### Health, Wellness, and Illness



## 20 Health, Wellness, and Illness

#### LEARNING OUTCOMES

After completing this chapter, you will be able to:

- Identify influences on clients' definitions of health, wellness, and well-being.
- 2. Describe five components of wellness.
- 3. Compare various models of health.
- 4. Identify variables affecting health status, beliefs, and practices.
- 5. Describe factors affecting healthcare adherence.

- Differentiate illness from disease and acute illness from chronic illness.
- 7. Identify Parsons's four aspects of the sick role.
- 8. Explain Suchman's stages of illness.
- Describe the effects of illness on clients' and family members' roles and functions.

#### **KEY TERMS**

acute illness, 391 adherence, 389 chronic illness, 391 disease, 390 etiology, 390 exacerbation, 391 health, 382 health behaviors, 386 health beliefs, 386 health status, 386 illness, 390 illness behavior, 391 lifestyle, 387 locus of control, 388 remission, 391 risk factors, 387 well-being, 384 wellness, 384

#### Introduction

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- Nurses' understanding of health and wellness largely determines the scope and nature of nursing practice.
- Clients' health beliefs influence their health practices.
- Some clients think of health and wellness (or well-being) as the same thing or, at the very least, as accompanying one another.
- health may not always accompany well-being:

A client who has a terminal illness may have a sense of well-being; conversely, another client may lack a sense of well-being yet be in a state of good health.

#### Introduction

 For many years, the concept of disease was the yardstick by which health was measured.

In the late 19th century, the "how" of disease (pathogenesis) was the major concern of health professionals. The 20th century focused on finding cures for diseases.

 Currently, healthcare providers are increasing their emphasis on preventing illness and promoting health and wellness in individuals, families, and communities.

# Concepts of Health, Wellness, and Well-Being

#### Health-definitions

Traditionally, health was defined in terms of the presence or absence of disease.

Florence Nightingale (1860/1969)defined health as a state of being well and using every power the individual possesses to the fullest extent. حالة من أن يكون على ما يرام واستخدام كل قوة يمتلكها الفرد إلى

The World Health Organization (WHO, 1948) takes a more holistic view of health. Its constitution defines health as

"a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." الرفاهية الجسدية والعقلية والاجتماعية الكاملة، وليس مجرد غياب المرض أو العجز.

This definition reflects concern for the individual as a total person, functioning physically, psychologically, and socially.

#### Health-definitions

Mental processes determine individuals' relationships with their physical and social surroundings, their attitudes about life, and their interaction with others.

Individuals' lives, and therefore their health, are affected by everything they interact with—

not only environmental influences such as climate and the availability of food, shelter, clean air, and water to drink but also

other individuals, including family, lovers, employers, coworkers, friends, and associates.

#### Health-definitions

Health has also been defined in terms of <u>role and performance</u>.

Talcott Parsons (1951), an eminent American sociologist and creator of the concept of "sick role," conceptualized health as the ability to maintain normal roles.

In 1953, the U.S. President's Commission on Health Needs of the Nation (1953) made the following statement about health:

"Health is not a condition; it is an adjustment. It is not a state but a process. The process adapts the individual not only to our physical but also our social environments" (p. 4).

In its 2010 social policy statement, the American Nurses Association (ANA) states,

Health and illness are human experiences. The presence of illness does not preclude health, nor does optimal health preclude illness" (ANA, 2010, p. 6).

#### Health

A highly individual perception.

An ongoing process that includes body, mind, & feelings harmoniously.

#### Individual definitions (e.g.)

- Free from symptoms or pain
- Be active & to do what they want
- Be in good spirits most of the time

Factors affecting definitions include previous experiences, expectations of self, age, socio-cultural influences,...etc.

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## Personal Definitions of Health

- Some individuals who would probably say they are healthy even though they have physical impairments that some would consider an illness Example
  - A 15-year-old with diabetes takes injectable insulin each morning. He plays on the school football team and is editor of the high school newspaper.
  - A 72-year-old takes antihypertensive medications to treat high blood pressure. She is a member of the neighborhood society, makes handicrafts for a local charity, and travels 2 months each year.
- Many people describe health as the following:
  - Being free from symptoms of disease and pain
  - Being able to be active and to do what they want or must
  - Being in good spirits most of the time.
- These characteristics indicate that health is not something that an individual achieves suddenly at a specific time.
- It is an ongoing process—a way of life—through which an individual develops and encourages every aspect of the body, mind, and feelings to interrelate harmoniously as much as possible

## Personal Definitions of Health (Personal Definitions of Health)

Nurses' definitions of health largely determine the scope and nature of nursing practice. For example, when health is defined narrowly as a physiologic phenomenon, nurses confine themselves to assisting clients in regaining normal physiologic functioning.

When health is defined more broadly, the scope of nursing practice enlarges correspondingly.

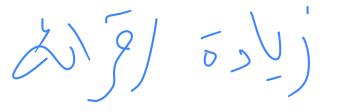
A nurse's health values and practices may differ from those of a client.

The nurse needs to develop a plan of care that relates to the client's concept of health rather than the nurse's belief system. Otherwise, the client may fail to respond to the healthcare regimen \\ \( \tag{\figure} \) \\ \( \tag{\figure} \) \\ \( \tag{\figure} \)



- Nurses can ask the following questions to explore
- their personal definition of <a href="health">health</a>. In what way:

### Population Health





Populations may be determined by geography, familial relationships, or other common characteristics.

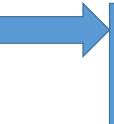
These characteristics include the social, structural, physical, and behavioral determinants of health.

The term *population health* has many definitions, but most include the concept of the health of a group of individuals linked to but different from epidemiology, public health, and community health



- Fawcett and Ellenbecker (2015) describe the Conceptual Model of Nursing and Population Health, as
- "population health is defined as lifespan wellness and disease experiences of aggregate groups of people residing in local, state, national, or international geographic regions or those populations with common characteristics.
  - Population health includes

aspects of public health, healthcare delivery systems, and determinants of wellness and illness



emphasizing promotion, restoration, and maintenance of wellness and prevention of disease

#### Social determinants of health



- There is increasing awareness of the importance and influence of the social determinants of health on disparities in health outcomes among populations.
- WHO (n.d.) defines the social determinants of health as the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- These forces and systems include
  - economic policies and systems, development agendas, social norms, social policies and political systems."
- Poverty, unemployment, transportation, stress, social exclusion, lack of social support, substance use, and lack of adequate healthcare are among the most significant determinants

#### Social determinants of health



- Upstream determinants refer to macro-level factors, such as culture, housing, education, and government policies.
- Midstream factors refer to social influences and individuals' health behaviors and also the nature of health systems.
- Downstream factors relate to biology and physiology at the individual level

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage  Provider availability  Provider linguistic and cultural competency  Quality of care

#### **Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



## Wellness is a state of well being

- Wellness is a state of well-being.
- Basic aspects of wellness include **self-responsibility**; an ultimate goal; a dynamic, growing process; daily decisionmaking in the areas of nutrition, stress management, physical fitness, preventive healthcare, and emotional health; and most importantly, the whole being of the individual.
  - Wellbeing has many definitions but is commonly viewed as a "function of life opportunities and achievements.
  - It is multidimensional, reflecting people's functioning . . . such as consumption and personal security—and their capabilities the objective conditions in which choices are made and that shape people's abilities to transform resources into given ends, such as health" (WHO, 2013, p. 89). well being - > Wellness

#### Wellness and Well-Being



 Well-being also appears in the 2018–2022 strategic plan of the U.S. Department of Health and Human Services (2018) in the form of

Goal 3:

Strengthen the Economic and Social Well-Being of Americans Across the Lifespan

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#### Models of Health and Wellness

Because health is such a complex concept, various researchers have developed models or paradigms to explain health and, in some instances, its relationship to illness or injury.

Models can be helpful in assisting health professionals in meeting the health and wellness needs of individuals.

#### Models of Health

- Clinical Model (people are physiologic systems, health is the absence of disease or injury)
- Role Performance Model (the individual's ability to fulfill societal roles, e.g., mother, daughter, friend )
- Adaptive Model (disease is a failure in adaptation)
- Eudaimonistic Model (a comprehensive view of health; health is a condition of actualization or realization of a person's potential) (Eudaimonistic the doctrine that the basis of moral obligations is to be found in the tendency of <u>right</u> actions to produce happiness).
- Agent-Host-Environment Model (used primarily in predicting illness) ->
- Health–Illness Continua

#### Clinical Model

- The model presents a narrowest interpretation of health
- Individuals are viewed as physiologic systems with related functions
- health is identified by the absence of signs and symptoms of disease or injury.
- Health is considered the state of not being "sick."
- the opposite of health is disease or injury.
- Many practitioners have used the clinical model in their focus on the relief of signs and symptoms of disease and elimination of malfunction and pain.
  - When these signs and symptoms are no longer present, the practitioner considers the individual's health restored

Clinical Model

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- People viewed as physiologic systems
- Health identified by the absence of signs & symptoms of disease or injury
- A state of NOT being 'sick'
- Opposite of health is disease or injury
- Mostly used by medical practitioners.

#### Role Performance Model



- Health is defined in terms of <u>an individual's ability to fulfill</u> societal roles, that is, to perform his or her work.
- Individuals usually fulfill several roles (e.g., mother, daughter, friend),
- certain individuals may consider non-work roles the most important ones in their lives.
- According to this model, individuals who can fulfill their roles are healthy even if they have health problems.
  - For example, a man who works all day at his job as expected is healthy even though he has migraines.
- sickness is the inability to perform one's work role.

#### Role Performance Model

- Ability to fulfill societal roles
- Healthy even if clinically ill **IF** roles are fulfilled
- Sickness is the inability to perform one's role
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  - صحي حتى لو كان مريضا سريريا إذا تم الوفاء بالأدوار
    - المرض هو عدم القدرة على أداء دور المرء

#### **Adaptive Model**

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- health is a creative process; disease is a failure in adaptation, or maladaptation.
- The aim of treatment is to restore the ability of the individual to adapt, that is, to cope.
- According to this model, extreme good health is flexible adaptation to the environment and interaction with the environment to maximum advantage.
- The famous Roy adaptation model of nursing (Murdaugh, Parsons, & Pender, 2019) views the individual as an adaptive system.
  - The focus of this model is stability, although there is also an element of growth and change.

#### Adaptive Model

- Health is a creative process
- Disease is a failure in adaptation (or maladaption)
- Extreme good health is the flexible adaptation to the environment
- Focus is on stability, growth, & change

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• المرض هو فشل في التكيف (أو سوء التكيف)

• الصحة الجيدة للغاية هي التكيف المرن مع البيئة

• التركيز على الاستقرار والنمو والتغيير

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## Eudaimonistic Model well being > 19 3000

- The eudaimonistic model incorporates a comprehensive view of health.
- Health is seen as a condition of actualization or realization of an individual's potential.
- Actualization is the apex of the fully developed personality, described by Abraham Maslow.
- the highest aspiration of individuals is fulfillment and complete development, which is actualization.
- Illness, is a condition that prevents self-actualization.
- Murdaugh et al. (2019) include stabilizing and actualizing tendencies in their definition of health:
- "the realization of human potential through goal-directed behavior, competent self-care, and satisfying relationships with others while adapting to maintain structural integrity and harmony with the social and physical environments" (p. 14).

#### **Eudaimonistic Model**

- Comprehensive view of health
- Health is a Condition of actualization or realization of a person's potential (The apex of human needs)
- Illness is a condition that prevents self-actualization

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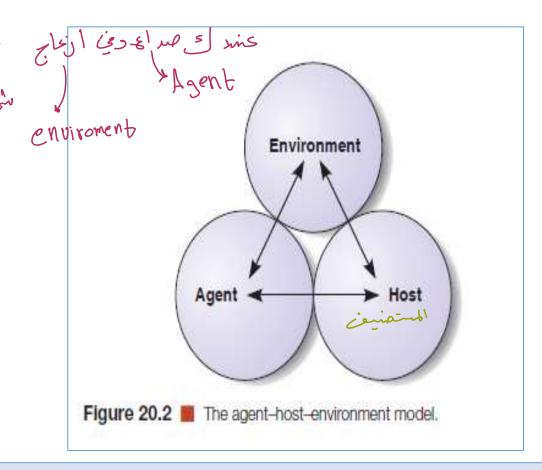
#### Agent-Host-Environment Model

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- The agent—host—environment model of health and illness, also called the ecologic model, originated in the community health work of Leavell and Clark (1965) and has been expanded into a general theory of the multiple causes of disease.
- The model is used primarily in predicting illness rather than in promoting wellness,
- although identification of risk factors that result from the interactions of agent, host, and environment are helpful in promoting and maintaining health.
- The model has three dynamic, interactive elements

#### Agent-Host-Environment Model

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- 1. Agent. Any environmental factor or stressor (biological, chemical, mechanical, physical, or psychosocial) that by its presence or absence (e.g., lack of essential nutrients) can lead to illness or disease.
- 2. Host. Individual(s) who may or may not be at risk of acquiring a disease. Family history, age, and lifestyle habits influence the host's reaction.
- 3. Environment. All factors external to the host that may or may not predispose the individual to the development of disease. The physical environment includes climate, living conditions, sound (noise) levels, and economic level. Social environment includes interactions with others and life events, such as the death of a spouse



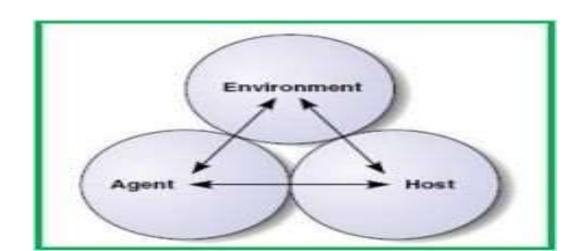
Because each of the agent–host–environment factors constantly interacts with the others, health is an ever changing state.

When the variables are in balance, health is maintained; when the variables are not in balance, disease occurs

Agent-Host-Environment Model

• The model has three dynamic interactive elements:

- Agent: any environmental factor that by its presence or absence can lead to illness
- Host: a person who may or may not be at risk of acquiring a disease.
- **Environment:** all factors external to the host
- Each factor constantly interacts with the others.
- When in balance, health is maintained.
- When not in balance, disease occurs.



#### Health-Illness Scales

Health-illness scales (grids or continua) can be used to measure an individual's perceived level of wellness.

Health or wellness and illness or disease can be viewed as the opposite ends of a health continuum.

From a high level of health, an individual's condition can move through good health, normal health, poor health, and extremely poor health, eventually to death.

Individuals move back and forth day by day.

There is no distinct boundary across which individuals move from health to illness or from illness back to health.

How individuals perceive themselves and how others see them in terms of health and illness will also affect their placement on the continuum.

The ranges in which individuals can be thought of as healthy or ill are considerable.

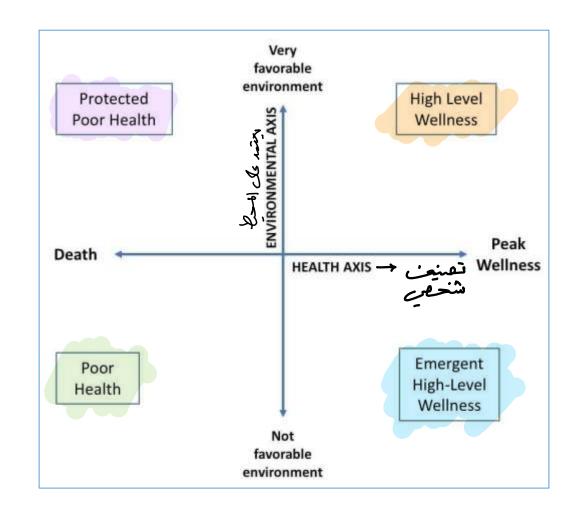


#### Health-Illness Continua

- \* Health & illness/disease can be seen as opposite ends of a health continuum
- \* A person moves back & forth within this continuum day by day
- ✓ No distinct boundary across which people move from health to illness or from illness back to health

#### Dunn's High-Level Wellness Grid

- Dunn (1959) described a health grid in health axis and an environmental axis intersect.
- The health axis ranges from wellness to death
- the environmental axis from a very favorable environment to a very unfavorable one.
- The optimal quadrant is when individuals have both peak wellness and a favorable environment
- individuals with poor health can be protected if they are in a favorable environment in which social institutions provide support.

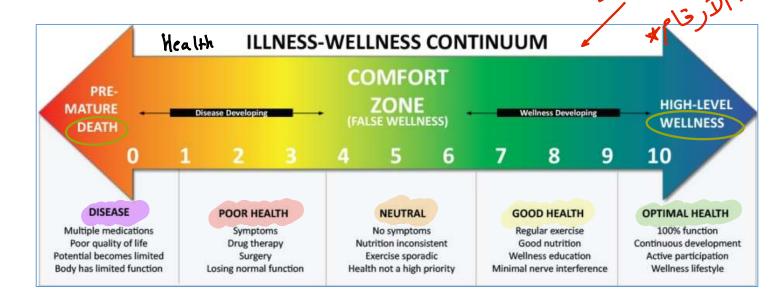


#### Illness– Wellness Continuum

health illness \*

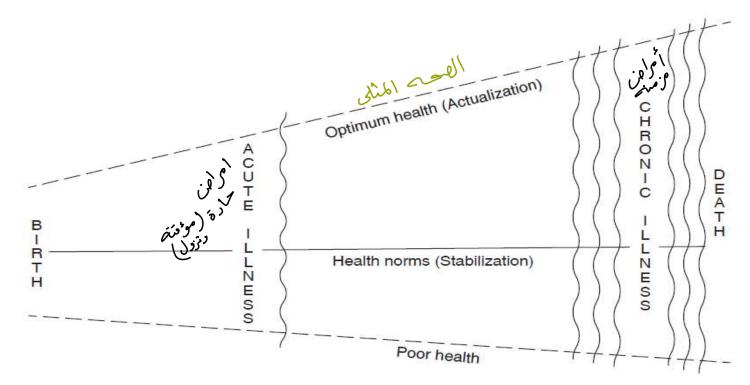
- Various authors have proposed illness—wellness or illness—health continua.
- Many models illustrate arrows pointing in opposite directions and joined at a neutral point.
- Movement to one side of the neutral point indicates increasing
- levels of health and wellness for an individual.
- This is achieved through health knowledge, disease prevention, health promotion, and positive attitude.

• In contrast, movement to the opposite side of the neutral point indicates progressively decreasing levels of health.



### Illness-Wellness Continuum

- Some people believe that a health continuum is overly simplistic when the real concepts are more complex than a linear diagram suggests.
- An alternative depiction shows multiple levels of health in interaction with episodic illness



## Health Status, Beliefs, and Behaviors

### Health status. المحاكل ( بو منع محين )

- State of health of an individual at a given time.
- A report of health status may include- anxiety, depression, or acute illness and thus describe the individual's problem in general.
- Health status can also describe as pulse rate and body temperature.

### Health beliefs.

- · Concepts about health that an individual believes are true.
- Such beliefs may or may not be founded on fact.
- Some of these are influenced by culture, such as the "hot-cold" belief system of some Asian, Hispanic, Filipino, and other groups.
- In this context, hot and cold do not denote temperature or spiciness (spicy) but innate qualities of the food.

### Health Status, Beliefs, and Behaviors



- The actions individuals take to understand their health state, maintain an optimal state of health, prevent illness and injury, and reach their maximum physical and mental potential.
- Examples-Behaviors such as eating wisely, exercising, paying attention to signs of illness, following treatment advice, avoiding known health hazards such as smoking, taking time for rest and relaxation, and managing one's time effectively
  - Health behavior is intended to influence health status.
  - Nurses preparing a plan of care need to consider the client's health beliefs before they suggest a change in health behaviors.

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Internal factors

External factors

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### Factors Affecting Health Status, Beliefs, & Practices

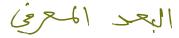
- Internal variables: عوامل داخليك العبيات العبيد العبيد
- Described as nonmodifiable variables
  because they can't be changed.
  - So, regular health exams & appropriate screening for early detection of health problems are very important. الكشف المبكر عن المشاكل الصحية مهمة جدا.

- External variables:
- mostly modifiable



- Internal Variables
- Internal variables include biological, psychologic, and cognitive dimensions.
- They are often described as nonmodifiable variables because, for the most part, they cannot be changed
- when internal variables are linked to health problems, the nurse must be even more diligent about working with the client to influence external variables (e.g., exercise and diet) that may assist in health promotion and prevention of illness.
- Regular health exams and appropriate screening for early detection of health problems become even more important.

- Internal Variables
- 1. Biological Dimension
- Genetic makeup, sex, age, and developmental level all significantly influence an individual's health.
- 2. Psychologic Dimension
- Psychologic (emotional) factors influencing health include mind-body interactions and self-concept.
- 3. Cognitive Dimension



- Cognitive or intellectual factors influencing health include lifestyle choices and spiritual and religious beliefs.
- Practices that have potentially negative effects on health are often referred to as risk factors

• External Variables

- External variables affecting health include the
- 1. physical environment



- Geographic location determines climate, and climate affects health
- Pollution of the water, air, and soil affects the health of cells.
- Some man-made substances in the environment, such as asbestos, are considered carcinogenic (i.e., they cause cancer). Tobacco
- An environmental hazard is radiation
- sources of environmental contamination are
  - pesticides and chemicals used to control weeds and plant diseases

#### External Variables

### 2. standards of living

 An individual's standard of living (reflecting occupation, income, and education) is related to health, morbidity, and mortality. Hygiene, food habits, and the ability to seek healthcare advice and follow health regimens vary by income level

### 3. family and cultural beliefs

- The family passes on patterns of daily living and lifestyles to offspring
- Physical or emotional abuse may cause long-term health problems.
- Emotional health depends on a social environment that is free of excessive tension and does not isolate the individual from others
- Culture also influences how an individual perceives ,experiences, and copes with health and illness. Each
  culture has ideas about health, and these are often transmitted from parents to children

### 4. social support networks. سُكِا الله عم الإحتاي

- Having a support network (family, friends, or a confidant) and job satisfaction can facilitate healthy behaviors.
- Support persons can help the individual confirm that illness exists also provide the motivation for an ill individual to become well again2.

### Health Belief Models



- Several theories or models of health beliefs and behaviors have been developed to help determine whether an individual is likely to participate in disease prevention and health promotion activities.
- These models can be useful tools in developing programs for helping individuals with healthier lifestyles and more positive attitudes toward preventive health measures

### Health Locus of Control Model



- Locus of control is a concept from social learning theory that nurses can use to determine whether بالمنافذة المالية المالية
  - use to determine whether من المرجح أن يأخذ العملاء والمحالية العملاء والمحالية العملاء والمحالية العملاء والمحالية العملاء والمحالية وا
  - clients believe that their health status is under their own or others' control.
  - Individuals who believe that they have a major influence on their own health status—that health is largely self-determined—are called *internals*.
    - Individuals who exercise internal control are more likely than others to take the initiative for their own healthcare, be more knowledgeable about their health, make and keep appointments with healthcare providers, maintain diets, and give up smoking.
  - individuals who believe their health is largely controlled by outside forces (e.g., chance or powerful others) are referred to as **externals**.
    - Externals may doubt that changing their behavior will do good or that it is only important if someone important tells them to make the change.

## Rosenstock and Becker's Health Belief Model



- Rosenstock and Becker's health belief model is based on the assumption that health-related action depends on the simultaneous occurrence of three factors:
- (1) sufficient motivation to make health issues be viewed as important,
- (2) belief that one is vulnerable to a serious health problem or its consequences,

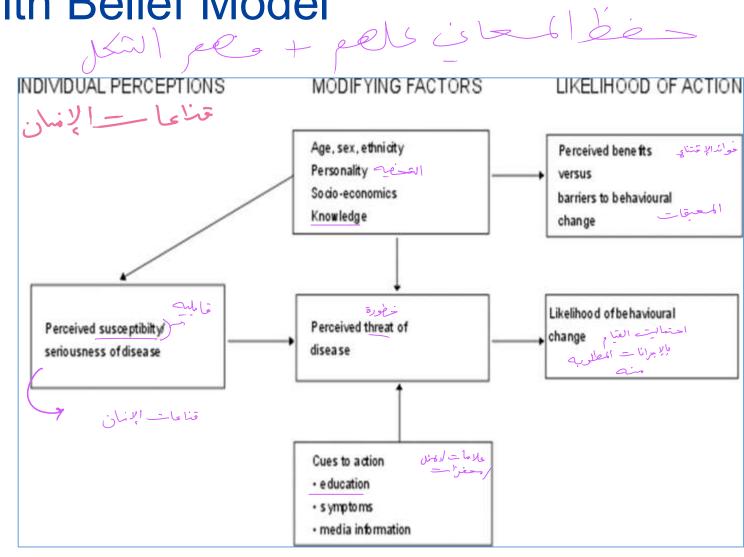
• (3) belief that following a particular health recommendation would be beneficial.

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Rosenstock and Becker's Health Belief Model

The model includes

- individual perceptions, modifying factors, and variables likely to affect initiating action.
- Nurses play a major role in helping clients implement healthy behaviors.
- They help clients monitor health, they supply anticipatory guidance, and they impart knowledge about health.
- Nurses can also reduce barriers to action(e.g., by minimizing inconvenience or discomfort) and can support positive actions.



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### Health Care Adherence

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<u>Def:</u> Extent to which individual's behavior coincides with medical/health advice.

Ranges from total disregard to following total plan.

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WHY??

### Healthcare Adherence

### Therapeutic Plan

- Adherence is the extent to which an individual's behavior (e.g., taking medications, following diets, or making lifestyle changes) coincides with medical or health advice.
- Another term used synonymously with adherence is conformance. Or compliance
- There are many reasons why some individuals adhere and others do not

#### **BOX 20.3**

#### Factors Influencing Adherence

- Client motivation to become well
- Degree of lifestyle change necessary
- Perceived severity of the healthcare problem
- Value placed on reducing the threat of illness
- Ability to understand and perform specific behaviors
- Degree of inconvenience of the illness itself or of the regimens
- Beliefs that the prescribed therapy or regimen will or will not help
- Complexity, side effects, and duration of the proposed therapy
- Cultural heritage, beliefs, or practices that support or conflict with the regimen
- Degree of satisfaction and quality and type of relationship with the healthcare providers
- Overall cost of therapy or lifestyle change

## Factors Affecting Health Care Adherence



Client motivation to become well

Degree of lifestyle change necessary

Perceived severity of the problem

Value placed on reducing the threat of illness

Difficulty in understanding & performing specific behaviors

Degree of inconvenience of the illness itself or of the regimens

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### Factors Affecting Health Care Adherence (continued)

Complexity, side effects, & duration of the proposed therapy

Specific cultural heritage that may make adherence difficult

Degree of satisfaction, quality, & type of relationship with the healthcare providers

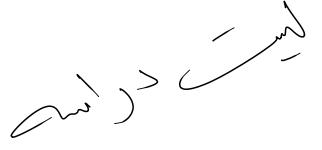
Overall cost of the prescribed therapy

### Health Care Adherence

To enhance adherence, nurses need to ensure that the client:

- Is able to perform the prescribed therapy
- Understands the necessary instructions
- Is a willing participant in establishing goals of therapy
- Values the planned outcomes of behavior changes.

### Healthcare Adherence



#### ASSESSMENT INTERVIEW Determining the Risk for Medication Nonadherence

- Are you having side effects from any of your medications?
- Do you think your medications are helping?
- Do you have "tools" to remind you to take your medication? Examples could be an alarm or environmental cues (e.g., 6:00 news).
- Is there someone at home who helps you with your medications?
- How many times per day are your medications prescribed?
- How many pills do you take every day?

- Are there any special storage requirements for your medications?
- How much do your medication requirements interfere with your lifestyle?
- How well are you able to follow special dosing requirements?
- How many doses of your medications have you missed during the past 3 days?
- Does the cost of the medications influence how often you take them?

## When a nurse identifies nonadherence, it is important to take the following steps:

#### • Establish why the client is not following the regimen.

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- Depending on the reason, the nurse can provide information, correct misconceptions, attempt to decrease expense, or suggest counseling if psychologic problems are interfering with adherence.
- It is also essential for the nurse to reevaluate the suitability of the health advice provided.
- In situations where the client's cultural beliefs or age conflict with planned therapies, the nurse
  needs to consider ways to repattern and restructure care that will preserve and accommodate the
  client's practices.

#### Demonstrate caring.

- Show sincere concern about the client's problems and decisions, and at the same time, accept the client's right to choose a course of action.
- For example, a nurse might tell a client who is not taking his heart medication, "I can appreciate
  how you feel about this, but I am very concerned about your heart

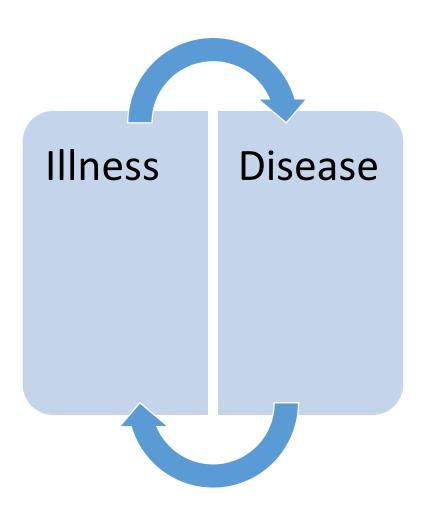
## When a nurse identifies nonadherence, it is important to take the following steps:

- Encourage healthy behaviors through positive reinforcement.
- If the man who is not taking his heart medication is walking every day, the nurse might say, "You are really doing well with your walking."
- Use aids to reinforce teaching. حب الساعدة لتعزيز التدريس
- For instance, the nurse can leave pamphlets for the client to read later or make a
  poster with pictures of low-salt foods the client prefers.
- Establish a therapeutic relationship of freedom, mutual understanding, and mutual responsibility with the client and support persons. المسؤولية المتبادلة مع العميل والأشخاص الداعمين.

تعزيز الصح

By providing knowledge, skills, and information, the nurse gives clients control
over their health and establishes a cooperative relationship, which results in
greater adherence.

## What is the difference between Illness and Disease



wellness - The WL ciopal 200ms

### Illness and Disease

ے التی کی الفرق

Illness How you feel (negative feeling)

is a highly personal state in which the individual's physical, emotional, intellectual, social, developmental, or spiritual functioning is thought to هي حالة شخصية للغاية حيث الفرد الجسدي والعاطفي، يعتقد أن الأداء الفكري أو الاجتماعي أو التنموي أو الروحي هو يتم تقليله. be diminished

It is not synonymous with disease and may or may not be related to disease.

An individual could have a disease and not feel ill. Similarly, an individual can feel ill, that is, feel uncomfortable, and yet have no discernible disease.

### Illness and Disease

Disease of of animals

يمكن وصفه بأنه تغيير في وظائف الجسم مما يؤدي إلى تقليل القدرات أو تقصير العمر الطبيعي.

can be described as an alteration in body functions resulting in a reduction of capacities or a shortening of the normal lifespan.

ا، التدخل من Traditionally, intervention by primary care providers has the التدخل من goal of eliminating or ameliorating disease processes.

قبل مقدمي الرغاية الأولية لديه هدف القضاء على عمليات

Primitive people thought "forces" or spirits caused disease.

المرض أو تحسينها

Multiple factors are considered to interact in causing disease and determining an individual's response to treatment.

## Etiology

#### ر المرين

- Is the causation of a disease or condition
- A description of the etiology of a disease includes the identification of all causal factors that act together to bring about the particular disease.
  - For example, the tubercle bacillus is designated as the biological agent of tuberculosis.
  - Other etiologic factors, such as age, nutritional status, and occupation, are involved in the development of tuberculosis and influence the course of infection.
- There are many diseases for which the specific cause is unknown (e.g., multiple sclerosis).
- Nurses have traditionally taken a holistic view of clients and base their practice on the multiple-causation theory of health problems

## Classifications of Illness & Disease

#### Acute illness

- is typically characterized by symptoms of relatively **short duration**.
- The symptoms often appear abruptly and subside quickly and, depending on the cause, may or may not require intervention by healthcare professionals.
- Some acute illnesses are serious (e.g., appendicitis may require surgical intervention), but many acute illnesses, such as colds, subside without medical intervention or with the help of over-the-counter medications.
- Following an acute illness, most individuals return to their normal level of wellness

## chronic illness

- A is one that lasts for an extended period, usually 6 months or longer and often for the individual's life.
- Chronic illnesses usually have a slow onset and often have periods of remission, when the symptoms disappear, and
- **exacerbation**, when the symptoms reappear.
- Examples of chronic illnesses are arthritis, heart and lung diseases, and diabetes mellitus

## Caring for chronically ill individuals

- Nurses are involved in caring for chronically ill individuals of all ages in all types of settings—homes, nursing homes, hospitals, clinics, and other institutions.
- Care needs to be focused on promoting the highest level possible of independence, sense of control, and wellness.
- Clients often need to *modify their activities of daily living, social* relationships, and perception of self and body image.
- must learn how to live with increasing physical limitations and discomfort.

### **Illness Behaviors**

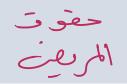
- When individuals become ill, they behave in certain ways that sociologists refer to as illness behavior.
- Illness behavior,
- a coping mechanism, involves the ways individuals describe, monitor, and interpret their symptoms; take remedial actions; and use the healthcare system.
- How individuals behave when they are ill is highly individualized
  - affected by many variables, such as
  - age, sex, occupation, socioeconomic status, religion, ethnic origin, psychologic stability, personality, education, and modes of coping.

### sick role

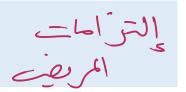


Parsons (1979) described four aspects of the sick role

Rights:



**Obligations:** 



- 1. Clients are not held responsible for their condition.
  - Even if the illness was partially caused by a client's behavior (e.g., lung cancer from smoking), the individual is not capable of reversing the condition on his or her own.
- 2. Clients are excused from certain social roles and tasks.
  - Example: an ill parent would not be expected to prepare meals for the family.

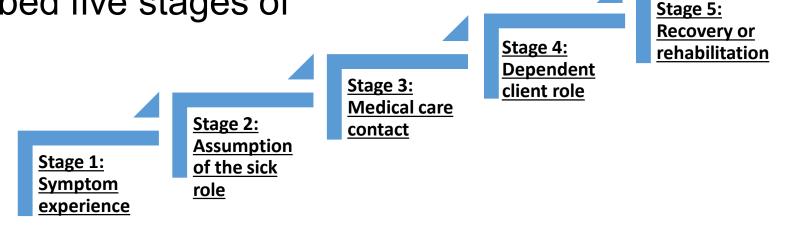
- 3. Clients are obliged to try to get well as quickly as possible.
  - The ill client should follow legitimate advice regarding a specialized diet or activity restrictions that could help with recovery.
- 4. Clients or their families are obliged to seek competent help.
  - Example: the ill client should contact the primary care provider rather than relying solely on his or her own ideas of how to recover.

12/3 Stoop

## stages of illness

 Suchman (1965) described five stages of illness:

- 1. Symptom experiences
- 2. Assumption of the sick role
- 3. Medical care contact
- 4. Dependent client role
- 5. Recovery or rehabilitation.



Not all clients progress through each stage.

Example: the client who experiences a sudden heart attack is taken to the emergency department and immediately enters stages 3 and 4, medical care contact and dependent client role.

Other clients may progress through only the first two stages and then recover

## Stage 1: Symptom Experiences

- At this stage, the individual comes to believe something is wrong
  - Either someone significant mentions that the individual looks unwell, or the individual experiences some symptoms, such as pain, rash, cough, fever, or bleeding.
- Stage 1 has three aspects:
  - The physical experience of symptoms
  - The cognitive aspect (the interpretation of the symptoms in terms that have some meaning to the individual)
  - The emotional response (e.g., fear or anxiety).
- During this stage, the unwell individual usually consults others about the symptoms or feelings, validating with support people that the symptoms are real.
- At this stage, the sick individual may try home remedies.
- If self-management is ineffective, the individual enters the next stage.

## Stage 2: Assumption of the Sick Role

- The individual now accepts the sick role and seeks confirmation from family and friends.
- Individuals often continue with self-treatment and delay contact with healthcare professionals as long as possible.
- During this stage, individuals may be excused from normal duties and role expectations.
- Emotional responses such as withdrawal, anxiety, fear, and depression are not uncommon depending on the severity of the illness, perceived degree of disability, and anticipated duration of the illness.
- When symptoms of illness persist or increase, the individual is motivated to seek professional help.

## Stage 3: Medical Care Contact

- Sick individuals seek the advice of a health professional either on their own initiative or at the urging of significant others.
- When individuals seek professional advice, they are really asking for three types of information:
  - ·Validation of real illness
  - Explanation of the symptoms in understandable terms
  - Reassurance that they will be all right or a prediction of what the outcome will be.
- The health professional may determine that the client does not have an illness or that an illness is present and may even be life threatening.
- The client may accept or deny the diagnosis.
- If the diagnosis is accepted, the client usually follows the prescribed treatment plan.
- If the diagnosis is not accepted, the client may seek the advice of others who will provide a diagnosis that fits the client's perceptions

## Stage 4: Dependent Client Role

- After accepting the illness and seeking treatment, the client becomes **dependent on the professional for help**.
- Clients vary greatly in the degree of ease with which they can give up their independence, particularly in relation to life and death.
  - Role obligations—such as those of wage earner, parent, student, sports team member, or choir member—complicate the decision to give up independence.
- Most clients accept their dependence on the primary care provider, although they retain varying degrees of control over their own lives

## Stage 5: Recovery or Rehabilitation



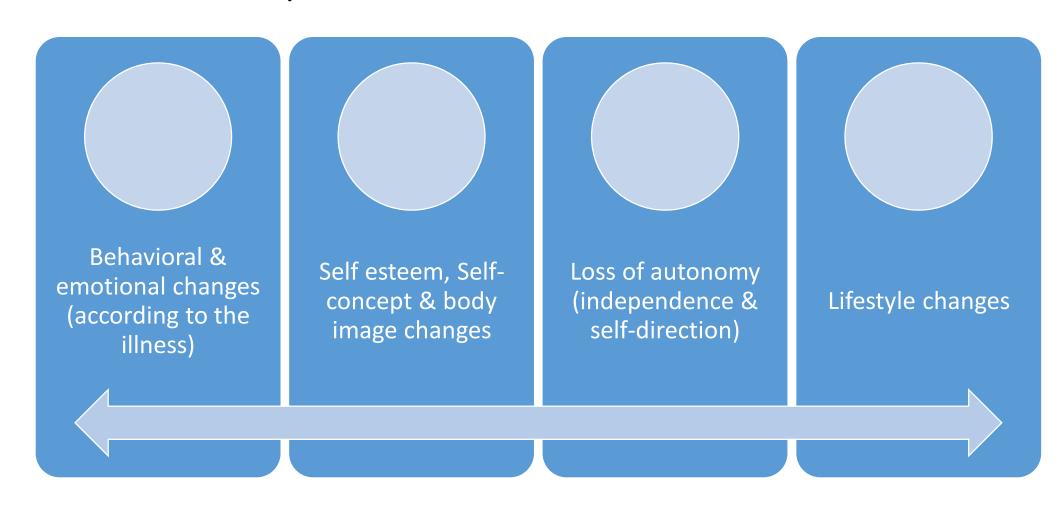
- During this stage, the client is expected to relinquish the dependent role and resume former roles and responsibilities.
- For clients with acute illness, the time as an ill client is generally short, and recovery is usually rapid.
- most find it relatively easy to return to their former lifestyles.
- Clients who have long-term illnesses and must adjust their lifestyles may find recovery more difficult.
- For clients with a permanent disability, this final stage may require therapy to learn how to make major adjustments in functioning.

### Effects of Illness

- Illness brings about changes in both the involved client and in the family.
- The changes vary depending on
  - the nature, severity, and duration of the illness
  - attitudes associated with the illness by the client and others
  - the financial demands
  - the lifestyle changes incurred
  - adjustments to usual roles

الناء المون أد وارام رون تتغير

### Impact of Illness on client



## ILL clients may experience

- behavioral and emotional changes
- •changes in self-esteem, self-concept and body image
- •lifestyle changes.

- **Behavioral and emotional changes** associated with short-term illness are generally mild and short-lived.
  - for example, the client may become irritable and lack the energy or desire to interact in the usual fashion with family members or friends.
- More acute responses are likely with severe, life-threatening, chronic, or disabling illness. Anxiety, fear, anger, withdrawal, denial, a sense of hopelessness, and feelings of powerlessness are all common responses to severe or disabling illness.
  - For example, a client experiencing a heart attack fears for his life and the financial burden it may place on his family.
  - Another client informed about a diagnosis of a crippling neurologic disease may, over time, experience episodes of denial, anger, fear, and hopelessness
- Certain illnesses can also change the client's body image or physical appearance, especially if there is severe scarring or loss of a limb or sense or organ

Self-esteem and self-concept



- clients are also vulnerable to loss of <u>autonomy</u>,
- autonomy the state of being independent and self-directed, without outside control
- Nurses need to support clients' right to self-determination and autonomy as much as possible by providing them with sufficient information to participate in decision-making processes and to maintain a feeling of being in control.
- Illness also often necessitates a change in lifestyle.
- in addition to participating in treatments and taking medications, ill clients may need to change their diet, activity and exercise, and rest and sleep patterns.

- Nurses can help clients adjust their lifestyles by these means:
  - Provide explanations about necessary adjustments.
  - ✓2. Make arrangements wherever possible to accommodate the client's lifestyle.
  - 23. Encourage other health professionals to become aware of the client's lifestyle practices and to support healthy aspects of that lifestyle.
- 4. Reinforce desirable changes in practices with a view to making them a permanent part of the client's lifestyle.

#### التأثير على العميل

• يمكن للممرضات مساعدة العملاء على ضبط أنماط حياتهم بهذه الوسائل:

1. قدم تفسيرات حول التعديلات اللازمة.

2. قم بالترتيبات حيثما كان ذلك ممكنا لاستيعاب نمط حياة العميل.

3. شجع المهنيين الصحيين الآخرين على إدراك ممارسات نمط حياة العميل ودعم الجوانب الصحية لنمط الحياة هذا.

4. تعزيز التغييرات المرغوبة في الممارسات بهدف جعلهم جزءا دائما من نمط حياة العميل.

## المحتاري السامون Impact of Illness on the family & significant others المحتون

## Depends on three factors

- Member of the family who is ill
- Seriousness & length of the illness
- Cultural & social c<u>ustoms</u> the family follows

# Changes that can/occur) in family:

- Role changes
- Task reassignments.
- Increased stress due to anxiety about the outcome of illness & conflict about unaccustomed responsibilities
- Financial problems.
- Loneliness as a result of separation & pending loss.
- Changes in social customs

