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Znaczenie opinii o zdrowiu dla planowania edukacji zdrowotnej

The significance of health opinion for planning health education

Streszczenie

Wstęp. Rosnące zainteresowanie problematyką zdrowia, w jego wymiarze biologicznym, psychicznym, społecznym i duchowym, znajduje odzwierciedlenie w próbach interdyscyplinarnego podejścia do tego tematu.

Cel pracy. Próba odpowiedzi na pytania: Jak badani oceniają aktualny stan zdrowia? Jak rozumieją pojęcie „zdrowie” w jego czterech aspektach: fizycznym, psychicznym, społecznym, duchowym? Czy ocena tego stanu daje podstawy do planowania edukacji zdrowotnej?

Materiał i metoda. Sondaż diagnostyczny (narzędzie: niestandardowy kwestionariusz ankiety); grupa badana: 119 dorosłych osób.

Wyniki. Badani nie mieli trudności z określeniem zdrowia fizycznego, natomiast w zdrowiu psychicznym pomijali sferę emocjonalno-uczuciową, społecznym – skupiali się głównie na funkcjonowaniu społeczeństwa, duchowym – sumieniu, wierze w Boga.

Wnioski. Dorosły człowiek wie czym jest zdrowie, szczególnie w jego wymiarze fizycznym. Największe problemy ma z określeniem istoty zdrowia społecznego i duchowego. Ukazana diagnoza stanu wskazuje na te obszary, które powinny stanowić przedmiot teoretycznego i praktycznego zainteresowania edukatorów zdrowia.

Słowa kluczowe: zdrowie, wiedza, edukacja zdrowotna.

Summary

Introduction. The growing interest in the health issues in its biological, psychological, social and spiritual dimension is reflected in the attempts of multidisciplinary approach towards this subject.

Aim. The study aims to answer the questions: How do the respondents evaluate their current state of health? How do they define the term “health” in its four aspects: physical, psychological, social and spiritual? Does the evaluation of the health condition give the basis for planning the health education?

Material and methods. Diagnostic survey (tool: non-standard questionnaire). The examined group: 119 adults.

Results. The respondents find no difficulties in defining the physical health but when describing the sanity, they disregard the emotional sphere when evaluating the social health - they mostly focus on the functioning of the society and when expressing the spiritual health they concentrate on the conscience and belief in God.

Conclusions. Adult person knows what health means, particularly in its physical dimension. There are great problems with describing the essence of social and spiritual health. The illustrated diagnosis of the health condition lists the areas which should constitute the subject of theoretical and practical interest of health educators.

Key words: health, knowledge, health education.

INTRODUCTION

Among the health definitions cited in the literature, a definition developed by M. Kacprzak takes the leading place. According to that definition, health means “not only absence of a disease or ailment, but wellbeing and such a psychical and social adaptation achievable for a given person in the most advantageous conditions” [1]. This definition points to the need for having and activating adaptive mechanisms by individuals considered to be healthy. Similar definition of health can be found in the research of J. Aleksandrowicz, who stated that health is “a condition allowing human being for adapting to the affecting external stimuli; it is not only subjectively felt condition of physical, mental and social preparation but also capabilities to manage individual activities in the homeostasis limits” [2].

R. Dubos defined health as “ability of the best possible functioning in the environment” [3]. In this definition a health criterion is the ability to independent functioning in the best possible way that can be achieved by an individual, no matter what is the present health potential of the individual. T. Parsons defined health as “(...) a condition of optimal ability to do the valued tasks effectively” [3]. It is defining of health with regard to the social system, the actor of which is an individual, and the individual’s symptom of health is the optimal fulfilling of the roles and effective participation in the social life. For B. Tobiasz-Adamczyk – health is “a condition of absolute balance that includes complete physical, mental and social wellbeing (...), effectiveness in functioning, good relationships with other people (...)” [3]. In this definition there is an active and effective activity of an individual complementary to bio-psycho-social wellbeing, including also good relationships with others.

Among the mental health definitions, the statement by K. Dąbrowski is worth mentioning: “mental health is the ability for developing in the direction of comprehensive understanding, feeling, discovering and creating higher and higher hierarchy of the reality and values up till reaching concrete individual and social ideal” [4]. This definition is indicating that the necessary attribute of a healthy man is emotional and intellectual development, facilitating achieving of individual goals, which are in compliance with the social needs.

K. Ostrowska differentiates a functional and structural definition of sanity. The functional character of the definition is given by the statement: “sanity is a multifactor dynamic system ensuring efficient functioning of cognitive, emotional and acting structures and consequently ensuring the ability to meeting the needs; realisation of goals and aspirations; ties with others; identification, choice and use of information significant for human development and maintenance” [5]. The structural definition of sanity according to the author is in the form of a system consisting of many mutually reacting elements. She mentions here: “satisfying relationships with others; feeling the ties with others; internal and external safety; ability to express and receive emotions; resistance to stress and frustration; affirmation of life, seeing the purpose and sense of life; adequate reception of emotional, intellectual, sensual stimuli, their proper interpretation and use; “being” in the past history, present history and future history; feeling of strong anchorage in someone or something; trust in oneself and in others” [5].

The cited definitions indicate the function that is played in human life by mental health and what skills are necessary to realize that function.

A broad approach to human health issue requires considering its spiritual dimension. Spirituality is a notion that in religious science means “a set of attitudes, beliefs, standpoints towards the creating of a given form of living reality – God, world of souls, human world, nature, and in a broader sense – all of the signs of entity (existence) both in its factuality and the dynamism of becoming” [6]. The notion of spirituality (inwardness) is used more often as the synonym of culture, particularly the higher culture with no direct references to religion.

Man’s symptom of spiritual health may be considered to be his/her ability to maintain internal peace achieved by the faithful to the accepted principles of behaviour and the professed philosophy of existence. According to M. Drzewiecki, the uncommonness of spiritual sphere of man consists in that “(...) only in this sphere a man may ask himself about his secrets not from the particle perspective (e.g. pertaining to body or mind), but from the perspective of the whole man. In consequence, only in spiritual sphere he can find the ultimate answer that will be the basis for adopting a mature attitude towards own reality and own life. Inwardness starts only when a man raises over his body and over his psyche in order to ask a question about his own reality: about who is he and what is he living for, what sense have his body, thinking and emotions, what sense has he himself and his life which has contributed to himself” [7]. However J. Mellibruda, when defining the spiritual dimension of health, states that “the essence of health is building of relationships between individual life and the world of nature and culture, the world of values, the life compliant with the higher values, the ability to believe in a higher power existence, ability to intercourse with God” [7]. Therefore in considerations about man’s health, its spiritual aspect takes a significant position.

The growing interest in health problems, in its biological, social and spiritual dimension is reflected in the attempts of interdisciplinary approach to this subject. Nursing activities for health for the first time were described by the creator of modern and professional nursing – Florence Nightingale (1860). Among the health determinants, she distinguished the environmental (mainly sanitary) and psychosocial (lifestyle, activity) factors. There is a possibility to find the essential relationships between those which were suggested by F. Nightingale, and those suggested by Health Mandala. Historically the concept of F. Nightingale is earlier by 120 years. Health in national nursing has been the subject of theoretical-practical interest. As the one of basic values it defines the essence of nursing, it gives the direction to nurse’s work.

In the majority of accessible research studies there are presented results concerning healthy behaviours of the studied subjects (taken up activities, choices made). More rarely the knowledge about own health is the subject of interest. The definition of health describing its bio-psycho-social wellbeing permits, besides professional assessment criteria, for evaluation of health condition by its subject (auto-assessment; self-assessment). Self-assessment of health condition is, on the one hand an indicator of health awareness, on the other hand it indicates the criteria which are used by people while making a self-evaluation [3].

The study aims at answering the question: How do the studied subjects evaluate their current health condition? How do they understand the notion of "health" in its four dimensions: physical, psychical, social and spiritual? Does the evaluation of this condition give clear bases for planning health education?

MATERIAL AND METHOD

The research applied the method of diagnostic survey. The research tool was a non-standard questionnaire developed especially for this purpose¹.

The research was done in 2007 in three provinces: lubelskie, świętokrzyskie and śląskie. The people staying in their place of residence who were not younger than 18 years (the upper limit was not defined), were asked to fill in the questionnaire. Their condition must have allowed for giving written answers to relatively simple questions concerning health. Because reaching of healthy people is not technically easy, assistance was asked from the families and friends of the students of the last year of extramural studies of the Faculty of Nursing and Health Sciences of Medical University of Lublin. The analysis concerned the contents of answers given from 119 surveys, filed in by people concerned about their health.

The research made use of non-parameter statistical chi-square test and three significance levels were adopted: $p \leq 0.001$ – highly significant relationship between features; $p \leq 0.01$ – significant relationship; $p \leq 0.05$ – insignificant relationship. Statistical calculations were made with the use of MedCalc Software. The Yates correction was used for making the calculation of statistical values χ^2 possible in case of less than 5 answers in a given category.

RESULTS AND DISCUSSION

In the literature of closed questions (single choice questions) the number of answers sums up to 119 (100%). The open questions were answered with one to – four answers, average 2 answers (the sum does not make 119 answers).

The majority of the respondents were women – 75.63% (men more frequently refused taking part in the research). The respondents aged 31-45 years accounted for 37% of the studied subjects, above 56 years – 9.24%. Ten people (10) confirmed having vocational education, one person – primary education². In the analysis of results this group was represented as including 11 respondents with vocational education (Table 1).

1. Health condition assessment

The respondents were asked to define how they evaluated their current health condition. They could do this by choosing one of 5 given answers characteristic for their present condition (Table 2). Over 70% of the studied respondents assessed their health status "positive", 13.45% "neutral" and

¹ The paper is a fragment of Bronder research done for the master thesis: Borek E.: Knowledge of adults on their own health condition. Faculty of Nursing and Health Sciences. Medical University of Lublin. Lublin 2007.

² In the Table 1 only one group of respondents (11) with vocational education has been presented.

TABLE 1. Characteristics of the studied population (demographic-social features).

Feature	Category	Number	%
1. Sex	Men	29	24.36
	Women	90	75.64
	Total	119	100.00
2. Age	18-30 years	36	30.25
	31-45 years	44	36.97
	46-55 years	28	23.54
	> 56 years	11	9.24
	Total	119	100.00
3. Education	Higher	38	31.93
	Secondary	70	58.82
	Vocational	10	8.41
	Primary	1	0.84
	Total	119	100.00
4. Professional activity	Professionally active	82	68.91
	Pupil (student)	23	19.33
	Annuitant	2	1.68
	Pensioner	9	7.56
	Unemployed	3	2.52
Total	119	100.00	
5. Place of residence	Town	96	80.67
	Village	23	19.33
	Total	119	100.00
6. Living conditions	Very good	31	26.06
	Good	84	70.58
	Bad	4	3.36
	Very bad	0	0.00
	Total	119	100.00
7. Material conditions	Very good	10	8.40
	Good	95	79.83
	Bad	14	11.76
	Very bad	0	0.00
	Total	119	100.00
8. Marital status*	Single	52	43.70
	Married	67	56.30
	Total	119	100.00

* As some of the respondents stated "single" in the Marital status. therefore only two categories have been distinguished.

TABLE 2. Self-assessment of health condition.

Answers	Number of answers	%
1. Definitely positive	10	8.40
2. Positive	89	74.79
3. Indifferent	16	13.45
4. Negative	4	3.36
Total	119	100.00

8.4% – chose the answer “definitely positive”, and “negative” opinion was given by 3.36% of the respondents.

The analysis of the results concerning the health condition self-evaluation has not proved statistically significant relationships between this evaluation and: sex, age, education, material conditions of the respondents.

The respondents were asked the following questions (by indicating at least three – possibilities – open question): What criteria confirm that a man is healthy? Almost 80% of the respondents gave three criteria of health, 12% – four criteria and 8% – two criteria (Table 3). More than twenty three percent (23.40%) of the responses include vital criteria. And here are the selected examples: “energy, willingness to act (87 responses); “willingness to work” (41); “a man is full of energy and joy of life” (24); “energy and power to do everyday duties” (78). The same figure of responses includes wellbeing as the criterion of health. In 16.11% of the responses health is described as lack of disease. This category covers such definitions as: lack of ailments, disabilities, lack of disease symptoms. The same figure of respondents (16.11%) stated that a healthy man is physically fit and 7.61% of the responses concern intellectual efficiency. Most frequently the respondents defined it as mental efficiency, but there were also the following statements: “developing individual interests” (85.106); unproblematic functioning (118); proper interpersonal relationships (114). Only 8.51% of the responses included the statement, that external outlook confirms good health. And here are the examples: “sound appearance” (78); proper looks: hair, skin, teeth, etc” (20). Most rarely (4.86%) medical results were mentioned as health criteria.

TABLE 3. Criteria of health in the respondents' opinion.

Respondents' answers	Number of responses	%
1. Vitality	77	23.40
2. Wellbeing	77	23.40
3. Lack of disease	53	16.11
4. Physical fitness	53	16.11
5. Appearance	28	8.51
6. Intellectual efficiency	25	7.61
7. Results of medical tests	16	4.86
Total	329	100.00

The subsequent question concerned the respondents' attitude towards the four health indices (Table 4): 75.63% of the respondents definitely agrees with the statement that

TABLE 4. The meaning of health (respondents' opinions).

Respondents' opinions	Definitely yes		Yes		No		No opinion		Total	
	N	%	N	%	N	%	N	%	N	%
1. Lack of disease	71	59.66	40	33.62	7	5.88	1	0.84	119	100
2. Wellbeing	63	52.94	54	45.38	2	1.68	0	0.00	119	100
3. Highest value	90	75.63	23	19.33	3	2.52	3	2.52	119	100
4. Goal of life making its good quality possible	37	31.09	56	47.06	8	6.72	18	15.13	119	100

N – number of replies

health is the highest value. This is the highest compliance of the opinions with regard to the mentioned features of health, slightly less (59.66%) concerns the opinion that health is the lack of disease. The subject of special interest were the expressions used by the respondents to characterize health: physical, mental, social and spiritual health (open questions).

1.1 Physical health

The question concerning physical health was definitely more frequently answered by pointing to only one criterion (Table 5): 41.08% indicate that physical health means physical fitness, 23.24% – lack of diseases; 8.11% – correct functioning of the organism. Among the responses there were such terms as: “maintained sexual efficiency” (Questionnaire 8), “good body efficiency” (9). The vitality notion (12.24% – possessing vital forces) includes such replies: “willingness to live and do everyday duties” (75). The analysis of replies did not confirm any statistically significant relationships between the variables.

TABLE 5. Criteria of physical health in the respondents' opinion.

Respondents' answers	Number of responses	%
1. Physical fitness	76	41.08
2. Lack of diseases or ailments	43	23.24
3. Vitality	23	12.43
4. Wellbeing	20	10.82
5. Regular functioning of the body	15	8.11
6. Correct posture	8	4.32
Total	185	100.00

1.2. Sanity

The sanity sphere most frequently covered internal peace – (21.05%), less frequently the positive image of oneself and the environment (20.53%). Other features included: wellbeing (17.88%), ability to think logically and to act responsibly (17.33%, lack of mental disorders (16.83%), ability to communicate with other people (6.35%) (Table 6).

1.3. Social health

For 24.00% of the respondents the social health means correct functioning in the society, for 22.00% – it means that an individual feels well in the society (Table 7); 13.5%

TABLE 6. Criteria of sanity in the respondents' opinion.

Respondents' answers	Number of responses	%
1. Internal peace	40	21.05
2. Real image of oneself and the surrounding world	39	20.53
3. Wellbeing	34	17.88
4. Ability of logical thinking and being responsible for own actions	33	17.36
5. Lack of mental disorders	32	16.83
6. Ability to communicate	12	6.35
Total	190	100.00

TABLE 7. Criteria of social health in the respondents' opinion.

Respondents' answers	Number of responses	%
1. Correct functioning in the society	48	24.00
2. Good „feeling” in the society	44	22.00
3. Orientation in the surrounding world	30	15.00
4. Healthy society	27	13.50
5. Lack of social or political conflicts	26	13.00
6. General welfare	25	12.50
Total	200	100.00

think that social health can be identified with the health of the whole society. There were critical responses (with relation to the current political situation in Poland), including the names of people taking the most important functions in the state (e.g. Questionnaire 100).

Highly significant relationship was confirmed ($p < 0.001$) between the education level and the stated indices of social health (Table 7.1). The biggest differences concern the understanding of social health as the ability to orientate in the surrounding world. Such a criterion was given by 52.63% of people with higher education, while by 8.57% of people with secondary education. Twice as often people with secondary education characterized social health as correct functioning in the society. Also more frequently than the others, they used the phrase “feeling well in the society” and indicated the importance of not having social or political conflicts. The people with vocational education more rarely

TABLE 7.1. Relationships defined by chi-square test between the social health indicators and education level of the respondents.

Respondents' answers	Education						χ^2 and significance level
	Higher (n = 38)		Secondary (n = 70)		Vocational (n = 11)		
	N	%	N	%	N	%	
1. Correct functioning in the society	10	26.32	35	50.00	3	27.27	$\chi^2 = 30.674$ $p = 0.0007$
2. Good „feeling” in the society	12	17.14	29	41.42	3	27.27	
3. Orientation in the surrounding world	20	52.63	6	8.57	4	36.36	
4. Healthy society	8	21.05	18	25.71	1	9.09	
5. Lack of social or political conflicts	4	10.53	20	28.57	2	18.18	
6. General welfare	5	13.16	18	25.71	2	18.18	

N – number of answers; n – number of respondents in a group with regard to education; % – a proportion of respondents who gave answers

(9.09%) than the other respondents identify social health with healthy society.

1.4. Spiritual health (health of mind)

Over 35.00% of the respondents think that spiritual health consists in living in accord with themselves and their own conscience (Table 8). This criterion was expressed among other things as “clear conscience” (Questionnaire 27); the condition when a man lives in harmony with others (with himself, he does not feel discomfort due to remorse (25). For 23.63% of the respondents spiritual health means having beliefs related to faith, religion. That question was not answered by 7.28% of the respondents or the answer was “I don't know”.

TABLE 8. Criteria of spiritual health in the respondents' opinion.

Respondents' answers	Number of responses	%
1. Living in concord with oneself and the conscience	59	35.75
2. Believing in God	39	23.63
3. Self-mastering	22	13.34
4. Individual system of values	17	10.31
5. Belief in the sense of life	16	9.69
6. I don't know	12	7.28
Total	165	100.00

A very significant statistical relationship ($p < 0.001$) was confirmed between the sex of the respondents and the listed criteria of spiritual health (Table 8.1): 31.03% of men and 3.33% of women did not take any attempt to answer that question. Among those who gave the answer, definitely more frequently women indicated living in concord with themselves (53.33%) and having own system of values (16.66%) as the criteria for spiritual life (27.58%).

DISCUSSION

Health of man as the biological, psychical, social and spiritual being is considered with regard to structural elements and the level of functioning in the listed areas. In practice, in so called everyday life, people can show interest in their own physical health and diminishing its psychical,

TABLE 8.1. Relationships defined by chi-square test between the sex of respondents and the declared by them spirituals life indicators.

Respondents' answers	Sex				χ^2 test and significance level
	M (n = 29)		W (n = 90)		
	N	%	N	%	
1. Living in concord with oneself and the conscience	12	41.38	48	53.33	
2. Believing in God	2	6.89	15	16.66	$\chi^2 = 21.070$
3. Self-mastering	8	27.58	14	15.55	
4. Individual system of values	2	6.89	15	16.66	$p = 0.0006$
5. Belief in the sense of life	4	13.79	12	13.33	
6. I don't know	9	31.03	3	3.33	

N – number of answers; n – number of respondents in a group with regard to education; % – a proportion of respondents who gave answers

social and spiritual dimension, as the research indicates. This can result from the ignorance about functioning of those health dimensions and their significance for generally perceived wellbeing.

The respondents while evaluating their health condition were using the following criteria: wellbeing, vitality, lack of disease and ailments. Often they indicated physical fitness and intellectual efficiency and the appearance. The respondents' replies to open questions concerning the features of sanity, social and spiritual health, were not differentiated. Quite unequivocally they defined the notion of physical health [2]. In sanity they omitted the emotional sphere [5, 8]. When speaking about social health they focused on functioning of the community and still more broadly-of the society as a whole. They did not indicate any features of individual's social health, such as: ability to make and maintain friendship, satisfying family life, receiving and offering support, maintaining identity among others. When explaining the notion of spiritual health, they usually gave one index and it mainly concerned the conscience and faith. Their proposals lacked such elements as for instance: ties with people, hope, forgiveness, respect for dignity [7].

It has been commonly accepted that health education should be based on a rational diagnosis of the conditions. The presented here and discussed results of the research indicate quite univocally those elements which should be the subject of particular interest of health educators, including nurses. Adult healthy man knows what health is, particularly in its physical dimension. The biggest problems are with defining the essence of social and spiritual health.

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