

Health promotion



**ASSIGN
BUSTER**

Health Promotion The absence of disease or illness is not the sole concern of health care delivery anymore, but the practice of healthy habits and behavior has been seen to be important to achieve well-being also. Through established levels of health promotion prevention, health care providers, including nurses, help clients attain optimum health, even in carrying out the nursing practice. Health promotion and nursing practice The World Health Organization has defined health promotion as “ the process of enabling people to increase control over, and to improve their health” (Nutbeam, 1998, p. 1). This implies that the participation of individuals is important in determining their health, and that health providers are not solely burdened to keep individuals healthy. Because nurses are involved with direct and frequent care of clients, health promotion is important for the nurse to serve as an educator and change agent, aiding the client to achieve the best health possible. Nursing Roles in health promotion The role of the nurse in health promotion may include various aspects, or the nurse may have several roles. Funnell, Koutoukidis, and Lawrence (2009) present that the nurses can make a contribution to the health and social well-being of their clients by: (1) recognizing there is a role for the nurse in the promotion of health and self-care; (2) participating in providing health promotion interventions; (3) being aware of key health and social factors to be considered when carrying out an assessment of individual needs; and (4) being aware of the contributions of other professionals to assessment and interventions (p. 71). In nursing areas of education, clinics, community, and administration, nurses nowadays are trained and encouraged in health promotion interventions. In these four areas nurses apply in the nursing process interventions to suit the needs of the clients according to and using <https://assignbuster.com/health-promotion-essay-samples/>

the three levels of health promotion prevention. Levels of Prevention The three levels of prevention are primary, secondary, and tertiary. Primary prevention aims at keeping a disease from ever beginning or a trauma from ever occurring; secondary prevention involves early detection and early intervention against disease before it develops fully; and tertiary prevention takes place after a disease or injury has occurred (Jenkins & Pan American Health Organization [PAHO], 2003, pp. 6-8). An article by Hayman et al. (2007) focuses on the primary prevention of cardiovascular disease (CVD) among children and youth in nursing practice. There is emphasis on healthy lifestyle training during childhood, normalizing and modifying identified risk factors, and reducing the risk of CVD in adulthood, and the essential role of nurses in designing and implementing strategies for CVD prevention. On the other hand, strategies for secondary prevention of stroke were divided into control of medical conditions that predispose to stroke and advice on lifestyle factors (Allison et al., 2008, pp. 355-356). Tertiary prevention is exemplified by rehabilitative interventions for hip fracture, especially among the elderly. Mak, Cameron, and March (2010) have recommended in some changes in relation to surgery, rehabilitation, and tertiary prevention in hip fracture treatment to achieve the best outcomes (p. 37). Health promotion has been used in different settings, and health providers have patterned care delivery according to the levels of health promotion prevention. Nurses also use interventions according to these levels to help clients achieve optimum health. The cited articles present how each level differs and how they are applied. References Allison, R., Evans, P. H., Kilbride, C., & Campbell, J. L. (2008). Secondary prevention of stroke: Using the experiences of patients and carers to inform the development of an <https://assignbuster.com/health-promotion-essay-samples/>

educational resource. *Family Practice*, 25(5), 355-361. Funnell, R., Koutoukidis, G., & Lawrence, K. (2009). *Tabbner's nursing care: Theory and practice* (5th ed.). Chatswood, NSW: Elsevier. Hayman, L. L., Meininger, J. C., Daniels, S. R., McCrindle, B. W., Helden, L., Ross, J., . . . Williams, C. L. (2007). Primary prevention of cardiovascular disease in nursing practice: Focus on children and youth: A scientific statement from the American Heart Association Committee on atherosclerosis, hypertension, and obesity in Youth of the Council on Cardiovascular Disease in the Young, Council on Cardiovascular Nursing, Council on Epidemiology and Prevention, and Council on Nutrition, Physical Activity, and Metabolism. *Circulation*, 116, 344-357. Jenkins, C. D., & Pan American Health Organization. (2003). *Building better health: A handbook for behavioral change*. Washington D. C.: PAHO.

Mak, J. C. S., Cameron, I. D., & March, L. M. (2010). Evidence-based guidelines for the management of hip fractures in older persons: An update. *Medical journal of Australia*, 192, 37-41. Nutbeam, D. (1998). Health promotion glossary. Retrieved from http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf