HEALTH AND NURSING: EVOLVING ONE CONCEPT BY INVOLVING THE OTHER

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Five years ago I was one of the four nurses involved in a study of the development of health behaviour in children[1]. It was that project which first set me thinking about health. As we observed children in one situation and then another we could see them taking on various health ideas, attitudes and practices from a very young age. When we looked carefully at each child *across* situations we noticed another level of behaviour — a way of dealing with reprimands or difficult tasks, a way of deciding what to do or a way of getting along with other people. We wondered whether health behaviour was part of these general ways of behaving. Is health behaviour more than specific ideas, attitudes and practices?

As we went on to observe school-age children and adolescents these questions continued to intrigue us. Parents remarked on changes in the health practices of their older children. "He used to be so meticulous... in the bathroom all the time. Now we can't get him near water". They also talked about ways of behaving. "(Nine-year-old) Sandy is a born detective... has to figure things out for herself. But (five-year-old) Jamie! He actually *likes* rules... always making up a new one... drives us crazy sometimes. But he is more cooperative than Sandy." Although a child's specific ideas and practices changed from time to time, his way of behaving seemed to take shape and become quite consistent early in life. We questioned whether his general way of behaving was influencing the health ideas and practices which he accumulated or discarded along the way. These were fundamental questions about health and health behaviour which had not been identified and developed in the health literature.

At that time, the bulk of health research reflected a static concept of health on a continuum with illness, and defined health behaviour at the level of specific ideas and practices. However, the philosophical work of one author caught our attention. Bob Hoke (1968) proposed that "health is a behavioural and developmental process" involving multi-level responses to a total environment:

> Health is like other things than can be learned... not a static end-point but a way of pursuing one's goals... It is not something to have but a way to be. It is a procession, not a possession.

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1 'The development of health behaviour in children', an inter-university project across Canada, launched by F.M. Allen, Ph. D. Initial proposal supported by Health and Welfare Canada, Project No. 605-1237-44.

In other words, health is not a state or a quantity of some kind. Rather, it is a developmental process, the elements of which we were seeing in the behaviour which these children carried from one situation to the next. But Hoke discusses the health process solely as a phenomenon of the individual. Yet we had some remarkable evidence that the child's health behaviour was indeed a reflection of some larger group, in particular, his family. This could mean that the health process proposed by Hoke is, to a large extent, a social phenomenon, embedded in the process of associated living. As the pilot phase of this project came to a close, we had uncovered a rich store of insights and hypotheses concerning the concept of health, all generated by the original question — how do children learn health behaviour?

Within a few months, I began practising nursing at the Health Workshop, another project of the School of Nursing [2]. This project, still underway, is a community health service established to investigate and demonstrate the full function of nursing. It is based on a model of nursing which is uniquely aligned with health. Underlying the original proposal are two notions about health which give theorical guidance to our nursing practice. The first is well developed in an article by Ralph Audy (1971):

> Health is a continuing property, potentially measurable by the individual's ability to rally from insults, whether chemical, physical, infectious, psychological or social. Rallying is measured by completeness and speed. Any insults may have a "training function" and recovery will often be to a slightly higher level of health". The person or body learns something.

Important here is the idea that coping is an attribute of health, a type of health behaviour. In addition to adaptation in the physiological sense, the act of coping is a learning experience: one learns to be healthy. The second definition is from Bruhn and Cordova (1977):

> Wellness behavior is the development of an individual's ability to actively seek and change his life situation so that he can function at his perceived maximum capacity and satisfaction.

According to these authors, development is also an attribute of health. It is the harnessing of strengths and resources to the intentional work of achieving life goals. Being healthy is a way of developing; one may say,

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2 A prototype for community health nursing, 'The Workshop: A Health Resource' launched by F. Moyra Allen, Ph. D., and Marguerite Warner, supported by Health and Welfare Canada. Project No. 605-1300-42.

therefore, that it is learned. It seemed that Audy, and Bruhn and Cordova had each teased out an attribute of that way of "being and becoming" envisioned by Hoke. But how does one utilize ideas such as coping, development and learning in nursing practice? Jean Piaget (1973) states that "to understand is to invent, or reconstruct". And that is what had to be done — reconstruct through the practice of nursing these abstract notions about health.

Coping was chosen as the first point of enquiry because the literature provided some ideas of what to look for. Helen Perlman (1975), for example, summarizes our knowledge about coping this way:

> Coping is a person's effort to deal with some new, and often problematic, situation or encounter or to deal in some new way with an old problem. Its purpose is mastery or problem-solving at best; at the least, it serves to reduce tension and ameliorate the problem.

Coping then is a function of problem-solving. The act of coping, as an expression of health, could be differentiated into the various activities of problem-solving.

In practice, these ideas led to observing, eliciting and examining the ways in which people were dealing with the concerns which they brought to The Health Workshop. One young couple who was exasperated with their five-year old's behaviour, presented the problem this way. "Charlie will not do as he is told. He is noisy and rambunctious in the house — a bully with his little brother. He doesn't listen. That's the most irritating part. He *never* listens." How have they tried to deal with his behaviour? "We put him in his room and he tears everything apart. We've tried spanking him and we've tried reasoning with him." Was Charlie ever good? "Yes, he has his good days — fewer and farther between, but he is a very affectionate little boy who can be a lot of help sometimes too." Beyond this point, the parents were at loss to describe the circumstances of Charlie's good days and bad days, or the sequence of events leading up to Charlie's outbursts of "bad" behaviour. The mother complained of frequent headaches and of feeling nervous all the time. The father worried that he was learning to hate his son. They had no particular questions than, "How do we make him behave?" The problem-solving behaviour of this young couple was characterized by a random "jumping to solutions". There was minimal evidence of activities directed toward understanding Charlie's problematic behaviour. By combining the data combed from nursing practice with what is known about coping, it was possible to reframe this couple's concern in terms of problem-solving. They required assistance in gathering information about the circumstances of Charlie's behaviour and examining that information to gain a better understan-

ding of the situation. But the method of working with these aspects of coping was not yet clear.

Audy (1971) says that the act of coping is a learning experience, an opportunity to improve the quality of coping behaviour. This would suggest approaches to nursing practice which assist people to learn better (healthier) ways of coping. Since coping is essentially a problem-solving process, the nurse would attempt to create an environment and provide a structure in which people could interact with the situations they encounter in a problem-solving way. To go back to Charlie's family, the next logical step was to engage them in a learning situation wherein they could find and master new ways of coping with his behaviour. This meant involving them, first of all, in some excercises in observation and listening. As a group we viewed a short film depicting a typical day in the life of a pre-schooler. Throughout the showing we each jotted our observations, and then we compared notes. Charlie's parents were astonished at the amount of interpretation versus description they had given to the behaviours which they observed. To a lesser extent they noticed, by reading my notes, what they had *not* heard. We then went on to the business of gathering information at home. The couple decided to use a tape recorder because it was a familiar object in the home and an easier method than notetaking.

The above vignette helps to explain a further development in this exploration of the concept of health. As I worked with Charlie's family, I was attending to their coping (or was it their learning?) behaviours at the time of assessment and as they changed or did not change in response to nursing actions. Suddenly it occured to me that the problem (coping) and the method (learning) were one and the same. The act of coping is a learning act. And within a learning framework, nursing assists people to learn new ways of coping, thereby assisting them to become healthy. The real test of the significance of this concept of health and nursing comes in matching improvements in the quality of coping with pertinent indicators of better health status, e.g., better family functioning, reduction or disappearance of illness symptoms and ability to work or go to school.

Development, the other notion about health underlying our nursing practice, was less clear. Unlike coping which is problem-oriented, development is a goal-oriented process. Although we know a great deal about the problem-solving process, our knowledge about man's goal-achieving behaviour is minimal. This is due, in part, to the tendency to organize studies of development around biological maturation and chronological stages of the life cycle rather than the behavioural processes which energize and steer development. In his most recent work, Bronfenbrenner (1979) talks about "molar activities" as the principal and most immediate manifestations of development:

> A molar activity is an ongoing behaviour possessing a momentum of its own and perceived as having meaning or intent by the participants in the setting.

According to Bronfenbrenner (1979), molar activities are continuing processes with a momentum which is produced by the existence of intent. "The question of perceived aim is thus always relevant for defining a (developmental) activity" (Bronfenbrenner, 1979, p.45).

Once again I looked to nursing practice for opportunities to reconstruct and understand this developmental attribute of health. Working from the learning perspective, I gathered information about strengths and resources, purposes and aspirations when exploring problematic situations with clients. It is within this framework of thought that one is most likely to discover goal-oriented activities which, as Bronfenbrenner suggests, are not tied to the immediate situation but do come into play in the events of day-to-day living.

The developmental attribute of health appears to comprise at least three goal-achieving activities — calling forth potential, creating resources and taking aim. Calling forth potential includes noticing that potential and putting it to use. At The Health Workshop we have observed that some people, even while seeking assistance, act as though they will be able to deal with the problem. Voluntarily, or in response to questions about their strengths, they describe abilities and qualities which they perceive as positive. They demonstrate a sense of their own power (potential) as an agency residing within them. Others talk only of failure and inadequacies. I was working with two young men, each 20 years of age, at about the same period of time, when the contrast between the two revealed this activity of calling forth potential. They were both in university and had been at the top of their class until the past year. But now they were doing badly, questioning the value of "all work and little play" and dealing with pressures from the family to pursue a professional career. The one described himself as a procrastinator, as "all style and no substance". He was depressed and he found it difficult to think of his particular strong points. The other was dealing with a much stronger reaction from his family. Although he was discouraged and upset he had no doubts about his academic ability or his capacity to do something "worthwhile" in the future. He was able to incorporate this sense of his own potential into an assessment of the situation and later, into a decision to change his program of study.

Another developmental activity is that of creating resources. This refers to the ways in which people recognize, mobilize and regulate resources. Through nursing families dealing with similar if not identical events, it was possible to see some of the characteristics of this activity.

With the onset of a chronic illness in one of its members, one family could identify and begin to mobilize existing sources of emotional strength and practical assistance among neighbours, friends and community agencies. Another family struggled to maintain independence, bemoaned the lack of services and hesitated to "impose" on others. Some people search out reading materials and a variety of ideas and opinions; several others remain mystified and helpless. Rather than takig inventory of several available resources a family may latch on to one "referee" or authority who will take charge of the situation for them.

More recently, an elderly Irish lady taught us about the notion of regulating resources. Mrs. M. was referred to The Health Workshop by one of her neighbours. "Carrie has arthritis, a lot of stiffness in her knees, finding it difficult to get around. But she is also quite heavy — doctor told her to lose weight and I think she would like some help." When I met Mrs. M. she asked all the right questions about nutrition and dieting. She seemed to expect that I would set her up with a dietary regimen, information about nutrition, etc. Yet I wondered whether this type of assistance was really required. Mrs. M. understood the notion of a balanced diet and had adequate knowledge about the nutritious value and caloric content of many foods. Going along with her initial requests for information and advice, I also inquired about her own ideas and strategies. Gradually, she talked about the weight control methods which she had learned in seventy years of living. She enjoyed "weigh-ins" and periodic acknowledgement of her successes by another person. On one home visit, she pulled out a diet sheet which a friend had given to her. "I don't tell her I'm not following it — it's much too fancy. But she's a good friend and it's nice to know that she is interested. It's just a matter of potatoes and bread with me — I cut them out and off go the pounds — that's the way *I* do it". I was impressed by her remarkable ability to regulate, when necessary, the actual input of her friend and now, the services of a health resource. Mrs. M. wanted external reinforcement this time and she knew how to handle the information and advice which she had solicited as a "good" client but did not really need. This set me thinking about a young couple with a new baby who were having more trouble dealing with the "experts" among their well-intentioned friends and in-laws than with any other aspect of the new parent experience. How could they learn to regulate inputs while maintaining their network of resources?

Taking aim is a third developmental activity manifested by people who can set goals for the immediate situation and link a satisfactory solution with the general nature and direction of their development. When structuring a learning situation for a client I inquire about general goals early in the assessment phase. As we begin to consider strategy (specific goals and methods), I watch to see whether the client notices the link between

what we are doing and where we are going. Some people can see the aim in the action. Other people need help in learning how to identify and utilize their aims to decide on a course of action. One lady surprised me when she announced that since her last visit she had started the Scarsdale diet. I wondered how this linked with her presenting complaints of unrelenting tension and anxiety and episodes of physical weakness and fatigue at work. "Well, once I sorted out that goal of feeling better about myself and no longer being everybody's doormat, I went home and began to think about how to start. Most of it seems very complex but I do know that when I look good I feel happier, more confident. So I decided to start with these 10 lbs I've put on the past couple of years". At first glance, her decision to diet seemed aimless in terms of the larger problem, but not so. Once she got started, we then looked for possible links between how she was working on her physical appearance and how she might work on the "doormat" problem.

Attempting to see and work with the developmental attribute of health has been more difficult than the search for coping. Goal-achieving activities have not been investigated and documented as such, as have the activities of problem-solving. But by trying out Bruhn and Cordova's idea about health and Bronfenbrenner's concept of development, I am learning where to look and how to incorporate these ideas into practice. For it seems clear when one compares Mrs. M. with the couple with the new baby, as well as with the two young men dealing with a similar situation, that goal-oriented behaviour can be learned. People can learn to develop, just as they can learn to cope. Through discovering knowledge about the goal-achieving process, nursing could assist people to learn to monitor and manipulate their own progress toward higher levels of health.

It has been three years since I began investigating the concept of health underlying The Health Workshop project. The discoveries outlined here are products of a great deal of nursing practice and frequent exchange of ideas with my co-workers on the project and colleagues in the School of Nursing. Although there are still many questions to pursue, this unfolding concept of health can now act as a leading idea and be employed more purposely to produce questions and hypotheses with which to test the concept and, concurrently, the shape of nursing practice. I see health as a continuing process, comprising coping and development as its content and learning as the instrument of change in that process. Coping and development appear to be interrelated but the dynamics of that interrelationship is not yet known. How, for example, does a family maintain some equanimity and stability while it changes and grows with the developmental thrusts of its adolescent members? Theoretically, the continuing goal-achievement process connects with and threads through the coping process which emerges in response to one life event and then

another. Therefore, a family which can call forth its potential is likely to assume that it can cope with change and act accordingly. The type of assistance its members seek will be different from that of the family which has yet to discover the agency residing within it. This is but one hypothesis which awaits testing.

Finally, by evolving a concept of health through the practice of nursing, I am beginning to see a relationship between health and nursing which could be unique in the health care delivery system. The unifying theme of that relationship is yet to be articulated but therein lies a theory of nursing.

REFERENCES

Audy, J.R. Measurement and diagnosis of health. In P. Shepard and D. McKinley (Eds.), *Environmental essays on the planet as a home*. Boston: Houghton-Mifflin, 1971.

Bronfenbrenner, U. *The ecology of human development*. Cambridge, Mass.: Harvard University Press, 1979.

Bruhn, J., and Cordova, D. A developmental approach to learning wellness behavior. Part 1: Infancy to early adolescence. *Health Values*, 1977, *1*, 246-254.

Hoke, B. *Promotive medicine and the phenomenon of health*. Ottawa: Archives of Environmental Heath 16, 1968, 269-278.

Perlman, H. In quest of coping. *Social Casework*, 1975, *56*, 213-225.

Piaget, J. *To understand is to invent*. New York: Viking Press, 1973.

RESUME

L'Evolution du concept santé par l'adjonction d'un concept novateur en sciences infirmières

Au cours d'une recherche consacrée au développement du comportement en matière de santé chez les enfants, le concept santé devint sujet d'étude. Ainsi, dans le contexte de la pratique infirmière à 'L'Atelier à Votre Santé', on choisit et l'on explore des définitions conceptuelles pour ensuite les reformuler à partir d'observations du comportement chez les bénéficiaires. La manière de faire face apparaît sous forme d'activités observables par lesquelles les familles s'efforcent de résoudre des situations problématiques. Le développement de ces habiletés se vérifie grâce à des actions faisant appel au potentiel et la création de ressources s'alliant à la poursuite d'un but. Les deux ensembles de comportements semblent avoir été appris; ils paraissent intimement liés et deviennent représentatifs de moyens d'être en bonne santé. En introduisant un concept novateur en sciences infirmières dans cette étude exploratoire, la modalité pratique des soins infirmiers se modifie en fonction de l'évolution du concept santé.