



# **NOLA PENDER'S HEALTH PROMOTION MODEL**

Reported by:

Clarice Fritz A. Caliwatan

# Quotable quotes

“ Very early in my nursing career, it became apparent to me that **health professionals intervened only after people developed acute or chronic disease** and experienced compromised lives... I committed myself to the **proactive** stance of health promotion and disease prevention with the conviction that it is much better to experience exuberant well-being and prevent disease than let disease happen when it is avoidable and then try and cope with it.”

# Background of the theorist and timeline of events

- 1941- born in Lansing, Michigan; an only child to parents who were advocates for the education of women
- at age of 7, took note of the nursing care received by her hospitalized aunt (her early interest in nursing)
- 1962- received her diploma from the School of Nursing at West Suburban Hospital in Oak Park, Illinois; after which she worked in medical-surgical and pediatric nursing

# Background of the theorist and timeline of events

- 1964- completed B.S.N. at Michigan State University in East Lansing
- 1965- M.A. in human growth and development from Michigan State University
- 1969- Ph.D in psychology and education at Northwestern University in Evanston, Illinois
- Master's level studies in community health nursing at Rush University in Chicago

# Background of the theorist and timeline of events

- After earning her Ph.D., Pender notes a shift in her thinking toward defining the goal of nursing care as the optimal health of the individual
- 1975- Published “A Conceptual Model for Preventive Health Behavior” which was a basis for studying how individuals made decisions about their own healthcare in a nursing context

# Background of the theorist and timeline of events

- 1982- the original Health Promotion Model (HPM) was presented in the first edition of the text *Health Promotion in Nursing Practice*
- 1987- with subsequent research, HPM was revised and presented in the second edition
- 1996-3<sup>rd</sup> edition of HPM; 2002-4<sup>th</sup> edition of HPM jointly authored with Murdaugh and Parsons

# Background of the theorist and timeline of events

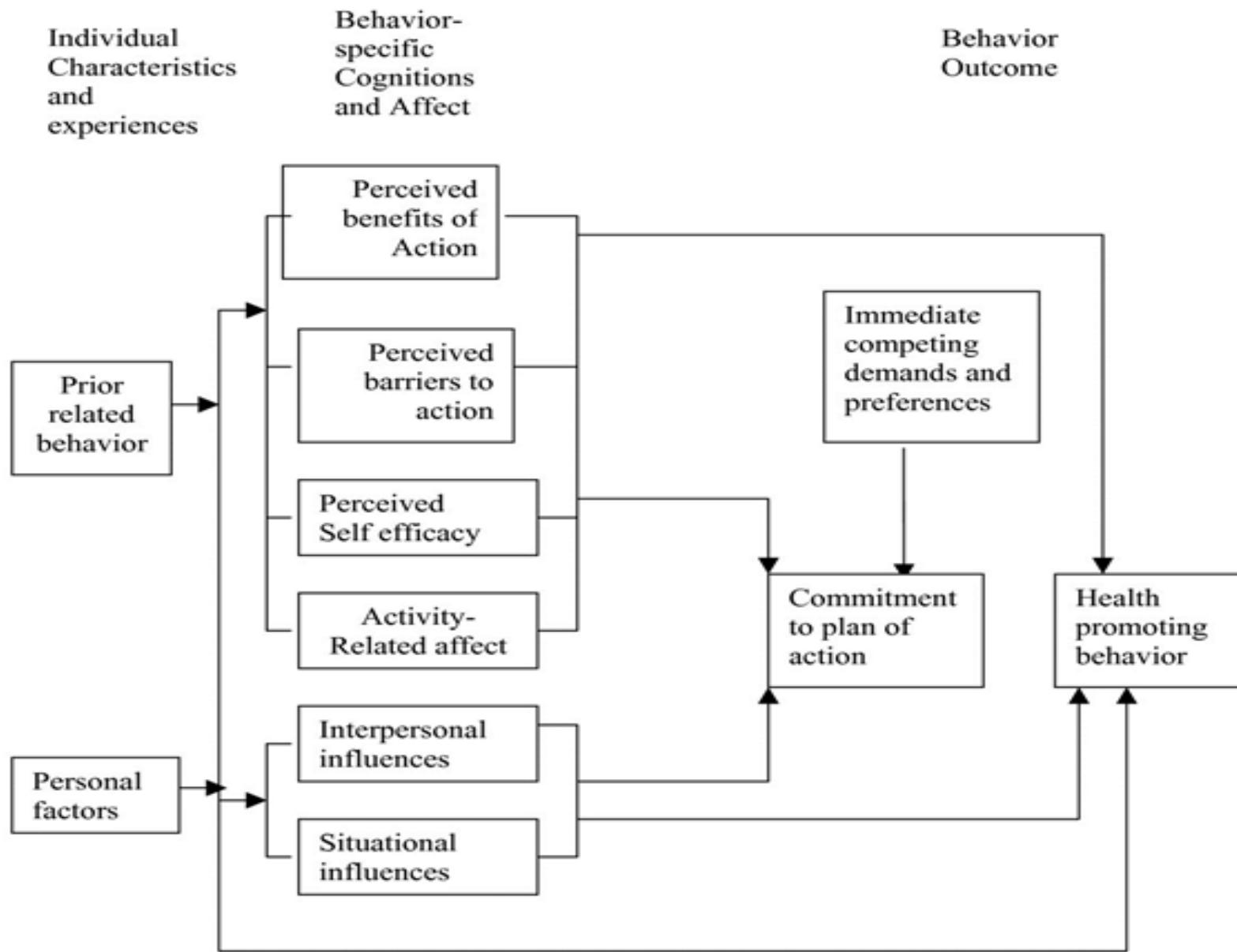
- Pender has published many articles about exercise, behavior change, and relaxation training and has edited many journals and books. She is recognized as a scholar, presenter, and consultant on health promotion topics.

# Influences

- Series of conversation with Dr. Beverly McElmurry at Northern Illinois University
- Reading *High-Level Wellness* by Halpert Dunn inspired expanded notions of health and nursing
- Her marriage to Albert Pender, an associate professor of business and economics who has collaborated with his wife in writing about the economics of healthcare, and the birth of a son and daughter provided increased personal motivation to learn more about optimizing human health

# Theoretical Sources

- **Social Cognitive theory** (Albert Bandura) postulates the importance of cognitive processes in the changing of behavior; includes the following *self-beliefs*: *self-attribution*, *self-evaluation*, and *self-efficacy*. **Self-efficacy** is a central construct of the HPM
- **Expectancy-Value Model of Human Motivation** (Feather) which supports that behavior is rational and economical



Health Promotion Model

# MAJOR CONCEPTS AND DEFINITIONS

- INDIVIDUAL CHARACTERISTICS AND EXPERIENCES
  - Prior related behavior
  - Personal factors

# MAJOR CONCEPTS AND DEFINITIONS

## ○ BEHAVIORAL-SPECIFIC COGNITIONS AND AFFECT

- Perceived benefits of action
- Perceived barriers to action
- Perceived self-efficacy
- Activity related effect
- Interpersonal influences
- Situational influences

# MAJOR CONCEPTS AND DEFINITIONS

## ○ BEHAVIOR OR BEHAVIORAL OUTCOMES

- Commitment to a plan of action
- Immediate competing demands and preferences
- Competing preferences

## ○ HEALTH-PROMOTING BEHAVIOR

# **HPM is based on the following ASSUMPTIONS**

*Individuals...*

- seek to create conditions of living through which they can express their unique human potential.
- have the capacity for reflective self-awareness, including assessment of their own competencies.

# HPM is based on the following ASSUMPTIONS

*Individuals...*

- value growth in directions viewed as positive and attempt to achieve a personally acceptable balance between change and stability.
- seek to actively regulate their own behavior.
- In all their biopsychosocial complexity interact with the environment, progressively transforming the environment and themselves over time.

# HPM is based on the following ASSUMPTIONS

- Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their life span.
- Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change.

# Remember the 3 LEVELS OF PREVENTION?

## PRIMARY PREVENTION

- ***health promotion*** and;
- protection against specific health problems

## SECONDARY PREVENTION

- early identification of health problems and;
- prompt intervention to alleviate health problems

## TERTIARY PREVENTION

- rehabilitation and;
- restoration to optimum level of functioning

# HPM-health protection vs. HPM-health promotion

<b>Health Promotion</b>	<b>Health Protection</b>
<b>Not disease oriented</b>	Illness or injury specific
<b>Motivated by personal, positive “approach” to wellness</b>	Motivated by “avoidance” to illness
<b>Seeks to expand positive potential for health</b>	Seeks to thwart the occurrence of insults to health and well being

# Acceptance by the Nursing community

## PRACTICE

- Wellness as a nursing specialty has grown in prominence
- Current state-of-the-art clinical practice includes health-promotion education

## EDUCATION

- HPM is widely used in graduate education. Increasingly, HPM is incorporated in nursing curricula as an aspect of health assessment, community health nursing, and wellness-focused courses.

## RESEARCH

- Many research reports use the model as frame of reference. The Health Promotion Lifestyle Profile, derived from the model, often serves as the operational definition for health promoting behaviors.

## In summary...

- Pender's HPM proposes a structured process for assessing and addressing client needs associated with healthy behaviors.
- HPM is based on combined nursing and behavioral health approaches that are meant to help clients make positive health behavioral changes.

## In summary...

- HPM provides immediately applicable principles to help nurses systematically address this important issue.
- Nurses who are aware of specific concerns related to promoting healthy behavior are more effective in supporting long-term positive health behaviors and activities for all clients.

# References

- Kozier, Barbara et al. 2004. **Fundamentals of Nursing**. 7<sup>th</sup> ed. Pearson Education South Asia PTE LTD. Philippine Edition.
- McEwan, Melanie and Evelyn Wills. 2007. **Theoretical Basis for Nursing**. 2<sup>nd</sup> ed. Lippincott Williams and Wilkins. Philippine Edition.
- Sitzman, Kathleen and Lisa Wright Eichelberger. 2010. **Nursing Theory: A Creative Beginning**. Boston: Jones and Barlett Publishers.
- Tomey, Ann and Martha Aligood. 2002. **Nursing Theorists and Their Work**. Singapore: Elsevier.

# Thank you!

;)