

Nursing Care For Obese Children: A Conceptual Prototype

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ABSTRACT:

Background: Obesity is a considerable problem in the modern world that urges the need to be addressed in children to prevent future complications. **Objectives:** To provide a description of a conceptual prototype of nursing care for children who are obese, in the context of primary health care. **Methodology:** Grounded Theory, in addition to the theoretical and philosophical framework developed by Virginia Henderson, was utilized as one of the research methods for this study. The study was carried out at Primary health centre area in Secunderabad, Telangana. Four different sample groups consisting of a combined total of 55 individuals. Interview with a semi-structured format were conducted between January and June of 2022 in order to collect data, which was then analysed using the constant comparison approach. Initial coding, production of diagrams and notes, axial coding, selective coding, and reflection on the paradigm and the emergent theory were the processes that comprised the study. The results of the investigation indicated six distinct groups that had arisen out of the collected data. The theoretical model consisted of concerned nurses who were concerned about the treatment of children who were obese since it was a neglected area in Primary Health Care. **Results:** According to the study's final considerations, the phenomena are connected to the fact that nursing care is delivered on an individual basis and that there is a requirement for shared duties.

Keywords: Obese children, Obesity, Child Care, Nursing Care, Virginia Henderson, Grounded Theory.

Introduction:

Nursing care for children with obesity in Primary Health Care (PHC) has become the need of the hour as it has strong associations with changes in the lifestyle of today's children, regardless of economic level and it requires professionals to have specific skills and provide multidisciplinary care. Additionally, nursing care for children who are obese in Primary health care has become a prominent urge because of the connection between lifestyle changes and the rise of childhood obesity.

Obesity is a widespread and significant problem that has a negative impact on children, families, and society as a whole. Because of this, preventative health care for children includes interventions against obesity. A chronic multifactorial illness that is characterized by excessive accumulation of adipose tissue and is related with an imbalance between intake and energy expenditure, obesity can be defined as adipose tissue buildup that is excessive.^[1,14]

All around the world, overweight and obesity have emerged as major public health concerns. These issues are important to address since they can pose serious health risks and reduce one's quality of life. Children are at an increased risk of becoming obese adults if they do not

receive the appropriate medical care.^[2] This makes childhood obesity an even more pressing public health concern than it already is.

It is estimated that between 40 to 50 million children in developed and developing nations are overweight or obese worldwide. These children come from countries all over the world. The incidence of obesity is 40.3% of the population in India. Variations based on zone were observed as follows: the south recorded the highest percentage, 46.51 percent, while the east recorded the lowest percentage, 32.96 percent.^[3,11,14]

Concern and a challenge for health professionals are posed by the issue of providing care for children who are overweight or obese. This is due to the fact that childhood is a stage in which the individual does not readily comprehend the need to cultivate good living habits, particularly if there is not an adequate engagement and encouragement from the family.^[4]

Primary Health Care is being highlighted for its important role in health surveillance actions, with health promotion and disease prevention activities, such as the monitoring of specific groups, such as children who are obese. This is being done to support a specific population in meeting their needs regarding their health. Primary Health Care professionals are encouraged to have conversations on obesity and the ways in which it might be prevented from becoming an epidemic. However, there are just a few viable ways to both prevention and therapy.^[5]

Therefore, in order for nurses to be able to give proper care with the goal of promoting well-being, their knowledge needs to be founded on theoretical, philosophical, and technical concepts.^[6] Therefore, the construction of a theoretical care model^[7] increases the potential of nurses since the theory can be used by nurses to strengthen their critical thinking and to make judgments that will result in an increase in the level of care provided.

OBJECTIVES

To provide a description of a conceptual prototype of nursing care for children who are obese, in the context of primary health care.

METHODS

Type of Study

A qualitative research that uses the Grounded theory to develop meaningful hypothesis and explanations for the issue under investigation.

Setting, sample and study tool:

The research was conducted at Primary health centre area in Secunderabad, Telangana. There were a total of 55 participants distributed over four distinct sample groups and randomly selected. Interviews using a semi-structured approach interview schedule were carried out between January and June 2022. The four sample groups included Group one: Children below 9 years of age, Group 2: Nurses working in Primary health care, Group 3: Caregivers of obese children and Group 4 : Health professionals that included nutritionist and physical trainers.

Ethical concerns:

Permission was taken from the Primary health care official authorities. Informed consent was taken from the sample before the interview. Confidentiality was thus maintained as an essential factor. The results are presented in a progressive manner where specific data cannot be identified. Privacy was maintained by interviewing the samples on individual basis.

Data collection:

The interviews were transcribed by researcher. These memos were produced with the intention of contributing to the data analysis. The memoranda served as a device for comparing data, pondering various ideas on codes, and guiding the data collecting that came after them. Both the collecting of data and the analysis of it happened at the same time. As a result, the data were read, and the primary concepts as well as initial impressions of the speeches were emphasized. Open coding of the data was started with the intention of finding new notions. This was accomplished through a method that was both fluid and dynamic. The next phase in open coding was categorizing episodes into early ideas based on the similarities and contrasts. At this point, the axial coding process started, and categories started to develop along with their connections to subcategories. These subcategories, in turn, were connected with a central core and with categories, according to the features and dimensions of the categories.

This process brought together the products of the analysis and transcribed them in a single sentence that represented an apparent explanation for the phenomenon, the conceptual essence of the research.

Results:

This study gave us the opportunity to understand the basic view of the nursing care that is required to be rendered for addressing obesity in children. The meanings that were formed regarding nursing care for children who are obese were based on the connections between the ideas that were brought up in the interviews as well as on reflections on those concepts. As a result, six categories and their respective subcategories which are components that qualify the concept, were developed.

Table 1: Depicts the participants' categories, subcategories, and conversation:

CATEGORIES	SUBCATEGORIES	DISCOURSES
1) Identifying the mechanisms that contribute to the discontinuation of care for obese children in health care institutions.	Identifying management flaws aimed at organizing nursing care for children with obesity in PHC; Limiting nursing care for children with obesity owing to a shortage of human resources and training; and exposing the biomedical model-based work process structure.	"It takes a team to make it work, but in my team it's still difficult. Because obesity should be treated like hypertension, we know, keep records, understand the care, go after people, and follow-up."
2) Defining the fragility of care shared by parents or caregivers and health professionals in the care of obese children	Receiving cultural, economic, and psychological influences on food choices; considering maternal absence as a potential contributor to childhood obesity; reconstructing the vicious circle: children imitate their parents' behaviors; having difficulty establishing partnerships between professionals and family members in the care of obese children; and recognizing juvenile obesity as an illness.	"By traditions, I mean going the easy way... It takes time, and nobody has it. Sometimes the obstacle is basic, like when the family doesn't believe in the process or gives up on the child... because the mother believes the child will lose weight later."
3) Interacting with	Maintaining a relationship with	"When patients arrive at the

the multidisciplinary care team.	multi-professional and interdisciplinary work in the treatment of obese children; and maintaining a specific centre for the care of obese children.	unit, they go through the nurse.
4) Emerging fresh potential in nursing care	Supporting the care of obese children; extending to the reach to discover and follow-up on obese youngsters; creating relationships with families to care for obese children; consider options for caring for obese youngsters. and developing systematized care via intervention programmes	"For nurses to look at a child's entire life cycle from 0 to 11 years old, we need a systematization, because if we don't, the child doesn't go to the nurse"
5) Changing nursing care environments	Identifying inadequate resource supplies; reflecting on children obesity in health management and highlighting the absence of situational planning as a nursing care restriction	"We may feel helpless because we lack the resources to change things. The problem is management, city or country politics."
6) Considering the need for innovative nursing care practices	Addressing childhood obesity prevention during pregnancy care; including nurse consultation as a cornerstone of treatment for obese children; using recommendations to treat children obesity on a daily basis and implementing systematic surveillance of obese children in primary care: the nurse's perspective	"I think orientation should start with prenatal care. When the baby is born, it should continue and subsequently spread to schools..."

Therefore, in a didactic presentation, the discourses, categories, and their subcategories are shown in the table above. The goal of this presentation is to demonstrate the greatest possible number of data generated from the interviews and to avoid providing a large number of citations from the participants' discourses.

This theory also has the objective of supporting nursing practice in relation to childhood obesity care.

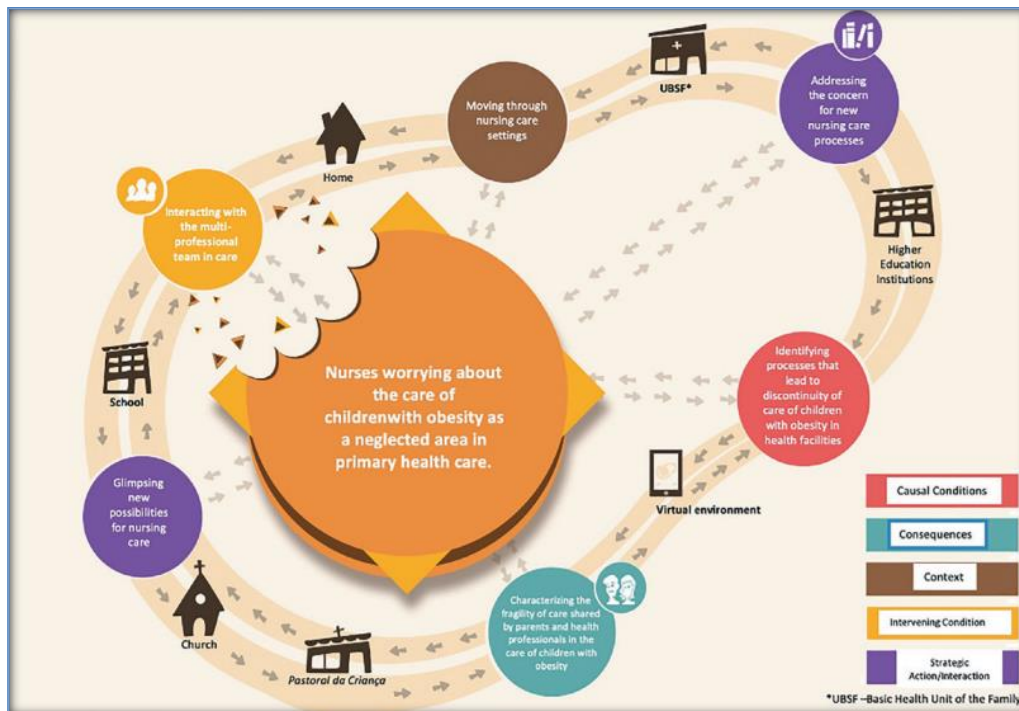


Figure 1: Conceptual prototype: Nurses worrying about the care of children with obesity as a neglected area in Primary Health Care^[8]

The nursing care that is provided for children who are obese happens within the framework of primary health care, which is in a serious need of reform.^[8-9] It is possible to see all the categories of personnel involved, including the nurse who tends to neglect the problem. This model can represent the context in which the child with obesity is inserted and the nursing care to be rendered.^[10]

Challenges and suggestions:

Challenges and suggestions in view of the nursing care for obese children shows shortage of trained staff, lack of trained physical instructors, nutritionists, lack of referral centers appropriately and lack of community and society awareness are some of the common challenges cited. They further suggested having much more specialized obesity clinics, advances in research and development in the field of obesity in children and train the nurses in addressing this problem of obesity in children in a point of view to prevent future health care related complications.

Discussion:

The categories and subcategories that emerged from the data does do a dynamic and linked job of describing the relational features of childhood obesity and its significance for nurses. Their links and interactions converge on a fundamental idea,^[13] which is that registered nurses are concerned about the lack of attention given to the treatment of children who are obese as a neglected area of primary health care.

When these professionals attempt to include the care of children with obesity in their care dynamics in Primary Health Care, in an effort to address the instincts seen as concerns, they face processes that prevent the flow of care for childhood obesity.^[13,14,15] It is observed that the nurse is a part of a care system that is organized to meet certain health needs of the population. Therefore, the work that nurses do with this demographic provides a peek of innovative approaches that might be used to help children who are obese. As a result, it is

challenging to work in environments that are characterized by a lack of training as well as an inadequate supply of resources and health professionals who support this kind of treatment.^[16] The parents of children who are obese have been shirking their responsibilities for the treatment of their children as a result of a sickness that has been pushed to the periphery of health care systems.

The treatment options for obese children include both direct measures to bring about a reduction in their body mass index and behavioral modification techniques. It is vital to include all caregivers in order to bring about behavioral changes among obese children.^[12,16]

It is necessary to take a holistic approach in order to provide quality care for children who are obese.^[17] This involves viewing children as whole beings who are embedded within a social and economic context and who are surrounded by people whose routines and traditions will have an impact on these beings throughout their entire lives. It is not possible to think about childhood obesity as a separate and distinct problem or as a biological or endocrine process because it is in and of itself.^[18] It is vital to look at the many interactions and interrelationships that occur in this interactive and dependent process. An innate understanding that each person is a unique creature that may be impacted in either a healthy or unhealthy way by the relationships around them.^[19,20]

Because of this, the statistics suggest that in order to put an end to the neglect that has been associated with the care of children who are obese, it is important to go beyond the creation of primary care recommendations for orientation on obesity. A task force is needed to do this and the health system needs to monitor and implement these measures.^[21,22]

It is possible that in order to reach children who are obese, it will be essential to overcome challenges associated with the structure, theory, material and instruments as well as the work overload. Because they are also responsible for the care of children and the nurses have an advantage when it comes to addressing children's eating habits in primary healthcare settings. In addition, in order to improve one's health and stay disease-free, it is essential to have a solid understanding of one's actions and duties.^[23] In order to provide the best possible treatment, nurses need to learn the specialized information that is possessed by other specialists and advocate for all-encompassing help. Because their profession is found on the science and art of care and this action is about comprehensiveness, nurses are able to adapt well to working in the front lines of health care.

The most obvious challenge presented by this method was the distribution of parental and other caregiving responsibilities among those involved in the treatment of obese children. This indicates that a higher mobilization of individuals who are engaged in reversing the obesity picture can make families comprehend the message and commence a process of behavioral adjustments in themselves and their children.^[24] When parents see obesity in their children, they want their children to lose weight, but the way to this objective is still unclear for parents, due to the misunderstanding of what is good and healthy for their children. According to the philosophy, in order to produce a healthy man, you need to start with their grandfather.^[25,26] This thought promotes the concept of engaging family members and caregivers in the search for shifting paradigms in the population.

As a result, children who are obese require collaborative care and due to the complexity of the connotations associated with providing care for this patient, the integration of the personnel engaged necessitates the commitment and attention of all concerned.^[27,28] It is vital to achieve outcomes that are both realistic and real in order to have a gradual decrease in the influence on the rate of childhood obesity throughout the world. To be able to provide care for obese children in a decisive and efficient manner, nurses need to have a thorough

understanding of the theories and philosophies that underpin their profession. This is also the beginning point for increasing one's professional competence. ^[29,30]

Study Limitations

One of the limitations of the study is that it only addresses the experience of one primary health care centre and there were only those nurses working there who integrated the care team. In addition, the limited amount of the time frame of those care givers whose children were obese to conduct interviews in order to gain an understanding of the children's viewpoints on the nursing care in which they are embedded.

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Conclusion:

The substantive theory, which is going to be given the term 'Nurse Worrying About the Care of Children with Obesity as a Neglected Area in Primary health care is going to suggest that it will serve as a basis for the practice of nurses in the field of child obesity care. Also, to strengthen health actions for the prevention of childhood obesity, treatment of childhood obesity, rehabilitation of childhood obesity and to awaken all those involved in this process to stop their negligent behaviour and begin acting as facilitators of care to this particular population of obese children while sharing the associated responsibilities.

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