

Promoting health and well-being in nursing: obesity



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The aim of this essay is to clarify and explain role of professional nurse in relation to the public health issue of obesity. This essay will explore the different concepts, such as legal and ethical, which can influence professional nursing practice. In addition understanding of accountability, consent, confidentiality, autonomy, duty of care and the use of the nursing process will be demonstrated. The essay will also bring to light the understanding and the importance of recordkeeping, anti-discriminatory practice as well as equality, diversity and different ways of communication with patients. Finally the recognition of potential barriers to communicating within the health care will be highlighted.

“ Public health is the science and art of preventing diseases, prolonging life and promoting physical health and efficiency through organised community efforts” (Winslow, 1920).

According to Department of Health (2009) obesity is clinical term which is used to describe excess body fat. Further more DOH (2009) stated that obesity is a major public health issue because it is associated with risk factors of number of health problems such as heart diseases, stroke and some cancers. It also leads to other serious conditions such as type 2 diabetes. According to Information Centre statistics (2009) estimated NHS costs of treating obesity related illnesses were roughly £ 1 billion in 2002 and it is predicted that by 2025, the NHS costs could rise up to £ 5.3 billion. A cost of obesity arises from NHS consultations, drugs and treatment of obesity related illnesses.

If patients feel fit and healthy, they do not seek for help and advice from healthcare professionals. Often they feel the need to consult professionals for help only after they start to have symptoms of some illness.

According to the Information centre statistics (2009) in 2007, 24% of adults, age 16 or over, in England were classified as obese. This represents overall increase from 15% in 1993. The report produced by Foresight at the Government office for Science, Tackling Obesities: Future choices predict that by 2015, 36% of men and 28% of women age 21-60 living in England will be obese. By 2025, these figures are estimated to rise to 47% in men and 36% in women (Information Centre, statistics 2009).

Nurses are regulated by the Nursing Midwifery Council (NMC, 2008). The main role of the NMC is to protect the public. NMC maintain a register of all qualified nurses, midwives and health visitors and set standards for education, practice and conduct. In addition the NMC considers allegations of misconduct or unfitness to practice due to ill health. They determine for registrants and the public what standards to expect from every practitioner on the register.

Nurses legally owe obese patients a duty of care and they are responsible and accountable for their own actions in practice when caring for obese patients. McLean and Mason (2003) suggests than duty is established between the nurses and the patients as soon as the nurses offers to treat. Accountable means to be responsible for someone and answerable for the consequences of what is been done (Jasper, 2007). The duty of care is the minimum standard of practice that a patient can expect. In nursing this is

informed by the code of professional conduct (NMC, 2008). Main focuses of professional conduct is protect patients and insure nurse's behavior meets the level of community expectations.

Nurses are more likely to have the most contact with obese patients in primary care. They can attend primary care as a self-referral, as a GP referral or as a referral from acute care with instructions to lose weight before undergoing operation or procedures (Cook, 2009).

Nursing is moral/ethical activity. According to Kozier et al. (2008) the nurses have to follow ethical principles when treating obese patients. First it is respect for autonomy, which means, the nurses have to respect the patient and understand that each patient is unique and they have rights to make their own decisions, even when that decision might shorten the patients life. The second principle is beneficence, which means the nurses are obligated “to do good” and their actions must benefit patients and their support persons. The next principle is nonmaleficence which is the duty to “do no harm”. So as sense of justice should persist. For example the nurses must make careful decisions in order to divide time shared between patients.

Stereotyping is not acceptable in the nursing, for example, the patients are obese because they eat too much.

Role of the nurses is to provide patient-centred, structured nursing care and promote healthy eating and activity. People need to be encouraged to maintain their own health through eating good diet and integrating exercises in to weekly activities. The nurses have a very important role in helping

patients who are overweight or obese to achieve good weight loss results (Pack, 2008).

In patient management it is fundamental for the nurses, before giving any treatment or care to the patients, obtain their informed consent and nurses must respect and support patients rights to accept or decline treatment and care (NMC, 2008). Kozier et al. (2008) noted that for consent to be valid the patients should be informed about the facts relating to their care in the form of communication they understand. According to Jasper (2007) adults are always assumed to be competent to give consent for treatment unless demonstrated otherwise. However if there is any doubts about patients competence, further information or explanation may be needed.

Due to development of health care system the practice of nursing has developed and nursing process have been implemented as a major framework for delivering care. “ Nursing model tells us what the nursing care should be like and nursing process describes how it should be organized” (Heath, 1995). Roper, Logan and Tierney’s model is the most extensively used by nurses in UK and it is based on 12 activities of living (Aggleton and Chalmers, 2000).

All obese patients should have full assessment done at the beginning of their care plan with agreed goals and outcomes (Cook, 2009). Assessment is the first phase of nursing process. During assessment the nurses must collect information about the patients, this includes collecting information from variety of sources and this information must be organized, validated and documented (Kozier et al, 2008). Obese patient’s assessment should cover:

Weight history, including BMI, blood pressure and waist measurement, diet history, medical history, exercise level assessment, blood screen for lipid profile and total cholesterol, Thyroid stimulating hormone, full blood count, Body fat percentage, psychiatric history, in women – menstrual history (Cook, 2009).

The next phase of nursing process is diagnosing, where all health problems, risks and strength are identified. In planning phase problems are prioritized and written in to nursing care plans. Implementing phase provides nursing activities and the patient's responses which are examined in the last evaluating phase (Kozier et al, 2008).

In the process of assessment, obese patients consider information given to the nurses as confident and they do expect that this information about themselves will not be shared with others by health professionals. “Confidentiality in health care is a legal obligation that is derived from statutory and case law as well as forming part of the duty of care to a patient. It is a requirement within professional code of conduct” (Beech, 2007). According to NMC (2008) nurses must respect patient's rights to confidentiality and patients must be informed about how and why information about them is shared between health professionals. Martin (2001) suggests that the professional duty of confidentiality is fundamental to building and maintaining trustful relationships with the patients and it helps the patients to be opened and honest with the nurses. However Beech (2007) suggests that dilemmas might arise between the duties of maintaining the patient's confidentiality and the need to disclose information. Confidential information can be disclosed only if the nurses

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believe someone may be at risk of harm, in line with the law of the country of practicing (NMC, 2008). Healthcare professionals should be fully informed about codes of professional conduct and keep up to date with changes in the law or professional guidance (Beech, 2007).

All obese patients deserve dignifying care. Last year RCN at the congress set up a campaign on dignity and questioned more than 2000 nurses. Waters (2008) looked at the findings of this campaign, 11% of nurses said they left work upset because it is been made impossible for them deliver dignified care, 35% thinks they have not enough time to deliver dignified care, 70% sometimes leave work upset because dignified care have not been given by them, 77% said organizations they work for makes patient dignity a priority, 86% want to make dignity higher priority every day and finally 89% of questioned nurses are ready to challenge a colleague who compromise a patients dignity.

However, nurses agreed that preserving patient's dignity must be at the heart of good nursing practice (Waters, 2008).

In order to provide continues, high quality patient care it is responsibility of the nurses to keep clear and accurate records of the discussions they have with obese patients and records of assessments and treatments. Information about given medicines have to be recorded as well as information about how effective those medicines have been (NMC, 2008).

Good record keeping is very important part of safe and effective nursing practice (NMC, 2007).

The patients have rights not to be discriminated not on any ground. NMC (2008) stated that the nurses must not discriminate in any way against those in care. Institute of Race Relations (IRR, 2009) defines discrimination as “ to treat one particular group of people less favorably than others because of their race, color, nationality, or ethnic or national origin”. There could be different types of discrimination. Very often obese patients facing different kind of disabilities and suffer discrimination, mainly because of their size. The Disability Discrimination Act (DDA) 2005 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. The disability discrimination Act (DDA) 1995 requires public bodies to promote equality of opportunities for disabled people (Directgov, 2009). The Universal Declaration of Human Rights Article 7 states that “ All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination” (UN, 2009). There is lot of different ethnic groups of people in UK and nurses need to understand their culture and appreciate their needs (Duffin, 2008). All the patients must be treated equally good.

Nurses must be able to communicate with obese patients clearly and effectively. Some of basic ways of communication are speaking, sign language, body language, touch and eye contact. Purpose of communication is to share information. Arnold and Boggs (2003) believes that communication is complex process which composite of verbal and nonverbal behaviours. Verbal communication includes sounds, words, language and speaking. However non-verbal communication involves physical ways of

communication such as tone of voice, touch, smell or body motion. Aarti (2009) suggests that people are judged by first impression of appearance so it is very important for the nurses to look presentable when caring for patients. To communicate effectively with obese patients it is important to speak clearly and make sure the patients understand what is being said. Right volume of voice is essential and right form of communication must be chosen. Important is to get patients involved by asking questions.

Sometimes situations can arise when communication with the patients might become difficult, causing misunderstandings (Sully and Dallass, 2005).

However Arnold and Boggs (2003) believes that good understanding of communication styles enables the nurses to more effective client-centred approach in resolving difficult health care issues. Sometimes using medical terminology, lack of confidence, light problems or noise environment can cause problems to communicate effectively. Communication barriers, such as deafness, language differences and speech deterioration following stroke, are very common and it is very important for the nurses to know how to communicate in different situations (Sully and Dallass, 2005). Listening skills are part of non-verbal communication. Burnard (1997) stated that important is not to assume things about the patient, but important is to listen what the patients have to say.

In conclusion, this essay has discussed why obesity is a public health issue and role of the nurses in promoting health and equality with regards to obesity by educating people to maintain they own health. The understanding of the importance of record-keeping, awareness of anti-discriminatory and the need that nurses treat every patient equally and with dignity in practice

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was considered. Finally ways of communication with patients and potential barriers to communication within the health care was highlighted.