

CHAPTER Health and Illness 2 in the Adult Client

LEARNING OUTCOMES

- Define health, incorporating the health–illness continuum and the concept of high-level wellness.
- Explain factors affecting functional health status.
- Discuss the nurse’s role in health promotion.
- Describe characteristics of health, disease, and illness.
- Describe illness behaviors and needs of the client with acute illness and chronic illness.
- Describe the primary, secondary, and tertiary levels of illness prevention.
- Compare and contrast the physical status, risks for alterations in health, assessment guidelines, and healthy behaviors of the young adult, middle adult, and older adult.
- Explain the definitions, functions, and developmental stages and tasks of the family.

CLINICAL COMPETENCIES

- Include knowledge of developmental levels and of activities to promote, restore, and maintain health when planning and implementing care for adult clients.
- Include family members in teaching to promote and maintain health of the adult client.

MEDIALINK



Resources for this chapter can be found on the Prentice Hall Nursing MediaLink DVD-ROM accompanying this textbook, and on the Companion Website at <http://www.prenhall.com/lemone>

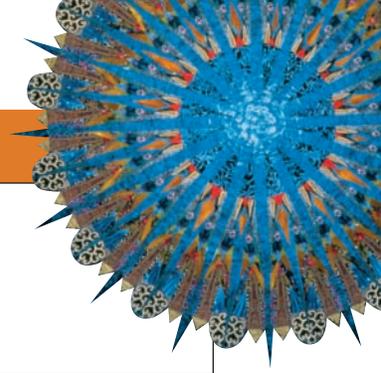


KEY TERMS

acute illness, 23
chronic illness, 23
disease, 22
exacerbation, 23

family, 31
health, 19
health–illness continuum, 19
holistic health care, 19

illness, 22
manifestations, 22
remission, 23
wellness, 19



The human responses that nurses must consider when planning and implementing care result from changes in the structure and/or function of all body systems, as well as the interrelated effects of those changes on the psychosocial, cultural, spiritual, economic, and personal life of the client.

The World Health Organization (WHO) defines **health** as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (WHO, 1974, p. 1). However, this definition does not take into account the various levels of health a person may experience, or that a person may be clinically described as ill yet still define oneself as well. These additional factors, which greatly influence nursing care, include the health–illness continuum and high-level wellness.

THE HEALTH–ILLNESS CONTINUUM AND HIGH-LEVEL WELLNESS

The **health–illness continuum** represents health as a dynamic process, with high-level **wellness** at one extreme of the continuum and death at the opposite extreme (Figure 2–1 ■). Individuals place themselves at different locations on the continuum at specific points in time.

Dunn (1959) expanded the concept of a continuum of health and illness in his description of high-level wellness. Dunn conceptualized wellness as an active process influenced by the environment. He differentiated good health from wellness:

Good health can exist as a relatively passive state of freedom from illness in which the individual is at peace with his environment. . . . Wellness is an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning. (1959, p. 4)

A variety of factors influence wellness, including self-concept, environment, culture, and spiritual values. Providing care based on a framework of wellness facilitates active involvement by both the nurse and the client in promoting, maintaining, or restoring health. It also supports the philosophy of **holistic health care**, in which all aspects of a person (physical, psychosocial, cultural, spiritual, and intellectual) are considered as essential components of individualized care.

Factors Affecting Health

Many different factors affect a person’s health or level of wellness. These factors often interact to promote health or to become risk factors for alterations in health. The factors affecting health are described next.

Genetic Makeup

Each person’s genetic makeup influences health status throughout life. Genetic makeup affects personality, temperament, body structure, intellectual potential, and susceptibility to the development of hereditary alterations in health. Examples of chronic illnesses that are associated with genetic makeup include sickle cell disease, hemophilia, diabetes mellitus, and cancer.

Cognitive Abilities and Educational Level

Although cognitive abilities are determined prior to adulthood, the level of cognitive development affects whether people view themselves as healthy or ill; cognitive levels also may affect health practices. Injuries to and illnesses affecting the brain may alter cognitive abilities. Educational level affects the ability to understand and follow guidelines for health. For example, if an individual is functionally illiterate, written information about healthy behaviors and health resources is worthless.

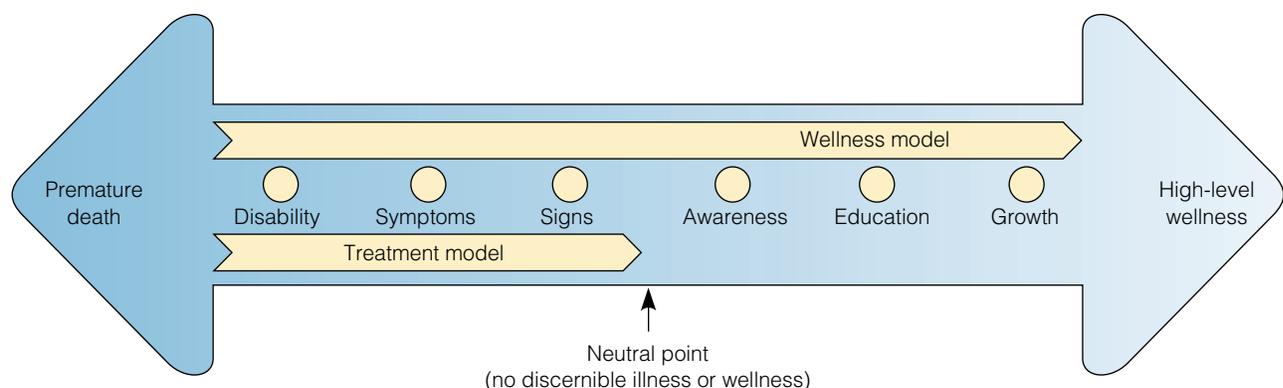


Figure 2–1 ■ The health–illness continuum.

Source: From *Wellness Workbook* by J. W. Travis and R. S. Ryan, 1998, Berkeley, CA: Ten Speed Press. Used with permission.

Race, Ethnicity, and Cultural Background

Certain diseases occur at a higher rate of incidence in some races and ethnic groups than in others. For example, in the United States, hypertension is more common in African Americans, tuberculosis and diabetes mellitus are among the leading causes of illness in Native Americans, and eye disorders are more prevalent in Chinese Americans. The ethnic and cultural background of an individual also influences health values and behaviors, lifestyle, and illness behaviors. Every culture defines health and illness in a way that is unique; in addition, each culture has its own health beliefs and illness treatment practices.

Age, Gender, and Developmental Level

Age, gender, and developmental level are factors in health and illness. Cardiovascular disorders are uncommon in young adults, but the incidence increases after the age of 40. Myocardial infarctions are more common in men than women until women are postmenopausal. Some diseases occur only in one gender or the other (e.g., prostate cancer in men and cervical cancer in women). The older adult often has increased incidence of chronic illness and increased potential for serious illness or death from infectious illnesses such as influenza and pneumonia.

Lifestyle and Environment

The components of a person's lifestyle that affect health status include patterns of eating, use of chemical substances (alcohol, nicotine, caffeine, legal and illegal drugs), exercise and rest patterns, and coping methods. Examples of altered responses are the relationship of obesity to hypertension, cigarette smoking to chronic obstructive pulmonary disease, a sedentary lifestyle to heart disease, and a high-stress career to alcoholism. The environment has a major influence on health. Occupational exposure to toxic substances (such as asbestos and coal dust) increases the risk of pulmonary disorders. Air, water, and food pollution increase the risk of respiratory disorders, infectious diseases, and cancer. Environmental temperature variations can result in hypothermia or hyperthermia, especially in the older adult.

Socioeconomic Background

Both lifestyle and environmental influences are affected by one's income level. The culture of poverty, which crosses all racial and ethnic boundaries, negatively influences health status. Living at or below the poverty level often results in crowded, unsanitary living conditions or homelessness. Housing often is overcrowded, lacks adequate heating or cooling, and is infested with insects and rats. Crowded living conditions increase the risk of transferring communicable diseases. Other problems include lack of infant and child care, lack of medical care for injuries or illness, inadequate nutrition, use of addictive substances, and violence.

Geographic Area

The geographic area in which one lives influences health status. Such illnesses as malaria are more common in tropical areas of North America, whereas multiple sclerosis occurs with greater frequency in the northern United States and Canada. Other geographic influences are seen in the number of skin

cancers in people living in sunny, hot areas and sinus infections in people living in areas of high humidity.

Health Promotion and Maintenance

For many years, the emphasis in nursing was on care of the acutely ill client in the hospital setting. With changes in society and in health care, this emphasis is shifting toward preventive, community-based care. Although the focus of this textbook is not community health nursing, the importance of teaching health-promoting behaviors is an essential component of medical-surgical nursing.

Healthy Living

Practices that are known to promote health and wellness include the following:

- Eat three balanced meals a day, following the guidelines developed jointly by the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (DHHS) (Box 2–1). It is also helpful to follow a general guideline of what to eat each day, such as with the Food Guide Pyramid illustrated in Figure 2–2. The food pyramid was revised in 2005, with recommendations for a greater emphasis on monounsaturated and polysaturated fats, the inclusion of whole-grain foods with each meal, and increased intake of fish and vegetables. The goal of the revision is to reduce obesity and cardiovascular disease. A web site is available to individualize the plan by helping consumers choose foods and amounts. After entering their age, gender, and activity level, consumers get their own plan at an appropriate calorie level, and can print out a miniposter and worksheet to track progress.
- Exercise moderately and regularly.
- Sleep 7 to 8 hours each day.
- Limit alcohol consumption to a moderate amount, and favor red wine.
- Eliminate smoking.

BOX 2–1 Dietary Guidelines for Health

- Eat a variety of foods to get the energy, proteins, vitamins, minerals, and fiber needed for good health.
- Balance intake of food with physical activity. Maintain or improve body weight to reduce the risks of high blood pressure, heart disease, stroke, certain cancers, and type 2 diabetes mellitus.
- Choose a diet with plenty of grain products, vegetables, and fruits, which provide needed fiber and complex carbohydrates and can help lower intake of fat.
- Choose a diet low in fat, saturated fat, and cholesterol to reduce the risk of heart attack and certain types of cancer, and to help maintain a healthy weight.
- Choose a diet moderate in sugars. Increased sugar intake can increase weight, decrease nutrient intake, and contribute to tooth decay.
- Choose a diet moderate in salt and sodium to help reduce the risk of high blood pressure.
- Drink alcoholic beverages, if at all, in moderation. Alcohol provides non-nutrient calories, may be addictive, and causes many health problems.

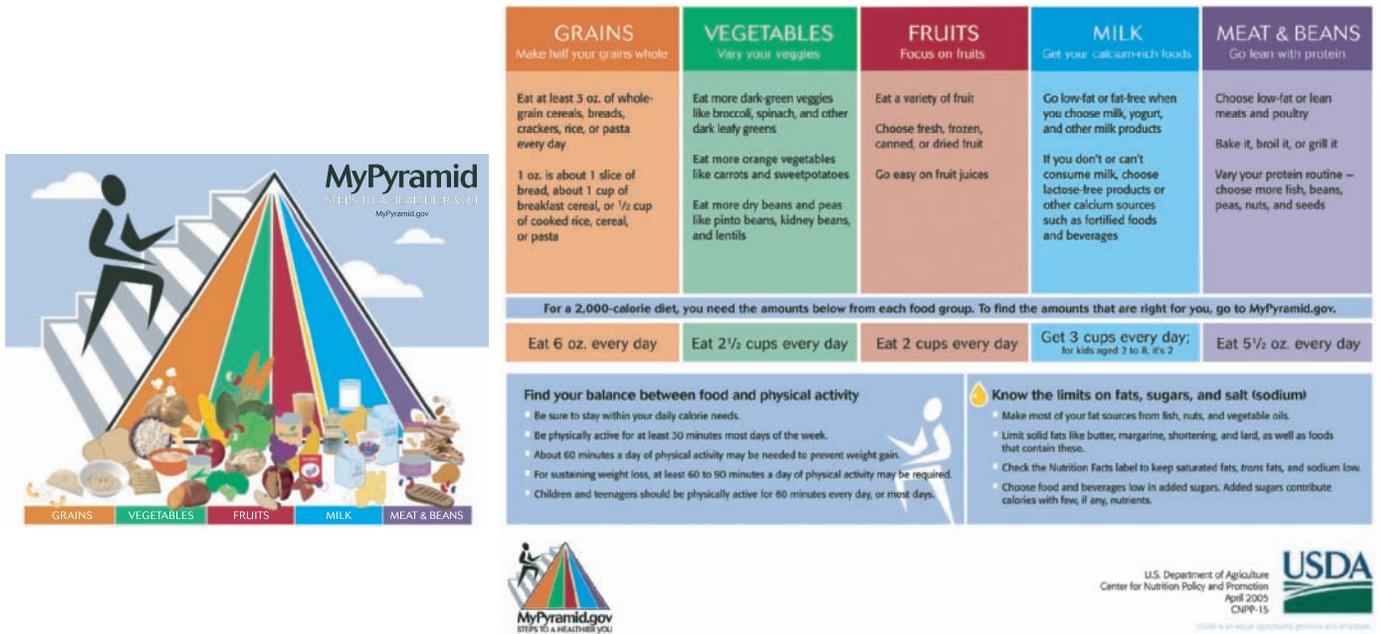


Figure 2–2 ■ The revised Food Guide Pyramid is designed to be used as a method of helping Americans make healthy food choices and be active every day.

From U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2005). <http://www.mypyramid.gov/downloads/miniposter.pdf>

- Keep sun exposure to a minimum.
 - Maintain recommended immunizations (Table 2–1).
- The nurse promotes health by teaching the activities that maintain wellness, by providing information about the characteristics and consequences of diseases when risk factors have been identified, and by supplying specific information about decreasing risk factors (Pender, Parsons, & Murdaugh, 2006).

The nurse also promotes health by following healthy practices and serving as a role model.

National Health Promotion

The DHHS (2000) published national health objectives for the year 2010. Goals and leading health indicators are described in Box 2–2.

TABLE 2–1 Recommended Immunizations for Adults

VACCINE	INDICATIONS	DO NOT GIVE TO
Measles-mumps-rubella	Anyone born after 1956 and never infected, or those likely to be exposed, such as those entering college or the military.	Pregnant women, immunocompromised people, or anyone with a history of anaphylactic reaction to egg protein or neomycin.
Tetanus and diphtheria toxoids	Anyone who has never been vaccinated should have the primary series, followed by booster every 10 years.	None identified.
Hepatitis B	Anyone likely to have repeated exposure (such as healthcare providers or sex partners of a known carrier) or who have had exposure (such as a needle-stick injury to a healthcare worker).	People with a history of anaphylactic reaction to common baker's yeast.
Influenza A	Anyone at high risk for complications, healthcare providers, and those wanting immunity.	Those with a high fever, or a history of anaphylactic reaction to egg protein.
Pneumococcal pneumonia	Anyone at high risk for pneumococcal disease, those over 65 years of age.	Pregnant women.
Varicella	Anyone never infected, especially healthcare providers and child care workers.	Pregnant women, immunocompromised people, those who have received an immune globulin or a blood transfusion within 5 months, or those with a history of anaphylactic reactions to neomycin or gelatin.

BOX 2–2 Goals and Leading Health Indicators: *Healthy People 2010*

Healthy People 2010 has two major goals: to increase the quality and years of healthy life and to eliminate health disparities.

The major goals are divided into 28 focus areas, with each area having a specific goal. For example, for cancer, the goal is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

The leading indicators used to measure the expected goals are as follows:

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to health care

Source: Data from *Healthy People 2010* by U.S. Department of Health and Human Services, 2000, Washington, DC.

Disease and Illness

Disease and *illness* are terms that are often used interchangeably, but in fact they have different meanings. In general, nursing is concerned with illness, whereas medicine is concerned with disease.

Disease

Disease (literally meaning “without ease”) is a medical term describing alterations in structure and function of the body or mind. Diseases may have mechanical, biologic, or normative causes. Mechanical causes of disease result in damage to the structure of the body and are the result of trauma or extremes of temperature. Biologic causes of disease affect body function and are the result of genetic defects, the effects of aging, infestation and infection, alterations in the immune system, and alterations

in normal organ secretions. Normative causes are psychologic but involve a mind–body interaction, so that physical manifestations occur in response to the psychologic disturbance.

The cause of many diseases is still unknown. The following are generally accepted as common causes of disease:

- Genetic defects
- Developmental defects resulting from exposure to viruses, chemicals, or drugs that affect the developing fetus
- Biologic agents or toxins (including viruses, bacteria, rickettsia, fungi, protozoa, and helminths)
- Physical agents such as temperature extremes, radiation, and electricity
- Chemical agents such as alcohol, drugs, strong acids or bases, and heavy metals
- Generalized response of tissues to injury or irritation
- Alterations in the production of antibodies, resulting in allergies or hypersensitivities
- Faulty metabolic processes (e.g., a production of hormones or enzymes above or below normal)
- Continued, unabated stress.

Diseases may be classified as acute or chronic, communicable, congenital, degenerative, functional, malignant, psychosomatic, idiopathic, or iatrogenic. These classifications are defined in Table 2–2. In all types of disease, alterations in structure or function cause signs and symptoms (**manifestations**) that prompt a person to seek treatment from a physician or traditional healer. Although both subjective symptoms and objective signs commonly appear with disease, objective signs often predominate. Examples of objective signs include bleeding, vomiting, diarrhea, limitation of movement, swelling, visual disturbances, and changes in elimination. However, pain (a subjective symptom) is often the primary reason that prompts a person to seek health care.

Illness

Illness is the response a person has to a disease. This response is highly individualized, because the person responds not only to his or her own perceptions of the disease but also to the perceptions of others. Illness integrates pathophysiologic alterations; psychologic effects of those alterations; effects on roles,

TABLE 2–2 Disease Classifications and Definitions

CLASSIFICATION	DEFINITION
Acute	A disease that has a rapid onset, lasts a relatively short time, and is self-limiting
Chronic	A disease that has one or more of these characteristics: (1) is permanent, (2) leaves permanent disability, (3) causes nonreversible pathophysiology, (4) requires special training of the client for rehabilitation, (5) requires a long period of care
Communicable	A disease that can spread from one person to another
Congenital	A disease or disorder that exists at or before birth
Degenerative	A disease that results from deterioration or impairment of organs or tissues
Functional	A disease that affects function or performance but does not have manifestations of organic illness
Malignant	A disease that tends to become worse and cause death
Psychosomatic	A psychologic disease that is manifested by physiologic symptoms
Idiopathic	A disease that has an unknown cause
Iatrogenic	A disease that is caused by medical therapy

relationships, and values; and cultural and spiritual beliefs. A person may have a disease and not categorize himself or herself as ill, or may validate feelings of illness through the comments of others (“You don’t look as though you feel well today”).

ACUTE ILLNESS An **acute illness** occurs rapidly, lasts for a relatively short time, and is self-limiting. The condition responds to self-treatment or to medical-surgical intervention. Clients with uncomplicated acute illnesses usually have full recovery and return to normal preillness functioning.

Illness behaviors are the way people cope with the alterations in health and function caused by a disease. Illness behaviors are highly individualized and are influenced by age, gender, family values, economic status, culture, educational level, and mental status. A sequence of illness behaviors (Suchman, 1972) follows:

1. *Experiencing symptoms.* In the first stage of an acute illness, a person experiences one or more manifestations that serve as cues for an awareness that a change in normal health is occurring. The most significant manifestation is pain. Examples of other symptoms that signal an illness are bleeding, swelling, fever, or difficulty with breathing. If the manifestations are mild or are familiar (such as symptoms of the common cold or influenza), the person usually uses over-the-counter medications or a traditional remedy for self-treatment. If the symptoms are relieved, no further action is taken; however, if the symptoms are severe or become worse, the person moves to the next stage.
2. *Assuming the sick role.* In the second stage of the sequence, the person assumes the sick role. This role assumption signals acceptance of the symptoms as proof that an illness is present. The person usually validates this belief with others and seeks support for the need to have professional treatment or to stay at home from school or work. Self-preoccupation is characteristic of this stage, and the person focuses on alterations in function resulting from the illness. If the illness is resolved, the person validates a return to health with others and resumes normal activities; however, if manifestations remain or increase in severity and others agree that no improvement has occurred, the person moves to the next stage by seeking medical care.
3. *Seeking medical care.* In our society, a physician or other healthcare provider most often provides validation of illness. People who believe themselves to be ill (and who are encouraged by others to contact a healthcare provider) make the medical contact for diagnosis, prognosis, and treatment of the illness. If the medical diagnosis is of an illness, the person moves to the next stage. If the medical diagnosis does not support illness, the client may return to normal functioning or may seek validation from a different healthcare provider.
4. *Assuming a dependent role.* The stage of assuming a dependent role begins when a person accepts the diagnosis and planned treatment of the illness. As the severity of the illness increases, so does the dependent role. It is during this stage that the person may enter the hospital for treatment and care. The responses of the person to care depend on many different variables: the severity of the illness, the degree of anxiety or fear about the outcome, the loss of

roles, the support systems available, individualized reactions to stress, and previous experiences with illness care.

5. *Achieving recovery and rehabilitation.* The final stage of an acute illness is recovery and rehabilitation. Institutional health care focuses on the acute care needs of the ill client, with recovery beginning in the hospital and completed at home. This focus makes client education and continuity of care a major goal for nursing. It has also contributed to the shift in settings for nursing care, with increasing numbers of nurses providing care in community settings and the home. The person now gives up the dependent role and resumes normal roles and responsibilities. As a result of education during treatment and care, the person may be at a higher level of wellness after recovery is complete. There is no set timetable for recovery from an illness. The degree of severity of the illness and the method of treatment both affect the length of time required, as does the person’s compliance with treatment plans and motivation to return to normal health.

CHRONIC ILLNESS **Chronic illness** is a term that encompasses many different lifelong pathologic and psychologic alterations in health. It is the leading health problem in the world today, and the number of people with chronic illnesses is estimated to triple by the year 2040. Current trends affecting an increased incidence of chronic illnesses include diseases of aging, diseases of lifestyle and behavior, and environmental factors.

Most descriptions of chronic illness are based on the definition by the National Commission on Chronic Illness, which states that a chronic illness is any impairment or deviation from normal functioning that has one or more of the following characteristics:

- It is permanent.
- It leaves permanent disability.
- It is caused by nonreversible pathologic alterations.
- It requires special training of the client for rehabilitation.
- It may require a long period of care.

Chronic illness is also characterized by impaired function in more than one body system; responses to this impaired function may occur in sensory perception, self-care abilities, mobility, cognition, and social skills. The demands on the individual and family as a result of these responses are often lifelong (Miller, 2000).

The intensity of a chronic illness and its related manifestations range from mild to severe, and the illness is usually characterized by periods of remission and exacerbation. During periods of **remission**, the person does not experience symptoms, even though the disease is still clinically present. During periods of **exacerbation**, the symptoms reappear. These periods of change in symptoms do not appear in all chronic diseases.

Each person with a chronic illness has a unique set of responses and needs. The response of the person to the illness is influenced by the following factors:

- The point in the life cycle at which the onset of the illness occurs
- The type and degree of limitations imposed by the illness
- The visibility of impairment or disfigurement
- The pathophysiology causing the illness
- The relationship between the impairment and functioning in social roles
- Pain and fear.

These factors are highly complex. They are interrelated within each person, resulting in individualized illness behaviors and needs. Because there are so many different chronic diseases and because the experience of each person with the illness is a composite of individualized responses, it is difficult to generalize about needs. However, almost all people with a chronic illness will need to:

- Live as normally as possible, despite the symptoms and treatment that make the person with a chronic illness feel alienated, lonely, and different from others without the illness.
- Learn to adapt activities of daily living and self-care activities.
- Grieve the loss of physical function and structure, income, status, roles, and dignity.
- Comply with a medical treatment plan.
- Maintain a positive self-concept and a sense of hope.
- Maintain a feeling of being in control.
- Confront the inevitability of death. (Miller, 2000)

Some people with chronic illness successfully meet health-related needs, whereas others do not. Research indicates that adaptation is influenced by variables such as anger, depression, denial, self-concept, locus of control, hardiness, and disability. Nursing interventions for the person with a chronic illness focus on education to promote independent functioning, reduce health-care costs, and improve well-being and quality of life.

ILLNESS PREVENTION Activities to prevent illness include any measures that limit the progression of an illness at any point of its course. Three levels of illness prevention have been defined (Leavell & Clark, 1965). Each level of prevention occurs at a distinct point in the development of a disease process and requires specific nursing interventions (Edelman & Mandle, 2006). The levels are as follows:

1. *Primary level of prevention.* This level includes generalized health promotion activities as well as specific actions that prevent or delay the occurrence of a disease. Following are examples of primary prevention activities:
 - Protecting oneself against environmental risks, such as air and water pollution
 - Eating nutritious foods
 - Protecting oneself against industrial hazards
 - Obeying seat belt and helmet laws
 - Obtaining sex counseling and practicing safer sex
 - Obtaining immunizations
 - Undergoing genetic screenings
 - Eliminating the use of alcohol and cigarettes.
2. *Secondary level of prevention.* This level involves activities that emphasize early diagnosis and treatment of an illness that is already present, to stop the pathologic process and enable the person to return to his or her former state of health as soon as possible. Following are examples of secondary prevention activities:
 - Having screenings for diseases such as hypertension, diabetes mellitus, and glaucoma
 - Obtaining physical examinations and diagnostic tests for cancer
 - Performing self-examination for breast and/or testicular cancer

- Obtaining tuberculosis skin tests
 - Obtaining specific treatment for illness (e.g., the treatment of streptococcal infections of the throat will prevent secondary infections involving the heart and/or kidneys).
3. *Tertiary level of prevention.* This level focuses on stopping the disease process and returning the affected individual to a useful place in society within the constraints of any disability. The activities primarily revolve around rehabilitation. The activities primarily revolve around rehabilitation. Following are examples of tertiary prevention measures:
 - Obtaining medical or surgical treatment for an illness
 - Enrolling in specific rehabilitation programs for cardiovascular problems, head injuries, and strokes
 - Joining work training programs following illness or injury
 - Educating the public to employ rehabilitated people to the fullest possible extent.

MEETING HEALTH NEEDS OF ADULTS

The adult years commonly are divided into three stages: the young adult (ages 18 to 40), the middle adult (ages 40 to 65), and the older adult (over age 65). Although developmental markers are not as clearly delineated in the adult as in the infant or child, specific changes do occur with aging in intellectual, psychosocial, and spiritual development, as well as in physical structures and functions.

The developmental theories specific to the adult, with related stages and tasks, are listed in Table 2–3. Applying a variety of developmental theories is important to the holistic care of the adult client as nurses perform assessments, implement care, and provide teaching.

The Young Adult

From ages 18 to 25, the healthy young adult is at the peak of physical development. All body systems are functioning at maximum efficiency. Then, during the 30s, some normal physiologic changes begin to occur. A comparison of physical status for young adults during their 20s and 30s is shown in Table 2–4.

Risks for Alterations in Health

The young adult is at risk for alterations in health from accidents, sexually transmitted infections, substance abuse, and physical or psychosocial stressors. These risk factors may be interrelated.

INJURIES Unintentional injuries are the leading cause of injury and death in people between ages 15 and 24 (Centers for Disease Control and Prevention, [CDC], 2003). Most injuries and fatalities occur as the result of motor vehicle crashes; but injuries and death also result from assaults (homicide), drowning, fire, guns, occupational accidents, and exposure to environmental hazards. Accidental injury or death is often associated with the use of alcohol or other chemical substances, or with psychological stress. Intentional self-harm (suicide) is the third leading cause of death in young adults of both genders.

SEXUALLY TRANSMITTED INFECTIONS Sexually transmitted infections include genital herpes, chlamydia, gonorrhea, syphilis, and HIV/AIDS. The young adult who is sexually active with a variety of partners and who does not use condoms is at greatest risk for development of these diseases. Nursing care of clients with sexually transmitted infections is discussed in Chapter 52 ∞.

TABLE 2–3 Theories of Adult Development

	THEORIST	AGE	TASK
Psychosocial Development	Erikson	18–25	Identity versus role confusion <ul style="list-style-type: none"> ■ Establishing an intimate relationship with another person ■ Committing oneself to work and to relationships
		25–65	Generativity versus stagnation <ul style="list-style-type: none"> ■ Accepting one's own life as creative and productive ■ Having concern for others
		65–death	Integrity versus despair <ul style="list-style-type: none"> ■ Accepting worth of one's own life ■ Accepting inevitability of death
Spiritual Development	Fowler	After 18	<ul style="list-style-type: none"> ■ Having a high degree of self-consciousness ■ Constructing one's own spiritual system ■ Being aware of truth from a variety of viewpoints
		After 30	<ul style="list-style-type: none"> ■ Searching faith ■ Acquiring a cognitive and an affective faith through questioning one's own faith
	Westerhoff	Young adult	<ul style="list-style-type: none"> ■ Searching faith ■ Acquiring a cognitive and an affective faith through questioning one's own faith
Moral Development	Kohlberg	Middle–older adult	Owned faith <ul style="list-style-type: none"> ■ Putting faith into action and standing up for beliefs
		Adult	Postconventional level Social contract/legalistic orientation <ul style="list-style-type: none"> ■ Defining morality in terms of personal principles ■ Adhering to laws that protect the welfare and rights of others Universal-ethical principles <ul style="list-style-type: none"> ■ Internalizing universal moral principles ■ Respecting others; believing that relationships are based on mutual trust
Developmental Tasks	Havighurst	18–35	<ul style="list-style-type: none"> ■ Selecting and learning to live with a mate ■ Starting a family and rearing children ■ Managing a home ■ Starting an occupation ■ Taking on civic responsibility ■ Finding a congenial social group
		35–60	<ul style="list-style-type: none"> ■ Achieving civic and social responsibility ■ Establishing and maintaining an economic standard of living ■ Assisting teenage children in becoming responsible and happy adults ■ Developing leisure-time activities ■ Relating to one's spouse as a person ■ Accepting and adjusting to the physiologic changes of middle age ■ Adjusting to aging parents
		60 and over	<ul style="list-style-type: none"> ■ Meeting civic and social obligations ■ Establishing an affiliation with one's own age group ■ Establishing satisfactory physical living arrangements ■ Adjusting to decreasing physical strength, health, retirement, reduced income, death of spouse

Source: Data from *Childhood and Society* (2nd ed.) by E. Erikson, 1963, New York: Norton; *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* by J. W. Fowler, 1981, New York: Harper & Row; *Human Development and Education* (3rd ed.) by R. J. Havighurst, 1972, New York: Longman; *The Meaning and Measurement of Moral Development* by L. Kohlberg, 1979, New York: Clark University; and *Will Our Children Have Faith?* by J. Westerhoff, 1976, New York: Seabury Press.

SUBSTANCE ABUSE Substance abuse is a major cause for concern in the young adult population. Although alcohol abuse occurs at all ages, it is greater in the 20s than during any other decade of the life span. Alcohol contributes to motor vehicle crashes and physical violence, and it is damaging to the developing fetus in pregnant women. It can also cause liver disease and nutritional deficits.

Other substances that are commonly abused include nicotine, marijuana, amphetamines, cocaine, and crack. Smoking increases the risk of respiratory and cardiovascular diseases.

Cocaine and crack can cause death from cardiovascular effects (increased heart rate and ventricular dysrhythmias), and can lead to addiction and health problems in the baby born to an addicted mother. Nursing care of clients with problems of substance abuse is discussed in Chapter 6 ∞.

PHYSICAL AND PSYCHOSOCIAL STRESSORS Physical stressors that increase the risk of illness include environmental pollutants and work-related risks (e.g., electrical hazards, mechanical injuries, or exposure to toxins or infectious agents). Other physical stressors include exposure to the sun,



TABLE 2–4 Physical Status and Changes in the Young Adult Years

ASSESSMENT	STATUS DURING THE 20S	STATUS DURING THE 30S
Skin	Smooth, even temperature	Wrinkles begin to appear
Hair	Slightly oily, shiny Balding may begin	Graying may begin Balding may begin
Vision	Snellen 20/20	Some loss of visual acuity and accommodation
Musculoskeletal	Strong, coordinated	Some loss of strength and muscle mass
Cardiovascular	Maximum cardiac output 60–90 beats/min Mean BP: 120/80	Slight decline in cardiac output 60–90 beats/min Mean BP: 120/80
Respiratory	Rate: 12–20 Full vital capacity	Rate: 12–20 Decline in vital capacity

ingestion of chemical substances (e.g., caffeine, alcohol, nicotine), and pregnancy.

Many different and individualized psychosocial stressors may affect the young adult. Choices must be made about education, occupation, relationships, independence, and lifestyle. The young adult without adequate education or job skills may face unemployment, poverty, homelessness, and limited access to health care. Divorces in the United States are increasing. Three of every five marriages end in divorce, and this number is even higher among young adults (Edelman & Mandel, 2006). Divorce often results in loneliness, feelings of failure, financial difficulties, domestic violence, and child abuse. The inability of the young adult to cope with these stressors may result in suicide, which ranks next to accidents as a major cause of death in this age group. Although difficult to prove, it is believed that some accidental deaths, especially when associated with substance abuse, are actually suicides.

Assessment Guidelines

The following guidelines are useful in assessing the achievement of significant developmental tasks in the young adult. Does the young adult:

- Feel independent from parents?
- Have a realistic self-concept?
- Like oneself and the direction in which life is going?
- Interact well with family?
- Cope with the stresses of constant change and growth?
- Have well-established bonds with significant others, such as marriage partners or close friends?
- Have a meaningful social life?
- Have a career or occupation?
- Demonstrate emotional, social, and economic responsibility for own life?
- Have a set of values that guide behavior?
- Have a healthy lifestyle?

Physical assessment of the young adult includes height and weight, blood pressure, and vision. During the health history, the nurse should ask specific questions about substance use, sexual activity and concerns, exercise, eating habits, menstrual history and patterns, coping mechanisms, any familial chronic illnesses, and family changes.

Promoting Healthy Behaviors in the Young Adult

The nurse promotes health in the young adult by teaching the behaviors listed in Box 2–3. Health information for the young adult is primarily provided in community settings. Examples are as follows:

- Health-related courses and seminars at colleges and universities include information on the use of sports and exercise facilities, alcohol and drug abuse, smoking cessation, mental health, and sexual health.
- Workplace programs include blood pressure monitoring, exercise, smoking cessation, cafeteria nutrition guidelines, and stress reduction activities.
- Community programs include media information, health fairs, support groups, and information about risk factors for disease and injury.

The Middle Adult

The middle adult, ages 40 to 65, has physical status and function similar to that of the young adult. However, many changes take place between ages 40 and 65. Table 2–5 lists the physical changes that normally occur in the middle years.

Risks for Alterations in Health

The middle adult is at risk for alterations in health from obesity, cardiovascular disease, cancer, substance abuse, and physical and psychosocial stressors. These factors may be interrelated.

OBESITY The middle adult often has a problem maintaining a healthy weight. Weight gain in middle adulthood is usually the result of continuing to consume the same number of calories while decreasing physical activity and experiencing a decrease in basal metabolic rate. Obesity affects all of the major organ systems of the body, increasing the risk of atherosclerosis, hypertension, elevated cholesterol and triglyceride levels, and diabetes. Obesity is also associated with heart disease, osteoarthritis, and gallbladder disease.

CARDIOVASCULAR DISEASE The major risk factors, especially for coronary artery disease, include age, male gender, physical inactivity, cigarette smoking, hypertension, elevated blood cholesterol levels, and diabetes. Other contributing factors include obesity, stress, and lack of exercise. The middle

BOX 2–3 Healthy Behaviors in the Young Adult

- Choose foods from all food groups, and eat a variety of foods.
- Choose a diet low in fat (30% or less of total calories), saturated fat (less than 10% of calories), and cholesterol (less than 300 mg daily).
- Choose a diet that each day includes at least three servings of vegetables, two servings of fruits, and six servings of grains.
- Use sugar, salt, and sodium in moderation.
- For females, increase to or maintain 18 mg of iron daily in the diet, and 400 mg of folic acid per day through diet or supplements.
- Make exercise a regular part of life, carrying out activities that increase the heart rate to a set target, and maintain that rate for 30–60 minutes three or four times a week.
- Include exercise as part of any weight reduction program.
- Have regular physical examinations, including assessment for cancer of the thyroid, ovaries, lymph nodes, and skin (every 3 years).
- Have a vision examination every 2–4 years.
- Have an annual dental checkup.
- For females between ages 20 and 39 have a clinical breast examination by a healthcare professional every 3 years.
- For females, have Pap tests as recommended by a physician: annually until three or more consecutive normal results, and then at physician's discretion.
- For males, have testicular and prostate examinations every 5 years.
- Conduct breast self-examination or testicular self-examination monthly.
- Maintain immunizations.

adult is at risk for peripheral vascular, cerebrovascular, and cardiovascular disease.

CANCER Cancer is the third leading cause of death in adults between ages 25 and 64 in the United States, with one-third of cases occurring between ages 35 and 64. Cancers of the breast, colon, lung, and reproductive system are common in the middle years. The middle adult is at risk for cancer as a result of increased length of exposure to environmental carcinogens, as well as alcohol and nicotine use. Nursing care of the client with cancer is discussed in Chapter 14 ∞.

SUBSTANCE ABUSE Although the middle adult may abuse a variety of substances, the most commonly abused are alcohol, nicotine, and prescription drugs. Excess alcohol use in the middle adult contributes to an increased risk of liver cancer, cirrhosis, pancreatitis, hyperlipidemia, and anemia. Alcoholism also increases the risk of accidental injury or death and disrupts

careers and relationships. Cigarette smoking increases the risk of cancer of the larynx, lung, mouth, pharynx, bladder, pancreas, esophagus, and kidney; of chronic obstructive pulmonary disorders; and of cardiovascular disorders.

PHYSICAL AND PSYCHOSOCIAL STRESSORS The middle adult years are ones of change and transition, frequently resulting in stress. Both men and women must adapt to changes in physical appearance and function and accept their own mortality. Children may leave home or choose to remain at home longer than they are welcome. Parents are aging, with illness probable and death inevitable. The middle adult thus becomes part of what has been called “the sandwich generation,” caught between the need to care for both children and aging parents. Both men and women may make career changes, and approaching retirement becomes a reality. Divorce in the middle years is a major emotional, social, and financial stressor.

TABLE 2–5 Physical Changes in the Middle Adult Years

ASSESSMENT	CHANGES
Skin	<ul style="list-style-type: none"> ■ Decreased turgor, moisture, and subcutaneous fat result in wrinkles. ■ Fat is deposited in the abdominal and hip areas.
Hair	<ul style="list-style-type: none"> ■ Loss of melanin in hair shaft causes graying. ■ Hairline recedes in males.
Sensory	<ul style="list-style-type: none"> ■ Visual acuity for near vision decreases (presbyopia) during the 40s. ■ Auditory acuity for high-frequency sounds decreases (presbycusis); more common in men. ■ Sense of taste diminishes.
Musculoskeletal	<ul style="list-style-type: none"> ■ Skeletal muscle mass decreases by about age 60. ■ Thinning of intervertebral discs results in loss of height (about 2.5 cm [1 inch]). ■ Postmenopausal women may have loss of calcium and develop osteoporosis.
Cardiovascular	<ul style="list-style-type: none"> ■ Blood vessels lose elasticity. ■ Systolic blood pressure may increase.
Respiratory	<ul style="list-style-type: none"> ■ Loss of vital capacity (about 1 L from age 20 to 60) occurs.
Gastrointestinal	<ul style="list-style-type: none"> ■ Large intestine gradually loses muscle tone; constipation may result. ■ Gastric secretions are decreased.
Genitourinary	<ul style="list-style-type: none"> ■ Hormonal changes occur: menopause, women (↓ estrogen); andropause, men (↓ testosterone).
Endocrine	<ul style="list-style-type: none"> ■ Gradual decrease in glucose tolerance occurs.

BOX 2–4 Healthy Behaviors in the Middle Adult

- Choose foods from all food groups, and eat a variety of foods.
- Choose a diet low in fat (30% or less of total calories), saturated fat (less than 10% of calories), and cholesterol (less than 300 mg daily). Adjust daily calorie intake to maintain healthy weight.
- Choose a diet that each day includes at least three servings of vegetables, two servings of fruits, and six servings of grains.
- Use sugar, salt, and sodium in moderation.
- Increase calcium intake (in perimenopausal women) to 1,200 mg daily.
- Consume high-fiber foods.
- Make exercise a part of life, carrying out regular exercise that is moderately strenuous, is consistent, and avoids overexertion; exercise for 30 minutes at least 4 to 5 times a week.
- Include exercise as part of any weight reduction program.
- Have an annual vision examination.
- Have an annual dental checkup.
- Have a physical examination annually, including assessment for cancer of the thyroid, testes, prostate, mouth, ovaries, skin, lymph nodes, and for cholesterol and blood glucose levels.
- For females, have a mammogram every year from age 40 on. Have a clinical breast examination annually.
- For females, have a Pap test as recommended for the young adult (see Box 2–3).
- Have an annual stool blood test; or a digital rectal examination (DRE) and a flexible sigmoidoscopy every 5 years; or a colonoscopy and DRE every 10 years or a double-contrast barium enema and a DRE every 5–10 years.
- For males, have testicular and prostate examinations annually, including a DRE, after age 50.
- Conduct breast self-examination or testicular self-examination every month. (The perimenopausal woman should set a specific date each month for the exam, as menstrual periods may be irregular or absent.)

Assessment Guidelines

The following guidelines are useful in assessing the achievement of significant developmental tasks in the middle adult.

Does the middle adult:

- Accept the aging body?
- Feel comfortable with and respect him- or herself?
- Enjoy some new freedom to be independent?
- Accept changes in family roles?
- Enjoy success and satisfaction from work and/or family roles?
- Interact well and share companionable activities with a partner?
- Expand or renew previous interests?
- Pursue charitable and altruistic activities?
- Consider plans for retirement?
- Have a meaningful philosophy of life?
- Follow preventive healthcare practices?

Physical assessment of the middle adult includes all body systems, including blood pressure, vision, and hearing. Monitoring for risks and onset of cancer symptoms is essential. During the health history, the nurse should ask specific questions about food intake and exercise habits, substance abuse, sexual concerns, changes in the reproductive system, coping mechanisms, and family history of chronic illnesses.

Promoting Healthy Behaviors in the Middle Adult

The nurse promotes health in the middle adult by teaching the behaviors listed in Box 2–4. Information about health for the middle adult may be provided in a variety of community settings, including outpatient clinics, occupational health clinics, and private practice. Examples are as follows:

- Specific programs emphasize accepting responsibility for one's own health. This type of teaching can be in a seminar or on a one-to-one basis, and includes information specific to a group of individuals with an identified need, such as smokers, women who have just entered the workforce, or men nearing retirement.
- The community and industries provide information about safety hazards in the home and workplace, as well as during leisure activities.

- Literature about community resources is available for health promotion, including programs offered at alcohol/drug abuse treatment centers, clinics and health centers, counseling services, crisis intervention centers, spouse abuse programs, and health education and promotion agencies (e.g., American Red Cross, American Cancer Society, American Heart Association, YWCA, YMCA).

The Older Adult

The older adult period begins at age 65, but it can be further divided into three periods: the young-old (ages 65 to 74), the middle-old (ages 75 to 84), and the old-old (age 85 and over). With increasing age, a number of normal physiologic changes occur, as listed in Table 2–6.

The older adult population is increasing more rapidly than any other age group. In the last century, the number of adults in the United States living to age 65 or older increased from 4% in 1900 to 12.3% in 2003. There will be 71 million older adults by the year 2030, more than twice the number in 2000. The average life expectancy in the United States is 72 years for men and 79 years for women (Administration on Aging, 2003; American Association of Retired Persons, 2004).

FAST FACTS**Diversity in Older Adults**

- Currently, minority older adults comprise over 16.1% of all older Americans.
- By 2030, the minority older adult population is projected to increase by 217%, compared with 81% for the older adult white population.
- Minority elders will increase as follows: African Americans = 128%, Asians = 301%, Hispanic Americans = 322%, American Indians and Alaska Natives = 193%.

Source: Data from Administration on Aging. (2004). *Addressing diversity*. Retrieved from www.aoa.dhhs.gov/prof/addiv/addiv_pf.asp

TABLE 2–6 Physical Changes in the Older Adult Years

ASSESSMENT	CHANGES
Skin	<ul style="list-style-type: none"> ■ Decreased turgor and sebaceous gland activity result in dry, wrinkled skin. Melanocytes cluster, causing “age spots” or “liver spots.”
Hair and nails	<ul style="list-style-type: none"> ■ Scalp, axillary, and pubic hair thins; nose and ear hair thickens. Women may develop facial hair. ■ Nails grow more slowly; may become thick and brittle.
Sensory	<ul style="list-style-type: none"> ■ Visual field narrows, and depth perception is distorted. ■ Pupils are smaller, reducing night vision. ■ Lenses yellow and become opaque, resulting in distortion of green, blue, and violet tones and increased sensitivity to glare. ■ Production of tears decreases. ■ Sense of smell decreases. ■ Age-related hearing loss progresses, involving middle- and low-frequency sounds. ■ Threshold for pain and touch increases. ■ Alterations in proprioception (sense of physical position) may occur.
Musculoskeletal	<ul style="list-style-type: none"> ■ Loss of overall mass, strength, and movement of muscles occurs; tremors may occur. ■ Loss of bone structure and deterioration of cartilage in joints results in increased risk of fractures and in limitation of range of motion.
Cardiovascular	<ul style="list-style-type: none"> ■ Systolic blood pressure rises. ■ Cardiac output decreases. ■ Peripheral resistance increases, and capillary walls thicken.
Respiratory	<ul style="list-style-type: none"> ■ Continued loss of vital capacity occurs as the lungs become less elastic and more rigid. ■ Anteroposterior chest diameter increases; kyphosis. ■ Although blood carbon dioxide levels remain relatively constant, blood oxygen levels decrease by 10–15%.
Gastrointestinal	<ul style="list-style-type: none"> ■ Production of saliva decreases, and decreased number of taste buds decrease accurate receptors for salt and sweet. ■ Gag reflex is decreased, and stomach motility and emptying are reduced. ■ Both large and small intestines have some atrophy, with decreased peristalsis. ■ The liver decreases in weight and storage capacity; gallstones increase; pancreatic enzymes decrease.
Genitourinary	<ul style="list-style-type: none"> ■ Kidneys lose mass, and the glomerular filtration rate is reduced (by nearly 50% from young adulthood to old age). ■ Bladder capacity decreases, and the micturition reflex is delayed. Urinary retention is more common. ■ Women may have stress incontinence; men may have an enlarged prostate gland. ■ Reproductive changes in men occur: <ul style="list-style-type: none"> –Testosterone decreases. –Sperm count decreases. –Testes become smaller. –Length of time to achieve an erection increases; erection is less full. ■ Reproductive changes in women occur: <ul style="list-style-type: none"> –Estrogen levels decrease. –Breast tissue decreases. –Vagina, uterus, ovaries, and urethra atrophy. –Vaginal lubrication decreases. –Vaginal secretions become alkaline.
Endocrine	<ul style="list-style-type: none"> ■ Pituitary gland loses weight and vascularity. ■ Thyroid gland becomes more fibrous, and plasma T₃ decreases. ■ Pancreas releases insulin more slowly; increased blood glucose levels are common. ■ Adrenal glands produce less cortisol.

The increase in numbers of older adults has important implications for nursing. Clients needing health care in all settings will be older, requiring nursing interventions and teaching specifically designed to meet needs that differ from those of young and middle adults. Although gerontologic nursing (care of the older adult) is a nursing specialty area, it is also an integral component of medical-surgical nursing (Figure 2–3 ■).

Risks for Alterations in Health

The older adult is at risk for alterations in health from a variety of causes. Most older adults have one chronic health problem,

while many have multiple illnesses. The most frequently occurring conditions in the older adult are hypertension, arthritis, heart diseases, cancer, sinusitis, and diabetes. The leading causes of death are heart disease, cancer, and stroke. Like the middle adult, the older adult is at risk for alterations in health from obesity and a sedentary lifestyle. Other risk factors specific to this age group include accidental injuries, pharmacologic effects, and physical and psychosocial stress.

INJURIES Injuries in the older adult cause many different problems: illness, financial burdens, hospitalization, self-care



Figure 2–3 ■ The older adult population is increasing more rapidly than any other age group, making gerontologic nursing an integral component of medical-surgical nursing practice.

deficits, loss of independence, and even death. The risk of injury is increased by normal physiologic changes that accompany aging, pathophysiologic alterations in health, environmental hazards, and lack of support systems. The three major causes of injury in the older adult are falls, fires, and motor vehicle crashes. Of these, falls with resultant hip fractures are the most significant in terms of long-term disability and death.

PHARMACOLOGIC EFFECTS A number of risk factors predispose the older adult to experiencing drug toxicity. Age-related changes in tissue and organ structure and function alter the absorption of both oral and parenteral medications. Low nutritional levels and decreased liver function may alter drug metabolism. The aging kidney may not excrete drugs at the normal clearance rate. Self-administration of both prescribed and over-the-counter medications presents risks for error resulting from confusion, forgetfulness, or misreading the directions. The older adult may take several drugs at once, and it is difficult to know how drugs interact with each other (Weitzel, 2001). In addition, the older adult living on a fixed income may have to make a choice between buying medications or food, resulting in undermedication and treatment of an illness.

PHYSICAL AND PSYCHOSOCIAL STRESSORS The older adult is exposed to the same environmental hazards as the young and middle adult, but the accumulation of years of exposure may now appear. For example, exposure to the sun in earlier years may be manifested by skin cancer, and the long-term effects of exposure to noise pollution can result in impaired hearing. The older adult (especially the older male) is at increased risk for respiratory disorders as a result of years of smoking, or from such pollutants as coal or asbestos dust. Living conditions and economic constraints may prevent the older adult from having necessary heating and cooling, contributing to thermal-related illnesses and even death. Elder abuse and neglect further increase the risk of injury or illness.

Psychosocial stressors for the older adult include the illness or death of a spouse, decreased or limited income, retirement, isolation from friends and family because of lack of transportation or distance, return to the home of a child, or relocation to a long-term healthcare facility. A further stressor may be role loss or reversal—for example, when the wife becomes the caretaker of her chronically ill husband.

Assessment Guidelines

The following guidelines are useful in assessing the achievement of significant developmental tasks in the older adult. Does the older adult:

- Adjust to the physiologic changes related to aging?
- Manage retirement years in a satisfying manner?
- Have satisfactory living arrangements and income to meet changing needs?
- Participate in social and leisure activities?
- Have a social network of friends and support persons?
- View life as worthwhile?
- Have high self-esteem?
- Have the abilities to care for self or to secure appropriate help?
- Gain support from a value system or spiritual philosophy?
- Adapt lifestyle to diminishing energy and ability?
- Accept and adjust to the death of significant others?

Physical assessment of the older adult includes a careful examination of all body systems. During the health history, the nurse should ask specific questions about usual dietary patterns; elimination; exercise and rest; use of alcohol, nicotine, over-the-counter medications, and prescription drugs; sexual concerns; financial concerns; and support systems.

Promoting Healthy Behaviors in the Older Adult

The nurse promotes health in the older adult by teaching the behaviors listed in Box 2–5. Older adults get the same benefits from health teaching as young adults and middle adults; they should never be viewed as being “too old” for healthy living practices. However, nurses should structure teaching activities to meet age-related physiologic changes, such as using charts and literature with large print. Health education for the older adult is provided in hospitals, long-term care facilities, retirement centers, outpatient clinics, senior citizen centers, and other community settings. Examples are as follows:

- Educational seminars teach about accident prevention in the home, in automobiles, and when taking public transportation.
- Health screenings and information from health fairs can specifically aid the older adult.
- Community programs provide immunization for influenza and pneumonia.
- Literature is available about financial assistance for health care, crisis hot lines, community services and resources (as described earlier for the middle adult), transportation, and nutrition (such as the Meals-on-Wheels program).

THE FAMILY OF THE ADULT CLIENT

Although some clients are totally alone in the world, most have one or more people who are significant in their lives. These significant others may be related or bonded to the client by birth, adoption, marriage, or friendship. Although not always meeting

BOX 2–5 Healthy Behaviors in the Older Adult

- Eat a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt, and alcohol.
- Choose a diet low in fat (30% or less of total calories), saturated fat (less than 10% of calories), and cholesterol (less than 300 mg daily). Choose foods high in fiber, low in sodium, and high in potassium.
- People with dark skin and those with little sunlight exposure should consume extra vitamin D from fortified foods or supplements.
- Individuals with hypertension and African Americans should consume no more than 1,500 mg of sodium each day.
- If weight loss is needed, aim for a slow, steady loss by decreasing caloric intake while maintaining an adequate nutrient intake and increasing physical activity.
- Increase calcium intake to 1,200 mg daily.
- Make exercise a part of life, carrying out regular exercise that is moderately strenuous, is consistent, and avoids overexertion; exercise for 30 to 60 minutes every day, if possible.
- Have an annual vision examination, including a test for glaucoma. (*Medicare covers a test for glaucoma every 12 months for people at high risk.*)
- Practice good oral hygiene with teeth brushing and flossing and have a dental checkup one to two times a year.
- Have a physical examination annually, including blood studies for glucose and cholesterol. (*Medicare covers a one-time physical examination if conducted within the first 6 months of having Medicare Part B. Tests for diabetes are covered, with number of times per year depending on number of risk factors. Medicare covers costs for cholesterol, lipids, and triglyceride levels every 5 years.*)
- For women, have a bone density examination. (*Bone density examinations are covered by Medicare every 24 months [or more if medically necessary] for those at risk for osteoporosis.*)
- For women, have a mammogram every year. Perform a breast self-examination every month and have a breast examination annually. (*Medicare covers mammograms once every 12 months for all women age 40 and older.*)
- For women, have an annual pelvic examination and Pap test as recommended by their healthcare provider. Women who have had a total hysterectomy (with removal of the uterus and cervix) may choose to stop having Pap tests unless the surgery was done to treat cervical precancer or cancer. Women who are at high risk for hereditary nonpolyposis colon cancer should be offered a screening for endometrial cancer with endometrial biopsy beginning at age 35. (*Medicare covers a pelvic examination and Pap test every 24 months for all women and once every 12 months for those at high risk.*)
- For men, a prostate-specific antigen (PSA) blood test and a digital rectal examination (DRE) should be offered annually. Men at high risk (African-American men and those who have a family history of father or brothers diagnosed with prostate cancer at an early age) should begin testing at age 45. (*Medicare covers a DRE and PSA test once every 12 months for all men over age 50.*)
- Have one of the following to screen for colon cancer: yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT); flexible sigmoidoscopy every 5 years; yearly FOBT or FIT plus flexible sigmoidoscopy every 5 years; double-contrast barium enema every 5 years; or colonoscopy every 10 years. Individuals who have an increased risk of colon cancer because of colon cancer, a personal history of chronic inflammatory bowel disease, a family history of colon cancer, or who have had adenomatous polyps should have screening more often. (*Medicare pays for one or more of these depending on the test prescribed and the level of risk.*)
- Use sunscreen and avoid sunburn.
- Obtain an annual influenza immunization and have the pneumonia vaccine at age 65. (*Medicare pays for an annual influenza shot once a year in the fall or winter and covers the cost of the pneumococcal shot, which most people only need once.*)

Note: Medicare pays costs of examinations only for people who are enrolled in the program.

traditional definitions, people (or even pets) significant to the client are the client's family. The nurse includes the family as an integral component of care in all healthcare settings.

Definitions and Functions of the Family

What is a **family**? The definitions of a family are changing as society changes. According to one definition, a family is a unit of people related by marriage, birth, or adoption (Duvall, 1977). A more comprehensive definition is that a family is composed of two or more people who are emotionally involved with each other and live in close geographical proximity. In a global society, it may not be possible for family members to live in close proximity, but they do remain emotionally involved.

Although every family is unique, all families have certain structural and functional features in common. Family structure (family roles and relationships) and family function (interactions among family members and with the community) provide the following:

- **Interdependence.** The behaviors and level of development of individual family members constantly influence and are influenced by the behaviors and level of development of all other members of the family.
- **Maintaining boundaries.** The family creates boundaries that guide its members, providing a distinct and unique family culture. This culture, in turn, provides values.
- **Adapting to change.** The family changes as new members are added, current members leave, and the development of each member progresses.
- **Performing family tasks.** Essential tasks maintain the stability and continuity of the family. These tasks include physical maintenance of the home and the people in the home, the production and socialization of family members, and the maintenance of the psychological well-being of members.

Family Developmental Stages and Tasks

The family, like the individual, has developmental stages and tasks. Each stage brings change, requiring adaptation; each

new stage also brings family-related risk factors for alterations in health. The nurse must consider the needs of the client both at a specific developmental stage and within a family with specific developmental tasks. Family developmental stages and developmental tasks are described next; related risk factors and health problems for each stage are listed in Table 2–7.

Couple

Two people, living together with or without being married, are in a period of establishing themselves as a couple. The developmental tasks of the couple include adjusting to living to-

gether as a couple, establishing a mutually satisfying relationship, relating to kin, and deciding whether to have children (in those of child-bearing age).

Family with Infants and Preschoolers

The family with infants or preschoolers must adjust to having and supporting the needs of more than two members. Other developmental tasks of the family at this stage are developing an attachment between parents and children, adjusting to the economic costs of having more members, coping with energy depletion and lack of privacy, and carrying out activities that enhance growth and development of the children.

TABLE 2–7 Family-Related Risk Factors for Alterations in Health

STAGE	RISK FACTORS	HEALTH PROBLEMS
Couple, or Family with Infants and Preschoolers	<ul style="list-style-type: none"> ■ Lack of knowledge about family planning, contraception, sexual and marital roles ■ Inadequate prenatal care ■ Altered nutrition: inadequate nutrition, overweight, underweight ■ Smoking, alcohol/drug abuse ■ First pregnancy before age 16 or after age 35 ■ Low socioeconomic status ■ Lack of knowledge about child health and safety ■ Rubella, syphilis, gonorrhea, AIDS 	<ul style="list-style-type: none"> Premature pregnancy Low-birth-weight infant Birth defects Injury to infant or child Accidents
Family with School-Age Children	<ul style="list-style-type: none"> ■ Unsafe home environment ■ Working parents with inappropriate or inadequate resources for child care ■ Low socioeconomic status ■ Child abuse or neglect ■ Multiple, closely spaced children ■ Repeated infections, accidents, and hospitalizations ■ Unrecognized and unattended health problems ■ Poor or inappropriate nutrition ■ Toxic substances in the home 	<ul style="list-style-type: none"> Behavior problems Speech and vision problems Learning disabilities Communicable diseases Physical abuse Cancer Developmental delay Obesity, underweight
Family with Adolescents and Young Adults	<ul style="list-style-type: none"> ■ Family values of aggressiveness and competition ■ Lifestyle and behavior leading to chronic illness (substance abuse, inadequate diet) ■ Lack of problem-solving skills ■ Conflicts between parent and children 	<ul style="list-style-type: none"> Violent death and injury Alcohol/drug abuse Unwanted pregnancy Suicide Sexually transmitted infections Domestic abuse
Family with Middle Adults	<ul style="list-style-type: none"> ■ High-cholesterol diet ■ Overweight ■ Hypertension ■ Smoking, alcohol abuse ■ Physical inactivity ■ Personality patterns related to stress ■ Exposure to environment: sunlight, radiation, asbestos, water or air pollution ■ Depression 	<ul style="list-style-type: none"> Cardiovascular disease (coronary artery disease and cerebral vascular disease) Cancer Accidents Suicide Mental illness
Family with Older Adults	<ul style="list-style-type: none"> ■ Age ■ Depression ■ Drug interactions ■ Chronic illness ■ Death of spouse ■ Reduced income ■ Poor nutrition ■ Lack of exercise ■ Past environment and lifestyle 	<ul style="list-style-type: none"> Impaired vision and hearing Hypertension Acute illness Chronic illness Infectious diseases (influenza, pneumonia) Injuries from burns and falls Depression Alcohol abuse

Family with School-Age Children

The family with school-age children has the developmental tasks of adjusting to the expanded world of children in school and encouraging educational achievement. A further task is promoting joint decision making between children and parents.

Family with Adolescents and Young Adults

The developmental tasks of the family with adolescents and young adults focus on transition. While providing a supportive home base and maintaining open communications, parents must balance freedom with responsibility and release adult children as they seek independence.

Family with Middle Adults

The family with middle adults (in which the parents are middle aged and children are no longer at home) has the developmental tasks of maintaining ties with older and younger generations and planning for retirement. If the family consists of just the middle-aged couple, they have the developmental task of reestablishing the relationship and (if necessary) acquiring the role of grandparents.

Family with Older Adults

The older adult family has the developmental tasks of adjusting to retirement, adjusting to aging, and coping with the loss of a spouse. If a spouse dies, further tasks include adjusting to living alone or closing the family home.

The Family of the Client with a Chronic Illness

The client with a chronic illness may be hospitalized for diagnosis and treatment of acute exacerbations, but the care of the client is primarily provided at home. Chronic illness in a family member is a major stressor that may cause changes in family structure and function, as well as changes in performing family developmental tasks.

Many different factors affect family responses to chronic illness; family responses in turn affect the client's response to and perception of the illness. Factors influencing response to chronic illness include personal, social, and economic resources; the nature and course of the disease; and demands of the illness as perceived by family members.

Support for the family is essential. The following information should be considered when performing any family assessment and developing a client's plan of care:

- Cohesiveness and communication patterns within the family
- Family interactions that support self-care
- Number of friends and relatives available
- Family values and beliefs about health and illness
- Cultural and spiritual beliefs
- Developmental level of the client and family.

It is important to remember that standardized teaching plans may not be effective. Rather, clients with chronic illnesses and their families should be given the freedom to choose appropriate literature, self-help or support groups, and interactions with others who have the same illness.

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CHAPTER HIGHLIGHTS

- Health, an ever-changing state, is affected by genetic makeup; cognitive abilities and educational level; race, ethnicity, and cultural background; age, gender, and developmental level; lifestyle and environment; socioeconomic background; and geographic area.
- The emphasis of nursing has shifted from acute illness care in the hospital setting to preventive community-based care. An essential component of medical-surgical nursing is teaching health-promoting behaviors to promote and maintain functional health status.
- Illnesses may be acute or chronic, with behaviors of illness individualized within a fairly predictable sequence of experiencing symptoms, assuming the sick role, seeking medical help, assuming a dependent role, and achieving recovery and rehabilitation.
- Young adults are at risk for alterations in health from injuries, sexually transmitted infections, substance abuse, workplace exposure to pollutants, sun exposure, and psychologic stressors.
- Middle adults are at risk for alterations in health from obesity, cardiovascular disease, cancer, substance abuse, and the stresses of change and transition.
- Older adults are at risk for alterations in health from chronic illnesses (including hypertension, heart disease, cancer, and stroke), injuries, drug toxicities, and changes in income and marital status.
- The family is an integral component in planning and implementing nursing care for the adult client.



TEST YOURSELF NCLEX-RN® REVIEW

- 1 Which definition best describes wellness?
 1. a complete absence of disease
 2. depends on number of chronic illnesses
 3. never having to take medications
 4. actively practicing healthy behaviors
- 2 Many different factors affect the health of an individual. Which of the following are included? (Select all that apply.)
 1. genetic makeup
 2. cognitive abilities
 3. height
 4. age
 5. race
- 3 Which of the following diseases has a genetic basis?
 1. tuberculosis
 2. sickle cell disease
 3. appendicitis
 4. indigestion
- 4 Primary levels of prevention are general health promotion actions that prevent or delay the occurrence of a disease. Which of the following is a primary preventive activity?
 1. practicing safer sex
 2. having a screening for hypertension
 3. doing a self-breast examination
 4. having surgery
- 5 You call your instructor to say you have the “flu” and will not be in class. What level of illness behavior are you demonstrating?
 1. experiencing symptoms
 2. assuming the sick role
 3. seeking medical care
 4. assuming a dependent role
- 6 Your nephew was born with a heart defect. How would this disorder be classified?
 1. an acute illness
 2. a malignant illness
 3. an iatrogenic illness
 4. a congenital illness
- 7 Of the following descriptors, which is specific to a chronic illness?
 1. occurs rapidly
 2. lasts for a lifetime
 3. self-limiting
 4. lasts for a short time
- 8 Mr. Jones, age 50, is 30 pounds overweight, smokes, and rarely exercises. As a middle adult, these factors increase his risk for disorders of which body system?
 1. cardiovascular
 2. renal
 3. gastrointestinal
 4. nervous
- 9 You have been asked to present a health-related program at the local senior center. What would be an appropriate topic?
 1. the hazards of substance abuse
 2. accident prevention in the home
 3. family roles and tasks
 4. treating acute illness
- 10 Which of the following developmental tasks are a part of the life of a family with older adults if a spouse dies? (Select all that apply.)
 1. coping with lack of privacy
 2. planning for retirement
 3. adjusting to aging
 4. coping with loss
 5. relating to kin

See *Test Yourself answers in Appendix C.*

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