Key Words: Diabetes, High Blood Pressure, Heart Disease, Smoking, Obesity, Preventable Disease, Lifestyle Change, Nurses, Doctors, Responsibility, Unmet Needs, Unrealistic Expectations, Health, Perceptions


Topic: Personal Responsibility and Professional Influence Regarding Lifestyle Change

- According to this study of 220 health care professionals revealed that there is a discontinuity between patients’ needs and what is offered by doctors and nurses when it comes to preventative care for health issues such as diabetes, high blood pressure, heart disease, and complications due to smoking (Jallinoja, 246).
- A majority of the health professionals felt like they didn’t have enough time to really give patients individualized attention. Only 70% of nurses with less medical experience (presumably, the majority of which were younger) even felt capable of coming down to a more personal level with the patient and counseling them about lifestyle changes; even fewer nurses with more medical experience (43%) felt like they had this ability (Jallinoja, 246). [NOTE: consistent with findings of (Brod, 24) in that professionals are at a loss for how to treat diabetic patients’ psychological needs simultaneously with their medical needs.]
• The results showed that there is a need for better, more specialized information to allow patients to properly make their own informed decisions regarding lifestyle change to improve their health (Jallinoja, 246).

• The results showed that simply giving one information about one’s condition isn’t enough; it is ultimately up to the individual to implement it into long-term lifestyle changes (Jallinoja, 246).

• Some professionals get discouraged at the lack of major changes on the part of the patient and are skeptical about larger improvements. Pessimism is fairly common considering the large amount of patients being treated for preventable diseases—professionals probably see themselves stuck fighting a losing battle and making no headway (Jallinoja, 248).

Assessment:

This article is a strong one because it tells another side of the story: how diabetics are truly perceived by health professionals, and how the professionals perceive themselves. It was interesting that professionals tend to have a negative attitude toward those with preventable diseases, and that many of the professionals in this study acknowledged that things aren’t working the way they are currently in place, but were at a loss as far as what to do about it. However, the reader must remember that this study was limited to one hospital in another country and might not represent the attitudes of the majority of doctors (in this country or others).

It relates to some of the class narratives’ theme of how illness affects identity because of the apparent discontinuity between needs and resources for those such as diabetics, for example. If even health professionals sometimes don’t believe that much can be done, or group “all”
diabetics together as “lazy and unwilling to change,” that obviously can have a negative effect on how diabetics perceive themselves, altering their identity as they lose confidence.