

Type: Assignments

Subject: National Practice Problem

Subject area: Nursing

Education Level: Others

Length: 3 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Title: Articulate a Practice Problem: Obesity

Instructions: the assignment will include the following components. title page introduction purpose statement practice problem identification role of the dnp practice scholar in influencing practice problems implications of the practice problem at the national level significance relevance economic ramifications impact of the practice problem at the national level on key stakeholders patients families nurses interprofessional team members healthcare organizations implications of the practice problem at the local level significance relevance economic ramifications impact of the practice problem at the local level on key stakeholders patients families nurses interprofessional team members healthcare organizations conclusion summation of the impact of the practice problem at the national level summation of the impact of the practice problem at the local level summation of the role of the dnp practice scholar on influencing a practice problem apa style and organization apa standards for scholarly papers grammar and mechanics paper is four pages (excluding title and references pages) five minimum scholarly, primary sources level i headings are included selects and reviews a minimum of five primary peer-reviewed journals to substantiate the problem statement.

National Practice Problem-Obesity

Student's Name

Institutional Affiliation

National Practice Problem-Obesity

Introduction

Obesity is a complex condition associated with an excess amount of body fat because of the many calories. Obesity results from unbanned calories kept as fats; therefore, one needs to eat fats that the body can burn effectively. They are also associated with many medical conditions, such as circulatory diseases such as diabetes and heart conditions. Apart from lifestyles, obesity is behavioral and generic; however, on genetics, it is rare; hence the cardinal cause is inactivity and unhealthy or bad eating habits.

Purpose Statement

Obesity has been a concern for many years in the United States. Over 30 percent of the adult population is associated with obesity because of lifestyles majorly. This paper, therefore, will pursue the epidemiological aspects, progress, and interventions associated with obesity concerning nursing care and nursing practice. Obesity in the United States has been regarded as a killer condition. Almost 190 million dollars have been spent on treating obesity and all its extensions. Its mortality rate is at 100,000 in the United States alone (Nugent, 2020). Its effects are also diverse in children and adolescents, especially with hormonal imbalance and circulatory diseases. Understanding it and implementing policies regarding it is very important because of the increased mortality rate recently witnessed as a result of Obesity.

Practice Problem Identification

In prevalence, an estimated 13.7 million children and adolescents have obesity in the United States. (CDC Overweight & Obesity, 2020). According to Kff.org (2020), “Overweight or obese children is 31.1%, Obese adults are 27.1% (Male 26.5%; Female 27.7%,” this prevalence is disturbing on national statistics. However, in recent studies,

obesity has been attributed to the level of education. “Adults without a high school degree or equivalent had the highest self-reported obesity (36.2%), followed by high school graduates (34.3%), adults with some college (32.8%) and college graduates (25.0%)” (*CDC Overweight & Obesity*, 2020).

Relevance Economic Ramifications

There are substantive economic losses because of its diversity and prevalence levels. To begin, more obese people are aged 45-90, which is a productive age for economic progress. "The medical costs of prevention, diagnosis, and treatment are estimated at \$147 billion in 2008 dollars” (Nugent, 2020). With less productivity, obesity effects are amplified to both the local and national spectrum.

Role of DNP practice scholar in influencing practice

Papers associated with obesity are very important in identifying gaps in the body of knowledge associated with obesity. In that regard, understanding the symptoms and causes will bring about a full understanding of interventions. Concerning practice, obese patients have little mobility making nursing care very difficult hence specialization is very important. The risk factors associated with obesity include; genetics, lifestyle inactivity, medication, age, pregnancy, and quitting smoking (U.S. Burden of Disease Collaborators, 2018). Additionally, nursing care and the practice must be associated with many therapies to cut more weight, potentially attributed to circulatory diseases. Policy implementation of various changes associated with obesity is best in reducing obesity.

According to the CDC survey, exercises are less effective after one has contracted obesity; they would reduce weight and still have the underlying conditions associated with obesity. Other diseases associated with obesity are; type 2 diabetes, other metabolic syndromes, heart conditions, other types of cancer, sleep apnea, infertility, and osteoarthritis

(Lachman et al., 2018). These complications make the nursing process very difficult because the nurse balances the severity of these complications and obesity. These may want specialized personnel such as dietitians and physical therapists.

Impact of the Practice Problem at the National Level on Key Stakeholders, Patients, Families, Nurses, Interprofessional Team Members, and Healthcare Organizations

Obesity has, therefore, diverse impacts on the local, national and international spectrum. Directly, it affects nurses, nursing care, and healthcare organizations. Because obesity has severe illness risk, it demands quality care; therefore, nursing demands an enormous change in managing obese patients. Consequently, obese patients get hospitalized for a long time because of their underlying conditions (Hales et al., 2018). Primary stakeholders include patients, families associated with families, health care providers, and the food industry. Secondary stakeholders include; researchers, society, nurses and nursing educators, physicians, and government bodies dealing with obesity, among other accredited agencies.

Interventions, therefore, can be associated with Kurt Lewin Organizational Change theory. Lewin posits a three-phase model that results in an ultimate change. The principle regarding change is that change is associated with negative and positive changes fighting each other. The three phases include; unfreezing, changing, and refreezing. "Change initiatives need to destabilize the status quo (unfreezing), implement the alternative (changing), and restabilize the environment (refreezing)" (Nielsen et al., 2010). Using the three models to instill change, evidence is significant in inducing change.

Distinctively, change can be witnessed if we begin with local stakeholders such as the family and the communities because it is at the lower level that obesity can be mitigated effectively. Therefore, to develop an intervention strategy, policies and programs must be

made available at the lower level following the Kurt Lewin Organizational Change theory. The first phase, according to Lewin, is to change the status quo, change the assumptions associated with obesity, make them understand the alternatives, and restabilize the environment again. For example, nurses, educators, and dieticians must be associated with the program to bring about specialization.

To sum, obesity is fully taking shape as a national concern because of the contemporary lifestyle, especially with the immediate pandemics and other situations which require total inactivity. Local stakeholders are key in ensuring that obese people are contained. The role of DNP practice scholar in influencing obesity is associated with specialization and physical therapies.

References

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