

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i64p5604-5615>

Health promotion model as a support in nursing practice

Modelo de promoción de la salud como apoyo en la práctica de enfermería**Modelo de promoção da saúde como aporte na prática de enfermagem****ABSTRACT**

Objective: To describe Nola J. Pender's Health Promotion Model as a contribution to nursing practice. **Method:** It is a narrative review of the literature with the search being carried out from March 2020 through the Google Scholar searcher using the expression "Nola J. Pender's Health Promotion Model" to carry out the search. **Results:** A total of four (100%) studies were used, where one (25%) is a review article, two (50%) are cross-sectional, two (50%) studies are descriptive and one (25%) has an observational or quantitative profile. **Conclusion:** The Health Promotion Model proposed by Pender seeks to identify the individual's living standards and personal history and facilitates the direction of care.

DESCRIPTORS: Nursing; Health Promotion; Evidence-Based Nursing.

RESUMEN

Objetivo: Describir el modelo de promoción de la salud de Nola J. Pender como contribución a la práctica de la enfermería. **Método:** Se trata de una revisión narrativa de la literatura con la búsqueda que se realiza a partir de marzo de 2020 a través del buscador Google Scholar utilizando la expresión "Modelo de Promoción de la Salud de Nola J. Pender" para realizar la búsqueda. **Resultados:** Se utilizaron un total de cuatro (100%) estudios, donde uno (25%) es un artículo de revisión, dos (50%) son transversales, dos (50%) estudios son descriptivos y uno (25%) tiene una observación. o perfil cuantitativo. **Conclusión:** El Modelo de Promoción de la Salud propuesto por Pender busca identificar el nivel de vida y la historia personal del individuo y facilita la dirección de la atención.

DESCRIPTORES: Enfermería; Promoción de la Salud; Enfermería Basada en la Evidencia.

RESUMO

Objetivo: Descrever o Modelo de Promoção da Saúde de Nola J. Pender como aporte à prática de enfermagem. **Método:** Trata-se de uma revisão narrativa da literatura com a busca sendo realizada em março de 2020 por meio do buscador Google Acadêmico utilizando a expressão "Modelo de Promoção da Saúde de Nola J. Pender" para realização da busca. **Resultados:** Foram utilizados um total de quatro (100%) estudos, onde um (25%) é do tipo artigo de revisão, dois (50%) de natureza transversal, dois (50%) estudos são de caráter descritivo e um (25%) possui perfil observacional ou quantitativo. **Conclusão:** O Modelo de Promoção da Saúde proposto por Pender busca identificar padrões de vida e histórico pessoal do indivíduo e facilita o direcionamento da assistência.

DESCRIPTORIOS: Enfermagem; Promoção da Saúde; Assistência Centrada no Paciente.

RECEIVED ON: 01/28/2021 **APPROVED ON:** 02/08/2021**Cosmo Alexandro da Silva de Aguiar**

Nursing Student at Universidade Regional do Cariri (URCA), Member of the Research Group on Public Health (GRUPESC), Member of the Research Group on Child and Adolescent Health (GRUPECA).

ORCID: 0000-0001-5311-6814

Maria Clara Barbosa e Silva

Nursing Student at the Regional University of Cariri (URCA), Member of the Extension Project: Health Promotion and Sustainability in Quilombola Communities.

ORCID: 0000-0002-1825-4493

Santana Alves de Queiroz

Nursing Student at the Regional University of Cariri (URCA), Member of the Extension Project: Health Promotion and Sustainability in Quilombola Communities.

ORCID: 0000-0002-2308-6113

Rosely Leyliane dos Santos

Assistant Professor in the Department of Nursing, Doctorate, Regional University of Cariri (URCA), PhD in Nursing from the Federal University of Ceará (UFC). Master in Nursing from URCA. Specialist in Assistance and Management in Family Health by the Faculty of Juazeiro do Norte (FJN). Researcher at the Collective Health Research Group (GRU-PESC-URCA).

ORCID: 0000-0002-3908-8834

INTRODUCTION

The expression “health promotion” seems to have been used for the first time, in 1946, by Sigerist. The expression was used to define the four fundamental stages of medicine: health promotion, disease prevention, recovery of sick people and rehabilitation. According to this author, health promotion should be the offer of adequate living conditions, good working conditions, physical culture and education, as well as means for rest and leisure. ⁽¹⁾

The concept of health promotion is directly linked to the concept present in the Ottawa Charter, which, in 1986, 35 countries committed themselves to exercise health promotion actions that aimed at reducing inequalities in health. This commitment aims to ensure that the population has the right to choices that favor both their well-being and their health, in addition to being able to act actively in this process and in improving the quality of life. ⁽²⁾

According to the Ottawa Charter, it is important that the various conditioning factors such as political, socio-cultural, economic, biological, behavioral and environmental are in line with health so that health promotion occurs. ⁽¹⁾

In 1998/1999, the Ministry of Health instituted the Health Promotion project, in partnership with the United Nations Development Program, with the objective of standardizing the National Health Promotion Policy (PNPS -Política Nacional de Promoção da Saúde), whose function would be to propagate other ways of elaborating public policies and

**The expression
“health promotion”
seems to have been
used for the first
time, in 1946,
by Sigerist. The
expression was used
to define the four
fundamental stages
of medicine: health
promotion, disease
prevention, recovery
of sick people and
rehabilitation.**

encourage partnerships between the different sectors so that there could be an expansion of debates about the social determinants of health. ⁽³⁾

The Organic Law of the Unified Health System (SUS) and the Federal Constitution of 1988, already have in their essence, rules that referred to health promotion. The PNPS was carried out in 2006, when it was evaluated and approved by the Tripartite Integrating Commission (CIT - Comissão Integradora Tripartite) and, in 2014, by the National Health Committee. Upon recognizing the impact that social determinants of health have on the health-disease process, in addition to considering interdisciplinarity and integration between the various sectors for the improvement of living conditions. ⁽²⁾ In this context, numerous strategies and theories have been developed that aim to promote the health of the population assisted in the assistance services.

When it comes to the Health Promotion Model of Nola J. Pender, there is still a need to expand this discussion. Although studies using Nola J. Pender's Health Promotion Model have already been carried out in different contexts and cultures, in addition to studies with different age groups, in different countries and in different contexts⁽⁴⁻⁷⁾; it is important to elucidate for nurses the theories and models of health promotion developed so that they are used in clinical practice in order to avoid aggravating the health of the population, in addition to further supporting professional practice. Therefore, this study had as the main objective to describe the Health Promotion Model of Nola J. Pender as a contribution to nursing practice.

METHOD

It is a narrative review of the literature, defined as broad publications aimed at discussing and characterizing a given theme from a contextual and/or theoretical perspective, constituting an analysis carried out by the author using a critical perspective of the published literature.⁽⁸⁾

This study is aimed at describing the Pender Model as a contribution to nursing practice. Therefore, the guiding question: “What is the description of the Health Promotion Model developed by

Nola J. Pender as a contribution to nursing practice?”.

The search was carried out in the period of March 2020 through the Google Scholar searcher using the expression “Nola J. Pender's Health Promotion Model” to perform the search. The inclusion criteria were studies published in the last ten years, in Portuguese, English and Spanish, available for reading in full and/or for download.

A critical analysis of the selected studies was carried out, in order to make it possible to carry out the synthesis of the main findings contained in the studies, in

which the aspects present in the Pender model presented and discussed in the studies were used.

RESULTS

The studies selected to compose the study sample are summarized in table 1. A total of four (100%) studies were used, where one (25%) is a review article type, two (50%) are cross-sectional in nature., two (50%) studies are descriptive and one (25%) has an observational or quantitative profile.

Table 1. Summarization of selected studies. Crato - CE, Brazil, 2021.

Author(s)	Objective(s)/Publication Year	Kind of study	Main findings
Hoyos GPA; Borjas DMB; Ramos AS; Meléndez RMO ⁽⁹⁾ .	Analyze original articles published in the 2000-2010 period, identifying the main aspects and the way the Pender model was analyzed. 2011	Review article.	The places where there was a higher prevalence of publications involving the model were Brazil, USA and Mexico; the age group where the model was most used were adolescents and adults, where the predominant themes were physical activity, chronic illnesses, healthy lifestyle and obesity. The professionals who most investigated the HPM were nurses and sociologists.
Alencar TD ⁽¹⁰⁾ .	Analyze the consultation and the nursing instruments used to promote health in elderly people who attend a third age group; Describe the customer's adherence and self-efficacy profile; Identify health promotion diagnoses and interventions and discuss the application of the instruments based on the Pender model. 2014	Quantitative research of observational, descriptive and transversal character.	31 elderly people participated. With an average age of 71,29 years, most are female, many were widowed, eutrophic, however, most of them had abdominal obesity, low blood pressure control, performed follow-up for up to two medical specialties and used polypharmacy.
Rahimian H, Mohammadi M, Mehri A, Rakhshani MH ⁽⁷⁾ .	Examine the impact of performing MPS on the physical activity of healthy volunteers. 2016	Cross-sectional study started in 2015 as part of a three-month intervention plan carried out with 80 volunteers, where they were selected using a multiple-stage random sampling method and divided into a control and intervention group. Data collection was carried out using two questionnaires: the demographic and the Persian version of the international physical activity questionnaire.	Before performing the intervention, the perceived benefits were assessed as being “good”; however self-efficacy and behavior were identified as being 'poor'. The practice of physical activity was perceived as having a positive influence on the perceived benefits, self-efficacy, emotion, situational influences and commitment, on the other hand it has a negative impact on the perceived barriers. 66.8% of physical activity was predicted in the variables of Pender's HPM.

Gama GA⁽¹¹⁾.

Analyze the application of the Health Promotion Model in prenatal care through the Nursing Process. 2017

Qualitative study with a descriptive approach, conducted with 16 pregnant women in usual risk prenatal care, with the collection performed during consultations following a semi-structured script.

The predominant age group was from 20 to 25 years old, the pregnant women had adequate weight, completed high school, stable union, were unemployed, in a subsequent and unplanned pregnancy. Previous behaviors were related to the practice of physical activity, food and nutrition and exposure to smoking. The perceived benefits were related to the fetus and to the relief of discomfort present during pregnancy. The barriers were routine overload, food cravings and indisposition. Most of the participating pregnant women were able to modify their behaviors and behaviors for those who promote health.

Source: authors

DISCUSSION

The Health Promotion Model (MPS - Modelo de Promoção da Saúde) proposed by Nola J. Pender, can guide the Nursing Process, based on the identification of past factors that have a direct influence on the patient's health behavior; having as a focus of the model the beliefs that can be evaluated by the nurse and that are critical points of the intervention of this professional, in which both nurse and client, must work together so that a healthy behavior is achieved. ⁽¹²⁾

Nola J. Pender was born in Michigan, United States in 1941. At the age of seven, she decided to pursue a nursing career by witnessing her aunt receiving care from a nurse. She seems to have maintained the idea that nursing should take care of people to themselves. ⁽¹³⁾

Pender seems to have taken a stance focused on health promotion. As well as disease prevention, with the view that it is preferable to experience the experience of well-being concomitant with the act of preventing disease, rather than letting a preventable disease set in, so that only afterwards its treatment can begin. ⁽¹³⁾

In 1982, Pender published his theoretical model for the first time, entitled Health Promotion in Nursing

Pender seems to have taken a stance focused on health promotion. As well as disease prevention, with the view that it is preferable to experience the experience of well-being concomitant with the act of preventing disease...

Practice, using three (03) fundamental concepts as the basis for its construction: Holistic Nursing, Learning Theory and Social Psychology. In addition, the Human Motivation Valuation Model was also used as a basis for her theory. ⁽¹¹⁾

The objective of this integration, among several theories and assistance models, was due to the search for the interpretation of the existing relationships between health-friendly lifestyles and the adopted behaviors that the subject adheres to in his biopsychosocial context. ⁽⁴⁾ The structure of the model is constructed in such a way that the nurse can offer assistance individually or by bringing together a group of individuals, making the planning, intervention and evaluation of the actions performed possible. ⁽¹⁴⁾

The benefits of this model occur due to the fact that it is not limited to just two or three explanatory variables, in addition to having perceived advantages of the activity, the perception of barriers to the activity, the self-efficacy for carrying out the activity. In addition, it has two factors related to interpersonal and situational influences, all of which are predictive for the development of health promotion. ⁽⁷⁾

In addition, Pender's health promotion model also helps to identify how people change their behavior

in order to improve their well-being and lifestyle, as well as themselves by identifying harmful health factors while promoting disease prevention actions. ⁽¹⁵⁾

Another important aspect of the Pender model is the fact that it is applicable in different populations and in different contexts, constituting something important in the application of nursing interventions, in the scope of both collective and individual health. ⁽¹¹⁾ In addition, the MPS has a multidimensional character since it takes into account the interaction between individual and environmental factors. ⁽⁶⁾

Nola J. Pender's Health Promotion Model consists of three components, aiming to assess individual behavior that leads people to seek health promotion: 1 - individual characteristics and experiences (constituted by personal factors associated with previous behaviors); 2 - the feelings and knowledge about the behavior you want to achieve (which includes barriers, self-efficacy, perceived benefits and interpersonal influences) and, finally,

3 - the desirable health promotion behavior (which includes aspects such as commitment to the plan adopted, preferences and requirements). ^(14,6)

The first sphere of the Pender model concerns aspects related to the person's previous characteristics and behaviors. In addition to also covering the individual factors of the subject of care, in which the following factors are inserted: Biological, such as age and body mass index (BMI); Socio-cultural, such as education, ethnicity, socioeconomic level, religion and marital status; Psychological, such as self-esteem and self-motivation. ⁽⁴⁾

Previous behavior can be defined as the previous individual customs related to the search for health associated with the concept that each person has regarding factors and characteristics, as well as the experiences that have a direct influence on their lifestyle. ⁽⁶⁾ This stage refers to factors that may have direct or indirect effects on the commitment to carry out the health promotion activity. ⁽⁹⁾

The second stage of the model concerns the perception of benefits

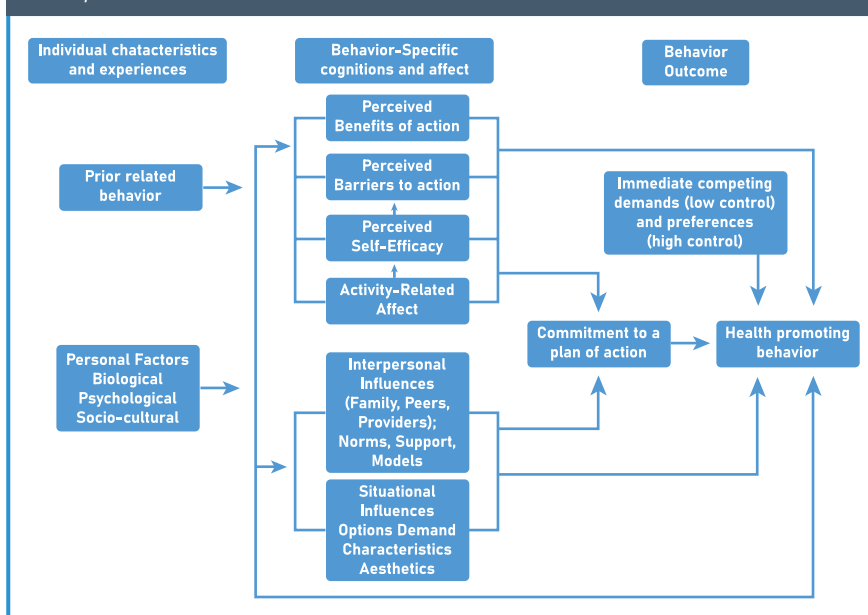
of behavior (positive results), as well as barriers to the adoption of promotional actions (negative thoughts about the difficulties to acquire such actions), influences both interpersonal (relative to other people, behaviors and beliefs and social support) as well as situational (relationship between lifestyle and environment), self-efficacy (ability to carry out health promotion actions) and about feelings related to behavior (which can be positive or negative, subjective or objective), even referring to the act before, during or after the health-promoting action). ⁽¹¹⁾

The concepts belonging to the second process of the model allude to the feelings and affections related to individual conduct, and the perceptions of the benefits of the actions refer to the positive results that will be achieved with the implementation of the health promotion practice. The perceived barriers allude to the disadvantages that the individual has and that can serve as an obstacle to the execution of the health action. The perception of self-efficacy concerns the person's understanding of carrying out the action and the effectiveness perceived by the client during and after the adoption/execution of the care plan, the feeling related to the behavior that is defined as the emotions favorable or not with the adopted conduct. ⁽⁹⁾

Interpersonal influences are those in which people closest to individuals offer support and support for patients to perform health actions. Finally, situational influences allude to spatial conditions that can positively or negatively influence the performance of health-promoting activities. ⁽⁹⁾

The last component of the model is related to the individual's commitment to the action plan (purpose of elaborating means that facilitate the execution of the behavior), to the immediate competitive demands (activities that are beyond the control of the subject such as work and responsibili-

Figure 1 – Diagram of the Health Promotion Model by Nola J. Pender. Crato, 2020.



Revised Health Promotion Model. Source¹⁶.

ties with the family) and preferences (behaviors related to health-promoting activities with which the individual already has greater control, such as issues related to food) and health-promoting behavior (acquisition of positive results, such as personal fulfillment and/or well-being).⁽¹¹⁾

This step refers to the successful adoption and implementation of health-promoting conduct when there is a commitment to action, when there is no unavoidable obstacle or preference that is contrary to health promotion.⁽¹⁰⁾ The components of this stage consist of the preliminary

concepts so that the expected final result is achieved.⁽⁹⁾

Thus, the main objective of the MPS is to assist nursing professionals in understanding the main behavioral determinants of health as a north to advise a change in behavior, resulting in the promotion of a healthier lifestyle.⁽¹³⁾ The Pender model aims to unite the concepts of behavior with actions aimed at developing actions that encourage the use of new healthy lifestyles.⁽¹⁷⁾

As a limitation of the study, it was noticed that the use of only three languages of choice. Studies in other lan-

guages, such as Japanese, for example, could have expanded other contributions to the construction of the current study.

CONCLUSION

It is noticed that the Health Promotion Model proposed by Pender seeks to identify the individual's living standards and personal history. The MPS can offer support to nursing practice, by helping to build the care plan so that there is health promotion and active participation of the individual in their care process. ■

REFERENCES

1. Machado TG. Promoção da saúde no programa de saúde da família: uma proposta de intervenção. [Trabalho de Conclusão de Curso]. Juiz de Fora: Universidade Federal de Minas Gerais, Curso de Especialização em Estratégia de Saúde da Família. 2015.
2. Malta DC, Reis AAC, Jaime PC, Morais Neto OL, Silva MMA, Akerman M. O SUS e a Política Nacional de Promoção da Saúde: perspectiva resultados, avanços e desafios em tempos de crise. *Rev. Ciência & Saúde Coletiva*. 2018; 23(6): 1799-1809.
3. Malta DC, Morais Neto OL, Silva MMA, Rocha D, Castro AM, Reis AAC et al. Política Nacional de Promoção da Saúde (PNPS): capítulos de uma caminhada ainda em construção. *Rev. Ciência & Saúde Coletiva*. 2016; 21(6): 1683-1694.
4. Bessa CC, Silva LA, Sousa TM, Silva VM, Galvão MTG, Guedes NG. Controle de saúde de celíacos: análise segundo o modelo de promoção da saúde de Pender. *Texto Contexto Enferm*. 2020; 29:1-11.
5. Silva ACC, Santos I. Promoção do autocuidado de idosos para o envelhecer saudável: aplicação da teoria de Nola Pender. *Texto Contexto Enferm*. Florianópolis. 2010 out-dez; 19(4): 745-53.
6. Guedes NG, Moreira RP, Cavalcanti TF, Araujo TL, Ximenes LB. Atividade física de escolares: análise segundo o modelo teórico de promoção da saúde de Pender. *Rev. Esc. Enferm USP*. 2009; 43(4): 774-780.
7. Rahimian M, Mohammadi M, Mehri A, Rakhshani MH. Impact of Performing Health Promotion Model Intervention on Physical Activity of Health Volunteer of Torbat-e-Jam City, Iran. *Quarterly of International Archives of Health Sciences*. 2016; 3(3): 87-91.
8. Rother ET. Revisão Sistemática x Revisão Narrativa [editorial]. *Acta Paul. Enferm*. 2007; 20(2):1-2.
9. Hoyos GPA, Borjas DMB, Ramos AS, Meléndez RMO. El modelo de promoción de la salud de Nola Pender: Una reflexión en torno a su comprensión. *Enfermería Universitaria ENEO-UNAM*. 2011 oct.-dic; 8(4): 16-23.
10. Alencar TD. A consulta de enfermagem fundamentada no "modelo de promoção da saúde de nola pender" a uma população idosa: estudo transversal [Trabalho de Conclusão de Curso]. Niterói, Rio de Janeiro: Universidade Federal Fluminense. 2014.
11. Gama GA. Modelo de promoção da saúde de Nola Pender na consulta de enfermagem à gestante [Dissertação]. Maceió: Universidade Federal de Alagoas, Programa de Pós-Graduação em Enfermagem. 2017.
12. Pender NJ. Health Promotion Model Manual. 2011. [online] Available from: < https://deepblue.lib.umich.edu/bitstream/handle/2027.42/85350/HEALTH_PROMOTION_MANUAL_Rev_5-2011.pdf?sequence=1&isAllowed=y > Acesso em: 15/03/2020 às 16:36h.
13. Nicolau IR. Atuação do enfermeiro em equipe multiprofissional no cuidado a obesos grau III. [Dissertação]. Niterói, Rio de Janeiro: Universidade Federal Fluminense, Escola de Enfermagem Aurora de Afonso Costa, Mestrado Profissional Enfermagem Assistencial. 2015.
14. Victor JF, Lopes MVO, Ximenes LB. Análise do diagrama do modelo de promoção da saúde de Nola J. Pender. *Acta Paul. Enferm*. 2005; 18(3): 235-240.
15. Bermudez EAZ, Rodriguez YS, Sequeira ODT. Factores modificantes de la salud según el modelo de Nola j pender que influyen en una amenaza de parto prematuro en las gestantes adolescentes que asiste al puesto de salud [Seminario]. Nicaragua: Universidad Nacional Autónoma de Nicaragua. 2016.
16. Pender NJ, Murdaugh CL, Parsons MA. Health Promotion in Nursing Practice. 7ª ed. Boston, MA: Pearson; 2015
17. Guimarães HC, Borges MS, Souza M, Ribeiro MS. A Promoção da Saúde dos Portadores de HIV/AIDS em Situação Prisional Aplicado ao Modelo de Nola Pender: Estudo Qualitativo. *Investigação Qualitativa em Saúde*. 2017; 2: 421-430.