

Concepts of Health, Illness, Stress, and Health Promotion

Objectives

Upon completing this chapter, you should be able to:

Theory

1. Compare traditional and current views of the meanings of health and illness.
2. Describe what the word "health" means to you.
3. Define what "sickness" means to you.
4. Discuss why nurses need to be aware of any cultural, educational, and social differences that might exist between themselves and their patients.
5. Compare cultural/racial differences in disease predisposition and communication between the main cultures and different races.
6. List the components of holistic health care.
7. Identify the four areas of human needs and give an example within each level of need.
8. Identify ways in which the body adapts to maintain homeostasis.
9. Explain why a particular stressor may be experienced differently by two people.

10. List the common signs and symptoms of stress.

11. Identify four ways in which a nurse can help decrease stress and anxiety for patients.

Clinical Practice

1. Observe patients during the data-gathering process and interview process and determine their views on health and illness.
2. Recognize cultural differences in health care behaviors in the clinical setting and be able to share those observations with fellow students.
3. Determine a patient's position in Maslow's hierarchy during a clinical experience.
4. Describe alterations in homeostasis as observed in the clinical setting.
5. Document observations about stress-reduction techniques used by staff or patients during a clinical experience.

Key Terms

acute illness (p. 13)

adaptation (p. 13)

asymptomatic (ā-sīmp-tō-MĀ-tīk, p. 15)

autonomic (p. 20)

chronic illness (p. 13)

congenital (p. 13)

convalescence (kōn-vā-LĒ-sēns, p. 13)

coping (p. 15)

defense mechanisms (p. 24)

disease (p. 12)

etiology (ē-tē-Ō-lō-jē, p. 13)

health (p. 12)

hierarchy (HĪ-ēr-ār-kē, p. 17)

holistic (hō-LĪS-tīc, p. 17)

homeostasis (hō-mē-ō-STĀ-sīs, p. 20)

idiopathic (īd-ē-ō-PĀTH-īk, p. 13)

illness (p. 12)

maladaptation (māl-ă-dāp-TĀ-shūn, p. 13)

primary illness (p. 13)

secondary illness (p. 13)

self-actualization (SĒLF āk-tū-āl-ī-ZĀ-shūn, p. 19)

stress (p. 17)

stressor (p. 20)

subjective (p. 13)

terminal illness (p. 13)

wellness (p. 13)

HEALTH AND ILLNESS

The word "health" means many different things to people. For some health is the absence of **disease** (pathologic process that causes illness); for others it means optimum functioning on every level. "Health" comes from a word that means "wholeness." According to the Miller-Keane dictionary, **health** is "a relative state in which one is able to function well physically,

mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living."

It is important to define what you believe **health** and **illness** (disease of body or mind) mean, since your perception of these terms influences what you say and do when caring for patients. Because of cultural, educational, and social differences, you and the patient could have totally

Additional Learning Resources

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Evolve Go to your Evolve website (<http://evolve.elsevier.com/deWit/fundamental>) for the following FREE learning resources:

- Animations
- Answer Guidelines for Think Critically boxes and Critical Thinking Questions and Activities
- Answers and Rationales for Review Questions for the NCLEX® Examination
- Glossary with pronunciations in English and Spanish
- Interactive Review Questions for the NCLEX® Examination and more!

Online Resources

- American Association for the History of Nursing, www.aahn.org
- Florence Nightingale Museum, www.florence-nightingale.co.uk
- National Association for Practical Nurse Education and Service, www.napnes.org
- National Council of State Boards of Nursing, www.ncsbn.org
- National Federation of Licensed Practical Nurses, www.nflpn.org
- American Nurses Association, www.nursingworld.org

Review Questions for the NCLEX® Examination

Choose the **best** answer(s) for each question.

1. When nursing was taken out into the community, nursing education was essentially:
 1. an apprenticeship.
 2. a 3-month course.
 3. a short hospital course.
 4. a 1-year program.
2. The American Red Cross was founded by _____, as an outgrowth of service during the _____ War. (Fill in the blanks.)
 1. Dorothea Dix, First World
 2. Clara Barton, Civil
 3. Lillian Wald, Second World
 4. Florence Nightingale, Crimean
3. In setting up her nurses' training, Florence Nightingale carried out her belief that: (Select all that apply.)
 1. recreational therapy is essential to recovery.
 2. large classes are detrimental to learning.
 3. nursing should be taught by nurses.
 4. proper nutrition is essential to recovery from illness.
 5. any woman could be trained to be a nurse.
 6. sick people need adequate nutrition.
 7. fresh, clean air is beneficial to the sick.
4. Inherent in any definition or philosophy of nursing are several core concepts. The core concepts include: (Select all that apply.)
 1. promoting wellness.
 2. providing direction.
 3. facilitating coping.
 4. sacrificing self for others.
 5. preventing illness.
 6. restoring health.
 7. working with diligence.
5. One of the first nursing theorists was:
 1. Sister Callista Roy.
 2. Betty Neumanne.
 3. Patricia Benner.
 4. Virginia Henderson.
6. One main difference between a licensed practical nurse and a registered nurse is that the licensed practical nurse:
 1. usually is responsible for giving medications.
 2. performs only noninvasive procedures.
 3. cares for fewer patients than the registered nurse.
 4. is required to work in a supervised setting.
7. Which of the following nursing education programs prepares a nurse for a management role?
 1. Nurse practitioner program
 2. Associate degree nursing program
 3. Baccalaureate nursing program
 4. Practical nursing program
8. Evidence-based practice is based on:
 1. experience and clinical expertise.
 2. evidence from research that guides decision making.
 3. collaboration with other health team members.
 4. critical thinking, experience, and collaboration.
9. An advantage to the patient of a managed health care system is:
 1. always receiving care from the same physician.
 2. paying lower health insurance costs and small copayments.
 3. the ease of quickly seeing a specialist.
 4. being able to walk into the clinic without an appointment.
10. An example of illness prevention activities would be: (Select all that apply.)
 1. applying a dressing to a wound.
 2. performing vision screenings.
 3. referring a patient to a physician.
 4. promoting prenatal care.

Critical Thinking Activities

Read each clinical scenario and discuss the questions with your classmates.

Scenario A

What type of employment do you think would appeal to you after graduation?

Scenario B

If you wish to continue your education after graduation from the practical nursing program, what path do you think would be best for you?

Scenario C

What are some ways that could be used to contain the high cost of medical care?

different ideas about health and illness and what constitutes “good” health and effective health practices. Before working with patients to accomplish health care goals, try to discover their beliefs about health and illness.

TRADITIONAL VIEWS OF HEALTH AND ILLNESS

The traditional view of health in Western culture was influenced by Plato, Aristotle, and other philosophers who were concerned only with biologic well-being. For many years an acceptable definition of health was simply “the absence of disease.” **The World Health Organization has redefined health as “not only the absence of infirmity and disease but also a state of physical, mental, and social well-being.”**

In 1974 treatment of mental illness became recognized as a legitimate medical cost in the Federal Employees’ Compensation Act. Following the lead of the federal government, other third-party payers (such as insurance companies) made similar changes. This willingness to pay for medical care for illnesses other than clearly defined physical diseases reflected a new and expanded understanding of the nature of health.

From birth to death, an individual’s health status can vary from day to day or even hour to hour. People who are partially or completely paralyzed, suffering from a **chronic** (persisting for a long time) **illness**, deaf or blind, or living with an anatomic defect may think of themselves as fairly healthy and lead full and productive lives. None of these people can be labeled as “sick,” nor can they be called completely healthy. There are others who have no identifiable organic disease but who nevertheless do not feel well and are not able to live their lives to the fullest.

Illness is a pronounced deviation from normal health (sickness). Illness is an unavoidable, common part of life. We all occasionally have a cold or the flu. Illness is a personal thing; it is **subjective** (perceived only by the individual). **Only the person can tell you if she feels ill.** Illness may have a detectable basis in disease or trauma, or it may not. Disease is a pathologic process with a definite set of signs and symptoms; disease causes illness.

An **acute illness** is one that develops suddenly and resolves in a short time. Intestinal flu is an example of an acute illness. **Chronic illness**, such as hypertension, tends to develop slowly over a long period and last throughout life. A **terminal illness** is one for which there is no cure available; it ends in death. In the terminal phase of illness, death usually occurs within a short period, such as a few months, weeks, or days.

A **primary illness** is one that develops without being caused by another health problem. A **secondary illness** results from or is caused by a primary illness. Peripheral vascular disease resulting from diabetes is an example of a secondary illness and occurs because of the effect diabetes has on blood vessels.

Some diseases are inherited (genetic) or **congenital** (present at birth). Sickle cell anemia is an inherited

disease. Fetal alcohol syndrome (FAS) is a congenital disorder caused by the intake of alcohol during pregnancy. An **idiopathic** illness is one for which there is no known **etiology** (cause).

? Think Critically

How is depression viewed? Is it considered an illness, a character weakness, or something else by your family and friends? You may find many differences in how people view health as you explore the answer to this question.

STAGES OF ILLNESS

Illness occurs in stages; there is a transition stage (onset), an acceptance stage (sick role), and a convalescence stage (recovery). When experiencing illness, people act in ways called **illness behaviors**. These behaviors include how people monitor the body, define and interpret symptoms, seek health care, and follow advice and self-care measures to regain **wellness** (physical and mental well-being). Illness behavior varies according to the stage of illness and the person’s beliefs.

Transition Stage

The onset of illness may consist of vague, nonspecific symptoms. During this period one may deny feeling ill, but recognize that symptoms of an illness are present. Acknowledgment of a health problem occurs. As symptoms continue or worsen, self-medication may be used or medical assistance may be sought.

Acceptance Stage

Acceptance occurs as denial of illness stops and a “sick role” is assumed. This involves acknowledging illness and engaging in measures to become well. There is withdrawal from usual responsibilities and roles. Remedies from the pharmacy or home medicine cabinet may be used, or the person may go home and go to bed. If symptoms continue to worsen, medical treatment may be sought. Some people put off going to a physician as long as possible. Fear of what the problem may be and of undergoing examination and diagnostic procedures often causes anxiety.

Convalescence Stage

Convalescence is the process of recovering after the illness and regaining health. If the illness or disease is chronic, a total recovery phase is replaced by **adaptation** (adjustment in structure or habits) to limitations and positive use of remaining capabilities, or by **maladaptation** (lack of adjustment).

? Think Critically

What behaviors do different members of your family display when they assume the sick role?

CURRENT VIEWS OF HEALTH AND ILLNESS

Contemporary definitions of health and illness are more abstract and philosophical, and therefore more vague, than the precise definitions based on measurable criteria. **In general, being healthy means being able to function well physically and mentally and to express the full range of one's potentialities within the environment in which one is living.**

This concept takes health beyond the level of meeting basic physiologic needs and recognizes people's need to accept themselves as worthwhile, to live in harmony with others, and to express their personalities fully, thereby becoming more **self-actualized** (reaching one's full potential) and fulfilled. In the words of René Dubos, "Health is primarily a measure of each person's ability to do and become what he wants to become."

Current views of health and illness are based on the thoughts and ideas of men such as René Dubos and Halbert Dunn, who urged people to look at these concepts in a new way. Realizing that people are dynamic beings whose state of health changes daily and even hourly, they suggest that it is better to think of each person as being located somewhere on a dynamic graduated scale or continuous spectrum (continuum) ranging from obvious disease through the absence of detectable disease to a state of optimum functioning in every aspect of life (Figure 2-1). The phrase *high-level wellness* was first used by Dunn to signify the ideal state of health in every dimension of the human personality. Dunn does not consider high-level wellness to be the same as good health. He thinks of health as being a relatively passive state, one that a person

enjoys because of hereditary and environmental factors that are essentially beyond her control. High-level wellness, on the other hand, is described as a dynamic and active movement toward fulfillment of one's potential (Dunn, 1973).

In Dunn's view, each person accepts responsibility for and takes an active part in improving and maintaining her own state of wellness. A person with a high level of wellness does so by virtue of her own efforts. A person who works at achieving high-level wellness improves her self-esteem, is able to accept and give love and concern for others, and lives each day of her life to its fullest insofar as possible.

In the contemporary view, *health* and *illness* are relative, rather than absolute, terms. This means that each person's state of health depends on many different things beyond biologic fitness (Figure 2-2). Among the personal, psychosocial, and spiritual factors that influence a person's state of health at any given moment are the values and beliefs about what it means to be healthy and what it means to be sick, the image of oneself, and the ability to reach out and relate to others and to search for and find meaning and purpose in life. From this point of view, health is never a static state.

? Think Critically

Where do you place yourself on Dunn's continuum?

IMPLICATIONS OF CURRENT VIEWS

These views of the nature of health and illness have greatly added to the complexity of health care. They challenge the traditional single-minded goal of curing disease. In the delivery of nursing care, current concepts

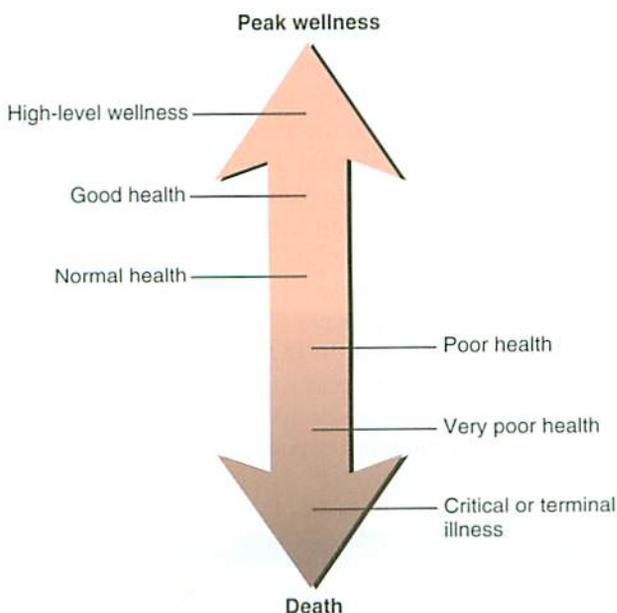


FIGURE 2-1 Health-illness continuum.

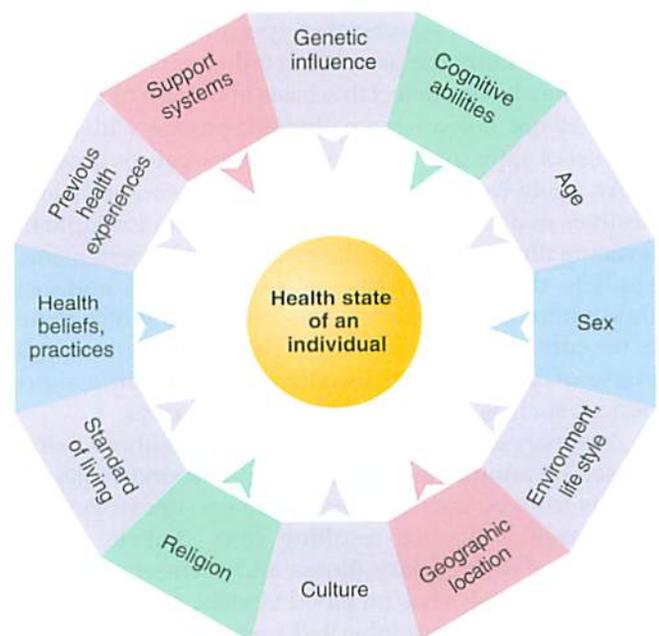


FIGURE 2-2 Multiple variables influence health and illness.

of health and illness reinforce the value of nursing as primarily a caring profession.

A common theme in all of nursing theory is that nursing is concerned with helping people cope with adverse physiologic, psychosocial, and spiritual responses to illness, rather than with treating the illness itself. Although the nurse is involved in curing those who are ill or injured, this goal is primarily under the physician's control. Nurses have traditionally been concerned with promoting good health habits in their patients and giving them the support they need to cope with illness. Since Florence Nightingale, nurses have encouraged a wholesome environment in the home, hospital or other health care agency, and community.

Nurses seek to help patients utilize their **cop**ing (adjusting to or accepting challenges) abilities to best advantage and to adapt to conditions that cannot be changed. Nurses can help a patient with a chronic and incurable illness to minimize its harmful effects and encourage her to continue to set and attain goals in other dimensions of life.

THE CONSUMER CONCEPT OF HEALTH AND ILLNESS

Nursing places a high value on working with people to help them become more independent and better able to meet their own health care needs. To achieve the goals of health promotion, disease prevention, and recovery from the effects of illness and injury, people must be both able and willing to accept responsibility for their health-related behaviors.

HEALTH AND ILLNESS BEHAVIORS

Health and illness behaviors are based on what a person knows and believes about health and illness and how one's own health is assessed.

Health behavior can be defined as any action undertaken to promote health, prevent disease, or detect disease in an early, **asymptomatic** (without symptoms) stage. **Illness behavior** is any activity a person takes to determine her actual state of health and to seek a suitable remedy for a health problem.

Some examples of health behavior include watching dietary intake to avoid becoming overweight, exercising regularly, obtaining available immunizations against communicable diseases, and performing a monthly self-examination of the breasts or testes. Health care providers encourage these behaviors because they perceive them as valuable. **If a patient does not undertake these behaviors when they have been recommended, then the nurse must consider whether there is a conflict in values between health care personnel and the patient.** Because of cultural and personal differences, not everyone views certain health practices and behaviors in the same way. What one eats or refuses to eat can be influenced by religious and cultural beliefs. Whether

one allows oneself or one's children to be immunized can be dictated by religious convictions and restrictions. Early detection of disease can depend on a person's knowledge about normal physiology and psychology and signs of abnormal conditions of the body and mind.

Illness behavior is equally complex. Because it involves actions undertaken by an ill person, the underlying question the person must answer is "What does it mean to be ill?" or "How do I know I am ill?" The nurse must consider what the person knows about health and deviations from health, and what is believed to be an appropriate remedy for the health problems. Examples of illness behavior include consulting a physician or nurse, consulting the pharmacist, visiting a neighborhood health care clinic, and taking prescribed medications.

CULTURAL INFLUENCES ON CONCEPTS OF HEALTH AND ILLNESS

Great cultural diversity in the United States means there are many differences between the values and practices of various ethnic and minority groups. Effective nursing care, whatever the setting, depends on an appreciation of these differences and adjustments in care to accommodate them.

Some areas in which differences among racial and ethnic groups are most apparent are attitudes and practices related to birth, death, and general health care; susceptibility to specific diseases; responses to pain and suffering; personal hygiene and sense of privacy; and adjustment to life changes. Additionally, the words and concepts used to communicate feelings and behaviors related to health practices and remedies for sickness are different in each cultural group (Table 2-1).

The attitudes, beliefs, and practices of a cultural group may or may not conform to the nurse's idea of what is a productive and beneficial action of health promotion or illness prevention.

Cultural Considerations

Touching

It is important to know your patient's cultural beliefs with respect to touching before beginning a hands-on examination. You may need to ask permission to touch, or you may need a relative in the room. The patient may insist that someone of the same sex perform the examination.

Typically, health care professionals in the United States and other countries influenced by Western medical science have been taught according to the values and beliefs of a white, middle-class society. However, the cultural groups they care for may not necessarily share these values and beliefs. Unless this conflict is resolved, there may be a problem in communication and in meeting the goals of health care. The nurse's problem may lie

Table 2-1 Cross-Cultural Examples of Cultural Phenomena Affecting Nursing Care

NATIONS OF ORIGIN	COMMUNICATION	SPACE	TIME ORIENTATION	SOCIAL ORGANIZATION	ENVIRONMENTAL CONTROL	BIOLOGIC VARIATIONS
Asian						
China	National language	Noncontact people	Present	Family: hierarchical structure, loyalty	Traditional health and illness beliefs	Liver cancer
India	preference			Devotion to tradition	Use of traditional medicines	Stomach cancer
Hawaii	Dialects, written characters			Many religions (e.g., Buddhism, Islam, Hinduism, Taoism, Christianity)	Traditional practitioners: Chinese physicians and herbalists	Coccidioidomycosis
Philippines	Use of silence			Community social organizations		Hypertension
Korea	Nonverbal and contextual cuing					Lactose intolerance
Japan						
Southeast Asia (Laos, Cambodia, Vietnam)						
African						
West coast (as slaves)	National languages	Close personal space	Present over future	Family: many female, single parent	Traditional health and illness beliefs	Sickle cell anemia
Many African countries	Dialect: pidgin, creole, Spanish, and French			Large, extended family networks	Folk medicine tradition	Hypertension
West Indian islands				Strong church affiliation within community	Traditional healer: rootworker	Esophageal cancer
Dominican Republic				Community social organizations		Stomach cancer
Haiti						Coccidioidomycosis
Jamaica						Lactose intolerance
European						
Germany	National languages	Noncontact people	Future over present	Nuclear families	Primary reliance on modern health care system	Breast cancer
England	Many learn English immediately	Aloof		Extended families	Traditional health and illness beliefs	Heart disease
Italy		Distant		Judeo-Christian religions	Some remaining folk medicine traditions	Diabetes mellitus
Ireland		Southern countries: closer contact and touch		Community social organizations		Thalassemia
Other European countries						
American Indian						
500 American Indian tribes	Tribal languages	Space very important and has no boundaries	Present	Extremely family oriented	Traditional health and illness beliefs	Accidents
Aleuts	Use of silence and body language			Biologic and extended families	Folk medicine tradition	Heart disease
Eskimos				Children taught to respect traditions	Traditional healer: medicine man	Cirrhosis of the liver
				Community social organizations		Diabetes mellitus
Hispanic Countries						
Spain	Spanish or Portuguese primary language	Tactile relationships	Present	Nuclear family	Traditional health and illness beliefs	Diabetes mellitus
Cuba		Touch		Extended families	Folk medicine tradition	Parasites
Mexico		Handshakes		<i>Compadragos</i> ; godparents	Traditional healers: <i>curandero</i> , <i>espiritista</i> , <i>partera</i> , <i>señora</i>	Coccidioidomycosis
Central and South America		Embracing		Community social organizations		Lactose intolerance
		Value physical presence				

in unrealistic expectations of what the patient can be convinced to do or of what can be done for her. The patient may experience problems because the quality and type of care desired may not be delivered.

Many cultural health beliefs are based on folk medicine passed down through the generations within a culture. Many cultures have their own healers—for example, a **medicine man, shaman, or curandero**. Those within the culture often seek the advice of this person before going to a licensed health professional. Beliefs in the various cures that the cultural healer suggests are powerful. Respect for the person's cultural beliefs in all areas is required to gain the patient's trust and for advice and teaching to be effective.

Assessment must be done without criticism, with an open mind, and with active listening. Judgmental terms such as *noncompliant, uncooperative, ignorant, lazy, or unmotivated* should not be used to describe another person's health behavior.

No conditions or strings should be attached to the unspoken contract between the nurse and the patient. The nurse need not condone what a patient is doing or not doing to maintain or restore health. The nursing point of view may be respectfully conveyed to the patient. Each patient must be dealt with as a unique individual whose concepts of health and illness and health care might be different from one's own.

THE HOLISTIC APPROACH

Nurses take a **holistic** approach to caring for the sick and promoting wellness. A holistic approach is one that considers the person's biologic, psychological, sociological, and spiritual aspects and needs. The current focus on holism was stimulated by Jan Smuts, a noted South African man who formulated a philosophical theory of holism. The value we place on human life, our ability to deal with sickness and death, and our decisions about how to behave toward other people are all profoundly influenced by our basic beliefs about other humans and our relationships with them. Some basic beliefs central to the holistic approach are as follows:

- Each person is a unique integration of body, mind, and spirit, and the unified whole is more than the sum of the parts. A change in one aspect of a person's life brings about change in every aspect of her being and alters the quality of the whole.
- Each person has potential for growth in knowledge and skills and in becoming more loving toward herself and others.
- Humans are naturally inclined to be healthy; each of us has responsibility for our own well-being, self-healing, and self-care.
- The "person" of an individual belongs to herself; therefore decisions about what happens to that person rightfully belong to the owner.

- The focal point of healing efforts is the person, not the disease or injury.
- The relationship between health care professionals and their patients should be one of mutual cooperation. Health care providers intervene on behalf of the adult patient only when their help is sought by the patient or when health needs cannot be met.

In holistic health care, traditional methods of surgical intervention and drug prescription are being combined with or replaced by acupuncture, acupressure, biofeedback, meditation to reduce tension and **stress** (biologic reactions to an adverse stimulus), and various relaxation techniques for the management of pain, to name but a few of the less traditional approaches. Chiropractic care, once looked on as questionable, is now covered by many insurance companies. Insurance companies are also becoming more inclined to pay for acupressure or acupuncture for treatment of pain.

MASLOW'S THEORY OF BASIC NEEDS

Nurses attempt to assist patients in meeting their needs and thereby achieving a higher level of health. People respond to needs as "whole" and integrated beings. Abraham Maslow, a psychologist, identified basic needs that must be met for existence and higher level needs for healthy integration of the whole being. He proposed a hierarchy of human needs as an explanation for the forces that motivate human behavior. A **hierarchy** is defined as the arrangement of objects, elements, or values in order of their importance (Maslow, 1970). Many nursing programs are built on Maslow's basic needs. Figure 2-3 shows Maslow's original hierarchy of needs and an adaptation of the hierarchy used to determine priorities of nursing care. Theoretically, the basic physical needs such as food, air, water, and rest must be satisfied before the higher emotional-level needs emerge. This is true in general, **but the order in which needs are felt and become important to an individual is different from person to person and from situation to situation.**

Once a human need is met, it does not remain satisfied forever. This is obviously true in regard to food, water, air, and other basic first-level physiologic needs. As well as continually needing food, people need assurance that they are important, held in esteem, safe, and secure from harm. The patient who is receiving medications and treatments for her illness also needs personal contact with loving and caring people.

Physiologic Needs

Fundamental physical needs are essential to maintaining life. The first physiologic need is for oxygen; this is immediately followed by the need for adequate cardiovascular function to supply the tissues with blood. The needs for adequate nutrition and for elimination come next.

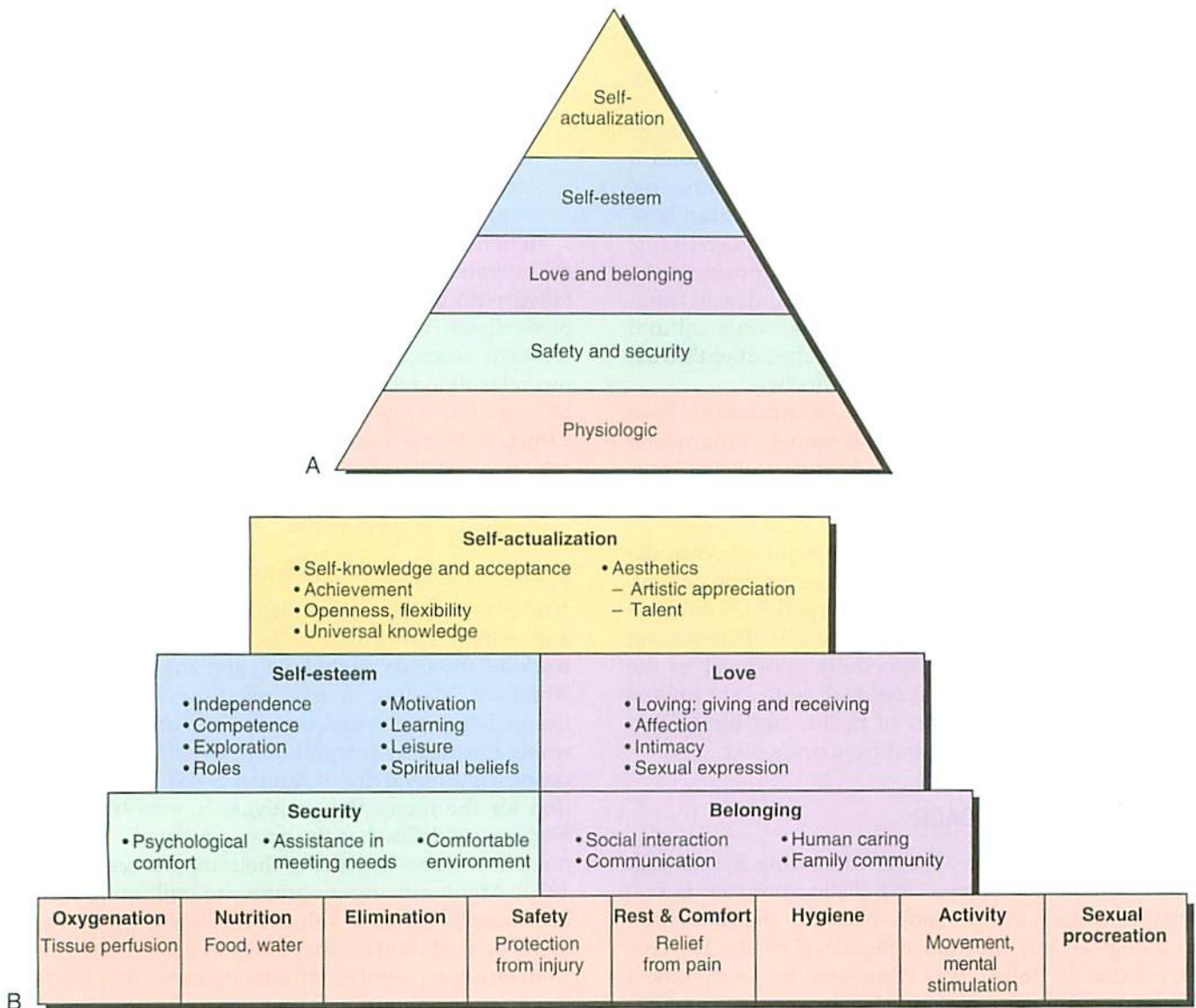


FIGURE 2-3 A, Maslow's hierarchy of needs. B, Evolving hierarchy of needs adapted by nursing to help to determine priorities of care.

Basic safety needs are almost as important as physiologic needs. If the patient cannot be protected from the dangers of being burned or a severe fall, attending to her physiologic needs is useless. **Protection from physical harm, from a nursing standpoint, is often equivalent in importance to physical needs.**

The need for rest comes next and includes freedom from pain, which can greatly interfere with rest. Hygiene needs follow the need for rest because good hygiene is a part of providing comfort and adds a measure of safety and protection against the invasion of bacteria.

Musculoskeletal activity is also a basic physiologic need, since without activity of the muscles and joints, atrophy and deformity will occur, preventing normal function of the muscles and joints. Nurses therefore assist the patient with movement and ambulation or perform passive range-of-motion exercises for immobile patients.

Sexual expression is a physiologic and psychological need. Survival of a group in society clearly depends on sexual intercourse as a means of procreation to extend the existence of the group. Gratification of sexual needs fits best in the areas of self-esteem and love.

Security and Belonging

Once basic physiologic needs are satisfied, the needs for security and belonging demand attention. Security for patients mainly depends on the reassurance that their physiologic and safety needs will be met. Security also includes protection from psychological harm; freedom from anxiety and fear; and the need for structure, order, and a peaceful environment. The hospitalized child and the elderly person are particularly susceptible to stress created by an unfamiliar, disorderly, or hazardous environment. People value order, routine, and rhythm in their daily lives and thrive more readily in an environment in which they believe



FIGURE 2-4 Spouse sharing leisure time with patient.

that these things are present, although it should be remembered that orderliness and routine are much more important to some people than to others.

Adults who suddenly become ill might be anxious about finances, loss of control, change in their body image, continuation of employment, and what will happen to them in the future if they must cope with the effects of a permanently disabling illness or injury. Therefore emotional support from the nurse is very important. **Active listening on the part of the nurse is essential in meeting patients' security needs because, to feel secure, they must feel that their needs are being accurately perceived.**

Each person needs to feel that she belongs or is attached to others. People need to feel cared about, and they function best if they feel a sense of community with others. Some social interaction is essential to a sense of well-being and psychological balance (Figure 2-4).

Communication is the method by which human interaction takes place and is therefore very important. Providing a means of communication, encouraging sharing of thoughts and feelings, and therapeutically interacting with the patient are at the core of good nursing practice. One can perhaps meet the patient's basic physiologic needs without communication, but it is impossible to meet other needs if good communication is not present. **Adequate feedback and clarification and validation of communication are essential.**

Elder Care Points

Familiarity helps establish secure feelings. If someone comes into an elderly patient's room or house and rearranges that person's belongings, it threatens the person's feelings of security because she no longer knows where things are located.

Self-Esteem and Love

Self-esteem and love are interrelated, since it is apparent that one cannot truly love others until one first

loves or accepts oneself. Self-esteem develops from feelings of independence, competence, and self-respect and from recognition, appreciation, and respect from others. One's employment, or work, and various roles (e.g., as husband/wife, father/mother, brother/sister, child, community leader) all contribute to self-esteem. For many, spiritual belief systems are an integral part of the sense of self and of one's relationship to the universe. Gratification of sexual needs contributes to the individual's feeling of wholeness and identification and behavior as a male or a female.

Freedom from boredom, mental stimulation, motivation to seek knowledge, and learning also play a role in self-esteem. People have a desire and a need to explore the environment and universe around them. Illness often brings about the need for new knowledge to provide for adequate self-care. Without this necessary learning, self-esteem will decrease. The nurse must become the teacher, helping the patient meet these needs.

Balance in a person's life is brought about by the ability to enjoy leisure activity, to play, and to seek things that bring a measure of happiness.

Illness and adversity, particularly physical adversity, often damage the patient's self-esteem. Nurses can be instrumental in helping to rebuild feelings of competence, independence, and self-respect.

Love consists of both giving and receiving. Without love and attention, an infant will withdraw and gradually die despite having her physiologic needs met. Extreme, prolonged deprivation of love and esteem can bring about neurotic behavior and organic illness.

Intimacy—the greater degree of connectedness, of feeling that one understands and is understood by another—is one of the fibers of love. The achievement of intimacy is the developmental task of the teenager and young adult. However, illness can greatly interfere with intimacy. Nurses need to help patients find ways for intimacy needs to be fulfilled, especially for patients with long-term or chronic illnesses.

Elder Care Points

An elderly person who no longer has a mate or family, and whose close friends have all died, may become discouraged and depressed. Depression may progress to the degree that the person feels there is no reason to keep on living. This person needs psychological support and social integration to make new friends who will provide a measure of caring and attachment.

Self-Actualization

Self-actualization (reaching one's full potential) is a stage to which people do not advance until the physiologic, security and belonging, self-esteem, and love needs have been met. Self-actualization occurs when individuals are comfortable with themselves and are

certain of their beliefs and values. These people are self-reliant, flexible, and open to new ideas; have sought knowledge and truth; and function close to their full potential. Creative expression, whether in an area of performance or appreciation, is part of the self-actualization process. Self-actualization is an ongoing process, not something reached at a particular time. Nursing actions that facilitate self-actualization are pertinent mainly during rehabilitation periods, when the nurse assists the patient in striving to achieve full potential.

Humans are rational, decision-making beings. A person is believed to want to have control over her life, even when choosing dependence over independence. Although a person is free to choose, there is no guarantee that every choice will be a wise one. Patients can and do decide not to take physician-prescribed medications, to continue drinking to excess, or to ignore advice of any kind offered by health care professionals. Nurses must understand that behavior is based on what a person perceives to be a need and how highly that person values satisfaction of that need.

Think Critically

If you were ill and hospitalized, how would you prioritize the basic needs for yourself? Which areas would be most important to you in that situation?

HOMEOSTASIS

Homeostasis is a term first coined by W.B. Cannon in 1939 to describe a tendency of biologic systems to maintain stability of the internal environment by continually adjusting to changes necessary for survival. The suffix *-stasis* indicates a static, or balanced, state, involving continual adaptation, movement, and change. The term implies a steady state or equilibrium in which there are variations within set limits. These variations take place in a predictable manner—for example, variations in body temperature, changes in the acidity and alkalinity of body fluids, hormonal production and release, and other changes that occur during every 24-hour period. In health, continuous adaptation and change must take place in the internal environment to maintain its steady state (equilibrium). Another word for homeostasis is “equilibrium” (Cannon, 1967).

To enjoy some degree of health and sense of well-being, one must adapt to factors in the **external** environment. In other words, one needs to be in harmony with elements outside oneself by interacting with and integrating various elements into one’s life. These elements include the physical, biologic, and psychosocial factors in the world in which one lives and works.

Living in harmony with external environmental factors requires both adaptability and stability.

Wellness is maintained or regained, at least in part, when one is able to keep a sense of balance while adapting to factors that can upset that balance. These factors include such life experiences as socialization, education, mental and physical stress, satisfactions, and rewards. Perhaps one of the most crucial factors in today’s world is change. When change is required, additional stress is put on a person’s inner resources, and this in turn can increase susceptibility to illness. When the body’s equilibrium is disturbed, **stress** occurs. Stress is the sum of biologic reactions that take place in response to any **stressor** (adverse stimulus). The stressor may be physical, mental, or emotional and can come from within the body or from the environment. **Stress disturbs the organism’s homeostasis and causes the body to attempt to adapt.** Physical or psychological illness may result from excessive stress or ineffective coping mechanisms. Adaptation that results in illness is considered maladaptation.

ADAPTATION

To adapt is to respond to change. The systems of the body have self-regulatory mechanisms to maintain homeostasis. These mechanisms require pathways of communication between the brain and the various body systems. Coordination of the central nervous system, the **autonomic** (not subject to voluntary control) nervous system, and the endocrine system is required for the body to adjust, adapt, and maintain equilibrium.

The central nervous system, consisting of the brain and spinal cord, coordinates adaptation within the body. The cortex, the thinking part of the brain, communicates with the midbrain and brainstem, which contain many of the structures involved in adaptation and maintenance of physiologic functions. Along with the action of the endocrine glands, these structures regulate breathing, heart action, blood pressure, body temperature, hunger, and sleepiness (Figure 2-5).

The reticular activating system (RAS), a bundle of nerve fibers in the brainstem, transmits messages to the cortex from the sensory receptors of the body and carries messages back to the hypothalamus in the midbrain to regulate physiologic functions. The hypothalamus helps regulate the autonomic nervous system and the secretion of hormones by the endocrine system.

The autonomic nervous system regulates physiologic functions that are essentially automatic and beyond voluntary control. It is divided into the sympathetic and parasympathetic nervous systems. These two divisions act like the gas and the brake pedals of a car as they increase or decrease physiologic response of the body’s systems and organs. For example, during vigorous exercise the sympathetic nervous system sends messages to the bronchi of the lungs to dilate so

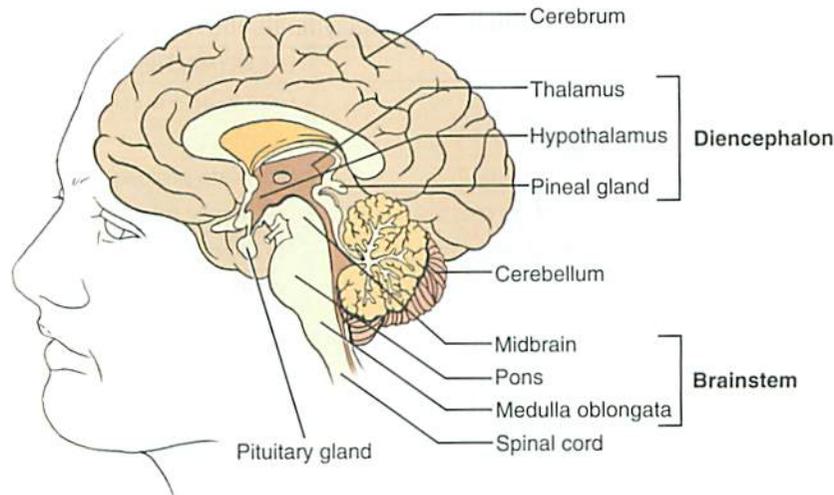


FIGURE 2-5 Central nervous system structures.

that more oxygen can be delivered. In contrast, when stepping out into bright sunlight, the parasympathetic system relays messages to the muscles controlling the iris of the eye to constrict the pupil so that less light is allowed to hit the retina.

When the brain perceives a situation as threatening, the sympathetic nervous system stimulates the physiologic functions needed for **fight or flight**. This is the type of reaction that occurs when a person is suddenly confronted by a large, snarling dog on a walking path. The alarmed individual becomes more alert, breathes more deeply, and has muscles poised for fight or flight, and the heart pumps harder. Once the threatening situation is over, the parasympathetic nervous system works to restore equilibrium. In certain situations, the parasympathetic system may be stimulated to slow systems down as a protective measure against a perceived threat.

Although the autonomic nervous system reacts immediately to a perceived threat, the endocrine system must become involved to sustain the fight-or-flight state. The glands of the endocrine system produce hormones that act on other organs or systems of the body (Figure 2-6). Initiation of a stimulus for hormone production comes from the cortex of the brain and travels to the hypothalamus. The hypothalamus activates the pituitary gland, which in turn secretes hormones that stimulate the other endocrine glands. As long as the body's capacity is not overtaxed, the central nervous system, autonomic nervous system, and endocrine system regulate body systems to maintain homeostasis. Table 2-2 presents body responses when a fight-or-flight reaction occurs. Common signs and symptoms of stress are listed in Box 2-1.

? Think Critically

What signs and symptoms occur when you face the threat of a major lecture examination?

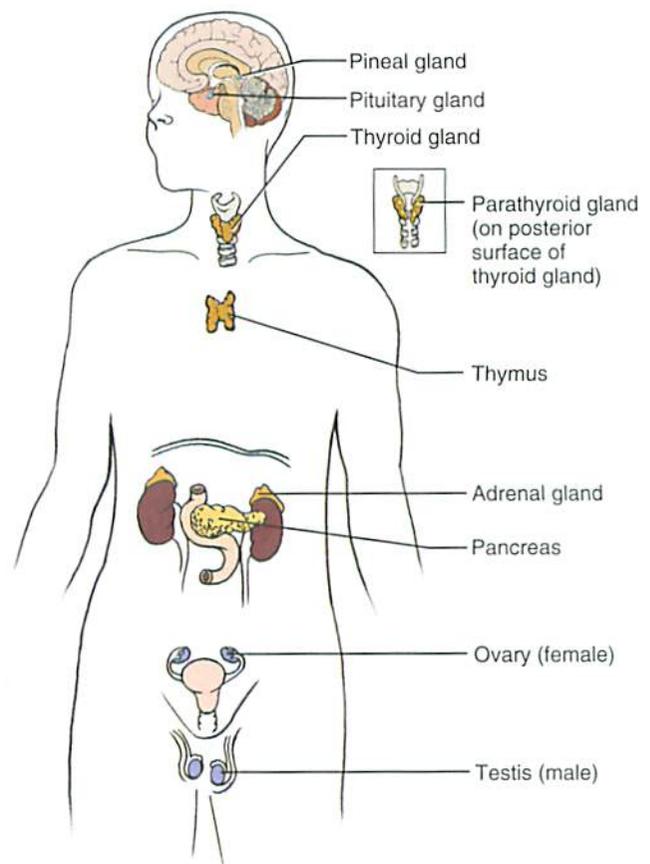


FIGURE 2-6 Major endocrine glands.

The General Adaptation Syndrome

In 1950 Hans Selye, a Canadian physician, published his research-based theories on stress. He found that no matter what the nature of the stressor was, the same nonspecific physical response occurred. The body attempted to deal with stressors by secretion of hormones that caused adaptive responses. Selye concluded that stress plays a role in every disease process because of faulty adaptation (maladaptation) by the

Table 2-2 Alarm Reaction: Comparison of Sympathetic and Parasympathetic Actions

ORGAN	SYMPATHETIC ACTION	PARASYMPATHETIC ACTION
Iris of eye	Dilates—pupil becomes larger	Constricts—pupil becomes smaller
Bronchial tubes	Dilate—provide greater air flow	Constrict
Salivary glands	Stimulate thick secretions—dry mouth	Stimulate profuse, watery secretions
Heart	Increases rate and strength of contraction	Decreases rate; no effect on strength of contraction
Blood vessels	Generally constrict—increased blood pressure	No effect for many
Sweat glands	Stimulate sweat production	No effect
Intestines	Inhibit mobility—possible constipation	Stimulate motility and secretion
Liver	Stimulates glycogen breakdown for energy	No effect
Adrenal medulla	Stimulates secretion of epinephrine and norepinephrine	No effect

Modified from Herlihy, B. (2011). *The Human Body in Health and Illness* (4th ed., p. 216). St. Louis: Elsevier Science.

Box 2-1 Common Signs and Symptoms of Stress**PHYSICAL EFFECTS**

- Dry mouth
- Rapid pulse
- Rapid, shallow breathing
- Sweaty palms or generally increased perspiration
- Shakiness and tremors
- Increased blood pressure
- Frequent urination
- Muscle tension
- Inability to sit still; tapping fingers on table, pumping leg up and down
- Talking rapidly; stammering
- “Butterflies” in stomach
- Dizziness or feeling light-headed
- Inability to control tears

PSYCHOLOGICAL EFFECTS

- Confusion and forgetfulness
- Anxiety
- Irritability
- Labile moods
- Quickness to anger
- Depression

body. If the body overreacts in defending itself, there is a surplus of hormones that are favorable to the development of inflammation, and problems such as allergy, arthritis, and asthma may develop. When the body underreacts, too many anti-inflammatory hormones are circulating, body defenses are reduced, and serious infection or peptic ulcers may result.

Selye stated that a general adaptation syndrome (GAS) occurs in response to **long-term** exposure to stress. The stages are the **alarm stage**, the **stage of resistance**, and the **stage of exhaustion**. Brief stress responses result in adjustment by homeostatic mechanisms, and equilibrium is restored. During the alarm stage, hormone release mobilizes the body’s defenses. Nonspecific signs of illness such as a slight rise in temperature, a loss of energy, decreased appetite, and a

Box 2-2 Stress-Related Diseases and Disorders

- Headaches
- Gastritis
- Asthma
- Low back pain
- Connective tissue disease
- Ulcerative colitis
- Irritable bowel syndrome
- Allergies
- Hypertension
- Cancer
- Sexual dysfunction
- Crohn disease
- Eating disorders
- Infection*

*Excessive stress weakens the immune system, making the person more vulnerable to invasion by pathogens.

general feeling of malaise occur. During the second stage, the stage of resistance, the body is battling for equilibrium. If this stage is excessive or prolonged, the response becomes maladaptive and a pathologic condition occurs, which may be in the form of a stress-related disorder (Selye, 1974). Box 2-2 lists diseases and disorders considered to be stress related.

The stage of exhaustion occurs if the stressor is severe enough or is present over a long enough time to deplete the body’s resources for adaptation. Critical illness or death results (Figure 2-7). Examples of stressors that cause the GAS include trauma, burns, infection, severe cold, and emotional upsets.

Selye believed the body adapts to local stressors in similar ways. The local response is called the **local adaptation syndrome** (LAS). This takes place within a single organ or area of the body, such as when a cut finger becomes inflamed.

THE EFFECTS OF STRESS

We all react or adapt to stress in our own way. What may cause a mild reaction in one person may cause a

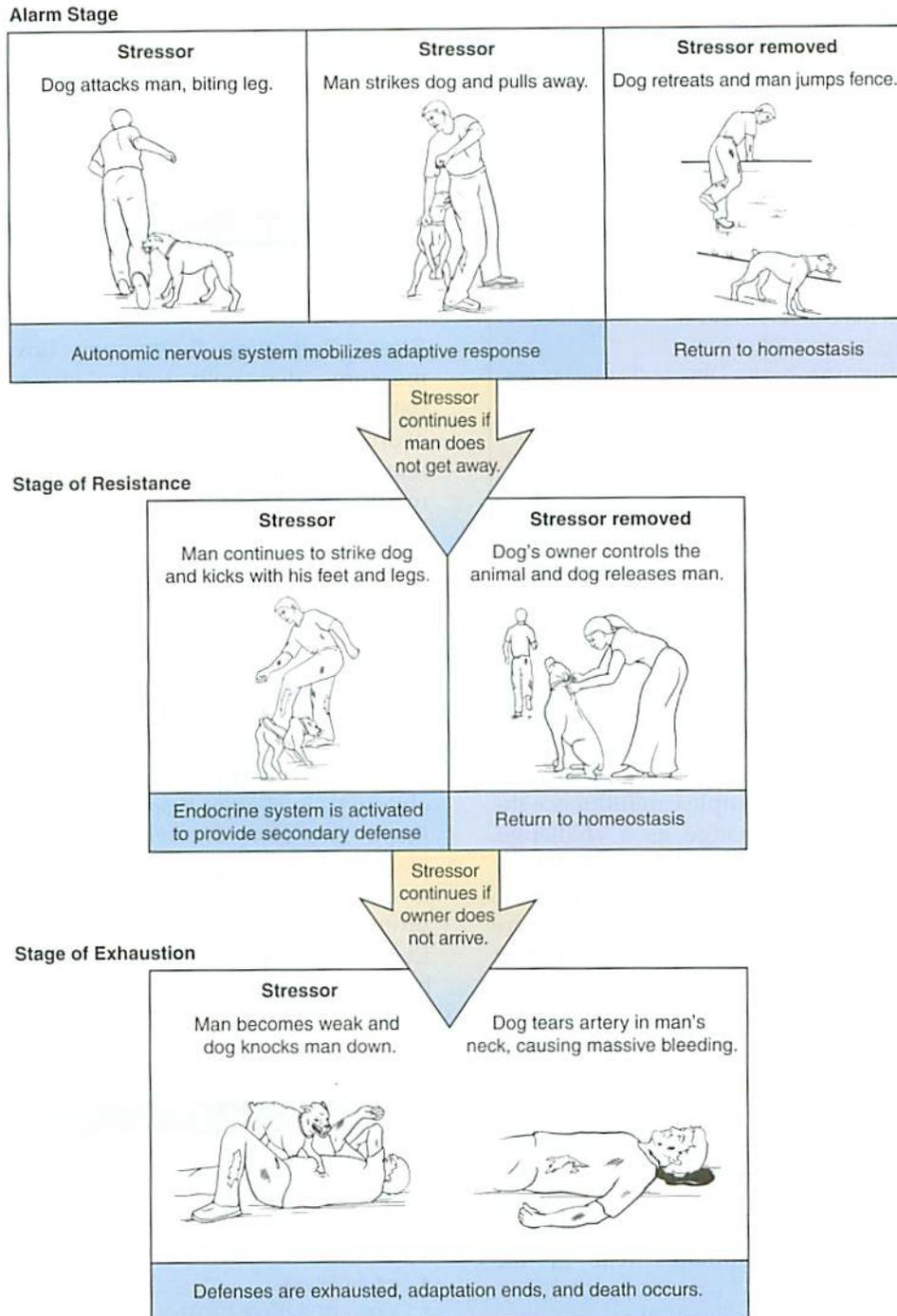


FIGURE 2-7 Stages of the general adaptation syndrome.

much stronger reaction in someone else. A stressor can be helpful or harmful depending on the person's:

- Perception of the stressor
- Degree of health and fitness
- Previous life experiences and personality
- Available social support system
- Personal coping mechanisms

When there is a total absence of stress, we may become bored and cease to achieve personal growth. Common patient stressors are found in Box 2-3.

? Think Critically

Can you list the stressors in your life at this time?

Coping with Stress

The body has several types of physiologic defenses. Unbroken skin and an intact immune system that protect us against invasion of viral and bacterial stressors are two examples. Psychological defenses include the personality trait of toughness. Tough people believe

Box 2-3 Common Patient Stressors

- Having to wear an ill-fitting gown that opens down the back
- Sharing a room with a stranger
- Being dependent on others for toileting or bathing
- Sleeping in a different bed with a different pillow
- Eating meals at different times than usual
- Being awakened at odd hours and many times
- Having too many or too few visitors
- Worrying about medical costs, home bills, family needs
- Being uncertain of the diagnosis and what will happen
- Not understanding medical terms
- *Having to deal with many health care workers who are strangers*
- Not being able to obtain desired foods, drinks, or objects
- Being left on a stretcher in a hall without sufficient warm covers
- Having to wait for tests to be done or for the physician to come
- Being stuck with a needle repeatedly for laboratory specimens or intravenous therapy
- Having other health care workers barge in during toileting or cleansing
- Having different personnel providing care each day

that life has meaning and that people can influence the environment, and they see change as a challenge. Hardy people cope well. **Coping** means adjusting to or solving challenges. Coping mechanisms help us to resist and master stressors. Coping mechanisms are learned and, once used successfully, they become part of our psychological defense armor. There are three types of coping responses:

- Actions or thoughts that change the situation so it is no longer stressful
- Alteration of thoughts to control the meaning of the situation before it triggers a stress response
- Control of thoughts and actions to stop a stress reaction

Ways to achieve these responses are:

- Seeking information (eliminates fear of the unknown)
- Taking direct action (taking yourself away from a dangerous situation)
- Stopping an unhelpful reaction (refraining from shouting or throwing things when angered)
- Discussing the situation with someone from your social support system
- Using defense mechanisms to perceive the situation differently

Defense Mechanisms. **Defense mechanisms** are strategies that protect us from increasing anxiety. Defense mechanisms reduce both anxiety and the secretion of stress hormones. Defense mechanisms are used to maintain and improve our self-esteem. Unconsciously

using defense mechanisms gives us time to solve the problem and adapt in a positive manner. Using defense mechanisms relieves tension and lessens anxiety. However, they can be overused in a maladaptive way as well. Table 2-3 describes commonly used defense mechanisms and gives examples.

? Think Critically

What coping mechanisms do you use the most?

Stress Reduction Techniques. Box 2-4 lists nursing measures that help reduce stress and anxiety in patients. Other measures that help to control the degree of anxiety and reaction to stressors include progressive relaxation, imagery, massage, biofeedback, yoga, and meditation. An additional method of stress reduction is regular physical exercise. Exercise causes endorphin release, which promotes a feeling of well-being and tranquility. More information on these techniques can be found in Chapters 31 and 32.

HEALTH PROMOTION AND ILLNESS PREVENTION

A national initiative toward better health was begun in the 1970s. The latest update of direction, goals, and objectives is *Healthy People 2020: A Society in Which All People Live Long Healthy Lives* (U.S. Department of Health and Human Services, 2010). It is a comprehensive set of objectives for disease prevention and health promotion for the nation and was created by scientists. Every nurse has a responsibility to patients to promote better health through teaching about illness prevention; periodic diagnostic testing for hypertension, cancer,

Health Promotion**Health Promotion Behaviors****PRIMARY PREVENTION**

- Wearing seat belts, helmets
- Eating well-balanced meals
- Not smoking
- Consuming no or minimal alcohol
- Being immunized
- Maintaining ideal body weight
- Wearing sunscreen and avoiding tanning beds

SECONDARY PREVENTION

- Having regular Papanicolaou (Pap) smear tests
- Performing a monthly breast or testicular self-examination
- Having mammograms and a colonoscopy as recommended
- Getting skin tests for tuberculosis screening
- Having routine tonometry tests to detect glaucoma

TERTIARY PREVENTION

- Following a cardiac or respiratory rehabilitation program
- Pursuing rehabilitation programs for stroke, head injury, or arthritis

Table 2-3 Common Defense Mechanisms

DEFENSE MECHANISMS	CHARACTERISTICS	EXAMPLE
Repression	Blocking a wish or desire from conscious expression.	You forget the name of someone for whom you have intense negative feelings.
Denial	A more serious form of repression. Person lives as though an unwanted piece of information or reality does not exist. There is a persistent refusal to be swayed by evidence.	An alcoholic states, "I do not have a problem with alcohol. I never drink before 5:00 P.M. My stomach problems and liver problems are caused by something else."
Projection	Attributing an unconscious impulse, attitude, or behavior to someone else (blaming or scapegoating).	A man who is attracted to his friend's wife on an unconscious level accuses his own wife of flirting with his friend.
Reaction-formation	An intense feeling regarding an object, person, or feeling is out of awareness and is unknowingly acted out consciously in an opposite manner.	You treat someone whom you unconsciously dislike intensely in an overly friendly manner.
Regression	Returning to an earlier level of adaptation when severely threatened.	A child resumes bedwetting, after having long since stopped, when her baby brother is born and fussed over at home.
Rationalization	Unconsciously falsifying an experience by giving a contrived, socially acceptable, and logical explanation to justify an unpleasant experience or questionable behavior.	A student who did not study for an examination blames his failure on the teacher's poor lecture material and the unfairness of the examination.
Identification	Modeling behavior after someone else.	A 6-year-old girl dresses up in her mother's dress and high-heeled shoes.
Introjection	A more primitive form of identification. More closely relates to unconscious imitation.	A child who becomes irritable after angry interactions with a parent, taking in ("swallowing whole") the image of the angry parent, which grows into himself.
Displacement	Discharging intense feelings for one person onto another object or person who is less threatening, thereby satisfying an impulse with a substitute object.	A child who has been scolded by her mother hits her doll with a hairbrush.
Sublimation	Rechanneling an impulse into a more socially desirable object	A student satisfies sexual curiosity by conducting sophisticated research into sexual behaviors.

Modified from Varcarolis, E. M. (2002). *Foundations of Psychiatric Mental Health Nursing* (4th ed., p. 26). Philadelphia: Elsevier Saunders.

Box 2-4 Measures to Help Reduce Stress and Anxiety in Patients

- Explain everything—hospital routine; how the TV, lights, curtains, etc., work; procedures; and diagnostic tests.
- Listen carefully to the patient; answer questions.
- Provide privacy.
- Treat the patient with respect.
- Answer call lights promptly.
- Protect confidentiality.
- Check on the patient frequently.
- Make certain that dietary needs and wants are satisfied as much as possible.
- Return to the patient's bedside when you say you will.
- Bring requested as-needed (PRN) medication promptly; do not allow pain to go untreated.
- Provide uninterrupted rest and sleep periods; coordinate care and treatments.
- Keep visitors within acceptable numbers and time limits per patient's desire.
- Keep noise to a minimum.
- Insist that roommates respect each other's rights.
- Try to advise patient as to when to expect diagnostic tests to be performed and when the physician usually makes rounds.
- Allow the patient some control; give choices for time of bathing, ambulating, etc.
- Keep the room temperature adjusted to patient's comfort.

and diabetes; and safe health practices. Encouraging achievement of appropriate weight, regular exercise, adequate sleep, proper nutrition, quitting use of tobacco products, refraining from recreational drug use, and moderation of alcohol intake should be a standard part of nursing care. Practices to prevent back injury, latex allergy, spread of infectious agents, and needlestick injury help safeguard the nurse's health.

Illness prevention practices are related to health promotion. They consist of voluntary actions that an individual takes to decrease the potential or actual threat of illness. Such actions are divided into primary, secondary, and tertiary prevention. **Primary prevention** avoids or delays occurrence of a specific disease or disorder. **Secondary prevention** consists of following guidelines for screening for diseases that

are easily treated if found early or for detecting return of a disease. **Tertiary prevention** consists of rehabilitation measures after the disease or disorder has stabilized. Following such health practices has been associated with a greater degree of health for people of any age, sex, or economic status. The United States and Canada have published goals that are for essential health care services *and* involve teaching for disease and accident prevention, health promotion, and self-care behaviors (see Chapter 9). While caring for patients in different settings, nurses assist patients to mobilize and maintain appropriate coping mechanisms and teach practices that promote good health. Specific *Healthy People 2020* objectives are located on the Evolve website. 

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Key Points

- Cultural, educational, and social factors affect how people view health and illness.
- The World Health Organization redefined health as “not only the absence of infirmity and disease but also a state of physical, mental, and social well-being.”
- Illness occurs in stages: a transition stage (onset), an acceptance stage (sick role), and a convalescence stage (recovery).
- A contemporary definition of being healthy means being able to function well physically and mentally and to express the full range of one's potentialities within the environment in which one is living.
- Dubos and Dunn promoted the philosophy that health and illness are dynamic states of being, constantly altering, and that each person moves up and down within a spectrum ranging from obvious disease through the absence of detectable disease and on to a state of optimum functioning in all aspects of life.
- Nursing is concerned with helping people cope with adverse physiologic, psychosocial, and spiritual responses to illness, rather than treating the illness itself.
- The essential task of nursing is to enhance and support patients' healing strengths by helping them to use coping abilities to best advantage and to adapt to conditions that cannot be changed.
- A major goal of nursing is to get people to take charge of their own health and to take positive steps to preserve or enhance it through positive health promotion or illness prevention actions.
- Different cultures have different values and beliefs about health and illness. Cultural practices must be understood and respected by the nurse.
- A holistic approach considers the person's physiologic, psychological, sociological, and spiritual aspects and needs.
- Maslow described a hierarchy of needs that nursing has adopted for prioritizing patient problems and care. The five areas of need established by Maslow are physiologic,

safety and security, love and belonging, self-esteem, and self-actualization.

- Homeostasis is the tendency of the body's biologic systems to continually adjust to maintain constant conditions that are optimal to maintaining life and health. It involves continual adaptation (response to change).
- Stress disturbs homeostasis and causes the body to attempt to adapt.
- When the body receives a threat, the sympathetic nervous system stimulates the physiologic functions needed for fight or flight. Once the threat is over, the parasympathetic nervous system mediates to return the physiologic functions to normal.
- Hans Selye developed the theory of the GAS, which occurs in three stages: the alarm stage, the stage of resistance, and the stage of exhaustion.
- Coping mechanisms are learned to help in the defense against stress. Defense mechanisms are unconscious strategies that protect us from increasing anxiety.
- Health can be promoted by personal practices regarding diet, exercise, rest, and refraining from risky health behaviors.
- Illness may be prevented by voluntary actions regarding health care practices, screening tests, and participation in treatment regimens.

Additional Learning Resources

 Go to your Study Guide for additional learning activities to help you master this chapter content.

 Go to your Evolve website (<http://evolve.elsevier.com/deWit/fundamental>) for the following FREE learning resources:

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