



HEALTH AND WELLNESS

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HEALTH DEFINED

“...A “STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY.”

WHO (1947)

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Models of Health and Illness

- Theoretical way of understanding a concept or idea



Models

- **Health Belief Model**

- Three components

- Individual's perception of susceptibility to illness
- Individual's perception of seriousness of illness
- Likelihood that person will take preventive action

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Health Promotion Model

- Defines health as a positive, dynamic state
- Describes multidimensional nature of persons as they interact within their environment
- Desired behavioral outcome is end point
- Result: improved health, enhanced functional ability, better quality of life

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BASIC HUMAN NEEDS MODEL

Provides a a basis for nursing clients of all ages in all health settings...

..certain human needs more basic than others; some needs must be met before other needs

ALWAYS: emergent physiological need takes precedence over a higher-level need.

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HOLISTIC HEALTH MODELS

Considers emotional and spiritual well-being, as well as other dimensions of individual, as important aspects of physical wellness.

- Involves clients in their healing process

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Variables that influence beliefs and Practices

- Internal
 - Developmental stage
 - Intellectual background
 - Perception of functioning
 - Emotional factors
 - Spiritual factors
- External
 - Family practices
 - Socioeconomic factors
 - Cultural background

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Health promotion

“...the science and art of helping people change their lifestyle to move toward a state of optimal health.”

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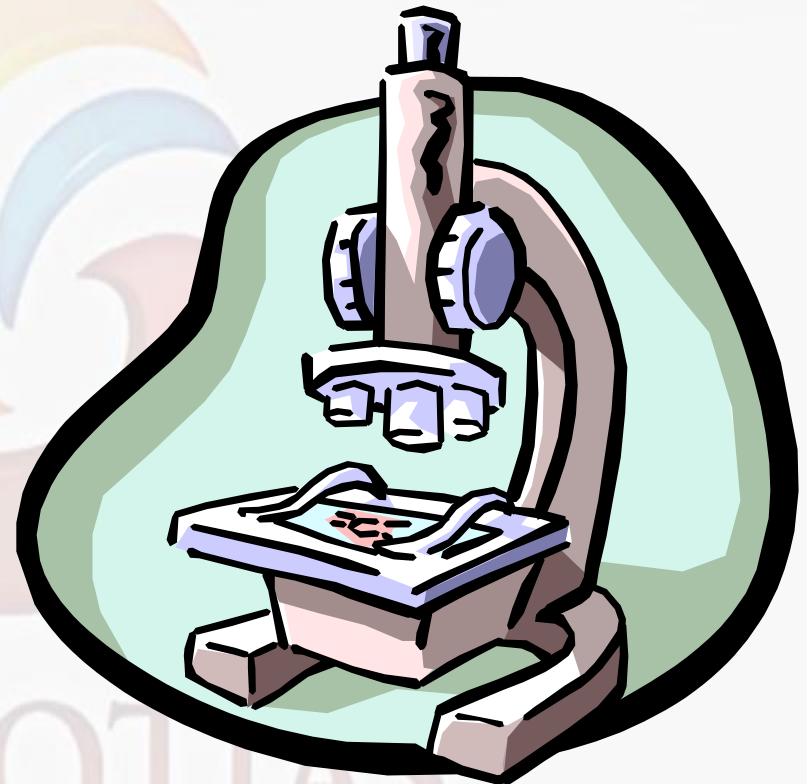
Levels of preventive care

- Primary prevention
 - Precedes disease or dysfunction
 - AKA wellness activities
 - Focus on maintaining or improving general health



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- Secondary prevention
 - Directed at diagnosis and prompt intervention
 - Reducing severity and enabling client to return to normal level of health ASAP



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- Tertiary prevention
 - Minimizing effect of long-term disease or disability
 - Aimed at preventing complications and deterioration
 - Directed at rehabilitation



RISK FACTORS

- Genetic and physiological factors
- Age
- Environment
- Lifestyle

GOAL: modify or eliminate

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ILLNESS

A STATE IN WHICH A PERSON'S PHYSICAL, EMOTIONAL, INTELLECTUAL, SOCIAL, DEVELOPMENTAL, OR SPIRITUAL FUNCTION IS DIMINISHED OR IMPAIRED COMPARED WITH PREVIOUS EXPERIENCE.

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Illness: acute and chronic

- Acute
 - Potentially life-threatening
 - Short duration
 - Severe
 - Abrupt onset
- Chronic
 - Potentially life-threatening
 - Usually >6 months
 - Similar to “disability”

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CHRONIC ILLNESS

“...A CHRONIC DISABLING DISEASE INTERFERES WITH ONGOING LIFE ADAPTATIONS BY MAKING THE PERFORMANCE OF ROUTINE TASKS MORE CHALLENGING.”

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CHRONIC ILLNESS

- Nurse: provide client education
- Goal: reduce the occurrence of symptoms or improve tolerance of symptoms
- “Normalization”: client/family adapts to disease

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ILLNESS BEHAVIOR

- **Internal variables:**

- Client perceptions
- Nature of illness
- Coping skills

- **EXTERNAL VARIABLES:**

- Visibility of symptoms
- Social group
- Culture & ethnic
- SocioEconomics

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IMPACT

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

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