



University of Mosul

College of Nursing

Health Promotion

Year Four/Semester Two

General Nursing Program



STUDENT GUIDLINES

Introduction

Welcome to the Second Year-Semester Two in the General Nursing Program:

Course :Health Promotion, is one of the Nursing course for the general nursing curriculum. The syllabus attached is designed to provide each student with an explanation to the course content. Unite objective are required reading materials for the course.

Instructions for use of Student's Course Books

- Each Class Session identifies the content that will be covered in that class and the activities expected by the students.
- During the Class Session, ask for explanations of term that are not clear.
- You are advised to participate in class room discussion.
- You are advised to complete she study Questions given at the end of each unit that will help you to fully understand the course material.
- You are advised to complete the laboratory requirements for this course.



Health Promotion

1. **Course Title:** Health Promotion
2. **Course Number:** (206)
3. **Credit Hours:** Total (2) Credits:
4. **Course Calendar:** Total
(2) hours weekly of (15) weeks:

Course Placement: Four year/ Second semester

5. **Instructor:** Nasir Muwfaq Younis, PhD. CHN

6. Course Description :

This course is designed to present the students with concepts and definitions of health and health promotion. It also provide relevant approaches , models, and skills that enable students to accomplish activities concerning injury and diseases prevention as well as promotion of positive healthy life style and behaviors throughout the lifespan.

7. Course Goals :

At the end of this course the students will be able to:

- Identify Concepts, principles and definitions of health and health promotion.
- Apply approaches to health promotion and diseases prevention .
- Differentiate health promotion from Health Protection .
 - Overview models of health and illness.
 - Discuss health promotion Model
 - Understand levels of measurement of health and health promotion



The Theoretical Content

Part One: An Overview of Health and Health Promotion

Course Outlines

Health and Illness

Wellness

Measurement of Health

Disease Prevention

Disease Protection

Health Education

Health Promotion

Health and Illness

Part Two Theories of Human Behavior and Health

Health Belief Models

Protection Motivation Theory

Trans-theoretical Model of Behavior Change

Part Three: Health Promotion Models

Pender Health Promotion Model

O'Donnell Model of Health Promotion Behavior



Part Four: Developing a Health Promotion- Prevention Plan

Assessment and data collection

Health planning process

Planning and implementation

Evaluation

Part Five: Domains fundamentals to Nursing Practice in Health Promotion

Physiological Domain

Psychological Domain

Sociological Domain

Biological Domain

Political Domain

Spiritual Domain

Intellectual Domain

Sexual Domain

Technological Domain

Part Six: Overview of the Nursing Process

Assessment

Planning

Implementation

Evaluation

Re-evaluation



Part Seven: Using Communication for Health Promotion

Communication and Nurse

Types of Communication

Communication and the Therapeutic Relationship

Health promotion Model and Communication

Part Eight: the concept of Cultural and Lifestyle

Cultural Assessment

Lifestyle Assessment

Part Nine: Measuring Outcomes of Health Promotion and Prevention

References:

- Allender, J. and Spradley, B., Community Health Nursing Concepts and practice, 5th ed., New York, Lippincott, 2001.
- Kozier B, Erb, G, Berman A, et al. Fundamentals of Nursing, 7th Ed, New York, Pearson Education, 2004.

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Health Promotion

Part One: An Overview of Health and Health Promotion

Course Outlines

Health and Illness

Wellness

Measurement of Health

Disease Prevention

Disease Protection

Health Education

Health Promotion

Health and Illness

Learning Objectives

At the end of this chapter, the student should be able to:

1. Define Concepts
2. Discuss stages and degrees of illness.
3. Describe the models of health and illness.
4. Draw the illness wellness continuum.
5. Identify the components of wellness.
6. Analyze the three levels of diseases prevention.



Health

- As defined by the World Health Organization (WHO): state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

Characteristics

1. A concern for the individual as a total system
2. A view of health that identifies internal and external environment
3. An acknowledgment of the importance of an individual's role in life.

*A dynamic state in which the individual adapts to changes in internal and external environment to maintain a state of well-being.

Health Promotion

Health promotion is the process of enabling people to exert control over the determinants of health and thereby improve their health .

Strategies of Health Promotion:

1. Educational:

To change values, beliefs, attitudes, opinions and behaviors

2. Policy:

To encourage adherence to healthy behavior and discourage unhealthy behavior

3. Environmental:

To make the environment safe to encourage healthy behaviors



Illness

- State in which a person's physical, emotional, intellectual, social developmental or spiritual functioning is diminished or impaired. It is a condition characterized by a deviation from a normal, healthy state.

Stages of Illness

1. **Stage of Denial** : Refusal to acknowledge illness; anxiety, fear, irritability and aggressiveness.
2. **Stage of Acceptance** : Turns to professional help for assistance
3. **Stage of Recovery (Rehabilitation or Convalescence)** : The patient goes through of resolving loss or impairment of function.

Degrees of illness

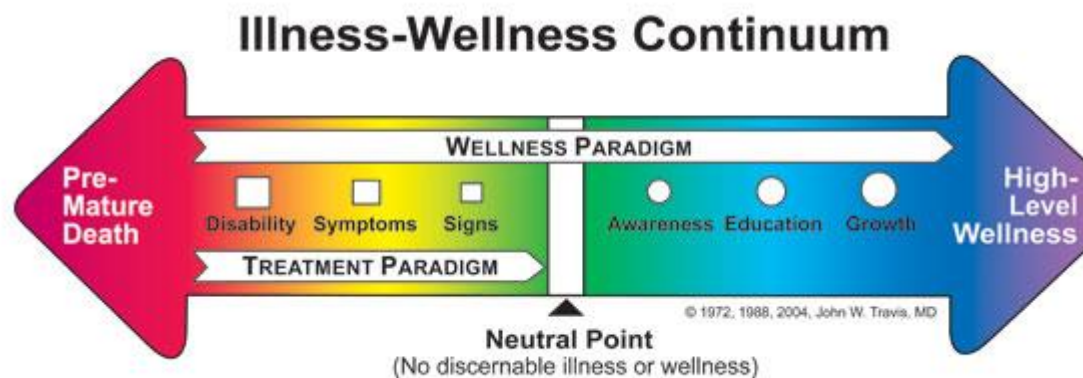
- A person with terminal cancer or end stage of renal failure is classified as "very ill"
- Person recovering from a surgery" thyroidectomy" is classified as "less ill"
- Person with infections like bronchitis is classified as " mildly ill"

Wellness

- Wellness is generally used to mean a healthy balance of the mind, body and spirit that results in an overall feeling of well-being.
- Wellness is an active process of becoming aware of and making choices toward a more successful existence. This is consistent



with a shift in focus away from illness in viewing human health, typical of contexts where the term wellness is used.



Dimensions of wellness

1. Physical dimension

The ability to carry out daily tasks achieve fitness by maintaining adequate nutrition, avoid using drugs and alcohol or using tobacco.

2. Emotional dimension

The ability to manage stress and express emotions appropriately. The ability to recognize, accept, and express feelings and to accept one's limitation.

3. Social dimension

The ability to interact successfully with people as a whole and within the environment of each person as part.

4. Intellectual dimension

The ability to learn and use information effectively for personal, family, and career development.

5. Spiritual dimension



Person's own morals, values and ethics.

Measurement of Health

Leading Health Indicators include:

1. Physical Activity.
2. Overweight and Obesity.
3. Tobacco Use.
4. Substance Abuse.
5. Responsible Sexual Behavior.
6. Injury, Violence and Safety.
7. Immunization.
8. Access to Health Care.

Disease prevention

Disease Prevention is to maximize public health and safety through the elimination, prevention, and control of disease, disability, and death.

The Three Levels of Prevention

Primary Prevention

primary prevention methods before the person gets the disease. Primary prevention aims to prevent the disease from occurring. So primary prevention reduces both the incidence and prevalence of a disease.



Encouraging people to protect themselves from the sun's ultraviolet rays is an example of primary prevention of skin cancer.

Secondary Prevention

Secondary prevention is used

- after the disease has occurred, but
- before the person notices that anything is wrong.

A doctor checking for suspicious skin growths is an example of secondary prevention of skin cancer. The goal of secondary prevention is to find and treat disease early. In many cases, the disease can be cured.

Tertiary Prevention

Tertiary prevention targets the person who already has symptoms of the disease

The goals of tertiary prevention are:

- prevent damage and pain from the disease
- slow down the disease
- prevent the disease from causing other problems (These are called "complications.")
- give better care to people with the disease
- make people with the disease healthy again and able to do what they used to do



Developing better treatments for melanoma is an example of tertiary prevention. Examples include better surgeries, new medicines, etc.

Application of preventive measures

1. Primary prevention

include:

a. Health Promotion

- Health education
- Environmental modifications
- Nutritional interventions
- Lifestyle and Behavioral Changes.

b. Specific Protection.

- Immunization
- Use of specific Nutrients
- Chemoprophylaxis
- Protection against hazards and accidents

2. Secondary Prevention

Include:

a. Early diagnosis

b. Prompt treatment

e.g. early detection of alteration of health/ Homeostasis and Treatment to reverse the condition.

3. Tertiary Prevention



Include:

a. Disability Limitation

To prevent or halt the transition of the disease process from impairment to handicap.

b. Rehabilitation

- **Medical Rehabilitation** : restoration of function.
- **Vocational Rehabilitation** : restoration of the capacity to earn a livelihood.
- **Social Rehabilitation**: restoration of family and social relationship.
- **Psychological Rehabilitation**: restoration of personal dignity and confidence.

Health education

- Health education is a process that informs, motivates, and help to adopt and maintain healthy practice and lifestyles, advocates environmental changes as needed to facilitate this goal.
- Health education is an approach for teaching patients and families to deal with past, present and future health problems. This knowledge enable them to make informed decisions, to cope more effectively with temporary or long term alterations in health and lifestyle, and to assume greater responsibility for health.

Components of Health education:



1. Increasing knowledge.
2. Developing skills.
3. Changing behavior

Domains of learning

- 1. Cognitive Domain:** The cognitive domain deals with the "recall" or recognition of knowledge and the development of intellectual abilities and skills.
- 2. Affective Domain:** This domain describes changes in attitudes, values, and appreciation. In affective domain nurses influence what clients, families and student think, value, and feel.
- 3. Psychomotor Domain:** This domain includes the performance of skills that require integration of mental and muscular ability.

Part Two: Theories of Human Behavior and Health

Course Outlines

Health Belief Models

Protection Motivation Theory

Trans-theoretical Model of Behavior Change

Use of Multiple Theories in Behavior Change

Learning Objectives

At the end of this chapter ,the student should be able to:



1. Describe the health belief model.
2. Discuss the components of protection motivation theory.
3. Describe the Trans-theoretical Model of Behavior Change.
4. identify the stages of changes in Trans-theoretical Model of Behavior Change.

HEALTH BELIEF MODEL

- The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors.
- This is done by focusing on the attitudes and beliefs of individuals.
- The Health Belief Model (HBM) is one of the first theories of health behavior.
- It was developed in the 1950s by a group of U.S. Public Health Service social psychologists who wanted to explain why so few people were participating in programs to prevent and detect disease.
- The health belief model proposes that a person's health-related behavior depends on the person's perception of four critical areas:
 1. the severity of a potential illness.
 2. the person's susceptibility to that illness.
 3. the benefits of taking a preventive action, and
 4. the barriers to taking that action.
- The HBM was spelled out in terms of four constructs representing the perceived threat and net benefits:
 - a. perceived susceptibility.



- b. perceived severity.
- c. perceived benefits, and,
- d. perceived barriers.

These concepts were proposed as accounting for:

1. people's "readiness to act.
 2. " An added concept,
 3. *cues to action*, would activate that readiness and stimulate overt behavior.
- A recent addition to the HBM is the concept of **self-efficacy**, or one's confidence in the ability to successfully perform an action.
 - This concept was added by Rosen stock and others in 1988 to help the HBM better fit the challenges of changing habitual unhealthy behaviors, such as being sedentary, smoking, or overeating.

Table from “Theory at a Glance: A Guide for Health Promotion Practice” (1997)

Concept	Definition	Application
Perceived Susceptibility	One's opinion of chances of getting a condition	Define population(s) at risk, risk levels; personalize risk based on a person's features or behavior; heighten perceived susceptibility if too low.
Perceived Severity	One's opinion of how serious a condition and its	Specify consequences of the risk and the condition



	consequences are	
Perceived Benefits	One's belief in the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take; how, where, when; clarify the positive effects to be expected.
Perceived Barriers	One's opinion of the tangible and psychological costs of the advised action	Identify and reduce barriers through reassurance, incentives, assistance.
Cues to Action	Strategies to activate "readiness"	Provide how-to information, promote awareness, reminders.
Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance in performing action.

Trans-theoretical Model of Behavior Change

One of the key constructs of the TTM is the Stages of Change. Behavioral change can be thought of as occurring as a progression through a series of stages



The Stages of Change are as follows:

1. Precontemplation.
2. Contemplation.
3. Preparation.
4. Action.
5. Maintenance.

Precontemplation

In this stage the Individuals are not thinking about or intending to change a problem behavior ,or initiate a healthy behavior . Precontemplators are usually not armed with the facts about the risks associated with their behavior

Contemplation

- An individual enters this stage when they become aware of a desire to change a particular behavior (typically defined as within the next six months).
- In this stage, individuals weigh the pros and cons of changing their behavior.

Preparation

- By the time individuals enter the Preparation stage.
- the pros in favor of attempting to change a problem behavior outweigh the cons, and action is intended in the near future, typically measured as within the next thirty days.



- Many individuals in this stage have made an attempt to change their behavior in the past year, but have been unsuccessful in maintaining that change.
- Preparers often have a plan of action, but may not be entirely committed to their plan.
- Many traditional action-oriented behavior change programs are appropriate for individuals in this stage.

Action

- The Action stage marks the beginning of actual change in the criterion behavior, typically within the past six months.
- By this point, an individual is half way through the process of behavior change .
- This is also the point where relapse, and subsequently regressing to an earlier stage, is most likely.
- If an individual has not sufficiently prepared for change, and committed to their chosen plan of action, relapse back to the problem behavior is likely.

Maintenance

- Individuals are thought to be in the Maintenance stage when they have successfully attained and maintained behavior change for at least six months.
- While the risk for relapse is still present in this stage, it is less so, and as such individuals need to exert less effort in engaging in change processes.



Part Three: Health Promotion Models

Course Outlines

Pender Health Promotion Model

O'Donnell Model of Health Promotion Behavior

Learning Objectives

At the end of this chapter, the student should be able to:

1. Discuss Pender Health Promotion Model.
2. Describe O'Donnell Model of Health Promotion Behavior.



3. Discuss the dynamic balance for O'Donnell Model of Health Promotion Behavior

Pender theory

- **Pender Health Promotion Models theory** suggests that good health is not just the absence of any health ailment or disease, it is much beyond that.
- Good health implies a general and holistic state of well-being, healthy actions of an individual and a balanced, fulfilling way of life.
- It looks at steps in which a person can pursue better health or ideal health. To achieve that, the Health Promotion Model takes into consideration individual characteristics and experiences, behavior specific cognitions and affect and behavioral outcomes of a person.
- The factors that are delved into in the Health Promotion Model are predominantly an individual's lifestyle, mindset, psychological health, social and cultural aspects as well as biological factors.
- The Pender Health Promotion Model is also a way to avert health ailments and problems associated with aging and an inactive or unfulfilling lifestyle.

Compose of Pender Model:

1. perceived benefits
2. perceived barriers
3. Self-efficacy



4. Activity- related affect

5. Interpersonal influence(family, peers ,provider).

O'Donnell model

- Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health.
- Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health.
- Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.





- **Physical** : Fitness. Nutrition. Medical self-care. Control of substance abuse.
- **Emotional** : Care for emotional crisis. Stress Management
- **Social** : Communities. Families. Friends
- **Intellectual** : Educational. Achievement. Career development
- **Spiritual** : Love. Hope. Charity.

Part Four: Developing a Health Promotion- Prevention Plan

Outlines

Assessment and data collection

Health planning process

Planning and implementation

Evaluation

Learning Objectives

At the end of this chapter ,the student should be able to:

1. Discuss the assessment phase of health planning process.
2. Identify the methods of data collection.
3. Describe the components of community diagnosis.
4. List the factors affecting the implementation of health planning process.



Assessment of Community Health

Assessing community health requires gathering relevant existing data, generating missing data, and interpreting the data base.

The systematic collection of data includes:

- Gathering or compiling existing data
- Generating missing data
- Analysis and interpretation of data
- Identification of health needs/problems and capabilities.

Data gathering

It is a process of obtaining readily available data, which describe the demography of the community

- Age, sex, socioeconomic and racial distribution.
- Vital statistics, including morbidity and mortality data.
- Community institution
- Health manpower characteristics.

Data gathering

Is the process of developing data, that don't already exist, through interaction with the community members or groups, these data includes:

- Knowledge and beliefs.
- Values and sentiments.
- Goals, perceived needs, norms, problem solving process.
- Power and leadership and influence structure.

Composite data base

A composite data base is created by combining the gathered and generated data.



Data Interpretation

Data interpretation seeks to attribute meaning to the data. Data are analyzed and synthesized and the following themes are identified:

- Community health needs.
- Community health capabilities.
- Resources available to meet the needs.

Data collection methods

Methods of data collection could be classified as collection of direct data and reported data.

Following are methods of data collection:

- Informant Interviews
- Participant observation
- Wind shield Surveys
- Secondary analysis of existing data
- Surveys

Collection of direct collection

Informant interviews, participant observation, and windshield surveys are the three methods of directly collecting data. These methods require sensitivity, openness, curiosity, and ability in the nurse to listen, taste, touch, smell, and see life as it is lived in a community.

Informant interviews

It consists of directed conversation with selected members of a community about members or groups and events.

Participant observation

The deliberate sharing in the life of a community.



The above two methods are suitable techniques for generating information about community norms, beliefs, values, power and influence structures and problem solving process.

Wind shield surveys

Are the motorized equivalent of simple observation . The nurse driving a car or riding public transportation can observe many dimensions of community's life and environment.(e.g. common characteristic of people on the street, neighborhood, gathering places, housing quality, geographic boundaries, etc..)

Collection of reported data

Secondary analysis and surveys are two methods of collecting reported data.

Secondary analysis means use the previously collecting data.

e.g. minutes of health meeting.

Public documents

Statistical data

Health records

Surveys

Report data from a sample population/groups. They are useful but time consuming and costly. Surveys are for identifying certain community characteristics and problems.

In public health nursing practice, nurses use several methods to collect data to reduce bias in data collection. Using such multiple complementary methods for collecting data is called *triangulation*.



Community Diagnosis

Community Diagnosis refers to the identification and quantification of health problems in a community.

The statement of a community diagnosis must consists of the following three components:

- The problem faced by the recipient.
- The recipient of the care.
- The factors contributing to the problem.

While stating a diagnosis, the three components must be stated as follows:

- The risk of -----
- Among -----
- Related to -----

Examples

- Risk of infant malnutrition, among families in X community related to lack of breast feeding and weaning.
- Risk of diarrhea in children under five, among families in town dwellings, related to unhygienic environmental condition/unsafe water supply.

Planning phase

Steps of planning phase are:

1. Analyze the community diagnosis in terms of the importance, magnitude and intensity of risk involved.
2. Establish priorities among them.
3. Establish goals and objectives
4. Identify intervention activities that will accomplished the objective.



Implementation phase

Factors influencing implementation

1. People readiness to participate in the problem resolution.
2. Characteristics of social change process.
3. Nurse's choosing role: a facilitator/ expert role in helping community to select and perform appropriate tasks to achieve objectives.

Evaluation

Appraisal of the effects of the organized program:

- Documenting the progress.
- Comparing achievements against a performance standards.
- Preparing for needed modifications.

Part Five: Domains fundamentals to Nursing Practice in Health

Promotion

Outlines

Physiological Domain

Psychological Domain

Sociological Domain

Biological Domain

Political Domain

Spiritual Domain

Intellectual Domain

Sexual Domain

Technological Domain



Learning Objectives

At the end of this chapter, the student should be able to:

1. Discuss the domains of fundamentals to Nursing Practice in Health Promotion

Physiological Domain

- Providing physiological care focuses on achievement of the basic needs such as oxygenation, circulation, sleep and comfort, nutrition, and elimination.

Psychological Domain

- Individuals have psychological needs for security, a sense of belonging, and self-esteem.
- Nursing actions that promote sense of emotional comfort include the following:
 - c. Treating the client as a unique individual.
 - d. Protecting confidentiality and privacy.
 - e. Using touch and personal space in a therapeutic manner.
 - f. Recognizing and respecting cultural differences.
 - g. Decreasing anxiety through stress management techniques

Goals for clients experiencing unmet psychological needs

- a. Improve self-esteem.
- b. Establish trusting relationships.
- c. Develop social skills.
- d. Cope with losses



Sociological Domain

- Nurses need to assess the client's degree of dependence. Often, the nurse becomes involved in a balancing act in an effort to maintain equilibrium between the client's needs for dependence and independence.

Intellectual Domain

- The intellectual domain consists of cognitive functions such as judgment, orientation, memory, and the ability to take in and process information.

Spiritual Domain

- Spirituality is multidimensional in that it refers to one's relationship with one's self, a sense of connection with others, and a relationship with a higher power or divine source.

Sexual Domain

- Sexuality is a complex set of human characteristics that refers not just to genital sex but to all the aspects of being male or female, including feelings, attitudes, beliefs, and behavior.

Biological Domain

Political Domain

Technological Domain



Part Six: Overview of the Nursing Process

Outlines

Assessment

Planning

Implementation

Evaluation

Re-evaluation

Learning Objectives

At the end of this chapter, the student should be able to :

1. Define concepts.
2. Describe the benefits and characteristics of nursing process.
3. Identify the steps of nursing process.
4. Discuss the each step of nursing process.
5. Differentiate between medical diagnosis and nursing diagnosis.

Nursing Process

- The American Nurses' Association (ANA) defined nursing as:

"The diagnosis and treatment of HUMAN RESPONSES to actual or potential health problems".

Nursing process is:

- An organizational framework for the practice of nursing.
- Orderly, systematic.
- Central to all nursing care.
- Encompasses all steps taken by the nurse in caring for a patient.



Characteristics of the Nursing Process

1. Within the legal scope of nursing.
2. Based on knowledge-requiring critical thinking.
3. Planned-organized and systematic.
4. Client-centered.
5. Goal-directed.
6. Prioritized.
7. Dynamic.

Benefits of using the nursing process

1. Continuity of care.
2. Prevention of duplication.
3. Individualized care.
4. Standards of care.
5. Increased client participation.
6. Collaboration of care.

The Steps of the Nursing Process

Steps of Nursing Process are cyclic, overlapping and interrelated:

- Assess
- Diagnose
- Planning
- Implementation, and



- Evaluation.

Assessment: is the most critical step

- Answers the questions: “What is happening?” (actual problem), or “What could happen?” (potential problem).
- Involves collecting, organizing, and analyzing information/data about the patient.

Data collection & Data analysis

Data Collection: A Holistic Approach

Types of data

1. **Subjective** data: “symptoms” that the patient describes; e.g. “I can’t do anything for myself” .
2. **Objective** data: " signs" that can be observed, measured, and verified; e.g. swollen joint

Sources of data

- **Primary source:** the patient; is always the best source.
- **Secondary source:** everything/everybody else.

Methods of Data Collection

1. Observation

- Requires practice and skill
- Systematic, head-to-toe (cephalocaudal).



- Results in objective, factual information.
- Document exactly what you observe

Examples

- “ the patient frequently, had dark circles under eyes”.
- NOT “Patient seems tired”

2. Interview

- Structured form of communication
- Purpose: to provide care specific to this individual’s needs and problems.
- Focus: patient’s perceptions.
- Nurse must: explain purpose of interview, provide comfort and privacy, ensure confidentiality
- Result: A comprehensive Health History

Components of the Health History

- Demographic data .
- CC: chief complaint .
- HPI: history of present illness .
- PMH: past medical history .
- FMH: family medical history (genogram) .

3. Examination

- Inspection.
- Palpation.



- Percussion.
- Auscultation.

Nursing Diagnosis: is a statement that describes a specific human response to an actual or potential health problem that requires nursing intervention .

Nursing diagnosis is commonly written in **P E** format

- **P** = Problem: use North American Nursing Diagnosis Association (NANDA) category
- **E** = Etiology: cause of the problem.

Planning : planning step is aimed to provide consistent, continuous care that will meet the patient's unique needs.

Includes :

- Set priorities
- Set goals and objectives.
- Set nursing orders.
- Write interventions for each problem (Nursing actions).
- Set outcomes criteria.

Implementation: Carry out the care plan.

- Reassess the patient
- Validate that the care plan is accurate
- Carry out nurses' orders
- Document on patient's chart



Evaluation

Compare the patient's current status with the stated Patient Goals

- Were the goals achieved? Why not?
- Review the nursing process



Part Seven: Using Communication for Health Promotion

Outlines

Communication and Nurse

Types of Communication

Communication and the Therapeutic Relationship

The Learning Environment

Learning Objectives

At the end of this chapter, the student should be able to :

1. Discuss the relationship between nursing and communication.
2. Describe the purposes, essential skills, and level of communication.
3. Identify the levels of communication.



4. Discuss the phases of therapeutic communication.
5. Describe Factors that influencing patient's teaching.

Communication and Nursing

- Communication in nursing is a complex process of sending and receiving verbal and non-verbal messages.

Purposes of Communication

- To establish nurse-patient relationship.
- To be effective in expressing interest/concern for patient/family.
- To provide health care information

Essential skills

- Personal insight.
- Sensitivity.
- Knowledge of communication strategies

Levels of communication

- **Social:** safe.
- **Structured:** interviewing, teaching.
- **Therapeutic:** patient focused, purposeful, time limited
Nurse comes to know the patient as a *unique individual*.
Patient comes to *trust* nurse.



Types of Communication

1. Verbal Communication

- Conscious, use of spoken or written word.
- Choice of words can reflect age, education, developmental level, culture.
- Feelings can be expressed through tone, pace, etc.

Characteristics of Verbal Communication

- Simple, brief, clear.
- Well timed, relevant, adaptable, credible

2. Non-Verbal Communication

- Use of gestures, expressions, behaviors (body language).
- Contribute 85% of communication.
- Less conscious than verbal.
- Requires systematic observation and valid interpretation.
- Nurse must be aware of personal style.

How we communicate non-verbally:

- physical appearance.
- Posture/gait.
- Facial expressions, gestures.
- Touch (tactile defensiveness)



Therapeutic Communication

Phases of therapeutic communication

1. Orientation Phase

- The orientation (or introductory) phase is the first stage of the therapeutic relationship, in which the nurse and client become acquainted with each other, establish trust, and determine the expectations of the other.

2. Working Phase(exploitative)

- In this stage the problems are identified, goals are established, and problem-solving methods are selected.

3. Termination Phase (concluding Phase)

- This phase is focused on the evaluation of goal achievement and effectiveness of treatment.

Part Eight: the concept of Cultural and Lifestyle

Outlines

Cultural Assessment

Lifestyle Assessment



Learning Objectives

At the end of this chapter, the student should be able to:

1. Discuss the components of cultural assessment.
2. Identify the Guideline for assessing lifestyle factors that affect the health and well-being.

Cultural assessment

- Data obtained from a cultural assessment will help the patient and nurse to formulate a mutually acceptable, culturally responsive treatment plan.
- The first step in cultural assessment is to learn about the meaning of the illness of the patient in terms of the patient's unique culture.

Lifestyle Assessment

Guideline for assessing lifestyle factors that affect the health and well-being.

1. **Sleep habits:** sleeping from 6 – 8 hours a night; waking feeling rested, alert and able to function during the day.
2. **Eating habits:** eating a variety of foods each day; including foods from each of the 4 food groups each day; feeling satisfied after eating; no adverse physical reactions to food.
3. **Physical activity:** engaging in 30-60 minutes of moderate physical activity 5-7 times per week; a combination of cardiovascular activity, strength training, and flexibility exercises.



4. **Low to moderate alcohol consumption:** limiting alcohol consumption to 2 or fewer standard drinks per day, with a maximum of 14 servings per week for males, and 9 servings per week for females.
5. **Stress management:** being aware of factors affecting your stress level; practicing activities that reduce negative effects of stress.
6. **Effective time management:** identifying a structure or system that helps you keep on track; recognizing time wasters; learning to prioritize; setting realistic goals; balancing your time between work and leisure activities.

Part Nine: Measuring Outcomes of Health Promotion and Prevention

Definition of Health Outcomes

Health Outcomes are a change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Which Health Outcomes to Measure

A: Healthy environment

1. access healthy and nutritious food and water.
2. access training and education opportunities.
3. meet personal and family expenses, such as transport



4. access medical and health services
5. access support.
6. maintain contact with family and friends
7. participate in the community.
8. access entertainment and social events.

B: Health promotion outcomes involves the results creating the educational, organizational, economic, and environmental supports that enables work toward a state of "optimal health".

C: Health care outcomes refers to a traditional view of health, diagnosis and treatment of disease, to repair of injury, some people may describe the health care system as an " illness-care" or " curative system"

Current factors Affecting Nursing Role in Health Promotion.

1. Health care system.
2. Nursing roles.
3. Increasing technology.
4. Economic environment.
5. Individual behavior .

Current Factors Affecting Nursing Role in Health Promotion

Health promotion is the key phrase in the health care work -place today.

Nurses are essential for promoting public health.



Factors influencing health promotion today are

1. Health care system.
2. Nursing roles.
3. Increasing technology.
4. Economic environment.
5. Individual behavior .

Nursing role in health promotion

1. The domains fundamental to effective nursing practice are biological, psychological, sociological, environmental, political, spiritual, intellectual, and technological.
2. Health promotion is a continual, active process designed to achieve and maintain wellness.
3. Holistic nursing practice views health care in terms of the whole individual .
4. The role of the nurse is complex and includes activist, advocate, educator, coordinator of care, leader/ member of the profession, provider of care, research user, role model, empowering agent, and change agent .
5. The nursing process is the accepted guide for developing appropriate nursing care and wellness outcomes for persons.