

**Session 2.6**  
**Clinical Track**

**Abstract Title:**

Use of Health Promotion Diagnoses at Every Stage of Health and Illness

**Presenter:**

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**Intended Audience:**

Educators, Clinicians, Informaticists, Administrators, Researchers

**Areas of Focus:**

Critical Thinking, Use in Practice, Use in Education, Linking or Integrating Nursing Language

**Research Format:**

For Non-Research Reports

**TOPIC:** The purpose of this paper is to explain use of health promotion diagnoses with patients and families in every stage of health and illness.

**BACKGROUND:** Health promotion has been identified by many nurse theorists as an essential foundation for nursing practice. It is expected that if a focus on health promotion, such as described in Pender's health promotion model, is incorporated into every kind of nursing specialty, the standards for quality-based nursing care would be met because nurses would be helping people to be as healthy as possible. Diagnoses pertaining to the readiness of individuals and families for health promotion activities should serve as the foundation for health promotion nursing interventions. Health promotion interventions are ones that promote optimum health in various categories, e.g., nutrition, sleep, and exercise, without a focus on problems.

**DESCRIPTION:** An assumption about health promotion diagnoses is that health promotion (HP) diagnoses apply at all stages of health and illness, not just when the person is well and has no problems. For example, in critical care and palliative care, health promotion interventions may be useful to help families optimize their communication with each other. Health promotion requires clinical judgment (thus diagnosis) to decide whether a person is ready or not for health promotion. With insufficient evidence of problems, health promotion diagnoses may apply, e.g., when a nurse thinks that a person needs help with coping or decision making and there are not enough data to say that the diagnosis should be ineffective coping or decisional conflict. Suggestions of when to use health promotion diagnoses are: (a) when there are cues that a person needs help with health behaviors and the person agrees to accept help from the nurse, (b) when the person states there is no clear problem or risk state, (c) to avoid blaming the person as when diagnoses such as Ineffective Coping and Chronic Low Self Esteem are used, and, (d) if the person prefers to focus on health promotion rather than a risk state or problem. The underlying assumption is that people know themselves better than nurses know them. The NOC outcomes and NIC interventions that can be used with health promotion diagnoses will be presented and case studies will be used to illustrate diagnostic reasoning with some of these diagnoses.

**CONCLUSIONS:** Nurses in every type of practice setting should begin to use health promotion diagnoses, if they are not already doing so. Guidelines from this paper may help educators and practitioners to increase the use of health promotion diagnoses. Studies need to be done to show that focusing on health promotion has positive effects on patient and family outcomes.

**Citations:**

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