Being healthy: Women's images

Although the concept of health is central to nursing practice and science, measurement of the concept has lagged far behind theory development. The study presented extends Laffrey's earlier work by describing the meaning of health for a population of women representing multiple ethnic groups residing in the Pacific Northwest. A sample of 528 women from a cross-section of a community who had participated in a study of women's health was asked to respond to the question, "What does being healthy mean to you?" In addition to evidence of the clinical, role performance, and adaptive models of health, the women's responses yielded nine dimensions consistent with the eudaemonistic model. Each dimension included multiple descriptors identified through content analysis of the women's verbatim responses. The women's images of health were consistent with Smith's and Laffrey's four conceptions, but the eudaemonistic category included multiple dimensions. The women reported images of health consistent with contemporary nursing theorists' views. Moreover, their emphasis on eudaemonistic images crossed all categories of age, education, income, ethnicity, and employment status.

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DESPITE THE centrality of the concept "health" to nursing practice and science, assessment of health has lagged far behind theory development. Health, as well as discussions of person, environment, and nursing, appears in most contemporary theoretical works. Common to these works is an integrated view of human health that is inconsistent with the particularistic view of physical, mental, or social health discussed in other literature.[1]

Images of health have differed over the course of nursing history. Nevertheless, there is consensus among nurse theorists that health is a state or a process of the whole person existing independently of disease. Nightingale's views of health,[2] published in the 19th century, reflected the major social challenge of the time:

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hygiene. She advanced the laws of health, which emphasized the relationship of the environment and the human being. Nightingale believed the individual possessed inherent reparative powers and that nursing placed the person in the best condition for the environment to influence these powers. Peplau,[3] influenced by 20th-century theories of human development, defined health as forward movement of the personality and other ongoing human processes in the direction of creative, constructive, and productive personal and community living. She was the first to emphasize health as a dynamic developmental process. Theorists writing in the 1960s viewed health in relation to human needs. Orlando[4] identified dimensions of human needs, such as physical limitations, adverse reactions to a setting, and experiences that prevent communication of needs. Henderson[5] elaborated a functional view of health, identifying 14 areas for nursing care, such as breathing, eating, drinking, and engaging in recreation. Likewise, Wiedenbach's work[6] reflected a needs orientation to human health.

Theorists writing in the late 1960s and early 1970s emphasized health as a positive rather than a negative state. Hall's work,[7] focusing on recovery from acute illness, emphasized self-actualization. Levine[8] advocated the concept of balance. She saw the individual as a holistic being and based her nursing therapies on the conservation of energy, structural integrity, personal integrity, and social integrity. Johnson[9] advocated a view of health as interacting behavioral systems.

Recently Parse[10] has distinguished two paradigms in nursing: the Man-Environment totality paradigm and the Man-Environment simultaneity paradigm. The Man-Environment totality paradigm sets forth a view of humans as total summative organisms whose nature is a combination of bio-psycho-social-spiritual features. This paradigm includes a view of health as a dynamic state or process of physical, psychological, social, and spiritual well-being. Parse believes Roy's, Orem's, and King's words[11-13] reflect the totality paradigm. Roy emphasized human's adaptive capacities, equating health with a dynamic state of adaptation to internal and external forces. King defined health as a dynamic state of well-being, implying continuous adjustment to stressors in the internal or external environment through use of one's resources to achieve maximum potential for daily living. Orem defined health as a dynamic state of soundness or wholeness of structure and function.

The Man-Environment simultaneity paradigm sets forth a view of humans as more than and different from the sum of their parts, beings in continuous multiple interrelationships with the environment.[10] This view defines health as a process of becoming and a set of lived value priorities, man's unfolding. Parse believed Rogers and her own works reflected the simultaneity paradigm. Although Rogers[14] did not define health, she advocated a view of unitary human beings and health as an expression of the life process. Parse devised a concept called "Man-Living-Health," which is a unitary phenomenon expressing how humans relate to the world through revealing-concealing, enabling-limiting, and connecting-separating behaviors. Health is a constantly changing process that humans participate in cocreating.

Paterson and Zderad,[15] Watson,[16] and

Newman[17] have defined health from a perspective linked closely to the simultaneity paradigm. Paterson and Zderad viewed health as a process of growth toward authentic awareness and the making of responsible choices. Newman saw health as expanded consciousness, explicating the underlying pattern of the person-environment. Watson defined health as a concept of unity and harmony with the mind, body, and soul: congruence between the self as perceived and the self as experienced. Health implies harmony with the world and an openness to increased diversity.

In a recent review of the idea of health, Smith[18] proposed four models of health: eudaemonistic, adaptive, role performance, and clinical. The eudaemonistic model of health connotes exuberant well-being, whereas the adaptive model connotes flexible adjustment to the environment. The role performance perspective emphasizes one's socially defined roles, and the clinical model emphasizes health as the absence of disease. Throughout nursing's theoretical literature, the description of health reflects a progression from ideas concerned with clinical, role-performance, and adaptive models to those reflecting adaptive and eudaemonistic visions. Consistency is implied in some of the theoretical works between the definitions that undergird efforts to develop nursing theory and the visions of health commonly held by the people nurses serve, yet little information about these visions of health exists.

There are two exceptions to the unrelatedness of empirical work and nursing theory development about health: Laffrey's work on health conceptions[19] and Parse's study of the lived experience of health.[10] Laffrey defined health conception as "the personal meaning of health for an individual." Her Health Conceptions Scale, based on Smith's philosophical inquiry about health,[17] includes clinical, role-performance, adaptive, and eudaemonistic dimensions of health. Laffrey developed items for the Health Conceptions Scale from a sample of 78 midwestern adults participating in evening adult education courses. She selected for inclusion in a 28-item scale the responses to the question, "What do you mean when you say you are in good health?", that were consistent with Smith's four models of health. She did not include responses that were inconsistent with one of the four models of health. Although Laffrey sought the meaning of health to individuals, her imposition of Smith's four models on her health conceptions data may have closed out a number of health conceptions held by a wide cross-section of the population. Moreover, her use of well-educated midwestern subjects may restrict the meaning of health to one held by those who share membership in a homogeneous cultural and geographical group.

Parse and colleagues[20] studied the lived experience of health based on questionnaires inviting 400 individuals to describe a situation in which they experienced a feeling of health. These people were asked to share their thoughts, perceptions, and feelings about the situation. Parse used phenomenological analysis to derive structural definitions of health for men and women in four age groups: under 19 years, 20 to 45 years, 46 to 65 years, and 66 years and older. For adults 20 to 45 years of age, 291 descriptive expressions reflected three common elements that Parse labeled: spirited intensity (being enthusiastic, feeling in

peak condition), fulfilling inventiveness (accomplishment, ability to extend the limits of endurance), and symphonic integrity (feeling of worth, peaceful attitude). Parse's definitions of health reflected her perspective of health as a "rhythmically constituting process of the man-environment interrelationship ... an intersubjective process of transcending with the possibles ... a synthesis of values.[20(p28)] Parse's analytical approach involved identifying common elements and structural definitions based on coders' interpretations of descriptive expressions rather than using an emic coding approach in which codes closely reflected people's own words.

The purpose of the study on which this article is based was to extend Laffrey's work by describing the meaning of health for a population of women of multiple ethnic groups residing in the Pacific Northwest. The steps to that goal were

- to assess the consistency of the dimensions of health identified in the study with Smith's four models and the ideas of health as proposed in nursing theory;
- to determine the variation in health conceptions related to women's age, ethnicity, income, education, and employment status; and
- to refine the instrumentation for the measurement of health in nursing studies.

SUBJECTS AND METHODS

This report is one component of a larger study on the prevalence of perimenstrual symptoms.[21] Women who participated in an initial home interview regarding their social environment, socialization, reproductive health experiences, health practices, and health status were asked to keep a 90-day health diary and to be interviewed again by telephone at the end of the study. Of 656 women who participated in the initial interview, 528 completed the telephone interview.

The sampling framework used in this study involved multiple steps. The research team identified census block groups in which there were high proportions of women who were between 18 and 45 years of age, black or Asian, and educated at the high school level. The street segments within each selected block group were then identified and randomly ordered with a computer program. The numbers of the street segments within the block groups provided the link between the initial criteria and a directory of all addresses in Seattle, from which the telephone numbers of all potential participants were chosen. From this pool of potential subjects, 656 women completed interviews, a response rate of 58%. Of these women, 528 completed the telephone interview and the initial in-person interview. This approach generated a sample of women comprising 64 Asians, 80 blacks, 291 whites, and 19 Native Americans, Hispanics, and others. The women ranged in age from 18 to 45 years, with a mean age of 32.6 years. They reported a mean educational level of 14.2 years and a mean income range of $29,000 to $30,999. In this group of women, 78% reported some level of employment outside the home. Currently, 63% were married or partnered; 24% had never been married, and 12% were divorced or separated.

A single question was used to elicit health images: "What does being healthy mean to you?" Data were divided into

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phrases with any phrases with complete ideas as constituting units of analysis. Each phrase was reviewed by two reviewers and assigned an emic code, closely reflecting the woman's own words. This approach yielded over 100 codes. In order to establish reliability of the emic codes, two coders assigned codes to a sampling of 261 phrases. The coders attained 88% agreement, reached consensus on coding differences, and then coded each phrase contained in each woman's response. Codes were then aggregated by six individuals, yielding 12 discrete clusters of health conceptions. Definitions for each cluster, including its dimensions, were proposed. The individual phrases were then coded by two additional analysts using the definitions for each cluster.

RESULTS

Categories of health images

Content analysis of the health images data produced over 100 codes. These individual codes, grouped according to the consensus of six analysts, appear in the Appendix.

The categories of clinical, role performance, and adaptive health perceptions, as described by Smith[18] and Laffrey,[19] along with their definitions, appear in the boxed material. The women interviewed also reported multiple dimensions of health that reflected the eudaemonistic model. These included actualizing self, practicing healthy life ways, self-concept, body image, social involvement, fitness, cognitive function, positive mood, and harmony.

The multiple-content categories of the eudaemonistic health images prompted the exploration of a second dimension of coding that differentiated the categories according to negating, being, and doing. The "negating" category denoted the association of health with the absence of behaviors, signs, symptoms, or problems. This dimension was restricted exclusively to the clinical category of health conception. The "being" category included health images that specified a state, such as the presence of desirable attributes or the possibility of wish fulfillment. The "doing" category denoted health images that specified activity, specifically, health-related activities, such as exercising, role functions, such as working, and social involvement, such as doing with and for others. The content dimensions of health images intersect with the action dimension such that the dominant dimension associated with clinical images is "negating," whereas "doing" is the dimension that dominates the role performance category. Both "being" and "doing" apply throughout the adaptive and eudaemonistic images.

The frequencies with which women reported categories of health images were calculated. The most frequently cited health images included the clinical (56.5% of the 528 women), positive affect (49.2%), fitness (43.8%), practicing healthy life ways (23.9%), and harmony (23.6%) categories. The least frequently reported health images were the positive self-concept (0.9%), cognitive function (10.1%), social involvement

Health Images and Definitions

Image	Definitions
Clinical	Health as the absence of illness; absence or infrequency of symptoms, illness, disease, or bad feelings; freedom from addiction; ability to recover quickly from illness; absence of need for medical care or medication(s); normalcy.
Role performance	Health as the ability to perform one's activities of daily living at an expected level.
Adaptive	Health as the ability to flexibly adjust to the environment, to cope with stressful events.
Eudaemonistic	Health as exuberant well-being; includes ability to actualize self; healthy life ways; positive self-concept and body image; capacity for positive social involvement; fitness; cognitive functioning; positive mood; harmony.
Actualizing self	Reaching one's optimum, achieving one's goals.
Practicing healthy life ways	Taking action to promote health or to prevent disease.
Self-concept	Feeling good about oneself; a positive sense of one's worth.
Body image	Feeling good about one's body; appearance.
Social involvement	Having ability to interact; love; care; enjoy relationships; to give and receive pleasure in relationships.
Fitness	Feeling stamina, strength, energy; in good shape.
Cognitive function	Thinking rationally, being creative, having many interests, being alert, being inquisitive.
Positive mood	Feeling positive affect, such as happiness, joy, affection, excitement, exhilaration.
Harmony	Feeling spiritually whole, centered, in balance, content.

(6.1%), and actualizing self (6.6%) categories. The remaining images reported were role performance (17.9%), adaptive (13.6%), and positive body image (13.8%). The nine categories in the eudaemonistic model totaled an 88% frequency of report.

Demographics

The women's ages did not influence the variety of health images they reported. However, women who were older reported more role performance ($\tau = 0.17$, $p < .05$) and adaptive health images ($\tau = 0.11$, $p < .05$) and fewer eudaemonistic health images ($\tau = -.08$, $p < .05$) than younger women.

Women who had completed more formal education tended to report a greater variety of health images than those with less formal education ($\tau = -0.11$). They also reported more eudaemonistic ($\tau = 0.12$, $p < .05$), but fewer role performance ($\tau = -0.11$, $p < .05$) images than did women with less formal education.

Women with greater family income reported a significantly greater variety of health images ($X^2 = 43$, 24 *df*, $p < .05$). The women with the highest income reported the most eudaemonistic images ($\tau = 0.08$, $p < .05$).

Women who were employed at the time reported neither a greater variety, nor different frequencies of health images. Likewise, Asian, white, black, Native American, and Hispanic women reported a similar

variety of health images and similar frequencies of each category.

When the women's frequency of reporting one category of health images was cross-tabulated with their reports of other categories, it was evident that women reporting the most eudaemonistic descriptors reported fewer clinical images ($\tau = -0.21, p < .00$) and fewer role performance images ($\tau = -0.19, p < .00$); reports of eudaemonistic images were unrelated to reports of adaptive images. The frequency of clinical images was not associated with frequency of role performance or adaptive images. Adaptive and role images were unrelated.

DISCUSSION

The most striking finding of this study was the rich variety of health images the women reported. The four categories of health images described by Smith[18] and Laffrey[19] were represented. The women reported nine additional images of health reflecting the eudaemonistic model. Moreover, the most frequently reported categories included clinical, positive affect, fitness, practicing healthy life ways, and harmony, all of which, except clinical, were from the eudaemonistic model. Clearly, women's images reflected a strong emphasis on exuberant well-being, not merely the absence of symptoms, role performance, or management of their environments. The variability in women's health images is consistent with Parse's assertion that health is each person's own experience of valuing that can be known only through a personal description.[10]

Despite the variety of descriptions derived from an emic coding approach, women's health images resembled those advanced by many nurse theorists. Many of the descriptors included in the dimensions of actualizing self, practicing healthy life ways, positive self-concept, fitness, cognitive function, positive affect, and harmony resemble the descriptors for the categories developed by Parse and associates[20] of spirited intensity, fulfilling inventiveness, and symphonic integrity.

Considering individual categories of health images, there is also consistency with works reflecting the totality paradigm. The most commonly mentioned category was "positive affect" descriptors, reflecting what Orem termed "wellness." The categories "fitness" and "practicing healthy life ways" probably reflect contemporary emphasis on health promotion,[1] but neither is mentioned in nursing's contemporary theoretical works. "Harmony" is consistent with Watson's emphasis on unity of mind, body, and soul, in harmony with the world. "Positive body image" does not figure prominently in any of the theorists' definitions of health but does reflect the Cartesian dualism represented in contemporary media about women.

The categories "cognitive function," "positive affect," "positive body image," and "fitness" can also be evidence that women use language to describe their health that represents the totality paradigm. The totality paradigm may, indeed, reflect how contemporary women view their worlds: as environments with which they are not in mutual simultaneous interaction, but to which they must adapt. Given the influences of sexism in women's lives, there is good justification for the totality paradigm to prevail in their thinking. The predominance of eudaemonistic

images, however, is encouraging. Moreover, the finding that women who reported eudaemonistic images reported the lowest frequency of clinical and role performance images may suggest that a shift in how women define their health may be occurring. Perhaps this shift can be attributed to the expanded possibilities for women associated with the Women's Movement.

Older women reported more role performance and adaptive images but fewer eudaemonistic images than their younger counterparts. This may reflect a cohort effect attributable to the recent social emphasis on health promotion and changing norms for younger women.[1]

Women who had more formal education and/or higher income reported more eudaemonistic images than their less educated and/or less well-off counterparts. Perhaps this pattern is a function of the opportunity socially advantaged women may have to develop images of health that transcend the limits of clinical, role performance, and adaptive images.

Of interest was the negligible effect of ethnicity and employment on health images. The lack of evident effect may result from the similarity in socioeconomic status of the racial and ethnic groups included in the study. Likewise, employment may be less influential in shaping women's health images than in shaping their health behaviors.

In sum, women reported a rich diversity of health images. Their emphasis on eudaemonistic images was consistent with the definitions of contemporary nursing theorists and was in evidence regardless of the women's ages, education, income, ethnicity, or employment status.

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Appendix
Health images grouped by category

CLINICAL

No lowered appetite
No tiredness or laziness
No bothersome symptoms
Not ill or sick, disease free
No chronic illness
No bad feelings
No pain
Infrequent illness
Only occasional colds
Not incapacitated
Normal
No guilt
Don't need medications
Not bedridden
No addictions
Not having to see a physician
Quick recovery, no lingering memories from illness
Not susceptible to disease
No aches, pains, or headaches
Pap smear ok
Health examinations ok

ROLE PERFORMANCE

Able to do work, do usual functions
Able to do anything physical
Able to move
Ability to get through it
Able to exercise
Able to get up in the morning
Able to perform
Able to get around
Able to do things
Able to function without discomfort, fatigue
Predictably being able to do things
Able to be as active as you want
Able to tackle anything mentally

ADAPTIVE

Flexibility
Sense of humor
Able to put things in perspective
Don't let things get you down
Acceptance of life's situation(s)
Adaptability to change
Able to take care of things easily
Ability to cope
Able to handle/manage life
Able to take anything mentally
Stress management
Adequate money to meet needs
Financial adequacy
In control
Control over life
Control over mind, health, and body
Self-discipline

ACTUALIZING SELF

Able to achieve goals
Going for it
Reaching optimum
Productive
Self-awareness

PRACTICING HEALTHY LIFE WAYS

Not smoking
Taking care of self
Exercising
Wanting to do good things for your body
Moderate consumption of alcohol, chocolate
Good eating habits
Eat balanced diet
Good nutrition

POSITIVE SELF-CONCEPT

Sense of self-worth
Self confident
Feel good about self
High self-esteem

BODY IMAGE

Ideal weight
Good feelings re: body
Look good
Nice appearance
Nice body

SOCIAL INVOLVEMENT

Liked by others
Involved in community
Interesting to be with
Outgoing
Having many friends
Able to enjoy family
Feel good about relationships
Being with healthy people
Able to love and care

FITNESS

Stamina
Strength
Physically fit
Able to be active
Feel strong
In good shape
Rested
Energetic

COGNITIVE FUNCTION

Think rationally
Creative
Having many interests
Alert
Clear headed
Inquisitive

POSITIVE AFFECT

Positive mental attitude
Sense of well-being
Happy
Joyous
Cheerful
Exciting
Exhilarating
Wonderful
Affectionate
Feel good

HARMONY

Spiritually whole
Sense of purpose
Centered
Peaceful
Relaxed
Calm
In harmony
Life in balance
Carefree
No worries
Peace of mind
Body/mind in harmony
Satisfied
Content