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# Health Maintenance, Altered

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A state in which an individual is unable to identify, manage, and/or seek out help to maintain health (NANDA, 1990, p. 78).

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### **DEFINING CHARACTERISTICS**

Age-related preventive measures not taken Expressed health concerns Limited adaptive behaviors to internal/ environmental changes Regular and unmitigated exposure to health hazards: Abuse

Ageism

Crime Pollution Poverty Racism Sexism Regular practice of behaviors that: Increase risk of illness Limit optimal function Limit recovery from illness or disability

ealth Maintenance, Altered

### **C**ONTRIBUTING FACTORS

### Pathophysiological

Responses to illness or disability that inhibit health behaviors, e.g., fatigue, impaired mobility, inability to concentrate, pain, perceptual deficits

### Psychosociobehavioral

#### ENVIRONMENTAL

Cultural barriers to use of health care system Health advice incongruent with beliefs (cultural, health, religious) Lack of environmental resources: Acceptable and affordable health care Equipment Finances

#### Food

Health care providers/systems that promote health

Health resources—e.g., food nutrients not labeled, healthy foods expensive or not available, lack of safe place to exercise

Housing

Transportation

Limited social support for health:

Dysfunctional family system

Lack of meaningful and supportive relationships

Peer modeling and support of unhealthy behaviors Public or workplace policies that do not promote health Societal support of unhealthy products and behaviors

#### INDIVIDUAL

Depression Dysfunctional grieving Illiteracy Lack of information regarding: Age-appropriate screening and self-care Community resources Health hazards Health promotion services Personal health status Lack of personal requisites: Goals or purpose Motivation Perceived control over health Perceived responsibility for health behaviors Previous health-promoting life-style Self-efficacy Lack of skills in: Communication Individual coping Learning Stress management Time management Perceived barriers outweigh benefits Spiritual distress Unachieved developmental tasks

### EXPECTED OUTCOMES

Client will be able to pursue chosen health-seeking behaviors.

Participation in monitoring of baseline patterns and changes in health is reported. Required health maintenance services are accessible.

Client will state a realistic plan for pursuing health behaviors within limitations. Responses to illness or disability are controlled as much as possible.

## NTERVENTIONS

## RATIONALE

#### Universal

Assess current practice of ageappropriate health maintenance. (Base age-appropriate health maintenance schedules according to most recent Center for Disease Control (CDC), National Screening Council, and other national association guidelines, e.g., American Heart Association). General guidelines are as follows:

YOUNG ADULTS (20–39 YEARS) Assess need for health education/counseling:

Creating a healthy environment Disease-prevention measures Exercise Nutrition and weight management Parenting skills Safety Stress management Substance use Dental hygiene: every 6–12 months

Immunizations:

Tetanus—every 10 years Rubella for women with zero antibodies—once Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

## RATIONALE

Screenings:

Blood cholesterol—once; rescreen if high-risk client every 4 years Complete physical every 5–6 years Skin and other cancer screening—every 3 years Substance use screening every 5–6 years

#### Male:

Testicular self exam—every month

Female:

Breast self exam—every month Pap smear—every 1–3 years Mammography—baseline (once)

High-risk young adults:

Females with breast cancer or immediate family history mammography every year History of abnormal Pap smears, multiple partners, or early age of first intercourse— Pap smear every year Family history of colorectal cancer—stool guiac, digital exam, sigmoidoscopy every year

Exposure to tuberculosis— PPD once (chest x-ray for previous positive PPD reading) Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

#### MIDDLE AGED ADULT (40–59 YEARS)

Continue previous assessment and add the following:

Assess need for health education/counseling: Adjustment to grandparenthood

Caring for aged loved ones

Empty nest syndrome

Midlife changes

Preparing for retirement

Immunizations for those with chronic illness:

Influenza—every year Pneumoccocal—every year

Screening: Blood pressure—every 3-5

years Schiotz tonometry (for

glaucoma)—every 3–5 years

Sigmoidoscopy—every 4 years after age 50

Stool guiac—every year after age 50

Female:

Mammography-every year

#### OLDER ADULT (60-74)

Continue previous assessment and add the following:

Assess need for health education/counseling:

Age-related changes Bowel and bladder function Nutrition and weight management

### RATIONALE

Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.



Sleep pattern

Vision and hearing acuity

Coping with chronic illness

Coping with loss

Fall prevention

Home care options in caring for other(s)

Options for developing and maintaining activity, relationships, and societal contributions

Screenings:

Blood pressure—every year Complete physical exam every year Depression and suicide every visit

### OLD OLD ADULT

(75 YEARS AND OVER) Continue previous assessment and add the following: Assess need for health education/counseling:

Community resources for home maintenance

Immunizations:

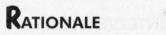
Influenza—every year Pneumoccocal—every year

Death and dying:

Long-term care/supportive living options Reminiscence

Develop written health maintenance contract that is specific, time-dated, rewardable, and evaluated. Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

Contract enables effective performance and evaluation.



Incorporate age-appropriate health maintenance schedules into standardized/computerized care plan.	A busy staff is more likely to use a health mainte- nance schedule which has been included in the plan of care.
Plan individual health promo- tion activities considering responses to illness or disability.	Plans that incorporate symptom management are more likely to be effective.
Provide health maintenance services that client/family are unable to accomplish.	Preventive health actions aid overall recovery and maintenance.
Reinforce age-appropriate health maintenance.	Health information changes and accuracy are needed regarding specific risks, appropriate screening, and self-care activities.
Review existing health care resources.	The complexity and change in health care sys- tems may prevent usage of existing resources.
Work with health care systems, employers, and policy makers to create healthy public policy.	Major barriers to health maintenance are societal in origin.
Work with professional organi- zations to reduce environmental threats to health, e.g., poverty, pollution, crime, and abuse.	Organized nursing effort can produce positive change.
Inpatient	
Collaborate with other disciplines in creating an institutional health promotion program for staff and clients.	Those who practice health promotion may be more effective role models. Organized approaches to health promotion enable access to services in a cost-effective manner and main- tain relationships with health care providers after discharge.
Send written materials home and set up referrals for health maintenance prior to discharge.	Eighty percent of those who begin life-style change return to previous life-style behaviors. Follow-up care can aid in maintaining changed behaviors.

# RATIONALE

Community Health/ Home Care	
Continue previous health main- tenance programs in the home as needed.	Continuity of care fosters health outcomes.
Develop consumer health advocacy programs.	Cost-effective health maintenance and referral can be accomplished by trained volunteers.
Develop programs that can be offered to employers and others seeking to provide health main- tenance services.	Services provided where people work, learn, and play may improve access and utilization.
Develop specific screening and risk-reduction programs based on national and regional health goals.	Those at risk will have health services available to them.
Distribute health information updates to health providers and consumer groups.	Misinformation may result from lack of knowledge or changes in health information.
Provide advocacy services for groups with limited access to health maintenance services.	Underserved groups are at high risk for health problems.
Provide health screening and referral services at regular intervals.	Convenience may enhance utilization by those at high risk for health problems.
Reevaluate need for individual and group health maintenance programs as client/family skills are acquired.	Services can be provided to those most in need.

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