CHAPTER 6

Guidelines for operationalization of the model of health promotion in midlife for the achievement of wholeness

6.1 INTRODUCTION

Chapter 5 introduced the model and described the process and structure. This chapter presents guidelines for the operationalization of the model. Evaluation of the model is based on Chinn and Kramer's (1999:100) recommendations.

The proposed guidelines for the operationalization of this model will assist health professionals to be more effective in supporting and nurturing the health and wellness aspirations of women in midlife.

6.2 PRACTICAL GUIDELINES FOR FACILITATING THE SUPPORT OF WOMEN IN MIDLIFE TO ATTAIN OPTIMAL WELLNESS AND WHOLENESS OF HEALTH

6.2.1 How to create an environment that is supportive and nurtures self-care

(1) The objective of support and nurturing

The objective of support is to create an environment that is non-threatening and non-judgmental for women who practise self-care. In this way, the health professional is able to ensure that such practices are not harmful and contribute to the well-being of the women. The woman will feel enabled in an environment that is supportive of her abilities and inherent capacity to care for herself and is more likely to disclose the strategies that she embraces.

The objective of nurturing is for the health professional to encourage the woman to continue positive

health behaviours as well as to foster new self-care behaviours that will enhance not only the woman's health but also her ability to make decisions that impact on her health. The health professional also directs the woman to new resources supportive of self-care.

The health professional must be skilled and up to date on the modalities helpful for midlife transition.

(2) Strategies of support

The strategy of support is to create an environment in which the woman in midlife feels safe and not intimidated, in order to express her feelings of loss at the physical changes that have occurred in her life. In addition, the woman is able to share her anxiety concerning mortality and the reality that the physical body is ageing and therefore requires more attention and care.

Support strategies should include the encouragement of self-assessment of health and the nurturing of innate abilities to determine those health behaviours that require attention. Providing the connection of the physiological functioning of ageing to the changes experienced by women in midlife will assist women to accept these changes. This will create an awareness of why the changes occur and how they can best be managed and this, in turn, will enhance the value of health-promoting behaviours.

(3) Activities of support

The activities of support are those actions that health professionals and allied services offer and carry out. The following activities are proposed:

- **The health professionals**

- Encourage the women to declare all self-care practices that they practise. Health professionals may need to probe and define what self-care entails. This will enlighten the women who do not perceive the health-promoting behaviours they practise as self-care.

- Create an awareness of those strategies that are positive and encourage the women to maintain these. Further information to augment what the women already know will also empower them to continually pursue these.
- Teach the women to reconsider strategies that may not be beneficial to their well-being or may negatively impact on co-existing treatments and therapeutics.
- Continually seek available current and appropriate information through the electronic media and other commercial sources with regard to the experience of women and their health in midlife. Cognizance of these will create awareness in the health professionals of the types of health promotional materials that women are accessing.
- Need to reflect on their own health behaviours in order to establish role modelling and credibility with the women. Reflection will allow health professionals to identify their value judgments, prejudice and stereotypical perceptions of the process of midlife. The professionals should be able to differentiate the biological process as normal and transitional.
- The ability to refer women to support groups of women who are also experiencing menopause facilitates support. These groups can be diverse and may focus on heart health for women, exercise and relaxation classes, or be alternative therapeutic groups and church groups.

❑ **The women**

- Share those strategies that may impact on their health and this assists in the creation of a supportive environment. The sharing of information creates a spirit of collaboration and this nurtures support.

In addition to support and nurturance, reflection will assist both the health professionals and the women.

6.2.2 Looking back and reflection

(1) The objective of looking back and reflection

> *Reflection is so critical; there can be no higher growth for individuals or for society without it. Reflection is the very process of human evolution itself.*
>
> David Sawyer (1998)

The objective of self-reflection is to increase awareness and understanding of the process of midlife transition and to enable women to manage the process with confidence. Simply put, reflection involves getting women to talk about their experiences. Health professionals encourage the reflection to acknowledge the regret that the women express at the physical losses due to ageing. This requires health professionals to be equipped with the skills of reflective practice to enable them to support and nurture the women as they explore the experience of midlife. Through reflection, health professionals can guide the women through the expressed regrets and enable them to look back at the years without feeling the loss of their youth. Reflection also allows health professionals to guide the women to an understanding of those physical changes that the women may mourn as loss.

One critical goal for reflection is to help women make connections between the health-promoting strategy and health. Another goal for reflection is the development or refinement of critical thinking skills foreseeing the consequences of one's actions. Reflection during midlife can help women evaluate the meaning of the experience, grasp their emotional responses to the experience, think about the integration of new information, and begin to explore further application and extension of the knowledge that they have acquired.

Schon (1987:54) describes several properties of thinking:

- The actions, recognitions and judgments that we know how to carry out spontaneously, we do not have to think about prior to or during their performance.
- Being unaware of having to learn to do these things, we simply find ourselves doing them.
- We are usually unable to describe the knowing which our action reveals. In some cases, we were once aware of the understandings, which were subsequently internalized. In other cases, we may never have been aware of them.

Self-reflection provides the opportunity for women to look back at the physical changes that have occurred, which herald the beginning of ageing. Reflecting on what is past allows women to evaluate what is important and of value in life. Reflection also allows women to view the future and this permits them to embrace contentment. However, reflection need not be limited to the release of emotional energy, the sharing of feelings, or attempts to "feel good" about the service performed. Rather, reflection is decidedly educational. It is simply an opportunity through which one can learn from experience.

(2) Strategies for reflection

Effective reflection requires that facilitators (health professionals) demonstrate an open-minded attitude, communicate appropriately, incorporate diversity, and provide closure.

> *If I do not speak in a language that can be understood, there is little chance for a dialogue.*
>
> Hooks (2003), writer and educator

❑ **Encourage sharing**

Permission to share their experiences with health care professionals allows the women the opportunity

to think about what is past and what is to be gained. It encourages reflection. Women tend to blur the boundaries between what is physical, social and emotional, and being able to share this permits clarification of those things that are unclear. It also is an opportunity to create an awareness of options and choices that the women can make to enable them to grow.

- **Journals**

Journals are a written form of reflection in which women consider their experience in the light of specific issues, such as the physical and emotional changes in midlife. Women can examine their thoughts and experiences through journals, as well as further the learning they have done in relation to menopause. The use of journals is encouraged in church life. Christian bookstores abound with a variety of inspirational journals that guide reflective thought. Journals are sometimes misused as simple logs of events, thereby missing the reflective component inherent in thinking critically about experiences. Nurses can guide this process.

- **Contracts and logs**

The creation of a contract between the health professional and the woman concerned on a particular health behaviour, such as losing weight, may initiate important reflective discussion among the women. In order to track efforts and outcomes women can be encouraged to maintain a health strategies log. The log tracks the activities that the women undertake, for example exercise, or prayer or meditation and therefore can be used in combination with the contracts to identify progress towards the goals as well as the obstacles that may exist to further progress.

- **E-mail discussion groups**

The creation of an electronic mailing list allows service participants to form a discussion group to discuss their experiences. Participants can post questions to the group, suggest readings, or ask for

feedback on issues they are facing at their service site. Women in midlife are already practising the use of electronic resources and therefore establishing chat rooms and discussion boards that ask pertinent questions will allow reflection and sharing among women in midlife.

- **Setting goals**

Reflection has many possible outcomes, including increased awareness of social issues, values clarification, and programme evaluation. Before initiating reflection, the health professional must consider which outcomes are possible and desirable. Reflection goals will be related to the women's goals. In addition, goals should be considered for participants as well as for the health care provider and the services as a whole. The goals can be broad rather than specific, allowing for their further development through reflection.

- **Making time**

The reflection component should be built into the service experience rather than be an "extra" or "add-on" activity. The time allotted for reflection will depend, in part, on the issues being addressed. Women can be encouraged to take time out for reflection each day and this activity can be linked to relaxation activities, such as exercise, soaking in the bath, music, massage and alternatives, such as yoga and reflexology.

- **Resources**

Health care professionals should identify other resources on midlife and reflection that can provide information and support. This may include people in the community and national service organizations, relevant materials such as literature and research, and allied service organizations. An example is the American Heart Association.

- **Capitalize on "teachable moments"**

Health professionals should be prepared to facilitate reflection when situations arise involving significant issues or experiences pertaining to health, wellness and midlife transition. Teachable moments often occur in an informal environment and manner, and health professionals while listening actively may be able to provide and share information that is distinct from the purpose for the visit to the specific facility.

The provision of a supportive environment that encourages reflection will encourage women in midlife to engage in self-care and strategies that facilitate self-care are discussed below.

6.2.3 Self-care

(1) The objective of self-care

Self-care is foundational to health promotion. Supporting and nurturing the care that women in midlife assume for themselves will enhance well-being and assist women in their attainment of wholeness. It is imperative that health professionals and, in particular, nurses encourage, nurture, reinforce and guide the practice of self-care for women in midlife.

(2) Self-care strategies

- **The health professional**

- Mutual assessment of abilities and competencies of women in midlife to engage in self-care must be initiated. The woman and the nurse are responsible for this as self-care is always a collaborative effort. The nurse ensures that the practices are not harmful to health while assessing whether the woman has the competencies to assume the care.

- Identifying health priorities may not only be determined by the wishes of the woman but may be impacted by physiological health challenges. The nurse is best able to provide guidance in this.
- The health professional supports the establishment of long-term and short-term goals for the practice of self-care. Self-care is ongoing and needs to be seen in the light of the goals for the ultimate outcome. Setting short-term strategies results in immediate empowerment and in this way is motivational for pursuit of the ultimate goal of wholeness.
- Use of positive reinforcement is essential by the health professional. It not only encourages the continuance of self-care practices, but endorses the perception of self-competence.
- Nurses are able to teach skills that may be necessary to the performance of self-care.

❑ **The women**

- Individuals are the best judges of those strategies that they can accomplish as self-care and therefore it is essential that women in midlife are able to identify priorities that need urgent attention. These may include physical, emotional, social and spiritual care needs.
- Women in midlife use self-assessment to identify the abilities that they may need to acquire in order to accomplish self-care.
- The women need to establish goals that are realistic and attainable. This will ensure that they stay motivated for the accomplishment of the identified goals.
- Self-care may require that women practise certain skills. Monitoring of blood pressure, weight and basic screening would be examples of this. The more skilled the women become, the higher the level of self-care that may be practised and thereby the more independent the women will become.
- Self-care requires some cognitive ability and women need to access resources that will increase their knowledge of healthful behaviour, healthy lifestyles and alternatives that may be viable as options to the success of attaining optimal health.

Embracing self-care and assuming responsibility and accountability for their own health and well-being increases women's decision-making and thereby the amount of control that they may have over their

health.

Strategies that support control are reflected below.

6.2.4 Taking control

(1) The objective of taking control

The objective of taking control is to develop responsibility for health actualization.

The basic premise of health promotion is that individuals, and in this case women, are motivated to change lifestyles and behaviours in order to achieve a positive outcome and a higher level of wellness.

(2) Strategies for encouraging women to take control

Numerous strategies will encourage control in the lives of women in midlife.

The acknowledgement of their cognitive ability with respect to their own bodies is essential to the women feeling in control. Knowledge empowers people thus if the women have the information needed to make decisions, they are more likely to feel that they have control. In addition, women will feel empowered and in control if they experience a positive outcome because of health decisions they have made.

Women in midlife need to take control of the screening activities to which they are exposed. Mammography is the premier screening test performed on women after their reproductive years. Although this is helpful in the proactive prevention of carcinoma of the breast, it is not helpful in preventing early deaths in women this age. Cardiac events are the primary cause of morbidity for women in midlife and women must be encouraged to pursue cardiac health preventive strategies.

Encouraging the women to be assertive about which screening tests are offered to women will increase their decision-making and thereby their control.

Referring women to activities supported by the American Heart Association in the community will involve the women in activities that directly impact on their health. Peer support will nurture confidence and control.

Taking responsibility for the outcomes of self-care is another way whereby the women can increase control. An observed change in a risk profile is affirming that the self-care strategies are beneficial. This motivates the women to make more positive decisions, thus improving confidence in their assessment and cognitive abilities. Pender (1996:100) recommends several activities that reflect that the health consumer has "taken charge" or is in control:
The woman is

- actively involved in the health problem-solving process
- making rational and informed choices with regard to health
- developing competencies and skills that foster creativity and adaptation amid changing circumstances
- striving for mastery of environmental conditions that impact health and well-being
- advocating for the development of health financing plans that provide payment for a range of self-care education services for all ages

Taking control is a progressive and continuous action that is more easily accomplished if the relationship with health professionals is non-hierarchical. This is best accomplished when the woman is seen to be a partner in her own health and wellness. This requires that the health professional assume a more supportive than directive role in the client/professional relationship.

Self-assessment is crucial to self-care and achieved more easily once the women in midlife have

control of the decision-making process. Strategies to accomplish this are described below.

6.2.4.1 Self-assessment

(1) The objective of self-assessment

Self-assessment will enable the evaluation of information, knowledge and strategies that the women undertake. It permits review of what is positive from the self-care behaviours that have been followed. It also enables the identification of care practices that are ineffectual and therefore need to be reviewed or replaced.

(2) Strategies that encourage self-assessment

Review of health habits will assist with the identification of non-effectual strategies or therapies. It also allows expansion beyond physical assessment and includes parameters such as health belief and health behaviours. According to Pender (1996:116), the following components are strategies of health care assessment:

- functional health patterns
- physical fitness evaluation
- nutritional assessment
- health risk appraisal
- life stress review
- spiritual health assessment
- social support systems review
- health beliefs review
- lifestyle assessment
- risk appraisal

(a) Functional health patterns

Functional health patterns are the interrelated group of behavioural areas that provide a view of the whole individual. By examining the specific functional patterns and interactions between the patterns, the nurse or health professional can accurately determine problems, intervene effectively and achieve outcomes that promote health (Edelman & Mandle 2002:142). Gordon (1994:52) describes eleven functional health patterns and these are listed in table 6.1.

Table 6.1 Typology of eleven functional health patterns

PATTERN	DESCRIPTION
Health perception-health management pattern	Individuals perceive health and well-being and understand the interactions between them
Nutritional metabolic pattern	Food and food consumption relative to metabolic need and indicators of local nutrient supply
Elimination pattern	Excretory function (bowel, bladder and skin)
Activity-exercise pattern	Exercise, activity. Leisure and recreation
Sleep-rest pattern	Sleep, rest and relaxation
Cognitive-perceptual pattern	Sensory perceptual and cognitive patterns
Self-perception-self-concept pattern	Self-concept and perceptions of self (body comfort, body image and feeling state): self-conception and self-esteem
Roles-relationships pattern	Role engagements and relationships
Sexuality-reproductive pattern	Person's satisfaction and dissatisfaction with sexuality and reproduction
Coping-stress tolerance pattern	General coping pattern and effectiveness in stress tolerance
Value-beliefs pattern	Values, beliefs (including spiritual or goals that guide choices or decisions)

Adapted from Gordon (1994:49)

(b) Physical fitness evaluation

It is essential to discriminate between skills-related physical fitness and health-related physical fitness (Pender 1996:118). Skills-related fitness relates to one's speed and agility; this will deteriorate with ageing. Health-related fitness includes all those aspects that contribute to an individual's general health. Pender (1996:118) states that the following qualities need to be included in a physical fitness evaluation:

- cardio-respiratory endurance
- muscular strength and endurance
- body composition
- flexibility

Physical fitness evaluation will assist the health professional in the determination of exercise needs of women in midlife. It will allow the women to identify deficits in their own exercise programmes and thereby give them options for improving this self-care strategy.

(c) Nutritional assessment

Nutritional assessment requires the following: anthropometric measurement; biochemical testing for profiles such as cholesterol, triglycerides and other cardiac profiles; the clinical examination, and the client's current dietary patterns.

A nutritional assessment will support the importance of pursuing weight loss in women in midlife in a more structured manner. It also facilitates the linkage of the physical health benefits of weight as opposed to the psychosocial motivation.

(d) Health risk appraisal

Profiles of potential health risks can be obtained from the women's personal history. Physicians and nurses are ideally positioned to do this and therefore are able to demonstrate possible mortality threats. Risk factors that should be included in the appraisal include genetic, age, personal habits, biologic characteristics, lifestyle and environment (Pender 1996:123).

A health risk profile creates awareness in women about the potential threats that they need to manage and reduce. Computerized analysis will assist in this process as it enables women to research options and opportunities for reducing the risk.

(e) Life stress review

Stress impacts on all our lives thus stress should be evaluated as it can be seen as contributing to cardiac disease, cancer and gastro-intestinal disorders (Pender 1996:124). Numerous scales have been developed as instruments to measure stress levels, including the Life-Change Index, Hassles and Uplift Scales, the State-Trait Anxiety Index and Stress Charting. The Stress Charting instrument is probably one of the easiest to use as it works on a Likert scale and is not tedious to administer. While serving to be diagnostic of stress, these tools can create awareness for women in midlife that stress management is an essential component of optimal wellness and wholeness.

(f) Spiritual health assessment

Spiritual health assessment goes beyond the religion that the women practise. Areas that need to be assessed include:

- relationship with a higher being
- relationship with self
- relationships with others

(g) Social support systems review

Health behaviour and lifestyle changes are difficult to manage and practise in isolation. An assessment of the social support that the individual enjoys is an essential component of a successful health promotion outcome. Asking women to list their support systems is a simple way of identifying the support structure, the available support network, the emotional support structures and the systems that may or may not be accessed.

Enhancing the social support systems facilitates bonding and coping and may be a preventative strategy for loneliness and depression.

(h) Health beliefs review

Health beliefs can be determined in preliminary discussion with women. Review of the women's health beliefs will indicate those health activities that are health specific or behaviour specific. Behaviour specific activities are more powerful than the health specific measures, particularly with regard to successful outcomes (Smith, Wallston & Smith 1995:51). Assessing a woman's health beliefs is a more reliable indicator of motivation to change behaviours that impact on health promotion (Pender 1996:133). Encouraging the women to create a portfolio of health beliefs can directly identify readiness to change or engage in specific health behaviours.

(i) Lifestyle assessment

Lifestyle assessment reviews the discretionary activities that are part of the woman's everyday life. Review of these health habits will give an indication of her lifestyle and in this way the health professional is able to establish the extent of the woman's abilities to practise a health-promoting lifestyle. The Health Promotion Lifestyle Profile 11 (HPLP-11) is a fifty-two-item inventory, divided into six subscales, which

measures lifestyle strengths and resources and contains the following components (Pender 1996:134):

- health responsibility
- physical activity
- nutrition
- interpersonal relations
- spiritual growth
- stress management

Health-promoting lifestyle choices will provide primary prevention of chronic diseases associated with these habits. Lifestyle assessment may be useful in identifying health promotion opportunities that need to be addressed.

(j) Risk appraisal

The purpose of health risk appraisal is to provide the women with an estimate of health risks or threats to which they are particularly vulnerable. Profiles for the individual are obtained from the women's health history, diagnostics and assessment of lifestyle, nutrition and physical function. The benefit of health risk appraisal is that the women are given an indication of what might occur on average given their current referent group. This can be motivational for changing current health behaviours.

All the components would be included in the self-assessment that the women in midlife need to practise. Factors that would encourage the assessment include the

- comprehensive abilities and skills of the health professional
- cognitive and perceptional abilities of the women in midlife

❑ **The women**

Women in midlife are primarily responsible for self-assessment in midlife in order to promote healthy outcomes. The assumption is that women have this ability and therefore are able to make decisions based on their own health assessment. Factors that may impact on this may be the women's education level. The ability to use and access a computer or television impacts the process of self-assessment. Women need to assess their own physical condition as well their own emotional and social well-being. While physical assessment is often easier to accomplish, women are often unable to self-assess emotional and psychosocial health and therefore the women may need assistance with this.

- **The health professional**

Assessment of nutrition, physical fitness and spiritual well-being are just a few aspects of the assessment that the health professional can make. During the relationship interaction, a wealth of information is often shared in an informal way. The following skills are required by health professionals to facilitate self-assessment:

The purpose of health risk appraisal is to provide the women with an estimate of health risks or threats to which they are particularly vulnerable. Profiles for the individual are obtained from the women's health history, diagnostics and assessment of lifestyle, nutrition and physical function. The benefit of health risk is appraisal is that the women are given an indication of what might occur on average given their current referent group.

Self-assessment will enable the evaluation of information, knowledge and strategies that the women undertake. It permits review of what is positive from the self-care behaviours that have been followed. It will also enable the identification of care practices that are ineffectual and therefore need to be reviewed or replaced.

Effective communication is essential to all assessment. The ability to actively listen as well as verbal interaction will promote and establish a rapport with women when they enter the services. Communication skills are discussed with reference to verbal and non-verbal skills in the professional

relationship.

6.2.4.2 Communication skills

(1) Objective

Communication may be verbal and non-verbal. Communication in health promotion has two objectives: (1) to assist women to use less anecdotal and more direct information pertaining to their needs, and (2) to make health professionals aware of the need to reduce verbal dominance in their interactions with women.

(2) Strategies for enhancing communication

Women in particular have diverse styles of communication and this does not fit the medical paradigm. Women tend to express their needs in a covert manner while health professionals, irrespective of their gender, concentrate on communication that is focused on the problems at hand (Van Dulmen 1999:119). Nurses need to ensure that the environment in which the encounter takes place is secure and private. Women value privacy. According to Schultz (2001:16), to facilitate communication, feminine patterns of communication need to be employed. This requires more time and attention on the part of the health professional. In addition, women prefer the conversation to be focused therefore it is inappropriate for the health professional to be distracted with another task while interacting with the women.

- **The women**

Women use language differently to men as their (the women's) language minimizes status (Schultz 2001:16). Therefore, how one is addressed is important. Women need to be assertive about how they wish to be addressed as this sets the stage for the rest of the conversation.

Women need to learn to be succinct when entering a health professional's environment. Gross et al (1998:133) found that the average visit to a physician's office lasted less than fifteen minutes and this included all the preliminary tests. Nurses can be helpful in this regard by assisting the women with the identification of essential data.

Making a list beforehand is a useful strategy that is recommended for this helps the woman to stay focused on the matter at hand. It also enables the woman to control the direction that the conversation is taking. Making eye contact where it is culturally appropriate is another means of assisting in keeping the health professional attentive to what the woman is reporting.

It is recommended that the woman write down any instructions on care or tests. This ensures that she is accurate in what she is hearing. In addition it makes the health professional more cautious to the actual sequence and clarity of the information given.

Women must be encouraged to ask questions about practice, options and alternatives. This is central to the theory of informed consent. Women have the right to decide and, in some cases, the right to refuse. Open discussion on supplements, for example, is beneficial to the woman and the professional. To the woman, it gives credence to what she may be using and for the health professional, it creates awareness of any pharmakinetics that might result from allopathic and alternative formulations (Kreitzer & Snyder 2002:79).

- **The health professional**

Medical language not only conveys intended meaning but it expresses attitudes. A consequence of this is that the attitude dictates the relationship between the health professional and the woman (Schultz 2001:16). By paying attention to how they address the women, use medical terminology and non-verbal language; health professionals can create a communicative environment that is positive and

beneficial. Some of the strategies to assist in this task are:

- Use open-ended questions that avoid “yes” or “no” answers and probe peripheral needs which may be integral to well-being.
- Feminine patterns of language permit interactive conversation.
- Avoid medical language as it is based on male patterns of language and this results in language of command and control (Schultz 2002:17).
- Avoid disrespectful terminology that is demeaning. Terms such as “non-compliant”, “orders” and “complaints” indicate that the woman is subservient to the health professional and this is not conducive to self-care or health-promoting behaviour.

Nurses are identified as being better communicators than physicians (Grant, Cissna & Rosenfeld 2000:38). This may well be because the profession is largely female and therefore feminine language is the context of any conversation. However, alternative therapists are perceived to have better psychosocial skills and therefore as more attentive to the needs of the client because of superior communication (Astin 1998:1553).

The guidelines discussed include the creation of a supportive and nurturing environment, reflection and looking back, taking control, self-assessment, and communication. These contribute to the development of self-care strategies for the attainment of wholeness and optimal well-being in women in midlife. By incorporating these guidelines, the health professional (nurse), as an agent in this process, supports women in midlife (the recipients) towards the actualization of optimal health.

Women in midlife come from diverse backgrounds, cultures and social strata. Some women may demonstrate assertiveness with respect to management of their health needs while others tend to demonstrate mostly passive behaviours, particularly with respect to their interaction with health professionals. Women tend to feel unsupported by their health professional and therefore seek out alternatives, which they perceive to be more helpful and less threatening. The health professional is faced with the challenge of gaining the respect and confidence of women in midlife in relating to the

psychosocial challenges that accompany midlife transition, thereby creating an environment that nurtures the physical, psychological and spiritual aspirations of women as they transition to the senior years.

6.3 EVALUATION OF THE MODEL

Chinn and Kramer's (1995:100-119) criteria were used to evaluate the model. The model was also evaluated by experts in the field of the theory of qualitative research. Discussions with the promoter and co-promoter of this study identified adjustments required to ensure that the description of the model was clear and understandable. Chinn and Kramer's (1999:100-119) criteria are clarity, simplicity, generality, and empirical applicability.

6.3.1 Clarity

Chinn and Kramer (1999:101) recommend that determining the clarity of theory involves consideration of the following: semantic clarity, semantic consistency, structural clarity and structural consistency. Semantic clarity questions the theoretical meaning of the concepts therefore defining the concepts in the theory is an essential component of clarity. Structural consistency and clarity reflect the connections between the concepts in the theory and the rest of the theory. Health promotion has been defined in such a way that the relationships between attributes make sense and are understandable. Definitions of health promotion that are both specific and general have been included. The concept of health promotion is reflected throughout the theory.

6.3.2 Simplicity

The identified concepts have been applied throughout the study to reinforce what health professionals should be doing to enable the health promotion process of women in midlife. This permits simple

understanding of the study and the model. It also allows application in practice for health care professionals.

6.3.3 Generality

Generality of theory refers to the breadth of its scope and purpose (Chinn & Kramer 1999:106). The model was developed to demonstrate how health professionals could use health promotion as a means of supporting midlife women as they use self-care in order to manage the changes associated with menopause.

However, the model can be generalized to other health care providers by using the principles of supporting, nurturing and observing self-care. This could be applicable to reflexologists, masseuses, naturopathic persons and others.

6.3.4 Empirical applicability

Empirical applicability is a result of asking, "what is this and how does it work?" (Chinn & Kramer 1999: 111). To this end, the concepts as well as the purpose of the model have been clarified.

6.3.5 Consequences

The consequences of this theory are that it will contribute to the effectiveness of health professionals in supporting women in midlife transition. This will facilitate women having more control of their own lives, specifically in the context of well-being and the highest level of health.

6.3.6 Meaning and logical adequacy

The researcher sought to remain within the framework of Pender's model of health promotion hence meaning and logical adequacy has been maintained in describing the theory.

6.3.7 Operational adequacy

To maintain operational adequacy, concepts have been operationally defined in relation to the theoretical concepts. This supports operational adequacy of the theory.

6.3.8 Contribution to understanding

Health care professionals, specifically nurses, can relate to and identify with the model and its theory.

6.3.9 Predictability

The specific purpose of the development of the model is that health professionals and particularly nurses will engage in health promotion and thereby advance the self-care strategies of women in midlife in order to accomplish wholeness of health and thereby fulfilment.

6.3.10 Pragmatic adequacy

This is a practice-based theory and model and will be beneficial for any person actively involved in health-promoting strategies to enhance the lives of women as they transition through midlife.

6.4 CONCLUSION

This chapter discussed guidelines for the implementation of the model. Criteria for the evaluation of the model, based on Chinn and Kramer's (1999:100) recommendations, were included.

Chapter 7 concludes the study, discusses the limitations, and makes recommendations for nursing education, practice and further research.