

Nola penders health promotion model as the theoretical framework

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The study employs the Evidence-based practice to offer applicable problem-solving techniques that will enhance quality caring, as well as best decision making with regard to the cardiovascular disease patients in health care facilities along with their families. Moreover, this method is expected to achieve the best outcome for the patients.

This study asks the clinical question in a PICO (Patient population, Intervention, Comparison, and Outcome) format. Specifically, the clinical question is “ in women over 20 years of age identified as at risk according to the AHA’s classification of CVD risk in women (P), how will diet modifications and physical activity (I) compare to the physical activity alone (C) in changing classification to Optimal Risk (O) over the course of one year.

The second step of the EBP process entails looking for the best practice in order to answer the PICO question. The evidence presented by the study reveals that despite the fact that physical activity is significant in changing the optimal risk when it is combined with diet modifications it produces better results. Staying physically active, in addition to eating fewer calories will greatly lower the risk of heart diseases along with initiating weight loss. Further, the evidence purports that in order for one to reduce the risk of heart disease, then, she should be involved in moderate physical activity for at least 30 minutes in the most days of the week.

Consequently, the third step is a critical appraisal of the evidence found in the literature search. The evidence is supported by Khare et al. (2009), who claim that obesity and sedentary life are directly related to the increase in the risk of CVD. He claims that a comparable 50 percent risk reduction is evident in active women as compared to sedentary women. He recommends

that moderate-intense physical activity is safe for most of the population.

Similarly, Labarthe et al. (2009), purports that augmenting physical exercises, with heart-healthy diet reduces the risk of CVD.

Since the evidence presented in the study is reliable and applicable, it is important to supplement it with clinical expertise and patient preferences.

The paper does not have a provision for integrating clinical expertise and patient preferences with the evidence. Therefore, it is essential to provide for such in order to achieve best outcomes together with quality decision-making in association with patients care. The final step should involve evaluating clinical outcomes by considering the most appropriate one that will enhance the successful execution of the evidence.