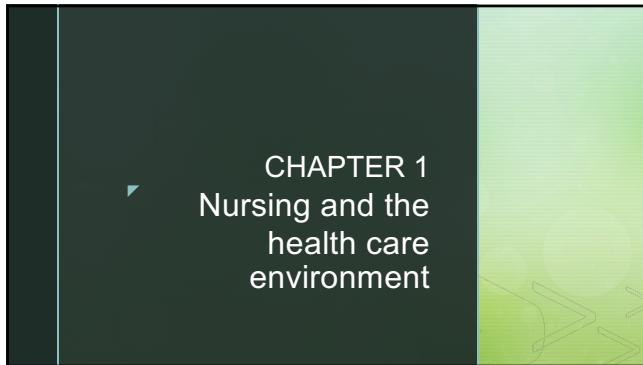


Fundamentals of Nursing
Week 1
Fall 2021



1

CHAPTER 1
Nursing and the
health care
environment

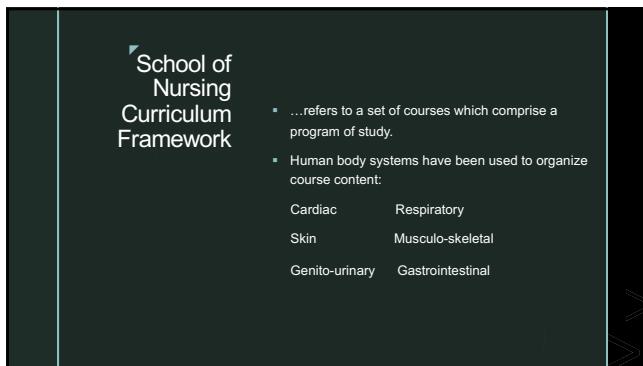


2

School of
Nursing
Curriculum
Framework

- ...refers to a set of courses which comprise a program of study.
- Human body systems have been used to organize course content:

Cardiac	Respiratory
Skin	Musculo-skeletal
Genito-urinary	Gastrointestinal



3

Components of Curriculum Framework

- Across the nation, all nursing students, all Registered Nurses share commonalities...

...which comprise the core components of the curriculum.

These components all seek to meet patient needs and achieve safe effective care as patient outcomes.

4

Science and Art of Nursing Practice

Nursing is an art and a science

As an art we learn to deliver care with compassion, caring and with respect for each patient's dignity and personhood

As a science nursing practice is based on a body of knowledge and evidence- based that are continually changing with new discoveries and innovations

5

Science and Art of Nursing Practice

- Clinical expertise
 - Takes time and commitment
 - Your ability to interpret clinical situation and make complex decisions is the foundation for your nursing care and advancement of nursing practice and development nursing science (Benner, et al., 1997, 2010)
- Patricia Benner
 - Expert nurses pass through five levels of proficiency
 - Novice
 - Advanced beginner
 - Competent
 - Proficient
 - Expert
 - See box 1.1 pg. 2

6

Standards of Practice

Six standards of practice:

- Assessment
- Diagnosis (Problems)
- Outcomes identification
- Planning
- Implementation
- Evaluation

The nursing process is the foundation of clinical decision making

Copyright © 2011, Elsevier Inc. All Rights Reserved.

7

Standards of Professional Performance

Ethics	Quality of Practice	Professional Practice Evaluation
Education	Communication	Resources
Evidence-Based Practice and Research	Leadership	Environmental Health
	Collaboration	

Copyright © 2011, Elsevier Inc. All Rights Reserved.

8

Code of Ethics

 A code of ethics is the philosophical ideals of right and wrong that define principles used to provide care.

 It is important for you to incorporate your own values and ethics into your practice.

 Ask yourself: How do your ethics, values, and practice compare with established standards?

Copyright © 2011, Elsevier Inc. All Rights Reserved.

9

Science and Art of Nursing Practice

- Critical Thinking skills
 - Skills essential to nursing
 - Use to help you gain and interpret scientific knowledge, integrate knowledge from clinical experiences and become lifelong learners

10

Nursing as a Profession

11

- Patient-centered care , it includes individual, families, and/or communities
- To act professionally
 - Requires critical thinking to administer patient-centered quality care in a safe, prudent and knowledgeable manner
 - Be responsible and accountable to self, patient and peers
- Health care advocacy groups recognize the important role nurses have on the nation's health care. Such programs include:
 - Robert Wood Johnson Foundation (RWJF) Future of Nursing: Campaign for Action
 - Institute of Medicine (IOM) publication on The Future of Nursing

11

Professional Responsibilities and Roles

- Obtaining and maintaining specific knowledge and skills
- Provide care and comfort for patients in all health care settings
- Meet patient needs whether care is focuses on health promotion and illness prevention, disease and symptom management, family support or end-of-life care

12

13

Professional Responsibilities and Roles

- Autonomy and accountability**
 - Independent nursing interventions
 - Responsible professionally and legally for the type and quality of nursing care provided
- Caregiver**
 - Interventions: Independent, Interdependent (Collaborative) and dependent
 - Help patients maintain and regain health, manage disease and symptoms and attain a maximal level of function and independence through the healing process
- Advocate**
 - Protect your patient's human and legal rights and protect those rights if the needs arises

13

14

Professional Responsibilities and Roles

- Educator**
 - Explain concepts and facts about health, describe the reason for routine care activities, demonstrate procedures such as self care and evaluate the patient's progress in learning
- Communicator**
 - Central to nurse-patient relationship
- Manager**
 - Needs to establish an environment for collaborative patient-centered care, coordinates the activities of members of the nursing staff, has personnel, policy and budgetary responsibility for specific nursing unit or agency

14

15

INCREASING AUTONOMY

NURSING ACTIONS:

- Dependent –physician initiated**
- Independent – nurse initiated**
- Interdependent / collaborative**



16

Performance Improvement

- A formal approach for the analysis of health care-related processes
 - Gather and reports data on multiple health outcomes measures to determine quality of care.
 - Interprofessional teams are advised to use evidence-based approach when dealing with clinical problems
 - PI combined with Evidence Based Practice is the foundation for excellent patient care and outcomes.
 - Reporting Errors

16

Performance Improvement

- Begins at staff level in identifying quality problems
 - Sentinel events- An unexpected occurrence involving death or serious physical or psychological injury of a patient
 - Root cause analysis done afterwards to review all the information and ID how event occur
 - Active errors- Act that personal perform and why it occurred
 - Latent errors- Organization or steps of the process
 - Medication errors

17

18

Historical Influences

- Nurses:
 - Respond to needs of patients
 - Actively participate in determining best practices
- Knowledge of the history of the nursing profession increases your ability to understand the social and intellectual origins of the discipline.

18

19

Florence Nightingale

- Established first nursing philosophy based on health maintenance and restoration
- Organized first school of nursing
- First practicing epidemiologist
- Improved sanitation in battlefield hospitals
- Practices remain a basic part of nursing today



19

20

Trends in Nursing

- Evidence-based practice
 - Current and future practice need to be based on current evidence
- Quality and Safety Education for Nurses (QSEN)
 - Addresses the challenges to prepare nurses with competencies needed to continuously improve the quality of care in their work environment see table 1.1 pg. 8
- Impact of emerging technologies
 - Assist to communicate, provide care for, and build relationships with your patient
 - Rapidly change nursing practice, EHR (electronic health record), CPOE (computerized physician/provider order entry) a critical patient safety initiative



20

21

Trends in Nursing

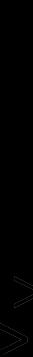
- Genomics
 - Study of a genes in a person and interactions of these genes with one another and with the person's environment. Nurses assess and counsel patients about risk factors
- Genetics is the study of inheritance or how traits are passed down
- Public perception of nursing
 - When you care for patients realize how your approach to care influences public opinion. Nursing as frontline health care providers contribute the largest number of health care professionals
- Impact of nursing on politics and health policy
 - Nurses are actively involved in social policy and political arenas. The ANA works for the improvement of health standards and availability of health care services for all people



22

Issues in Health Care Delivery for Nurses

- Health care agencies today are working hard to improve patient experience and engagement while delivering high quality care, improving outcomes and controlling cost.
- As you face issues of how to maintain health care quality while reducing costs, you need to acquire the knowledge, skills, and values necessary to practice competently and effectively.



22

Chapter 2

Health & health care Delivery

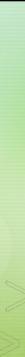


23

24

Challenges in Health Care System

- US health care system is complex and constantly changing
 - Uninsured present a challenge
- Nurses should be prepared and work toward:
 - Improving access
 - Maintaining quality and safety
 - Lessening health care costs
 - Improve health, prevent illness and find comfort and dignity at a time of death



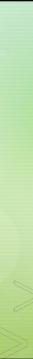
24

25

Traditional Level of Health Care

- Preventative
- Primary
- Secondary
- Tertiary
- Restorative
- Continuing health care

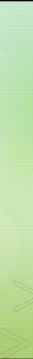
See Box 2.1 pg. 15



25

Health Care Settings and Services

- Primary Care
 - Prenatal and well-baby care, nutrition counseling, family planning and exercise classes
- Preventive Care
 - BP and cancer screening, immunization, mental health counseling
- Secondary Care
 - ER care , Acute Med-Surg care, Radiological procedures
- Tertiary Care
 - Intensive care, Subacute care
- Restorative Care
 - Cardiovascular and pulmonary rehab, sports medicine, spinal cord injury programs, home care
- Continuing Care
 - Assisted living, psychiatric and older adult day care

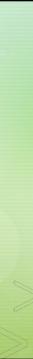


26

27

Primary and Preventative Health Care

- Preventive Care
 - Improved health outcomes for an entire population
 - Reduces and controls risk factors for disease
- Primary care
 - Focuses on improved health outcomes
 - Requires collaboration
- Health promotion programs lower overall costs
 - Reduces incidence of disease
 - Minimizes complications
 - Reduces the need for more expensive resources



27

28

Secondary and Tertiary Care

- Focus: Diagnosis and treatment of illness
- Used when the nature or severity of a condition makes primary care insufficient.
- Secondary: Provided by a specialist upon referral from PCP
- Tertiary: Specialized consultative care, usually provided on referral from secondary medical personnel

28

29

Secondary and Tertiary Care

- Hospitals
 - Provide comprehensive secondary and tertiary care to acutely ill.
- Intensive care
 - Advanced technology
- Mental health facilities
 - Inpatient and outpatient services
- Rural hospitals
 - Lack of access is a serious public care problem in rural areas
 - Balance Budget Act of 1997 change rural hospitals to Critical Access Hospitals to allow treatment before transfer

29

30

Secondary and Tertiary Care

- Discharge planning
 - Coordinated, inter-professional process
 - Develops plan for continuing care
 - Determines post-hospital destination
 - Identifies patient needs
 - Begins process while still hospitalized

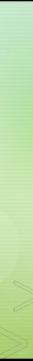


30

31

Restorative Services

- Serves patients recovering from an acute or chronic illness/disability
- Helps individuals and families regain maximal function and enhance quality of life while involved in their care
- Home care
- Rehabilitation
- Extended care facilities



31

32

Restorative Services: Home Care

- Home services for health maintenance, education, illness, prevention, diagnosis and treatment of disease, palliation, and rehabilitation.
- Consist of part-time, medically necessary skilled care prescribed by a health care provider
- Care coordinated by a home care service
- Availability of home health equipment or durable medical equipment
- Highly individualized care

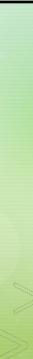


32

33

Restorative Services: Rehabilitation

- Process aimed at enabling people with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychological, and social functional levels.
- Rehabilitation services after acute care include physical, occupational, and speech therapy and social services.
- Rehabilitation settings include rehabilitation institutions within acute care centers, free-standing outpatient settings, and the home.

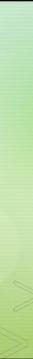


33

34

▪ Restorative Care: Extended Care

- Extended care facility
 - Provides intermediate medical, nursing, or custodial care for patients recovering from acute illness or those with chronic illnesses or disabilities
- Intermediate care/skilled nursing facility
 - Provides care for patients which includes IV fluids, wound care, ventilator management and physical rehabilitation, until they can return to their community or residential care location

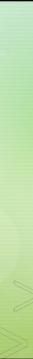


34

35

▪ Continuing Care

- For people who are disabled, never functionally dependent, or suffering a terminal disease
- Available within institutional settings or in the home:
 - Nursing centers or facilities
 - Assisted living
 - Respite care
 - Adult day care centers
 - Palliative and Hospice Care



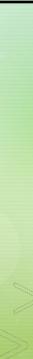
35

36

▪ Continuing Care: Nursing Centers or Facilities

- Provide 24-hour intermediate and custodial care
 - Nursing, rehabilitation, diet, social, recreational, and religious services
 - Residents of any age with chronic or debilitating illness
- Regulated by standards: Omnibus Budget Reconciliation Act of 1987
- Resident Assessment Instrument (RAI) addresses:
 - Minimum Data Set
 - Care Area Assessment
 - Utilization Guidelines

See Box 2.3 pg. 21



36

37

Continuing Care: Assisted Living

- Long-term care setting
- Home environment
- Greater resident autonomy
- No government fee caps and little regulation not always an option for individuals with limited financial resources



37

38

Continuing Care: Respite Care

- Respite care provides short-term relief or "time off" for people providing home care to an individual who is ill, disabled, or frail.
- Settings include home, day care, or health care institution with overnight care.
- Trained volunteers enable family caregivers to leave the home for errands or social time.

38

39

Continuing Care: Adult Day Care Centers

- Provide a variety of health and social services to specific patient populations who live alone or with family in the community
- May be associated with a hospital or nursing home or may operate independently
- Usually operates weekdays typically during business hours
- Nurses working in the center provide continuity between care delivered at home and the center e.g. medication administration

39

40

Continuing Care: Palliative and Hospice Care

- Palliative care: holistic patient- and family-centered care approach with a goal of improving the quality of life of patients and families who are experiencing problems related to life-threatening illnesses.
- Hospice care: Focuses on palliative (not curative) care. Family centered care that allows patients to live with comfort, independence and dignity while easing the pain of terminal illness
- Hospice team members are available 24 hours a day, 7 days a week to answer questions or visit anytime the need for support arises.

40

41

Issues in Health Care Delivery for Nurses

- Health care agencies today are working hard to improve patient experience and engagement while delivering high quality care, improving outcomes and controlling cost.
- As you face issues of how to maintain health care quality while reducing costs, you need to acquire the knowledge, skills, and values necessary to practice competently and effectively.
- Collaboration with other health care professionals is important to design new approaches for patient care delivery

41

42

Health Care Costs and Quality

- Aim manage cost and achieve high quality patient care
- Social Security Act
 - Payment for operating cost for inpatient stay under Medicare Part A
- Center for Medicare and Medicaid Services (CMS) Innovation Center
- Patient satisfaction
 - The responsibility of all health care providers

42

42

Health Care Costs and Quality

- The Affordable Care Act
 - Ties payment to organization based on the quality ratings of the coverage they offer
- Reforms that incent or Pay for Value include the following:
 - Hospital value-based purchasing
 - Hospital readmissions reduction program
 - Bundled payments for care improvements
 - Hospital acquired condition reduction program

43

43

Patient Satisfaction

- The responsibility of all health care providers
- Linked to hospital reimbursement
- Hospitals now report patient satisfaction for patient units monthly
- All staff involved with identification of satisfaction trends and determine ways to improve quality of care

44

44

Nursing Shortage

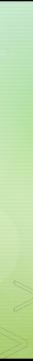
- Will intensify as baby boomers age and an increased need for health care grows
- Nursing schools struggle to increase capacity
- American Association of Colleges of Nursing shortage indicators:
 - Bureau of Labor Statistics Employment Projections
 - Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health*
 - Passage of Patient Protection and Affordable Care Act

45

46

Competency

- QSEN and The Massachusetts Nurse of the Future Nursing Core Competencies®
 - Nurses would have knowledge, skills, and attitudes for 10 competencies to meet today's challenges in health care (See Box 2.5, pg.25)
- Ongoing competency is your responsibility
 - Need to know most current practice standards
 - Obtain necessary continuing education, follow an established code of ethics, and earn certifications in specialty area

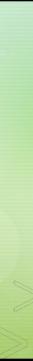


46

47

Patient-Centered Care

Respect for patients' values, preferences, and expressed needs	Coordination and integration of care	Information and education
Physical comfort	Emotional support and alleviation of fear and anxiety	Involvement of family and friends
Continuity and transition	Access to care	See pg. 26



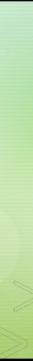
47

48

▪ **Magnet Recognition Program®**

- Recognizes health care organizations that achieve excellence in nursing practice.
- 5 Components affected by global issues
 - Transformational leadership
 - Structural empowerment
 - Exemplary professional practice
 - New knowledge, innovation, and improvements
 - Empirical quality results.
- Nursing-sensitive outcomes

See Box 2.6 pg. 27



48

49

Health Care Disparities

- Differences in health care outcomes and dimensions of health care include:
 - Access
 - Quality
 - Equity
- Health People 2020
 - Starts in our homes, schools, workplaces and communities

49

50

The Future of Health Care

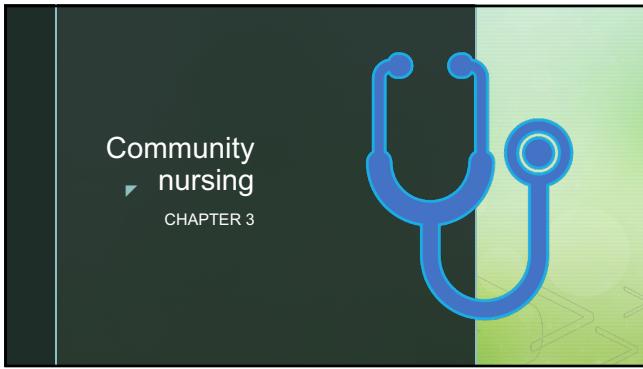
- Change opens up opportunities for improvement.
- Health care delivery systems need to address the needs of the uninsured and the underserved without access to necessary services.
- Health care organizations are striving to become better prepared to deal with these and other challenges in health care.

50

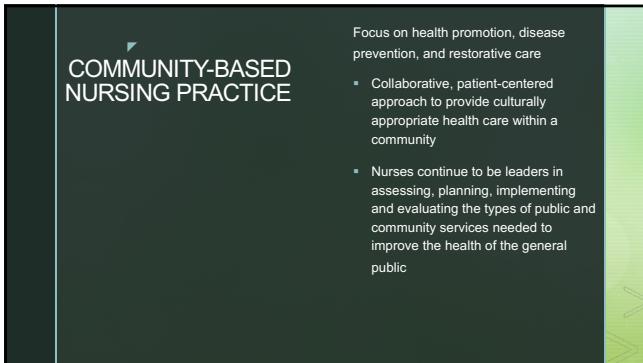
The Future of Health Care

- Health care organizations are changing how they provide their services, reduce unnecessary cost, improve access to care and try to provide high-quality patient care
- Professional nursing is an important player in the future of health care delivery
- The solutions necessary to improve the quality of health care depend largely on the active participation of nurses.

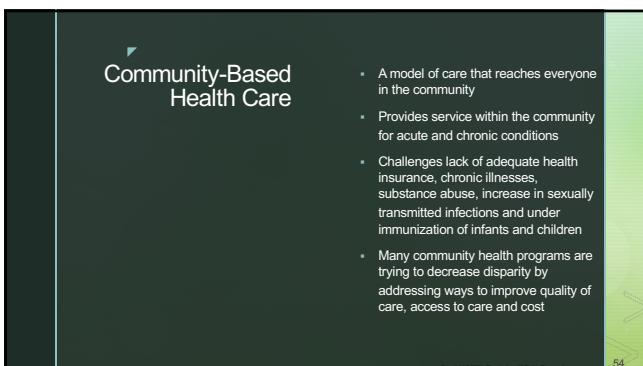
51



52



53



54



Community-Based Health Care

- Public health problems influenced by:
 - Political policy
 - Social determinants of health
 - Increases in health disparities
 - Economics

55

- Achieving Healthy Populations and Communities
 - **Healthy People Initiative (by USDHHS)**
 - Establishes ongoing health care goals to improve overall health status of people living in this country
 - **Healthy People 2030**
 - Goals are to increase life expectancy and quality of life, and to eliminate health disparities through improved delivery of health care services

56

Achieving Healthy Populations and Communities

- Components of improved health care
 - Assessment of health care needs of individuals, families and community
 - Policies driven by community assessments
 - Access to care that are accessible to the entire community

The diagram is a pyramid divided into four horizontal sections. The top section is yellow and labeled "Tertiary health care". The second section from the top is blue and labeled "Secondary health care". The third section from the top is orange and labeled "Primary health care". The bottom section is green and labeled "Population-based health care services".

© 2010 Pearson Education, Inc., publishing as Pearson Benjamin Cummings.

57

- Achieving Healthy Populations and Communities
 - Improved delivery of health care occurs through:
 - Assessment of health care needs of individuals, families, and communities
 - Development and implementation of public health policies
 - Improved access to care

58



Social Determinants of Health

- Our health is determined by access to social and economic opportunities, resources and support systems availability
- Social determinants are: (contribute to a person's current state of health)
 - Biological
 - Socioeconomic
 - Psychosocial
 - Behavioral
 - Social factors
- **Healthy People 2020** list 5 determinants of health:
 - Biology and genetics (sex and age)
 - Individual behavior(alcohol, drug use and unprotected sex)

Healthy People 2020: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context

59



Social Determinants of Health

- Healthy People 2020 list 5 determinants of health:
 - Biology and genetics (sex and age)
 - Individual behavior(alcohol use, drug use, smoking and unprotected sex)
 - Social environment (discrimination, income and gender)
 - Physical environment (where a person lives or crowding conditions)
 - Health services (such as access to quality health care and having health insurance)

60

Health Disparities

- Negatively affect groups of people who have systematically experienced social or economic obstacles to health
- Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations
- Result from poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities

Copyright © 2021, Elsevier Inc. All Rights Reserved.

61

61

Community-Oriented Nursing

- Community health nursing
 - Nursing practice in the community, with the primary focus on the health care of individuals, families, and groups within the community
 - Goal: preserve, protect, promote, or maintain health
- Public health nursing
 - Nursing specialty that requires understanding the needs of a **population** or a collection of individuals who have one or more personal or environmental characteristics in common

62

62

Nursing Practice in Community Health

- Expert community health nurses:
 - Understand the needs of a population or community
 - Use critical thinking skills to apply knowledge in finding the best approaches to partner with families
 - Understand resources
 - Build relationships within the community
 - Are responsive to changes in the community

63

63

64

Community-Based Nursing

- Involves acute and chronic care
- Enhances individuals' capacity for self-care
- Promotes autonomy
- Uses critical thinking
- Reduces costs
- Provides direct access to nurses



Copyright © 2013 by Pearson Education, Inc., or its affiliates. All Rights Reserved.

64

Vulnerable Populations

- Groups of patients who are more likely to develop health problems as a result of excess health risks, who have limited access to health care services, or depend on others for care.
- Vulnerable population include:
 - Those living in poverty
 - Older adults
 - The disable
 - People who are homeless
 - Immigrants
 - Individuals in abusive relationships
 - People living with substance abuse
 - People with mental illnesses

65

65

Competency in Community-Based Nursing

- Nurses use the nursing process and critical thinking to ensure individualized care for specific patients and families
- Nurses utilize a variety of skills and talents:
 - Caregiver
 - Case manager
 - Change agent
 - Patient advocate
 - Collaborator
 - Counselor
 - Educator
 - Epidemiologist

66

66

67

Community Assessment

Components of community assessment

- Systematic data collection on the population
- Monitoring the health status of the population
- Making information available about the community's health

Components of the community

- Structure or locale
- The people
- Social system

Assess individuals in the context of a community

- Perform all individual patient assessments against the community

67

68

Changing Patients' Health

Become	Become knowledgeable about resources available in the community
Collaborate	Collaborate with patients and their health care provider to provide patient-centered care and help reduce duplication of health care services
Promote and protect	Promote and protect a patient's health within the context of the community using an evidence-based practice approach when possible.
Consider	Consider how well you understand your patients' lives by establishing strong, caring relationships to better understand what makes your patient unique.

Copyright © 2021, Elsevier Inc. All Rights Reserved.

68

Questions

69

70

Theoretical Foundations of Nursing Practice Chapter 4

- Theory is the foundation for the art and science of nursing.
- Theory, research, and practice are bound together in a continuous interactive relationship.

70

71

Theory

- Helps explain an event by
 - Defining ideas or concepts
 - Explaining relationships among the concepts
 - Predicting outcomes
- Metatheory
 - That looks at the relationships of various components that make up the knowledge of a discipline
- Nursing theory
 - Is a conceptualization of some aspect of nursing
 - Describes, explains, predicts, prescribes nursing care

71

72

The Domain of Nursing

- Domain
- Paradigm
 - Conceptual framework
- Nursing metaparadigm
 - Person
 - Health
 - Environment/Situation
 - Nursing

72

Copyright © 2021, Breever Inc. All Rights Reserved.

Chapter 5

Evidence-Based Practice



73

Copyright © 2021, Breever Inc. All Rights Reserved.

The Need for Evidence-Based Practice

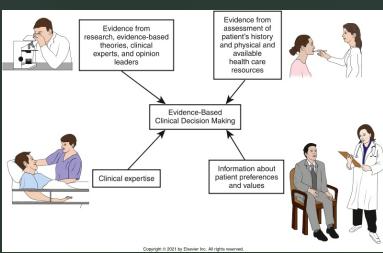
- Evidence-based care
 - Looks for the very best scientific and clinical evidence for treating and managing a problem
 - Improves quality, safety, and enhances the patient experience
 - Improves patient outcomes
 - Empowers clinicians
 - Reduces costs
- The best scientific evidence comes from well-designed, systematically conducted research studies found in scientific, peer-reviewed journals.



74

Copyright © 2021, Breever Inc. All Rights Reserved.

The Need for Evidence-Based Practice



Copyright © 2021, Breever Inc. All Rights Reserved.

75

76

The Need for Evidence-Based Practice

- Sources of evidence
 - Textbooks
 - Articles from nursing and health care literature
 - Peer-reviewed journals
 - Practice guidelines
- Application of evidence
 - Differ based on patients' values, state of health, preferences, concerns, or expectations.
 - Involves ethical and accountable professional nursing practice.
 - Use critical thinking skills.

76

77

Performance Improvement

- A formal approach for the analysis of health care-related processes
- Outcomes measures
- Performance improvement programs
 - Begins at staff level in identifying quality problems
 - Sentinel events
 - Active errors
 - Latent errors
- PI combined with EBP is the foundation for excellent patient care and outcomes.

77

78

The Relationship between EBP, Research, and PI (1 of 2)

- Although EBP, research, and PI are closely related, they are separate processes in nursing practice that all require the use of the best evidence to provide high quality patient care.
 - EBP: Use of information from research and other sources to determine safe and effective nursing care with the goal of improving patient care and outcomes
 - Research: Systematic inquiry answers questions, solves problems, and contributes to the generalizable knowledge base of nursing; may or may not improve patient care
 - PI: Improves local work processes to improve patient outcomes and health system efficiency; results usually not generalizable

78

79

The Relationship between EBP, Research, and QI (2 of 2)

A Venn diagram illustrating the relationship between three concepts: Research, EBP (Evidence-Based Practice), and Performance improvement. The diagram consists of three overlapping circles. The top circle is yellow and labeled 'Research'. The bottom-left circle is green and labeled 'Performance improvement'. The bottom-right circle is purple and labeled 'EBP'. The overlapping areas represent the intersections of these concepts.

Copyright © 2021, Elsevier Inc. All Rights Reserved.

79

Chapter 6

Health and Wellness

Copyright © 2021, Elsevier Inc. All Rights Reserved.

80

81

Models of Health and Illness (2 of 2)

- Maslow's Hierarchy of Needs
 - Used to understand the interrelationships of basic human needs
- Holistic Health Model
 - Attempts to create conditions that promote optimal health

The diagram illustrates two models of health and illness. On the left, Maslow's Hierarchy of Needs is shown as a pyramid with levels: Self-actualization (top), Self-esteem, Love and belonging needs, Safety and security, Physical safety, and Psychological safety. On the right, the Holistic Health Model is depicted as a grid with four columns: Physiological (Oxygen, Fluids, Nutrition, Body temperature, Elimination, Sleep), Psychological (Self-esteem, Love and belonging needs, Safety and security, Self), Social (Community, Culture, Work, Family, Friends), and Spiritual (Spirituality, Religious beliefs, Personal growth, Purpose in life).

Copyright © 2021, Elsevier Inc. All Rights Reserved.

81

Copyright © 2012 Pearson Education, Inc., or its affiliates. All Rights Reserved.

Health Promotion, Wellness, and Illness Prevention

- Health promotion
 - Helps individuals maintain or enhance their present health.
- Health education
 - Helps people develop a greater understanding of their health and how to better manage their health risks.
- Illness prevention
 - Protects people from actual or potential threats to health.

82

Copyright © 2012 Pearson Education, Inc., or its affiliates. All Rights Reserved.

Three Levels of Prevention

- Primary Prevention
 - True prevention that lowers the chances that a disease will develop
- Secondary Prevention
 - Focuses on those who have health problems or illnesses and are at risk for developing complications or worsening conditions
- Tertiary Prevention
 - Occurs when a defect or disability is permanent or irreversible

83

Copyright © 2012 Pearson Education, Inc., or its affiliates. All Rights Reserved.

Risk Factors

- Variables that increase the vulnerability of an individual or a group to an illness or accident
- Risk factors include:
 - Nonmodifiable risk factors
 - Modifiable risk factors
 - Environment

84

Copyright © 2012, 2017 by Pearson Education, Inc., or its affiliates. All Rights Reserved.

Risk Factor Modification and Changing Health Behaviors

- Once identified, implement health education and counseling
- Transtheoretical Model of Change
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance

85

Copyright © 2012, 2017 by Pearson Education, Inc., or its affiliates. All Rights Reserved.

Illness

- A state in which a person's physical, emotional, intellectual, social, developmental, or spiritual functioning is diminished or impaired
- Acute Illness
 - Short duration and severe
- Chronic Illness
 - Persists longer than 6 months

86

Copyright © 2012, 2017 by Pearson Education, Inc., or its affiliates. All Rights Reserved.

Impact of Illness on the Patient and Family

- Behavioral and emotional changes
- Impact on body image
- Impact on self-concept
- Impact on family roles
- Impact on family dynamics

87

Caring for Yourself

- Eat a nutritious diet
- Get adequate sleep
- Engage in exercise and relaxation activities
- Establish a good work-family balance
- Engage in regular nonwork activities.
- Develop coping skills
- Allowing personal time for grieving
- Focus on spiritual health
- Find a mentor

Copyright © 2010 by Pearson Education, Inc., or its affiliates. All Rights Reserved.
