Healthy eating

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Childhood obesity has become a major public health concern: in 2014, 18 to 50% of European children (6-9 years) were overweight or obese. Many actions are conducted, particularly in schools, in order to contrast this situation. Nutritional education is useful for knowledge acquisition but much less for behavioural change; however, it can be effective when coupled with complementary interventions. The various actions are rarely assessed and not entirely convincing. How can we explain such low efficiency? Easily influenced, children are permanently in a bundle of contradictions: nutrition education, pressure from other people, and especially from the parents, are reached by many different and aggressive marketing messages. Seldom, parents, teachers and health care personnel are not good examples for children with regards to their own eating habits. Under these conditions, it is difficult to achieve satisfactory results.

This scientific Newsletter explores some actions to promote «healthy eating» in the European context, especially in relation to children. Blake & Patterson show that UK paediatric nurses are aware of the role they could play in promoting a healthy diet. However, their own harmful behaviour can negatively influence their patients. Oostindjer et al. explain that, in Norway, a consensus exists on the importance of nutrition education at family level, but it is also the responsibility of the industry and public authorities to improve the offer of goods. Lloyd-Williams et al. believe that the majority of 30 European countries are engaged in activities intended to increase consumption of healthy food. Assessing the nutrition policies they found that people considered mandatory reformulation of industrial products more effective than voluntary commitment of the industries, and regulations and fiscal interventions (taxes, subsidies) much more effective than nutrition information strategies. These studies provide evidence that the food environment plays an important role in shaping children's diets. It is recommended to develop interventions to educate people who interact with children about the consequences that their own behaviour can have on children’s diet. Furthermore, the fundamental role of supply and marketing should not be neglected. If short-term effects of such measures may appear weak, these will eventually make the consumption standards evolve and therefore will amplify their effect on the long term.

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October 2007: M. Bonnefoy; LM. Donini, C. Savina, MR de Felice, C. Canella; CC. Tangney; N. Scarmeas (F&V intake and prevention of neurodegenerative diseases)
November 2007: I. Romieu; L. Chatzi; JS. Burns; R. Varraso (F&V intake and respiratory health)
December 2007: M. Wiseman; E. Copeland; G. Martin; K. Matthews (From the 2007 WCRF Report)
January 2008: J de Sa, K. Lock; W. Slusser; J. Ransley; N. Tak (Interventions at school to increase F&V intake)
February 2008: L. Cooke; E. Bere; GG. Zeinstra; GJ. Privitera (F&V : Children preferences)

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Paediatric nurses and healthy eating promotion

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The role of nurses for preventing and managing obesity

Childhood obesity is rising at an alarming rate, and it is predicted that by 2050, 25% of children in the United Kingdom (UK) could be obese (DoH, 2011a), with lifelong consequences for health and psychosocial wellbeing. Nurses play an important role in obesity prevention and management although whether nurses should be role models for health and ‘practice what they preach’ is subject to debate¹⁻³. Although overweight, obesity, physical inactivity and poor dietary habits are prevalent amongst nurses⁴⁻⁷, few studies have investigated the perceptions of nurses towards the promotion of healthy eating to their patients and whether they believe nurses should be role models for health. In this study, sixty-seven paediatric nurses from 14 ward areas on a single site of an acute National Health Service (NHS) Trust completed a questionnaire about their weight, dietary habits, physical activity, self-efficacy and their attitudes towards nurses being role models for health. Respondents were mostly female, aged 18-65 years, and had been employed as a paediatric nurse between three months and 31.5 years. Responses came from staff nurses (67.2%), junior sisters (25.4%), and sisters (7.5%).

Nurses should be role models for health

Nurses feel that it is important to present themselves as role models for health, but this belief is inconsistent with their reported health behaviours. Nurses in this study indicated that they were highly concerned about the rising prevalence of childhood obesity (92.5%). Most of the nurses felt that health promotion to children and their families should be part of a paediatric nurse’s job role (88.1%) and that paediatric nurses should present themselves as role models for health (83.6%). A minority disagreed that nurses should « practice what they preach »; those who disagreed were more likely to be overweight or obese. Overall, half of the nurses in this sample perceived that paediatric nurses are not currently good role models to children and their families (49.3%). Negative health behaviours were prevalent, since almost half of the nurses self-reported being overweight or obese (44.8%), 79% reported that they did not consume five portions of fruits/vegetables per day, and 30% reported that they did not get the Government’s recommendation of 150 minutes of moderate-intensity exercise per week.

Healthy nurse’s behaviours for better health promotion practices

Paediatric nurses report inadequacies in current healthy eating promotion practice with children and their families. The majority of the nurses (82.1%) felt that there was insufficient health promotion undertaken in their area of work; in fact, almost half of the sample felt that they could personally improve their health promotion practices with regards health eating (48%).

Nurse’s feel their own health behaviours influence the quality of their health promotion practice; with regards their confidence in promoting health, and patient’s willingness to heed their advice. Many of the nurses recognised the influence of their own lifestyle behaviours, and their own health promotion practices on those around them. Almost three-quarters of the nurses (71.6%) indicated that their health promotion practices with children and their families would influence the health promotion practices of student nurses in training. More than three quarters of the nurses (77%) perceived that patients and their families would be more likely to listen to healthy lifestyle advice if they appeared to follow it themselves. Importantly, many nurses felt that their own health behaviours would influence the quality of their patient care, since 48% of nurses alleged that they would have difficulties in promoting health behaviours they did not adhere to themselves. The mechanism for the potential impact of their own lifestyle choices on patient care was two-fold, relating to the patient’s perceptions of the nurse, and the nurse’s willingness to deliver health promotion to patients and their families.

Education and training to promote healthy eating practices

Education and training with access to evidence-based resources may help to increase confidence for integrating healthy eating promotion in the care of children and their families. Nurses reported that their own positive health behaviours were a facilitator for promotion of healthy eating with children and their families, but conversely, reported that their own engagement in negative health behaviours was a barrier to effective health promotion with their patients. Nurses raised other barriers to healthy eating promotion, including lack of time for health promotion activities, and a lack of support for engaging in health promotion. As advocates for health, nurses are well placed to provide health promotion advice, and as such, contribute to managing the obesity epidemic. Health promotion should be identified as a key priority area for nurses. Education and training should aim to address barriers to healthy eating promotion. Access to evidence-based resources may help to increase paediatric nurses’ confidence to promote healthy eating.

Workplace health interventions may help to support nurses who wish to adopt healthy lifestyle choices. Hospital workplaces should make provision to support nurses who seek to improve their own health.


References