

The role of nursing in health promotion assignment



According to the World Health Organization health promotion is defined as “The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. (WHO, 2013) This applies to the nursing profession in that nurses are educating patient on the steps needed for their health such as diet, exercise, therapies, and medication compliance. Nursing Practice Nursing practice has been able to make a large impact on health promotion for the patient. Nurses are involved in many facets of continued health promotion such as; triage or consultation, follow-up care for patients once discharged home, patient education through all spectrums, and illness prevention.

All of these have made a large impact on the healthcare system allow a larger availability for health care services out side of the hospital and doctors office, better management and deduction in symptoms for the chronically ill, increased cost effectiveness allowing for patient with out insurance, and a better overall experience for patients leaving a more satisfied customer. Patients with chronic illness are living better qualities of life in their own environments and patient self awareness is heightened. Nursing practice is constantly evolving with new technology and wider basis of knowledge for nurses coming into the field.

More and more procedures, assessments, and education are being preformed by highly skilled or trained nurses. This is more cost effective for patients and allows the nurses more sanctioned time with them to build better rapport. Nurses involved in health care promotion are expected to have a wide but also specific knowledge of health promotion activities and

treatments as well as a knowledge of national and social health care policies for optimum care. Primary A primary example of health promotion that is current and is constantly adapting and changing is sex education.

Nurses are involved in planning educational material for all age levels as well as setting up effective and meaningful ways to teach the introversion material. Health care educators also have to work with many other fields such as public health departments, national policy makers, and advocacy holders to determine the many different types of educations covered. Topic being covered include very basic sexual content to more in-depth disease process manifestations and symptoms for children grades K-12 (American School Health, 2012).

The goal with sex education is to give the children the knowledge and power to make educated decisions about their health before and disease process may even evolve or present its self. Arming children with this kind of health promotion education we have statistically seen drastic rate declines in the amount of teen pregnancies and communicably acquired diseases that can have a life long impact on the persons. Secondary Secondary health promotion involves treatment and education of the patient prior to symptoms appearing in the disease process.

An important example of that is health screening clinics that specifically look for risk for or diagnosis of hypertension. Many employers and free clinics will provide health fairs for patients to get a general lath screening to help catch some major disease processes for treatment before they cause long lasting damages. Hypertension is an epidemic in our society and even with

advances in health care it still effects as many as 73 million Americans and has a high incidence of deaths related to cardiovascular disease (Absorbing, Spenserian, Becker, Norway, Bradley, Nazi & Beckman, 2012).

The previous statement is why secondary health promotion is so important to our patients. Nurses are commonly the health care professionals running these health fairs. They are responsible for checking patients blood pressure, educating them on normal ranges, diet and exercise, and guiding patients to follow up with their primary care providers for further evaluation and treatment. This patient population usually has no symptoms and are unaware of the current issues they may be having with their blood pressure.

If at the time of the health fair the patient does not present with high blood pressure the nurse can also guide them to check their blood pressure on a regular basis and tools to help prevent any changes they may experience in their future (Absorbing, 2012). Tertiary The final health promotion level is tertiary and involves patient care and maintenance after a patient has been treated in an acute care setting for disease processes. An example of tertiary care is home-based pulmonary rehabilitation for COP patients.

COP is a chronic disease involving the lungs with symptoms including fatigue and shortness of breath. The nursing role in pulmonary rehabilitation includes one on one sessions with patients to cover more in-depth education of the disease process including actual anatomy and physiology of the pulmonary system. After that has been covered then the nurses can focus on causes of COP, symptoms of the disease and management of them, diet,

pulmonary exercise, medications for COP and compliance issues, and most importantly smoking cessation.

The nurses will likely require the patient to give return demonstrations of the medication use and pulmonary exercises such as pursed lip breathing (Mohammad, Krakow, Shaken & Taft, 2013). In home pulmonary rehabilitation is effective for patient and is cost effective. Patients involved in these programs tend to have better rehab rates, improved homonyms management and decreased rates for re-hospitalizing.