

# HEALTH PROMOTION MODEL BY NOLA PENDER

**\*Sheetal Saxena, \*\* Aradhana Michael, \*\*\*Dr. Usha Ukande**

The health promotion model (HPM) is proposed by Nola J Pender PhD, RN, FAAN - former professor of nursing at the University of Michigan.

**The model focuses on following three areas:** Individual characteristics and experiences, Behavior-specific cognitions and affect, Behavioral outcomes

The health promotion model notes that each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for behavioral specific knowledge and affect have important motivational significance. These variables can be modified through nursing actions. Health promoting behavior is the desired behavioral outcome and is the end point in the HPM. Health promoting behaviors should result in improved health, enhanced functional ability and better quality of life at all stages of development. The final behavioral demand is also influenced by the immediate competing demand and preferences, which can derail an intended health promoting action.

## **Assumptions of the Health Promotion Model**

1. Individuals seek to actively regulate their own behavior.
2. Individuals in all their bio-psychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time.
3. Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their life span.
4. Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change

## **Theoretical Propositions of the HPM**

The HPM is based on the following theoretical propositions

1. Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior.
2. Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.
3. Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.
4. Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior.
5. Greater perceived self-efficacy results in fewer perceived barriers to a specific health behavior.
6. Positive affect toward a behavior results in greater perceived self-efficacy, which can in turn, result in increased positive affect.
7. When positive emotions or affect are associated with a behavior, the probability of commitment and action is increased.
8. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior.
9. Families, peers, and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior.

*\* Asso. Professor, Choithram College of Nursing, Indore*

*\*\* Professor, Choithram College of Nursing, Manik Bagh Road, Mob: 9826050048*

*\*\*\* Principal/ Professor Choithram College of Nursing, Indore Email: usha\_mullick@yahoo.com, Mob: 9425438183*