




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

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# Paper Outline

- What, why, when & how of using health promotion diagnoses
- Health promotion: Individuals
  - Diagnoses + Outcomes & Interventions
- Health promotion: Families
  - Diagnoses + Outcomes & Interventions



What? Context for health promotion is community-based (CB) care:

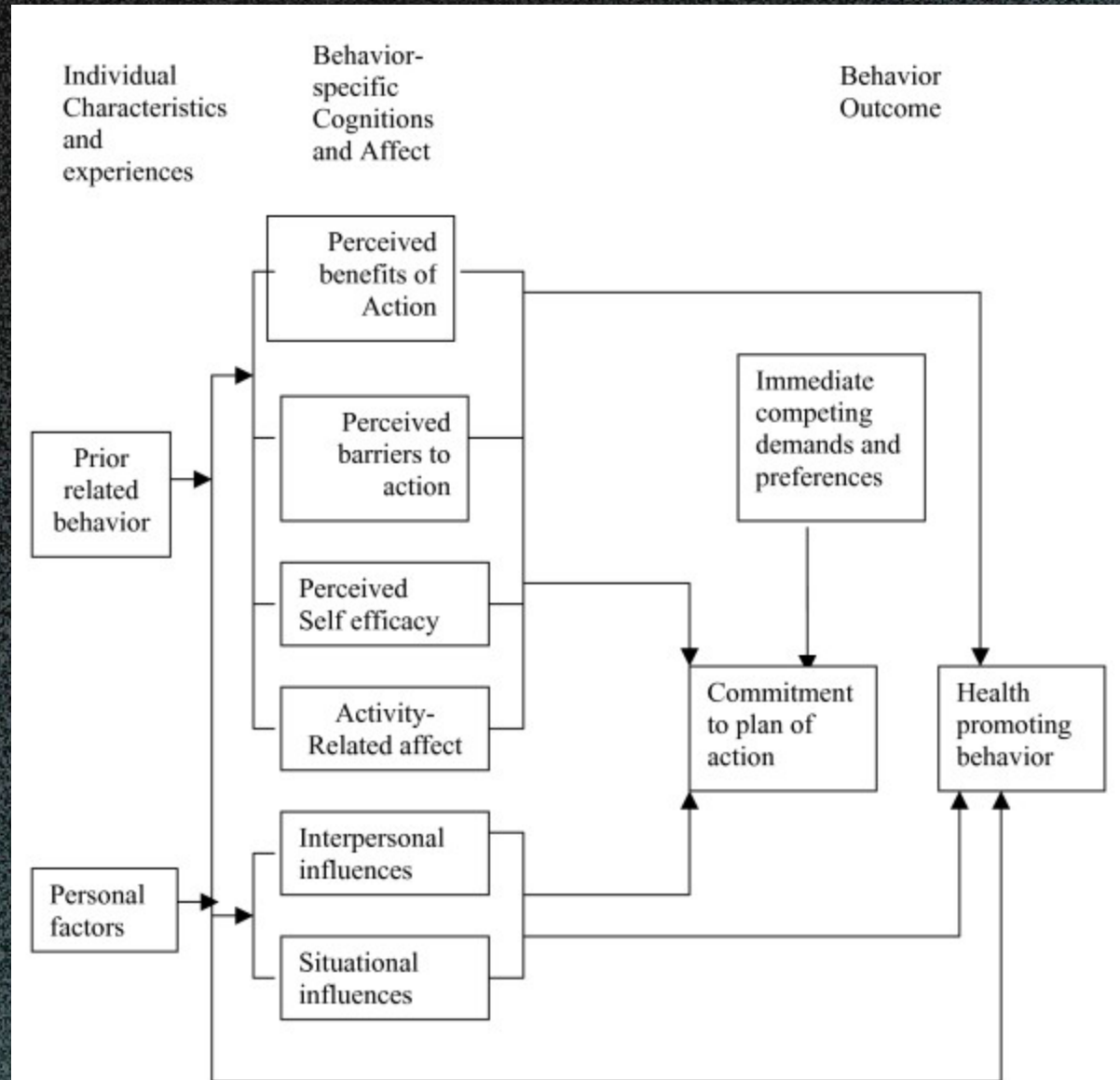
- Philosophy, primary health care (WHO)
- Characteristics of CB care:
  - Collaboration/partnership with community
  - Comprehensive
  - Coordinated
  - Continuous
    - Health Promotion
    - Health Protection (disease prevention)
    - Health Restoration

# What? Assumptions

- Health promotion (HP) diagnoses are relevant at all stages of health & illness
- Clinical judgment: is client (Individual, family, community) ready for HP?
- With insufficient evidence of a problem, HP Dx's may apply
- Ex: Communication, coping, decision making



# Health Promotion Model



# Why focus on health promotion?

- Reinforces strengths
- Helps to optimize health status
- Provides a foundation for the future
- Non-threatening
- Non-blaming
- Helps people to live healthfully



# When should you use health promotion diagnoses?

- Cues that person needs help with health behaviors
- Person agrees to accept help
- Person states there is no clear problem or risk state
- To avoid blaming, e.g., Ineffective Coping, Chronic Low Self Esteem



# Health Promotion Diagnoses Readiness for Enhanced:

Communication

Comfort

Coping

Decision making

Fluid Balance

Hope

Immunization

Status

Knowledge

Nutrition

Organized Infant Behavior

Power

Religiosity

Self Care

Self Concept

Self Health Management

Sleep

Spiritual Well Being

# NOC Outcomes for Health Promotion Diagnoses: e.g.,

- Communication
- Comfort Level
- Coping
- Hope
- Knowledge: Disease Process
- Nutrition
- Self Esteem
- Social Support
- Spiritual Well Being

# NIC Interventions for Health Promotion Diagnoses

- Coping Enhancement
- Exercise promotion
- Health Care Information Exchange
- Health Education
- Mutual Goal Setting
- Nutrition Management
- Patient Contracting
- Power Enhancement
- Program Development
- Sleep Enhancement
- Spiritual Support

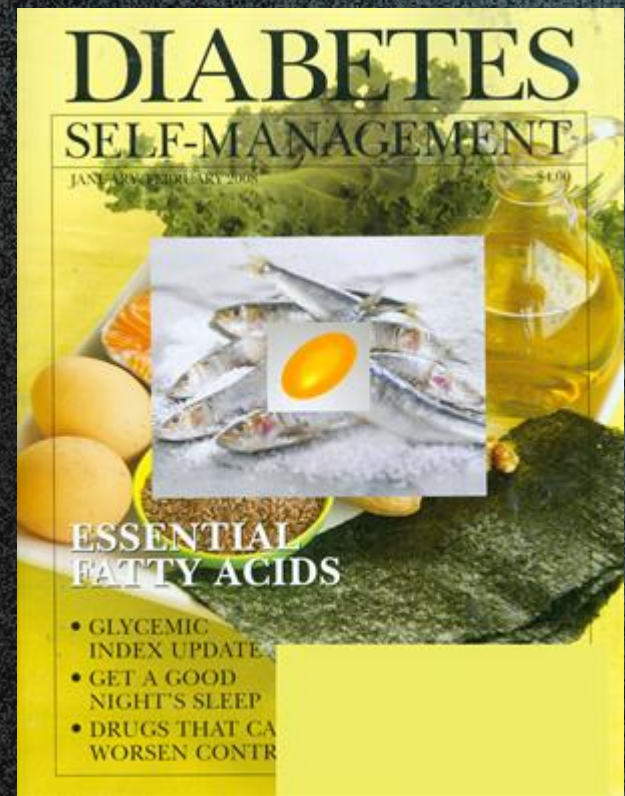
# Using the diagnosis: RfE Self Health Management (SHM)

- High % of people with chronic illnesses
- Chronic Illnesses = self management of therapeutic regimens (nutrition, exercise, medication)
- Integration with daily living = difficult, complex
- People with chronic illnesses need nurses to help them with SHM



# How? Support SHM

- Work in partnership
- Ask if they want help with integration
- If yes, review knowledge: “Knowledge is necessary but not sufficient”
- Use Active Listening, Presence, & Decision Making Support
- Identify factors that support & interfere



# Supporting SHM

- Consider assessment factors:
  - Use the health promotion model
  - Past habits and behaviors
  - Likes and dislikes
  - Support of family, friends, others
  - Community resources
  - Perceived barriers
  - Perceived benefits
- Identify outcomes, e.g.,
  - Treatment Behavior: Illness

# SHM: Nursing Interventions

- Behavior Modification
- Emotional Support
- Family Support
- Financial Resource Assistance
- Health System Guidance
- Decision making Support
- Exercise promotion
- Self Modification Assistance



# Case Study: Readiness for Enhanced SHM

- John D., 40 years
- Hx of Asthma
- Uses Inhaler as needed
- Had removed all possible allergens from home environment
- Does not smoke
- Respiratory distress while at a party
- Went to Emergency Department (ED)

# ED Nurse Assessment, Diagnosis & Interventions

- Diagnosis-SHM = good
- Question: Was John exposed to any environmental chemicals?
- John's suit was just at dry cleaners, they may have used a new chemical
- NDX: Readiness for Enhanced SHM
- Interventions:
  - Asthma Management (review)
  - Emotional Support

# Health Promotion: Family

- NANDA-I
  - Readiness for Enhanced (RfE) Parenting
  - RfE Family Processes
  - RfE Family Coping

# Family Outcomes

- NOC Family Outcomes, e.g.: 1=Never demonstrated-5=Consistently demonstrated
  - Family Coping
  - Family Functioning
  - Family Health Status
  - Family Integrity
  - Family Normalization



# Family focused NIC Interventions, e.g.,

- Caregiver Support
- Family Integrity Promotion
- Family Mobilization
- Family Process Maintenance
- Family Support
- Parenting Promotion
- Respite Care
- Role Enhancement



# Case Study: Stella C

- 49 y.o. single, Italian-American woman
- Type 2 DM with adequate control
- Overweight
- Head of household; 80 y.o. mother
- Works full time, cares for self & mother
- Accepts care of mother, but overworked
- Attempts to reduce her workload have failed
- Mother thinks Stella “can do it all”
- Mother discourages son’s involvement
- Stella expresses stress & lack of control



# Family Nursing Diagnoses

- RfE Family Coping
- Checking for accuracy:
  - Are there a sufficient number of confirming cues?
  - Are there any disconfirming cues?
  - Did the family validate the diagnosis?
  - Should other providers be consulted?

# NOC Outcome

- Family Coping:  
Family actions to manage stressors
- Moderately compromised (3); Goal = 4
- Indicators:
  - Demonstrates role flexibility (3)
  - Family enables member role flexibility (3)
  - Expresses feelings & emotions freely (2)
  - Arranges for respite care (2)
  - Seeks assistance when appropriate (3)
  - Uses social support (3)

# Nursing Interventions

- Assertiveness Training
- Self Esteem Enhancement
- Emotional Support
- Caregiver Support
- Role Enhancement
- Family Involvement Promotion
- Respite Care

# Evaluation of Outcomes

- Family Coping = 4

After 4 wks,

- Family goals are planned
- Family enabled member role flexibility
- Family arranged for respite care
- Family exhibited improved coping



# Nursing Diagnoses



- Language tools to communicate & collaborate
- Partners in Care: Individuals, families
- Health promotion diagnoses are very useful

Thank You! Comments?

