Part (5)

Models of Health and Wellness

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Because health is such a complex concept, various researchers have developed models or paradigms to explain health and in some instances its relationship to illness or injury.

1. Clinical model
a. The narrowest interpretation of health occurs in the clinical model.
   b. People are viewed as physiological systems with related functions, and health is identified by the absence of signs and symptoms of disease or injury.
   c. To laypeople it is considered the state of not being sick.
   d. In this model the opposite of health is disease or injury.
Many medical practitioners use the clinical model in their focus on the relief of signs and symptoms of disease and elimination of malfunction and pain.

2. Role performance model
a. Health is defined in terms of the individual's ability to fulfil social roles, that is, to perform work.
   b. According to this model, People who can fulfil their roles are healthy even if they appear clinically ill.
   c. It is assumed in this model that sickness is the inability to perform one's work.

3. Adaptive model
a. The focus of the adaptive model is adaptation.
   b. In the adaptive model, health is a creative process; disease is a failure in adaptation, or maladaptation.
c. The aim of treatment is to restore the ability of the person to adapt, that is, to cope.
d. According to this model, extreme good health is flexible adaptation to the environment and interaction with the environment to maximum advantage.

4. **Eudemonistic model**
   a. Eudemonism is a system of ethics that evaluates actions in terms of their capacity to produce happiness.
   b. The eudemonistic model incorporates a comprehensive view of health.
   c. In this model the highest aspiration of people is fulfillment and complete development, which is actualization.
   d. Illness, in this model, is a condition that prevents self-actualization.

5. **Agent-host-environment model**
   a. The agent-host-environment model of health and illness also called the ecologic model, originated in the community health work of Leavell and Clark (1965) and has been expanded into a general theory of the multiple causes of disease.
   b. The model is used primarily in predicting illness rather than in promoting wellness, although identification of risk factors that result from the interactions of agent, host and environment are helpful in promoting and maintaining health.
   c. The model has three dynamic interactive elements:
      
      **1. Agent:**
      Any environmental factor or stressor (biological, chemical, mechanical, physical or psycho-social) that by its presence or absence (e.g. lack of essential nutrients) can lead to illness or disease.
1. Host:
Person(s) who may or may not be at risk of acquiring a disease. Family history, age and lifestyle habits influence the host's reaction.

2. Environment:
All factors external to the host that may or may not predispose the person to the development of disease.

6. Health illness continua
a. Health-illness continua (graduated scales) can be used to measure a person's perceived level of wellness.
b. Health and illness or disease can be viewed as the opposite ends of a health continuum.
c. From a high level of health a person's condition can move through good health, normal health, poor health and extremely poor health, eventually to death.
d. People move back and forth within this continuum day by day.

7. Dunn's high-level wellness grid
a. Dunn (1959) describes a health grid in which a health axis and an environmental axis intersect.
b. The health axis extends from peak wellness to death, and the environmental axis extends from very favorable to very unfavorable.
c. The intersection of the two axes forms four quadrants of health and wellness:
   1. High-level wellness in a favorable environment.
   2. Emergent high-level wellness in an unfavorable environment
   3. Protected poor health in favorable environment.
   4. Poor health in an unfavorable environment.
8. Travis's illness-wellness continuum
a. The illness-wellness continuum developed by travis ranges from high-level wellness to premature death.
b. The model illustrates two arrows pointing in opposite directions and joined at a neutral point.
c. This is achieved in three steps:
   1. Awareness
   2. Education
   3. Growth

Health Beliefs Models

1. Health locus of control model

2. Rosen stock's and Becker's health belief models, include:
   1. Individual perceptions
      a. Perceived susceptibility
      b. Perceived seriousness
      c. Perceived threat
   2. modifying factors
      a. demographic variables
      b. socio psychological variables
      c. structural variables
      d. cues to action or treatment
   3. Likelihood of action
      a. Perceived benefits of the action
      b. Perceived barriers to action
Healthcare Compliance

Compliance is the extent to which an individual's behavior (e.g. taking medications, following diets or making lifestyle changes) coincides with medical or health advice. Degree of compliance may range from disregarding every aspects of the recommendations to following the total therapeutic plan.

Factors Influencing Compliance

1. Patient motivation to become well
2. Degree of lifestyle change necessary
3. Perceived severity of the healthcare problem
4. Value placed on reducing the threat of illness
5. Difficulty in understanding and performing specific behaviours
6. Degree of inconvenience of the illness itself or of the treatment plans
7. Beliefs that the prescribed therapy or treatment will or will not help
8. Complexity, side effects and duration of the proposed treatment plan
9. Specific cultural heritage that may make compliance difficult
10. Degree of satisfaction and quality and type of relationship with the healthcare providers