NRS 420 Benchmark - Human Experience Across the Health-Illness Continuum

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Program Name or Degree Name (e.g., Bachelor of Science in Psychology), University

COURSE XXX: Title of Course

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Month XX, 2024

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The Health-illness continuum, sometimes called the wellness-illness continuum, illustrates the concept of wellbeing, including mental and emotional aspects of health. It was first described in 1972 by a physician, Dr. John W. Travis. Some items of literature refer to this continuum simply as the healthcare continuum. Graphically, this continuum's main paradigms include optimal wellness, neutral point, illness, or even death. Nurses apply the concepts from the healthcare continuum to manage and care for their patients. Towards the right of the continuum, patients' condition improves as they strive to achieve wellness. Moving towards the left direction means that the patient's health deteriorates and the chances of loss of life are likely. Nursing care, therefore, revolves around pushing the patients' condition towards the right-hand side direction in the continuum.

Importance of Understanding Health-Illness Continuum in My Care Provision

The definition of health varies with various perspectives. The client's understanding of health and illness may be discrete, so the delineation of optimal health from illness is identifiable. From my perspective, health and illness exist in a continuum such that the absence of illness does not necessarily mean health. This understanding is relevant to my care provision because all patient care services I would provide must be targeted towards moving the patient's health status towards the right of the continuum. In the current digital society, clients can access health and health-related information from various sources alongside care professionals' advice (Hilty et al., 2018). However, the authenticity of this information cannot be ascertained. The application of this information to their lifestyles is vital in health promotion and maintenance. It is, therefore, my role as a nursing care provider to sieve this kind of information so that the patient applies the appropriate information to appropriate health practices.

Understanding the factors influencing health is critical in deciding what care professionals provide clients. The knowledge of determinants of health is essential not only to healthcare providers but also to patients. Typically, the public perceives the nurse as the promoter of life and healing in care provision. However, our roles and responsibilities go beyond health promotion. Alongside health promotion, I, as a nurse, should promote illness prevention at the individual and community or group levels. Nursing interventions, therefore, target patients at all stages of the health-illness continuum and aim at moving all of them toward the optimal health direction. Thus, promoting human dignity and value restoration is the overall endpoint intention of nursing care. Nurses can make this possible by modifying the physical environment, mental health and thought processes, and the social ways of life (Svalastog et al., 2017).

Overall State of Health Reflection

The status of a person in the wellness-illness continuum is a labile situation that is not fixed in any of the paradigms. External or intrinsic factors, or both, influence the shifts in paradigms. However, the absence of illness does not suggest wellness (Rovesti et al., 2018). The balance between wellness and illness is, therefore, indeterminate. The shift from optimal health, neutral point, to illness and back is not unidirectional and, therefore, reversible. However, end-of-life situations are primarily irreversible and can only be sustained palliatively. My current health status oscillates between optimal health and neutral point. My behaviors and lifestyle majorly determine my given position in the continuum. Social behaviors such as occasional beverages, alcoholic or nonalcoholic, intake predispose my status to shift to the left of the continuum. Whatever, we do for fun, pleasure, or recreation is to some extent responsible for disease in our lifetime. In most cases, illness is determined by the presence of disease symptoms

and signs. Occult etiologies in disease pathogenesis exist in almost everyone but cannot be used to classify them as ill.

Options and Resources Available for Health Sustenance

Health maintenance and promotion are products of timely health prevention. Prevention of health progression towards the left of the continuum or the illness side helps in sustaining quality human health. Notably, prevention resources tend to vary extensively depending on the stage of prevention. Primary prevention targets individuals with optimal health and neutral points. This is the group where I belong. Resources for primary prevention include behavior change, adequate health education, immunizations, and safe health practices. This type of prevention works well for this group because they risk acquiring ill health involving preventable conditions at some point in their lives. Secondary prevention resources are appropriate for exposed individuals who may have developed ill health but have not been ascertained yet. For this group, screening is required to identify the problem and prevent further progression in the illness direction of the health-illness continuum.

Conclusion

The Health-illness continuum is a model clinicians use to explain, describe and provide care to their clients. Depending on extrinsic and intrinsic health influencers, an individual's health status may change anytime. For this reason, timely prevention is the leading resource to improve the negative paradigm shift in the healthcare continuum. As a nurse, I not only endeavor to provide quality health and wellness guidance to my patients but also aspire to lead a life that guarantees me good health.

References

Hilty, D.M., Turvey, C. & Hwang, T. (2018). Lifelong learning for clinical practice: How to leverage technology for telebehavioral health care and digital continuing medical education. *Current Psychiatry Reports,* 20(15). https://doi.org/10.1007/s11920-018-0878-y

Rovesti, M., Fioranelli, M., Petrelli, P., Satolli, F., Roccia, M. G., Gianfaldoni, S., Tchernev, G., Wollina, U., Lotti, J., Feliciani, C., & Lotti, T. (2018). Health and illness in history, science and society. *Open Access Macedonian Journal of Medical Sciences*, *6*(1), 163–165. https://doi.org/10.3889/oamjms.2018.056

Svalastog, A. L., Donev, D., Kristoffersen, N. J., & Gajović, S. (2017). Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croatian Medical Journal*, *58*(6), 431–435. https://doi.org/10.3325/cmj.2017.58.431

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