

CHAPTER 5

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

5.1 INTRODUCTION

Chapter 4 discussed the description of a health promotion model that supports self-care of women in midlife in their attainment of wholeness. The model is constructed from the concepts derived from the data collected from the interviews. The concepts were identified, analyzed and defined according to Chinn and Kramer's (1995:111) approach.

5.2 DESCRIPTION OF THE MODEL

Figure 5.1 is a graphic representation of the model and the model is described under the following headings:

- Orientation to the model
 - Purpose
 - Assumptions
 - Context
 - Theoretical definitions
 - Relationship statements
- Structure and process of the model
- Description of the model

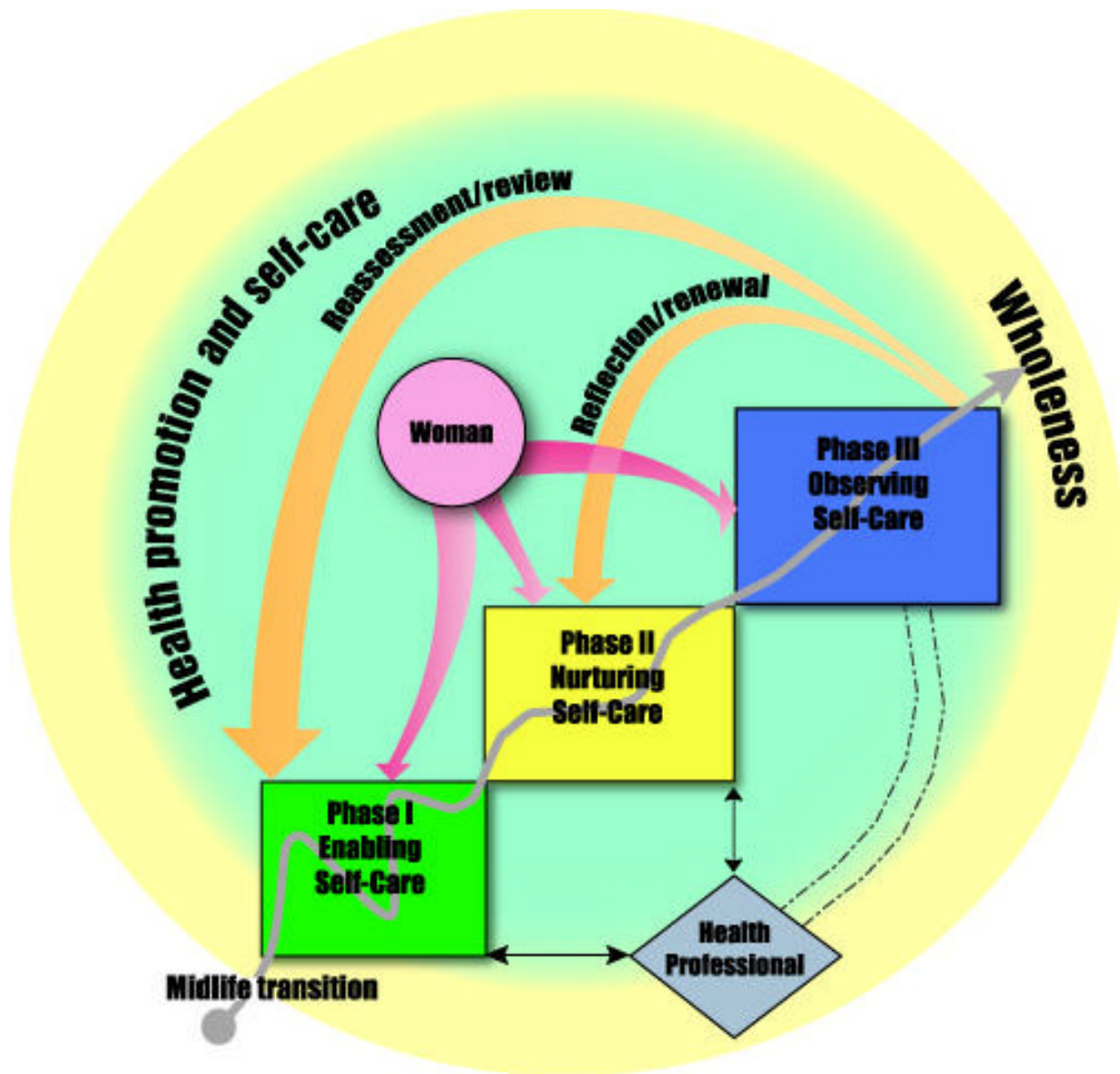


Figure 5.1

A health promotion model that enhances self-care of women in midlife to support them in the attainment of wholeness

5.2.1 Orientation to the model

During the course of the study it was evident that women in midlife practice self-care and that they do not perceive this in a health-promoting manner. Many of the strategies that they employed were strategies of health promotion and thus, the women benefited from this without understanding the links to positive health outcomes. Although the women engaged in practices, such as exercise programmes, diet and nutritional supplement usage, the use of these practices was linked to the need to look better and prevent disease rather than promote optimum wellness and happiness. It was evident in the study that women in midlife access health information from a variety of sources, most notably from the electronic media. Self-care and self-help books were frequently quoted as sites for information, particularly with regard to the physical and emotional changes that occurred. The pursuit of education and the use of technology, such as the Internet, are characteristic of the generation known as the “baby boomers”. According to the White House Conference on Aging Policy Committee Hearing October 1, 2004, the women fall into this generation and this behaviour is therefore in keeping with the social behaviour of “baby boomers” (US Administration on Ageing 2003). It was evident that although the women utilized a variety of resources to obtain health information, specifically the electronic media, for the most part, this information was not discussed with their health practitioners. It also became obvious, that health professionals did not provide an environment that was supportive of these practices nor one that nurtured the women taking responsibility for their own health.

The ability to make knowledgeable decisions about the choices that impact on their well-being will enable women to actualize health that is sound and holistic. Nurses as health professionals have a role to play in this process; however, it was apparent from the study that nurses were not perceived as influential resources for the women. The health promotion model assumes that women in midlife need to have control of their health assessment, choices and behaviours. The role of the health professional is to provide the environment that is conducive to support in several ways. Firstly, by encouraging positive self-care practices that are already practised; secondly, recommending additional positive strategies that will allow self-assessment for the women and facilitate decision-making; and thirdly,

validating the information that women acquire from the media and other resources will support and ensure safe choices. This can only be accomplished if health professionals communicate well and actively advocate for the women as they pursue the actualization of their own health.

According to this model of health promotion, women in midlife will be guided to wholeness and fulfilment if they practise positive self-care and are supported, enabled and nurtured by health professionals.

5.2.1.1 Purpose

The purpose of the model of health promotion that supports women in midlife is to provide a frame of reference for health professionals in general and nurses in particular. This will assist the health professionals to mobilize health-promoting strategies to facilitate support of women attaining and actualizing wholeness in terms of health and well-being. The data collected revealed that women practise self-care in a void and have little appreciation of the impact that these practices may have on their health in the long term. It was identified that health professionals did not provide support for these self-care strategies nor attempt to provide an environment that was enabling or encouraging of the philosophy of self-care. Women in midlife need to be supported in their decisions on self-care practices. Encouragement of women's efforts to search for information in the media is essential and to this end, the health professionals should be aware of what is available in the popular press and media resources. Women in midlife sought this information but were not always sure of the accuracy of the data that they had obtained, and because this was never discussed with the health care professional, it left doubt and uncertainty in their minds.

Affirming the experience of women in midlife, particularly with respect to the physical changes that occur, would also empower the women to make decisions about therapies that would be helpful and those that would be non-helpful. The women interviewed appeared to see the process as normal and

this perception was due in part to the influence of popular literature and television. Oprah Winfrey was mentioned by all the women interviewed as being a helpful source of reference for managing midlife. An awareness of the content and substance of such programmes permits a frame of reference for the health professional when dealing with the process of change that occurs in midlife. The difficulty pertaining to the electronic media and television to a lesser degree is the accuracy of the information presented. There is no control or criteria required for posting information on the Internet and subsequently diametrically opposed views and suggestions may be posted. In addition, some of the information may not be safe for one's health. Health professionals need to keep up to date with appropriate websites and their electronic addresses in order to create an awareness of these resources for women. Making women conscious of the wide variety of resources available would also elevate the cognitive abilities exhibited by the women. Acknowledgement of women's abilities and their potential is part of facilitating a supportive environment.

5.2.1.2 Assumptions

The assumptions of the model are based on the data collected by the researcher, which are congruent with Pender's (1987) nursing theory.

The assumptions are related to health promotion as a process that supports women in midlife in the attainment of wholeness and fulfilment of optimal health.

The primary assumption of the model is that humans have the potential, capacity and skills to make valid decisions on their own health and that health professionals have a unique role to play in supporting women in their decisions.

Health promotion is about an improved quality of life that results in wholeness and soundness of body and soul. Therefore, an observed change in health behaviour is an outcome of health promotion. It is a process that requires the active participation of the individual to attain this outcome.

Health promotion may also be motivated in different ways but the process of health promotion must be one of encouraging and supporting women to change their health behaviours in order to actualize wellness.

The assumptions of Pender's (1996:54) health promotion model were adapted to women in midlife as follows:

- Women seek to create living conditions through which they can express their unique human health potential.
- Women in midlife have the capacity to assess their own competencies.
- Women in midlife value growth in directions viewed as positive and attempt to achieve balance between change and stability.
- Individuals actively seek to regulate their behaviour.
- Women in midlife, 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 women throughout the lifespan but specifically during midlife.
- Self-initiated reconfiguration of person-environment interactive patterns is essential to behaviour change for women in midlife.

5.2.1.3 Context

The context of this model was the northwest regions of the USA and women in midlife transition. The northwest regions of the USA are conservative in nature. The state in which the study was undertaken is considered one of the historically frontier states and this contributes to the conservative nature of its communities.

The term “health professional” referred to physicians, nurses and allied professions. Physicians were the first point of entry to healthcare for women in the study and it was found that nurses were perceived to be “transparent”. This phenomenon might, in part, be a result of the healthcare environment in mainstream USA where the nurse does not have a defined independent practice role. In the context, in particular, nurses are perceived by the public to be in servitude to the physicians and this may account for the perception of the women that physicians were the single most important health care professional. Another confusing factor may be that nurses do not wear any form of distinguishing device and therefore may not have been recognized as care providers as such, even though they were performing a number of roles in the facilities that the women sought out for care. The role of the nurse was not evidenced in any of the activities that the women were using (see chapter 3) therefore, in the model, nurses are reflected as health professionals and as being key to the creation of an enabling environment. Pender (1996:99) states that nurses are best positioned to perform health-promoting activities.

In the context of the study, it should also be noted that at the time that the study was undertaken, there was intense publicity on television and in the press concerning midlife and, more especially, the issues of HRT. This would have influenced the choices the women made, particularly with regard to using supplements, which the women deemed a “natural” alternative to HRT.

The social and economic context of the model also permits women to make choices with regard to their own health. All the women had health insurance though this is not representative of the state or country as a whole. Currently, some 42 million Americans are without health insurance coverage. The majority of the women in the study worked outside the home and had the financial resources to pay for the screening examinations that were not covered by health insurance. It was in this environment that the women practised self-care.

The following theoretical definitions clarify the context of the model.

5.3.1.4 Theoretical definitions

Health promotion as the core concept and its related concepts were defined and contextualized as the theoretical definitions. Chinn and Kramer (1999:258) define a theoretical definition as “a statement of meaning that conveys the essential features of a concept so that it fits within the theory”.

5.2.1.3.1 Health promotion

O'Donnell (1987:4) and Edelman and Mandle (2002:768) define health promotion as “the science and art of helping people change their lifestyle to move towards a state of optimal health”. In the context of the model, health promotion is a means to the attainment of a positive state of health that women in midlife transition must actively pursue. Health promotion enhances human potential and assumes that individuals, in this case women in midlife, are able to make a cognitive assessment of their own health needs. In a supportive environment, women become aware of the positive aspects of self-care and are able to reflect or look back without regret at what is past in terms of physical changes. Women will take control of their own health-promoting behaviour because they have an innate capacity to do so and because it is nurtured by the health professional. The practice of self-care enables the woman to control her life and make choices. This has a direct outcome on the accomplishment of optimal wellness and soundness of body.

5.2.1.3.2 Related concepts

□ Women in midlife

This refers to women who are in the transition period from the reproductive to the senior years. They are expected to have cognitive ability, the ability of self-assessment and self-directedness in their pursuit of optimal health.

❑ ***The health professional***

The health professional is a person from diverse health environments. Nurses are found in these environments and they function in several roles. In addition to clinical skills and expertise, the health professional is a facilitator and advocate of self-care practices.

❑ ***Awareness***

An awareness of the outcomes of self-care practices will allow the women in midlife to make cognitive decisions about their own health behaviour. In addition, awareness permits women to reflect about not only the physical aspects of midlife change but also the conscious renewal of a relationship with their faith. The nurse or health care professional is responsible for creating this awareness.

❑ ***Capacity***

Women in midlife have the cognitive ability to make decisions on health behaviour. Their capacity to do this is enhanced by the use of a variety of resources and the services of health professionals. The acknowledgement of this capacity by health professionals can impact this in a positive manner.

❑ ***Enhance***

The role of the health professional is to improve quality of life and this is best accomplished by the enhancement (augmenting) of the strategies that the women already employ to achieve wellness. Nurses view health promotion as primarily concerned with universal and developmental requisites as opposed to health prevention strategies (Pender 1996:99).

□ ***Support***

Support reflects the activity that the health professionals provide. It has the notion of propping up already existing information that the women might have. It also implies assistance with maintaining whatever positive self-care is manifested by women in midlife.

□ ***Nurturing***

The term “nurturing” suggests the notion of support and encouragement in the same process. The health professional not only provides the supportive environment but also advocates for optimal wellness for the women in midlife. Advocacy is not only helping women to obtain what they need from health services but also involves making the system more responsive to their diverse needs. This activity involves the health professional as an activist for wellness rather than a casual assessor.

□ ***Encouragement***

Encouragement is an affective skill that is essential to the health professional. The encouragement necessary for women in midlife will be reassurance that their self-care practices are a positive behaviour. In addition, encouraging and praising the results of these strategies will also nurture confidence in the women about their own abilities.

❑ ***Self-care***

This is an ongoing activity and may be defined as “activities initiated and performed by an individual, family or community to achieve, maintain or promote maximum health” (Pender 1996:97). 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”. Therefore, self-care is the behaviour that women in midlife must reflect to attain wholeness.

❑ ***Reflection***

Reflection is thinking about thinking. The health professional's role is to encourage the women to reflect on the changes, both physical and psychosocial that have occurred, without a sense of loss and regret. Reflection will assist the women to weigh the positive and negative aspects of this process and allow them to move forward. Reflection also permits thinking about mortality issues. Women in midlife demonstrate health behaviours that are motivated by a philosophy of disease prevention, which, in a sense, results in a fear of dying from something that can be prevented.

❑ ***Cognitive assessment***

Cognitive assessment is an activity that is required for women to make decisions about midlife self-care. Health professionals assist with this process by being resource persons for further information and expertise. This will support the cognitive self-assessment process.

❑ ***Decision-making***

Decision-making reflects that the women will make choices that impact their own health. Not only is it essential for health professionals to support and nurture this process but also, they will provide a broad sample of options, which are relevant to the decision to be made. Decision-making is part of the control that women in midlife will have.

❑ ***Control***

Health promotion assumes that individuals take the active role that shapes their health behaviours and that being able to regulate their behaviours allows control. Women in midlife will assume responsibility for their own high level of wellness. Nurses are best suited to facilitate this process.

❑ ***Raising to another level***

Promotion can be defined as “raising to another level” (*Concise Oxford English Dictionary* 2004:1149). This should be the reflected outcome in the lives of the woman in midlife of the positive reinforcement and facilitation by the health professional.

❑ ***Optimal health***

The goal of all health professionals should be to observe women in midlife in optimal health. This refers to the women being in the best physical and psychosocial condition possible.

❑ ***Actualization***

Pender (1996:19, 22) defines health expansively as “the actualization of inherent and acquired human potential through competent self-care and relationships with others”. Some would argue that the term “health” should be equated with high-level wellness when one is talking about the actualization of health. Women in midlife attain health actualization because they have made the necessary health behaviour

modifications and experienced the positive benefits that may be derived from this. The health professional's relationship encourages and nurtures the attainment of high-level wellness and fulfillment.

❑ ***Soundness of body***

Orem (1995) in Pender (1996:20) defines health as “soundness or wholeness of human structures and bodily and mental functioning”. The Old English origins of the word ‘health’ suggest it means being safe, sound and whole of body, rather than not being ill. Midlife transition is not an illness or pathological condition but rather a period of change. Women need to strive for maintaining wholeness of body, mind and spirit. Women strive and are determined to develop the spiritual renewal essential to soundness of body and mind.

5.2.1.3 Relationship statements

The relationship statements provide links among and between the concepts in the health promotion model. The relationship statements are discussed based on the theoretical definitions.

(1) Health professionals facilitate and enhance the utilization of self-care strategies to support women in midlife in their attainment of wholeness.

Self-care cannot be successfully accomplished in isolation. The demands of everyday life and dependent others may leave little time for women to focus on well-being, particularly when there is an absence of a health challenge or crisis. It is in this capacity that the role of the health professional is pivotal. The health professional is uniquely positioned to facilitate the utilization of self-care because of awareness of the health-promoting strategies best suited to self-care. In addition to reinforcing positive strategies, health professionals are able to suggest other helpful strategies and resources that will be supportive of personal well-being and the attainment of wholeness.

(2) An awareness of health promotion strategies enables women in midlife to practise self-care and thereby gain more control of their own lives.

Women in midlife have the cognitive capacity to make decisions that impact on the attainment of wholeness of health. To accomplish this, the women develop self-care practices and strategies and thus actively pursue wellness and health. Self-care practice requires knowledge and cognitive assessment skills to enable the women to understand the problem and then to make a choice that will meliorate the perceived health challenge.

(3) Health professionals support women with looking back and reflecting on the changes that occur in midlife.

The health professional needs to be competent in all aspects of health-promoting strategies. Self-evaluation of the extent to which they value self-care will allow the professional to identify prejudices and judgments that may affect the creation of a supportive environment. The health professional is required to be knowledgeable about the process of midlife as well as alternatives that may be helpful with the changes. Knowledge about lifespan development will permit the health professional to reaffirm the strengths of being middle-aged (Murray & Zentner 2001:732). Acknowledging that women in midlife have regrets at the physical losses that they experience during menopause, and creating an awareness of the causation and management of these changes as normal, will enable understanding for these women. The health professional allows the women to think about their options in terms of the changes that occur physically, socially, psychologically and spiritually. In addition, guiding the reflective process about the physical changes, which may be expressed as regret, will permit women to mature

and view midlife with excitement and contentment. Feeling good about themselves and satisfaction with where they are in life is a sign of health (Murray & Zentner 2001:732).

(4) Women in midlife are able to look back at the physical changes without regret and to reflect on the future with contentment.

Reflection enables the woman in midlife to review the changes that have occurred in her body and understand the normal transition of this process. The woman further understands her personal responsibility for making the health behaviour changes that will make the transition more palatable.

Reflection will enable the woman to think about the future with optimism. The sense of independence and the prospect of time to do the things that she wants to nurtures contentment with her life. In addition, it increases her awareness of spiritual matters so that mortality is reflected upon without fear and anguish.

(5) By taking control through self-care, the women are able to portray wellness and wholeness of mind and body.

Confidence from the positive outcomes of self-care strategies encourages the woman to strengthen her resolve to attain wellness and to actualize optimal wellness, physically, emotionally and spiritually. Confidence will empower the woman to take command of her life and the lives of those for whom she is the caregiver. This confidence also permits the woman to be assertive in her interactions with health care professionals so that they are seen as part of the process and not an obstacle to the accomplishment of optimal wellness.

Control also enables the woman to take responsibility for her own wellness; therefore, the woman will seek diverse resources that may assist her in her quest for wellness.

(6) The health professional assists with the process of health promotion by encouragement, support and the nurturing of self-care behaviours.

The health professional needs to exhibit exceptional professional skills that include not only cognitive knowledge that pertains to the technical information, but a curiosity for those alternative therapeutics that exist within the arena of women's health. Knowledge of herbal supplements and natural therapies assists the health professional in the creation of a supportive environment. An awareness of their own values and beliefs about health promotion helps health professionals to identify judgmental and stereotypical beliefs that influence the ability to nurture the goals of women in self-care. An essential component and characteristic of support is the importance of holistic health practice. An understanding that the emotional, social and spiritual aspects of one's being are as important as the physical manifestation of health or illness is integral to this process.

5.2.2 Model description

The structure of the model is described below.

5.2.2.1 Structure and process of the model

The model depicted is drawn in a simple, classic and uncluttered manner to reflect the calmness and growth of women in midlife. This is deliberate and thus reflects the antithesis of the manner in which midlife is depicted in the medical model. The model reflects two different pathways, one for the health professional and one for the women in midlife. The roles and expectations are described for each and the model reflects three different phases in the life of women who are in midlife. These are described below. Reflected, too, is the process of transition through the midlife years, which culminates as the women transition the senior years. The linear aspect of the model suggests movement from one level to another and this is deliberate, as health promotion implies movement from one level of health to another. Women in midlife are central to the model and they are the only persons actively involved and evident in all phases.

The dissecting line is drawn in this manner to visually represent movement in an upward direction. There is vacillation in phase 1 with less deviation in phase 2, while the line is almost straight in the final phase. This is deliberate and represents the amount of searching and assessing that the women and health professionals do in order to accomplish the outcome. The line depicts how women and health professionals work in a maze-like manner in phase 1 to identify what is known, what needs to be known and what options exist to promote to the next phase. Phase 2 of the line depicts a straightened and more goal-directed linear aspect. This is reflective of what the nurse and the woman are doing. The nurse supports and nurtures what the woman is already doing and affirms what the woman knows and is already doing with regard to self-care. In this phase the woman is very goal-directed and in control of self-care, which makes the line less tortuous. In phase 3, the line is almost straight and this reflects total self-control and directiveness on the part of the woman. The nurse has little, if any, influence on the direction of the line in this phase.

Hypothetically, the health professional is depicted in the lower half of the model while the woman is depicted in the upper quadrant of the diagram.

The model reflects three phases: phase 1 as enabling self-care; phase 2 as nurturing self-care and phase 3 as observing self-care. Each phase is depicted as a step and the inference is that one is moving from one level to another. This is an attribute of promotion. The model depicts the input of the health professional in the first two steps, whereas the role of health professional is different in phase 3 as there is no active involvement. This implies observation on the part of the health professional.

The light green background depicts the main concept, namely health promotion. The model is placed in the context of health promotion. The encircling pale yellow circle represents wholeness, which is the ultimate goal for women in midlife transition.

Arrows connect the health professional and the phases and are directional in both ways. This indicates that the relationship between the health professional and women is reciprocal. The expectation is that information and knowledge is multi-directional and can flow from the health professional to the woman and vice versa. Broken lines connect the health professional to the third phase because the role here is one of watchful observation and therefore the relationship is of a tenuous nature.

Women are depicted in the upper half of the diagram and it can be seen that the women are connected to all three phases of the model.

Also depicted in the model is feedback whereby the women can get back to phases 1 and 2 if it is assessed that health is not optimal or that the health behaviours used are not as effective as hoped. The expanded arrow leading to phase 1 indicates re-assessment by the woman of her health. This might involve reviewing goals and aspirations for self-care. The reflective arrow to phase 2 visually represents the woman reflecting on health behaviours and their effectiveness and renewing goals so as to actualize health and optimal health once again in phase 3.

The assessment viewed is mainly self-assessment by the woman, but the health professional is seen to be providing support and facilitating direction in these phases. In this scenario, the health professional would be able to have input in phase 3 and her/his role would be observing of health behaviours and outcomes. If deemed necessary, the health professional will advocate additional resources and encourage reflection that would assist the women with self-assessment so that they can make further choices.

The flow for the model is from left to right; that is, from the enabling of self-care to the observation of self-care. A description of each phase follows.

Phase 1: Enabling self-care

Phase 1 depicts the nurse as facilitating health promotion. In this way, the environment is supportive.

The health professional and specifically the nurse support the self-care strategies that the woman has already initiated. Creating an awareness of additional strategies and resources is paramount to the supportive environment. Health promotion is essentially a team effort and therefore the nurse will assume the role of advocate to ensure that the woman's needs are met. This may involve interpreting the woman's needs and feelings to other members of the team. This collaborative approach will facilitate a supportive environment.

The woman in phase 1 determines and takes control of her own health decisions. This is evidenced in the following manner: the woman practises positive self-care; she seeks out new information that promotes health and wellness; she is then able to reflect on the physical losses associated with midlife without regret but with an awareness that the changes are part of the normal process of ageing. Women are able to adapt to the physical losses and embrace the opportunities for growth with contentment. The maze-like depiction of the line in this phase emphasizes the seeking of information, the reflection on best health practices and time to allow awareness to develop.

Reflection is an activity that is practised by the women and the health professionals in all three phases but in phase 1 reflection enables the woman to look back at her youthful bodily functions and reflect on why the changes have occurred.

Support is also essential in this phase, in the acknowledgement of the regrets and losses expressed by the woman, pertaining to physical changes and mortality issues. The nurse is able to give reassurance that spiritual growth and an increased faith in God reflect normal development as a middle-aged adult. A deepening faith and sense of meaning decrease the possibility of despair in old age (Murray & Zentner 2001:736).

Outcome

The woman is able to move to another level of wellness because of the facilitating role of the health professional, which empowers the woman to take control of her life.

Phase 2: Nurturing self-care

Phase 2 depicts the health professional in a nurturing role. Nurturing suggests more than support because it is growth and the cultivation of control in lifestyle and health management in the lives of women as they transition through midlife changes. The notion of fostering suggests parental-type guidance that will allow the women to be self-directed as they strive for wholeness of health. The encouragement of self-assessment is vital as it will permit the woman to identify positive behaviours or risk behaviours that may be detrimental to the attainment of wholeness. In addition, self-assessment will allow the woman to identify the options necessary to actualize health and wellness. The role of the nurse is less active in phase 2. The health professional is expected to withdraw to facilitate this process. The encouragement of reflection is part of the process and strategies to accomplish this are discussed in section 5.2.4.

Outcome

In a nurtured environment, the woman is able to assume ownership of self-care and wellness.

Phase 3: Observing self-care

Phase 3 is observational in nature and the nurse is able to witness the results of self-care practices and the actualization of optimum wellness. Further reflection in this phase will facilitate the feeling of fulfilment, self-actualization and further contentment in the women. The health professional merely observes while the women celebrate health as being sound in mind and body and in optimum health.

A tenuous relationship with health care providers exists in phase 3 as the women are self-sufficient. However, where the health behaviours have failed to accomplish optimal wellness, the role of the nurse is to support review of possible reasons and deal with the need for change.

The woman in phase 3 is observed to be well physically, emotionally and spiritually. The woman is content and fulfilled and is able to reflect on her life with a sense of accomplishment. Positive health behaviours are exhibited that reflect optimal health outcomes.

Outcome

The women are observed by the health professional to have attained wholeness and optimal health and well-being.

Feedback

Two feedback arrows run from the third phase. The first arrow, indicating reassessment and review, connects with phase 1. The second arrow, of reflection and renewal, ends in phase 2. These provide options for the woman to reassess and reflect on whether her self-care has accomplished the degree of wellness that she had anticipated. Then the option exists for her to return to the first phase and, with the assistance of the health professional, assess and re-appraise the self-care strategies that are required. The health professional once again provides a supportive environment for this process to take place. A second feedback arrow also delineates that the woman could return to the second phase if renewal and nurturance are required rather than having to reassess what is or is not working.

The environment

The context of the model is health promotion. Health promotion and self-care are depicted as the background and thus form the backdrop for the model. The outer circle reflects wholeness and this is the desired outcome of the model.

The principal role players in the model of health promotion are the women in midlife and the health professionals. The health care environment is broad in context as it may be a formal or informal structure, the woman's own home or the interface with media resources.

5.2.2.2 Colours used for the model structure

The colours used are green, yellow, pink, dark blue, aqua, a light shade of orange, and green. The rationale for selecting these colours in a symbolic way is described below.



Light green symbolizes novice, the first growth. In this phase there is a sense of discovering new growth of information and resources as the women select self-care strategies.



Yellow symbolizes confidence as the women are nurtured and build trust in their own ability to manage self-care.



Light blue reflects the health care professional behaving in a manner that is sensitive to the attainment of the women's goals. It is the same colour as fulfilment of wholeness (see below) but is a lighter shade and reflects support of the women's goals. It indicates an alignment with the process of the women's personal goals.



Dark blue is indicative of fulfilment and wholeness. This is the ultimate goal. Human beings are considered whole, that is, more than and different from the sum of their parts. Health is wholeness (Gorin & Arnold 1998:9).



A light shade of orange depicts reassessment and evaluation. The orange signals low alert that something is wrong and therefore one is required to review and reflect on one's behaviours. It was deliberately chosen so that it would not elicit fear or anxiety but rather positive resolve to return to the process.



Light green depicts growth and prosperity and these are attributes of health promotion. The environment and context of health promotion should support the notion of happiness, fulfilment and prosperity.



Pink is for women as affirmation of their gender.



Pale yellow depicts satisfaction and therefore the contentment that is derived from wholeness. It is reflective of basking in the sunshine without the fear of being burnt but with the warmth that comes from being fulfilled and content.

The process of health promotion is aimed at guiding health professionals as they support women in midlife to practise self-care. Optimal health and well-being is the ultimate outcome for the women.

5.2.2.3 *The context in which health promotion occurs*

The process of health promotion occurs continually, repetitively and in multiple environments and stages of life. Edelman and Mandle (2002:16) hold that health promotion should enhance the probability that personal, community, private and public support of health practices will become “a societal norm”. They further describe health promotion as involving “proactive decision making at all levels of society”. According to Pender (1996:34), health promotion is one of two types of health behaviour, namely health prevention and health promotion. As a strategy, health promotion is directed towards self-actualization and requires increasing the level of experienced wellness. Health promotion is also complex and requires that the health care providers involved are cognizant of the variables that impact on the context of health promotion. Culture, sociopolitical factors, the economic environment, family and the community in which the individual is placed play a major role in how health promotion is perceived, is managed and effective it is (Murray & Zentner 2001:52).

The environment in which health promotion occurs is diverse and is not confined to healthcare facilities. Commercial enterprise is currently used as an avenue for health promotion; major chain food stores encourage health fairs in the confines of their stores. Stores carry health-promotional materials as a free service to their shoppers. In addition, many of the larger stores will facilitate screening activities, such as cholesterol testing and mammogram screening, for a small fee. Health promotion may also occur in the social environment, such as schools or churches. To a large degree, it is the nurse who interfaces with the public in these environments. The environment in which health promotion occurs therefore dictates how the individual is classified:

- In stores, the women are consumers.
- In healthcare environments, the women are patients.
- In screening facilities, the women are clients.

The process of support provided by healthcare providers impacts the successful outcome of self-directed health and health promotion.

5.2.2.4 *Attributes that enable health promotion*

Health promotion can only occur in a supportive environment. To create an environment that nurtures and supports physical, psychosocial and spiritual growth in women in midlife requires professional and intellectual maturity on the part of the health professional who has a high level of communication skills. Health professionals who are constantly perceived to be in a hurry and too busy to care cannot hope to create an environment that is supportive. Woods and Heldart (2003:34) found that women were generally less satisfied with physician and nurse care and reported that staff were not committed, had less time and appeared less skilled.



Gaining the respect of women involves health professionals and nurses, in particular, in the challenge of being up to date not only with the allopathic modalities, but with the media information available.

Women in midlife are categorized as baby boomers and, as such, are “tech savvy” and estimated to have the same Internet usage as Generation Xr’s (Hodge 2004:4). The trend to move government, health care and other services online enhances the use of the electronic media in this generation. Infomercials, advertisements, television talk show programmes and hundreds of websites are available to individuals. Women, in particular, access these resources.

Pender (1996:105) indicates that the client brings a unique learning style to the learning situation and a level of readiness to adopt new and existing health behaviours. Knowledge of this, without a value-laden judgmental attitude, will help the professional enhance and support what the women already know. It will also serve to evaluate what information may be harmful or deleterious to the women’s health. Nurses are uniquely positioned to perform this task (Edelman & Mandle 2002:16).

Health promotion may be facilitated by means of communication skills, knowledge, advocacy, support, nurturance and facilitation.

5.2.2.4.1 *Communication skills*

These skills include language usage, listening abilities and communication styles. Both verbal and non-verbal behaviours are important in the client/health professional relationship. Active listening is essential to all interaction between women and care providers and, as such, paying attention to what the women are saying is essential. The health professional should not be writing or using the computer during the initial interview process. Women tend to review their needs with peripheral dialogue, unlike their male counterparts who give report. This is the difference between what Schultz (2001:16) refers to as “feminine and male patterns of language”. Gross et al (1998:135) estimate that the initial active listening by health professionals in a consultation is less than one minute. Men have no difficulty giving report in this time, but women are descriptive in language and thus, within the first minute will not have arrived at describing their actual need. Demonstrating non-attentive, non-verbal behaviour will be noticed by

women in the interview, as women are more intuitive and insightful to nuances in the discourse process.

Cohesive values that support a philosophy of self-care and wellness will initiate a non-threatening environment that is conducive to the promotion of health. The nurse needs to move from the illness prevention paradigm to that of optimal wellness. It is necessary for health care professionals to evaluate their own health behaviours so that role modelling would be one of the strategies that could be of benefit to women seeking further information on lifestyle concerns.

5.2.2.4.2 Knowledge

In addition to the required standard of professional knowledge, an awareness of the information available on the electronic media is essential. Information and knowledge is also required about those alternative and adjunctive therapeutics available in the marketplace. Rejection of these will force women to decide between the medical model and the alternative and this will result in opportunities lost in the delivery of holistic care.

Knowledge of options that exist within the community will also enhance the decision-making opportunities of women when they are looking for self-care options. The nurse needs to be part of this process through an awareness of the resources available as well as any qualifying or disqualifying criteria that may exist; an ability to suggest options which the women may not have thought about previously, and the ability to identify options which may be dangerous or unsafe.

Health education is one of the strategies of health promotion; it nurtures health promotion and therefore health practices. Health education strategies should be structured and systematic but flexible enough to be used in a large audience and on a one-to-one basis. Using a structured programme allows women access to information and knowledge in a non-threatening environment. The health information must primarily be relevant to the needs of women in midlife.

According to Caporael-Katz (1983:32), self-care education for adults consists of the following components:

- provision of a period of time for expression of feelings
- reinforcement of client self-esteem
- provision of open access to health information
- practice of self-care skills that could be applied immediately
- presentation of alternative views on health options
- critical evaluation of both traditional and alternative therapies

5.2.2.4.3 Advocacy

Advocacy by the nurse will facilitate the self-care practice by the women even when these practices appear to be unsubstantiated scientifically and, for the most part, anecdotal. Advocacy allows the women to make their own decisions without the fear of judgment and sanction. Scholle, Agatisa, Krohn, Johnson and McLaughlin (2000:161-165) found that women were more likely to receive preventive information and screening when an advocate is present. Advocacy implies encouragement, backing and sponsorship and nurses are best able to do this. Interfacing between the physician and the woman, the nurse is able to assist the woman with the information that may be required to accomplish self-care, and can create awareness in the physician and clarification for the client of health strategies (Scholle et al 2000:164).

5.2.2.4.4 Support

Support may be defined in many ways and the manner in which it is intended for health professionals is multi-faceted. It requires cognitive social and emotional skills that may or may not be present. Nurses are best suited to this, as the education programmes in which they are schooled will be based on the tenet of holistic practice. Physicians and other allied health practitioners may not have the necessary

skills and these will have to be learned. Attributes that reflect support include the notion of not only carrying but also propping up something or someone. Support also implies that the process is long-term and needs to be sustained and maintained.

The development of diverse strategies for the attainment of wellness should not only be driven by the women concerned but should be bolstered by health care professionals. Affirmation of positive behaviour changes and those strategies that are non-harmful will create a sense of support. In addition, the generation of other options may be helpful and facilitate the women being able to view diverse choices, which may fit their own health philosophy.

Scholle et al (2000:165) found that although women access other sources for information, which may be helpful to their own self-care, they have a strong preference for obtaining advice from the physician or health care provider; so it is paramount that providers address this need. This could be accomplished using an on-site educator. Training on-site staff in web-based technology, current media resources and research will go a long way to creating the learning opportunities for women and, in this way, they would feel supported and encouraged and better able to assume responsibility for their own wellness.

Support will also regard the affective and psychosocial aspects of care. Van Dulmen (1999:122) found that physicians gave less than sixty seconds of consultation time to reflection and even less time to concerns. Physician communication was instrumental or task related. This did not give the women opportunity to reflect on how their lives had changed nor why they had changed and thus they felt unsupported. The nurse or nurse practitioner is better suited to this aspect of care therefore women should be encouraged to seek nurses as resource and support persons in healthcare.

Kramer (in Murray & Zentner 2001:722) states that mature adults, or those typically in midlife, look at life experiences from many perspectives and this characteristic of cognition is part of contextual or social intelligence. Murray and Zentner (2001:722) found that the mature adult is capable of producing

imaginary thought but more especially, the adult in midlife uses reflection to gain perspective on life and personal relationships. Healthcare professionals and, specifically, nurses are best positioned to support reflection on role change that occurs as children leave home and women awaken to new careers or roles. Being healthy physically, mentally and socially is pivotal to this process.

Affirmation of their abilities to manage the future assists women in the process of reflection. The nurse is able to guide this reflective process and in this way promote a supportive environment. Reflection enables looking back for the women. It gives them permission to express loss at a youthful skin or figure but also encourages them to think about the positive changes that lead to contentment and a feeling of “liking who I am”. Reflection is also essential to the development and growth of spirituality when one ponders the essence of God and life and what happens when the normal process of life culminates in death. A relationship with God and the redefining of one’s spiritual being are a normal step in midlife transition.

5.2.2.4.5 *Nurturance*

In order to nurture self-care, it is necessary to understand the term. Nurture requires raising someone up, it is more than the mere act of support. It implies relationship because it has the connotation of foster care. Women value relationships and in order to nurture what they do with regard to their own health, health professionals and providers need to foster a relationship with them. A non-hierarchical relationship is appropriate for nurturing self-care and the promotion of health. The physician/client relationship is seldom one of nurturance. However, nurses are schooled in the philosophy of the patient’s needs and rights therefore nurturing becomes their primary responsibility with regard to women who seek to control their own health behaviours. To be able to nurture self-care in clients, nurses would be required to identify their own values in the philosophy of health promotion and self-care. Self-reflection and evaluation will enable nurses to identify their own positive and negative health choices and behaviours and, in this way, they are able to nurture self-care in a meaningful manner.

5.2.2.4.6 Facilitation

Facilitation means to “make things easier” (*Concise Oxford English Dictionary* 2004:509). It may also denote accelerating and smoothing the path. Nurses as advocates facilitate women obtaining the information that they require to make decisions, self-assess their own health and well-being, and identify the self-care practices that are specific to them as individuals.

Communication, knowledge, advocacy, support, nurturance and facilitation are the essential attributes that the health professional requires to enable health promotion in women.

5.3 CONCLUSION

This chapter introduced the model and discussed its purpose, assumptions and context. The structure and process of the model were described and figure 5.1 depicted a visual representation of the model. The significance of the colours used was also discussed.

Chapter 6 discusses the evaluation of the theory and guidelines to operationalize the model. The guidelines are deduced from the model and applied to the practice of health care professionals.