

# Health Promotion for the Cardiovascular Patient: a student's perspective.

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## Abstract

A study focusing on a student nurse's personal experience of examining what is health promotion and giving advice and knowledge to a cardiovascular patient within a clinical setting. The study's aim was to explore the three main health promotion issues the student decided was important to that particular patient but may also be applicable to other cardiovascular patients in some form. The reasoning for choosing these three issues was that studies have shown smoking, poor diet and lack of physical activity are all major risk factors in developing cardiovascular disease. In conclusion the role of health professionals in health promotion is invaluable as they have direct access to the patients and can therefore offer primary and secondary expert knowledge and advice.

## Keywords

Health promotion, Cardiovascular Disease, Smoking, Physical Activity, Diet control

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*Health promotion is the efforts to try to tackle both the environmental and behavioral determinants of health and to make healthy choices the easy choice.*

*(Tones and Green, 2004)*

This study will explore an in-depth experience of a patient in a ward setting. The Nursing and Midwifery Council's (NMC) Code of Conduct (2015) states that as a nurse, you owe a duty of confidentiality to all are receiving care (NMC, 2015). For the purpose of this study the patient will be referred to as Mrs. A. The NMC also notes that we must get informed consent before we carry out any action. Therefore in order for this study to take place Mrs. A's consent was gained-

This study will focus on one patient in particular, in a cardiology ward in a hospital in the North West of England. The three health promotion issues I have chosen to discuss are smoking, regular physical activity and diet control.

This placement was a cardiology surgical admissions ward. Here patients were admitted onto the ward prior to having all types of heart surgery. They were cardiac patients who had some form of heart disease. The person in particular who I have chosen to focus on had coronary artery disease (CAD), it is a disease in which fat deposits (plaque) accumulate on the arteries walls and restrict blood flow to the heart (Wilson 2013). Mrs. A, was admitted to the ward, as she was having coronary artery bypass graft (CABG) surgery the following day. This was performed in the hope that, as Crouse and Kitko (2014) states, to enhance the patient's quality of life. Mrs A was admitted and time was spent getting to know her along-with her son and partner who had accompanied her.

Mrs. A, a female aged 62 and retired, lives in North West England with her partner. She was a smoker with a 15-20 a day cigarette habit, and a body mass index (BMI) of 26.5 putting her in the overweight category along-with high levels of cholesterol. Mrs. A stated she didn't exercise and her diet could be better.

As the ward was a surgical admissions ward for cardiology patients, it was felt one of the three main health promotion issues, was smoking cessation, and the reduction of smoking, which is a risk factor for people with coronary artery disease and other cardiovascular diseases. It is the significance of these findings that influenced why it was felt to be such an important health promotion tool to use. The second health promotion issue that will be examined is regular physical activity. In this placement nurses have a vital role in promoting physical activity not only for quicker recovery but long term health and well-being. The third health promotion issue on this ward placement was diet control, in particular salt intake and fat control. The World Health Organization (WHO) (2015) says unhealthy diets are a major risk factor for cardiac diseases and health professionals should actively promote and educate the importance of a healthy diet.

Hatchett and Thompson, (2007) wrote, cardiovascular risk factors should not be viewed in isolation. Therefore the National Health Service (NHS) recognises this and actively promotes various health awareness programmes to its patients in conjunction with each other.

Mrs. A, was a smoker. On admission she stated that she smoked 15 – 20 cigarettes a day and when speaking about this she said, that when she found out she needed the CABG operation she has since been thinking about quitting smoking. The Department of Health (DoH) (2009) advises health professionals to use the 3A's: ask and record smoking status, advise patients on health benefits of stopping and act on patients' response, when discussing smoking cessation. Therefore as part of the admission process a referral to the smoking cessation specialist nurse was completed, which Mrs. A consented for and later on in the day the nurse came to speak to Mrs. A, about reducing her nicotine intake.

The NHS offers a clinical and cost effective way to stop smoking and stopping smoking after the diagnosis of life threatening diseases shows clear benefits (NHS England, 2014). Smoking cessation is an important health promotion tool in this placement area, as smoking is a major risk factor in the development of heart disease. Qiang et al, (2015) found that previous studies reported that smoking cessation had brought about a reduction in the incidence of coronary heart disease by 12%. This supports the importance of this health promotion tool in this placement area.

Olsen (2014) describes the effect the cigarette chemicals has on the endothelium and the myocardium layers of the heart, the CO<sub>2</sub> binds more readily to the haemoglobin therefore reducing the O<sub>2</sub> available to the heart, over time this damages the heart tissues causing disease and reducing its function. Public Health England (2015)

reported that the latest official figures show, rates across England have fallen dramatically since the mid-eighties, from a third of the population in 1985 to less than a fifth now (18%), meaning there are 37% fewer smokers than 30 years ago, this is encouraging news as it is reported that treating smoking related diseases is estimated to cost the NHS £2 billion each year (reference).

For nurses, Pyke et al, (1997) says it is important to include the family members living with the coronary patient in any health promotion initiative, as partners of coronary patients are at a higher risk than the general population of developing cardiovascular disease. This model was followed in this clinical placement, as when the smoking cessation nurse came she also included Mrs. A's son and partner in any advice she was giving.

The second health promotion issue discussed with Mrs. A, and was applicable to all patients in this placement area was encouraging regular physical activity. Altena (2014) writes that with the ageing process the risk factor for heart disease increases for both men and women, therefore exercise is paramount to preventing heart disease and also prolonging quality of life for those who are able to exercise. Young et al (2014) says it is an important behaviour for general health and to reduce the risk of coronary heart disease and its progression, Young et al (2014) found that the vast majority of youths and adults were not sufficiently physically active. This finding was supported by Mrs. A, as when asked about her exercise regime, she said she didn't do any. But when the benefits of regular physical activity were explained to her with her consent, according to

the NMC (2015) guidelines, she seemed willing to make a change. For this health promotion issue motivational interviewing was undertaken, which Miller and Rollnick (1991) says is to work with patients on goals that are important to them. NICE (2013) recommended the use of professional judgement to determine when this assessment would be most appropriate and when assessing activity levels, while remaining sensitive to people's overall circumstances. Obviously Mrs. A's exercise capacity will be reduced in the coming weeks and months following her operation, so it was important to suggest exercises that she could manage at her own pace. NICE (2013) recommend for adults over a week to complete 2.5 hours of moderate intensity, physical activity in bouts of 10 minutes or more. But Individual physical and mental capabilities should be considered when interpreting the guidelines, the key issue is that some activity is better than no activity. These recommendations were further supported by the Department of Health (2004) who released a document called *At Least five a week*, this is a useful tool for health professionals to use as it describes the benefits of physical activity on a range of cardiovascular risk factors, such as reducing hypertension, improving the blood lipid profile. The benefits of physical activity are seen as transient and cardiovascular risk increases with those who refrain from regular physical activity (Hatchett and Thompson, 2007). This theory is shown in the case of Mrs. A who stated she does no exercise and maybe this has contributed to the development of coronary artery disease in her case.

The final health promotion issue was diet control. WHO (2015) believes that most cardiovascular diseases can be prevented by addressing behavioural risk factors such as unhealthy diets and obesity. These risk factors are what Olsen (2014) calls

modifiable. This means that patients can, if they are willing do something, reduce the risk of these factors occurring, or at least lower the potential risk. Although Mrs. A, is not obese, she is overweight and admits she enjoys a high fat diet and likes to snack on crisp and salty nuts. The Department of Health (2015) reported that In England, most people were overweight or obese. This includes 61.9% of adults, which in turn is causing health problems associated with being overweight or obese and is costing the NHS more than £5 billion every year. Therefore in 2011, the Department of health produced a new approach to public health which enabled effective action on obesity and encouraged a wide range of partners to play their part (DoH, 2011). It was important to raise the subject of diet control with Mrs. A but it must be realised that, as suggested by Olsen (2014) dietary advice must be realistic, practical and if possible tailored to the individual. Keeping this in mind, and having only a short time with Mrs. A, she was asked whether she would like dietary advice from one of the specialist dieticians. Mrs. A, was open to this suggestion and a referral was made, which will be followed up by the dietician team, further on in Mrs. A's stay in hospital.

Mrs. A, had coronary artery disease and like all the other patients in this placement, all had some form of cardiovascular disease. NICE (2010) published guidelines on the prevention and management of cardiovascular disease, these included reducing the levels of salt in the diet, as high consumption levels are linked to high blood pressure which in turn can lead to heart disease and other illnesses. This is supported by the WHO (2008) findings which showed a modest long term reduction of salt intake has the potential to reduce coronary deaths by 9%. Another recommendation the WHO (2015)

has made which is being implemented in all NHS trusts is to limiting energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats. The dieticians will encourage a shift away from consumption of saturated fat and much has been done by the Food Standards agency (2009) and other industry members to aid this. They aim to reduce population intake of saturated fat from 13.3% to below 11%. They will encourage the 'live well' campaign set up by Public Health England (PHE) (2010) and will show patients the 'eatwell' plate, which is a visual representation of how different foods contribute towards a healthy balanced diet, It ensures everyone receives consistent messages about the balance of foods in a healthy diet in whichever health setting they are accessing it.

In terms of legal and ethical issues relating to this practice setting when discussing these three health promotion issues, all health professionals must keep in mind at all times the NMC Code of Conduct (2015) which as previously mentioned, must respect the patients dignity and maintain privacy at all times. Also it is important to gain consent to make referrals to specialist teams on their behalf and delivering all care. Nurses must always be mindful that the aim of health promotion is to empower individuals with the genuine potential to make their own choices (Hatchett and Thompson 2007). Never persuade an individual into making choices they do not want to do, simply because it is best for them.

The NHS is governed by the Care Quality Commission (CQC) and as a result must provide people with safe, effective, compassionate and high-quality care, and the CQC



encourages these services to improve (CQC 2015). The NHS led the way in making all its premises smoke free from the end of 2006, with all enclosed public spaces following in 2007, this came from the Smoking Kills White Paper (DoH, 1998).

In conclusion it is clear that health promotion is so important and as health professionals it should never be underestimated the role professionals can play in it. The access professionals have to front line patients has the opportunity to offer primary and secondary prevention advice and knowledge. The aim of these interventions is to empower patients and their families to make healthy choices.

In terms of this experience health promotion is a very valuable tool that can be used to get to know patients and their families but also to help them in their own lives to live a longer and healthier life. In the future it is hoped that this knowledge can be used in other clinical placements.

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