

Inducing the Health Promotion Model for Nursing Practice: Qualitative Study

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الخلاصة

الهدف: ايجاد نموذج يوظف ظاهرة تعزيز الصحة والعوامل المرتبطة بها.
المنهجية: استخدمت النظرية الأساسية كأسلوب بحثي نوعي للكشف عن ظاهرة تعزيز الصحة والعوامل المرتبطة وذلك من خلال وجهة نظر المختصين في هذا المجال. اجريت الدراسة للفترة من كانون ثاني ٢٠٠٢ ولغاية أيلول ٢٠٠٤. اختيرت عينة من (٢٠) مختص في العلوم الصحية وتمت مقابلتهم كخبراء في مجال تعزيز الصحة. أجرى الباحثان مقابلات مركزة ومنظمة مع المختصين لجمع البيانات. ترجمت هذه المقابلات لغويًا وتم تحليلها واعطائها التفسير المناسب.
النتائج: اشارت نتائج الدراسة الى أن ظاهرة تعزيز الصحة تتأثر بعوامل متعددة حيث شملت البشرية منها (التوازن الصحي، الاتجاهات، القدرات الصحية، العوامل البيئية، العوامل الاجتماعية والثقافية). يمكن الخروج من هذا الأطار بالعديد من الإجراءات التمريضية ذات العلاقة بالتقييم والتنفيذ والتقييم التمريضي والتي تساعد في الحفاظ على الصحة وتحسينها، فضلاً عن ذلك تحقيق اعلى مستوى من الصحة.
التوصيات: توصي الدراسة الى اجراء بحوث اخرى لاختبار هذا النموذج مطابقتة وتطبيقه للممارسة التمريضية في مجال تعزيز الصحة.
المفردات: نموذج تعزيز الصحة، الممارسة التمريضية، الدراسة النوعية.

Abstract

Objective: To generate a model that conceptualizes the phenomenon of health promotion and its related factors.
Methodology: A grounded theory methodology is used as qualitative method to explore the health promotion as phenomenon of interest and its other related factors from the perspectives of specialists in this field. The study is carried out from January 2002 through September 2004. A sample of (20) specialists in health sciences are selected and interviewed as experts in the area of health promotion. The investigators conducted intensive and structured interviews with the specialists to collect the data. These interviews were transcribed verbatim, analyzed and interpreted.
Results: Findings of the study indicated that health promotion is affected by multiple factors including human ones (i.e., health balance, attitudes, health potentials, environmental or ecological factors, social and cultural factors). From the model, numerous nursing interventions can be drawn for assessment, implementation and evaluation that may assist to maintain and improve health, as well as achieve optimum level of health.
Recommendations: The study recommends that further research can be conducted to examine this model for its compatibility and applicability for nursing practice in the area of health promotion.
Key Words: health promotion model, nursing practice, qualitative study.

Introduction

Throughout the present investigation, the grounded theory approach is used to generate a model of health promotion which can be applicable in nursing practice. This area is selected as one of interest because it is accounted as a universal trend for health-related disciplines. The study supports conceptualization of the phenomenon and generation of the theory that include the phenomenon and its related factors. Grounded theory methodology has been used to examine the phenomenon of health promotion as a concept and to develop a model (Figure 1). Findings of the present investigation indicated that health promotion is affected by multiple factors, such as health balance, attitudes, health potentials, environmental or ecological factors, social and cultural factors.

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Background

Health promotion is the process of enabling people to increase control over, and to improve, their health. This perspective is derived from a conception of "health" as the extent to which an individual or group is able to realize aspiration and satisfy needs, and to change or cope with the environment ⁽¹⁾. Health is, therefore, seen as source for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capacities ⁽²⁾.

Health promotion involves the population as a whole in the context of everyday life, rather than focusing on people at risk for specific diseases. It enables people to take control over, and responsibility for their health as an important asset of everyday life ⁽³⁾.

"Health promotion best enhances health through integrated action at different levels of factors which are influencing health, like economic, environmental, social and personal ones. Such term, is relatively new and not yet clearly defined, that seems to have largely replaced the very old concept of hygiene" ⁽⁴⁾.

The meaning of health promotion overlaps considerably with the meaning of prevention. Whereas prevention is a diseases-related concept, health promotion is a health-related concept ⁽⁵⁾. Health promotion is the process of advocating health through enhancing people's potentials to support and motivate the positive health behaviors and practices while prevention is conceptualized as an approach by which orientation towards diseases elimination or reduction practices is initiated ⁽⁶⁾.

Each of these definitions represents an aspect of the phenomenon. The present study attempts to summarize the definitions of health promotion and factors related to it concept.

Grounded theory is selected as an appropriate methodology for this study. It is a highly systematic research approach for the collection and analysis of qualitative data for the purpose of generating explanatory theory that furthers the understanding of socio-cultural aspect of the phenomenon of interest ⁽⁷⁾.

Objectives of the Study:

1. To conceptualize health promotion as a phenomenon of interest and other related factors from the perspectives of specialists "respondents".
2. To generate a model that includes this phenomenon and its related factors through the use of grounded theory methodology.

Assumptions of the Study:

The investigators' assumptions in the present study are:

1. Relationship can emerge between health promotion and its related factors.
2. Social process can exist for the exploration of such relationships.

Methodology

The method for this study is qualitative, using the grounded theory approach. This approach is chosen because it allows the investigators to examine the meaning of health promotion and the process of how different factors related to it, from the perspectives of the specialists.

Grounded theory investigation is an important research method for the study of nursing phenomena throughout discovery of theoretically complete explanations and exploration. It can be used to generate theory in areas which have been already highly researched or have not been well researched ⁽⁸⁾. Such method explores the richness and diversity of human experience ⁽⁷⁾. It involves systematic techniques and procedures of analysis that enable the investigators to develop a substantive theory, is that developed for a substantive, or empirical, area of inquiry. Substantive theory meets the criteria for doing good science: Significance, compatibility, generalizability, etc. ^(9 and 10).

Setting and Sample:

Participants for a grounded theory investigation must be selected based on their experience with the social process under investigation. The sample size is determined by the data generated and their analysis. Grounded theorists may continue to collect data until they achieve saturation of conceptual information and no new codes emerge ⁽⁷⁾.

The sample of the present investigation was comprised of (20) specialists who were recruited from the Ministry of Health and the Ministry of Higher Education and Scientific Research. These specialists were community medicine, epidemiologists and community health nursing specialists with at least five years of expertise in their area of specialty. They were accepted as participants for the investigation because they were considered experts in the area of health promotion.

Theoretical Sampling:

The emerged and formulated categories and hypotheses from this study were checked with the respondents from whom data were collected to test the conceptualization for validity and accuracy. The respondents reviewed the findings and provided the investigator with supportive thoughts and suggestions. A sampling plan is necessary for future investigation of the phenomenon. The plan includes collecting data from specialists of different disciplines. Also, conducting a variety of interviews will assist the researchers to gain understanding of the theory.

Data Collection:

The respondents read the informed consent form and completed a demographic information sheet. Each respondent then has participated in one in depth structured interview which is lasted about (30-45) minutes. The interview guide was developed by the investigators and reviewed by three experts for content validity interviews was written and transcribed verbatim (Appendix A).

Data Analysis:

Grounded theory methodology is used to analyze the interview- data ⁽¹¹⁾, since is particularly effective in explaining the social process of health promotion. In grounded theory, categories are not preconceived, but emerged through the analysis of the transcribed interview. The scheme is used to code the data which consists of coding the verbatim statement of the respondents ^(11 and 12). Data are coded independently by the investigators (Table 1). At the beginning of the investigation, the investigators code data in the margins of the interviews rather than coding on a separate sheet of paper. In coding, the incidents and facts are marked in some way, either underscoring or circling, and are rewritten in abstract form (as a concept) in the margins. The codes are placed in the right hand margin ⁽¹³⁾. The coded data are then reviewed and revised by an expert, peers, and respondents in order to achieve consensus on the explanation of the social process of the phenomenon. Any incidents that are not sufficiently clear examples of the particular component of the process are either discarded or classified. As much as possible the actual words of the respondents are used to code the perceptions identified.

Trustworthiness:

"Trustworthiness, refers to the quality value of the final results in naturalist inquiry" ⁽¹⁴⁾. It is a process which is used to reduce careless handling of the data. It consists of four aspects which include: (1) credibility; (2) dependability; (3) transferability; (4) conformability. The strategies are used in this study to address the issue of trust worthiness will be presented.

"Credibility is the first aspect of the study's true value or believability. It can be enhanced when replication of studies suggests increased confidence in finding" ⁽¹⁴⁾. Peer debriefing is a credibility-establishing strategy used during the present study. Debriefs for this study were two peers, faculty members, knowledgeable about both the substantive area of the study and the methodological issues. They have reviewed codes, categories, and hypothesis that the

investigators, identified from the data. Also, they were asked to verify the theoretical model that the investigators constructed from the data, which includes all categories that emerged from the analysis. Through their recommendations and suggestions, codes, categories, and hypotheses were reused and classified. Their input assisted the investigators in increasingly independent decision making as the study progressed.

Another technique for establishing credibility, negative case analysis, requires the investigators to look for disconfirming data. This technique can be accomplished each time a new hypothesis is formulated. The investigators check the hypothesis against data obtained from all interviews. This procedure helps the investigators to initiate an acceptable level of confidence in each hypothesis that emerges. The negative case analysis is important for qualitative research as the importance of statistical analysis is for quantitative research. Each hypothesis that emerged during the analysis is checked against interview data. Confidence is increased about including these hypotheses in the study to explore relationships among these categories ⁽⁷⁾.

Member check is another credibility strategy which was employed. At the end of each transcribed interview, the informant who gives the interview is invited to go through the transcription to check the content for any missing information or changes that need to be made. During the analysis phase the informants are involved actively by giving ideas, thoughts, and suggestions concerning codes, categories, and hypotheses that are either emerged from the data or are formulated by the investigators. As result of this technique, the informants have provided the investigators with important pieces of information, thus strengthening credibility ⁽⁸⁾.

Table 1. Respondents and Codes

Decision rules:

- 1. A number will be placed in the box if a data bit matches the code for a particular respondent**
- 2. The purpose of this matrix I to identify holes in the saturation of codes**
- 3. A code will be considered saturated if contains a minimum of two data bits cross all the respondents**

Respondents	Code1	Code2	Code3	Code4	Code5	Code6	Code7
1	1,1,1	1,3,20	1,7,5	1,10,5	1,12,16	1,15,12	1,18,1
	1,1,2	1,3,21	1,7,6	1,10,6	1,12,17	1,15,12	1,18,2
	1,1,3		1,7,8	1,10,7	1,12,18	1,15,13	1,18,3
2	2,1,4	2,4,3	2,7,10	2,10,9	2,12,19	2,15,14	2,18,4
	2,1,5	2,4,4	2,7,11	2,10,10	2,12,20	2,15,15	2,18,5
	2,1,6		2,7,13		2,12,21	2,15,16	2,18,6
3	3,1,7	3,4,6	3,7,14	3,10,12	3,13,1	3,15,17	3,18,7
	3,1,8	3,4,7	3,7,15	3,10,13	3,13,3	3,15,18	3,18,8
	3,1,9	3,4,8		3,10,14	3,13,4	3,15,19	3,18,9
4	4,1,10	4,4,10	4,7,16	4,10,15	4,13,6	4,15,20	4,18,10
	4,1,11	4,4,12	4,7,18	4,10,16	4,13,7	4,15,21	4,18,11
	4,1,12	4,4,13			4,13,8	4,15,23	
5	5,1,13	5,4,14	5,7,19	5,10,17	5,13,9	5,16,1	5,18,12
	5,1,14	5,4,15	5,7,21	5,10,18	5,13,10	5,16,2	5,18,13
	5,1,15	5,4,17	5,7,23	5,10,20	5,13,11	5,16,3	
6	6,1,16	6,4,19	6,8,1	6,10,21	6,13,13	6,16,4	6,18,14
	6,1,17	6,4,20	6,8,2	6,10,22	6,13,14	6,16,5	6,18,15
	6,1,18	6,4,22	6,8,2			6,16,6	6,18,16
7	7,1,19	7,5,1	7,8,4	7,11,1	7,13,15	7,16,7	7,18,17
	7,1,20	7,5,4	7,8,5	7,11,4	7,13,16	7,16,8	7,18,18
	7,1,21		7,8,6		7,13,17		7,18,19
8	8,1,22	8,5,6	8,8,7	8,11,5	8,13,18	8,16,9	8,18,20
	8,1,23	8,5,7	8,8,9	8,11,6	8,13,19	8,16,10	8,18,21
	8,2,1	8,5,8	8,8,11	8,11,7	8,13,20	8,16,11	8,18,22
9	9,2,2	9,5,9	9,8,12	9,11,18	9,13,21	9,16,12	9,19,1
	9,2,3	9,5,10	9,8,13	9,11,9	9,13,22	9,16,13	9,19,2
	9,2,4		9,8,15	9,11,10	9,13,23		9,19,3
10	10,2,5	10,5,12	10,8,16	10,11,1	10,14,2	10,16,14	10,19,4
	10,2,6	10,5,13	10,8,17	10,11,3	10,14,3	10,16,15	10,19,5
	10,2,7	10,5,14		10,11,5	10,14,4		10,19,6
11	11,2,8	11,5,15	11,8,18	11,11,6	11,14,5	11,16,16	11,19,7
	11,2,9	11,5,16	11,8,19	11,11,7	11,14,6	11,16,17	11,19,8
	11,2,10	11,5,17	11,8,20	11,11,8	11,14,7	11,16,18	11,19,9
12	12,2,11	12,5,18	12,8,21	12,11,9	12,14,8	12,16,19	12,19,10
	12,2,12	12,5,20	12,8,22	12,11,11	12,14,9	12,16,20	12,19,11
	12,2,13	12,5,21	12,8,23	12,11,12	12,14,10	12,16,21	
13	13,2,14	13,5,22	13,9,2	13,11,13	13,14,11	13,17,1	13,19,12
	13,2,15	13,5,23	13,9,3	13,11,14	13,14,12	13,17,2	13,19,13
	13,2,16	13,5,23		13,11,15			13,19,14

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14	14,2,17	14,6,1	14,9,4	14,11,16	14,14,13	14,17,3	14,19,15
	14,2,18	14,6,3	14,9,5	14,11,17	14,14,14	14,17,4	14,19,16
	14,2,18	14,6,5	14,9,6		14,14,16	14,17,5	
15	15,2,20	15,6,7	15,9,7	15,11,18	15,14,17	15,17,6	15,19,17
	15,2,21	15,6,8	15,9,8	15,11,19	15,14,18	15,17,7	15,19,18
	15,2,22	15,6,9	15,9,9	15,11,20	15,14,19	15,17,8	15,19,20
16	16,2,23	16,6,10	16,9,10	16,11,21	16,14,20	16,17,9	16,19,21
	16,3,1	16,6,11	16,9,11	16,11,22	16,14,21	16,17,10	16,19,22
	16,3,2		16,9,12	16,11,23	16,14,22	16,17,11	16,19,23
17	17,3,2	17,6,12	17,9,13	17,12,1	17,15,1	17,17,12	17,20,1
	17,3,5	17,6,13	17,9,14	17,12,2	17,15,2	17,17,13	17,20,2
	17,3,6		17,9,15	17,12,3	17,15,3	17,17,14	17,20,3
18	18,3,8	18,6,14	18,9,16	18,12,4	18,15,4	18,17,15	18,20,4
	18,3,10	18,6,15	18,9,17	18,12,5	18,15,5	18,17,16	18,20,5
	18,3,11			18,12,6		18,17,17	18,20,6
19	19,3,13	19,6,16	19,9,18	19,12,7	19,15,6	19,17,18	19,20,7
	19,3,14	19,6,17	19,9,20	19,12,8	19,15,7	19,17,19	19,20,8
	19,3,15		19,9,20		19,15,8	19,17,20	19,20,9
20	20,3,16	20,6,18	20,9,22	20,12,9	20,15,9	20,17,21	20,20,10
	20,3,17	20,6,19	20,9,23	20,12,10	20,15,10	20,17,22	20,20,11
	20,3,18	20,6,21	20,9,23		20,15,11	20,17,23	20,20,12

**Code1: Human factors Code2: Health balance Code3: Attitudes Code4: Health potentials
Code5: Wellness and illness Code6: Environmental and ecological factors Code7: Social and cultural factors**

Transferability as the second aspect of trustworthiness is the applicability of the study finding to one context or different contexts. To determine the extent to which transferability is probable, one needs to know a great deal about both the transferability and receiving contexts. The investigators do not attempt to form generalizations that will hold in all times and in all places, but to form working hypothesis that may be transferred from one context to another depending on the degree of fittingness between the contexts. In addition, full descriptions will help to give a clear view about the working hypothesis and when they will hold. Using these procedures has helped the investigator to have more confidence about the study's applicability⁽⁹⁾.

As the third aspect of trustworthiness, dependability is concerned with the stability of data in the study and it can be assessed through the use of a dependability audit trial technique. This technique is accomplished through involvement of external auditors when the study is completed. For this study, the external auditors are one expert and two doctoral students who have familiarity with the research methodology of grounded theory and prior clinical experience with primary health care. They are involved in examining the process whereby the data are collected and analyzed, and interpretations are made⁽¹²⁾.

Conformability audit is selected as a procedure to establish conformability because it is the major technique for this purpose⁽¹⁴⁾. This technique needs a residue of records. Such records are specified briefly as follows:

1. Raw data, including recorded material, such as audio-taped interviews and notes form observation;

2. Data reduction and analysis product, including theoretical notes, such as working hypothesis, concepts, and hunches;
3. Data reconstruction and synthesis products, such as findings and conclusions, and the final report.
4. Process notes, such as methodological notes, trustworthiness notes, audit trial notes.

The auditors made their overall decision about the investigation's conformability based on the above stated materials. The study findings are grounded in the data rather than the investigators' personal construction and inferences. Interpretations by the investigators are based on the data which are logical, analytic technique and appropriate to the methodology. Categories' labels and structures are clear and they have a great deal of explanatory power⁽¹³⁾.

Findings:

As it has been assumed, health promotion is considered an important phenomenon to be studied relative to respondents who had participated in the study. All subjects stated that such a phenomenon was influenced by certain factors. These factors are conceptualized as human factors, wellness and illness. Environmental or ecological factors and social and cultural factors. This conceptualization is performed by which factors are clustered based on their conceptual orientations. All codes, memos and categories have emerged and defined out of the data bits. A broad description of the study findings is shown in Table 2.

Table2. Codes, Categories and Core Category

Codes	Categories	Core Category
1.1. Human Factors		
1.2. Health Balance		
1.3. Attitudes	Internal Balance	
1.4. Health Potentials		
2.0. Wellness and Illness	Equilibrium	Health Promotion
3.1. Environmental and Ecological Factors	External Balance	
3.2. Social and Cultural Factors		

1.0. Internal Balance:

1.1. Human Factors:

Determinants which can be generated by an interaction has emerged or initiated between the human and the environment through out life-spans.

1.2. Health Balance:

The degree to which a human being can live healthy when there are indicators by which health can be very well identified.

1.3. Attitudes:

Behavioral responses that a human can express as a result of the integration between an understanding of aspect of health and how they can be reached throughout adequately performed practices.

1.4. Health Potentials:

The limits that a human can experience to reach out a level of health by which practitioners can determine the level of wellness.

2.0. Equilibrium:

2.1. Wellness and Illness:

It is the state of maintaining health and acquiring illness or disease (health problem).

The magnitude of the relationship between these two identities presents features of how the disease process can emerge.

3.0. External Balance:

3.1. Environmental or Ecological Factors:

Variables that represent the various aspects of the environment by which the interaction of the human and the surroundings is clearly manifested such interaction may result into development of problems which are related to these aspects.

3.2. Social and Cultural Factors:

Determinants which can be identified with respect to the nature of the society as a social context and a global one through which value-based and belief-oriented system can be very well-defined as social norms and spiritual issues.

Memoing:

Memoing is a crucial process for grounded theory researcher. It provides an ongoing record of theory development. Initial memos often focus on identifying the dimensions of several categories discovered in the data. Memos become progressively more abstract and integrated as analysis proceeds. Memos can range from single word cues or observations to lengthy explorations about the relationships and categories, dimensions, conditions, and consequences. As the analysis is proceeds, memos become more integrated, eventually approaching a polished form which can be incorporated into the final text ⁽⁸⁾. So, this process has been implemented in the present investigation to formulate the emerging categories and the core category of interest as presented below.

Memo I. The Category of Internal Balance

Humans can maintain a state of balance by which all related factors may have an equal effect upon their health status. These factors are greatly related to the internal content of the humans and their health-related background.

One respondent stated that human-beings have the capability to maintain health based on their self-orientation towards health as an internal identity. So, the state of balance can be achieved.

Memo II. The Category of Equilibrium

Equilibrium is the state of balance between illness and wellness. Such state presents the human capacity to maintain health and prevent illness. Equilibrium sometimes presents the natural status of the immune system. A respondent mentioned that humans can be ill or well depends on whether their immune system is functioning adequately or not.

Memo III. The Category of External Balance

All humans, by all means, may share commons in terms of affecting the state of health. These surroundings are considered predisposing factors for the initiation of the disease as one respondent has declared that humans are surrounded by external world which has contained factors, these factors has to maintain balance in case of stability of health or imbalance when a disease or health problem takes place.

Memo IV. Health Promotion as Core Category

Health promotion is considered as strategy of enabling humans to promote wellness and prevent illness. Such strategy can proceed when the self achieves balance of internal world; maintains state of equilibrium between the level of wellness and that of illness; and create safe and well-maintained external universe. As one expert has respond it when the human create an orientation by which health is viewed and managed as state of balance based on the degree to which a human can reach wellness to reduce illness, as well as to have control on the external context to maintain that may lead to the existence of healthy status when health is enhanced or promoted.

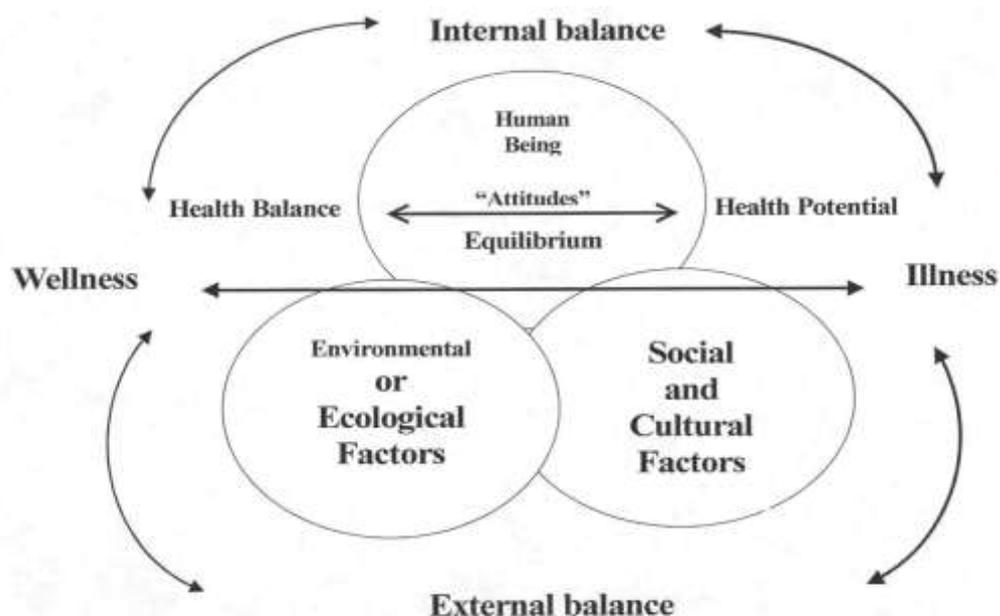


Figure 1. The Health Promotion Model

Discussion

In order to provide logistic support to the emerging model, review of the related literature has been done. As a matter of fact, comparison between this model and these which are available in the literatures is employed. For instance, the present model has viewed health promotion from comprehensive point of view when all essential components for the exploration of this phenomena are included (i.e., Internal balance, equilibrium, and external balance) (Figure I). In contrast, Health-Illness Continuum Model ⁽¹⁵⁾ suggests that health and illness are interchangeable processes, high level wellness and severe illness at opposite end of the model. This is one aspect of the whole view. Health Belief Model ⁽¹⁶⁾ addresses the relationship between a person's beliefs and behaviors. This is another aspect of the whole view. Health Promotion Model is proposed by ⁽⁴⁾ and focused on the three functions of a client's cognitive, perceptual factors (individual perceptions), modifying factors (demographic and social), and participation in health promoting behaviors (likelihood of action). This is another different aspect of the whole view. Holistic Health Model ⁽³⁾, the intent of this model is to empower clients to be engaged in their own healing process when holistic health assessment, planning, and intervention are implemented to enhance health.

The theory will be further tested and applied with different health care specialists in different settings. This application will enhance the nursing body of knowledge in nursing research. Numerous nursing implications can be drawn for enhancing the health potentials of the community to gain an optimal health level.

Summary and Conclusion

Formal versus Substantive Theory:

The emerging model, health promotion for nursing practice is considered substantive theory. Substantive theory is developed from empirical area and remains bound to that area. The current model focuses on factors and their relationship to health promotion. Formal theory can be developed from substantive theory when giant research work can be accomplished for such development. Moving the theory from being substantive into formal one is mechanically raising the level of abstraction. Theoretical sampling is required in order

to gain comparative understanding of the theory. To test the formal theory, future theoretical sampling of population could include clients, care providers, and health professionals ^(17 and 11).

Implications for Nursing:

The currently emerging model presents community health nurses in specific and other nurses in general with variety of alternatives on how health can be promoted on a wide-range scale. These nurses can actively promote health by focusing on the essential factors which are included in the present model. Nurses have great opportunity to either mediate or moderate the process of health promotion. Their efforts can definitely and significantly promote health.

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Appendix A

Interview Questions

1. Tell me how you perceive health and illness?
2. What does health promotion mean to you?
3. How can health be promoted?
4. What are the essential elements for health promotion?
5. What are the contextual factors that influence health promotion?
6. Describe the magnitude of the relationships among these factors?
7. What else would you like to say about health promotion?