

# CHAPTER 2

## HEALTH AND ILLNESS IN ADULTS

### Animations and Videos

*1. Health promotion for young adults*

*2. Health promotion for older adults*

### Care Plan Activities

*Family Centered Care in Chronic Illness*

### Case Studies

*Care Across the Lifespan*

*Health and Illness in the Adult Patient*

### Audio Glossary

### Media Links

### Media Apps

### NCLEX-RN® Review

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## LEARNING OUTCOME 1

Define health, incorporating the health–illness continuum and concept of high-level wellness.

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### CONCEPTS FOR LECTURE

1. Health is defined as a state of complete physical, mental, and social well-being,

### POWERPOINT LECTURE SLIDES

1. Health: a state of complete physical, mental, and social well-being

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not merely the absence of disease or infirmity.

2. The health–illness continuum is a dynamic process with high-level wellness at one extreme end of the continuum and death at the opposite extreme.

2a. Health–illness continuum

- Dynamic process
- High-level wellness at one extreme
- Death at opposite extreme

2b. [Insert Figure 2-1] The Health/Wellness Continuum

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## RELATED CHAPTER ART

### Figure 2-1 The Health–Wellness Continuum

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#### SUGGESTIONS FOR CLASSROOM ACTIVITIES

- Discuss wellness opportunities for yourself and family. What facilities are available?

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#### SUGGESTIONS FOR CLINICAL ACTIVITIES

- Visit a wellness center.
- Ask a personal fitness trainer to speak to the class concerning wellness for all member of the family.

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## LEARNING OUTCOME 2

Explain factors affecting functional health status.

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#### CONCEPTS FOR LECTURE

1. Providing care based on a framework of wellness and the variety of factors that influence it has the benefit of involving both

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#### POWERPOINT LECTURE SLIDES

1. Benefits of providing care on a wellness framework
  - Involve both nurse and patient

<p>the nurse and patient, and supports the philosophy of holistic health care.</p> <p>2. A variety of factors can affect health, both positively and adversely, including genetic makeup, cognitive abilities, educational level, cultural background, age, gender, developmental level, lifestyle, environment, socioeconomic background, and geographic area.</p>	<ul style="list-style-type: none"> <li>• Holistic health care</li> </ul> <p>2. Factors Affecting Health</p> <ul style="list-style-type: none"> <li>• Genetic</li> <li>• Cognitive/educational</li> <li>• Race/ethnicity/culture</li> <li>• Developmental level</li> <li>• Lifestyle and environment</li> <li>• Socioeconomic background</li> <li>• Geographic area</li> </ul>
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<p><b>SUGGESTIONS FOR CLASSROOM ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• Discuss the effect that socioeconomic factors have on overall wellness.</li> </ul>	<p><b>SUGGESTIONS FOR CLINICAL ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>• If your hospital affiliate has a wellness center, visit the center and have students apply nursing implications to what they saw or learned.</li> </ul>
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### LEARNING OUTCOME 3

Discuss the nurse's role in health promotion.

<p><b>CONCEPTS FOR LECTURE</b></p> <p>1. With a shift in nursing emphasis from solely care in the hospital setting toward</p>	<p><b>POWERPOINT LECTURE SLIDES</b></p> <p>1. Nurse's Role in Health Promotion</p> <ul style="list-style-type: none"> <li>• Teach patients activities that maintain</li> </ul>
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preventive care, the nurse must promote health and wellness by teaching activities that maintain wellness, following healthy practices and serving as a role model.	wellness <ul style="list-style-type: none"> <li>• Follow health practices</li> <li>• Serve as a role model</li> </ul>
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**RELATED CHAPTER ART**

**Box 2-1 Dietary Guidelines for Health**

**Box 2-2 Goals and Leading Health Indicators: Healthy People 2010**

**Figure 2-2 The U.S.D.A. Food Guide Pyramid**

**Table 2-1 Routine Immunizations for Adults**

<b>SUGGESTIONS FOR CLASSROOM ACTIVITIES</b>	<b>SUGGESTIONS FOR CLINICAL ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• Develop an educational poster or brochure that promotes wellness for children.</li> </ul>	<ul style="list-style-type: none"> <li>• Visit a day care center or preschool and teach a component of wellness to the students.</li> </ul>

**LEARNING OUTCOME 4**

Describe characteristics of health, disease, and illness.

<b>CONCEPTS FOR LECTURE</b>	<b>POWERPOINT LECTURE SLIDES</b>
<ol style="list-style-type: none"> <li>1. Health is defined as “a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity.”</li> <li>2. Disease is a medical term that describes</li> </ol>	<ol style="list-style-type: none"> <li>1. Health <ul style="list-style-type: none"> <li>• State of complete physical, mental, and social well-being</li> </ul> </li> <li>2a. Disease <ul style="list-style-type: none"> <li>• Alterations in structure and/or functions</li> </ul> </li> </ol>

<p>alterations in structure or functions in the body or mind. Diseases have mechanical, biologic, and normative causes.</p> <p>3. Illness, the area with which nursing is generally concerned, is a person's response to a disease. This response is not only influenced by the patient's perceptions of the disease, but also by the perceptions of others.</p>	<p>in the body or mind</p> <ul style="list-style-type: none"> <li>• Causes: mechanical, biologic, normative</li> </ul> <p>2b. [Insert Table 2-2] Disease Classifications and Definitions</p> <p>3. Illness</p> <ul style="list-style-type: none"> <li>• Response to disease</li> <li>• Highly individualized</li> </ul>
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**RELATED CHAPTER ART**

**Table 2-2 Disease Classifications and Definitions**

**SUGGESTIONS FOR CLASSROOM ACTIVITIES**

- Discuss why health is not just the absence of disease.

**LEARNING OUTCOME 5**

Describe illness behaviors and needs of the patient with acute illness and chronic illness.

<b>CONCEPTS FOR LECTURE</b>	<b>POWERPOINT LECTURE SLIDES</b>
<p>1. Illness behaviors are the highly individualized ways people cope with the alterations in health and function caused by a disease.</p> <p>2. The commonly recognized sequence of illness behaviors is experiencing symptoms,</p>	<p>1. Illness behavior influences: age, gender, family values, socioeconomic status, culture, education level, mental status</p> <p>2. Sequence of illness behaviors</p> <ul style="list-style-type: none"> <li>• Experience symptoms</li> </ul>

assuming the sick role, seeking medical care, assuming a dependent role, and achieving recovery and rehabilitation.

3. Acute illness occurs rapidly, lasts for a short time, and is self-limiting. Patients with acute illness usually have a full recovery and return to normal pre-illness functioning.
4. Chronic illness is defined as “a condition that requires continuing management over a long period.” Patients with a chronic illness can have many different lifelong pathologic and psychologic alterations in health.
5. Each patient with a chronic illness has a unique set of needs, influenced by many highly complex factors. However, they almost all share the need to learn to adapt and accept their illness and the inevitability of death, while living as normal a life as possible, complying with treatments, and maintaining a positive outlook on life.

- Assume the sick role
- Seek medical care
- Assume a dependent role
- Achieve recovery and rehabilitation

### 3. Acute illness

- Occurs rapidly
- Lasts a short time
- Self-limiting

### 4. Chronic illness

- Requires continuing management
- Various pathological and psychological health alterations

### 5. Chronic illness needs

- Live as normally as possible
- Adapt daily activities
- Comply with medical treatment plan
- Maintain positive self-concept and hope
- Maintain feeling of control
- Confront inevitability of death

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**SUGGESTIONS FOR CLASSROOM ACTIVITIES**

- Discuss the reactions of clients to disease. How does the patient's culture and socioeconomic status affect this reaction?

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**SUGGESTIONS FOR CLINICAL ACTIVITIES**

- Visit a long-term care facility. Assign students to care for long-term care patients.
  - Discuss the differences in caring for acute patients versus long-term care patients.
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**LEARNING OUTCOME 6**

Describe the primary, secondary, and tertiary levels of illness prevention.

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**CONCEPTS FOR LECTURE**

1. Primary prevention activities promote health, which can mean reducing exposure to environmental risks, eating nutritious foods, avoiding industrial hazards, obeying safety laws, practicing safe sex, obtaining immunizations and medical screenings, or eliminating the use of drugs and alcohol.
2. Secondary prevention activities emphasize early diagnosis and treatment through medical screenings, exams, and tests as well as self-examinations.
3. Tertiary prevention activities focus on re-

**POWERPOINT LECTURE SLIDES**

1. Primary illness prevention
    - Health promotion activities
    - Actions that prevent/delay occurrence of disease
  2. Secondary illness prevention
    - Activities that emphasize early diagnosis and treatment of an illness
  3. Tertiary illness prevention
    - Focus on stopping the disease process and returning patient to useful place in society
    - Rehabilitation
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<p>habilitation in the form of obtaining medical treatment, enrolling in rehab programs, or joining work training programs.</p>	
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<b>SUGGESTIONS FOR CLASSROOM ACTIVITIES</b>	<b>SUGGESTIONS FOR CLINICAL ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• Ask students to select a disease or condition and follow it through all three levels of wellness.</li> </ul>	<ul style="list-style-type: none"> <li>• Visit an occupational health clinic. Observe how patients prepare to return to work.</li> </ul>

## **LEARNING OUTCOME 7**

Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.

<b>CONCEPTS FOR LECTURE</b>	<b>POWERPOINT LECTURE SLIDES</b>
<p>1. The young adult (ages 18–40) is at the peak of physical development between ages 18 and 25. The risk for alterations in health is from accidents, sexually transmitted disease, substance abuse, and physical or psychosocial stressors.</p> <p>2. In addition to the usual height, weight, and vital signs physical examination, as-</p>	<p>1a. [Insert Table 2-4] Physical Status and Changes in the Young Adult Years</p> <p>1b. Health alteration risks: Young adult</p> <ul style="list-style-type: none"> <li>• Injuries</li> <li>• Substance abuse</li> <li>• Sexually transmitted disease</li> <li>• Physical and psychosocial stressors</li> </ul> <p>2. Assessment guidelines: Young adult</p>



<p>assessment of the young adult should include the achievement of significant developmental tasks, a health history, and questions about substance abuse, sexual history, coping mechanisms, familial chronic illnesses, and family changes.</p> <p>3. The young adult should have regular physical examinations, avoid risky behaviors, eat a well-balanced diet, and exercise regularly.</p> <p>4. The middle adult (ages 40–65) has physical status and function similar to those of the young adult; however, many changes take place between these ages. Risks for alterations in health are obesity, cardiovascular disease, cancer, substance abuse, and physical and psychosocial stressors.</p> <p>5. Assessment guidelines for the middle adult include achievement of significant developmental tasks as well as a physical assessment of all body systems and monitoring for risks and onset of cancer symp-</p>	<ul style="list-style-type: none"> <li>• Assess achievement of developmental tasks</li> <li>• Physical assessment: height, weight, vital signs</li> <li>• Risk and behavioral assessment</li> </ul> <p>3. [Insert Box 2-3] Healthy Behaviors in the Young Adult</p> <p>4a. [insert Table 2-6] Physical Changes in the Middle Adult Years</p> <p>4b. Health alteration risks: Middle adult</p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Cardiovascular disease</li> <li>• Cancer</li> <li>• Substance abuse</li> <li>• Physical and psychosocial stressors</li> </ul> <p>5. Assessment guidelines: Middle adult</p> <ul style="list-style-type: none"> <li>• Assess achievement of developmental tasks</li> <li>• Physical assessment of all body systems, monitoring onset of cancer symptoms</li> <li>• Health history questions assessing</li> </ul>
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<p>toms through exams and health history questions.</p> <p>6. Middle adult healthy behaviors include self-examination for cancer, eating a healthy diet, and exercise.</p> <p>7. The older adult period begins at age 65, but can be divided into further groups: the young-old (65–74), the middle-old (75–84), and the old-old (85 and over). Risks for alterations for this age group include a sedentary lifestyle, cardiovascular disease, obesity, and injuries.</p> <p>8. Assessment of the older adult includes achievement of significant developmental tasks, examination of all body systems, and health history questions that assess behavioral risk factors.</p> <p>9. The older adult behaviors include eating a healthy diet, exercise, avoiding environmental hazards, and undergoing regular screening examinations.</p>	<p>cancer risk factors</p> <p>6. [Insert Box 2-4] Healthy Behaviors in the Middle Adult</p> <p>7a. [Insert Table 2-7] Physical Changes in the Older Adult Years</p> <p>7b. Health alteration risks: Older adult</p> <ul style="list-style-type: none"> <li>• Injuries</li> <li>• Pharmacologic effects</li> <li>• Physical and psychosocial stressors</li> </ul> <p>8. Assessment guidelines: Older adult</p> <ul style="list-style-type: none"> <li>• Assess achievement of developmental tasks</li> <li>• Careful physical examination of all body systems</li> <li>• Assess behavioral risk factors</li> </ul> <p>9. [Insert Box 2-5] Healthy Behaviors in the Older Adult</p>
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## RELATED CHAPTER ART

### Box 2-3 Healthy Behaviors in the Young Adult

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**Box 2-4 Healthy Behaviors in the Middle Adult**

**Box 2-5 Healthy Behaviors in the Older Adult**

**Table 2-3 Theories of Adult Development**

**Table 2-4 Physical Status and Changes in the Young Adult Years**

**Table 2-5 Recommended Health Screening for Healthy Adults**

**Table 2-6 Physical Changes in the Middle Adult Years**

**Table 2-7 Physical Changes in the Older Adult Years**

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<b>SUGGESTIONS FOR CLASSROOM ACTIVITIES</b>	<b>SUGGESTIONS FOR CLINICAL ACTIVITIES</b>
<ul style="list-style-type: none"><li>• Identify some stressors that affect the 18–25-year-old age group. How do these stress factors relate to the patient’s health status?</li><li>• Discuss the achievement goals for each age group discussed.</li><li>• Why and how would achievement or lack of achievement of these goals affect the patient?</li></ul>	<ul style="list-style-type: none"><li>• Assign students to work in a physician’s office that specializes in family practice. These practices usually have a good cross-section of age groups.</li></ul>

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## **LEARNING OUTCOME 8**

Explain the definitions, functions, and developmental stages and tasks of the family.

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<b>CONCEPTS FOR LECTURE</b>	<b>POWERPOINT LECTURE SLIDES</b>
<ol style="list-style-type: none"><li>1. The family of the patient might not always be the traditional unit of people related by marriage, birth, or adoption. A family is a social unit of people who are emotionally</li></ol>	<ol style="list-style-type: none"><li>1. Family<ul style="list-style-type: none"><li>• A social unit of people who are emotionally involved with each other</li><li>• Not necessarily blood-related</li></ul></li></ol>

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<p>involved with each other, and is an integral part of the patient's care.</p> <p>2. Each family is unique, but they all share certain structural and functional features that allow them to provide interdependence; maintain boundaries, stability, and continuity; and adapt to change.</p> <p>3. The family has developmental stages and tasks, defined based on age, relationship status, the presence of children, and the particularities associated with a family of a patient with a chronic illness. Each new stage requiring adaptation, and can bring risk factors for health alterations.</p>	<ul style="list-style-type: none"> <li>• Integral part of patient's care</li> </ul> <p>2. Family functions</p> <ul style="list-style-type: none"> <li>• Interdependence</li> <li>• Maintain boundaries</li> <li>• Adapt to change</li> <li>• Maintain stability and continuity</li> </ul> <p>3. [insert Table 2-8] Family-Related Risk Factors for Alterations in Health</p>
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**RELATED CHAPTER ART**

**Table 2-8 Family-Related Risk Factors for Alterations in Health**

**SUGGESTIONS FOR CLASSROOM AC-**

**TIVITIES**

- Discuss a “nontraditional” family. What are the different compositions?
- Form the students into small groups. Have each group take a “family” group that is discussed in the text, and discuss the devel-

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opmental tasks for each group.

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