Childhood Obesity PICOT Question and Literature Review

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Abstract

The nursing profession requires registered nurses to write clinical questions. Nurses utilized the PICOT format to formulate these types of questions. This paper reviews six research articles based on the topic of childhood obesity and the effects that parents may have on their children's weight.

The first article is a cross-sectional study used to clarify the relationship between ineffective parenting and childhood obesity using the different dimensions of family functioning. The parents of obese children may model inefficient lifestyle patterns. Articles two and three are focused on identifying the association between parenting style, feeding style, feeding practice and obesity in four to twelve years of children, as well as effective and ineffective parenting practices in different situations concerning raising healthy children and investigating their relationship with Self-Determination Theory (SDT) and Social Cognitive Theory (SCT). Articles four and five are a systemic review focused on whether parents are using portion control when feeding their children and whether training and education on portion control could influence parents' feeding strategies. The results were positive effects of portion control on the energy intake of children, and parents estimate the correct portion size after education.

The last article shows the cross-sectional descriptive study that explored various parenting styles and other potential family and social indicators of an obese or overweight-promoting home environment. These studies found that parents with reasonable control had more concern about their children's weight and better knowledge of nutrition when compared to parents with strict control. The significance of using sound evidence is discussed as it relates to the profession and standards of nursing, as well as quality and safety.

Clinical Question

Nursing research is one of the relevant fundamentals of the nursing profession. The nursing skill and practice are built around the appropriate investigation and evidence to recommend the most efficient, safe, and cost-effective way to complete each task. When nurses pursue a set of guidelines for each task, it affects not only patient-nurse safety but also the quality of care. "Nurses interpret research findings and utilize evidence-based practice to support nursing decisions. This paper reflects how nursing knowledge circulates in between personal and professional practice" (Singleterry, 2014, p. 7). The writer will discuss in this assignment regarding different parenting strategies, approaches and

relationships they have with their children's weight.

Clinical Question

In the United States of America, childhood obesity has become a growing problem in today's population (Williams et al., 2012). Williams and his colleagues say that children may not realize the adverse effects of being overweight could have on their health in their future years. This affects not only their physical health but their emotional health as well. Self-esteem issues and bullying in school are just a few obstacles that obese /overweight children may have to deal with. If their weight continues to gain as they age, they may put themselves at risk of developing various issues that may be prevented with weight loss (Williams et al., 2012). A question may arise: who is causing children to become overweight? Additionally, this question will be examined throughout this paper.

Nursing practice requires practicing registered nurses to write clinical questions for specific clinical issues. The acronym PICOT is used to help format these types of questions (Nieswiadomy, 2012). This format was developed in 2005 by Fineout-Overholt and Johnson (282). In PICOT, "P" stands for patient or population, the "I" for the intervention or interest area, the "C" for the comparison intervention or current practice, the "O" for outcome desired, and "T" for time to achieve the outcome (Nieswiadomy, 2012). The clinical question being asked and discussed in this paper is as follows: Does parental obesity play a role in their children's body mass index (BMI) in the ages between five and twelve years of age? The answer to this question could be significant in finding a way to decrease the number of overweight children.

Do the parental eating and activity patterns impact the weight of their children?

It is the nurse's responsibility to educate the patient and their families regarding the information that may be valuable to their health. This clinical question would be helpful in certain programs that deal with children's health. For example, one program of women, Infants, and Children (WIC) program is offered in the state of Michigan to monitor the health status of the community's children (U.S. Department of Agriculture Food and Nutrition Services, 2014). The United States of America may be glancing at the future of chronic diseases and issues, many of which could have been prevented (Williams et al., 2012). In general, today's parents and all adults need to set a valuable example for children to learn how to adopt a healthy lifestyle and how to grow in a healthy environment. It will help improve the quality and safety of the future generation.

Methodology

The Grand Canyon University and some other databases were utilized to search for research articles

on the topic of childhood obesity. The key search terms used were obesity, obese, overweight, BMI, parents, children, and youth. The advanced search tool was used to narrow the articles to only peer-reviewed nursing research. More than 100 articles were found for the search criteria. The search was then narrowed even further by choosing the publication to 2010 or newer. This quest resulted in various articles. Among these articles, six articles were selected to critique and discuss in further detail. For future nurses, it is critical to know how to research topics significant to nursing. This will ensure that the research is not beyond the nursing scope of practice. The nursing research applied in this paper to recognize whether parental weight correlates to the weight of their children. The articles used are within the scope of nursing practice and could be beneficial to help educate the communities about childhood obesity. Adapting research designed to encircle nursing practice will ensure that the fact being used is equal to the level and scope of nursing practice.

There are numerous levels of evidence that can be used in nursing research. These standards of evidence advance the use of evidence-based practice in the role of nursing. Applying Evidence-Based research within nursing practice helps the nursing profession continue to evolve and multiply. These levels of evidence help bolster quality care and patient safety in everyday nursing practice. The Quality and Safety Education for Nurses (QSEN) model will be used in this paper to analyze the levels of evidence used in the research that was done. Level 1 evidence is the highest quality evidence per the QSEN model; this level of proof was searched for when reviewing articles.

Article One

The first article was reviewed for this assignment on whether parents are using effective parenting strategies with their overweight children (Morawska & West, 2012). Articles are related to nursing research written by two registered nurses, and the topic is “dealing with an important topic in nursing education.” It is stated in these articles that overweight and obesity in children are becoming a significant problem. Evidence shows that parents play a critical role in their children’s dietary and activity patterns. The literature is relevant for this kind of study, although a systemic review would be helpful. This is a cross-sectional study used to clarify the relationship between ineffective parenting and childhood obesity using the different dimensions of family functioning. Per QSEN this is a level five, the level of evidence. The sample for this study was sixty-two families with children between the ages of four to eleven (Williams et al., 2012). A phone interview was conducted to assess the eligibility of each family.

In the healthy weight group, the target child must be between the ages of four to eleven, parents must describe the children’s body size as healthy, and the child must not be on any medications that affect growth or weight control and must not have developmental delay or disability. In the overweight group, the children had to be between the children should be from the age of four to eleven,

parents must characterize their children’s body size as obese, and the parents must comply with

twelve weeks of intervention. The children must not be taking any medication that affects growth or weight control and must not have any developmental delays or disabilities. The families were matched by sex, age, and family type. The simple measurement was used in this study to

match families with variables of gender and family type. Interval analysis was utilized to place families into the group based on age. This level of analysis was also well used to measure weight status and parental and child behavior status. The lifestyle behavior checklist and the parenting scales were used to determine parenting strategies as well as the children's lifestyle behaviors.

This is the appropriate level of measurement to use in this study. The results of this study display that children and parents in the obese group tended to have large body sizes and a higher percentage of body fat than children and parents in the healthy group. The parents in the healthy group managed to have a body mass index (BMI) that fell within a healthy weight range, and most parents in the obese group had BMIs that fell within the overweight or obese range. Also, parents in the obese group had a higher percentage of children with behavior issues, lifestyle behavior problems, and peer problems when compared to the children in the healthy group.

Per Morawska and West (2012), the conclusion of this article was that because parents of obese children are more likely to have weight problems, they may model ineffective lifestyle patterns. Moreover, their knowledge of effective strategies to control their children's weight and implementing lifestyle changes to promote a healthy BMI may not be as active. This is crucial for nurses to know when educating patients on childhood obesity. This knowledge may modify the approach that needs to be used and may even address the weight problems of the entire community, not just the children and families.

Articles Two And Three

This portion is the combination of two articles. The systemic review of these articles was focused on identifying relevant studies associated with parenting style, feeding style, feeding practice and obesity in four to twelve years of children, as well as effective and ineffective parenting practices in different situations concerning raising healthy children and investigated their relationship with Self-Determination Theory (SDT) and Social Cognitive Theory (SCT). The study focuses on a healthy diet, sufficient physical activity (PA) and limited sedentary behavior (SB) in children, including prevention of overweight and obesity, cardiovascular disease, depression, fear, stress, poor self-image, and improvement of the quality of life (Gerards SM, 2011). The study and review highlight the impact of parenting on the development of healthy children (Jago R, Sebire SJ, 2013). Obese children are likely to become obese adults and are at higher risk of developing a range of chronic diseases such as cardiovascular disease (CVD), type 2 diabetes and cancer (Lloyd et al., 2012). Therefore, it is crucial to understand the factors that influence obesity development in order to guide future research, interventions, and policy. Obesity is caused by the chronic mismatch between energy intake and expenditure, with food intake more than requirements increasing body mass index (BMI). This chronic

imbalance is influenced by gene-environment interaction (Hetherington & Cecil, 2010). Some factors, such as candidate genes, socioeconomic status, exercise, sedentary lifestyle, and sleep, are well established (Craigie et al., 2011; Hart et al., 2011; Wang et al., 2011; Magee & Hale, 2012). It is important to understand the interplay between parenting, the food environment, and child weight outcomes. The study examined the specific modifiable aspects of parent-child interactions (parent feeding style and feeding practices) and their association with child BMI.

Search was conducted using the combination of the terms: parenting (style), feeding (style, practices, behaviors), and weight-related Keywords: eating, diet, weight, obesity, BMI.

The paper was coded and scored for quality using an adapting rating scale (Moore, 2012).

Among the three cross-sectional studies, parenting style was a significant predictor of child BMI. When controlling for initial weight status, children whose mothers followed an indulgent or uninvolved parenting style at baseline were more likely to become overweight than children of authoritarian or authoritative mothers. An uninvolved (neglectful) parenting style amplified the relationship between food approach traits and a higher BMI. This illustrates the importance of considering child characteristics as well as parenting style when assessing obesity risk. High maternal protectiveness was not significantly associated with weight until children reached the ages of 10—11 years (Hancock et al., 2014). Overall, stronger evidence extracted from longitudinal studies that parenting style is associated with child BMI over time, and these effects may be influenced by child age and eating traits.

This study had a high-quality rating as it allowed comparison of parents' self-reported data with observed behaviors. Yilmaz et al. 2013 used the Parental Feeding Style Questionnaire (PFSQ) (Wardle et al., 2002), which measures instrumental feeding, emotional feeding, encouragement to eat and control over eating.

Parents identified various perceived effective and ineffective practices to react to their child's unhealthy behavior. Many of them were consistent with the effectiveness of practice according to literature, while others were not. Furthermore, the reported parenting practices fit with either SCT or SDT or both. Therefore, the most feasible practices for parents from SDT and SCT should be combined instead of pushing SDT or SCT forward as the best theory for raising healthy children. That is why new parenting programs can increase children's healthy diet and PS and reduce their SB to prevent childhood obesity.

To conclude, parenting style, feeding style, and parenting practice have been associated with child BMI. The research focuses on mother's interactions with children during meal times; studies of fathers are warranted to identify gender differences in parenting, feeding styles, and practices (Tschann et al., 2013; Khandpur et al., 2014). For many children raised in dual-career or single-parent households, the mother is not the primary caregiver who is providing the child's meals and these other caregivers may be important targets for further interventions.

Article Four, And Five

The review of the second article focused on whether parents are using portion control when feeding their children (Small et al., 2013). This article also reviewed whether education and training parents on portion control could affect the growing obesity problem. The article is a systemic review to visualize three different research articles. The purpose of this study was to analyze findings regarding the food portion size for young children and find evidence regarding the effects of educating adults to measure portion sizes. The general sample in these studies involved children from age two to age eleven. There was no specific sample because this is a review of three different studies. There is no specific level of measure in this type of research because it involves various studies and reviews the outcomes of the combined study.

The Quality of Safety Education for Nurses (QSEN) level of evidence for this article is level I (Cronenwett et al., 2007). This is the highest quality of evidence illustrated by QSEN. The results of this systemic review demonstrated that there was a positive effect of portion size on the energy intake of children. Besides, the capability of parents to exactly estimate the portion sizes for their children improved following education and training. The recommendation for this study would be to offer all children the same food since a limitation of this study was the variety of food was unknown. This is valuable for the nurse to communicate with patients and their families when educating them about their weight.

Article Six

The third and the final article considered a pilot study, the goal of the study was to explore parenting style and other family potential as well as social indicators of an obese or weight-promoting family environment (Riesch et al., 2013). The Institutional Review Board approved the study. This was a cross-sectional descriptive study about parents and their children between the ages of nine and eighteen. The sample for this study was twenty-eight parents and their children. The children had to be between the ages of nine and eighteen and English-speaking. They must be diagnosed as overweight by a healthcare provider.

The data were collected utilizing a variety of approaches. Parenting style was scored using a parental acceptance-rejection questionnaire (Riesch et al., 2013). The parental method was scored using a twenty-nine-item family activity and eating habits questionnaire. There is an example of ratio levels of measure because the information can be ranked into specific groups, and there is an absolute zero. This study also had interval data using the weight of each study participant. This study found that parents with moderate control had more concern about their children’s weight and had better knowledge of nutrition compared to parents with strict control. This study could be particular to nursing as if it is known how parenting style consequences the weight of their children, nurses could accordingly educate patients and their families about family dynamics and their relationship to

weight.

Significance To Nursing

The research topic is substantial and relevant to the type of work that nurses perform on a daily basis. Education is one of the dominant nursing priorities that are set for each patient who receives care, and nurses must be insightful for proper education. This topic is significant to the future of the healthcare system, and if nothing is done to halt this trend toward obesity in the young generation, the healthcare system will suffer as well. Educating parents and the children of each community about healthy diets, different parenting styles, and the negative effects that childhood obesity may have on their health and the health of their children might be what it will take to change this obesity epidemic.

It is important that research must utilize quality evidence to educate patients and their families. Evidence-based research should be utilized in practice to continue the growth and development of the nursing practice. The American Nurses Association (ANA) has set standards that all nurses are expected to follow (ANA, 2014). Standard Evidence-Based practice should be used to guide nursing practice. Standard ten of the ANA is communication, not only with families and communities but also with the other members of the healthcare team (ANA, 2014). Nurses are persistent learners; their skills and practices will continue to be diverse. Communication benefits all members of the healthcare team on the same page, and the patient will reap high-quality healthcare. Nurse-patient relationships cause the best advice, and using the EBP every day will help the patient remain safe and deliver high-quality care as well. Per QSEN, EBP integrates the best current "evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care" (Cronenwett et al., 2007, table 3).

Additionally, it is crucial for nurses to commemorate that not all patient's learning ability is not same, what works for one individual may not work for another. Nurses are committed to adopting the care they provide to each patient to develop a plan of care that is unique to them. QSEN addresses patient-centered care as "recognizing the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect and dignity for patient's preferences, values, and needs' (Cronenwett et al., 2007, table 1). Encouraging patients to get involved in their own care and developing care based on their abilities will help the patients feel they are in control of their care, which will increase the quality of care they receive. It contributes to the growth and development of the nursing profession while expanding long-lasting knowledge and practice.

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