



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
- 1996-3rd edition of HPM; 2002-4th edition of HPM jointly authored with Murdaugh and Parsons

Background of the theorist and timeline of events

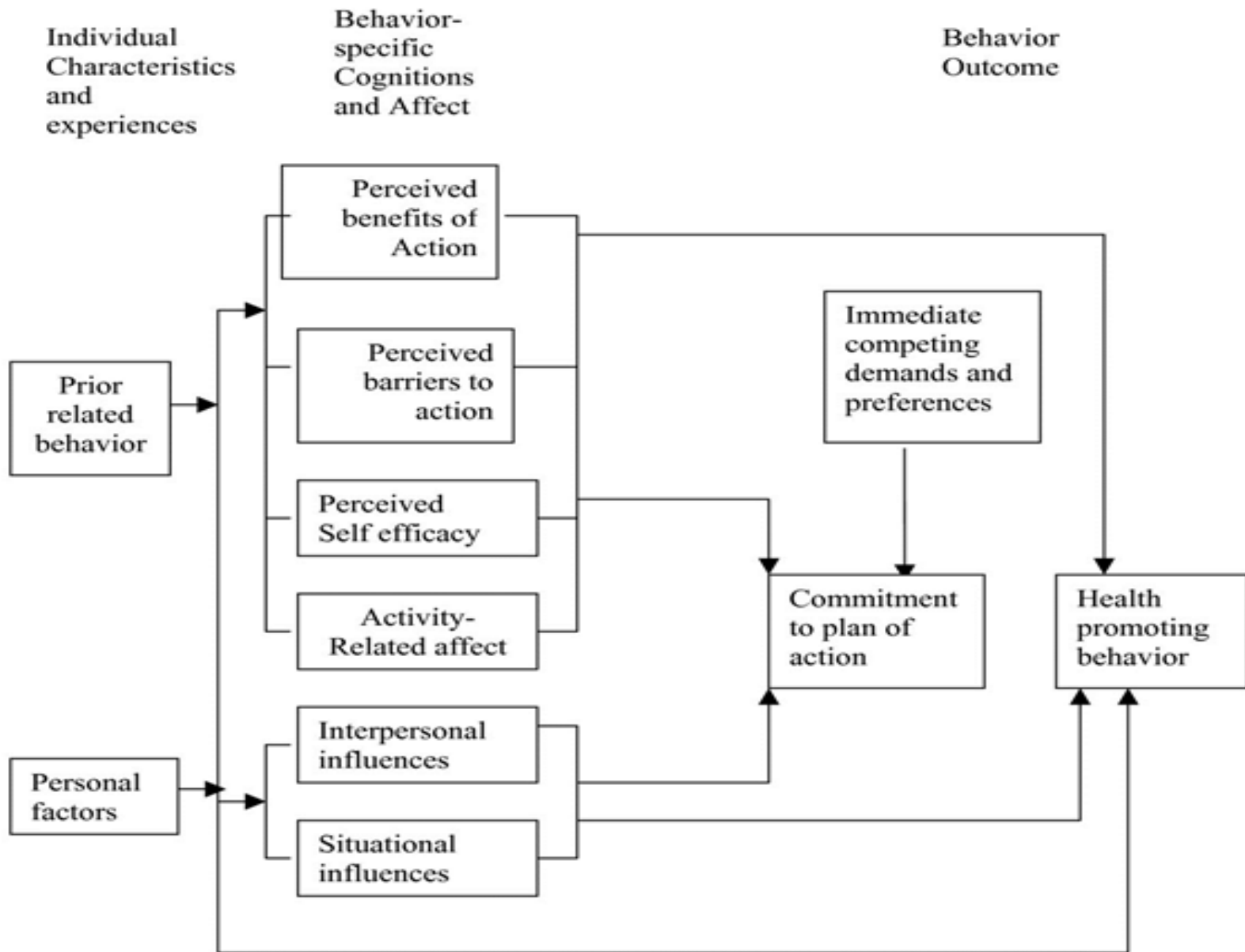
- Pender has published many articles about exercise, behavior change, and relaxation training and has edited many journals and books. She is recognized as a scholar, presenter, and consultant on health promotion topics.

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

| Health Promotion | Health Protection |
|--|--|
| Not disease oriented | Illness or injury specific |
| Motivated by personal, positive “approach” to wellness | Motivated by “avoidance” to illness |
| Seeks to expand positive potential for health | 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**. 7th ed. Pearson Education South Asia PTE LTD. Philippine Edition.
- McEwan, Melanie and Evelyn Wills. 2007. **Theoretical Basis for Nursing**. 2nd 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!

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