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## A Study Exploring Elements Interfering with Good Health Practice

—From the Comparison of the Results Obtained through Brainstorming  
by College Students Majoring Nursing and Home Science—

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### Abstract

Nowadays, it is generally considered in the field of medicine and health care where most people take the promotion and improvement in their health for granted that health education is deeply concerned with the promotion and improvement of general health and disease prevention and is indispensable for that purpose. Traditional health education has been usually conducted in a pedagogical way, which only provides information, by didactic or one-sided lectures, which education has shown little effect on adult diseases which have no remarkable symptoms.

Therefore, this study has been conducted in order to identify the reason why people do not, or cannot, implement health practice based on the opinions of the female nursing and home science college students obtained through their brainstorming and the common elements in those opinions drawn by KJ-method. Furthermore, two groups are compared for the purpose of identifying the difference seen between those who are engaged in health service and these who are not.

The results are shown as follows :

1. The data of both groups showed that lack of external environmental factors (money, time), their pleasure-oriented sense of value and influence of others' opinion and actions relate to the interference with health practice.
2. Regarding the difference between the students, the following facts were seen: Nursing students are quite interested in health practice and have highly critical minds. Home science students, on the other hand, seem to be basically unaware of health practice and take health practice passively, not actively.

#### Key Words

Health education  
Brainstorming

Health practice  
KJ-method

Interfering elements

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## Introduction

It has long been said in the field of medicine and health care that preventive care is important in search for good health. These days most Japanese take the promotion and improvement in their health for granted. Health education, mostly based on the health practice model, which is concerned with the promotion and improvement of general health and disease prevention is indispensable. A number of Japanese investigators have taken notice of the change in health models based upon health practice models in the United States, generally classified into three categories: The socio-psychological approach represented by the Health Belief Model established by Rosenstock<sup>1)</sup> and Becker<sup>2)</sup>, the sociological approach by Suchman (1965)<sup>3)</sup> which considers health practice to be an interaction of social systems; and the behavioral science approach by Jenkins (1979)<sup>4)</sup> and Green (1986)<sup>5)</sup>. In Japan as well, it has been tried these days to identify the techniques and ideas for solving health problems of pupils and students: for example, Ogura<sup>6)</sup> has proposed the health practice programs based upon Health-Belief Model. Moreover, the proposal to adopt the "Know Your Body (KYB)" program into the Japanese education<sup>7)</sup> has been made. In most cases, however, these programs deal with the health education in schools; those studies aiming at putting health education for adults into practice are rare in general.

Traditional health education is usually conducted in a pedagogical way which provides only information; especially ones for those engaged in health service provides information by didactic or one-sided lecture. In reality, information provided through that way does not generally become established health in adults. It has been proved that health instruction during physical examinations, medical checks or adult disease health education usually do not change people's life styles or attitudes toward medical consultation unless they find self-conscious symptom in their own bodies.

The primary purpose of health education is to implement health practice and to provide sufficient information and techniques to be healthy, however, it is difficult to implement such health practice under the circumstances of daily life. Therefore, we considered why people cannot, or do not, implement good health practice.

The study discussed in this report have been conducted by identifying the reasons why people do not, or cannot, implement health practice through the group discussion as the direct voice among college students; female nursing students (who know health practice) and home science students (whose health practice knowledge is supposed to be a little better than the general adult population). Furthermore, both of the results obtained from female college students who major in nursing and therefore have enough knowledge of health care and by those who major in home science are compared for the purpose of identifying the difference seen between those who are engaged in health service and those who are not.

## Method

The reason why nursing students were selected as a target of research is that they are considered to be going to play the most important role in the field of health care in the future. Home science students were selected as a controlling group of nursing students. In both groups, the students in the final grade were selected because they seem to think about working in the society more seriously than the ones in any other grades.

Subjects :

Sixty female undergraduate and graduate nursing students

Nine female undergraduate majoring home science students

Period of data collection : June 1991, June 1992 and September 1992

Discussion Theme : "Why Health Practice is difficult for us to carry out, despite knowing its importance."

Procedure: Subjects were separated into groups of 4 to 8 people and instructed to follow the KJ-method<sup>8)</sup> procedures described as follow : 1) Brainstorming on the above theme ; Each member of the group gives her frank opinions upon the theme, spontaneously until all opinions are grown. Any difference of, or questions, of each opinion must not be discussed. Record is made in the way of one-opinion-one-label. 2) When opinions are fully given, each opinion is classified and by its similarity to others and title for each group. Those group titles are written down on new labels and is again classified into new groups by similarity in the same way. 3) Procedure 2) mentioned above is continued until those opinions become unable to classify and unite any longer. 4) The procedures of classification and unification from 1) to 3) above are shown in a chart on a large piece of paper.

The theme and method of discussion as mentioned above are given to the targeted students. The investigators only give proper advice to them on how to conduct the group work, but do not participate in it.

Analysis : Results obtained from the above procedures are classified again by investigators, and the common elements are searched and drawn.

## Results

Results of both groups, the students majoring in nursing ("Nursing Students") and home science ("Home Science Students"), are shown on table 1. Based on the titles which were finally given by each group as a result of their group work, the investigators re-classify the results and developed the following eleven elements. In the course of re-classification by investigators, the titles given by the students themselves were kept as much as possible, and those original titles were changed according to their contents only when they need more specific expression :

Element 1 : My surroundings are not satisfactory

This element given by 19% of Nursing Students, which is the highest element among all Nursing Students. Home Science Students also showed tendency toward this category. Both groups, gave as unsatisfactory conditions, time, money, hereditary elements, human relations, life styles, living environment, etc., leading to titles like as "It's not my fault, it's any surroundings," and titles interpreted as other various external elements.

Element 2 : I have something else to do even at the sacrifice of my health.

This element was supported by 11.1% of Nursing Students. In particular, a large part is covered

**Table 1 Opinions and percentage all titles with Nursing Students and Home Science Students**

Factor	Nursing Student (N=316)	Title	Home Science Student (N=97)	
1 : My surroundings are not satisfactory	<ul style="list-style-type: none"> <li>• It's not my fault</li> <li>• Lack of resources</li> <li>• I need assistance from anybody</li> <li>• No stimulaing environment</li> <li>• Takes money and time</li> </ul>	60 (19.0%)	<ul style="list-style-type: none"> <li>• Environmental problem</li> <li>• Some obstruction</li> <li>• Force of habits</li> <li>• No stimulating environment</li> </ul> Human relations	31 (31.0%)
2 : I have something else to do even at the sacrfice of my health	<ul style="list-style-type: none"> <li>• I canno stop it</li> <li>• Something else is more important for me</li> <li>• Sense of values</li> </ul>	35 (11.1%)	<ul style="list-style-type: none"> <li>• Something else is more perferable for me</li> <li>• Desire</li> <li>• Keeping a nice appearance</li> </ul>	32 (33.0%)
3 : I don't want to be meddled	<ul style="list-style-type: none"> <li>• Leave e alone</li> <li>• Keep my own pace</li> <li>• I don't like it</li> <li>• Emotion</li> </ul>	44 (13.9%)		
4 : Proper knowledge proved facts and models	<ul style="list-style-type: none"> <li>• It's all right</li> <li>• Incorrect conviction</li> <li>• No meaning in something invisible</li> </ul>	12 ( 3.8%)		
5 : Health practice is superhuman	<ul style="list-style-type: none"> <li>• Troublesome</li> <li>• Hard to continue</li> <li>• Difficult</li> </ul>	15 ( 4.7%)		
6 : Lack of critical mind	<ul style="list-style-type: none"> <li>• Weak motive</li> <li>• No motivation</li> <li>• No critical mind</li> <li>• I just forget</li> </ul>	38 (12.0%)		
7 : I want to be the same as others	<ul style="list-style-type: none"> <li>• I feel safe when I'm the same as others</li> </ul>	1 ( 0.3%)	<ul style="list-style-type: none"> <li>• Everybody does it</li> <li>• Because others do it</li> </ul>	5 ( 5.2%)
8 : Hard to carry out the Health Practice	<ul style="list-style-type: none"> <li>• I'm weak-willed</li> <li>• Lenient to myself</li> <li>• Simply from the force of habits</li> <li>• Dependance</li> </ul>	43 (13.0%)	<ul style="list-style-type: none"> <li>• I'm meentally weak</li> </ul>	8 ( 8.2%)
9 : I don't think of future	<ul style="list-style-type: none"> <li>• Tomorrow is another day</li> <li>• Assuming a defiant attitude</li> <li>• I'm all right</li> </ul>	16 ( 5.1%)		
10 : Immediate pleasure is more important	<ul style="list-style-type: none"> <li>• Easy going</li> <li>• I seek for pleasure</li> <li>• Lessening mental stress comes first</li> </ul>	52 (16.5%)	<ul style="list-style-type: none"> <li>• I want an easier life</li> </ul>	7 ( 7.2%)
11 : I don't feel like doing it			<ul style="list-style-type: none"> <li>• Inactivity</li> </ul>	14 (14.4%)

by the title "Sense of values." Home Science Students, on the other hand, showed 33%, one-third of the entire group, and which is nearly the same percentage as element 1 above. The major titles in this group were "Desire" and "keeping a nice appearance."

Element 3 : I don't want to be meddled.

Only Nursing Students showed this element, at the rate of 14%. Specific titles are "Leave me alone," "I don't like it," "Keep my own pace," and "Emotion" : Particularly, "Leave me alone," at 8% of the second highest title independently among all of the following elements.

Element 4 : Proper knowledge, proved facts and models.

This element was also given only by Nursing Students at rate of 4 % whose specific titles are "Incorrect conviction," "It's all right?" "No meaning in something invisible."

Element 5 : Health practice is superhuman.

This element was again given only Nursing Students at the rate of 5%, and is interpreted as that they tend to find it difficult to reach Health Practice goal. For example, "It takes a long time, [or too long]," to see successful results in spite of hard effort, etc.

Element 6 : Lack of critical mind

This element again was given only by Nursing Students at the rate of 12%. Major titles are "Little critical mind" and "Little motivation."

Element 7 : I want to be the same as others.

This element was given by 0.3% of Nursing Students and 5% of Home Science Students. In particular Nursing Students said "I feel safe when I'm the same as others," while Home Science Students had "Because others do it" and "Because everybody does it."

Element 8 : Hard to carry out Health Practice.

This element, whose major titles are "I'm weak-willed," "Lenient on myself," "Simply from the force of habit," and "I'm mentally weak.", showed by 13.6% of Nursing students and 8% Home Science Students. Being different from Element 5, which has its cause in its too high goal to reach of the Health Practice, this element shows that the cause originates in their own weak will, etc.

Element 9 : I don't think of the future.

This element again was given only by Nursing Students at the rate 5% whose specific titles are "Tomorrow is another day" and "Assuming a defiant attitude."

Element 10 : Immediate pleasure is more important.

This element was given by 16.5% of Nursing Students and 7% of Home Science Students. Among Nursing Students, in particular, this is the second most common category. Specific titles for this element were "Easy going," "Lessening mental stress comes first," "I seek only the present comfort" and "I want an easier life."

Element 11 : I don't feel like doing it.

Only Home Science Students gave this element at the rate 14.4% with the title of "Inactivity."

## Discussion

Based on the above results, the similar and different elements between the two groups are discussed as follows :

1. First the elements which interfere Health Practice by female college students :

In both groups, a number of students gave "Environment" as a reason interfering with Health Practice. Jeskins, who pointed out environmental influences on Health Practice, defines environmental elements as the basis of other elements such as "Belief," "Motive" and "Action." In addition, he mentions that the influences of social and psychological environment arisen by the citizen and persons engaged in health service can start the Health Practice<sup>9)</sup>. Thus, Jeskins defines the environment in a wide sense. In our research, however, both groups gave reasons such as "Lack of sufficient environment" and "Insufficient environment," which shows the tendency of female college students in general to take the environment as an external condition essential in Health Practice. External environmental elements seems to interfere a great deal in Health Practice based on 7.0% of students in one physical education class answering "Money can buy health", despite their previous study of health counseling or education.

Second, the elements "Immediate pleasure is more important," "I have something else to do even at the sacrifice of my health" and " Hard to carry out Health Practice" are characterized as an indication of the students' pleasure-oriented nature. Green and others identify, "Sense of values" and Attitude" as preparatory elements among various elements influencing Health Practice<sup>10)</sup>. Various other Health Practice models, however, do not lay much stress on sense of values and attitude. After all, it seems that a large proportion of graduate students identify the reason they do not implement Health Practice. This pleasure-oriented element for the college students who generally do not fall ill or seems well and therefore are considered that their health level is very high. Douba mentions as particular characteristic of adult education, that an adult, who has grown up from dependent personality to an established an identity with independence to his or her own decisions, does not receive direct instruction from others, but makes his or her own judgment through his or her own sense of value<sup>11)</sup>. This point also supports that value judgment and evaluation can influence a great deal Health Practice for adults in whom no remarkable symptoms of disease have started.

The last characteristic, "I want to be the same as others" was given equal by both groups, although the rate overall is rather low. Under the title, Home Science Students gave "Because others do it" and "Because everybody does it," which corresponds to "I feel safe when I'm the same as others" given by Nursing Students. A number of theories point out that the intention of one's friends and community is more important than the one decided by oneself. Students showed a tendency in their consciousness, common in the Japanese, that action as a member of a group is grown more stress than as an individual. From this point of view, Doi said that Japanese people hope to bring the group interest closer to the individual's. He also mentions that a group mentally supports an individual a great deal and that leaving one's group means completely losing one's identity and leads the individual feel isolated and intolerable alone<sup>12)</sup>. This element is deeply related to the Japanese mentality which leads people to unconditionally affirm others' acts as well as to behave in lack of common sense as group in abroad even without doubt. This is one of the characteristics of Japanese behavioral pattern

which may constitute a major element interfering Health Practice.

In conclusion, both groups showed that the external environmental elements take a great part in interfering with Health Practice which is supposed one can hardly change and that people tend to act based on their own value. It is difficult to implement Health Practice unless their health is very much damaged. It has possible to assume that female college students in Japan tend to be influenced quite easily by the opinions and actions of others.

## 2. Elements which influence Health Practice and knowledge

This study contains a smaller sample of Home Science Students female college students in general. However, the following paragraph discusses the notable differences between the elements given by each group.

The elements given only by Nursing Students, and not Home Science Students, were element 3 "I don't want to be meddled," element 4 "Proper knowledge, proved facts and models," element 5 "Health Practice is superhuman," element 6 "Lack of critical mind" and element 9 "I don't think of the future." It is thought that element 3 "I don't want to be meddled," was given because Nursing Students placed on under this aspects of their educational environment. One characteristic of Nursing Students is that they tend to relate deeply to, and are interested in, other people, therefore they are expected to take in such an attitude. Sometimes they feel others' expectations too much and become sensitive or even nervous.

From elements 4, 5 and 6, it is clear that the students are very aware of Health Practice. Element 4, given by a large number of students, shows they understand that knowledge is very important. In other words, the students in the field of nursing seem to strengthen their Health Practices by seeking greater knowledge of it. On the other hand, Home Science Students are not as aware of the importance of Health Practice knowledge as the persons engaged in the health services expect themselves to be. Hinohara points out that ,though the Japanese, living in a country where the level of education quite high, have the best health education conditions in the world and therefore are sufficiently informed about health and diseases<sup>13)</sup>. It is not true that only proper technical knowledge influences people's decisions in regarding Health Practice as so many are influenced a great deal by health-food fads, popular believes and rumors.

Generally speaking, Health Practice models require knowledge. The accuracy of information which persons engaged in health service have is not always sufficient. Element 5 clearly that identifies the effort required to reach Health Practice goals. Moreover, element 6, "Lack of critical mind," shows that they must be aware that problems exist. College students, often do not realize they "Lack of critical mind."

Element given only by Home Science Students, in a small number (14%) of samples, was "Inactivity". As to specific titles, they gave "Annoying" and "Without knowing why." Nursing Students also gave "Troublesome", explained the inactive or passive life style of the modern young generation.

Considering the above, it is found that Nursing Students who have sufficient medical knowledge through the education and specialization are quite interested in Health Practice, have highly critical minds and are able to firmly speak about elements interfering with Health Practice. Home Science Students , however, are thought to be basically unaware of Health Practice. In addition, Home Science Students gave common elements such as "Human relations" and "Keeping a nice appearance."



which was not given by Nursing Students, and therefore are deemed to be greatly influenced through relations to others. They take to Health Practice passively, not actively.

## Conclusion

In conclusion, people engaged in nursing and health service must consider when they advise adults on Health Practice that the understanding between both those offering health service and those receiving it are different and that most adults are influenced in everyday life by their own values in making their decisions on Health Practice. Health counseling and health education, which tend to provide didactical knowledge, must be reviewed considering that those who receive information do not always take technical knowledge and its accuracy very important. It is never too early to prepare for the prevention of modern adult diseases, which are said to be habitual diseases, if it is started from the youth where no self-conscious symptoms are seen. It is necessary to aim the health education which enables to naturally develop health practice daily life. The women in their tendencies covered by this study are considered to be in a high health level which may be the reason they are not very interested in their own health. Therefore, similar research on elderly people, who showed symptoms of adult disease, are planned for collectioning more general elements. Furthermore, similar research on adults men is planned as to Health Practice to see the difference from women.

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## 健康行動を阻害する要因に関する探索的研究 —看護系大学生と家政系大学生のブレインストーミングの結果から—

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現在, 一般的に医療及び保健の分野では健康の維持, 増進は当然のことと考えられ, そのためには, 健康の保持増進及び疾病の予防には健康教育は必要不可欠であることは周知の事実である。従来の健康教育は知識伝達型で一方的な講義形式の教育であった。しかし, このような健康教育は特に自覚症状のない成人病 (習慣病) にはあまり効果がなく, 健康教育の方法について見直しが求められている。

そこで, 今回は健康行動の実践を阻む要因を明らかにするため, 看護系及び家政系の女子大生に, なぜ健康行動を実践しない, あるいは実践できないのかをテーマにブレインストーミングを行ってもらい, KJ法を用いてその共通の理由を導きだした。さらに, 医療関係の大学生と一般の大学生とにはどのような差があるかを明らかにするために, 看護系女子大学生と家政系女子大学生との結果を比較した。

以下のことが結果として示された。

1. 両グループの結果からは健康行動の実践を阻害する要因として, 外的な環境因子 (お金や時間など) の欠如, 快楽志向的な価値観の重視, 及び他人の意見や行動から受ける影響が挙げられた。
2. 看護系と家政系の違いは, 看護系では, 非常に健康行動に関心があり, それに対する問題意識をもっていることが示されたが, 家政系では健康行動についてあまり意識がなく, 非常に受動的, 消極的な受けとめ方をしていくことがわかった。

### キーワードズ

健康教育      健康行動      阻害する要因      ブレインストーミング      KJ法