

# CHAPTER 7

## Conclusion, limitations and recommendations

### 7.1 INTRODUCTION

Chapter 1 discussed the problem and the purpose and rationale of the study. Chapter 2 described the research design and methodology and chapter 3 presented the findings from the interviews with reference to the literature review.

Originally, the researcher wished to pursue a feminist paradigm for the theoretical underpinning of the study. However, feminist theory is best suited to action research and in order to explore the experience of midlife transition, the researcher decided in consultation with her promoter that the research would be best served using a phenomenological approach.

The study found that women in midlife practised self-care and other health-promoting strategies, but failed to identify that the strategies that they practised make a difference to their health and wellness outcome. This is mainly due to women being unsupported in this activity. The literature review verified the findings and the structure for the tentative model.

In chapter 4 the main concepts were identified and Dickoff et al's (1968:422) survey list used to classify the concepts of the model. A list of essential attributes was identified, analyzed and synthesized to form a definition of the main case. A model case was described and included the essential attributes of the main concept.

Chapter 5 developed and described a health promotion model for the support of women in midlife towards wholeness. The model was visually represented and the relationship statements of the concepts identified and described.

Chapter 6 discussed guidelines for the operationalization of the model. This chapter concludes the study, discusses its limitations and makes recommendations for further research.

## **7.2 EVALUATION AND CONCLUSIONS**

The objective of this study was to develop a health promotion model that facilitates the support of self-care for women in midlife in order for them to attain wholeness of health. This was accomplished by using a theory-generative, qualitative, descriptive and contextual design. Data was collected with phenomenological interviews with women in midlife. The results obtained were analyzed and categorized. A literature review validated the findings.

## **7.3 LIMITATIONS OF THE STUDY**

The study was completed in one of the states of the USA. The state where the study was conducted is conservative in character and this is due in part to the rural nature of the community and the influence of the Mormon faith and culture.

The state is not culturally or racially diverse and this may have influenced the outcome of the study. The two largest cities in the state were the sites for the study.

The researcher deliberately recruited Hispanic women for the study in order to make it representative of the community of one of the cities studied. The city concerned services a large Hispanic community and for this reason it was deemed necessary to purposively sample among this particular aggregate of persons. This was difficult because of the language for the researcher was unable to speak Spanish.

Only one second-language person was recruited for the study. She was fluent in English and has been resident in the USA for an extended period, which may have impacted on her views.

The women in the sample were healthy and without chronic disease profiles. This was not deliberate but could nevertheless be a limitation as chronic disease may influence and impact on the use of self-care. Someone who is chronically health challenged may be less likely to embrace the philosophy of self-care and personal responsibility for wellness.

## **7.4 RECOMMENDATIONS**

The limitations of the study have been highlighted. In the light of these and the findings of the study, recommendations are made for further research, nursing education and nursing practice.

### **7.4.1 Further research**

It is recommended that further research be conducted to explore whether the findings of this study can be replicated in a state that would be considered less conservative in nature and character. The state is considered to be rural in character therefore further research in a more culturally diverse and largely urbanized state is recommended.

The study was conducted in the USA and although the state concerned may be classified as rural, the facilities available to women are diverse and varied, which allows for options for women in midlife. Further research is recommended in a third-world country where culture and economics may impact on the degree and type of self-care practised.

Health care professionals demonstrated a lack of support for the alternative therapies used by the women in the study and further research is warranted that explores health professionals' knowledge of alternative therapies and natural supplements.

Further research is recommended that would develop a checklist for health professionals to use to assess women's perceptions of health-promoting activities that they may find useful.

#### **7.4.2 Nursing education**

A change of focus in health care delivery in the USA has seen health care reviewed from a proactive stance as opposed to the previously held reactive stance (Edelman & Mandle 2002:200). The US Department of Health and Human Services (USDHHS) (2000:14) identified that major health improvements in the health of the population will be derived from self-care therefore as the population ages, much of this care will take place within the community. Community-focused nursing will ensure that these improvements in health occur and, to this end, nursing curricula should have an increased focus on community-based practice, specifically with regard to middle-aged women.

The incorporation of a multimedia communications module in nursing education will create awareness for nurses of the diverse information available to the health consumer.

Alternative therapies need to be included in curricula and in addition, the opportunity to expose students to a clinical experience in one of these therapies will assist with nurses having greater understanding of and insight into the benefit/risk ratios of these modalities.

Women's health as a subject needs to be expanded in curricula to include not just the chronic mortality and morbidity issues but also the psychosocial changes that are required in midlife. In midlife, role change and reflection skills are critical to the actualization of optimal health for women. Nursing curricula need to reflect this philosophy. Wholeness and optimal wellness cannot be accomplished if gender-specific medicine does not include all the tenets of health that encompass the attainment of optimal wellness.

Although spiritual health has been dealt with as a need in the past in nursing diagnoses and nursing theory (Parker 2001:369), the impact of spiritual health on total health has not been explored. Murray and Zentner (2001:736) state that developmentally as the individual ages, spiritual being becomes important. The impact of spiritual health and connectedness on health and well-being needs to be included in nursing education programmes.

Although nurses are often the gatekeepers of health-promoting activities within the community, they are not perceived as knowledgeable resources for the communities whom they serve. Marketing of nurses as knowledgeable, skilled practitioners in preventive and promotive health needs to be integrated into nursing education programmes. To this end, nursing programmes need to ensure that nursing curricula expand the concept of health promotion through the course so that it is not taught as mere screening activities such as immunization and stroke prevention activities.

Review of patterns of language in nursing education needs further research. To facilitate gender-specific health, nurses should not use male patterns of communication, which are the norms of medical language. Communication skills that deal with this problem need to be reflected in nursing curricula.

In-service education can be delivered at nursing schools to increase an awareness among teaching faculty of the role of nurses in health promotion with specific regard to women's health in midlife. Nurses need to have a more defined role in health promotion for this is not apparent from the research.

### **7.4.3 Nursing practice**

It is recommended that local short courses and workshops that highlight the health needs of baby boomer women be convened within the community. These could be facilitated by nurses for the women. This would provide the women with information, which is empowering for them, and at the same time expose them to nurses as vital resource persons.

Nurses, in particular, need to create an awareness of their role in health promotion among women in midlife with the goal of the attainment of optimal wellness.

Workshops can be held with providers of women's health care services to emphasize health promotion and the role and impact that nurses can have specifically with regard to support, advocacy and nurturance of the women themselves.

## **7.5 CONCLUSION**

This chapter concluded the study on the concept of health promotion for women in midlife to support them in their actualization of optimal health and wholeness.