

International Journal of Nursing and Health Care Research

Marshal T. Int J Nurs Res Health Care: IJNHR-127.

DOI: 10.29011/IJNHR-127.100027

Review Article

Health Care versus Illness Care: How Nurses Can Change It

Teresa Marshall*

Department of Nursing, Tacoma Community College, Tacoma, WA, USA

***Corresponding author:** Teresa Marshall, Nursing Professor, Tacoma Community College, South 19th Street, Tacoma, WA 98466, USA. Tel: +12535665306; Email: tmarshall@tacomacc.edu

Citation: Marshall T (2018) Health Care versus Illness Care: How Nurses Can Change It. Int J Nurs Res Health Care: IJNHR-127. DOI: 10.29011/IJNHR-127.100027

Received Date: 04 July, 2018; **Accepted Date:** 03 August, 2018; **Published Date:** 09 August, 2018

Abstract

Statement of the Problem: Our nation has been trying to solve the “Health care crisis” for decades. Part of this drive is to address the ever rising cost of American “Health Care”. An examination of our “Health Care” reveals it is actually illness care. Even with the current “Preventative Care” mandate of the Affordable Health Care Act it is not preventative care. Essentially the preventative care clause only provides for screenings to find signs of potential problems. The current system does very little for prevention. The screening is a step in the right direction to prevent complications, but really is not preventing the disease. Another system must be employed to truly provide preventative care and curb the rising cost of health care in America.

Purpose of Study: To explore the diseases that can be prevented with lifestyle changes, and find methods to assist patients in self-care to prevent disease. It will explore real “Health Care” that can result in decreased “Health Care” costs and a healthier nation.

Methodology: A search using CINAHL, alt Health Watch, Health Source: Nursing/Academic Edition databases using keywords obesity, preventable disease, motivating the unmotivated, and health care costs. A literature review of these articles then conducted.

Findings: Most diseases, including cancer, heart disease, diabetes, hypertension, hyperlipidemia, strokes, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, mental illness, fatty liver, kidney disease, and obesity are largely preventable with simple lifestyle changes. The interventions that prevent these diseases are well known, but not employed in our current “Health Care” system.

Conclusion: Our current “Illness care system” needs to be replaced by a true “Health Care” system to prevent disease instead of treat disease. Nurses need have the training and knowledge to effect that change and improve the health care of our nation.

Introduction

Our nation has been trying to solve the “Health care crisis” for decades. Part of this drive is to address the ever rising cost of American “Health Care”. If you look at what we call health care, it is actually illness care. Even with the Affordable Health Care Act clause that enables insured Americans to obtain “Preventative Care” with no out of pocket expenses it is not preventative care. It is screening to see if there are signs of potential problems. The current system does very little for prevention. By the time people obtain screening laboratory studies and a physical examination they many times already have developed a disease process. The

screening is a step in the right direction to prevent complications, but really is not preventing the disease.

Prevention includes diet, exercise, mental health care, stress reduction, and relaxation training. Even though many health care plans provide for a dietary consult. This consult is only justified to the insurance providers by the patient already having a diagnosis of diabetes. Then they only pay for one or two visits which could not possibly retrain a lifelong habit. No one would argue that obesity is America’s major cause of hypertension, diabetes, congestive heart failure, arthritis, depression etc. Insurance companies refuse to pay for obesity treatment even dietary education. One would think that

Insurance companies would be willing to pay for this education and training to prevent the high cost of the consequences in the future. However, at this time they may gamble that by the time the consequences of poor diet and lack of exercise happen to their insureds they will no longer be insured with them.

Nurses are in a position to help change the situation. We need to find ways to not only provide nutrition and diet education but to find ways to encourage people to believe that they can save money in the future by taking care of themselves now. This starts with us placing more emphasis in nursing education of nutrition education and understand how food and exercise interact to produce obesity. Nurses developing health clinics that teach nothing but wellness care such as good solid dietary nutritional information, behavior modification, exercise plans, relaxation and stress reduction, and mental health treatment. Findings ways to empower patients to understand there is a direct correlation with how you treat their body and disease development. Empowering them to take charge of their lives would help change our system to a health care system instead of an illness care system. Help them understand that it can and will happen to them if they don't take care of themselves and that they have the power to do it.

Current Illness Care System

Our current health care system is based on the acute care model where the emphasis is placed on treating illness rather than preventing illness. The organizational structure and function of our medical system is rooted in fundamental changes made at the beginning of the 20th century that emphasized an acute care approach and marginalized prevention and public health [1]. In 1910 Abraham Flexner, an educator, wrote an article on the condition of medical education in the United States and the need to reform it. The Flexner Report triggered much-needed reforms in the standards, organization, and curriculum of North American medical schools. At the time of the Report, many medical schools were proprietary schools operated more for profit than for education. Flexner proposed medical schools in the German tradition of strong biomedical sciences together with hands-on clinical training. These reforms lead to the current acute care model of health care present in the United States today. A century after the Flexner report, the acute care model and its cultural, technological, and economical underpinnings remain securely embedded in every aspect of our health care system [1].

As a result of Flexner's report the United States has a disease-management system that is dependent on expensive drugs and invasive surgeries. It's a system rooted in an ideal of maximized profits, opposed to helping people maintain or regain their health. The US spends more on health care than the next biggest 10 spenders combined: Japan, Germany, France, China, the UK, Italy, Canada, Brazil, Spain and Australia, yet the US ranks last in health

and mortality analysis of 17 developed nations. Americans pay the most for but reap the least amount of benefits from their health care, compared to industrialized nations [2]. Managed care constraints, litigation, and growing regulatory pressures have compromised communication and trust between providers and patients. This, along with the surge in technologic development, has driven up the medical system even further toward a "Disease-Based" approach to health care that views individuals as "Cases" and undervalues the sociocultural and humanistic aspects of patient care [3].

A key feature of the US health care is its use of piecemeal, task-based system that reimburses for "Sick Visits" aimed at addressing acute conditions or acute exacerbations of chronic conditions. Economic incentives encourage overuse of services by favoring procedural over cognitive tasks (e.g. surgery versus behavior-change counseling) and specialty over primary care. Although many preventive strategies may be cost-effective, they unfortunately have limited potential for wide adoption because they cannot be patented or made profitable. This impedes research on prevention and diffusion of prevention approaches that could cost-effectively address the burden of chronic disease. Our culture devalues disease prevention as they want a "Magic Bullet" and instant results with symptom relief being the focus [1].

Many citizens believed that the Affordable Health Care Act would provide them with health care that was effective and affordable. What was missed by the average citizen was that the Affordable Health Care act only guarantees health insurance and it does not equate to guaranteed health care. As many people can attest to instead of being affordable, health care insurance costs have continued to escalate at an alarming rate. Although the need for a prevention model was highlighted during the recent affordable health care reform debate, efforts to expand prevention continue to be thwarted by a system better suited to acute care. Unfortunately, the acute care model of health care does little for disease prevention as its focus is on treating disease not preventing disease. In order to reduce health care costs in the United States more emphasis needs to be on true prevention. The "Preventive health care" clauses in the Affordable Health Care act are not really preventive health care, they only address screening for early signs of disease, not emphasizing preventing disease, thus it actually falls under the definition of secondary prevention.

Our current system is a disease management model which masks or suppresses symptoms but does not address underlying cause, treatments often have serious side effects and complications, including death, patient is treated as victim, discouraged from playing active role, and not educated about their condition and how to manage it, views the body as a collection of separate parts, each of which has its own doctor (i.e. podiatrist, cardiologist, pulmonologist etc.), tests and treatments designed to prevent death and life-threatening disease, focused on management

disease long after it has occurred, turns people into “Patients for life” (most prescription drugs are taken indefinitely) [4]. In contrast the wellness care model is where symptoms are treated by addressing underlying cause of problem, treatments have mild or no side effects, and other unrelated complaints often improve spontaneously, patient is empowered, educated, and encouraged to play active role in healing process, views the body as an interconnected whole, and recognizes the importance of these connections in health and disease, tests and treatments designed to promote optimal function and health, focused on preventing disease before it occurs, treatment is given only until the problem is resolved [4]. This model is true health care instead of illness care.

Changing our system requires recognition of these cultural, technological, and economic obstacles and identification of specific means for overcoming them through alterations in medical education, medical research, health policy, and reimbursement. For example, to combat the primacy of technological knowledge and the profit-based system for medical technology, medical schools must teach prevention strategies alongside treatment approaches and emphasize motivation interviewing with a focus on lifestyle modification. Payers and federal government must fully reward use of appropriate non-patentable therapies and support research on the development and dissemination of prevention strategies. We must teach health care providers about systems science that addresses psychological, social, and economic determinants of disease. Taking a patient-centered, whole-person approach focused on long-term functional status will also help to address the current fragmentation of care and allow for standardization of prevention strategies [1]. This approach is already part of most nursing programs where they are taught to look at the whole person including all aspects of their life. So what diseases can be prevented with this model?

Preventable Chronic Diseases

Chronic diseases and conditions - such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis - are among the most common, costly and preventable of all health problems. As of 2012, about half of all adults - 117 million people - had one or more chronic health conditions. One in four adults had two or more chronic health conditions. Seven out of 10 deaths among Americans each year are from chronic diseases. Heart disease, cancer, and stroke account for more than 50% of all yearly deaths. Arthritis is the most common cause of disability. Of the 54 million adults with doctor diagnosed arthritis, more than 23 million say they have trouble with their usual activities because of arthritis. Diabetes is the leading cause of kidney failure, lower limb amputations other than those caused by injury, and new cases of blindness among adults [5]. About 1.3 million adults have been diagnosed with COPD and an equal number remain undiagnosed.

Smoking causes lung diseases such as COPD, cancer, heart disease and stroke. By investing in prevention and treatment of the most common chronic diseases, the US could decrease treatment costs by \$218 billion per year and reduce the economic impact of disease by \$1.1 trillion annually [5].

Hypertension, high LDL cholesterol, low HDL, and high levels of triglycerides, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, endometrial, breast, colon, kidney, gallbladder and liver cancer, low quality of life, mental illness such as clinical depression, anxiety and other mental illnesses are either caused by or affected by obesity, along with body pain and difficulty with physical functioning [6]. Obesity is the common denominator in all of these chronic diseases. It is associated with increased risk for all of the above chronic conditions. Obesity which can lead to heart disease, stroke, type 2 diabetes and cancer costs the US \$147 billion annually in 2008. By 2030, medical costs associated with obesity are expected to increase by at least \$48 billion annually with the annual loss in economic productivity totally \$390 billion to \$580 billion. Obesity impacts nearly every major system in the body [7]. Obesity is a serious health concern. During 2011-2014 more than one-third of all adults or about 84 million people were obese (defined as BMI greater than 30 kg/m²). About one in six youths 17% aged 2-19 were obese (BMI greater than 95th percentile). (CDC Chronic Disease Prevention and Health Promotion Publications Chronic Disease Overview). Obesity is often tied to poorer mental health and overall reduced quality of life [8].

Obesity is caused by or made worse by health risk behaviors. Health risk behaviors are unhealthy behaviors you can change. Four of these health risk behaviors - lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol - cause much of the illness, suffering, and early death related to chronic diseases and conditions. In 2015, 50% of adults age 18 years or older did not meet recommendations for aerobic physical activity. In addition, 79% did not meet recommendations for both aerobic and muscle strengthening physical activity. More than 1 in 3 adults (about 92.1 million) have at least one type of cardiovascular disease. In 2015, more than 37% adolescents and 40% of adults said they ate fruit less than once a day, while 39% adolescents and 22% of adults said they ate vegetables less than once a day. An estimated 36.5 million adults in the US said they currently smoked cigarettes in 2015. Cigarette smoking accounts for more than 480,000 deaths each year. Each day, more than 3200 youth younger than 18 smoke their first cigarette, and another 2100 youth and young adult who smoke every now and then become daily smokers. Drinking too much alcohol is responsible for 88,000 deaths per year more than half of which are due to binge drinking. US adults report binge drinking an average of 4 times a month, and have an average of 8 drinks per binge, yet most binge

drinkers are not alcohol dependent [6].

The health risk factors of physical inactivity, tobacco use and exposure and poor nutrition are the leading causes of obesity and chronic disease. With even a small reduction in the prevalence of chronic disease, the combined health and productivity cost savings of prevention lead to a positive return on investment in a short time. Yet many people fail to change these health risk behaviors [9]. How do we change these grim statistics and motivate people to make a change in order to be healthy? What does disease prevention look like?

Disease Prevention Model

What is the definition of primary prevention? What is secondary prevention? What type of preventative health care is present in the current health care system?

Primary prevention are actions aimed at avoiding the manifestation of a disease (this may include actions to improve health through changing the impact of social and economic determinants on health; the provision of information on behavioral and medical health risks alongside consultation and measures to decrease them at the personal and community level; nutritional and food supplementation oral and dental hygiene education and clinical preventive services such as immunization and vaccination of children, adults, and the elderly, as well as vaccination or post exposure prophylaxis for people exposed to a communicable disease) [10]. Secondary prevention deals with early detection when this improves the chances for positive health outcomes (this comprises activities such as evidence-based screening programs for early detection of diseases or for prevention of congenital malformations; and preventative drug therapies of proven effectiveness when administered at an early stage of the disease) [10]. This is the preventative care in our current acute care model.

As outlined above a great majority of the most common chronic diseases are preventable. Obesity in the general population is preventable and since it either causes or contributes largely to the development of other chronic diseases efforts should be aimed towards the treatment and prevention of obesity. And most chronic diseases, including cancer, heart disease, diabetes and obesity are largely preventable with simple lifestyle changes. Even infectious diseases like the flu can often be warded off by a healthy way of life. Just imagine the lower death toll, not to mention costs to the economy if more people decided to take control of their health ... heart disease and cancer alone accounted for 47% of deaths in the USA in 2010, and there are many strategies that can be implemented to lower the risk of these diseases [2]. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behavior can include dietary patterns, physical activity, inactive, medication use and other exposures. Additional contributing factors in our society

include the food and physical activity environment, education and skills and food marketing and promotion [6]. Some may say I am "Fat" because of my genes or my family are all "Big Boned".

Genetic changes occur too slowly to be responsible for the obesity epidemic. However, there is a variation in how people respond to the environment that promotes physical inactivity and intake of high calorie foods suggest that genes do play a role in the development of obesity [6]. Genes give the body instructions for responding to changes in its environment. Studies have identified variants in several genes that may contribute to the obesity by increasing hunger and food intake. Rarely, a clear pattern of inherited obesity within a family is caused by a specific variant of a single gene. Most obesity, however, probably results from complex interaction among multiple genes and environmental factors that remain poorly understood. Families can't change their genes but they can change the family environment to encourage healthy eating habits and physical activity to improve the health of the family members - improve the family health history of the next generation [6].

A prevention model, focused on forestalling the development of disease before symptoms or life-threatening events occur, is the best solution to the current crisis. Although the need for a prevention model was highlighted during the health care reform debate, efforts to expand prevention continue to be thwarted by a system better suited to acute care [1]. Preventing disease is key to improving America's health and keeping rising health care costs under control. When we invest in prevention, the benefits are broadly shared. Children grow up in communities, homes, and families that nurture their healthy development and adults are productive and healthy, both inside and outside the workplace. Businesses benefit because a healthier workforce reduces long term health care costs and increases stability and productivity. Furthermore, communities that offer a healthy, productive, stable workforce can be more attractive places for families to live and for businesses to locate [4].

Preventing disease before it starts is critical to helping people live longer, healthier lives and keeping health care costs down. Preventive services can also help those with early stages of disease keep from getting sicker. Counseling on such topics as quitting smoking, losing weight, eating better, treating depression, regular exercise, managing stress, and reducing alcohol use can improve health and reduce costs by preventing illness. Receiving routine vaccinations in accordance with your doctor's recommendations can help prevent diseases such as measles, chicken pox, or meningitis, as well as flu and certain kinds of pneumonia. Counseling, screening, wellness visits, prenatal care etc. can improve health and reduce costs by preventing illness. Health problems are a major drain on the economy, resulting in 69 million workers reporting missed days due to illness each year, and

reducing economic output by \$260 billion per year. Increasing the use of proven preventive services can encourage greater workplace productivity [4]. So where do we start?

Healthy Behaviors

We start by educating the population on healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. Energy balance of the number of calories consumed from foods and beverages with the number of calories the body uses for activity plays a role in preventing excess weight gain. A healthy diet pattern according to the Dietary Guidelines for Americans emphasizes eating whole grains, fruits, vegetables, lean protein, low fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week [6].

Increased physical activity can directly and positively affect mood in individuals who experience depression. This type of evidence can help patients see the positive effects of physical activity on not only their weight and blood pressure, but also on more serious emotional issues, such as depression and anxiety. Getting enough sleep is also important both in treating these mood disorders. Similarly, lack of sleep has been directly linked to obesity. According to a new University of California, Berkeley study, something as simple as getting a good night's sleep could be a habit that directly affects an individual's weight [11]. These four lifestyle behaviors need to be targeted to improve the health of the nation and maintain good-quality healthcare in an overstretched NHS, as well as to improve individuals' health and quality of life. This places nurses at the forefront of a policy to provide patients with the information and support that empowers them to take responsibility for their health and their lifestyle choices. Evidence suggests that patients would prefer lifestyle interventions to be delivered by nurses rather than doctors [12,13].

Medical and nursing education needs to emphasize homeostasis and health, rather than only disease and diagnosis, and provide training in the science and practice of cost-effective health promotion. In turn, payers need to reimburse for health maintenance and prevention activities, primary care providers will have to act as health coaches, and all health care professionals will need to embrace a coordinated multidisciplinary team approach. We must compensate primary care providers for their work as care coordinators by establishing reimbursement parity for cognitive and procedural care and accounting for long-term costs and benefits. Although the need for acute care will remain, centering our efforts on prevention into health care will require deeper changes, including reconnecting medicine to public health services and integrating prevention into the management and delivery of care. Ultimately, embedding prevention in the teaching, organization,

and practice of medicine can stem the unabated, economically unsustainable burden of chronic disease [1]. So how can this be accomplished? It starts with the concept of self-care assistance for the population.

Self-Care Assistance

Where do we as professionals start in this quest to improve the health of individuals thus decreasing health care costs for all of us and providing true health care rather than illness (or acute care) care? As health care providers we cannot follow the patients around to insure they follow our suggestions. Therefore, we need to provide self-care assistance to empower our patients to better health. As stated previously, evidence suggests that patients would prefer lifestyle interventions to be delivered by nurses rather than doctors [12], let's start training nurses to provide the lifestyle change education and self-care assistance. Nurses and other health care professionals have an important role to play in helping patients build better habits. But even though health personnel should and want to give patients the training they need, several studies indicate that they often miss the boat when it comes to having that essential conversation about lifestyle change. They want to help, but lack skills. Healthcare personnel need to have theoretical knowledge, clinical experience, and an ability to communicate the message in a positive way. Most health professionals have broad knowledge and experience, but that is not a guarantee that they can effectively communicate the information to patients in a way they take it to heart [14].

Confrontational and lecture styles of counseling are often unhelpful and frustrating for both patients and providers. In contrast, clinical approaches that focus more on reflective listening and support can increase patients' motivation and response to treatment [15]. With lifestyle a government priority, healthcare staff, including nurses, need the knowledge and skills to deliver brief behavior change interventions. Good verbal and behavioral communication between patient and nurse is fundamental to behavior change attempts and outcomes [16]. Key communication skills in patient-centered care include ascertaining reasons for accessing healthcare services, finding common ground, providing information and sharing decisions [13]. We need to understand that people and families may make decisions based on their environment or community. For example, a person may choose not to walk to bike to the store or to work because of a lack of sidewalks or safe bike trails. Your community, home, child care, school, health care, and workplace settings all influence people's daily behaviors [6]. It is, therefore, important to understand the community in which a patient lives to better assist them in making healthy lifestyle choices.

Nursing education needs to emphasize that research has identified verbal and non-verbal activities that are associated with patients changing behavior. These are: empathy; reassurance;

encouragement; explanation; addressing patient's feelings and emotions; increased health education; friendliness, listening, positive reinforcement; being receptive to patients' questions and allowing the patient's point of view to guide the conversation [17]. By comparison, passive acceptance, formal behavior, antagonism, passiverejection, high rates of biomedical questioning, interruptions, irritation, dominance and a one-way flow of information from the patient (information collection without feedback) are associated with negative patient outcomes [17].

Nurses Need to be Aware of Factors Influencing Lifestyle-Related Health Behaviors

Factors influencing lifestyle-related health behaviors: (a) attitudes: people's views or judgments in relation to their health, (b) beliefs: peoples' opinions of their health, (c) motivation: the process that drives health decisions, (d) intention: a plan of action intended to affect one's health, (e) volition: making a conscious health-related choice, (f) planning: forming specific health-related aims and objectives, (g) social support: psychological and emotional assistance from friends and family, (h) self-monitoring: ability to measure and assess one's own health (i) social and material environment: modification of influences in the environment that will benefit health) [13].

Many health behavior interventions fail because they target the behavior rather than the underlying attitudes that drive it. Patients who are motivated to change may merely need information and a support system. If they are not motivated to change, motivational interviewing might instantly change their attitude or raise questions that potentially lead to future change. Sometimes the best course of action is to accept the patient's resolve to continue with unhealthy lifestyle choices, and the knowledge that you have at the very least increased their health literacy so that they can make informed lifestyle decisions [13].

Goal setting is the most effective method of working towards increased self-efficacy. Importantly, goals need to be realistic and achievable, as well as set by the patient, not the nurse. Nurses can, however, guide the process by promoting achievable goals, such as moderate rather than vigorous physical activity, or 10 minutes of exercise three times throughout the day when 20 minutes in one go may seem too much [18]. Realistic goal-setting is particularly important at the beginning of an attempt to change behavior as this when failure is more likely to reduce motivation. It is important that goals are measurable so that it is clear when they have been achieved [13]. By taking an interest in patients' lifestyle and communicating with them over behavior change, nurses are endorsing a healthy lifestyle, enhancing patient health and well-being, and taking primary and secondary measures [13].

There are several behavior change techniques that can and should be employed when assisting the patient with self-care changes.

Behavior change techniques are:

Information provision: Providing general information about risk associated with particular health choices, and the benefits and costs of behavior change action or inaction;

Prompt intention formation: Encouraging behavior change decisions or goals;

Barrier identification: Identify barriers and planning ways to overcome these barriers;

Positive feedback: Providing praise on behavior change efforts and successes;

Graded tasks: Setting easy tasks and increasing task difficulty until behavior change has been achieved;

Model behavior: Showing an individual how to correctly perform particular behaviors;

Goal-setting: Involving the detailed planning of what the person will do, including specific details on frequency intensity, location, duration and so on;

Self-monitoring: Asking the individual to keep a diary of specified behavior;

Prompts: Teaching the use of prompts that can remind individuals to perform the behavior;

Behavioral contract: Agreement of a contract specifying the behavior to be performed;

Practice: Prompting repetition of desired behavior ;

Social comparisons: Providing opportunities for individuals to compare themselves with peers who have successfully mastered a specific behavior;

Social support: Prompting consideration of how others could change their behavior to offer the person help;

Motivational interviewing: Prompting the individual to provide self-motivating statements;

Time Management: Helping the individual make time for the behavior [13].

Because healthy behavior change begins at home, it's important for health care providers to connect and engage patients on a personal level and to determine what matters the most to patients and what changes they are willing to make, so we can ultimately set them up for success in sustaining those changes [19]. One way to engage individuals in improving their health is to show them how healthy behavior changes can be major contributors to preventing or delaying the onset of disease or personal injury. Health care leaders are increasingly recognizing healthy behaviors as factors in the improvement of overall health. For example,

studies indicate that there is a clear link between good emotional health and healthier behaviors [11].

Nurses also need to be trained and skilled in motivational interviewing. This approach is inexpensive and can be used in brief appointments when patient-provider-nurse interactions are time limited. A critical part of motivational interviewing is the way the provider responds to the patient, which requires “Reflective Listening” - reflecting the patient’s statements and feelings back to him or her. It also involves presenting feedback to the patient in a way that is respectful, emphasizing that the patient has the responsibility and freedom to make decision to change his or her health behaviors and helping instill optimism and confidence [15].

Sample of reflective listening responses:

I’m hearing that you are thinking about losing weight but that you’re not sure if you’re ready to take action right now. Would you be willing to talk about this again at our next visit?

It sounds as if you are concerned about your weight and that you would like to start making some changes in your lifestyle.

It’s up to you to decide if and when you are ready to make lifestyle changes. I am here to support you.

It can be hard to initiate changes in your life. I want to thank you for talking with me about this today.

It’s great that you feel good about your decision to make some lifestyle changes; you are taking important steps to improve your health [15].

Health care professionals must incorporate behavior change as part of the total health framework that health care providers advocate and model for their patients and individuals implement in their lives and communities [20]. As an integrated health care system, we should aim to change the course of how to approach and encourage healthier behaviors to prevent disease, as well as consider what fundamental elements encourage people to change their behavior, and sustain that change, understanding that personal behavior is a major contributor to overall health [11].

Health care professionals many times do not have healthy lifestyles. Many are obese, smoke, have increased stress in their lives, and lack a sufficient amount of exercise. The wellness care movement must start with those who know the most about how healthy behaviors effect overall development of chronic disease. How can we motivate patients to change if we ourselves are not motivated to change? Health care professionals need to target patients’ attitudes and beliefs to improve lifestyle choices. It has been shown that a better theoretical understanding of behavior change techniques can improve the likelihood of health professionals being successful in explaining and communicating changes to patients [13].

Conclusion

Our current “Illness care system” needs to be replaced by a true “Health Care” system to prevent disease instead of treat disease. Our current system is threatening to bankrupt the nation, yet has not improved the countries health. Nurses have the training and knowledge to effect that change and improve the health care of our nation. Our nation has been trying to solve the “Health care crisis” for decades. Part of this drive is to address the ever rising cost of American “Health Care”. If you look at what we call health care, it is actually illness care. Even with the Affordable Health Care Act clause that enables insured Americans to obtain “Preventative Care” with no out of pocket expenses it is only secondary prevention. The current system does very little for prevention.

Obesity is a major cause of hypertension, diabetes, congestive heart failure, arthritis, depression etc. Clearly just providing education to the population about the benefits of a healthy lifestyle has not improved the health of our country. An effective wellness care system must be employed to slow the cost of healthcare in this nation. Nurses and other health care professionals have an important role to play in helping patients build better habits through a wellness care system. Nurses need to have theoretical knowledge, clinical experience, and an ability to communicate the message in a positive way [14]. We need to train nurses how to empower and motivate patients to incorporate healthy behaviors such as physical activity, healthy diet, decreased stress, and improved sleep into their everyday life in order improve the overall health of our nation.

References

1. Marvasti F, Stafford R (2012) From Sick Care to Health Care - Reengineering Prevention into the US System. *N Engl J Med* 367: 889-891.
2. Disease Management.
3. Green AR, Carrillo JE, Betancourt JR (2002) Why the disease-based model of medicine fails our patients. *West J Med* 176: 141-143.
4. Kresser (2010) Healthcare vs disease management. *The Myth of Evidence Based Medicine*.
5. CDC Chronic Disease Prevention and Health Promotion Publications Chronic Disease Overview.
6. Division of Nutrition, Physical Activity, and Obesity, National Centre for Disease Prevention and Health Promotion.
7. National Research Council (US) Committee on National Statistics (2010) *Improving Health Care Cost Projections for the Medicare Population*. National Academies Press (US).
8. Chronic conditions and health care costs.
9. Get the facts (2001) *Public Health and Chronic Disease Cost Savings and Return on Investment*, American Public Health Association.

10. WHO (2017) EMRO Assessment of essential public health functions.
11. Young S (2014) Healthy Behavior Change in Practical Settings. *Perm J* 18: 89-92.
12. Lock C (2004) Screening and brief alcohol interventions: what, why, who, where and when A review of the literature. *Journal of Substance Use* 9: 91-101.
13. Davies N (2011) Healthier lifestyles: behavior change. *Nursing Times* 107: 20-23
14. Difficult to motivate patients to change.
15. Puhl R (2011) Motivational Interviewing of Obese Patients. *Med-scape*.
16. Robinson JH, Callister LC, Berry JA, Dearing KA (2008) Patient-centered care and adherence: definitions and applications to improve outcomes. *Journal of the American Academy of Nurse Practitioners* 20: 600-607.
17. Beck RS, Daughtridge R, Sloane PD (2002) Physician-patient communication in the primary care office: a systematic review. *Journal of the American Board of Family Practice* 15: 25-38
18. Hardcastle SJ, Hancox J, Hattar A, Maxwell-Smith C, Thogerson-Ntoumani C, et al. (2015) Motivating the unmotivated: how can health behaviour be changed in those unwilling to change? *Frontiers in Psychology* 6: 836.
19. Stanton M (2006) The high concentration of US Health Care Expenditures. *AHRQ*.
20. Troiano RP, Berrigan D, Dodd KW, Mâsse LC, Tilert T, et al. (2008) Physical activity in the United States measured by accelerometer. *Medicine and Science in Sports and Exercise* 40: 1181-1188.