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Advancing Discourse on Health Promotion: Beyond Mainstream Thinking

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Abstract

Attention must be redirected toward health promotion as nursing evaluates the goal of health for all.Confusion regarding health promotion behavior is illustrated by terms with diverse meanings and uses. In a process of critical analysis, five multidisciplinary experts in health promotion responded to a survey targeting the distinction of health promotion, health promotion behavior, health protection behavior, disease prevention behavior, preventive health behavior, health behavior, and healthy lifestyle. Descriptors of health promotion were derived from a multidimensional conception of well-being. Disagreement existed concerning health protection and health behavior. Nursing interventions are linked to reflective discourse regarding health promotion behavior.

Key words: behavior, disease prevention, health promotion, health protection, lifestyle, prevention

Health promotion is emphasized in the World Health Organization's (WHO's) goal of health for all. [1] However, the dominant biomedical view emphasizing disease continues to influence definitions of health, health behavior, and the context for promotion of healthy lifestyles. [2-5] Nurse educators, practitioners, and researchers regularly confront the challenge of moving the focus from secondary and tertiary prevention and disease-oriented processes to health promotion. [6] Ultimately, nursing must increase knowledge of health promotion and disease prevention to advance the goal of optimum health for all. [3,4] To do so, an understanding of the determinants of health-related behaviors and the

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immediate and long-term health outcomes of these personal behaviors is imperative. Based on a critique of published literature and working definition of multidisciplinary experts, the authors of this article argue for a broader definition of health promotion behavior that is researchable, clinically relevant, and differentiated from other related terms.

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RELATED LITERATURE

Research on health promotion has increased markedly since the 1960s and has been extended to include the established levels of individual, family, and community. More recently, perspectives have been expanded to include the contextual or social-ecological influences on health promotion. [7] Early studies attempted to determine "why" individuals failed to adopt medically prescribed disease preventive or screening tests. [8] It is generally accepted that certain personal behaviors promote or endanger one's state of health; however, a vast number of terms and a broad range of behaviors are used to define or describe health promotion. Terms used include "health habits," "positive health practices," "preventive health behaviors," "health protective behaviors," "risk reduction," and "healthy lifestyle." Behaviors used to illustrate these varied terms range from positive actions taken to promote health, such as eating a balanced diet and regular exercise, to avoidance of negative or risk behaviors, such as alcohol, drug, or tobacco use.

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Definitions of health promotion behavior and related terms

Although the existing literature points to the lack of clarity in conceptualization and measurement of behavior for health promotion, there has been limited public dialogue related to these issues. A critical examination of both conceptual and measurement issues related to health promotion behavior is in order.

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Disease prevention

Although Dunn [9] recognized the importance of lifestyle choices in promoting wellness as early as 1959, Leavell and Clark's [10] classic definition of levels of prevention, rooted in the epidemiology of the natural history of disease, has strongly influenced the definition and measurement of health promotion behavior. Leavell and Clark considered that primary prevention included promotion of health and protection from threat to health, with the emphasis on prevention of disease. [3] In 1966 Kasl and Cobb [11] distinguished "health behavior" from Parsons's [12] "sick-role" and "illness" behavior, defining health behavior as any action a person who believes himself or herself healthy undertakes to prevent or detect disease in the asymptomatic stage. This focus on prevention and disease detection ignored health promotion in the absence of illness, health maintenance, and targeted wellness behaviors.

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Health protection

Harris and Guten [13] described self-reported behaviors used by adults to promote, protect, or maintain their health and defined health protective behavior as any behavior performed by the individual to accomplish those three goals, regardless of actual or perceived health status or the effectiveness of the behavior. This definition of health behaviors was one of the first to move beyond the realm of medically prescribed behaviors into the realm of self-defined behaviors that can protect against the threat of disease and even promote positive health. [14] In addition, Harris and Guten were among the earliest researchers to provide evidence of five clusters of dimensions of health protective behavior: personal health practices, safety practices, preventive health care, environmental

hazard avoidance, and harmful substance avoidance.

The direction of the U.S. prevention program was confirmed in 1979 when the Public Health Service (PHS) [15] established the first set of national objectives involving disease prevention, protection, and health promotion. Health promotion was defined as beginning with people who were basically healthy and seeking to enhance their lifestyles and achieve well-being. Although this document included an evolving health promotion concept and suggested actions, preventive behaviors continued to be the main focus of the U.S. national initiative. The 1990 National Health Objectives for the United States published in Healthy People 2000 [16] represented a significant shift toward primary emphasis on health promotion and individual responsibility. [2,3]

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Health promotion

In the 1980s and early 1990s, research into health promotion, health protection, and illness prevention became more prevalent, and models of health enhancement were proposed. This shifting emphasis toward health promotion was illustrated by the work of Pender, [17,18] who described health-promoting behavior as an actualizing tendency "directed toward sustaining or increasing well-being, personal fulfillment, and self-actualization." [18] (p65) Pender [17] developed the Lifestyle and Health Habits Assessment, a 100-item checklist of positive health behaviors, for use as a clinical nursing tool. Building on Pender's work, Walker, Sechrist, and Pender developed and tested the Health-Promoting Lifestyle Profile (HPLP), defining health-promoting lifestyle as "a multidimensional pattern of self-initiated actions or perceptions that serve to maintain or enhance the level of wellness, self-actualization, and fulfillment of the individual." [19] (p77)

The newly revised Health-Promoting Lifestyle Profile II (HPLPII) [20] and the original HPLP [19] are designed "to measure dimensions of health-promoting, as opposed to risk-reducing, lifestyle." [20] (p328) Walker and colleagues noted, "those items . . . concerned with the avoidance of undesirable health practices, appear to comprise a set of behaviors different from the set measured by the HPLP. The basis for the difference, however, is not clear." [19] (p80) The authors of the HPLP suggested that further research is needed to clarify the nature and the relationship of the two sets of behaviors. Although the HPLP is described as a "multidimensional" pattern of health-promoting actions and perceptions, the common measurement approach is to construct one summative score for use in statistical analysis.

The HPLP is frequently used to measure health-promoting behavior; however, it is important to note that the specific items in the instrument are not exclusively behavioral indicators. [21] Several items measure perceptions such as, "aware of strength/weakness," "feel happy/content," "life has purpose," "satisfying environment," "aware of stress sources," and "enjoy touching," and other items appear to measure knowledge and actions, such as "know what is important," [19] (p79) "check cholesterol level and know the result," and "check blood pressure and know what it is." [22] (pp1-2) It appears that the HPLP is a broad lifestyle construct including actions, perceptions, and some knowledge items. Investigators must ultimately question what is being measured when indicators of actions, perceptions, and knowledge are summed and used as the dependent variable in explanatory research.

In 1983 Brown, Muhlenkamp, Fox, and Osborn [23] measured the extent to which individuals engaged in health promotion activities with a 24-item, six-subscale, self-report Personal Lifestyle Questionnaire (PLQ) derived from the work of Harris and Guten. [13] However, Brown and coworkers did not explore conceptual questions of dimensionality as originally posed by Harris and Guten. In research reports using the PLQ, a total score summing the six subscales was used to represent health promotion activities. The summative score was the

predominant health behavior measure; consistent with questions raised earlier about the HPLP, conceptual questions about relations among the dimensions of the health promotion activities were not addressed.

Kulbok [24] also cited Harris and Guten's [13] definition of health behaviors in a study of social and health resources as correlates of good health habits. Kulbok's study was designed to test the dimensionality of health behaviors; findings revealed several distinct dimensions of health behaviors (eg, check-up, harmful consumption, health protection, dental, and fitness) and different sets of predictors of each dimension. Kulbok's research confirmed Harris and Guten's hypothesis of multiple health behavior dimensions. Increasing empirical evidence of multiple dimensions supported a conceptualization of health behavior beyond the dominant unindimensional approach employed by Brown and others [23] and the bi-dimensional model suggested by Walker, Sechrist, and Pender. [19] However, more work was needed to establish both conceptual and empirical validity of health promotion behavior and related terms. [3,4,25,26]

Duffy [27] was also influenced by Harris and Guten's [13] study of health protective behavior. Using qualitative and quantitative methods to describe primary prevention behaviors (PPBs) practiced by members of female-headed, one-parent families and the barriers to the regular practice of PPBs, Duffy found that families practiced purposeful behaviors to promote health or prevent disease. These "conscious health practices" were contrasted with "unconscious health practices"; the latter were regular daily routines that were part of one's lifestyle, and the former were for health promotion or illness prevention. Duffy's work suggested bidimensional sets of health behavior-that is, conscious health-related actions versus habitual, routine behavior patterns. Duffy's approach was distinct in that she focused on cognitive processes and barriers associated with family health behaviors rather than on the nature and type of behaviors.

In a study of the relationship between self-actualization and health conception and their relative importance in predicting health behavior choices, Laffrey [28] provided definitions for three types of health behavior-promotion, maintenance or protection, and prevention. Health promotion was directed toward achieving a greater level of health or well-being than either protection or prevention. This definition was similar to Pender's [17,18] description of health-promoting behavior. Notably, in Laffrey's [29] exploratory study of adults with and without chronic illness, the participants recounted patterns of health behaviors and cited their primary reasons for performing the behaviors: health promotion, health maintenance, and illness prevention. Laffrey's definitions of the different types of health behaviors were based on the respondents' "reasons for performing the behaviors," not on the nature and type of behaviors themselves. Laffrey's research demonstrated that many of the same health behaviors were performed by different individuals for different reasons. Similarly, Loveland-Cherry, describing Pender's notion of health promotion versus health protection as two different motivations for health behavior, also argued "that the same behavior may be undertaken from either of the two perspectives." [30] (p477)

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Need for further clarification

This review of research within the context of health enhancement models has revealed an encouraging trend toward the explication of dimensions of health promotion behavior. Less encouraging, however, is the lack of clarity (both conceptual and psychometric) in distinguishing behaviors, affect, attitudes, and knowledge and the assumption that they all can be combined to represent a single indicator of health promotion behavior. Further, the contextual origins of these "behaviors"-that is, the motivation or "reasons" that dictate under what circumstances these health promotion, health maintenance or health protection, or prevention behaviors are undertaken-in general were not addressed at all or were assumed to be reflected in the nature of the items themselves.

Clearly, there is a need for further systematic examination of conceptual and methodological issues related to the broad domain of health promotion behaviors, health maintenance behaviors, and illness prevention behaviors. Emphasis must be placed first on gaining greater conceptual clarity; subsequently, measurement issues can be addressed. Adequate assessment of health promotion behavior is a function of the scope of conceptual and operational definition of the concept. [31] It is difficult to establish precise operational validity when a narrow or ambiguous conceptualization of health promotion behavior is used. However, comprehensive definitions are difficult to operationalize and will require complex multivariate measurement models. More attention must be given to theoretical definitions, underlying assumptions, and the dimensions of the behaviors studied to advance efforts toward description, explanation, and prediction. Despite recognition of conceptual and methodological issues in health promotion research, public dialogue and critique of the dominant approach are rare.

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AN EMERGING PROCESS OF CRITICAL ANALYSIS AND CONCEPT DEFINITION

To offer a broader definition of health promotion behavior that is researchable, beginning concept clarification procedures [32-35] have been initiated. Following the review and expanded critique of existing health promotion literature, the authors conducted a survey to elicit the working definitions of health promotion behavior used by multidisciplinary expert clinicians and researchers known in the field of health promotion. A major effort was concentrated on providing content validity-that is, a representative sampling of the theoretical universe of properties that truly define the concepts [31] of health promotion behavior and related terms-by focusing beyond the literature review, which provided knowledge of what was "available, tested, or found useful as a definition," [32] (p245) and moving into the practice realm of the working, personal definitions of expert clinicians and researchers.

Consistent with established face validity approaches, a group of expert respondents was targeted in a deliberate attempt to capture a representative sample of definitions and ideas regarding health promotion behavior and related terms. The multidisciplinary experts were established researchers with extensive publications in the area of health promotion. These five expert respondents' work was conducted independently and recognized as distinct programs of research with contributions to the field of health promotion.

The survey included open-ended questions eliciting personal, working definitions of health-related terms, including health promotion, health promotion behavior, health protection behavior, disease prevention behavior, preventive health behavior, health behavior, healthy lifestyle, and health. Brief responses were requested. Completion of the survey required 30 minutes to 1 hour. Some respondents commented that the questions required them to thoughtfully clarify assumptions underlying their definitions.

Survey responses were critically analyzed, and patterns of descriptive words, phrases, and themes were identified by each of the investigators. Theoretical definitions of health promotion behavior and related terms were derived based on general agreement of the investigators regarding patterns and themes obtained from the personal, working definitions of expert respondents and synthesis of conceptualizations from the health promotion literature.

Consistent with literature describing emerging models of health enhancement and expanded social-ecological approaches to health, health promotion was defined as organized actions or efforts that enhance, support, or promote the well-being or health of individuals, families, groups, communities, or societies. Health promotion behavior was defined as any actions or behaviors taken by individuals to improve or promote well-being or health.

There was considerable disagreement among the experts regarding "health protection behavior"; this disagreement is consistent with differing meanings and uses of the term in the literature. One expert equated health promotion and health protection. Another expert defined health protection behavior as actions designed to avoid or ward off threats to health. A third stated that health protection behavior was any action performed to maintain one's current health. A fourth equated health protection with disease prevention. The fifth expert equated health protection with both health maintenance and disease prevention.

Disease prevention behavior was defined as detecting and preventing specific diseases. One expert offered the qualifier that these actions are generally taken in collaboration with professional health care personnel. Preventive health behavior was defined as actions taken to prevent illness, reduce the risk of disease, and avoid threats to health. However, two experts included actions taken to promote or maintain a level of health.

Health behavior was defined by four experts as any action to promote health or prevent illness. One of these four experts included actions undertaken for reasons other than promotion or protection, that have a health effect. The fifth expert equated health behavior with disease prevention behavior. Healthy lifestyle was described as a pattern or set of behaviors in daily living that are conducive to health and well-being. Two experts referred to associated health values and beliefs. The majority of respondents stated that health was a state of well-being or wellness. Multidimensionality of health was addressed in four of the definitions. One expert asserted that health was freedom from pain and suffering.

In sum, the predominant descriptors of health promotion and disease prevention behavior proposed by experts in the field were derived from a positive conception of health as wellness or well-being, emphasizing the productive growth aspects and multidimensionality of health. In addition, four of the experts placed emphasis on political and societal responsibility for health and health promotion. It was notable that although there was consistency across many definitions, there was less agreement regarding the terms "health protection behavior" and "health behavior."

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DISCUSSION

This analysis extends the critique of existing definitions and measures of health promotion behavior and related terms, revisits conceptual and methodological issues, and is an argument for a multidimensional conceptualization of health promotion behavior. The definition of health promotion behavior derived from this analysis and the definition that the authors argue for is as follows: Health promotion behaviors are any actions or behaviors taken by individuals to improve or promote well-being or health.

The rationale for selecting this definition begins with recognition of the expansive domain of multidimensional health. Health promotion behavior reflects an underlying "health paradigm." Health promotion behavior as defined emphasizes actions and behaviors and applies to well, ill, or diseased populations. Behaviors for health promotion, taken in the broadest context of multidimensional health, subsume the realms of both positive health-oriented actions and negative, avoidance behaviors that minimize specific threats to health and well-being.

This definition implies that there are multiple dimensions of health promotion behavior that may involve other descriptive terms and actions, including prevention and protection. The underlying assumption was based on the idea of multidimensional health and on the responses of the experts, who generally included promotion or maintenance of health as a characteristics of each health-

related behavior term. It is important that the number and type of dimensions of health promotion behavior are not assumed a priori; rather, the dimensionality of behaviors must be tested empirically in future research.

Breslow [36] remarked that health promotion and disease prevention may be "two sides of one coin." This assertion is consistent with research findings that different individuals may perform the same behaviors for different reasons. [29] Health promotion behaviors may include, but are not limited to, positive actions, such as maintaining a healthy diet or regular exercise, and negative, avoidance behaviors, such as not smoking or drinking alcohol in moderation or not at all.

The proposed definition is not meant to imply that there is a singular, generalizable pattern of health promotion behavior or a singular motivation for health behavior. Further research is required to determine the nature and types of health promotion behaviors; the structure of health promotion behaviors [37] in various populations and sub-populations, including those defined by age, gender, and ethnicity; and the motivations for health promotion behavior. This type of research will establish the operational validity of the concept.

A clearer conceptual and operational definition of health promotion behavior is foundational to continuing research and practice to improve health promotion behavior outcomes. The proposed definition will guide instrument development for the measurement of health behaviors as antecedents of health outcomes and will ultimately allow for greater specificity in the development and execution of interventions. Guided by a better understanding of the theoretical and operational structure of health promotion behavior, health care professionals can target clients for interventions to promote or protect health and prevent illness. With greater specificity in terms of the focus of the intervention, clients will be enabled to assume a more defined responsibility for their health promotion decisions.

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