

MAŁGORZATA MALIK¹, DANUTA ZARZYCKA¹, JOANNA IŁŻECKA², MIROSŁAW J. JAROSZ³

Wartość zdrowia jako czynnik motywacyjny do działań prozdrowotnych

The value of health as a motivating factor for health-promoting activities

Streszczenie

Wstęp. Zdrowie jako wartość nadrzędna, sytuowana na wysokiej pozycji w hierarchii wartości poszczególnych jednostek lub grup społecznych, stanowi istotny element decyzyjny, w oparciu o który dokonywany jest wybór zachowań będących składową stylu życia człowieka. Literatura podaje, że każde z uznawanych i cenionych dóbr pełni określoną rolę w procesie decyzyjnym osoby, związaną głównie z funkcją metadecyzyjną, w ramach której wartość staje się punktem odniesienia zwłaszcza w sytuacjach konfliktowych, będąc czynnikiem rozstrzygającym w wyborze danego działania. Cenione dobro może też mobilizować do realizacji określonych zachowań, nadawać sens działaniu, ukierunkowywać i kształtować zakres podjętych czynności. Jest więc elementem motywacji.

Cel. Celem niniejszych badań było poznanie opinii respondentów na temat roli, jaką pełni w ich życiu wartość zdrowia. Poruszono także zagadnienia związane z prowadzonym przez nich stylem codziennego funkcjonowania, ilustrującego relacje: zdrowie – tryb życia, który analizowano w aspekcie pozytywnego lub negatywnego wpływu na stan zdrowia jednostki.

Materiał i metody. Badaniem objęto grupę 118 rodzin. Materiał empiryczny stanowiły odpowiedzi na pytania zawarte w kwestionariuszu ankiety, dotyczące omawianej problematyki, których układ rozpatrywano według trzech zmiennych niezależnych: miejsca zamieszkania (miasto, wieś), oceny sytuacji materialnej (pozytywna, negatywna) oraz poziomu wykształcenia (niski, wysoki).

Wyniki. Jak wykazała analiza statystyczna otrzymanych danych, zdrowie jako wartość jest niezwykle istotnym czynnikiem decyzyjnym, którego rola jest bardzo znacząca. Ponad 90% respondentów jest zdania, że postrzeganie zdrowia w kontekście uznawanego dobra ma decydujący wpływ na wybór rodzaju i charakteru zachowań służących poprawie lub utrzymaniu optymalnego stanu zdrowia. Styl życia badanych, będący obrazem związku wartości z podejmowanymi działaniami, posiada jednak zbyt mało cech o pozytywnym wpływie na zdrowie i trudno zakwalifikować go do kategorii prozdrowotnej.

Summary

Introduction. Health as the primary value ranked highly in a hierarchy of values of individuals or social groups is a significant decision element which is the basis for making choice of behaviours related with human lifestyle. The references report that each of the recognized and valued goods has a definite role in a decision process of a person, which is mainly related with meta-decision function, under the frames of which the value becomes a reference point, particularly in conflicting situations, being the crucial factor in realization of a given activity. The appreciated good can also stimulate for the realisation of definite behaviours, give a meaning to activities, direct and formulate the scope of activities. It is thus the element of motivation.

Aim. The aim of the present research is to identify the respondents' opinion on the role of health played in their lives. Also some problems related with their everyday lifestyle, illustrating the health-lifestyle relationship, were presented. This relationship was analysed in the context of positive or adverse influence on health status of individuals.

Materials and methods. The research comprised a group of 118 families. The empirical material were the replies to the questions included in a questionnaire and concerned the discussed problems. The three independent variables were considered: place of residence (town, village), material situation assessment (positive, negative) and the education level (primary, higher).

Results. The statistical analysis proved an extremely important value of health as a decision factor. More than 90% of the respondents state that perceiving health in the context of recognized good has a decisive influence on the selection and character of behaviours tending to improve or maintain optimal health condition. The respondents' life style reflecting the relationship between the values and the taken up activities, has too little features with a positive effect on health and it is difficult to classify it to health-promotion category.

Słowa kluczowe: wartość zdrowia, motywacja, styl życia.

Key words: health value, motivation, lifestyle.

¹ Department of Pedagogy and Medical Didactics with Laboratory of Nursing Skills, Chair of Nursing Development, Medical University of Lublin

² Independent Laboratory of Neurological Rehabilitation, Medical University of Lublin

³ Department of Information Technology and Epidemiology Methods, Medical University of Lublin

INTRODUCTION

Understanding of health, which still remains an undiscovered issue, is ambiguous and its perception differs depending on the numerous aspects that were considered in a given formulation. Each of the definitions includes a specific thesis based not only on the present knowledge but on observation as well or a subjective sensation of perceiving oneself as “the one who is healthy”. Among many definitions there are descriptions of health understood as a value. This is confirmed by numerous research studies in which health is determined by the respondents as something precious, desired, the aim of human pursuits, the highest good. The research problems include also the presentation of significance of health with relation to other values through the attempt of systematizing the valued goods in a definite hierarchy. The analysis of results obtained in this area indicates that health is one of priority values and this is confirmed by its position in the system of goods of individuals and social groups.

What does perception of health as a value mean and what influence does it have on the way of individual's behaviour? According to C. Kluckhohn, the value is *“a specified or conclusionable concept of something that is worth interest (desirable), characteristic for an individual or a group and influencing the selection from among the accessible ways, resources and aims of acting [1].* Comprehension of health in categories of recognized and valued goods, according with that definition, should be reflected in the individual's style of living, the character of which depends to a great extent on individual's views and beliefs. These values are forming human behaviour. This opinion has been justified in the considerations of I. Wrońska and J. Mariański, who state that *“values are important regulators of human pursuits and behaviours. The area designated by them of the desired state of things defined by them and the important and accepted targets and patterns of living, include in themselves a strongly motivated intention for realizing them. The values appreciated by an individual are a strong stimulus for acting” [2].*

Each of the values recognized as the superior has a significant influence on the decision process of an individual by fulfilling various functions. These functions, defined by T. Kocowski, are as follows:

- A function that integrates motivations and activity orientations so that the values give sense to life and allow for an orderly activity in future;
- An orientating function meaning the values become the criteria of evaluation and orientation;
- Meta-decisive function (crucial) – under its frames the values assist in taking decisions in case of conflict of motives or arguments;
- Socializing function thanks to which an individual is included in “motivating” life of a group;
- Gratifying function – it is characteristic for the values which are the source of meeting the strongest satisfactions [3].

It has been thought that the higher position of a given good in an individual's hierarchy of values, the bigger is its contribution to the totality of decisive process, thanks to which some behaviours are accepted by an individual as the proper ones and others are rejected as the negative ones.

The behaviour of man is influenced not only by values but by motivations as well. Both of these elements are closely related. A motive according to the Ethical Dictionary is:

1. a psychological impulse of strong emotional colouring, activating for taking up a definite activity. A motive is a consequence of reaction to the psyche of a definite stimuli indicating the lack of an important in life or for psyche element, and its aim is to eliminate this deficiency (...) Motives are morally active elements of human behaviour and activity.
2. the argument for a definite activity, the argument justifying given activities by indicating their purposefulness and the programme [4].

For showing the relationship between the value and a motive, it is important to grasp the motive as a component, the lack of which is felt by an individual in the form of some kind of a need. This need is a stimuli for taking up a job, the purpose of which is its meeting. In numerous situations it happens, however, that a given person is willing to further activity, no matter if he/she feels a given need or not. Such a behaviour causes developing of definite values under the influence of permanent needs and these values become the needs of a higher rank, stimulating human behaviour. Human activity is formed by various needs and the values become special moral stimuli making people take up definite attitudes.

AIM

The aim of the survey was to identify the opinions of families on the influence of health perceived in terms of values on the character of their lifestyle. The main empirical hypothesis was an assumption that the influence of health on the totality of everyday life of a person is important and having many aspects. The following statements were formulated:

1. The scope and kind of influence of the value of health on the process of taking decisions concerning the choice of definite health-promoting attitudes is connected with the impact of three independent variables: the place of living, material situation and education level of the people.
2. The respondents' style of life reflecting the relationships between the motivating impact of the value of health and the real structure of preferred activities has too small number of health-promoting behaviours. It concerns mostly people with low education level.

MATERIAL AND METHODS

The survey comprised a group of 118 families coming from the Lubelskie Province. The study group was selected intentionally according to the criteria of the place of living and having the offspring. The respondents' task was to answer individual questions concerning the main subject of the research by individually filled questionnaire (without any help of the interviewer). The questionnaire included a part with demographic and economic data and questions concerning the character of influence of the value of health on the individual's decision process, the relationship between the value of health and the life style as well as the scope and kind of activities forming up a structure of real and everyday activity reflecting the relationship: health value- life

style. The questions were of closed character and consisted in the evaluation of individual distracters according to the given scale of the selection of one or several suggested answers concerning a given issue. The kind of influence of the value of health was analysed with the number of indications and the percentage indicator. This method was also used for stating if the respondents could see the relationship between the value of health and the life style and if the activities realized everyday are, according to them, for the protection and maintenance of health. However to obtain the characteristics of undertaken by the respondents activities, a five-score scale was used according to which the frequency of realization of individual health promoting behaviours was evaluated. The results were statistically analysed with application of descriptive analysis methods and t-Student and ch-square tests with the significance level $p < 0.05$ or $p < 0.02$.

In order to get the research hypotheses confirmed or rejected, the obtained data were compared considering division of the respondents into groups according to three independent variables: place of living, material situation and education level. This way the characteristics of the research group was performed and it goes as follows: half of the respondents were coming from the city ($n = 59$; 50%), 59 families were living in the village. The positive evaluation of own material situation was made by 85 families (72.03%) and negative opinion was given by 33 families. Almost half of the respondents ($n = 53$; 44.92%) were included in the group of families with high education level and in the alternative group there were 65 families. The interpretation of study group was also made on the basis of families' structure and the number of children, employment situation and the religious attitude. The responses allowed us to state that the most frequent form of living at home was a two-generation family (parents-children) accounting for 59.48% of the total group ($n=69$), more rarely a three-generation family ($n=30$; 25.86%). Almost 45% of the respondents had three children ($n=52$; 44.07%), there was also a high proportion of families having two children ($n=39$; 33.05%). Among the respondents a definite majority of the women ($n=71$; 61.21%) and the men ($n=73$; 64.60%) had employment. Their attitude to faith was positive. All of the respondents gave a positive answer to a question: "Are you a catholic?" and declared to be believers. ($n=84$; 71.19%) and strong believers ($n=20$; 16.95%).

RESULTS

From among the opinions of 118 families, 111 families state that understanding of health as a precious good is decisive in making choice of tasks which they take up in their lives. The influence of health as a superior value may be manifested in many ways. The character of this impact has been described in the study in the following way: it mobilizes for taking up health-promoting activities, makes people responsible for their own health and of the family members; it allows for making proper choices between health-adverse and health-favouring behaviours; it makes people care for their health continuously and makes health the goal of life. The respondents could choose several or one argument. The analysis of results indicated that in the respondents' opinion perception of health as a value is first of all, the

reason of concern for one's own or family health. The feeling of internal responsibility for health is confirmed by 35.62% of the respondents ($n=78$). It is an interesting fact that the value of health is treated by the respondents as a reference point when making choices, by outlining the direction of the undertaken activities. Such an impact of value is defined by more than 1/4 of the respondents ($n=60$; 27.40%).

The structure of families' opinion is significantly influenced by independent variables: place of living, material situation and educational level, according to which the responses were analysed. The division of the respondents into groups with regard to these variables allowed for presenting the statistically significant differences between the data obtained in individual groups. The example is the comparison of opinions of the respondents living in two different environments: village and town. The respondents living in towns emphasized a special influence of perception of health as a value on the decision process, which is manifested mainly in the form of factors mobilizing for activities aimed at health prevention and preservation ($n=28$; 23.58%). However according to the inhabitants of villages this aspect is least important ($n=17$; 17.00%). A statistically significant relationship between the responses in these groups of families is at the significance level $p < 0.05$.

Similar differences can be noticed among the respondents evaluating their own material situation in a positive or negative way. According to the families belonging to the first group, a crucial role is attributed to mobilization function that stimulates an individual for acting as well as perceiving the value of health as a subject of special concern and goal of aspirations. Both of these responses got 65 indications, which accounts for 40.12% of the total group. Another opinion is reported by the respondents with a lower social status, who agree with such a description of the influence of the value of health in 1/4 of the group ($n=16$; 28.08%). Within these groups the statistically significant relationship between the indications were obtained on the significance level $p < 0.05$.

Less important differences can be noticed in the proportional distribution of individual responses in the groups of families selected on the basis of education level of their members. In families where the educational level was high, the impact of the value of health is more frequently seen through the prism of metadecision function, as the factor on the basis of which an individual makes some life choices ($n=32$; 29.91%). In the alternative group the meaning of that value of health is perceived mainly in the area of responsibility for own health and the health of family members. ($n=42$; 37.50%) (Table 1).

The structure of the responses illustrates the value of health in the context of decisive factor which influences significantly the way of perceiving and having a definite style of life. Health, being a priority value in individual's opinion, should be not only the goal to be achieved but the good that requires constant concern and care. In the survey the respondents were asked if the activities they take up every day could be, according to them, qualified to the category of health-promoting behaviours, by showing at the same time the relationship of health as a recognized good with everyday activity of individuals. From among 118 families – 96 of them (81.36%) said that the activities they do are for improvement of their quality of health. This

TABLE 1. The character of influence of the value of health on the decision process of an individual – proportional distribution (%) and number of indications (N) of the selected by the respondents directions of influence with regard to the division of the respondents according to the place of living, material situation and education level.

	Total		Place of living				Material situation				Education level			
			Town		Village		Positive		Negative		High		Low	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Mobilisation	45	20.54	28	23.53	17	17.00	35	21.60	10	17.54	22	20.56	23	20.54
Responsibility	78	35.62	41	34.45	37	37.00	55	33.95	23	40.35	36	33.64	42	37.50
Choice	60	27.40	31	26.05	29	29.00	42	25.93	18	31.58	32	29.91	28	25.00
Goal, concern	36	16.44	19	15.97	17	17.00	30	18.52	6	10.53	17	15.89	19	16.96
Total	219	100.00	119	100.00	100	100.00	162	100.00	57	100.00	107	100.00	112	100.00
x					8.174				4.201				6.210	
p					< 0.05				< 0.05				< 0.05	

TABLE 2. The relationship of the value of health with the life style – proportional distribution (%) and number of indications (N) of opinions confirming or negating the existence of such relationship in the respondents' opinion with regard to the variables: place of living, material situation, education level.

	Total		Place of living				Material situation				Education level			
			Town		Village		Positive		Negative		High		Low	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	96	81.36	50	84.75	46	77.97	71	83.53	25	75.76	43	81.13	53	81.54
No	3	2.54	1	1.69	2	3.39	2	2.35	1	3.03	1	1.89	2	3.08
Don't know	19	16.10	8	13.56	11	18.64	12	14.12	7	21.21	9	16.98	10	15.38
Total	118	100.00	59	100.00	59	100.00	85	100.00	33	100.00	53	100.00	65	100.00
x					3.100				1.002				4.954	
p					No relationship				No relationship				< 0.05	

positive opinion was expressed mainly by the town inhabitants (n=50; 84.75%) and the group of families with higher social status (n=71; 83.53%). By comparing the opinion of contrasting groups, a high proportion of respondents who cannot qualify their behaviour to the health-promoting or health – adverse, can be noticed. In the group of families with lower social status more than 1/5 had difficulties in defining their everyday activities that could serve the improvement of their health (21.21%) (Table 2).

The next problem mentioned in this research was the character and area of activities being the elements of a life style declared by the families. The aim of the questions about the specific character of everyday functioning of a family was the attempt to reflect the relationship between the motivating influence of the value of health and the real structure of the preferred activities. Nine variants of behaviour were suggested that included the basic aspects of existence, such as: nutrition, leisure, sleep, hygiene, interpersonal contacts and the attitude towards prophylactic examinations as well as the level of health-promoting knowledge. The respondents were asked to assess the frequency of realization of individual activities according with a five-point-inventory (scale), in which the score was the following: the answer “no” had “0” points, “rather not” – 1 point, “difficult to say” – 2 points, “yes” – 3 points, “absolutely yes” – 4 points. For the obtained numbers the arithmetic mean was calculated. The higher the score was, the higher was the index of frequency of undertaken behaviours. The

structure of the obtained data confirmed that the level of frequency of the realization of given activities was defined mainly as “yes”, and it means a big dose of uncertainty if the activities have been performed in the life style of the respondents. The activity that is not doubtful in the scheme of the respondents life style is keeping personal hygiene and hygiene of the environment (M=3.67) as well as taking care of good atmosphere in the family and mutual respect (M=3.52). Among the behaviours that the frequency of realization was assessed in the scale between “difficult to say” (2 points) and “yes” (3 points), the highest score was achieved by: regular eating of meals by family members (M=2.91), resignation or reduction of the used stimulants, including limiting or elimination of tobacco smoking and drinking alcohol (M=2.86) as well as adherence to the recommended amount of sleep and relax (M=2.83). The activities that are undertaken most rarely in the respondents' opinion, are: broadening of knowledge on healthy life style by reading medical literature (M=2.01) and realization of control check-ups (M=2.32).

The structure of mean values obtained in the individual groups of respondents was varying and showed some relationships. It is worth mentioning that in the group of families living in towns, all of the mentioned behaviours reached a higher degree of realization as compared to the indications received from the families living in villages. The priority activities with the highest degree of realization, besides keeping the principles of hygiene (M=3.80) and

concern about mutual relationships ($M=3.44$), included also: regular having of meals by family members ($M=3.16$) and reduction of stimulants use ($M=3.05$). A characteristic behaviour significantly differentiating the opinion of both groups is broadening of health-promoting knowledge. A specially poor realization of these activities is manifested in the style of life of the respondents coming from villages, whose opinion about this activity has a score 1.58. This value places it between the assessment category “rather not” and “difficult to say”. The inhabitants of towns attribute a bigger meaning to this activity by evaluating the realization of this activity one level higher ($M=2.44$). According with the calculations the statistically significant difference concerning this issue between the town and village is on the significance level of $p<0.02$.

The structure of indications of the respondents qualified in two groups selected on the basis of evaluation of their material situation is similar. The significant difference on the level $p<0.05$ was proved by statistical analysis for the activities related with personal and environmental hygiene. As the studies report, this behaviour is more important for the respondents with higher social status ($M=3.74$) than for the respondents negatively evaluating their material situation ($M=3.48$). The life style of families with good material situation however seems to include less health-promoting features, which is confirmed by lower arithmetic mean. It shows the degree of realization of individual activities as compared to the alternative group.

A similar statement can be formulated with regard to the families whose education level is low. Statistically significant differences concern especially such aspects as: nutrition, rest, using of stimulants and physical activity.

Education however is closely correlated with the level of health-promoting knowledge. It seems that an empirical hypothesis can be put forward that the higher education, the broader is the scope of knowledge concerning health-promoting life style. A high level of education means a higher concern for health, stronger motivation for taking up activities favouring health and often less possibilities of adapting everyday life of a family to the recommended requirements (Table 3).

DISCUSSION

The opinion presenting health as the value indicates the relationship between health and individual style of living. This relationship is especially clear in situations where health becomes a priority, the highest good that is recognized and desired goal of life. As the superior value it influences the decision process on the basis of which an individual makes choices in many situations. This meta-decisive function of each of the values in the hierarchy system is the main trend of relationships between something that we wish to achieve and something that should be done in order to achieve that goal. Many definitions of values were determined on the basis of their context meaning.

J. Mariański and W. Zdaniewicz think that “*the values can be understood as spiritual, moral beliefs of individuals and social groups that direct the attitudes and behaviours of individuals and groups*” [5]. The sociologist, Henryk Świda writes that “*a value is something that stimulated human motivation, subject worth desire, worth approval*” [6].

Motivation however means “*a set of activities triggering a purposeful functioning of man*” [7]. J. Koziński lists

TABLE 3. Life style-distribution of mean (M) illustrating the frequency of realisation of taken up health-promoting activities with regard to the distribution of the respondents according to the variables: place of living, material situation, education level.

	Total		Place of living						Material situation						Education level					
			Town		Village		t	p	Positive		Negative		t	p	High		Low		t	p
	M	SD	M	SD	M	SD			M	SD	M	SD			M	SD	M	SD		
Limitation of salt and sugar	2.50	0.32	2.75	0.33	2.25	0.30	2.100	<0.05	2.46	0.31	2.61	0.32	1.267	na	2.81	0.34	2.25	0.30	3.214	<0.02
Active relax	2.47	0.31	2.53	0.32	2.42	0.31	1.254	na	2.42	0.31	2.61	0.32	1.014	na	2.70	0.33	2.29	0.30	3.457	<0.02
Elimination of stimulants	2.86	0.34	3.05	0.35	2.66	0.33	2.654	<0.05	2.81	0.34	2.97	0.34	1.004	na	3.00	0.35	2.74	0.33	2.147	<0.05
Regular nutrition	2.91	0.34	3.16	0.36	2.66	0.33	2.457	<0.05	2.86	0.34	3.03	0.35	1.745	na	3.08	0.35	2.77	0.33	2.124	<0.05
Sleep	2.83	0.34	2.85	0.34	2.81	0.34	0.245	na	2.86	0.34	2.76	0.33	1.241	na	2.89	0.34	2.78	0.33	1.102	na
Control check-ups	2.32	0.30	2.39	0.31	2.25	0.30	1.002	na	2.29	0.30	2.39	0.31	0.214	na	2.42	0.31	2.25	0.30	1.547	na
Broadening of Health-related knowledge	2.01	0.28	2.44	0.31	1.58	0.25	3.025	<0.02	1.98	0.28	2.09	0.29	0.178	na	2.30	0.30	1.77	0.27	2.578	<0.05
Positive relationships	3.25	0.36	3.44	0.37	3.07	0.35	1.895	na	3.29	0.36	3.15	0.36	0.328	na	3.32	0.36	3.20	0.36	1.308	na
Personal and environmental hygiene	3.67	0.38	3.80	0.39	3.54	0.38	1.354	na	3.74	0.39	3.48	0.37	2.004	<0.05	3.85	0.39	3.52	0.38	1.698	na

four main functions of motivation: activating of operation, giving the general direction to actions in changeable circumstances, maintaining and influencing their finalising at the moment of reaching the goal [8]. V. Mianowana thinks that developing of motivation is influenced by realising of some values as the image of some definite desired ideal state, e.g. health. The recognised values may be the source of experiencing emotions and forming of motivations [9].

The context of describing the significance of value is diversified. On the one hand they constitute a goal, on the other – a criterion for choosing the goals or motives for acting, sometimes a standard or a subjective reflection of human beliefs. No matter how they will be interpreted, the fact is that *“the values give a shape to human life and a deeper sense to one’s existence. They also define a life style of an individual as they are placed more deeply than the opinions, views in human personality. Their realization is however a very important regulating factor for human behaviour, as it orientates his activities”* [10]. Roman Ingarden has the opinion that *“an action would be senseless and pointless if the values were disregarded”* [11].

The present research confirm the existence of such perception of the role of value in the respondents’ opinions. The influence of respected and recognized good is multi-dimensional and comprises a wide area of activity and it was proved by the interpretation of the obtained data and this way, it justifies the rightness of the assumed hypothesis. However motivating for activities realization and indicating of the appropriate solution that is taken up on the basis of a criterion of value, is one of the main aspects of understanding of the function of health as the superior good in the life of an individual or a social group. The families participating in the survey emphasized the significance of the meaning of meta-decisive function of the value of health in making everyday choices.

Can health, being in many people’s opinion a superior good, be the main motivating and mobilizing factor indicating the health-favouring activities or activities tending to maintain optimal health? The answer to the question seems positive. This research confirms that the respondents see the relationship between the role of health as a value and its influence and the everyday functioning of an individual. More than 80% of the respondents assesses their life style as health-promoting and at the same time they admit the role of this good in their hierarchy of values with reference to the choices they make in the decision process. Similar results were obtained by V. Mianowana on the basis of research carried out in a group of patients who had experienced cardiac infarct two years before. The author assumed that with relation to the expectations on the improvement of their health (perceived as the goal) one may expect health-promoting behaviours. The response to the question: “Can you see any possibility of changing your health condition?” was answered by 17.4% of the respondents “definitely yes”, by 48.3% – “yes”. In the opinion of the same respondents a greater approval was attributed to the statement: “In any age you can influence people and change their behaviour” (26.1%), than to the thesis “Adult people cannot be changed as their habits are stronger” (20.3%) [9].

The significance of a given value and its function in one’s life or society’s life is presented by the definite attitudes adopted by man towards a given good. With reference to

the value of health the reflection of the attitudes is the life style being the element of health-promoting behaviours, positive or negative. T. Kulik’s view is that it is the expression of perception of health by man, how man assesses health and makes use of it as well as how man reacts to the health of others [12]. In the opinion of the respondents everyday functioning of a family is subordinated to health but the activities taken up to strengthen health are insufficient. This is the conclusion of individual behaviours concerning frequency of their realization. Also many areas of life style that are significant for health protection by regular making medical prophylactic check-ups and constant improvement of health-related knowledge. The studies confirm that the worst life style is presented mainly by the families the members of which have a low education level. The adopted research assumption is thus true.

Similar conclusions have been drawn by V. Tuszyńska-Bogucka. The author collected the opinions of children aged 14-16 concerning the approach to physical activity, hygienic habits and prophylactic examinations. The statistical analysis of the results suggests a clear unwillingness of the youth towards medical services in apparently simple situations as: nose bleeding, headaches or dyspnoea. Only a little more than 50% feel the need of contacting a physician in such situations. However participating in check-up examinations during the recent 12 months was confirmed by 73.8% of the respondents. With reference to the hygienic habits the proportion is significantly higher, e.g. 82.5% of the secondary school pupils brush their teeth every day. When assessing the frequency of physical activities the author reported that more than 1/5 of the respondents do not participate in PE classes or very rarely, not doing any other forms of active relax [13].

CONCLUSIONS

1. Health perceived in categories of values influences significantly the process of taking decisions, basing on which the individual makes choices between various activities of positive and negative reference to health. Such opinion is confirmed by 111 out of 118 studied families.
2. The character of this influence is related, in the respondents’ opinion, mainly with the meta-decisive function, the expression of which is putting health as a reference point when taking up decisions in conflicting situations. Health as a value causes internal feeling of responsibility for its quality.
3. The reflection of the real relationship between health being a precious good and its motivating function, is the life style which, in its scope and type of taken up activities, illustrated the significance of the value of health. In the respondents’ opinion, more than 80% think that the type of activities being the elements of everyday functioning favour the improvement and strengthening of the health potential.
4. This optimistic belief has not been confirmed by the features of the structure of the preferred behaviours. The frequency of the recommended activities concerning many aspects of existence is defined by a category “yes”, and this suggests a big dose of uncertainty of real performance of the activities in the respondents’ life. According to the research the families with the high

social status and low education level display the least health-promoting behaviour in their life style.

5. The areas of special concern for health promoters are: attendance in prophylactic check-up examinations and improving of general awareness of health by the society.

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Informacje o Autorach

Mgr MAŁGORZATA MALIK – doktorant, dr DANUTA ZARZYCKA – adiunkt, Zakład Pedagogiki i Dydaktyki Medycznej z Pracownią Umiejętności Pielęgniarskich, Katedra Rozwoju Pielęgniarstwa, Uniwersytet Medyczny w Lublinie; dr hab. JOANNA IŁZECKA – kierownik, Samodzielna Pracownia Rehabilitacji Neurologicznej, Uniwersytet Medyczny w Lublinie; dr hab. n. med. MIROSŁAW J. JAROSZ – kierownik, Zakład Metod Informacyjnych i Epidemiologicznych, Uniwersytet Medyczny w Lublinie.

Adres do korespondencji

Zakład Pedagogiki i Dydaktyki Medycznej z Pracownią Umiejętności Pielęgniarskich
Katedra Rozwoju Pielęgniarstwa, Uniwersytet Medyczny w Lublinie
Al. Raclawickie 1, 20-059 Lublin
tel. 081 528-88-86