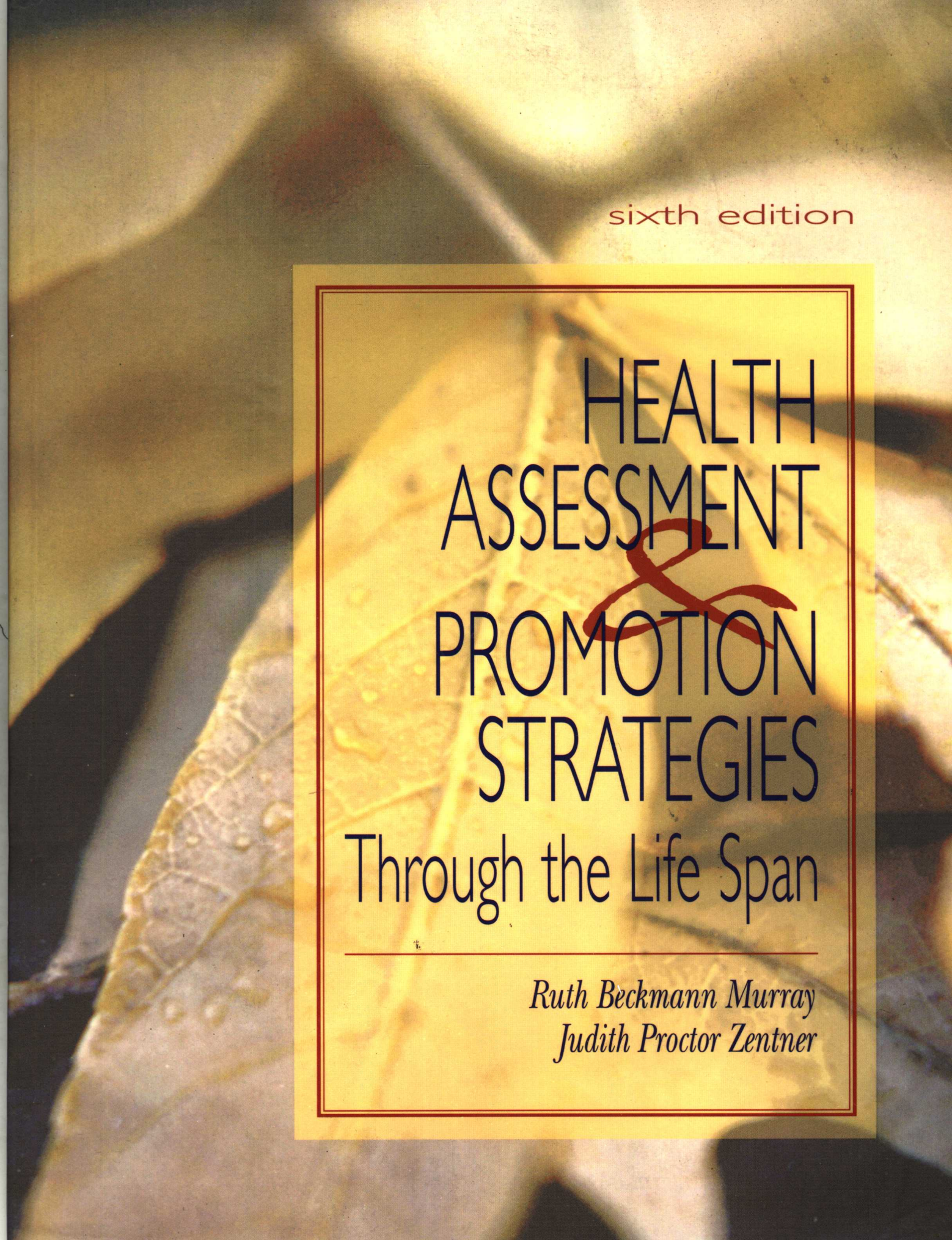
sixth edition
HEALTH ASSESSMENT & PROMOTION STRATEGIES
Through the Life Span
Ruth Beckmann Murray
Judith Proctor Zentner

HEALTH ASSESSMENT & PROMOTION STRATEGIES Through the Life Span

sixth edition

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Preface

To provide holistic care, we believe the nurse and other health care providers must consider all dimensions of development and the total health of the person and family. The physical, mental, emotional, sociocultural, and spiritual needs and characteristics are interrelated. Your emphasis must be on comprehensive assessment of the whole person and on health promotion and appropriate interventions and strategies rather than on patchwork remedies or fragmented understanding. This has been an emphasis in each of our previous editions. We are gratified to see the emphasis of nursing and health care dramatically follow our projection. Now in the sixth edition we have retained and updated the most important of these concepts.

This text introduces you to the person and the family during the entire life span—from birth to death. Birth is considered the first developmental stage, death the last. In Part I, Chapters 1, 2, and 3, you will explore the influences on the developing person—sociocultural, environmental, and spiritual and religious. In Part II, Chapters 4, 5, and 6, you will study the family as the basic unit for the developing person, theories of human development, and basic principles of growth and development. Both Parts I and II have been updated and expanded in this edition.

Parts III and IV have been expanded and reorganized in this sixth edition to incorporate both health assessment and health promotion strategies for each developmental stage. (See table on next page.) Each chapter is presented in a consistent format:

- Family development and relationships
- Physiologic concepts including physical characteristics, special considerations in physical assessment, nutrition, exercise, rest and sleep, and play or leisure
- Psychosocial concepts including cognitive, emotional and moral/spiritual development and health promotion, and individual developmental tasks
- Health care and nursing applications, including common health problems and special concerns

Research abstracts and case situations further highlight significant findings for the individual and family throughout the life span. Appendices give additional information about nutritional requirements, sources and functions of nutrients, stress management strategies and evaluation of their use, and American Academy of Family Practice guidelines. We believe that the integrated, holistic approach of this text provides the most comprehensive review possible of each developmental stage and, in a sense, a critical pathway paradigm for health.

As you use this book, keep in mind that although each person is unique, the uniqueness occurs in the predictable patterns discussed in this text. You can allay fears, give sound information, and make objective predictions with this knowledge. For example, a mother may be unduly distressed by the stubborn behavior of her toddler whom you are assessing. Your explanation that this behavior is characteristic of that age, with suggestions on how to deal positively with the behavior and what behavioral changes to expect in the future, can change a crisis into a workable situation. Also, your knowledge of normal mental and physical health at this and other developmental stages can help you detect deviations from the norm.

Your understanding of normal growth and development is used as a reference point not only for assessment but also for intervention measures appropriate to the person's or family's development. In this text, intervention focuses on measures that foster and maintain health as well as major points of care for common health problems.

We do not cover diseases, their treatment, or specific manual assessment techniques in detail. These are covered in many books that can be used in conjunction with this text. Instead we present knowledge of the highly complex normal and well person along with common health problems. Before you can understand the ill person and the family, you must understand the well person in the usual family and community setting. Only then can your assessment be thorough and your intervention individualized. Only then will you be prepared to give the community-focused care that is now emphasized.

Although nurses have always had to cope with death, usually it has been written about on a superficial

EXAMPLES OF HEALTH PROMOTION STRATEGIES TO DIMENSIONS OF THE WHOLE PERSON

Physical/Physiologic	Emotional	Cognitive	Social	Spiritual/Moral
Proper nutrition/fluid balance	Consistent warm, tender, nurturing of offspring	Promotion of curiosity and learning	Socialization processes	Values clarification
Balance of exercise–rest	Effective communication	Coping methods	Family, friend, peer relations	Acknowledgment of meaning and purpose of life
Immunizations	Effective guidance/discipline	Visualization	Group associations and processes	Establishment of belief system
Safety measures	Promotion of self-esteem, self-confidence, security	Imagery	Maintenance of cultural ties	Establishment of moral and ethical behaviors
Temperature control	Anxiety reduction measures	Health education		
Prevention of environmental hazards and pollution	Play, use of toys, leisure activities			
Cessation of habits destructive to health (smoking, alcohol or drug abuse, overeating)	Crisis resolution			
Health screening				

basis. An in-depth study of the phases of dying, how to assist the person and family in making decisions related to death, and specific care measures will enhance your ability to foster a naturalness about this last event in life.

Before reading any chapters, you should orient yourself by (1) reading the table of contents, (2) looking at the list of objectives that precedes each chapter, (3) glancing at chapter headings, and (4) noting the key terms that appear at the beginning of each chapter.

This text has been used successfully both at the beginning of clinical experience and at the graduate level in nurse practitioner programs in which a holistic life-span approach is featured. Wherever you encounter this text, we invite you to be an active participant as you read. Our ideas are presented with conviction and directness. But we want you to integrate and modify our ideas into your specific circumstances. Each of you will have to adapt this information to your setting—be it independent practice, health maintenance organization, hospital, clinic, or home.

ACKNOWLEDGMENTS

As we have moved from young adults to middle-aged adults and as our children have moved from the preschool era to young adulthood, we have experienced a good deal of the life-span development as well as the inclusion of comprehensive health promotion in nursing practice. That experience is incorporated throughout this text. However, a book is the result of collaborative thinking and efforts on the part of many people; authors do not work in isolation. We appreciate feedback from students, colleagues, and reviewers; we have incorporated their ideas and maintained the basic direction of the book, based on their comments. We are grateful, also, to a number of people who have helped in manuscript preparation.

To our typists, JoAnn Jenkins, Nancy Wied, Rebecca McMichael, and Michael Cahill, who each came to our rescue, we are grateful. Their conscientious work with handwritten material is commendable and appreciated. Without the conscientious assistance of Ruth's friends, Michael Cahill, Elaine Cox, Rachel and Michael Henrichs, Katharine Lehmann, and Sharon Stecher, the manuscript would not have been completed. They lovingly gave up time to assist with paste-up of the updated reference lists, reference numbering, and a variety of other such tasks. Another friend, Jearlean Ross, assisted with proofreading the *Instructor's Manual.*

Equally important was the support and assistance given by our families. Postal deliveries by Judy's husband, Reid, and the words of encouragement by various family members enabled us in our work.

Our thanks, too, to the members of the editorial and production staff of Appleton & Lange who gave valuable guidance and who most ably shepherded our book through the production process.

Ruth Beckmann Murray, RN, MSN, EdD, N-NAP
Judith Proctor Zentner, RN, MA, CFNP

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1. *Sociocultural Influences on the Person and Family*
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3. *Spiritual and Religious Influences on the Person and Family*

chapter one

Sociocultural Influences on the Person and Family

The culture and subcultures into which we are born encompass us and direct us for life. We learn an identity, values, beliefs, norms and habits of life, language(s), relationships, time, space, work, play, right, wrong, and physical and mental health practices.

Ruth Beckmann Murray

Key Terms

Culture
Manifest culture
Ideal culture
Subculture
Ethnic
Ethnicity
Hispanic
Latino
Regional culture
Rural
Urban
Socioeconomic level
Value system
Emic approach
Religious culture
Family culture
Ritual
Status
Roles
Dialect
Evil eye
Acculturation
Hot-and-cold theory of disease
Mal ojo
Susto
Empacho
Caida de la mollera
Mollera caida
Resfriado
Catarro constipado
Overclass
Poverty
  Acute
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Migrant family
Refugees
Immigrants
Underclass
Culture-bound illness or syndromes
Maldicion
Transcultural nursing
Cultural relativity
Ethnocentrism
Culture shock
Pluralistic society
Racism
Stereotyping
Prejudice
Mongolian spots
Lactose intolerance
Caring
Health
Wellness
Biopsychosocial or holistic health
Health promotion
Health protective behavior
Primary prevention
Secondary prevention
Tertiary prevention

Cultural care preservation	Nontraditional methods	Curandera	Coinage
Cultural care accommodation	Alternative methods	Cao gio	Health education
Cultural care repatterning	Quack	Cupping	Nurse entrepreneur

Objectives

Study of this chapter will enable you to:

1. Identify population groups in the United States.
2. Define *culture* and *subculture* and describe various types of subcultures.
3. Discuss the general components of any culture and how they affect the persons under your care.
4. Identify the dominant cultural and socioeconomic level values in the United States and discuss how they influence you as a health care worker as well as the client and family.
5. Contrast dominant traditional and emerging values with values of other racial or ethnic groups in the United States.
6. Compare the cultural values of the traditional Greek, the Spanish-speaking American living in the southwestern United States, and the Japanese in relation to the family unit, male and female relationships, childrearing patterns, the group versus privacy, time orientation, work and use of leisure, education, and change.
7. Contrast attitudes toward health and illness of persons living in the main cultures of the United States, Greece, Spanish-speaking American neighborhoods in the southwestern United States, Japan, and the Middle East.
8. Interview a person from another culture and contrast his or her values with those described in this chapter.
9. Discuss the influences of culture and socioeconomic level on the health status of the person and group.
10. Describe how knowledge of cultural and socioeconomic level values and attitudes toward daily living practices, health, and illness can contribute to the effectiveness of your health care.
11. Discuss ways to meet the needs of a person with cultural values and a socioeconomic level different from your own.
12. Apply knowledge about the teaching–learning process to a health education program for a person or family from another culture or socioeconomic level.
13. Assess and care for a person or family from another culture and socioeconomic level and identify your own ethnocentric tendencies.

When people talk or act differently from you, consider that to them you may also seem to talk or act differently. Many such differences are cultural and should be understood rather than laughed at or ignored.

The great divide between humans and animals is culture. Culture includes using language, art forms, and games to communicate with others; cooperating in problem solving; deliberately training children; developing unique interpretations; forming organizations; and making, saving, using, and changing tools. Humans are heir to the accumulation of wisdom and folly of preceding generations, and, in turn, they teach others their beliefs, feelings, and practices. The client, family, and you are deeply affected by the culture learned during the early years, often more so than by that learned later. An understanding of cultural and socioeconomic class systems and their influence on development of behavior is essential to understanding yourself and the person under your care.

CULTURAL POPULATIONS IN THE UNITED STATES

According to the 1990 census, one of every four persons in the United States is a person of color; 12.1% are black (11.8% are African-American or non-Hispanic black); 9.0% are Hispanic; 2.9% are Asian and Pacific Islander; and 0.4% are Native American, Eskimo, and Aleut. Each of these groups has increased since the 1980 census;

Asians and Pacific Islanders are often considered the "model minority," without need for social or governmental services (32, 39, 84, 226, 250).

The Asian, Asian-American, and Pacific Islander population is the fastest growing in the United States (10.8% from 1980 to 1990) and is diverse, composed of more than 30 cultures in the United States. Asians include Japanese, Chinese, Filipino, Korean, Vietnamese, Asian Indian, Thais, Hmong, Indonesians, Pakistani, Cambodians, and Laotians. Pacific Islanders include Polynesians (Hawaiians, Samoans), Micronesians (such as Chamorros, the indigenous people of Guam), and Melanesians (such as Fijians) (32, 84).

The Hispanic population, the second fastest growing population, rose 53% from 1980 to 1990. Many are young; the median age is 26 years; 30% are children under 15 years. More than 26% have incomes below the poverty level; 39.9% of Hispanic children live in poverty; however, there is a growing middle class. Thirty percent of Hispanic families are single-parent (39, 226).

The other two populations did not increase as much from 1980 to 1990 (13.2% for African American and 38% for American Indian, Eskimo, and Aleuts). Yet, despite the growth patterns, nonwhites continue to be separate from the white population and mainstream culture. Even if they are not separated physically, they may not really understand each other.

Almost 20 million (8%) of Americans were born in other countries. More than 32 million speak a language other than English at home. By the year 2000 it is estimated that one-third of the population will be nonwhite. There are also many nationalities represented among whites. The United States has been proclaimed as the First Universal Nation—a truly multicultural society (250).

DEFINITIONS

Culture *is the sum total of the learned ways of doing, feeling, and thinking, past and present, of a social group within a given period. These ways are transmitted from one generation to the next or to immigrants who become members of the society.* **Culture** *is a group's design for living, a shared set of socially transmitted assumptions about the nature of the physical and social world, goals in life, attitudes, roles, and values.* **Culture** *is a complex integrated system that includes knowledge, beliefs, skills, art, morals, law, customs, and any other acquired habits and capabilities of the human being. All provide a pattern for living together.*

Cultural behavior has two forms: manifest and ideal. **Manifest culture** *refers to patterns of actions, beliefs, and feelings that are readily identified by outsiders.* It reveals what people are actually saying and doing daily. **Ideal culture** *refers to beliefs, practices, and feelings which people believe in or hold as desirable but do not always live by in actual practice* (149).

A **subculture** *is a group of persons within a larger culture of the same age, socioeconomic level, ethnic origin, education, or occupation, or with the same goals, who have an identity of their own but are related to the total culture in certain ways.* Mexican-Americans, Latinos or Spanish-speaking Americans, American Indians, African-Americans, and Asians or Asian-Americans such as Chinese, Filipino, and Japanese people represent subcultures within the overall culture of the United States. Ethnic, regional, socioeconomic, religious, and family subcultures also exist. A description of each follows.

The term **ethnic** *pertains to a group of people, distinguished from other people by race or nationality, who possess common physical and mental traits as a result of heredity, cultural traditions, language or speech, customs, and common history.* **Ethnicity** *refers to a national group.* In the United States, there are many European ethnic subcultures, for example, German, Italian, Polish, Slavic (representing a number of Slovakian countries), Scandinavian (Danish, Norwegian, Icelandic, Finnish, or Swedish), Swiss, French, Dutch, and Russian. There are also ethnic subcultures from the United Kingdom: English, Irish, Welsh, and Scotch. According to Spector, there are at least 106 different ethnic groups in the United States plus several hundred American Indian tribes (234).

The markers of racial or ethnic identity are every conceivable hue of color and sometimes as much a matter of socialization, ideology, and attitude as pigmentation. As the February 13, 1995, issue of *Newsweek* headlined, "What Color Is Black?" the faces on the cover were indeed every conceivable hue; eye color and facial appearance varied. Just as there are differences among Hispanics and Asian-Americans, so there is uniqueness in background, appearance, and lifeways among African-Americans. Morganthau reported that in one poll, one-third of African-Americans stated that blacks should not be considered a single race. In fact, the dark-skinned East Indians, Pakistanis, and Bangladeshis, despite their color, are Caucasians (189).

Further, an increasing number of African-Americans can claim to be biracial (189). Courtney describes the challenges and hurts that he has encountered because he is biracial. He states that being biracial has frequently meant denying half of his identity; which half depended on whether he was with Caucasians or African-Americans (52).

The Association of MultiEthnic Americans is a group lobbying in Washington to add a multiracial category to the questionnaire for the next census. Such a

category would help depict the country's fluid demographics but may undermine laws or policies enacted to help racial minority groups with federal aid, voting districts, or in other ways.

Hispanic, referring to Spain, Hispania, or Spanish, is often a term reserved for **Latinos** or Spanish or Latin Americans who have mixed ancestry, without identifying country of origin. Most of those who are called Latino or Hispanic speak Spanish or Portuguese. *Among the Latino or Hispanic population, however, there are wide differences in genetic background, culture, tradition, lifestyle, and health behavior, depending on culture of origin, ancestry, and current socioeconomic status. The person who is designated Latino or Hispanic may be olive or dark complexioned and have come from Spain, Mexico, Puerto Rico, Cuba, Dominican Islands, or any Central American or South American country.* Those of Mexican-American origin constitute the largest group of Latinos or Hispanics. The term **Latino** is preferred by some Hispanics. For statistical purposes, specific birthplace should be recorded: Mexico, Puerto Rico, Cuba, Central or South America, or the United States (226). *For a general discussion of culture in this text the term Latino or Spanish-speaking will be used* (272).

Regional culture *refers to the local or regional manifestations of the larger culture.* Thus, the child learns the sectional variant of the national culture, for example, rural or urban, Yankee, Southern, Midwestern. Regional culture is influenced by geography, climate, natural resources, trade, and economics; variations may be shown in values, beliefs, housing, food, occupational skills, and language. One type of regional culture is *rural,* a term that is difficult to define, partially because it prompts different images for different people. Cattle ranchers, migrant workers, coal miners, loggers, American Indian reservations, and grain farmers each bring to mind life in rural America. Population density, population size, and distance from health care facilities are criteria frequently used in defining rural areas. The numerical values defining rural areas vary from one governmental agency to another (19, 135).

Rural *refers to an area or town with less than 2500 people, or a county that has less than 100,000 population.* **Urban** *is defined as a city of 50,000 or more people or an area of at least 50,000 persons that is part of a county with at least 100,000 population* (250).

Socioeconomic level *is a cultural grouping of persons who, through group consensus and similarity of financial position or wealth, occupation, and education, have come to have a similar status, lifestyle, interests, feelings, attitudes, language usage, and overt forms of behavior.* The people belonging to this group meet each other on equal terms and have a consciousness of cohesion. Socioeconomic level is not only economic in origin. Other factors also contribute to superior status, such as age, gender, personal endowment, influence of the person or family in the community of residence in various organizations or politics, and reliance on tradition versus adoption of norms of dominant American culture (213).

The more the economic level of a group becomes fixed, the more predictable are its patterns of attitudes and behavior. Children learn the patterns of their own group and the group's attitude toward another level. The attitude patterns make up a culture's **value system,** *its concept of how people should behave in various situations as well as which goals they should pursue and how.* The value systems of the general culture and of the subculture or socioeconomic level may conflict at times. Further, in the United States or other westernized countries, all except the affluent members of several generations may at times change their economic or prosperity levels, but the values of the original level are likely to be maintained.

All cultures, subcultures, and ethnic groups possess certain values, customs, and practices common to every culture; share certain values, customs, and practices with some other cultures; and have certain values, customs, and practices unique only to that group of people. Cultures can best be studied from an **emic approach,** *by examining each culture based on the adaptiveness of behavior within its own perspective or frame of reference* (152).

Religious culture also influences the person, for a *religion constitutes a way of living, behaving, and thinking and therefore is a kind of culture.* Religious influences on values, attitudes, and behavior are discussed in Chapter 3.

Family culture *refers to family life, which is part of the cultural system.* The family is the medium through which the large cultural heritage is transmitted to the child. *Family culture consists of ways of living and thinking that constitute the family and sexual aspects of group life.* These include courtship and marriage patterns, sexual mores, husband–wife relationships, status and relationships of men and women, parent–child relationships, childrearing, responsibilities to parents, and attitudes toward unmarried women, children, divorce, homosexuality, or various health problems (68).

The family gives the child status. The family name gives the child a social position as well as an identity; the child is assigned the status of the family and the reputation that goes with it. Family status has a great deal to do with health and behavior throughout life because of its effect on self-concept (68).

Family rituals are the collective way of working out household routines and using time within the family culture, and are indicators of family values. **Ritual** *is a*

system of definitely prescribed behaviors and procedures. It provides exactness in daily tasks of living and has a sense of rightness about it. The more often the behavior is repeated, the more it comes to be approved and therefore habitual. Thus, rituals inevitably develop in family life as a result of the intimacy of relationships and the repetition of continuity of certain interactions. Rituals change from one life cycle to another, for example, at marriage, after childbirth, when children go to school, and when children leave home. *Rituals are important in child development for several reasons:*

- They are group habits that communicate ways of doing things and attitudes related to events, including family etiquette, affectionate responses between family members, organization of leisure time, and education for group adjustment.
- They promote solidarity and continuity by promoting habitual behavior, unconsciously performed, that brings harmony to family life. Many rituals continue to the next generation, increasing the person's sense of worth, security, and family continuity or identity.
- They aid in maintaining self-control through disciplinary measures.
- They promote feelings of euphoria, sentimentality, or well-being, for example, through holiday celebrations.
- They dictate reactions to threat, such as at times of loss, illness, or death (68).

Family influences are dealt with more extensively in Chapter 4.

CHARACTERISTICS OF CULTURE

Culture as Learned

Culture has three basic characteristics. First, *culture is learned.* People function physiologically in much the same way throughout the world, but their behavior is learned and therefore relatively diverse. Because of culture, a child is ascribed or acquires a certain **status** *or position of prestige.* The child also learns or assumes certain **roles,** *patterns or related behaviors expected by others, and later by oneself, that define behavior and adjustment to a given group.* The behavior, values, attitudes, and beliefs learned within the culture become a matter of tradition, even though the culture allows choices within limits. What the person learns during development is of great significance. Culture determines the kinds of experiences the person encounters and the extent to which responses to life situations will be either unhealthy, maladaptive, and self-defeating or healthy, adaptive, constructive, and creative (178, 213). What the person has learned from the culture determines how and what you will be able to teach him or her, as well as your approach during care.

Culture as Stable but Changing

The second characteristic of culture is that *it is subject to and capable of change to remain viable and adaptive, although it is basically a stable entity.* The culture of a society, like a human body, is dynamic but maintained at a steady state by self-regulating devices. In the United States and westernized countries throughout the world, there is often much overt change occurring. Yet underneath the manifested lifestyle changes, certain basic values of most people within the group are unlikely to be changed because behavior is defined by the culture. *Stabilizing features are traditions, group pressure, and the ready-made solutions to life's problems* that are provided for the group, enabling individuals to anticipate the behavior of others, predict future events, and regulate their life within the culture. *Everyone within the same culture does not behave in exactly the same way.* Norms and customs that persist may have a negative influence on the group (213). Food taboos during illness and pregnancy, pica, a high-animal-fat diet, and crowding of people into a common dwelling that provides an apt incubator for spread of contagious disease are examples.

A culture makes change, stability, or adaptation possible through its ideas, inventions, and customs. Together with physiologic adaptive processes, culture is a powerful force. Humans, for example, are able to live in a wide variety of climates because the body has adjusted gradually to permit survival. We have constructed a variety of lifestyles and patterns of social relationships to guarantee our survival and free ourselves from the limits of physical environments. Prescribed cultural norms are the most effective adaptive mechanisms that humans use. They affect physical, social, and mental well-being; aid adaptation to diverse situations, environments, and recurring problems; and teach about other environments to which we may have to adapt. In addition, some adaptive modifications are achieved through genetic, physiologic, and constitutional capacities that have been transmitted for generations through natural selection or cultural conditioning. This combination of change and stability can be seen in the United States (78). Elliott describes the stability of American institutions even with technologic change and the diversity of cultural people, or multiethnicity (74).