Health: a concept analysis

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Abstract—The purpose of this paper is to analyze the concept of health in an effort to promote theoretical clarity for nursing science. Included in the analysis are the following (a) a historical review of conceptual definitions and interpretations of health, (b) an evaluation of current theoretical orientations of health, (c) a delineation of critical attributes of health, (d) the development of case examples useful in examining health, (e) a consideration of potential operationalizations of health, and (f) a discussion of the relevance of health to nursing research and practice.

Introduction

“We know nothing of the principle of health . . . except from observation and experience . . . which will teach us the ways to maintain or to bring back the state of health” (Nightingale, 1860, p. 133). The elusive nature of the concept “health” was recognized by Nightingale (1860) in her discussion of its meaning and purpose. Health is a concept which incorporates multiple definitions and interpretations. For example, health may be viewed as an ideal state; as functional fitness; as a commodity; or as the ability to adapt (Seedhouse, 1986). Another perspective involves health as an essential means to the attainment of many ends or as an end to be pursued for itself (Dolfman, 1973).

Despite the variety of meanings, however, there remains a need to clarify the concept of health (Smith, 1983). A fundamental understanding of the relevant attributes of health is paramount to successful communications and advancement of knowledge within nursing as well as within other health professions.

According to Wilson (1969), “Conceptual analysis gives framework and purposiveness to thinking that might otherwise meander indefinitely and purposelessly among the vast marshes of intellect and culture” (p. ix). The purpose of this paper is to analyze the concept of health in an effort to promote theoretical clarity. Specifically, the paper seeks to (a) provide an historical review of conceptual definitions and interpretations of health, (b) discuss the current theoretical orientations of health, (c) delineate the critical attributes of health, (d) develop case examples useful in examining health, (e) consider potential
operationalizations of health, and (f) discuss the relevance of health to nursing — science, research, and practice.

**Historical review**

An etymological examination of the concept of health provides the context for analyzing current definitions and interpretations. The word “health”, as its is commonly known, did not appear in writing until approximately 1000 A.D. (Dolfman, 1973). It is derived from the old English word “hoeth”, meaning a state or condition of being sound or whole (Webster’s Third New International Dictionary, 1981, p. 1043).

In its earliest form, the word “health” represented a generalized idea. The ancient Greek view of health, as formulated by Hippocrates in 400 B.C., stated that human well-being was influenced by the totality of environmental factors: living habits, climate, and the quality of air, water and food (Ahmed et al., 1979). Health was thought to result from harmony among the factors of body, environment and lifestyle.

This holistic view of health persisted until the Cartesian revolution in the 17th century. At that time, the workings of body and mind became separated, with the body seen as an intricate machine, “disease as the breakdown of the machine, and the doctor’s task as the repair of the machine” (Engel, 1977, p. 131). The restrictive idea of health which emerged, equated the concept with a disease-free state or condition. Within this view, health and disease were regarded as the extremes of a single continuum, with the absence of one defining the presence of the other (Dolfman, 1973).

The concept of health as a disease-free state persisted into the 20th century. In an attempt to return to a holistic view of health, the World Health Organization (WHO) (1947) proposed the definition: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease of infirmity” (p. 83). Although it is often cited as reflecting an ideal condition (Seedhouse, 1986), the WHO definition is also recognized as emphasizing the positive qualities of health (Pender, 1987).

The concept of health is regarded in this paper as a multidimensional human state which incorporates both actualizing and stabilizing tendencies. The following review of relevant literature, supports the delineation of critical attributes of the concept of health.

**Theoretical orientations**

Whereas the concept of health is difficult to define, certain themes from the literature are apparent. An explication of the major theoretical orientations follows.

*Health as absence of disease*

A concept of health which continues to be widely accepted, especially in the biomedical sciences, is the idea of health as a disease-free state or condition. Within this view, effort is concentrated on the diagnosis and treatment of pathophysiologic processes; a person is considered healthy if the disease state has been eliminated or at least controlled (Maslow, 1981).

This perspective of health has raised several objections. Shaver (1985) considers the biomedical view to be reductionistic and focused on physical function separately from mental function. Ahmed *et al.* (1979) report that the idea of a single continuum consisting of health and disease as endpoints is erroneous. The difficulty, they argue, is not that healthy persons are disease-free, but that they have less disease than unhealthy persons.
Health as role performance

Another theoretical orientation considers health as the state or condition which enables persons to perform their roles in life. According to Parsons (1981), "Health may be defined as the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized" (p. 69). A person may be physically ill, but if he can function adequately, he is considered healthy. Inherent in this perspective is the person's capacity to fulfill social roles and tasks.

Two important considerations related to this view involve potential role conflicts and value judgements. Smith (1983) suggests that what may be considered adequate functioning in one role or setting may be inadequate for another, raising concerns about values and hierarchies of needs. Likewise, Parsons (1981) emphasizes the need for perceiving health as a value-laden concept which must be viewed according to sociocultural norms.

Health as adaptation

A third orientation involves health as a state or condition which enables a person to adapt to his environment. This idea of health was developed by Dubos (1965), who proposed that health and disease, "are the expressions of the success or failure experienced by the organism in its efforts to respond adaptively to environmental changes" (p. xvii). According to this view, a person's health depends on his capacity for adjustment to various life events.

Nurse theorists have proposed definitions of health which emphasize adaptation. Roy (1984) defines health as a process of responding positively to environmental changes; this adaptational process promotes a whole person. Neuman (1982) conceptualizes health as a state in which all subsystems — physiological, psychological, and sociocultural — are in equilibrium with the total person.

Health as maximizing human potential

Probably the most complex orientation of health — involving a somewhat metaphysical quality — is that of maximizing human potential. A number of theorists ascribe to this view, each offering a unique perspective for consideration. Maslow (1981) equates health with self-actualization, including such manifestations as: adequate self-evaluation, efficient contact with reality, adequate spontaneity and emotionality, and fulfilling life goals. Seedhouse (1986) maintains that health involves maximizing individual and environmental conditions for the fullest achievement of human potential.

Among the nurse theorists who espouse this concept of health are Parse (1987) and Pender (1987). According to Parse (1987), health is a process of negentropic unfolding which reflects a person's way of living chosen ideals. Pender (1987), on the other hand, incorporates both adaptive and actualizing qualities in her view of health as, "the actualization of inherent and acquired human potential through goal-directed behaviour, competent self-care, and satisfying relationships with others, while adjustments are made to maintain structural integrity and harmony with the environment" (p. 27).

Critical attributes

From the foregoing review of theoretical orientations, a conceptualization of health emerges. Health is theoretically defined in this paper as a multidimensional human state or condition which includes the following critical attributes.
**Biopsychosocial adaptation**

A dynamic equilibrium among the biological, psychological, and sociocultural systems of the individual, including the capacity to adjust to life events and roles.

**Self-actualization**

The maximizing of one's potential through goal-directed behavior, reflecting personal growth and productive living.

Noticeably absent from this definition is the view of health as the absence of disease. While it is acknowledged that a state of health often exists for a person who has no evidence of disease, a disease-free state is not critical for health to occur.

**Case examples of health**

**Model case**

A model case of health may be viewed within the framework of a comprehensive health center. Such a center would provide a wide variety of services, including (a) a clinic where health professionals are available for individual advice or therapy, (b) a health evaluation of biopsychosocial strengths and weaknesses, (c) educational programs and workshops on health-related topics, and (d) a research department which investigates the validity of various conceptual and methodological approaches to a comprehensive health program.

Rita, a 38-year-old nurse from the Midwest now living in southern California, learned about the health center through a college in the local hospital. After attending a weight-reduction seminar offered by the center, Rita decided to, "become a healthy person". Up to that time, characteristics of her health status included (a) an overweight condition, (b) mild hypertension, and (c) a sedentary lifestyle. In addition, she was having difficulty adapting to both her parental and professional roles.

In the year that followed, Rita lost weight, lowered her blood pressure, and began a fitness walking program. Other positive changes in her life included having more energy to care for her preschool twins and adjusting well to her new position as a part-time nurse educator at the local hospital. The goals which Rita had set for herself during the initial evaluation at the health center have now been realized and she is eager to continue her goal-directed behavior as part of a healthy lifestyle. This model case incorporates each of the critical attributes of health as outlined in this paper.

**Borderline case**

A borderline case of health may also be viewed within the health center setting as described previously. In this case, however, not all of the critical attributes are present.

Michael, age 24, has bronchial asthma which he believes is caused and aggravated by a chain-smoking habit and "nervousness". He decides to enroll in the "Stop Smoking" program at the health center, but after two group sessions, he drops out. After speaking with a staff counselor, Michael begins a series of private therapy sessions with the clinical nurse specialist (CNS). The services provided by the CNS include (a) general counseling related to life goals, and (b) specific techniques for stress management. Two weeks into the therapy, Michael remarks, "I don't know if this is going to help me or not; I hope so".

Michael has displayed goal-directed behavior in his decision to maintain contact with the staff and services of the health center. However, he has not yet demonstrated
biopsychosocial adaptation to his life circumstances. Therefore, this example serves as a borderline case of health.

Related case. wellness

Often considered a "health-plus" concept, wellness may be viewed as a related case of health. Dunn (1973) differentiates health from wellness by stating that "high level wellness" (Dunn, 1973), which can only occur in a positive environment, implies an ideal state of health in which the person is faced with ever-expanding challenges to realize his potential. Ardell (1977) describes wellness as a dynamic lifestyle which incorporates self-responsibility, nutritional awareness, stress management, physical fitness and environmental sensitivity. According to Ardell (1977), health is the outcome of a wellness lifestyle.

Contrary case

A contrary case of health is illustrated by Roger, a 56-year-old accountant who underwent a hemi-colectomy for colon cancer. Since his discharge from the hospital 6 weeks ago, Roger has demonstrated neither adaptation to life events and roles nor actualization in lifestyle behaviors. Although his surgeon assured him that, "all the cancer was removed", Roger refuses to return to work, fearful of an exacerbation of the cancer. In addition, he exhibits a loss of appetite, a lack of energy in performing activities of daily living, and a disinterest in socializing with family and friends.

Roger's current life circumstances reflect a failure to adapt biopsychosocially as well as a lack of goal-directed behavior in maximizing his potential for living. As such, this example serves as a contrary case of health.

Operationalization of health

As acknowledged by several theorists (Ahmed et al., 1979; Dolfman, 1973; Pender 1987; Shaver, 1985), the concept of health lacks appropriate operational definitions. Reliance on measuring morbidity and mortality levels cannot be interpreted as indices of health; such data are measuring health by its absence rather than as a positive human condition. Pender (1987) regards the development of instruments and technology to measure health phenomena as critical to effective assessment and implementation of strategies for promoting health in persons, families and communities.

Thus far, efforts to operationalize health as a multidimensional state have been limited to various medical and nursing assessments of health status and behavior. There is a need for researchers from several disciplines to examine the biopsychosociocultural antecedents and outcomes of health. Examples of questions for study might include:

1. What is the nature of the cellular-level changes that occur in persons who enhance their state of health through certain lifestyle behaviors?

2. What are the individual and environmental circumstances that explain the state of health across various developmental periods and sociocultural groups?

Relevance of health to nursing

The concept of health serves as a major focus for nursing. Indeed, health is considered to be a domain concept in most theoretical frameworks in nursing. During the past decade, human health conditions and processes — including beliefs, behaviors, and methods of
enhancement — have received increasing attention from nurse scholars (Cox, 1982; Pender, 1987; Shaver, 1985). Therefore, an analysis of the concept of health is appropriate for the development of nursing science. Through concept analysis, the delineation of critical attributes and development of case examples can serve as important tools for critical thinking and understanding of the concept of health (Walker and Avant, 1983).

Specifically, a concept analysis of health is relevant to researchers and practitioners in nursing. Viable strategies for moving the health care system from a disease perspective to a health focus, can only come from an understanding of health itself. The concept analysis of health presented here can serve as a springboard for research which tests its ability to explain the state of health in a variety of contexts across the lifespan. Research findings should add to the knowledge base as well as generate new ideas for study, all in an effort to comprehend the characteristics and patterns of health. So too, the recognized need for nurse researchers to focus on identifying the dimensions of a healthy lifestyle requires multidisciplinary collaboration in a dual effort to understand the concept of health in all its complexity and to employ multiple methodologies in the study of individual and societal processes which contribute to and result from health (Duffy and Pender, 1987).

The finding from such research efforts should contribute to nursing practice. Since nursing is a discipline that offers a service to society, the development of theoretical frameworks of health can guide nursing interventions. Failure to base practice on knowledge obtained from research can thwart the quality of services provided by nurses.

Due to a professional focus on health — its antecedents, attributes and consequences — nurses are in a unique position to serve as leaders and role models in promoting the health of their clients. Through acquisition of knowledge about the dimensions of health, nurses can design and implement strategies for behavioral and environmental changes and thereby contribute to the enhancement and maintenance of their clients’ health; and in the process, a significant contribution to the development of nursing science will have been realized.

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References


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