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2 Lesson Plan for Health and Wellness

OBJECTIVES

- **1.** Identify factors that commonly influence urinary elimination.
- 2. Discuss the health belief, health promotion, basic human needs, and holistic health models of health and illness to understand the relationship between patients' attitudes toward health and health practices.
- **3.** Describe the variables influencing health beliefs and health practices.
- **4.** Describe health promotion and illness prevention activities.
- 5. Explain the three levels of prevention.
- 6. Discuss four types of risk factors and the process of risk factor modification.
- 7. Describe the variables influencing illness behavior.
- 8. Explain the impact of illness on the patient and family.
- 9. Discuss the nurse's role in health and illness.

TEACHING FOCUS

• Students need to understand that some conditions of health lie between disease and good health. Health needs to be viewed in a broader perspective. Various models of health can illness can be used to understand and explain these concepts.

KEY TERMS

- Active strategies of health promotion, p. 20
- Acute illness, p. 24
- Chronic illness, p. 24
- Health, p. 15
- Health belief model, p. 16
- Health beliefs, p. 16
- Health promotion, p. 20
- Health promotion model, p.17
- Holistic health, p. 19
- Illness, p. 24

- Illness behavior, p. 24
- Illness prevention, p. 20
- Maslow's hierarchy of needs, p. 17
- Passive strategies of health promotion, p. 20
- Primary prevention, p. 21
- Risk factor, p. 21
- Secondary prevention, p. 21
- Tertiary prevention, p. 21
- Wellness education, p. 20

Note: Audio glossary available on Evolve.

NURSING CURRICULUM STANDARDS

QSEN

- Patient-Centered Care
 - Variables Influencing Health Beliefs and Health Practices, p. 19
 - o Box 2-2 Care of the Older Adult: Importance of Health Promotion, p. 22
 - Risk Factor Modification and Changing Health Behaviors, p. 23
 - Impact of Illness on Patient And Family, p. 25
- Teamwork and Collaboration
 - o QSEN Activity: Teamwork and Collaboration, p. 26



Essentials for Nursing Practice, 8e

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- Evidence-Based Practice
 - Box 2-3 Evidence-Based Practice, p. 22

CONCEPTS

The following conceptual themes and specific concepts match those presented in Giddens, J. R. (2013). *Concepts for nursing practice.* St. Louis: Elsevier. The specific exemplars chosen and listed below for each concept have been tailored specifically to correspond to Potter, Perry, Stockert, and Hall: *Essentials for Nursing Practice*, 8th Edition.

A full Concept-Based Curriculum Map covering the entire book can be found here.

ATTRIBUTES AND RESOURCES

- Family Dynamics
 - o Impact on Family Roles and Family Dynamics, p. 26

PERSONAL PREFERENCES

- Culture
 - o Variables Influencing Health Beliefs and Health Practices, p. 19
 - Impact on Self-Concept, p. 25
 - Variables Influencing Illness Behavior, p. 24
- Motivation
 - Basic Human Needs Model, p. 17
 - Figure 2-1: Health belief model, p. 17
 - Figure 2-3: Maslow's hierarchy of needs, p. 18

EMOTION

- Mood and Affect
 - Behavioral and Emotional Changes, p. 25

SEXUALITY AND REPRODUCTION

- Reproduction
 - Genetic and Physiological Factors, p. 21

ATTRIBUTES AND ROLES OF NURSE

- Patient Education
 - Box 2-1 Patient Teaching: Encouraging Exercise, p. 21
 - Table 2-1 Stages of Behavior Change, p. 23
 - Box 2-4 Application of the Stages of Behavior Change Model, p. 23
- Health Promotion
 - Health Promotion, Wellness, and Illness Prevention, p. 20
 - Health Promotion Model, p. 17
 - Figure 2-2: Health promotion model, p. 18
 - Healthy People Documents, p. 19
 - The Three Levels of Prevention, p. 21
 - Box 2-2 Care of the Older Adult: Importance of Health Promotion, p. 22

CARE COMPETENCIES

- Collaboration
 - o QSEN Activity: Teamwork and Collaboration, p. 26
- Evidence
 - Box 2-3 Evidence-Based Practice, p. 22



HEALTH CARE DELIVERY

- Caregiving
 - Impact of Illness on Patient and Family, p. 25

BSN Essentials

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- Essential III: Scholarship for Evidence-Based Practice
 - o Box 2-3 Evidence-Based Practice, p. 22
 - Essential VII: Clinical Prevention and Population Health
 - o Health Promotion, Wellness, And Illness Prevention, p. 20
- Essential IX: Baccalaureate Generalist Nursing Practice
 - Definition of Health, p. 15
 - Models of Health and Illness, p. 16
 - o Healthy People Documents, p. 19
 - Variables Influencing Health Beliefs and Health Practices, p. 19
 - o Health Promotion, Wellness, and Illness Prevention, p. 20
 - o Risk Factors, p. 21
 - o Illness, p. 24
 - o Impact of Illness on Patient and Family, p. 25

STUDENT CHAPTER RESOURCES			
Chap. 2	READ – Textbook (pp. 15-28)		
	 REVIEW – Evolve Resources Interactive Learning Activities Audio Glossary 		
	Key Points - Print		
	 ANSWER - Evolve Resources Chapter 2, Case Study with Questions Chapter 2, Review Questions 		
SG	ANSWER – Study Guide		
	Chapter 2, Health and Wellness, Questions 1-25		
EAQ	ANSWER – Elsevier's Adaptive Quizzing		
	Chapter 2, Health and Wellness		
EAL	 REVIEW – Elsevier's Adaptive Learning Chapter 2, Health and Wellness 		

INSTRUCTOR CHAPTER RESOURCES



TB	Test Bank		
	• To access the ExamView format, go to the <u>Downloads</u> section.		
PPT	PowerPoint Presentations (Chapter 2, Health and Wellness)		
10			
IC	Image Collection		
	Figure 2-1 Health belief model.		
	Figure 2-2 Health promotion model.		
	• Figure 2-3 Maslow's hierarchy of needs.		
ETC.	Chapter 2: Answer Key to QSEN Activity (below)		
	Chapter 2: Answer Key to Clinical Decision-Making Exercises (below)		
	Chapter 2: Answer Key to Review Questions (below)		



TEACHING STRATEGIES					
CONTENT FOCUS	CONTENT HIGHLIGHTS	LEARNING ACTIVITIES	RESOURCES		
INTRODUCTION	Ask students to reflect on their upbringing about how they were taught to behave during illness. Contrast older definitions of health (the absence of illness) with newer descriptions (multidimensional concept).	 Discuss: Ask students to define "health" and "wellness." Discussion Topic: Describe several risk factors and how their modification adds to health and wellness. Ask students to discuss other risk factors for various disorders. 			
DEFINITION OF HEALTH	Start with a definition of health, such as the WHO definition. Ask students to contribute what factors affect an individual's ideas of health. Discuss how conditions of life (e.g., socioeconomic variables) define health.	 Activity: Have students break into small groups of three to six students and create their own definitions of "health" and "wellness" after discussion. Compare the definitions from several groups as a starting point for additional discussion. Discussion Topic: Discuss how people's perceptions of health may influence whether they consider themselves ill. Emphasize individualized care. 			
MODELS OF HEALTH AND ILLNESS Health Belief Model Health Promotion Model Basic Human Needs Model Holistic Health Model	Define health behaviors and discuss how health beliefs influence behaviors. Compare and contrast the four models presented in the text.	Discussion Topic: Ask students, "Will one model lend itself to an acute care setting more than another?"	 Fig. 2-1 Fig. 2-2 Fig. 2-3 		
HEALTHY PEOPLE DOCUMENTS	Lead a discussion on the government's efforts to encourage health. Describe some of the differences between Healthy People 2010 and 2020.	 Online Activity: Have students visit www.healthypeople.gov, pick a topic (from the 2020 Topics & Objectives tab), and present (or write) a summary of the 2020 objectives for that 			



I	I	topic.
VARIABLES INFLUENCING HEALTH BELIEFS AND HEALTH PRACTICES Internal Variables External Variables	Explain the difference between internal and external variables. Discuss six internal and three external variables.	Activity: Have students pair off to interview each other about what internal and external factors influence their own health.
HEALTH PROMOTION, WELLNESS, AND ILLNESS PREVENTION The Three Levels of Prevention Risk factors	Assist students in identifying the differences among primary, secondary, and tertiary prevention. Contrast illness prevention with wellness education and health promotion. Define <i>risk factor</i> . When discussing risk factors, remember to tie in cultural and family influences. If possible, demonstrate the use of a health risk appraisal form. Reiterate that risk factor modification, health promotion, and illness prevention can be considered wellness strategies. Define <i>health behavior</i> <i>changes</i> .	 Online Activity: Send students to www.healthfinder.gov to investigate a topic (Health A-Z). Ask students to report three question-and-answer combinations for a topic of their choice. Discussion Topic: Discuss the difference between passive and active strategies of health promotion. Discuss modifiable versus nonmodifiable risk factors. Activity: Ask students to pair off and identify at least two stumbling blocks (modifiable risk factors) to their own health and together brainstorm ways to overcome them. Box 2-3 Box 2-4 Box 2-4
ILLNESS Acute and Chronic Illness	Discuss how illness influences a patient's functioning and well-being, and the difference between acute and chronic illness.	 Large Group Activity: Quiz show! Divide students into two groups. Have them write the definitions of key terms from this chapter as statements. The opposing team must create the answer as a question. For example, team 1 gives the definition "this type of illness is usually reversible and of short duration." Team 2 answers, "What is an acute illness?" Award points for correct answers. Deduct half



		points for responses not phrased as questions until all terms have been defined.
VARIABLES INFLUENCING ILLNESS BEHAVIOR Internal Variables External Variables	Describe illness behaviors and internal and external variables that influence illness behaviors.	
IMPACT OF ILLNESS ON PATIENT AND FAMILY Behavioral and Emotional Changes Impact on Body Image Impact on Self- Concept Impact on Family Roles and Family Dynamics	Discuss how illness impacts the patient and family unit.	 Activity: Have students pick one type of impact (behavior and emotional changes; impact on body image, self-concept, family roles or family dynamics) and one disease or injury and then describe how that disease would impact that aspect of the patient or family unit.



IN-CLASS/ONLINE CASE STUDY

George Mason is a 78-year-old black man who has hypertension and chronic obstructive pulmonary disease (COPD). He is widowed and lives with his daughter and her husband. He is a retired coal miner and spends time helping his son-in-law work on cars. He is overweight and smokes one pack of cigarettes daily. He does not exercise. George's daughter does not work outside the home and watches her two grandchildren 3 days a week. George helps with the children. Deanna is a student nurse who is working at the health fair sponsored by Mr. Mason's church. Her role is to take vital signs and talk with the patients who have health concerns. Mr. Mason is there to have his blood pressure checked.

1. Deanna knows that Mr. Mason needs to quit smoking to improve his health. What factors should she take into consideration that could affect Mr. Mason's willingness to engage in health promotion activities? Select all that apply.

- A. Socioeconomic status
- B. Access to resources
- C. Other chronic illnesses
- D. Mental and physical health
- E. Cognitive status
- F. Encouragement by health care providers
- G. Age

Answer: A, B, C, D, E, F, G

Rationale: All of the factors listed determine how willing a patient will be toward making changes in behavior that would promote health. Health promotion is focused on increasing the patient's level of well-being. How the patient perceives the need to change behavior is based on several variables.

2. Mr. Mason says to Deanna that he doesn't see any reason to quit smoking; he already has COPD, so it wouldn't do any good. According to the stages of the behavior change model, how should Deanna respond?

A. You are right, it isn't that important.

B. It is hard to quit smoking. What things are important to you now? What will be important to you over the next year?

C. I am going to tell your daughter that you have to quit smoking.

D. Maybe someday you will decide to quit smoking. I hope you do before it is too late.

Answer: B

Rationale: By using the principles of the health change model, Deanna is determining whether Mr. Mason is interested in change and showing him some of the implications of change.

3. As Deanna is talking with Mr. Mason, he tells her that he figures he will eventually get diabetes because his father and two brothers had type 2 diabetes. This is considered what type of risk factor?

A. Age

- B. Environmental
- C. Genetic
- D. Lifestyle

Answer: C



Rationale: Heredity or genetics predisposes a person to specific illnesses, such as diabetes. Family history increases the chance for the patient to develop the disease.

4. Deanna is explaining to Mr. Mason that diabetes and COPD are examples of what type of illness?

Answer: Chronic illness

Rationale: A chronic illness persists for longer than 6 months and may increase in severity and then be better controlled, but it is not a disease that will completely be eliminated.

4. Open your charting system and enter the information you have been provided about Mr. Mason. Document what has occurred in this scenario.



CHAPTER 2: ANSWER KEY TO QSEN ACTIVITY

Each person on the interdisciplinary team has a unique background, making him or her a valuable team member. Cardiac disease is a serious, chronic, and costly disease that requires many different disciplines to effectively help patients manage their care and prevent complications. Preventing cardiac disease by managing patients at risk is a wise investment of resources and often covered by insurance. For example, nurses often function in the role of coordinator, ensuring that all required care is met. The registered dietitian works with Charlie on his food choices and meal planning; psychologists can help with motivation and assessing for signs of depression, which is not uncommon in people with chronic disease and life transitions; and a relaxation therapist can help Charlie learn to manage the stress in his life.



CHAPTER 2: ANSWER KEY TO TEXT CLINICAL DECISION MAKING EXERCISES

Note: Answers to these questions can be found on the Evolve site. Click <u>here</u>.

- 1. Risk factors: male, infrequent exercise, obesity, eats out frequently, high cholesterol, hypertension. Further questions: family history, past medical history, 24-hour food recall to better determine dietary intake, adherence to medications, and any history of smoking.
- **2.** The goal in any questions you ask is to think about the individuality of the patient and what may be influencing his decisions.
 - He may think that, because he has had high cholesterol and hypertension for a while without too many problems, nothing very serious will happen to him.
 - He may think that the potential complications simply will not be problems for him.
 - He may have had other relatives with high cholesterol and hypertension who either never suffered from complications or died from something that he perceived to be unrelated to the disease.
 - He may be aware of the seriousness but is overwhelmed with work and household responsibilities.
- **3.** a. He is in the preparation stage.

b. Set a date to begin walking. Maintain a log of minutes walked each day. Start slowly so it will be enjoyable and Charlie will be able to continue to walk. After the first week of walking, set this goal: increase minutes walked per week by 15 minutes each week until reaching an average of 30 minutes every day.



CHAPTER 2: ANSWER KEY TO REVIEW QUESTIONS

1. **Answer: 3.** The first component of the health belief model is an individual's perception of his or her susceptibility to an illness such as the familial risk for coronary artery disease. (p. 16)

2. **Answer: 4.** The second level on the hierarchy of needs consists of safety needs, which include establishing stability and consistency. These psychological needs include the security of a home and a family. (p. 17)

3. **Answer: 2.** Secondary prevention includes screening techniques and treating disease, if present, at an early stage to limit disability by delaying the consequences of advanced disease. (p. 21)

4. **Answer: 3.** Tertiary prevention occurs when a defect or disability is permanent, irreversible, and stabilized. It involves minimizing the effects of long-term disease or disability by interventions directed at preventing complications and deterioration. (p. 21)

5. Answer: 3. Heredity or genetic predisposition to specific illness is a major physical risk factor.
Examples of genetic risk factors include family histories of cancer, heart disease, and kidney disease. (p. 21)

6. **Answer: 1.** The precontemplation stage is when the patient does not intend to make changes within the next 6 months, is unaware of the problem, or underestimates it. (p. 23)

7. **Answer: 1, 2, 4.** External variables influencing a patient's illness behavior include the visibility of symptoms, social group, cultural background, economic variables, accessibility of the health care system, and social support. (p. 25)

8. **Answer: 1, 2, 3.** A person's concept of illness depends on the person's developmental stage. A person's degree of anxiety or stress influences health beliefs and practices. The way that families use health care services generally influences their health practices. Cultural background influences a person's beliefs, values, and customs. (pp. 19-20)

9. **Answer: Health promotion and health protection.** The health promotion and health protection are components from the health promotion model by Pender. (p. 17)

10. **Answer: Risk factor.** A risk factor is any situation, habit, environmental condition, physiological condition, or other variable that increases the vulnerability of an individual or a group to an illness or accident. The presence of risk factors does not mean that a disease will develop, but risk factors increase the chances that the individual will experience a particular disease. (p. 21)



CHAPTER 2: ANSWER KEY TO POWERPOINT SLIDE CASE STUDY

Slide 10

What hurdles need to be overcome for Jack to adopt a more healthy lifestyle? What could you do as a nurse to encourage behavior changes?

Jack needs to be taught that a healthy lifestyle can be incorporated into a busy lifestyle. For instance, the time Jack and his wife spend eating out in restaurants can be spent grocery shopping and cooking for a lot less money. Also, Jack can get up 30 minutes earlier each day to exercise; he can park his car a good distance from his office building to encourage walking; and he can take the stairs instead of the elevator. However, the program won't work if Jack doesn't commit to it and isn't held accountable. Jack can engage his wife and a friend to be his healthy lifestyle buddies to offer him encouragement and to help celebrate his milestones of improvement.

Reference: pp. 20-24

Slide 19

What do you think Sally plans to do?

Sally plans to talk with Jack to determine his understanding of diabetes and to evaluate his readiness for the lifestyle behavior changes needed to manage his health.

What risk factors can you identify that increase Jack's susceptibility to problems with his diabetes and other diseases?

Sally should educate Jack on the hazards of a persistent elevated blood glucose level such as infections, impaired vision, and peripheral vascular disease.

What questions would you ask Jack to determine all of his risk factors?

Sally should ask Jack about current and past signs and symptoms of infection, wounds that are slow to heal, impaired vision, and changes in perceptions of pain or temperature. Sally should also ask Jack detailed cardiac assessment questions to determine if there is a family presence of heart disease, especially since he has heart disease. Social factors such as alcohol and tobacco use should also be assessed in addition to diet and exercise.

What is the impact of Jack's disease on his wife?

Jack's unhealthy lifestyle most likely adversely affects his wife. It is difficult for healthy people to be around unhealthy people. Additionally, if Jack becomes so ill that he requires daily assistance, this could negatively impact his wife's career and psychological well-being.

Reference: pp. 21-24

Slide 20

What outcomes would you design for this encounter? Example outcomes for Jack are:

1. By the end of the visit, Jack will verbalize two reasons it is helpful for him to stay physically active.

2. By the end of the visit, Jack will verbalize one new strategy for exercise he is willing to try.

3. By the end of the visit, Jack will verbalize a willingness to change his work schedule to allow for daily exercise.



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Reference: pp. 17

Slide 22

How should Sally respond to the knowledge that Jack is at the contemplation stage?

Sally responds to the knowledge that Jack is in the contemplation stage by:

1. Sally targets her teaching to helping Jack see the benefits of exercise, how it could fit into his schedule, and what kinds of things he likes to do.

2. Sally asks Jack to bring a list of benefits of exercise for him and three or four options for exercise to their next appointment.

3. With this process, Sally hopes to move Jack into the preparation stage of behavior change for exercise at their next visit.

Reference: pp. 23-24

Slide 23

What are some additional teaching strategies Sally could use? Then discuss the ones below. Some additional teaching strategies to use when talking with Jack include:

1. Reinforce the process of change with Jack.

2. Use written resources at an appropriate reading level.

3. Include Jack's wife to support the lifestyle change.

4. Identify community resources available to Jack (walking track, fitness facilities, etc.).

Reference: p. 21

Slide 27

Which stage (of the stages of behavior model) best describes Jack's desire to change? Jack is at the preparation stage.

What goals could Sally help Jack set during this visit?

The goals Sally could help Jack set are:

- 1. Purchase new walking shoes.
- 2. While on vacation, walk 30 minutes each day with his wife.
- 3. Upon return to work, walk 30 minutes each day and log activity.

Reference: pp. 23-24

Slide 28

What other important step can you take as a nurse once Jack begins exercising? Discuss the value of positive reinforcement.

Reference: p. 21

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