Predicting healthpromoting lifestyles in the workplace

Sur [Supervisor's Predicting Health-Promoting Lifestyles In The Workplace (1990) It is noticed that community health nurses are worried about health promotion in the course of the development of healthy styles of life. During the early years of childhood, persons emulate and model health related conducts of family members. If the family carries out health-promotion behaviors, it is expected that the infant will reproduce them. For the reason that individuals are reliant on their work place families for health care, nurses be supposed to levy the caregiver's knowledge concerning diseases risks. Although the research demonstrates that diseases risk causes subsist in early childhood, little is known about promoting diseases health in individuals. Pender's Health Promotion Model is in a unique position to detect individuals who are at risk for diseases in workplace and to implement family-oriented life-style variations that promote health at workplace.

Nola J. Pender's health promotion model has four magnitudes: clinical health, role performance health, adaptive health, and eudemonistic health. The model has developed a tool, Laffrey's Health Conception Scale that confines these constructs. Individual perceptions and adjusting factors influence people at work place in their need for obtaining information and making subsequent decisions regarding health-promotion activities (Pender, pp 13-15). Pender classified employees, unable to care for them as a component of a reliant care system. Health promotion at workplace must focus on the caregivers and family as well as the individuals. In the practice of health nursing, the nurse cooperates with the individual and the caregiver to evaluate the current state of health, determine shared health goals, and recognize the knowledge and skills necessary to improve self-care and health-promotion activities.

Pender (1988) assessed health features of older adults in comparison with young and middle-aged adults. Using the Health Promoting Lifestyle Profile, Pender established that older adults recorded the highest total frequency of health-promoting conducts, even though significant variations existed within this group. All three groups had highest scores in the dimensions of self-actualization and interpersonal support and lowest scores in the exercise dimension. Pender's Health Promotion Model suggests that health promotion plans be besieged to those who wish to encourage their health and personal comfort, in spite of age.

Pender's Health Promotion Model supports the importance of health encouragement programs by means of a time-oriented risk appraisal in work place. Goals of the Model closely paralleled Healthy People 1990 of overall health risk showed unfailing improvement in all age groups. Interference consisted of inexpensive instructive materials and resulted in positive changes in smoking, nutrition, exercise, and stress.

Health promotion has been an essential element in caring for populations at workplace. Pender's conclusions support the holistic framework of health promotion that leads to self-actualization and improved health status among those whose health is good. For seniors whose health is underprivileged, a dissimilar situation emerges. Males were less probable to connect in health-promoting behaviors when their health was not good; females differed and continued to practice healthy lifestyle choices. Socialization by sex roles into health promotion activities is strongly linked to support systems.

Works Cited

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