

## Role of Concept of Health in Nursing Medical Sciences

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### ABSTRACT

*In world of continuous change, new concepts are bound to emerge based on new patterns of health. Health has evolved over the centuries as a concept from individual concern to a worldwide social goal and encompasses the whole quality of life.*

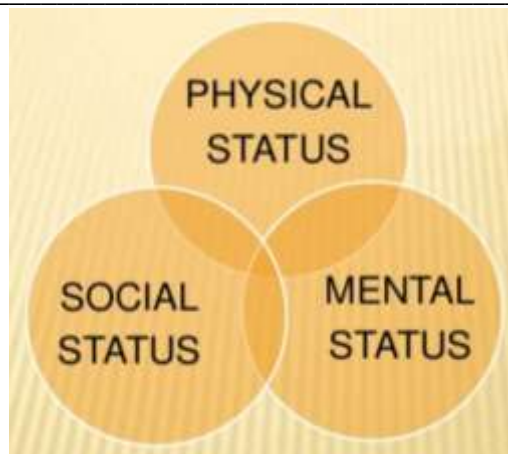
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### INTRODUCTION

An understanding of health is the basis of all the health care. Health is not perceived the same way by all the members of a community including various professional groups (like biomedical scientists, ecologists, social scientists, health administrators) giving rise to confusion about the concept of health.

Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity. (WHO 1948). Operational definition of Health by WHO – a condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic or environmental.

Positive health implies the notion of perfect health in body and mind. It cannot become a reality, it always remain a dream because everything in our life is subject to change “Wellness is a multidimensional state of being describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being.” Good health triad is a combination of above three conditions.



*Fig. 1. Good Health Triad*

### DIMENSION OF HEALTH



*Fig. 2. Dimension of Good Health*

Health is multidimensional. Mainly physical, mental and social (also spiritual, emotional, vocational, socioeconomic,

environmental, philosophical, educational, nutritional, political, cultural, curative and preventive dimensions) [1].

Spiritual Emotional Mental		Philosophical Vocational Political
<b>HEALTH</b>		
Socio- Economic Environmental Cultural		Promotive Preventive Curative

Fig. 3. Health Dimension

- 1) **Physical:** A healthy body maintained by good nutrition, regular exercise, avoiding harmful habits, making informed decisions about health and seeking medical assistance when necessary.
- 2) **Emotional:** The ability to understand your own feelings, accepts your limitations, achieve emotional stability and become comfortable with your emotions.
- 3) **Spiritual:** The sense that life is meaningful and has a purpose; the ethics, values and morals that guide us and give meaning and direction to life.
- 4) **Intellectual:** A state in which your mind is engaged in lively interaction with the world around you. It involves continued learning, problem solving and creativity.
- 5) **Environmental:** It reflects the fact that personal health depends on the health of the planet. Environmental wellness also requires learning about and protecting yourself against environmental hazards.
- 6) **Social:** The ability to relate well to others, both within and outside the family unit. It encourages contributing to a healthy community by supporting a healthy living environment and initiating better communication with others.

Wellness is a multidimensional state of the survival of optimistic health in an individual. It is represented by excellence of life and logic of well-being [2].

- 1) Social Wellness
- 2) Occupational Wellness
- 3) Spiritual Wellness
- 4) Physical Wellness
- 5) Intellectual Wellness
- 6) Emotional Wellness
- 7) Environmental Wellness
- 8) Financial Wellness
- 9) Mental Wellness
- 10) Medical Wellness

### WHO Dimensions of Health and Wellness

- 1) Overall good health and wellness are inter-dependent on five dimensions, namely physical, intellectual, emotional, social and spiritual.
- 2) These good health parameters have been set by the World Health Organization (WHO) in 1948.
- 3) Our body and mind are tuned to send us signals for any nonfunctional activity, generally called as symptoms.
- 4) It's important to read and understand them in time, to ensure balance of mind, spirit and body WHO.

### HEALTH CONCEPT

Health has evolved over the centuries from the concept of individual concern to a worldwide social goal. The various changing concepts of health as follows:

- 1) Biomedical concept
- 2) Ecological concept
- 3) Psychosocial concept
- 4) Holistic concept

### Biomedical Concept

Traditionally, health has been viewed as an “absence of disease”, and if one was free from disease, then the person was considered as healthy. This concept was known as biomedical concept has the basis in the “germ theory of disease”. In that human body is considered as machine, diseases process as break down in machine and the task of doctor is to repair the machine, in short health become ultimate goal of medicine.

The biomedical concept got success in treating the diseases but it is inadequate to solve the some of the major problem in mankind e.g. malnutrition, chronic diseases, drug abuse, mental illness. Developments in medical and social science led to the conclusion that the biomedical concept is inadequate.

### Ecological Concept

Deficiencies in biomedical concept give rise to other concepts. Ecology is characterized by the interdependence of living organisms in an environment. The ecologists put forward an attractive hypothesis which viewed health as dynamic equilibrium between man and his environment.

The ecological concepts rise to issues, imperfect man and imperfect environment. History argues strongly that improvement in human adaptation to natural environments can lead to longer life expectancies and better quality of life – even in absence of modern health delivery services.

### Psycho-social Concept

Contemporary developments in social sciences revealed that health is not only a biomedical phenomenon, but one which is influenced by social, psychological, cultural, economical and political factors of people concerned. These factors must be taken consideration in defining and measuring health. Thus health is both a biological and social phenomenon.

### Holistic Concept

This model is a synthesis of all the above concepts. It recognizes the strengths of social, economical, political, and environmental influences on health.

It has been variously described as a unified or multidimensional process involving the well being of the whole person in the context of his environment.

### CONCEPT OF DISEASE

Webster defines disease as “a condition in which body health is impaired, a departure from a state of health, an alteration of human body interrupting the performance of vital functions.” Ecological point, maladjustment of the human organism to the environment.”

### WHO definition

WHO defined health but not disease because?

- 1) Spectrum of disease (many stages)
- 2) Some acute, some insidious
- 3) Carrier state, infect.
- 4) Some are related to organisms, some other cause.



Fig.4. Process of Disease Development

### Epidemiological Triad

The Agent “an organism, a substance or a force, the presence or lack of which may initiate a disease process or may cause it to continue.” May be single or multiple. Living or biological agents. Nonliving or inanimate, (nutrients, chemical or physical agent).

### Agents

- 1) **Biological Agents:** Arthropods, Scabies, Bacteria– *Vibrio Cholerae*; Fungi, Virus etc
- 2) **Chemical Agents:** External–Arsenic Alcohol; Internal–Endocrine glands.
- 3) **Physical Agents:** Atmospheric pressure, Temperature, Humidity, Friction, Radiation, Sound.

- 1) **The Host:** Man himself, Demographic characteristics, Genetic factors, Socio-economic factors, Life style.
- 2) **Environment:** Internal and External.

### Multifactorial Causation

- 1) Not a new concept
- 2) Pettenkofer of Munich (1819-1901) was the early proponent of this concept.
- 3) Germ theory overshadowed this concept
- 4) Now back to multifactorial causation. (Aetiology-Social, Economic, Cultural, Genetic and Psychological etc.)

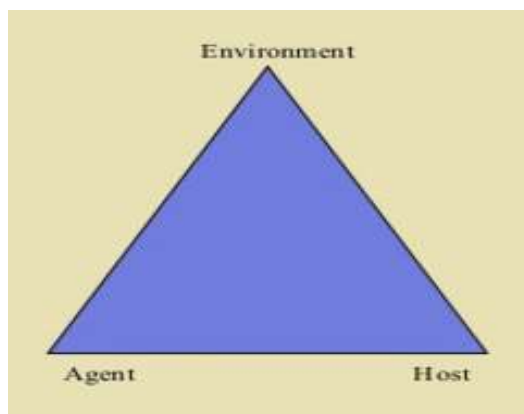


Fig. 4. Epidemiological Triad

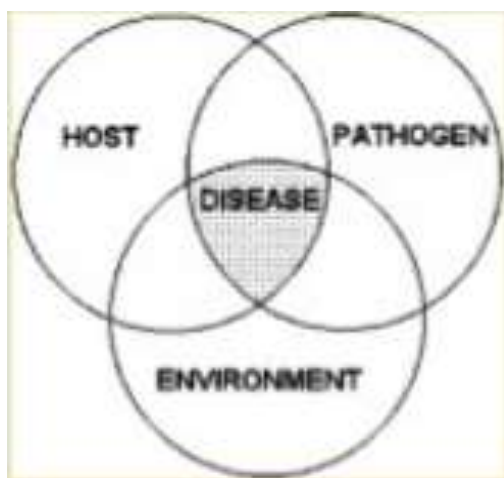


Fig. 5. Disease Triangle

### CONCEPT OF PREVENTION

Prevention depends on ω Knowledge of causation,

- 1) Dynamics of transmission

- 2) Identification of risk factors and risk groups
- 3) Availability of prophylactic or early detection and
- 4) Treatment measures.

### Level of Prevention

- 1) Primordial prevention
- 2) Primary prevention
- 3) Secondary prevention
- 4) Tertiary prevention

### Primordial Prevention

Prevention of the emergence or development of risk factors in countries or population groups in which they have not yet appeared. Eg; obesity, hypertension-prevented by avoiding smoking, physical exercise.

### Primary Prevention

Action taken prior to the onset of disease, which removes the possibility that a disease will ever occur. Eg. reduction in BP for CVD.

### Secondary prevention

Action which halts the progress of a disease at its incipient stage and prevents complications. Early diagnosis- through-screening tests

### Tertiary prevention

When the disease process has advanced beyond its early stages. All measures available to reduce or limit impairments and disabilities, minimize suffering caused by existing departure from good health and to promote the patients adjustment to irremediable conditions. Disability leprosy

### TRENDS IN HEALTH CARE DELIVERY

Trends are akin to the changes that tack place and become vogue. Such changes in professional practices require constant updating in knowledge, attitudes and skills. It is debatable whether all trends are to be followed or not. Common consensus

of members of professional term is must for following the trends. Trends in nursing largely depended upon the changing health needs of the people, changing health delivery system and scientific and technical advancement. Some of the trends in nursing are as follows:

1) **Reduction in Distance Through Speedy Communication**

Mobiles, E-line, video conference have made it possible for the nurses to reach patients, doctors and other professional whenever need arise. It possible to get on the spot consultation either from individuals or from periodicals and books. Along with verbal and non verbal communications skills, Nurses also need to gain competencies in using information and technology.

2) **Computerization for Patient Care Management**

Easy reference on direction for patient care, record keeping, reporting, compilation of information, stock monitoring, auditing are some of the function which computers have taken over. Ability to use computer for patient care management have become essential qualification for nurses. In near future, nurses would be required to develop software for individualized patient care.

3) **Quality Assurance in Nursing Care**

A public knows there right. Human right, commissions, consumer protection acts and press etc. are constant pressure on professional to deliver their best. Professional cannot ignore or be careless in discharging duties especially when it concerns people's life and health. Nurses have to ensure delivery of quality care by practicing as per standard laid down by their councils and institutions.

4) **Decentralized Approach to Care Management**

This makes each and every nurse responsible and accountable for the care of assigned patient. This approach is found appreciable and affective in terms of patient satisfaction, quality care and smooth functioning of the units.

5) **Continuing Nursing Education**

It has become essential to keep of with the changing needs of patient care. Nurses have to continuously update themselves with new and innovative approaches in patients care management. For this they should enable then salves with workshops, subscribe and read periodicals and books, seminars, short term training program, attend conferences. Discussion on bedside and supporting supervision help nurses to keep abreast with newer techniques and information.

6) **Evidence Based Practice**

For this nurses should have scientific bend of mind and dynamic approach to patient care. Use of research report makes nursing research with conducting and also helps in care to patients in early recovery. Research in nursing have gained momentum, so that nursing profession must have its own body of knowledge and evidence based nursing practice is possible.

**ISSUES IN NURSING**

Issues need deliberation and common consensus. They need to be reviewed periodically. Issues which seem not feasible, and ideal, may become practice with the change of time. Some of these issues threaten nurses who do not keep up with the changing development. These issues are base for the future trend in care. Some of these issues are:

1. **Renewal of Nursing Registration**

So that registration office is updated with nurses with practice. Of-course re registration may qualify its periodicity and its qualification of nurses e.g. clinical experience, attendance at continuing education etc.

**2. Diploma Vs Degree Nursing for Registration for Practice Nursing**

These issue needs in-depth study of merits and demerits as well as its feasibility before it could come on surface.

**3. Specialization in Clinical Area**

It could be either through clinical experience or education. Specialization in cure and specialized care required for patient demand that nurses be highly skilled in unit. Generalization of care seems remote and unacceptable for patient under specialized treatment.

**4. Nursing Care Standards**

Standard must be laid down and followed so that clients understand the quality of care expected from the nurses.

**5. Nurse Patient Ratio**

Adherence to norm soft nurse patient ratio is necessary for providing quality care.

Acceptance of looking at large no of patients and then not being able to do justice to care of each patient make patients, nurses, administrators and public unsatisfied.

**6. Conduct of Nursing Research**

Having knowledge is essential for the nursing profession. This is possible only through research and dissemination of research findings.

**7. Nursing Audit**

Audit is required to keep the activities in the right track it builds knowledge

for the profession. It is a tool for effective supervision.

**8. Independent Nurse Practitioner**

Mother, children, diabetic persons, Asthmatics, mentally ill, elders etc. need nurse practitioner for their daily needs. Nursing intervention is becoming prerequisites to see treatments. Hence, nurses need to equip themselves for being practitioner.

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