivated in an entirely different manner, specifically a desire to increase well-being and to actualize health potential. Pender (1996:7) states further that health promotion also requires action in order to "enhance the quality of flow of life in the human-environment interactive process".

4.3.2 Reduction process of the identified attributes

Once the chief concepts had been identified and defined, defining attributes were listed, analyzed and synthesized to form a definition of the main concept, namely health promotion. Chinn and Kramer (1995:94) state that listing the defining attributes assists in identifying the occurrence of a specific phenomenon in order to differentiate it from similar or related terms. In addition, defining attributes may change as the understanding of the concept improves or develops. Hence it is necessary to show clusters of the attributes most frequently associated with the concept to gain a broad insight into the concept (Chinn & Kramer 1995:95).

Table 4.1 depicts the list of attributes the researcher clustered together for the concept "health".

Table 4.1 Attributes of the concept "health"

Absence	**Wellness**	**Mental health**
Disease	Good health	Soundness of mind
Impairment	Functionality	
Disfigurement	Energy	**Physical being**
Infirmity	Vigour	General condition of body
Injury		No symptoms
Ill health	**Wholeness**	Good
	Wholesome	Bad
Process	Complete	Poor
Additive	Holistic	
Dynamic state	Undamaged state	**Health ability**
Successful adaptation		Social roles
System	**Soundness**	Human potential
	Safe and sound	Goal direction
Well-being	Proper functioning	Competencies
State	Free from flaw	Self care
Condition of mind and body	Actualization	Indulging
	Structural integrity	Life's pleasures
Happiness		
Comfort	**Multidimensional**	**Health adaptation**
Prosperity	Mentally	Choice
	Physically	Options
	Spiritually	Redundancy
	Socially	Harmony with environment
	Philosophy	
	A toast to health	
	A wish	
	Insurance	

Table 4.2 represents the essential attributes and those perceived as related attributes.

Table 4.2 Essential and related attributes of the concept "health"

ESSENTIAL ATTRIBUTES	RELATED ATTRIBUTES
Dynamic	Choices Response to environment Result of adaptation On continuum
Multidimensional nature	Mental Physical Spiritual Philosophical Cultural
Behaviourist	Lifestyle choices Habits Self-care Health abilities

Table 4.3 displays the attributes of the concept "promotion".

Table 4.3 Attributes of the concept "promotion"

Elevate Advance Raise to another level Lift Progress Highlight **Upgrade** Improve Promote Advance Raise **Highlight** Emphasize Draw attention to Underline Bring to light **Advocate** Support Activate Sponsor Believe Contribute Speak in favour **Create awareness** Knowledge Understanding Consciousness Alertness Furthering	**Contributes to** Development Growth Health Public awareness **Activities** Increase health Actualize Maximize Health potential Proactive activities Preventive **Promote individuals** Potential Capacity Identify latent qualities Future success **Skills** Cognitive ability Independent Decision making Assessment

Table 4.4 represents the essential and related attributes for the concept “promotion”.

Table 4.4 Essential and related attributes of the concept “promotion”

ESSENTIAL ATTRIBUTES	RELATED ATTRIBUTES
To support	Encourage Actualize potential Advocate actively Highlights
To create an awareness	Advertise Market Develop Grow Contribute
To develop and grow	Elevate to another level Raise up Grow

4.3.3 Essential attributes of the concept “health promotion”

Essential attributes emerged that were central to the concept of health promotion and these are depicted in table 4.5. These attributes should be evident in all instances of health promotion in the context of midlife. They should define the health-promoting behaviours that are integral to the enhancement and encouragement of optimum wellness for women. They should also reflect the dynamic nature of health-promoting strategies and the supportive role of health professionals that are central to women in midlife in attaining health.

Table 4.5 illustrates the essential and related attributes of the concept “health promotion”.

Table 4.5 Defining attributes of the concept "health promotion" in midlife

DEFINING ATTRIBUTES OF HEALTH PROMOTION	
An enabling process	
Raise to another level	Growth
Understanding	Furthering
Support	Upgrade
Development	Advocacy
Understanding	Nurture
Increases control	
Decision-making	Choice
Cognitive ability	Functionality
Capacity	Health potential
Future success	Knowledge
Goal-directed	Self-care
Self-assessment	
Improvement of quality of life	
Well-being	Wellness
Wholeness	Soundness
Actualize	Maximize
Happiness	Comfort
Prosperity	Life's
pleasures	

4.3.4 Description of a model case

Wilson (1963:28) describes a model case as an "instance which we are absolutely sure is an instance of the concept". A model case enables one to distinguish the essential from the non-essential features. Model cases can be drawn from literature, art or film, or any other context in which the concept is accurately symbolized (Chinn & Kramer 1999:62). A model case was developed which reflects a real-life situation. The creation of such a scenario allows greater understanding of the concepts as the description and construction of a model case identifies the essential attributes of health promotion.

A model case was developed and compared to the related and essential attributes of the concept.

The model case

I enjoy being the age I am and I don't think that much else has changed really. I am more content than I have been in the past and I must admit that I am enjoying the freedom to do what I want to now that the children are grown. I love the extra time that I have to spend more time reading and working in our church. Spiritual health is also something that I need to care for because I am learning that health encompasses spirituality and if I am not well spiritually, then I am less likely to be well physically. It took me a long time to make that connection!

I read many things, especially about middle age. When I think back, I am very conscious of how much my physical life has changed! I read *Natural Health* and *Longevity* regularly and so I was very aware of menopause and the reasons for the physical changes. This has helped me to develop the ability to assess my own health. It is important to know when one is not well and so I have made a point of assessing my physical being, my emotional status and my spiritual walk.

Being well is more than not being sick. I realize as I get older that being content and having a spiritual relationship with my Creator makes me well, not just physically but emotionally and, I guess, spiritually. I do believe that I can even reflect and think on death without fear and that awful sense of loss.

I have just read such a wonderful book by Christine Northup, it was actually recommended to me by one of my friends in the book club. It was so informative and I could relate to so much of what the author was saying. It made me aware that midlife is about developing and growing as a woman. What was is that Dr Northup called it? "Coming home to yourself". What a strange term. I reflected on that for a time. It was as if a whole world was opened to me! I realized that midlife was really just living life on

another level. I didn't have to be sick and miserable in midlife, this was a time to grow and develop myself. It is about adapting to new challenges and taking responsibility for what happens in my life. I am learning that I have the potential to take control of my own life and one of the ways that I could do that, is to do what I had read in so many of books. I also need to change my lifestyle to incorporate healthful choices.

Last week I met a really great nurse when I had some screening done at Wal-Mart. I keep a check on my cholesterol, as there is a strong family history. She really helped me sort out the information that I needed for self-care and was so supportive. That was supportive, I thought. She encouraged me to continue with all the little things that I was doing, as they would promote my well-being and ultimately my wellness. The nurse was very knowledgeable about supplements and some alternative therapies; this helped me to make some health choices that would direct my health behaviours in the future. I have decided that I would like to live in a state of optimal wellness, not just that of not being ill or preventing some awful disease. Thinking about this of course means that I needed to develop healthy habits in order to take care of my total health and not just my physical body. As I understand this, it is self-care that will help me to be whole in body and soul.

The nurse had given me some interesting Internet sites to access, which were really helpful and explained much of what I was experiencing. I felt more in control. For the first time I also was able to understand more about hormonal changes, it made so much sense. I feel so responsible for managing the changes in my body that it made me fearful but also happy and blessed. I realize that there is a difference between doing things just to prevent ghastly illnesses from occurring, and reaching for the best of health. I have discovered that promoting healthy behaviour is about my feeling elevated to another level of well-being. It is almost like being of sound body and mind, which is not as weird as it sounds. To have soundness means that physically, socially, spiritually and psychologically I am well, almost, as it were, complete or not lacking or having any flaws. That makes me content within myself. In some ways, being in midlife is about being more fulfilled as a woman because I am able to make choices that reach into every aspect of my life.

I have even thought about the process of death, and the nurse suggested that I think about it in a very practical way, which, in turn, made me think about it in a spiritual manner as well as a reflective exercise, which is what she called it. I don't fear death and it helps to be able to work out some details, like doing a living will. This helped me to make an independent decision not shrouded in fear and anxiety. It also encouraged me to talk with my parents a little so that I could do for them what they would have liked when the time comes. It is sometimes hard to play the role of daughter and caregiver for ageing parents in addition to being a grandparent. It does make me a little stressed at times but I have learnt that being proactive about stress management empowers me to manage my stress by doing some serious exercise. I have also learnt from the nurse that some of the herbal supplements improve hormonal function and then I won't develop burnout, which is a reason for much of the stress in our bodies. I have been able to access some really great information from the Internet. It is like a journey of discovery as it makes me feel so empowered to care for myself. Having this information makes me feel fulfilled as a woman. I feel like I have come home to myself.

4.4 DEFINITION OF THE MAIN CONCEPT(S)

Concept analysis permitted the organization of the concepts. Synthesis of the concepts that had been broken down enabled the researcher to arrive at the following definition, which defines health promotion in the context of this study.

For women in midlife to attain optimal well-being and wholeness of health requires that the health professional provide an environment that supports and encourages decision-making about self-care. This will increase the health potential and capacity that women in midlife have and thus promote an awareness of wellness. By supporting women in midlife to nurture self-care, the health professional promotes growth. This can only be accomplished if health professionals actively believe that women have skills, such as the cognitive ability to assess their own functionality and condition of mind and

body. In this way, the health professional acts as an advocate who seeks to nurture and encourage self-care and the practice of health promotion.

4.5 CLASSIFICATION OF THE MAIN CONCEPT(S)

The researcher used Dickoff et al's (1968:422) survey list to classify the concepts of the model. Aspects of the survey list include the recipient, the agent, the context, the dynamics, the terminus and the procedure. In this model the aspects are as follows:

(1) The **recipient** is the woman in midlife transition.

(2) The **agents** of change are healthcare professionals. The healthcare professionals facilitate a supportive environment that facilitates health promotion for women in midlife to manage the midlife changes that occur. Health professionals include physicians, nurses and allied health categories, as for example, chiropractors.

(3) The **context** is menopause and associated changes that are expected to occur as women transition through midlife. The women are aged between 40 and 55 years in the northwest regions of USA. This period is characterized as menopause.

(4) The **dynamics** are the agents and the recipients, namely the women who practise self-care and the healthcare professionals who facilitate self-care practices during midlife in order to allow the women to actualize wholeness.

(5) The **terminus** is a woman in midlife experiencing wholeness and optimal well-being through health-promoting strategies that result in positive health behaviours.

(6) The **procedure** refers to the process that the health professionals need to pursue in order to enhance the self-care practices of women in midlife to achieve wholeness. The procedure involves the creation of a supportive environment that allows reflection and the nurturance of self-care, which results in the attainment of wholeness.

The concepts identified were classified according to Dickoff et al's (1968:422) survey list. Figure 4.2 is a schematic representation of the process of health promotion.

4.6 PROCESS OF HEALTH PROMOTION

Health promotion is a process for attaining wholeness. Figure 4.1 represents the process of health promotion schematically.

AGENT → Health professional

RECIPIENT → Woman in midlife

↓

PROCEDURE

Health promotion is defined as a process in midlife for the attainment of wholeness. Health promotion entails the following:

- Health professionals creating and **enabling** an environment in which women in midlife can make decisions with respect to **self-care**. This **process** involves **support** and **encouragement** so that the women are **aware** of their own **abilities** and **self-health assessment**. Nurses will facilitate **consciousness** and **understanding** of the **knowledge** that the women have available via books and the media.
- Nurses nurture health-promoting behaviours by women in midlife that allow them **to grow** and **increase their potential** for wholeness. The nurse is s**upportive** and **facilitates** an **understanding** of losses and changes that occur in midlife.
- Health promotion will **increase control** of the women's lives. **Reflection** allows the women to deal with regrets and opportunities for renewal.
- This is an **empowering** process for the women.
- The women attain **fulfilment** and **wholeness**.

↓

DYNAMICS

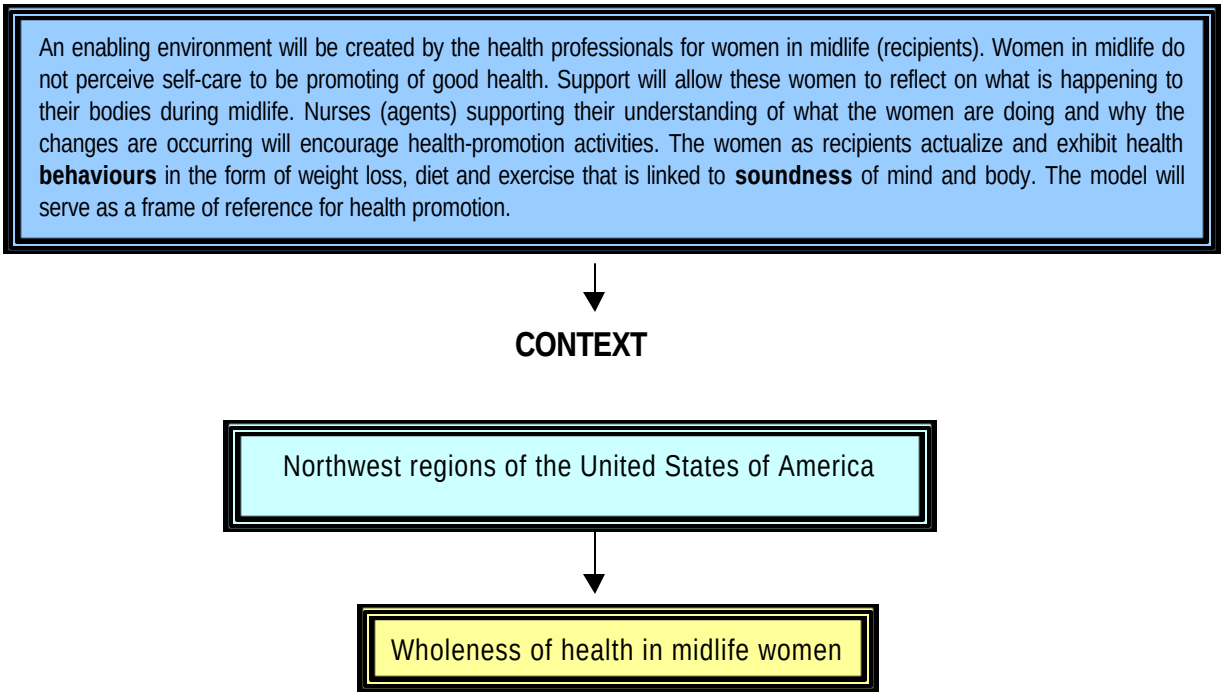

Figure 4.1

The process of health promotion

4.7 CONCLUSION

This chapter described the development of the evolvement of the process of health promotion. The concepts of health, promotion and health promotion were defined and a conceptual definition of health promotion proposed.

Related and essential attributes were identified that described and characterized the identified concept. These attributes served as a guide for a model of health promotion for the support of women in midlife to achieve wholeness. The concepts were classified according Dickoff et al's (1968:422) survey list.

Chapter 5 describes the model in detail, providing visual representation and relationship statements of the related concepts identified.