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Lifestyle counselling: the need for diagnostic clarity

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Three approaches to changing lifestyle behaviours are hypothesized. The argument that diagnostic accuracy is essential for selection of appropriate nursing interventions is developed and illustrated with clinical examples. The diagnoses of information deficiency, information and behavioural control deficiency, and contextual awareness deficiency guide the interventions for the problem of obesity.

LIFESTYLE BEHAVIOURS

The importance of the affect of lifestyle behaviours upon health is a well accepted health concept. Lalonde (1974) in the now classic *A New Perspective on the Health of Canadians* described lifestyle as 'all those decisions made by individuals which affect their health and over which they more or less have control'. Lifestyle behaviours are considered, next to the environment, the second most influential component in the health field, exerting a more significant effect on health than the individual's biological make-up and the health care system.

Indeed, historically, environment and behavioural practices are credited with the major gains in the health of populations. Improvements in housing, sanitation, water purification, sewage disposal, and food storage, and limitation of family size were largely responsible for the marked decrease in mortality and morbidity in Great Britain in the eighteenth century (Faber & Reinhardt 1982, Lalonde 1974). Of the 10 current leading causes of death, at least seven could be decreased substantially with changes in diet, cessation of smoking, adequate exercise, control of alcohol abuse, and treatment of 'borderline' hypertension (Faber & Reinhardt 1982). In a representative, prospective study of the common health habits of 7000 adults, seven behaviours were found to be associated with mortality outcomes. These habits were: never smoking cigarettes, regular physical activity, moderate or no use of alcohol, 7–8 hours sleep nightly, maintaining proper weight, eating breakfast and not eating between meals (Breslow & Enstrom 1980). Studies have consistently implicated lifestyle practices and health outcomes, e.g. the Framingham study linking cardiovascular disease (Breslow 1978) and the lower cancer rates of religious groups who abstain from smoking and alcohol and consume a diet low in fat (US Department of Health 1979).

While the association between lifestyle behaviours and health outcomes is well substantiated, less is known about the process of facilitating lasting lifestyle change in clients. The current literature on disease prevention and health promotion does not sufficiently address this complex process of change.

Behaviour modification

A major thrust in the literature involves lifestyle changes through behaviour modification and

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health education. Behaviour modification aims to alter a specific client behaviour through external or self-reinforcement techniques. Little emphasis is placed on the causes of the behaviour within the total context of the health of the individual and his family. Health education aims to provide the consumer with current, substantive knowledge about healthful living. The assumption is made that if the consumer is well informed about health behaviours, he will implement them in his daily life. While both approaches are successful in altering some health behaviours, little is known about which strategies are most efficient in securing positive outcomes in specific client situations.

The following paper presents three possible approaches to facilitating lifestyle change. It describes situations where health education alone is effective, situations where health education and behaviour modification combined are effective, and situations in which maximum effectiveness is obtained through an exploration of the client's health behaviour within his life context. The approach protocol evolved from a community-based health promotion nursing practice. The common problem of obesity has been selected to illustrate the protocol.

All persons presenting with the problem of obesity were assessed in the areas of diet, exercise, stress, history of problem and previous interventions, general level of functioning, perception of control over life situations, and support for change. The intervention protocol that was developed is dependent upon the diagnostic category that the client receives. Table 1 illustrates the protocol.

DIAGNOSIS

Information deficiency

Mr B, a 40-year-old executive who works in an office had slowly gained weight over the past 10 years as a result of decreased physical activity and an increased number of lunch and dinner meetings. As well, his community activities had altered from active participation in sports and outings with his children to more sedentary recreational pursuits. He could accurately assess his lifestyle changes and the resulting weight gain. His plan was to reduce his weight by decreasing caloric intake and increasing physical activity. He asked for accurate sources of information in order to implement his plan successfully. The time frame for the nursing intervention is short because of the client's ability to use information effectively to bring about the desired change.

TABLE 1 *Three intervention protocols for controlling obesity*

Assessment	Diet, exercise, stress, history of problem and previous interventions, general level of functioning, perception of control over life situation, support for change		
Diagnosis	Information deficiency	Information and behavioural control deficiency	Contextual awareness deficiency
Intervention	Provision of information	Provision of information and plan for behaviour change	Exploration of the total context including multivariate historic development of the behaviour serving to maintain the client and family systems Therapeutic change intervention
Resources	Literature, audio-visual aids, lectures, and discussion	Literature, audio-visuals, lecture/discussion, behavioural controls and sanctions	Skilled therapist and multiple supports
Time frame for intervention	Short	Medium	Long
Outcome	Weight reduction	Weight reduction	Weight reduction

Information and behavioural control deficiency

An assessment of Miss P, a 28-year-old secretary, revealed not only a need for information on the effects of diet, activity and a sedentary lifestyle but also a strong requirement for support and approval for behaviour change. For example she frequently joined groups to assist her to meet entertainment and work goals. In addition to providing Miss P with information, a detailed plan for behavioural controls and sanctions was developed. For Miss P, joining a weight control support group that held regular meetings and adhered to a rigid diet and weight measurement regimen together with the health teaching proved an effective treatment protocol. This intervention is longer than the previous example because of the ongoing support and control needed.

Contextual awareness deficiency

Miss T recounted a long history of intermittent obesity, and use of numerous diet and exercise strategies, and expressed feelings of loss of control and hopelessness in reaching and maintaining an ideal weight. Her failure to use appropriate information that she had and her lack of success with various behavioural control strategies alerted the clinician to the need for a more thorough exploration of Miss T's total life context.

Throughout Miss T's adolescence and adulthood she had periods of normal weight. Interestingly it was identified that these times of normal weight corresponded with unhappy love relationships. The over-eating and resulting obesity maintained Miss T's perception of herself as unattractive and unworthy of an intimate relationship. In effect, Miss T's excess weight protected her against feelings of loss. It can be seen that increasing the client's contextual awareness of the multiple factors influencing her health behaviour require skilled intervention over time. The therapist may select to use strategies from health education and behaviour modification, but a more thorough and sensitive exploration of the problem and selected therapy are required for successful outcomes.

CONCLUSION

This paper illustrates the use of diagnostic sorting of a lifestyle problem in order to apply relevant nursing interventions. Although the cases used to illustrate the three diagnostic categories are simplistically stated, it is essential that a careful initial assessment is carried out in order that the appropriate diagnosis is made. It is vitally important that the client's problem is accurately diagnosed before the practitioner begins to implement strategies for change. The three most relevant diagnoses approved by the Fifth National Diagnostic Conference are knowledge deficit, non-compliance, and powerlessness (Kim *et al.* 1984). However, these do not provide the specificity needed in the clinical examples cited above.

Once a relevant diagnosis is made, the appropriate strategies can then be implemented. While it is inappropriate to apply the more simplistic information-giving techniques to complex client problems, it is equally inappropriate to use in-depth exploratory assessments of clients when simpler, more cost-effective strategies are successful. What the authors often found in clinical practice when attempting to be holistic, was that clients may be held in the system longer than necessary or subjected to more interventions than are needed to help them meet their goals. Clinical practice that is analytical, evaluative and relevant to client needs results in the development of sound protocols for lifestyle change.

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