

# Lifestyle modifications: a concept analysis essay



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## **Introduction**

The number of 'lifestyle' diseases currently affecting the populations is quite astounding. In the recent years, cases of diabetes, hypertension, cancers and other cardiovascular diseases have been on the increase amongst people of all races and ages, and from all walks of life. All these cases have been attributed in one way or another to the patients' lifestyle choices; thus, the tag 'lifestyle diseases'. These diseases claim so many lives and cost the country a lot of money in terms of diagnosis and treatment of patients. In 2009, cardiovascular diseases alone claimed over 600,000 lives and cost the country up to 503.2 billion dollars (Barnoya & Glantz, 2005). Breast cancer, although, entirely blamed on one's lifestyle, has also been reported to be the number one killer disease among women (Filozof, et al, 2004). Also, according to the American Diabetes Association, weight gain in adults is directly linked to an increased risk of type 2 diabetes, and obesity increases one's insulin resistance and blood glucose concentration. All these are conditions that can be countered, meaning that they are prevented, managed or treated using lifestyle modification strategies. But in order to actualize this, healthcare providers and the general public, as consumers, will have to align themselves so that they can practice and promote healthy living practices and effective lifestyle modification strategies as efficient alternatives to the otherwise expensive and sometimes ineffective pharmacotherapy (Pereira & Ludwig, 2001).

Significance of the Concept Analysis

For many years now, physicians have known and talked about the risks associated with certain lifestyles and habits. Many people are aware of the effects of smoking, being overweight, drinking alcohol and even not exercising regularly. They also know that some chronic diseases can be prevented, managed or even treated by simply maintaining a healthy lifestyle. They, however, have not fully embraced the concept of healthy living as evidenced by the ever increasing prevalence of lifestyle diseases. This concept analysis intends to find out why people are still not living healthy lives, and why the patients suffering from these lifestyle diseases are also yet to fully embrace lifestyle modifications as an alternative or an active supplement to the usual pharmacotherapy.

#### Purpose of the Concept Analysis

This concept analysis focuses on lifestyle modifications in order to find out why physicians and their patients have failed to efficiently embrace the concept. This is because physicians are a well-informed lot and their influence on their patients is undisputable. This implies that physicians are well-placed to effectively invoke efficient lifestyle modifications in their patients, and guide them successfully through their healthy living programs. However, despite this being public knowledge and being in a country with over half a million physicians, lifestyle diseases are on the rise.

#### Assumptions of the Concept Analysis

Patients with lifestyle diseases such as hypertension, diabetes, cancers, cardiovascular ailments and other chronic diseases require frequent medical attention. This concept analysis is conducted with an assumption that, at one

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point or another, these patients are attended to by a qualified physician who is equipped with all the relevant information on the concept of lifestyle modification as a non pharmacological therapy. The other assumption is that everyone knows by now that leading an unhealthy lifestyle generally results in serious health complications.

This concept can be mainly applied by the advance practice nurses, as it is they that most often are the first point of contact for patients who are in search of information and care. Health promotion is actually a primary constituent of the role of an advanced practice nurse, and to encourage and reinforce patient wellbeing is a core competency of the Family Practice Nurse Practitioner (Frich, Malterud & Fugelli, 2006).

### Preview

The body of this paper will take the reader through a review of the literature, a definition of the conceptual terms, followed by identification of the defining attributes of the concept, and a discussion of antecedents, benefits and consequences to these attributes. A model case exemplifying the concept in a real-life scenario followed by a borderline case will then be presented, concluded by a review of the empirical referents used in the investigation of this concept (DeVon, 2011).

### Literature Review

The literature review for this concept analysis was done on material obtained by searches of Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, and PsychInfo from the years 2001-2011. The terms as: lifestyle

modifications, lifestyle diseases, non pharmacological therapy, and risk were used to conduct the search. Primary source texts as well as the SAGE encyclopedia database, and Credo reference library were also utilized. The literature was evaluated for information on health promotion or risk reduction for lifestyle diseases through lifestyle modifications as a non pharmacological alternative (Briefel & Johnson, 2004).

Results revealed a limited number of resources, focusing extensively on lifestyle modifications, as an alternative to pharmacotherapy; but there was a good number of literatures that discussed healthy living and lifestyle modifications for health promotion and prevention of lifestyle diseases within the research questions and methods. The majority of the literature reviewed was from a nursing perspective. Nursing plays a pivotal role in passing information regarding healthy lifestyles as a means of health promotion both with health care consumers, as well as the general public. The authors repeatedly emphasize on the nurses' strategic position that puts them at the forefront of providing vital information to their patients and other interested persons. They point out that nurses take up the basic role of educating people on issues of health promotion and lifestyle modification, particularly with regards to the risk of lifestyle diseases. If this critical opportunity for imparting knowledge is missed by the nurse, it is often not revisited by other providers (Gatewood, et, el, 2008).

The researchers recognize that both environment and person play a role in outcomes, exploring barriers by means of evaluating external or internal factors, „ organizational or personal,%u201F or „ real or imagined, respectively. They cite inhibitors, such as, portrayal in the media%u201F as <https://assignbuster.com/lifestyle-modifications-a-concept-analysis-essay/>

well as „ self-efficacy (Gatewood, et, el, 2008). Nursing effectively takes the extra step away from the hard science and reads between the lines to unveil what attitudes and beliefs may be lying just below the surface, influencing individual outcomes.

The Public health sector continues to maintain its vital role in health promotion, and specifically the health promotion aimed at prevention of the lifestyle diseases. This concept is discussed in detail below, but it is important to appreciate the distinctive perspective that public health takes within the research. Public health approaches health promotion and lifestyle modification on a large, community based scale, while emphasizing on high risk populations (Pender, Murdaugh & Parsons, 2002).

In medicine, the concept is addressed with a slightly less comprehensive focus. The primary reason for patients and physicians not embracing lifestyle modifications, as cited in medical literature, is the challenge of consistency and intensity faced by the physicians themselves.

### Lifestyle Modifications

Modifying a lifestyle entails changing one's daily habits for better and much healthier practices. Lifestyle modifications are, therefore, those non pharmacological steps taken towards healthy living. The concept is, however, defined specifically; thus, dissimilarly in different disciplines.

### Nursing

In nursing practice, lifestyle modifications involve obtaining the relevant information and understanding one's options. The nurses are basically

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charged with providing information and leaving the patients and their physicians make the required choices. Nurses are much better placed than doctors to providing information, and doing follow ups on patients in lifestyle modification programs. This is because they are easily accessible and are not as expensive as the physicians in terms of the cost and the time spent in the waiting room (Schmidt, 2009).

### Psychology

Psychologists perceive lifestyle modifications as behavioral changes that require the patient to have a strong personal drive towards a specific goal. Other than providing information, psychologist are tasked with motivating a patient to embrace lifestyle modifications by assisting them to see the benefits of healthy living and helping them in setting achievable short and long term goals. They are, however, not as pivotal as the nurses and are usually used in extreme cases due to their cost and the time it takes to get a session booked.

### Medicine

Medicine perceives lifestyle modifications as a non pharmacological supplement to pharmacotherapy. This means that physicians do not readily opt for lifestyle modifications to treat or prevent diseases. They are, however, willing to resort to the concept to supplement conventional medicine. The reason behind this is basically that lifestyle modifications programs are time consuming and require a lot of interaction with the patient, and this is something best done by the nurses and other support staff like the dietitians.

## How Has Making Lifestyle Modifications Evolved

Most patients are fully aware that cigarette smoking, corpulence, and inactive existence increase the risk of lifestyle diseases. They have learnt this from a number of possible avenues including discussions with their physicians. However, the cost of seeing a physician and the time required to be taken through a thorough session on lifestyle modifications has proven to be too expensive for most patients. This leaves it up to nurses and dietitians to pass on the detailed information and direct or support the patient as required. Eradicating or minimizing these risk conditions via lifestyle modifications is, however, still a significant challenge because the process for a successful lifestyle modification is too involving for both the patient and the physician/nurse/dietitian.

To help patients with these lifestyle diseases, physicians are advised to use a specific approach. First, they should help the patient to understand the importance of the therapy. This should be followed by a discussion of how the treatment will evolve and the setting of relevant and achievable goals. Second, the physician should follow up by monitoring the victim's improvement and identifying any possible injuries or negative effects. They should also be able to motivate the patient's progress through commending them for their commitment and charting out their progress and setting achievable short-term goals. Studies have shown that a physician can have a significant positive effect on a patient's smoking cessation by simply asking the patient if they smoke and advising a smoker to quit. They can also further assist a smoker by providing relevant informative materials, making referrals to counseling groups if necessary, and even prescribing a nicotine

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replacement therapy if found appropriate. But in all these, follow-up is essential.

Dietary interventions are best customized to individual victims, their food preferences and specific ethnic backgrounds since these affect the types of food that they are likely to be exposed to in their daily living. Individuals should be confident to tryout various different nonfat and low-fat foods and indulge those that they find appealing or tolerable into their diet instead of their high-fat alternatives.

Other than relying on the media and the nurses to inform the patients on healthy living issues, the physicians can avail informative materials in their waiting rooms and even for borrowing by the patients. Instructive materials are supportive in inspiring patients to adjust their eating behavior and in providing extra ideas for food replacements (Minkler, 1999).

## Analysis

### Defining Attributes

The greatest theme that persists throughout the literature basis for lifestyle modifications is access to information. This attribute applies to both the patient (consumer) and the healthcare provider, whether nurse, psychologist or physician. Patients need to know that healthy living can reduce their risk of getting lifestyle diseases. They also need to know that even if they already have a chronic disease, lifestyle modifications can serve as an alternative to the usually expensive pharmacotherapy. Patients still see lifestyle modification simply as an optional supplement to their usual drug

prescriptions; and thus, they continue living unhealthy and sedentary lives that increase their risk and complicate their already difficult conditions. Patients are known to heavily rely on their physicians for any information pertaining to their health (Walker & Avant, 2005). This means that they expect to learn from their doctors and anything not mentioned is passed as irrelevant. And while doctors sometimes talk to their patients about lifestyle modification programs, they do not emphasize or persist the patients' neglect of health promotion habits. In addition, patients undertaking a lifestyle modification program require a lot of positive motivation. They need information on their progress and how close they are to achieving their long term and short-term goals. Lacking this information easily leads to quitting the program.

Health care providers, on the other hand, also need to have access to information on patient history, progress monitoring, assessment, and workable interventions. This means that the physician will require interacting more with his or her patients in order to achieve success in a lifestyle modification program. Due to their limited time, it is almost impossible for physicians to do this. That is where the nurses and dietitians come in. They are then charged with not only providing information to patients, but also collecting background information on them as well. Much of the education material on healthy living still focuses on its preventive aspects at the expense of its importance in management and even treatment of the lifestyle diseases; thus, a need for health care providers to provide more accurate and detailed information to their clients.

Another attribute extensively covered is the effect of healthy living on the lifestyle diseases. Patients with lifestyle diseases engage in lifestyle modification programs without fully knowing in detail how it benefits them, and what risks it reduces. This makes their enthusiasm short lived as they drift back into their usual routine due to a lack of inner motivation. Knowing one's risks and how they can be reduced or eliminated through healthy living, helps keep a patient on the program for much longer.

### Antecedents

For life modifications to be prescribed there are a number of factors that could be at play. Being at risk for diseases like diabetes, cardiovascular ailments or any of the cancer whether through family history or otherwise necessitates health promotion habits that can reduce the risk. Also being obese, addicted to alcohol or tobacco, or suffering from any chronic disease may require one to undertake a lifestyle modification program to increase his or her chances of living a long and productive life.

### Benefits and Consequences

Obesity typically increases the body's resistance to insulin, while also increasing the amount of glucose concentrated in the blood stream. This means that countering obesity through lifestyle modifications not only leads to weight loss, but also a reduced blood glucose concentration and reduced if not eliminated insulin resistance.

Cigarette smoking leads to poor cardiovascular and respiratory systems. This implies bad breath, shortness of breath, risk factors like cancer and heart

diseases among others. Smoking cessation, therefore, translates to fresh breath, better functioning heart and lungs, better behavior control and even more money saved. Exercising frequently results in physical fitness, better functioning body organs, a general body wellness, and a good active outlook on life.

### Empirical Reference

The efficiency of life modifications in managing and treating lifestyle diseases has proven to surface frequently throughout literature. This concept has been best empirically evaluated through the use of methods that quantify lifestyle diseases and the risks involved. The Health Promoting Lifestyle Profile II (HPLP II) scale, was developed by Pender in 1996, and has been successfully used by a number of researchers to assess health-promoting behaviors (Buyx, 2008). It is devised of 52 items consisting of six subscales for measuring adoption of healthy lifestyle components, and is rated based on degree of fulfillment (Buyx, 2008).

### Application of Lifestyle Modifications to Nursing

#### Model Case

Richard is a 29-year-old man who resides in a high rise apartment alone with his cat. Richard has a day job as an accountant in a busy law firm, while at night he makes comic books, as a hobby and second source of income. Being busy and living alone, Richard's diet comprises mainly of fries, pizza, soda, strong coffee and scrambled eggs. He does not smoke, but lives on brandy. Consequently, he is overweight and diabetic and has to see his doctor once

every two months. His greatest problem is the insulin resistance and high glucose concentration in his blood (Stock & Schmidt, 2010).

During one of his visits to the doctor, he was advised to consider adopting healthy habits and losing some weight in order to reduce his dependence on drugs. He agreed to an exercise regimen and a strict diet, but he was not kind on following them since his health policy was sure to provide him with drugs for as long as he needed them. His busy life did not allow him time to cook, or even exercise and he was not social enough to consider eating out frequently.

#### Contrary Case

When Richard goes to his next appointment, he spends sometime in the waiting room talking to his nurse practitioner (NP), she inquires whether or not he is following his lifestyle modification program. He admits that he is not, stating his two jobs and solitary life as explanations. “ Besides,” he says, “ I am already diabetic and well-adjusted at that. I do not really need to live healthy anymore since am sick already.” The NP explains that, in fact, he should be more concerned about living healthy due to his condition. She tells him that his dependence on drugs is not only due to his being diabetic, but also due to his weight. Moreover, a healthy lifestyle is for preventive measures and it is useful in managing chronic conditions also. Richard is educated on his increased risk factors by the NP, and is provided with material on how to modify his lifestyle to manage and even eliminate these risks, as well as a list of resources for getting started. Richard walks out of the office with a determined spirit and invaluable tools in his pocket. That

evening, while finishing up a comic series, he charts his way towards better health. He vows to take the stairs every morning to his 3rd floor office, cook at least once a week, and use a bike instead of a car during weekends. The task ahead of him was huge, but his determination, fuelled by the NP's encouragement, was unbreakable.

## Discussion

### Summary of Findings

Physicians and patients have failed to fully embrace lifestyle modifications because of the disconnect in the chain of communication. Most patients with chronic conditions tend to assume that their lifestyle before the condition is the cause of their drug dependence or a worsening of the condition. They fail to examine their habits in the light of their prevailing condition; and thus, need to be enlightened by their health care providers. Failure to inform them results in worsening conditions and drug dependence leading to high costs and eventual death. Patients need to be informed that healthy living is not only for those who are healthy, but also for those who would like to regain their health.

### Implications

Suffering from a chronic disease and living on drugs is not a comfortable condition. Patients of chronic diseases should, therefore, continuously engage their health care providers in order to find out if there are any other alternative therapies that they can undertake in order to counter their conditions. Being in constant search of information ensures that the patient

has a lot of options and is in a better position to make good choices with regards to which medicines to take, and which lifestyle modifications are beneficial to his or her health. In addition, patients and physicians alike should seek complete information to avoid making inaccurate assumptions on the basis of general knowledge.

### Suggestions for Further Research

This analysis has shown that while lifestyle modifications are efficient as alternatives to pharmacotherapy, they are not widely used due to a lack of information by the patients themselves since they assume that their dependence on drugs is a permanent consequence of their previously unhealthy lifestyle. This is, however, not so and future research should focus on linking lifestyle modifications to cured chronic conditions. Other than telling a diabetic that being overweight reduces his or her reactance to insulin, we should be able to tell them that if they maintain a healthy body weight for a particular period of time, then they would not have to depend on the insulin any more. We should be able to provide long term motivation for their lifestyle modification efforts by directly linking health promotion habits to healthy lives without relying on pharmacotherapy (Wilhelmsson & Lindberg, 2009).

### Conclusion

Despite all the available knowledge on the benefits of healthy living to healthy people and those living with chronic conditions, or the so-called lifestyle diseases, many people still indulge in unhealthy practices. While it is impossible to have everyone living the model life, those suffering from

lifestyle diseases should be encouraged to live healthy lives in a bid to manage or treat their conditions. This can only be done by providing them the relevant information and the necessary support and motivation as health care providers. This will not only result in a reduced prevalence rate for lifestyle diseases, but also a healthier nation and much less expenditure on pharmacotherapy for cases that can be countered solely through lifestyle modification.