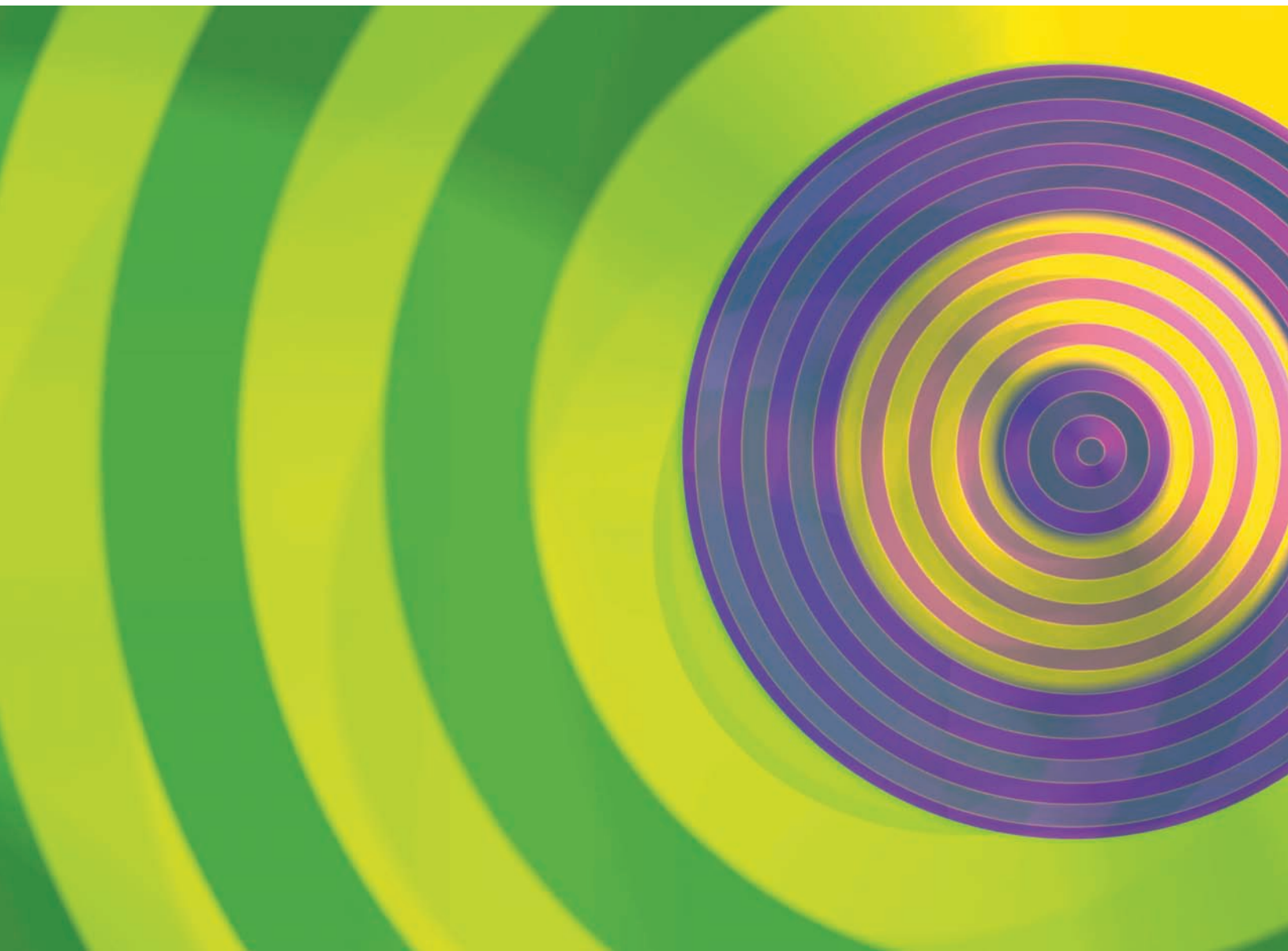


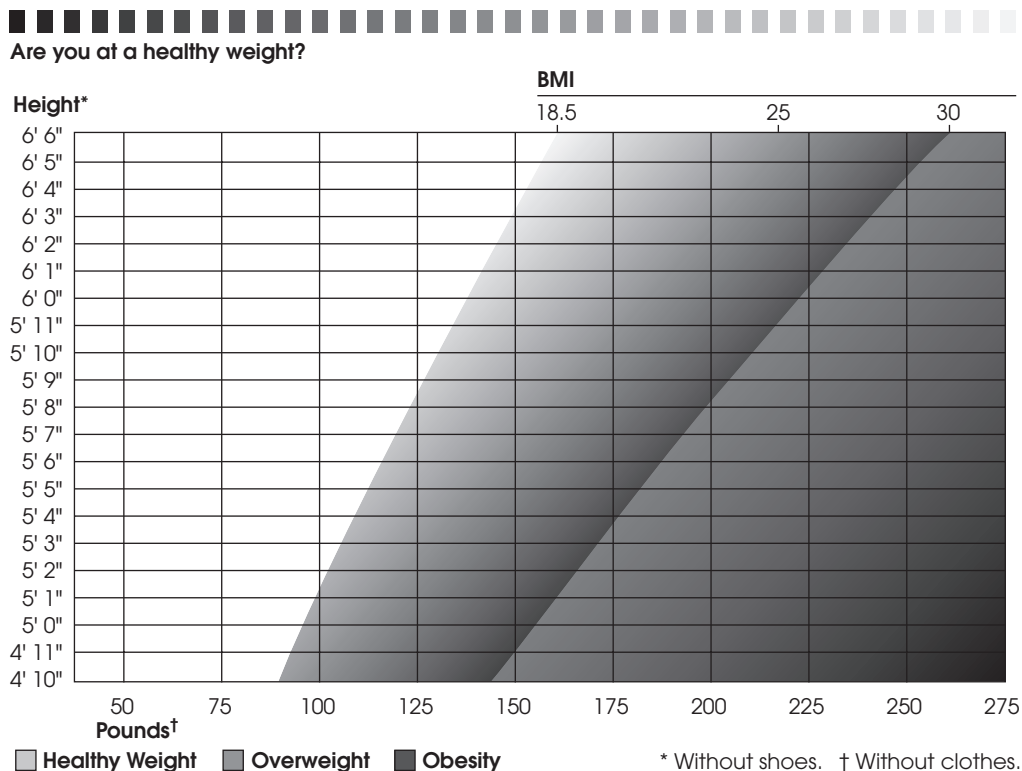
Pearson New International Edition



Health Promotion in Nursing Practice
Nola J. Pender Carolyn L. Murdaugh
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TABLE 4 Healthy and Unhealthy Weight Guidelines

The BMI (weight-for-height) ranges shown above for adults. They are not exact ranges of healthy and unhealthy weights. However, they show that health risk increases at higher levels of overweight and obesity. Even within the healthy BMI range, weight gains can carry health risks

Directions: Find your weight on the bottom of the graph. Go straight up from that point until you come to the line that matches your height. Then look to find your weight group.

BMI of 25 defines the upper boundary of healthy weight

BMI of higher than 25 to 30 defines overweight

BMI of higher than 30 defines obesity

Source: <http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2000/2000DGCommitteeReport.pdf>, p. 11

HASSLES AND UPLIFTS. Hassles are defined as the irritating, frustrating, distressing demands such as traffic jams, losing items, and arguments that may characterize everyday life. Uplifts, the counterpart of hassles, are defined as the positive experiences or joys of life, such as getting a good night's rest, receiving a letter from a friend, or spending time with a pet. Assessment of daily hassles and uplifts may be a better approach to the prediction of health or illness outcomes than the usual assessment of life events. Negative experiences such as hassles cause neuroendocrine changes that predispose to illness, while positive experiences such as uplifts may buffer stress disorders.

The Adolescent Hassle Scale (AHS) was used to examine personal, psychosocial, sociocultural, and environmental predictors of tobacco use for 1,671 Arab-American

adolescents (Rice et al., 2006). The AHS is a 28-item tool specifically developed to measure stressors of family, school, friends, and leisure. Initiation of cigarette smoking in the study population was highly influenced by use of tobacco by family and friends.

In a study of the relationship among daily hassles, uplifts, and depressive symptoms in college students, results showed that minor uplifts were associated with decreases in depressive symptoms. Daily hassles were predictive of depressive symptoms. Minor negative events were perceived more severely than minor positive events, or students gave negative events much more weight than they did minor positive events (Armstrong, Davis, & Dixon, 2005).

ANXIETY INVENTORY. Anxiety may also be assessed as part of the life-stress review. The State-Trait Anxiety Inventory consists of 20 items that assess the extent of anxiety one feels at that moment (state anxiety) and 20 items that assess how one generally feels (trait anxiety) (Spielberger, Gorsuch, Lushene, & Vagg, 1983). A State-Trait Anxiety Inventory is available for children ("How I Feel Questionnaire," Spielberger et al., 1983). Both instruments and administration manuals are available from Mind Garden, Palo Alto, California. The State-Trait Anxiety Inventories provide an efficient, reliable method to assess feelings of anxiety experienced by children and adults.

STRESS WARNING SIGNALS INVENTORY. Clients should understand how they respond to stress and be aware of symptoms of an elevated stress level. When clients are aware of their own stress signals, they can use stress-management techniques more effectively. Symptoms of stress may be physical, behavioral, emotional, or cognitive, as shown in Figure 7.

COPING MEASURES. Coping is defined as an individual's ongoing efforts to manage specific internal and external demands that are appraised as exceeding personal resources. Coping is a process and changes over time in relation to changing stressful events in one's life. The interaction of an individual with the environment determines how a stressful event is appraised and managed. Coping efforts, in response to a stressful encounter, are described as either problem focused or emotion focused.

Coping is commonly measured with the Ways of Coping Questionnaire developed by Folkman and Lazarus (1988). The scale measures both the emotion- and problem-focused coping strategies an individual uses when responding to a stressful situation.

The Schoolager's Coping Strategies Inventory is used to measure the type, frequency, and effectiveness of children's stress-coping strategies. The scale was used to study fears and coping of 79 healthy children in Nepal and their parents' perceptions of their children's fears and coping strategies (Mahat & Scoloveno, 2003). Significant differences were found between levels of fear by children and parents. Children reported less effective coping strategies than their parents' perceptions of the effectiveness of the children's coping strategies. Information is needed from both children and their parents to accurately assess coping in children.

Mastery is defined as a human response to difficult or stressful circumstances in which a person gains competence and control over the stressful experience. In a study of the relationship of negative events and age-related decline in mastery, results showed that loss of personal and social resources may be the reason older adults handle stress more poorly than younger adults (Cairney & Krause, 2008).

Assessing Health and Health Behaviors

Stress Warning Signals

PHYSICAL SYMPTOMS

- ☐ Headaches
- ☐ Indigestion
- ☐ Stomach aches
- ☐ Sweaty palms
- ☐ Sleep difficulties
- ☐ Dizziness

- ☐ Back pain
- ☐ Tight neck, shoulders
- ☐ Racing heart
- ☐ Restlessness
- ☐ Tiredness
- ☐ Ringing in ears

BEHAVIORAL SYMPTOMS

- ☐ Excess smoking
- ☐ Bossiness
- ☐ Compulsive gum-chewing
- ☐ Attitude critical of others

- ☐ Grinding of teeth at night
- ☐ Overuse of alcohol
- ☐ Compulsive eating
- ☐ Inability to get things done

EMOTIONAL SYMPTOMS

- ☐ Crying
- ☐ Nervousness, anxiety
- ☐ Boredom—no meaning to things
- ☐ Edginess—ready to explode
- ☐ Feeling powerless to change things

- ☐ Overwhelming sense of pressure
- ☐ Anger
- ☐ Loneliness
- ☐ Unhappiness for no reason
- ☐ Easily upset

COGNITIVE SYMPTOMS

- ☐ Trouble thinking clearly
- ☐ Forgetfulness
- ☐ Lack of creativity
- ☐ Memory loss

- ☐ Inability to make decisions
- ☐ Thoughts of running away
- ☐ Constant worry
- ☐ Loss of sense of humor

Do any seem familiar to you?
 Check the ones you experience when under stress. These are your stress warning signs.

Are there any additional stress warning signals that you experience that are not listed? If so, add them here.

FIGURE 7 Stress Warning Signals *Source:* From *The Wellness Book* by H. Benson & Eileen M. Stuart. Copyright © 1992 Herbert Benson & Eileen M. Stuart. All rights reserved. Reprinted by arrangement with Citadel Press/Kensington Publishing Corp.

Spiritual Health

Spiritual health is defined as the ability to develop one's inner being to its fullest potential. Spiritual health includes the ability to discover and articulate one's basic purpose in life; to learn how to experience love, joy, peace, and fulfillment; and to help oneself and others achieve their fullest potential. The appraisal of spiritual health is critical in a

holistic approach to health assessment because spiritual beliefs affect a client's interpretations of life events and health. Spirituality, religion, and health are factors that need more research, and standards to assess delivery and evaluation of spiritual care are needed as well. The supportive approach may be the best one for nurses to use, because "to routinize spiritual care" carries risks (Taylor, 2007). Measures of spirituality are discussed next. Additional measures are found in *Instruments in clinical health-care research* (Frank-Stromborg & Olsen, 2004).

The Spiritual Involvement and Beliefs Scale (SIBS) was designed to be used across religious traditions to assess actions as well as beliefs. The 26-item scale is easy to administer and score and avoids the use of cultural and religious bias (Hatch, Burg, Naberhaus, & Hellmich, 1998). Using the revised scale (SIBS-R), Litwinczuk and Groh (2007) measured the relationship between a patient's spirituality, purpose in life, and well-being in 46 HIV-positive men and women. Spirituality was significantly correlated with purpose in life but not with well-being. Further study of the relationship between spirituality and well-being is needed.

The Spiritual Perspective Scale (SPS) is a 10-item instrument that measures one's perceptions of the extent to which one's spiritual beliefs and one's daily interactions are consistent. Reed (1992), the developer of the SPS, proposes that spirituality throughout one's life and especially during the later stages may help one manage life stresses more effectively. In a study using the SPS, results indicate that nurses were able to define spiritual activities, perspectives, and attitudes in nursing care (Cavendish et al., 2003).

Areas of spirituality to be assessed include relationship with a higher being, relationship with self, and relationships with others (Chung, Wong, & Chan, 2007). Questions related to spiritual assessment are usually asked toward the end of the interview when the client and nurse are more at ease with each other. Clients should be informed that assessing their spiritual well-being is integral to evaluating overall health.

Social Support Systems

Two approaches for reviewing the social support networks of clients are useful in providing the client and nurse increased insight into existing support resources. When assessing the adequacy of support systems, it is important to be cognizant of factors that may cause the assessments to vary. Such things as the client's culture, age, social context (e.g., school, home, work), and role context (e.g., parent, student, professional) influence perceived and received support. People's use of the Internet to expand their social contacts is increasing in popularity and should also be included in assessing the client's social support system. Definitive measures for assessing social support are abundant in the literature. They can also as be found on the Web at <http://patienteducation.stanford.edu/research/>.

SUPPORT SYSTEMS REVIEW. One straightforward, useful approach to assess support systems is to ask the client to list individuals who provide informational, emotional, appraisal, or instrumental support. The client is then asked to indicate the relationship of the persons listed, such as family members, friends, fellow workers, or social acquaintances. Next, persons who have been sources of support for five years or more are identified. This list enables the client to become aware of the stability of personal support systems. Last, the frequency and types of contact are identified. The type of

Assessing Health and Health Behaviors

List individuals who provide support to you. Next indicate the following relationships: Family member (FM); Fellow worker (FW); or Social Acquaintance (A). Frequency of Contact: Daily (D); Weekly (W); Monthly (M); or Rarely (R). Types of Contact: Face-to-Face (F); Telephone (T); or Email (EM). If individual has been supportive for 5 years or more, place the number 5.

Individual	Relationship	Frequency	Type	Time
John	FM (husband)	D	F	5
Peter	FM (son)	D	F	5
Helen	FM (daughter)	D	F	5
Ted	FM (father)	W	T	5
Andrew	FW	D	F	-
Frances	FW	W	F	-
Rose	FW	W	T	5
Elsa	A	M	E	-
Jack	A	M	E	5

Ask the client to identify the type of support provided by individuals in the list. They may provide more than one type of support.

Sources of Emotional Support

FAMILY	WORK	SOCIAL GROUP
John	Frances	Elsa
Peter	Rose	Jack
Helen	Andrew	
Ted		

Sources of Instrument Support

FAMILY	WORK	SOCIAL GROUP
John	Andrew	Jack
Ted		

Sources of Information Support

FAMILY	WORK	SOCIAL GROUP
John	Andrew	Jack
Ted	Rose	

Sources of Appraisal Support

FAMILY	WORK	SOCIAL GROUP
John	Rose	Elsa

FIGURE 8 Support System Review: Social Network and Type of Support

contact may be face-to-face or telephone and email communication. Examining the social network enables the client and nurse to mutually assess the adequacy of support. If it is inadequate, strategies are generated to enhance existing social networks. Figure 8 shows a sample support system for a hypothetical client.

After reviewing the client's social support systems, the following questions can be explored:

- In what areas do you need more support: informational, emotional, instrumental, appraisal?
- Who within your present support system might provide the needed support?

- Who else do you think needs to become a part of your support system?
- What can you do to add the people you believe you need to your support system?

Answers to these questions suggest actions the client can take to expand sources of personal support.

EMOTIONAL SUPPORT DIAGRAM. Sources of emotional support can also be diagrammed to assess the strength of support available. Figure 9 presents a sample emotional support diagram that is coded to indicate strong, moderate, and weak sources of support, as well as current conflicts with supportive individuals. The length of each line is used to indicate geographic proximity to the client. This approach is particularly appropriate for clients who need a visual presentation of their emotional support system to take action to sustain or enhance emotionally satisfying relationships.

Review of sources of social support is an integral part of the assessment. A review enables the client to recognize current sources of support and identify barriers in social relationships that may block desirable health actions. The nurse must always be alert to client situations in which social support is minimal or nonexistent. Extensive review of support systems may cause anxiety and depression. In this case, a more informal, non-threatening approach should be used.

Social support instruments represent the broad spectrum of measures used in clinical settings as well as research. The Social Support Questionnaire is a six-item

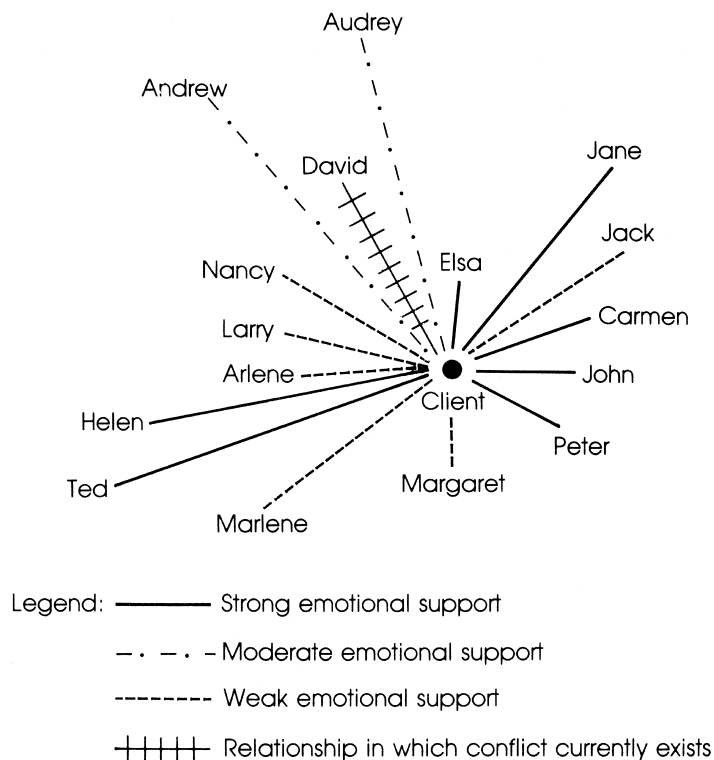


FIGURE 9 Emotional Support Diagram for Client