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### Original Citation

Greenwood, Nicola and Lewis, Kiara (2015) Opportunistic health promotion among overweight children. *Nursing Children and Young People*, 27 (3). pp. 16-20. ISSN 2046-2336

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## Background

Childhood obesity is a national and global issue within public health (WHO, 2012) and continues to be a priority for the Department of Health (DoH, 2013). In England around one in five 4/5 year olds and one in three 10/11 year olds are classified as overweight or obese (NOO 2014). These figures are similar in Scotland (BMA 2012) and are higher for 4/5 year olds in Wales where one in three are classified as overweight or obese (Wales Centre for Health, 2013). Childhood obesity poses a significant risk to psychological and physical health, both now and in the future (WHO 2012). Overweight children are at greater risk of developing obesity related illnesses, such as sleep apnoea, hypertension and asthma, as children and developing other chronic illness such as heart disease and diabetes in adulthood (Camden 2009, Laing 2002). The impact of obesity is greater than on physical health alone, and have a psychosocial impact (Camden 2009). The ill effects of obesity put significant pressure on families, society and the NHS and has been forecast to cost the nation in excess of fifty billion pounds by 2050 (DoH 2012). It is therefore a priority of the UK government to 'reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight' (DoH and Department of Children, Schools and Families 2008). As overweight children become overweight adults (WHO 2012), it is recognised that the focus needs to be on preventing and reversing childhood obesity. The NHS Future Forum (2012) set out a vision for all health care professionals to 'make every contact count' by delivering health promotion strategies. Despite this it has been suggested that intervention by healthcare services only occurs once the medical complications of obesity are apparent (Royal College of Physicians 2010).

## Literature Review

Despite the calls on nurses to provide health promoting advice and the growing number of children presenting with weight problems, the research available suggests this is a neglected area (DiNapoli *et al* 2011, Ashby *et al* 2012, Keleher and Parker, 2012, Lee *et al* 2012, Robinson *et al* 2013, Elwell *et al* 2014). Research surveys conducted in America and Australia with children's primary care nurses and school nurses have highlighted a number of common barriers to raising the issue of childhood obesity. These include time barriers, knowledge and confidence to raise the issue as well as concerns regarding damaging the relationship with both the child and the parents and questions regarding whether it was part of their job or not (Small *et al* 2009, DiNapoli *et al* 2011, Hessler and Seigrist 2011, and Ashby *et al* 2012). There are also a few qualitative studies with school nurses and primary care nurses which provide more detail on the nurses' concerns. Nurses feel uncomfortable raising weight concerns with a family, in particular if they feel the child is not motivated to lose weight and if one (or both) parents are also overweight (Edvardsson *et al* 2009, Steele and Jensen 2011, Robinson *et al* 2013). This is compounded when the nurses themselves feel they have problems controlling their own weight (Steele and Jensen 2011). Obesity is also a condition about which nurses may feel they cannot provide adequate advice or 'treatment' for so raising the issue becomes futile (Hessler and Seigrist 2011). Jacobsen and Gance-Cleveland (2010) suggest that If health care professionals (HCP's) are to engage with the childhood obesity agenda then what is needed is a 'paradigm change that acknowledges that paediatric obesity is a chronic condition that can be prevented and managed' (p.254). Robinson *et al* (2013) suggests that nurses who feel they have

more autonomy over their role and support from their practice could overcome some of these barriers. Within the limited research in an acute children's setting only one qualitative research study has been identified (Elwell *et al* 2014). Elwell *et al* (2014) were interested in the barriers to implementing 'making every contact count' (MECC) within a children's hospital in the UK. The interviews revealed that many HCP's felt concern over whether this was the right time to intervene in health promotion, if they did intervene whether it would have any effect and the time it would take. As the number of children admitted to hospital with overweight or obesity as a compounding (or causal factor) will be at least as high as those in the 'normal' population, and in reality considerably higher, it was felt this was an important setting in which to gather information. The issue of childhood obesity is one that cannot be ignored, in particular by those who have a responsibility to provide health care.

**Aim:** To explore the attitudes of children's nurses on delivering health promotion to overweight children and their families during hospital admissions.

**Method:**

This qualitative study was conducted in the children's ward of a NHS district hospital in the UK. Six nurses were purposively sampled to ensure the inclusion of nurses from various positions within the hierarchy of the team and with varying lengths of experience, whilst ensuring data was manageable within the time constraints of the study. All six participants received written information and gave written consent to participate in the study. Individual semi-structured interviews were conducted in January/February 2013 in a private room within the ward setting. A pilot interview

was conducted prior to undertaking the study and minor adjustments were made to the interview guide to clarify the questions. Interviews were recorded and transcribed, from these transcripts thematic analysis was performed. Transcripts were anonymized to protect the confidentiality of participants. These themes were validated by returning to participants to confirm the themes reflected their contributions, this process is known as participant validation (Parahoo 2006). Ethical approval for the study was granted by the University School Research Ethics Panel and permission granted in writing by the NHS Trust's research and development department and ward management.

Table 1: Interview schedule

Do you have a role within health promotion, specifically for overweight children, as a nurse working within an acute care unit?

Do you have any skills, knowledge or training to enable you to promote healthy eating and exercise?

Do you perceive there to be any benefits of you discussing diet and exercise with overweight children and their families?

Do you perceive there to be any barriers to you raising the issue with families?

Do you have any personal experience of speaking to families of overweight children?

Findings: The study highlighted some personal differences in attitudes but neither length of experience or training seemed to have any impact on opinions. Six themes

emerged from the data which will be presented and discussed in relation to previous research.

### **Responsibility for delivering health promotion**

All participants agreed they had a responsibility to promote the health of children and young people in their care.

- 'I think you do to be honest (have a role in health promotion), they come in, they're under your care and you've got a duty of care as a whole, the whole person, not just a set of symptoms, so I do think we have a role in a way'.  
(Participant two)

Despite this, when probed further participants debated whether it was part of their role as acute care nurses. Participants named several primary care professionals including GPs, health visitors and school nurses as holding the overall responsibility for health promotion.

### **Sensitivity of the issue**

Participants discussed the sensitivity of the issue of childhood obesity and that the acute care setting may not be an appropriate place to discuss long term health and health promotion in relation to a child's weight.

- 'I think, I think it can be discussed, it can be discussed but you've got to get the child right and back out in their own environment, I think personally. And then revisit it in a more calm situation. I think parents come into hospital anyway, whatever their (child's) condition, and they're in a strange environment, and they might feel alienated, they're scared anyway, if their child's ill, and whether your fat or thin if you've got, if you're having an asthma

attack it's scary, so perhaps that moment is not the right time, but then I do think it's should be revisited more calmly'. (Participant three).

It was also suggested addressing long term issues may make parents feel like the acute problem is not been addressed. Participants did suggest there were exceptions when children presented with a diet or weight related condition, although they did not think health promotion should be delivered during admission, they did suggest follow up would be appropriate.

### **Benefits**

Nurses reported that they could see long term health benefits to the delivery of effective health promotion strategies. The benefits of weight reduction on the incidence of chronic illness and psychological wellbeing were also referred to, however none of the participants referred to the impact of obesity on acute illness. This may be a significant contributing factor in the low prioritisation of health promotion activities within acute care.

### **Parents**

Overall parents were viewed by nurses as a barrier to the delivery of health promotion. Three nurses interviewed expressed concern that parents would be offended if their child were to receive health promotion for their weight. Parental attitudes were recognised as a significant factor and it was suggested that parents would not be receptive to health promotion strategies.

- 'Probably I think people would assume that parents won't take any notice of you, and that it'll be in vein really, that you'll give them this information but they won't do anything about it because if it's a lifestyle choice that they'll continue to do that. (Participant one)

This perception among nurses appears to affect their willingness to deliver health promotion.

### **Skills**

Participants reported they required communication skills and knowledge of a healthy diet and exercise to facilitate them delivering health promotion. Although it was highlighted that some of these skills are generic and transferrable only participant six reported having specific training relating to nutritional assessment. This supports previous studies that have consistently reported the lack of training on health promotion for nurses (DiNapoli *et al* 2011, Ashby *et al* 2012).

### **Institutional support and resources**

Nurses reported that, although there was little provision of information and resources within the ward environment, they would be confident in obtaining guidance using the internet. They also referred to the dietetic service as a supportive resource offering expert knowledge. Lack of time for health promotion activities within the workload of the ward was reported but not as heavily as anticipated. It was suggested that within the workload of an acute care setting health promotion did not prioritise highly.

- 'it wouldn't take priority, there's other things that will take priority over it, it's not, it's not something that we'd sit about and discuss, because it's not such a big, we might sit and discuss asthma, diabetes, cos it's the type of patient we get in, but I don't think obesity is something that has a big enough catch on the ward that we'd talk about it'. (Participant three)



Limitations: The sample size was small and the population similar in characteristics, further research would be required to validate the findings of this study across acute care paediatric nurses. This study was undertaken within the time and resource constraints of a Masters dissertation.

Discussion: Nurses suggested that the responsibility for health promotion delivery is with primary care practitioners such as school nurses, health visitors and GP's. Studies exploring health promotion in primary care have highlighted similar opinions of professional as those in this study. GP's reported, in a study undertaken by Walker *et al* (2007), that they did not consider it their responsibility to address the issue of childhood obesity and suggest social care are responsible, while nurses have reported lack of training, time, resources and parental motivation preventing them from delivering health promotion (DiNapoli *et al* 2011). The research would therefore suggest that healthcare professional are falling short of the NHS Future Forum (2012) vision to 'make every contact count'.

Participants also raised concerns around the sensitivity of the issue and the appropriateness of the hospital setting as a place to deliver health promotion for obesity. These concerns have also been reported in previous studies. Steele and Jensen (2011) and Edvardsson *et al* (2009) reported professionals concerns within community settings of upsetting the child and their family by discussing their weight. Further to this Penn and Kerr (2014) reported children's nurses facing an ethical dilemma in meeting the needs of overweight children, with a conflict between the duty of the government and healthcare professionals to promote health versus the child and parents right to choose unhealthy lifestyles. Elwell *et al* (2014) also

reiterated nurses concerns of raising lifestyle related issues during hospital admission's when families are already experiencing the pressures of having a sick child. In contrast to this Elwell *et al* (2014) also reported some professionals considered the hospital setting to be an ideal opportunity to reach some children and young people who may otherwise have little contact with HCP. This needs further exploration to conclude if the acute care setting should be utilised for health promotion delivery. If the acute setting is the best place then further training and institutional support is required to allow nurses to undertake the role, as highlighted through this and previous studies (DiNapoli *et al* 2011, Ashby *et al* 2012, Elwell *et al* 2014).

This study has highlighted some of the issues facing children's nurses wishing to deliver health promotion strategies. Within acute care settings nurses report that health promotion activities do not prioritise within the workload and therefore time is not dedicated to health promotion delivery. This finding is reiterated by Elwell *et al* (2014) study of thirty three HCP's who reported they feared opening discussions on lifestyle behaviour change as it could take a large and unpredictable proportion of time. Despite this, the impact of obesity on acute and chronic illness are well documented (Camden 2009 and Laing 2002) and it has been suggested by these participants and others that there are benefits to be derived from health promotion for the NHS and its organisations as well as patients (Elwell *et al* 2014).

Conclusion: Childhood obesity is a serious issue, impacting on the health of the future population. Current guidelines call for a commitment from all healthcare professionals, including nurses, to use every opportunity to promote health. This study used qualitative methods of semi- structured interviews to explore in depth the

attitudes of acute care nurses on providing health promotion to children during hospital admissions. Acute care nurses concur with the findings of studies conducted in other clinical areas on the issues and boundaries currently preventing the delivery of effective health promotion. However this study also reiterates the finding of another hospital based study; that the acute settings may not be an appropriate environment to deliver health promotion strategies considering the environment and stresses families are experiencing. Further research is required to explore the ethics of health promotion within acute care setting. Currently research would suggest that health promotion is not been delivered as suggested by reports and government policies. If we are to be successful in halting the rise of overweight children and reducing childhood obesity healthcare services and their staff need to commit to overcoming the documented boundaries.

Recommendations: Further research is required to validate the findings of this study and support the development of policies and protocols relating to health promotion in acute care setting. If research supports the delivery of health promotion for overweight children within the acute care setting the implementation of a training program would be required.

Implications for practice: Current guidelines and recommendations support the delivery of health promotion in acute care and therefore, until there is evidence to support a change in policy, a commitment from nurses is required to deliver this.

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