Health and Wellness:
Napa Valley College
A D N Program
Nurs 141

Health Defined

objective #1

- A state of complete physical, emotional, social, and spiritual well-being
- A multidimensional concept includes:
  - A sense of independence
  - A sense of psychological well-being
  - Optimism

WHO’s Definition of Health

- “State of complete physical, mental and social well-being, not merely the absence of disease or infirmity”
Individual’s View of Health

- Each individual has a personal concept of health (and illness)
- Varies among different age groups, gender, race, and culture
- All people free of disease are not equally healthy

Health & NVCs’ ADN Program

ADN program’s philosophy guides the curriculum toward the goals of:

- Promoting
- Maintaining, and
- Restoring the health of the individual

Health-Illness Continuum Model

- **Health**
  - A dynamic state
  - Fluctuates as adapts to changes in the environment
  - Goal to maintain a state of physical, emotional, intellectual, social, developmental, & spiritual well-being

- **Illness**
  - Functioning is diminished or impaired in one or more dimensions when compared with the person’s previous condition
Models of Health and Illness

- Health Belief Model
- Health Promotion Model
- Basic Human Needs Model
  - Maslow’s Hierarchy of Needs Model
  - Holistic Health Model

Health Belief Model

- Relationship between beliefs and behaviors
- A way of understanding & predicting how one will behave in regards to health and comply with health therapies
- 3 perceptual components:
  - Susceptibility
  - Seriousness of an illness
  - Benefits & barrier of taking action

Health Promotion Model

- Complementary to models of health protection
- A positive dynamic state, not merely the absence of disease
- Focus
  - Cognitive perceptual factors (individual perceptions)
  - Modifying factors (demographic & social)
  - Participation in health-promoting behaviors
Basic Human Needs
Maslow’s Hierarchy of Needs Model

- Used to understand the interrelationships of basic human needs
- Elements necessary for human survival & health
- Extent to which basic needs met determines level of health
- Certain human needs are more basic than others and must be met before other needs
  - i.e., physiological needs before the needs of love and belonging
- Emergent physiological needs take precedence over higher level needs
- In some situations it is unrealistic to expect a client’s basic needs to occur in the fixed hierarchical order

<table>
<thead>
<tr>
<th>Priorities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Maslow’s Hierarchy of Needs

1: Life-threatening problems & those interfering with physiologic needs (oxygen, fluids, nutrition, body temperature, elimination, shelter, sex)
2: Problems interfering with safety & security (physical & psychological)
3: Problems interfering with love & belonging
4: Problems interfering with self-esteem
5: Problems interfering with the ability to achieve personal goals

Holistic Health Model

- Emotional & Spiritual well being
  - Clients are the experts
- Recognizes natural healing
  - Alternative interventions
    - Music therapy
    - Relaxation therapy
    - Therapeutic touch
Healthy People 2010

- Main Goals:
  - ↑ quality and years of health life
  - Eliminate health disparities

Healthy People 2010

Document includes:
- Promoting healthy behaviors
- Promoting healthy and safe communities
- Improving systems for personal and public health
- Preventing and reducing diseases and disorders

An Individual’s State of Health

Issues related to health/wellness promotion:

- Is an integral aspect of an individual’s identity
  - Self respect/self esteem
- Directly influences and is influenced by:
  - Daily choices (personal hygiene)
  - Independence (mobility, developmental level)
  - Individuality (personal preferences, ethnic orientation)
  - Lifestyle (access to health care)
  - Knowledge of prevention, health screening
Health Alterations

- Temporary
- Short Term
- Common
- Long Term
- Complex

Health Promotion

- It is the process of enabling people to increase control over and improve their health
- Health promotion activities help pts maintain or enhance present level of health
  - Activities such as routine exercise and good nutrition

Health Promotion Behaviors

Wellness

- Positive diet choices
- Exercise
- Stress management
- Health seeking, integration
- Risk reduction
- Identification of risks
- Absence of unhealthy behaviors
Wellness

- A balanced integration of health

Wellness

- Wellness education teaches how to care for self in a healthy way (stress awareness)
- Described as the ongoing & dynamic process of striving to achieve optimum health

Variables That Influence Health

- Internal Variables
  - Developmental Stage
  - Intellectual Background
  - Perception of Functioning
  - Emotional factors
  - Spiritual factors
Developmental Stage

- Thoughts & behavior change throughout life
- Concept of illness dependent on developmental stage
- Nurse must provide age/stage appropriate explanations (i.e., use different technique for teaching about contraception to an adolescent than an adult)

Intellectual Background

- Beliefs about health are shaped by knowledge about body functions and illnesses, educational background and past experiences
- Cognitive abilities shape how a person thinks, includes:
  - Ability to understand
  - Ability to apply knowledge of health care practices

Perception of Functioning

- Perception—when the nurse gathers subjective info, she better understands the pt's perception of their situation
- Whether the pt believes their health is an issue
Emotional Factors
- Degree of calm or stress
- Manner handles stress

Spiritual Factors
- How lives life
- Includes values and beliefs
- Relationships with family and friends
- Ability to find hope and meaning in life
- Important for attainment of an overall sense of health, well-being, and quality of life
- Religious practices one way spirituality exercised
- Some religions restrict the use of certain medical Rx

Variables that Influence Health continued
- External Variables
  - Family Practices
  - Socioeconomic Factors
  - Cultural Background
Family Practices
- The way that clients’ families use health care services

Socioeconomic and Psychosocial Factors
- Psychosocial includes stability of person’s close relationships, lifestyle habits, and occupational environment
- Social variables determine how can obtain care, Rx method, & economic costs
- Compliance may be affected by economic status (may need to prioritize)

Cultural Background
- Influences beliefs, values, and customs
- Influences approach to the health care system, personal health practices, & nurse-client relationship
- Influences beliefs about causes of illness, as well as practices to restore health
- Each culture deals with problems of pain, suffering, & death in its own way
Common Illness Behaviors

Objective #3

- Illness behavior, the manner in which individuals monitor the structure and functions of their own bodies, interpret symptoms, take remedial action, and make use of health care facilities.

- Symptom experience
- Sick role assumption
- Medical care contact
- Dependant patient role
- Recovery rehabilitation

Care of Patients with Self Care/Hygiene Deficits

Objective #4

- Nursing Interventions
  - Daily hygiene care
    - Purpose
    - Types of baths
    - Oral Hygiene
    - Foot, nail care
    - Hair Care
    - Ears, eyes, nose

Goals

- Health Maintenance
- Health Restoration
Measures of Health

- Mortality
  - The number of deaths in a population

- Morbidity
  - The number of cases of disease in relationship to a specific population in which they occur

- Disability
  - Any physical, mental, or functional impairment that limits a major activity

Levels of Prevention

Health/Illness Prevention

- Levels of Preventative care
  - Primary Prevention
  - Secondary Prevention
  - Tertiary Prevention
Primary Prevention

- Precedes disease or dysfunction
- Applied to individuals considered physically & emotionally healthy
- Aimed at health promotion, includes:
  - Health education programs
  - Immunization
  - Physical and nutritional fitness activities

Secondary Prevention

- Currently experiencing health problems or illnesses & are at risk for developing complications or worsening conditions
- Activities include diagnosis and prompt intervention to reduce severity & enable a return to a normal (for that person) level of health
- Includes screening and treating early stages
- Examples include: self-breast & testicular exams, nutrition & exercise classes for new diabetic clients.

Tertiary Prevention

- Defect or disability is permanent and irreversible
- Involves minimizing the effects of long-term disease or disability by preventing complications & deterioration
- Activities directed at rehabilitation rather than diagnosis and Rx
- Aim to achieve as high a level of functioning as possible
- Examples include: Teach classes or help with weight-bearing exercises after an amputation, stress-reduction classes to individuals after an MI, coping skills to substance abusers in rehab (p. 81, Sorrell & Redmond)
Risk Factors
- Any situation (habit, social or environmental condition, physiological or psychological condition, developmental or intellectual condition, or spiritual variable) that increases the vulnerability of an individual to an illness or accident
- Does not mean a disease will develop
- Increase chances that will develop a disease or dysfunction

Risk Factors
- Definition:
  - Alterable ex/stress
  - Unalterable eg age
- Intensity:
  - Low-having pets
  - Probable-immunosuppression
  - Coincidental-malnutrition
- Examples: Susceptibility to infection

Risk Factor Categories
- Genetic and physiological
- Age
- Physical environment
- Lifestyle
- Stress
- Immunosuppression
Genetic and Physiological Factors

- Hereditary, or genetic predispositions
- Examples include:
  - Family Hx of cancer
  - Heart disease
  - Kidney disease
  - Mental illness

Age

- Age ↑ or ↓ susceptibility to certain illnesses

Environment

- Physical environment where work or live can ↑ likelihood that certain illnesses will occur
Lifestyle
- + or – effect on health
- Potential – effects are risk factors:
  - Overeating or poor nutrition
  - Insufficient rest & sleep
  - Poor personal hygiene
  - Tobacco use
  - Alcohol or drug abuse
  - Activities involving a threat of injury
  - Stress if severe, prolonged or unable to cope

Stress
- Any situation in which a nonspecific demand requires an individual to respond or take action

Immunosuppression
Deterioration in the immune response resulting from certain diseases
Common risk factors
- Hypertension
- Substance abuse
- Pollution
- Smoking
- Obesity
- Sun Exposure

Illness Prevention
- Activities such as immunization programs protects from actual or potential threats to health

Important Determinants of Health Status
- Tobacco use
- Nutrition
- Habituating drug use
- Driving
- Exercise
- Sexuality and contraceptive or barrier use
- Family relationships
- Risk factor modification
- Coping and adaptation
Risk Factor Modification

- ID risk factors
- Develop a wellness strategy with client
- Change aimed at:
  - Cessation of a health-damaging behavior
  - Adoption of a healthy behavior

Impact of Illness on Client and Family

- Behavioral and emotional changes
- Body Image
- Self Concept
- Family roles
- Family dynamics

Stress Concepts

- Prolonged stress decreases the adaptive capacity of the body
- Stress has an impact on the onset, course, and outcome of an illness
- Stress is physiological or psychological tension
- May occur in the internal or external environment
- Stressors necessitate change or adaptation so that a state of equilibrium can be maintained
Stress

- General term-agents that upset homeostasis
  - Physiological stress-
    - Infection, injury, disease
  - Psychological stress-
    - Perceptions, emotions, anxieties

Sources of Stress

- Life transitions
- Life events that happen 'off time'
- Loss and change
- Poor health status
- Daily hassles
- Multiple stressors

Stress Adaptation

- Adapts to stress by using resources in the physical, developmental, emotional, intellectual, social, and spiritual dimensions
Indicators of Stress

- ↑ BP
- ↑ Muscle tension
- ↑ P & Resp.
- Sweaty palms
- Fatigue
- Headache
- Upset stomach
- N V & diarrhea

- Wt. change
- Change in urinary f
- Restlessness
- Sleep disturbances
- Difficulty concentrating
- Irritability
- Loss of interest/motivation

Stress Related Illnesses

- Depression, dyspepsia, eating disorders, erectile dysfunction, fatigue, fibromyalgia, headaches, hypertension, insomnia, irritable bowel syndrome, low back pain, menstrual irregularities, peptic ulcer disease, sexual dysfunction

MS/Lewis, 7th ed, pg 115

Psychological Responses to Stress

- Task-oriented behaviors
  - Attack behavior
  - Withdrawal
  - Compromise

- Ego-defense mechanisms
  - Unconscious behaviors that offer a person psychological protection from stressful feelings or events
Strategies to Manage Stress
- Employ short- and long-term strategies
- Includes health enhancing habits, relaxation techniques, and crisis intervention

Response-Based Model of Stress
- Selye identified physiological responses to stress called: General adaptation syndrome (GAS)
  - Response purely physiological
  - Does not allow for individual differences in perception and response to stressors
  - Useful when determining physiological responses, but not psychological

General Adaptation Syndrome
- Involves a multi-system physiological response
- Three stages
  - Alarm stage
  - Resistance stage
  - Exhaustion stage
Stage One: Alarm Reaction

- Mobilization of the defense mechanisms of the body & mind to cope
- ↑Hormone levels rise to increase blood volume
- ↑Blood glucose levels make energy available
- ↑Epinephrine & norepinephrine result in ↑HR, ↑blood flow to muscles, ↑O₂ intake, ↑mental alertness

Stage One: Fight or Flight Response

- ↑Cardiac output, ↑BP, ↑HR,
- ↑respiratory rate & ↑O₂ intake. Pupils dilate to > visual field
- ↑Mental energy and alertness prepares to fight or flee the stressor

Stage Two: Resistance

- Body stabilizes
- Hormone levels, HR, BP, & cardiac output return to normal (attempting to adapt to the stressor)
- If stress resolved, body repairs damage
- If stress continues, adaptation fails & person goes to Stage III: Exhaustion
Stage Three: Exhaustion
- Occurs when *can no longer resist stress and “E” depleted*
- Physiological response but ↓"E" & ↓adaptation to stressor
- If stress continues death may result

Adaptation Model
- Experience anxiety & stress when unprepared to cope with stressful situations
- Four Factors determine if stressful:
  - Ability to cope
  - Practices & norms of peer group
  - Impact of the social environment
  - Resources available

Stimulus-Based Model
- Focuses on disruptive events within the environment
- Stress considered a stimulus
- Development of the “Social Readjustment Scale (Holmes & Rahe, 1976)
  - Identifies events that are stressful for most people
  - Measures the effects of major life events on illness
- Useful when initially assessing level of stress
- Does not allow for individual differences
Coping

Coping Concepts

- Coping - efforts oriented towards managing stress
  - Includes:
    - Increased self-awareness
    - Mastering, tolerating, reducing and eliminating factors that interfere with function
    - Acquisition of knowledge and skills
  - Effective coping is measured in relation to outcome achieved

Coping Concepts

obj #8

- Adaptive
  - All the positive ways used to minimize threats to personal integrity and emotional equilibrium with maximum body function
- Maladaptive
  - Includes
    - Impulsiveness - acts without thought
    - Acting out - using violence
    - Manipulation - to exert power
    - Verbal aggression
    - Social isolation - withdrawal
Adaptive vs. Maladaptive Coping

- **Adaptive**
  - Resolves disturbed affect associated with threat and loss
  - Preserves integrity
  - Maintains relationships and roles
  - Preserves positive self-concept

- **Maladaptive**
  - Attempts at coping eventually increase stress
  - Preserves integrity
  - Maintains relationships and roles
  - Preserves positive self-concept

Maladaptive Coping

- Giving up complex
  - Helplessness/hopelessness
  - Depreciated image of self
  - Loss of gratification from roles in life
  - Sense of continuity between past-present-future disrupted
  - Reactivate memories of earlier periods of giving up

- Defensive mechanisms - coping
  - Reacting to stress with defense mechanisms
    - e.g., regression, denial…
    - Will be discussed in more detail in N144
  - Obliterates effective coping

- Substance abuse

Interventions

**obj #9**

- Enhancing empowerment and hope
- Promoting healthy humor
- Social support
- Counteracting loneliness and isolation
Specific Intervention Techniques

- Alternative healing
  - Meditative
  - Visualization or imagery
- Kinesiology and somatics
  - Biofeedback
  - Therapeutic touch
  - Progressive relaxation
  - Acupressure
  - Massage
- Group sessions
- Exercise and recreation
- Pets
- Cognitive reframing

Intervention Phase

Treatment stage activities—Nursing functions relate to the treatment goal, nursing assessment, nursing intervention, and expected outcome (such as environment management, patient teaching, role modeling, and advocacy)

Physiological Defense Mechanisms

Examples
- Skin
- Mucous Membranes
- Stomach Acid
- Cilia
- Immunity
Immunity

“The state of responsiveness to foreign substances such as microorganisms”
- Antigen-antibody response
- Innate
- Acquired
- Passive

Inflammation

- Causes
  - Active agent
- Response
  - Local
  - Generalized
    - Fever

Infection

- Microorganisms
- Common organisms
- Chain of infection
- Stages of infection
- Factors increasing susceptibility (obj #13)
  - Ages
  - Stress
  - Immunosupression
Infection continued…

- More Factors increasing susceptibility
  - Low WBC
  - Malnutrition
  - Poor blood supply
- Pt at risk for HAI
- Means of destruction of organisms

Diagnostic Tests obj #15

- Culture and sensitivity (C & S)
- WBC
- Erythrocyte Sedimentation Rate (sed rate)

Nursing Interventions obj #16

- Nutrition
- Hot and cold
- Rest
- Avoid allergens
- Fever control
- Restrict movement
- Elevate part
In Summary,

- Response to stress is influenced by the intensity, duration, scope, number, predictability, level of personal control, feelings of competence, cognitive appraisal, and ability of social supports.

Study Guide

- Identify goals for Healthy People 2010
- Summarize how a client's cultural background influences their health beliefs and practices
- Define risk factors, health beliefs, health promotion, wellness, and health practices
- Apply principles from the Health Behavior Change model
- Determine if a client is engaged in a primary, secondary, or tertiary level of prevention

Study Guide

- Know the basic premise underlying Maslow's Hierarchy of Needs Model.
- Recognize the basic principles of the Response Based Model of Stress by Seyle.
- Identify the stages of the General Adaptation Syndrome.
- Differentiate between adaptive and maladaptive coping concepts.