Foundations of Health and Well-Being

Name:

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The Patient

Gideon is a 69-year-old male and a retired painter. He has been smoking since the age of 16 and has been diagnosed with chronic obstructive pulmonary disease (COPD) in the last three years. He lives on his own in the modest council ground floor flat where the air quality is very poor due to toxic cigarette smoke as Gideon refrains from opening windows that naturally ventilate his habitable spaces. Although the flat is surrounded by all services, Gideon does not access any kind of support.

Gideon was brought up by his elder siblings after losing his parents at a young age. The siblings were not financially, resulting in Gideon not completing his high school education. For this reason, he was compelled to work as a painter at the age of 14. Five years later, he got married and worked hard to provide for his family. Unfortunately, his wife succumbed to breast cancer. Gideon and his wife were not blessed with any child, and they never maintained a close relationship with family members. The death of his wife had a negative impact on his (Gideon) life resulting in him suffering depression. He also doubled the number of cigarettes he smoked per day (from 10 to 20 cigarettes). He also felt isolated from the community. He displays signs of lack of personal care, frail, looking thin, and self-neglect. His diet is unhealthy and based on toasts with butter. He feels that he cannot eat properly because of his shortness in breath. He also looks dehydrated because his fluid intake is poor and avoids drinking to avoid going to the toilet due to his breathlessness

Gideon was always an independent man and very protective of his wife, who was his soul mate. He was an active man who enjoyed playing golf and singing in the local choir of his church. However, he had to give up these activities due to continuing breathlessness, exhaustion, anxiety, and drowsiness. He feels worthless because he cannot cope with normal daily activities as before. Gideon lives on his own as depression has made him reclusive and difficult to be around. He has gradually pushed away everyone who has shown concern for his condition. The only person that seems to monitor him is his neighbor, who feels sorry about his situation. The neighbor is concerned about Gideon's well-being because he has previously fallen asleep on the sofa whilst smoking, which could have caused a fatal fire. He is also concerned about Gideon's deterioration, which has been very noticeable over time. The neighbor believes that having support and reducing tobacco consumption would benefit Gideon.

Gideon's Health Issue

Gideon is currently living with (COPD). He has not been using any prescribed inhalers or prescribed medication since his wife passed away. His Body Mass Index (BMI) is 17; bellow the normal range of 18.5, which tells us that Gideon is underweight. He looks malnourished because of his poor diet. Unhealthy eating results in him experiencing serious nutritional deficiencies like a lack of vitamin D and B that prompts him to infections. Gideon has experienced in the last month continuous breathlessness and sleep disturbances reducing his quality of life. Since he was admitted to a city hospital, after his neighbor found him unconscious on the floor, he exhibits respiratory distress like shortness of breath, confusion, tachypnea of 20 beats per minute, he struggles to speak, and he feels nauseous. As his saturation levels are very low (72%),

he is put on oxygen (2l/minute), aiming to reach a saturation level of 88% - 92% (for patients with COPD).

Activities of Living

1. Sleeping

The first activity of living that the essay discusses is sleeping. Sleeping is crucial for Gideon's well-being and health. Getting adequate sleep enhances a person's physical health, mental health, safety, and quality of life. Sleep deprivation affects a person's thinking, work, learning, and getting along with others(ref). Gideon's sleep issues are as a result of COPD and smoking.

Smoking cigarettes contributes to insomnia and sleeping problems. According to Brook, Zhang, Seltzer, & Brook (2015), cigarette smokers compared to non-smokers are twice likely to document inadequate rest and sleep. Smokers display insomnia symptoms like rapid eye movement, higher sleep latency, shorter sleep duration, frequent leg movements, and episodes of sleep apnea (Liu et al., 2013). Sleep disruption is attributable to nicotine, a highly addictive substance. The substance has a stimulating impact, thus acting as stimulant to keep Gideon awake and alert (Brook, Zhang, Seltzer, &Brook, 2015). Obstructive sleep apnea is the most prevalent sleeping problem among smokers and is triggered by the collapse of the throat muscles (those located at the back) during sleep (Vries, Ravesloot, & Van Maanen, 2014). Gideon has been smoking since he was 16years, suggesting that he is addicted to nicotine.

COPD impairs quality of sleep, further contributing to sleepiness, chronic fatigue, and poor quality of life. Compared to the general population, insomnia and daytime sleepiness is common in people with COPD (McNicholas, Verbraecken, & Marin, 2013;

Stephanie et al., 2018). Patients with wheezing or nocturnal cough experience difficulties maintaining or initiating sleep, resulting in excessive sleepiness during the day (Celik & Ozkan, 2018). COPD and depression have made Gideon sleep late at night and experience daytime sleepiness. Lack of adequate sleep interferes with Gideon's mental well-being, including cognitive decline, depression, and anxiety (Lotfaliany et al., 2013). Spiegelhalder et al.(2013) confirm that adults suffering from insomnia tend to be depressed and anxious. Therefore, cigarette use, age progression, and the presence of chronic conditions are disrupting Gideon's sleep. Addressing these issues is vital to improving Gideon's quality of life

1**.1. Biopsychosocial Factors**

1.1.2. **Biological –** Gideon sleeps late at night because of his medical condition (COPD). He finds it difficult to maintain or initiate sleep, an attribute that undermines his quality of life. Gideon's sleep quality is also threatened by his smoking habits. Addiction to nicotine interferes with a person's sleeping pattern (Brook et al., 2015)

1.1.3. Psychological– Smoking and COPD undermine Gideon's mental health because of sleep deprivation. His deteriorating health conditions, the predicaments in his life, along with inadequate sleep, are threatening his mental health. Gideon is depressed because of the great loss he suffered in his life (losing his soul mate) and his difficult upbringing. Therefore, smoking, COPD, and life stressors might further threaten his quality of life. According to Owens, Macrea, and Teodorescu(2017), COPD obstructs lower airways and its associated upper airway obstruction when sleeping. Nicotine will keep Gideon awake while his life stressors like the loss of his beloved, depression, and lack of job threatens his quality of life , including sleep.

2. Eating and Drinking

The second activity of living to be discussed is eating and drinking. Gideon is 69 years old, and eating healthy and drinking liquid is paramount to avoid dehydration and malnutrition. Dehydration and malnutrition result in poor health outcomes, along with increasing hospital stays, failed discharges, and high mortality rates (COPD British Lung Foundation, 2017). Therefore, better nutrition is necessary to reduce hospital stays and health complications.

Dehydration in older people like Gideon is due to the aging process that triggers the onset of psychological changes in the body. Physical frailty and health complications make older people at risk of dehydration (British Nutrition Foundation, 2015). For instance, Gideon looks dehydrated because his fluid intake is poor. He avoids drinking to minimize frequent toilet visits due to his breathlessness. Therefore, Gideon must be informed by healthcare providers of the importance of fluid intake to address dehydration and its associated complications.

Adequate nutritional status and diet determine the health of older people like Gideon. Insufficient nutritional status results in malnutrition in this population segment. Undernourishment is caused by poor appetite, inadequate dietary intake, weight loss, and muscle wasting (Rasheed &Woods, 2013). Gideon's undernourishment is due to his low socioeconomic status, smoking, and inadequate dietary intake, issues that are threatening his quality of life. Rijkers(2015) notes that adequate nutrition is necessary for the elderly population because it improves their chronic conditions, including diabetes and heart conditions. Gideon's diet is unhealthy because he eats toast and

butter every day. He feels that he cannot eat properly because of his shortness in breath. Gideon is at risk of becoming malnourished and dehydrated.

People with COPD are advised to limit their consumption of foods containing saturated and trans fats like butter (Lewthwaite et al., 2018). However, it is evident that Gideon lacks this knowledge because his meal comprises of butter and toasts, a situation that will worsen his condition. Also, he is a retired painter and stays alone, suggesting that he lacks adequate funds to purchase healthy foods like vegetables and fresh fruits. He also does not get essential services from the community, a challenge that contributes to his unhealthy eating. Gideon requires social support interventions like smoke cessation and nutrition to improve his health outcomes and prevent his condition from deteriorating further.

2. Biopsychosocial Factors

2.1.1. Biological – Gideon's breathlessness causes him to avoid taking liquid to avoid frequenting the toilet. COPD condition contributes to chronic fatigue, a factor that results in a poor quality of life. Due to weakness, he cannot roam the neighborhood in search of grocery stores that sale fresh fruits and vegetables.

2.1.2. Politicoeconomic – Gideon has retired and does not access support from the community. Although his COPD condition requires him to adhere to a strict diet, his socioeconomic status forces him to eat what he can afford despite being unhealthy. He is eating toast and butter, a diet that can worsen his condition further. The diet is also unhealthy because it lacks essential vitamins, thus increasing his vulnerability to inflammatory conditions and other infections associated with vitamin deficiency.

3.Breathing

COPD obstructs bronchial airflow, the reason behind Gideon's breathlessness. Maltais (2013) states that a person diagnosed with COPD condition displays symptoms like wheezing, breathlessness, and coughing. Others might experience nocturnal symptoms, such as sleep disturbance accompanied by airway constriction. In the elderly population, chronic obstructive pulmonary disease (COPD) is characterized by the deterioration in respiratory function. The situation is worsened by comorbid conditions like muscular deconditioning and cardiac disease (Jayadev & Gill, 2017). Gideon's breathing difficulties are caused by COPD and worsened by his smoking habit. His respiratory function is also undermined by his physiological and anatomical changes triggered by the aging process (Waugh & Grant, 2018; Peate, Nair, & VLeBooks, 2016). Additionally, his smoking habit contributed to his development of COPD conditions.

50% of smokers develop COPD, and it is advisable to stop smoking once diagnosed with the condition (Eklund, Nilsson, Hedman, & Lindberg, 2012). If Gideon does not stop smoking, he might damage his respiratory health, which might be irreversible. Crisafulli, Barbeta, Lelp, & Torres(2018) posit that intermittent cessation or smoking cessation reduces the decline in lung functioning caused by tobacco smoke while reducing exacerbations risks. Additionally, Gideon must access behavioral support, pharmacological treatments, and counseling to manage his condition. However, because of his nicotine dependence, Gideon might find it challenging to quit smoking.

3.1. Biopsychosocial Factors:

3.1.1 Biological: Gideon displays shortness of breath, the most prevalent symptom of COPD (chronic obstructive pulmonary disease).The situation is worsened by the declining functions of the lung due to smoking and aging (Carette et al., 2019). Breathless is also caused by the poor quality of life and physical inactivity. Gideon no longer plays gold or goes to church. He isolates himself and pushes away anyone who tries to befriend him. His diet is poor and is high of fat and calories, factors that are contributing to his deteriorating condition. Therefore, Gideon's breathlessness is caused by his physical inactiveness, poor quality of life, and COPD.

3.1.2 Physiological Factors: Gideon requires information and advice to promote a healthy lifestyle and aid breathing. He needs advice from medics on the importance of leading an active lifestyle and eating healthy foods. COPD patients must limit the intake of food with saturated fats, drink plenty of water to keep hydrated and eat foods that are rich in vitamins (Scoditti, Massaro, Garbarino, & Toraldo, 2019; Lewthwaite et al., 2018). However, Gideon is not observing these guidelines because of his unhealthy meals, including butter and toast. Additionally, he smokes indoor contributing to air pollution. Therefore, he needs counseling to quit smoking. Air pollution makes Gideon vulnerable to COPD exacerbations (Viniol & Volgelmeier, 2018). Gideon lives on his own in the modest council ground floor flat where the air quality is very poor due to toxic cigarette smoke as Gideon refrains from opening windows that naturally ventilate his habitable spaces. He, therefore, needs advise to modify his behaviors and lead a healthy lifestyle. As a COPD patient, continuous oxygen therapy will enhance his survival chances; boost his exercise tolerance, and quality of life (Branson, 2018).

Health and Social Care Agenda

Overview of the Aims of the Health and Social Care Delivery Plan

The primary objective of the Health and Social Care Delivery Plan (2016) is to support self-management, early intervention, and prevention of various health conditions among the Scottish population. The plan revolves around three agendas: Better care, Better health, and Better value.

Better Care: The plan ensures that every citizen access the right helps at the right time. The plan encourages healthcare providers to shift from just providing services to people to including them in their distinct aspects of support and care. The approach ensures that individuals are responsible for and regularly incorporated into their well-being and health. Ideally, patients must be offered the control, dignity, freedom, and choice over their care. For people with complex and chronic conditions, they must be helped and supported in managing their health conditions over the course of their lives. Their care plan should reflect their various needs.

Better Health: The plan advocates for the shift from fix and treat strategy to one that is founded on self-management, prevention, and anticipation. Preventable health conditions must be addressed before they exert a considerable health burden on Scotland's healthcare system. Collaboration between healthcare providers is a must in creating a culture that embraces healthy behaviours from childhood through adulthood. The plan also acknowledges the importance of mental and physical health and tackling conditions undermining one's health.

***Better Value*:** The Health and Social Care Delivery Plan (2016) concentrates on delivering value using the available resources. Balancing healthcare delivery in community care settings, hospitals, and individual homes is crucial in improving the

value of care accessed by individuals. People should remain in hospitals if they require specific treatment; otherwise they should access competent community care. However, people exert considerable burden on the existing community and primary services, requiring the healthcare system to redesign these services and ensure that they have adequate staffing, resources, and the right capacity. NHS Scotland plans to invest in the skills of its personnel and capacity to boost care delivery. Better care, better delivery, and better health, in combination aim to bring considerable changes and long-term sustainability in social and health care. They will also support continuous improvement of the wellbeing and health of the nation.

Gideon and Health and Social Care Delivery Plan

Chronic obstructive pulmonary disease (COPD) prevalence and its associated expenses exert a considerable financial burden on NHS, making it unsustainable. The Social Care Delivery Plan requires nurses and allied professionals to encourage self-management programs to enhance the sustainability of the healthcare system. Thus, the Social Care Delivery Plan underscores the importance of early intervention, prevention, and self-care. It also encourages the involvement of patients in their care plan to keep them healthy and out of the hospital. Gideon's condition has been deteriorating because he lacks information about managing COPD. He continuous to smoke, exposes himself to poor air quality, and eats unhealthy diets. The plan encourages healthcare providers to work with patients such as Gideon to support them in managing their complex health conditions.

Using the Social Care Delivery Plan, medics must work with Gideon to design an intervention plan that meets his needs. The plan should revolve around smoking cessation and self-management approaches like adhering to a healthy diet, being physically active, and adhering to treatment regimen. Health professionals must incorporate the Roper-Logan-Tierney Model for nursing to assess Gideon's response to their treatment intervention. The model assesses patient's progress rather that concentrating on patient's quality of life and independence (Rolland & Jenkins, 2019). The model(Roper-Logan-Tierney Model) help nurses identify areas that patients are unable to address alone such as quitting smoking, and design interventions to help them overcome the vice(Roper, Logan, Tierney, 2000).

Collaboration between medical professionals and Gideon to encourage optimal outcomes and self-management is recommended by the plan. Self-management provides Gideon with the skills and information needed to modify his behaviour and adhere to medical therapies to improve his health and well-being., and reduce the effect of chronic illness (Verbrugge, De Boer, & Georges, 2013; Brooker & Waugh, 2013). In the United Kingdom, emphasis is on behaviour change and personal responsibility rather than addressing societal-wide issues that might be contributing to Gideon's deteriorating health condition(Potvin & Jones, 2011; Thompson, Watson, & Tilford, 2018). Therefore, the application of the plan to Gideon will focus on psychosocial and mental support, pulmonary rehabilitation, and smoking cessation. Self-management will also be evident during consultations. Gideon will be provided with the needed support in managing his breathlessness, medicines management (rescue medication and

inhalers), enhancing positive lifestyle, preventing exacerbations, and signposting and referring him to community resources based on his needs.

Healthcare providers can also educate Gideon on the effective utilization of technology to monitor his condition. Technology –supported care initiatives provide patients with home exercising and real-time coaching to promote an active lifestyle and address exacerbations (Fraser, Page, & Skingley, 2013). The use of these approaches will instil confidence in Gideon because self-management is patient-oriented. Self-management is effective because it focuses on the preferences, interests, and strengths of Gideon. Health professionals must ensure that they respond to psychological, social, and physical needs of Gideon. Special attention should be in promoting his well-being, meeting his care and health needs, and preventing his deteriorating condition (Nursing & Midwifery Council, 2015 & 2018). Gideon must be helped to access necessary social and healthcare support and information.

Health Promotion Activities: Cessation Smoking and Support Groups for People with COPD

Gideon's COPD diagnosis requires him to enrol in a local support group to provide him with significant insights regarding his condition. He will also learn from people with a similar condition but leading a healthy and fulfilling life. Therefore, the two local or national health promotion services that relate to Gideon are Breathe Falmouth Club and NHS stop smoking support services.

How the Services Offered are Beneficial to Gideon

Local stop smoking support services by British Lung Foundation in Scotland will increase Gideon's chances of quitting smoking for good. The National Health Service

provides individuals with local specialists and pharmacy to aid in cessation smoking (British Lung Foundation, n.d). Gideon's local community pharmacy will provide him with a free stop smoking service. The advantage of this service includes flexibility, convenience, and availability (British Lung Foundation, n.d). The government has pharmacy services in every neighbourhood where individuals access their stop smoking medication as well as one- on- one support services that suit their needs. For instance, Gideon might choose to use these services during lunchtime or evening, depending on his schedule. The pharmacists are required to explain the effectiveness of the medication program and how they will assist the concerned person in quitting smoking. The medications vary and include Champix, inhalators, nasal sprays, or patches (British Lung Foundation, n.d). The pharmacist explains the benefits and side effects of each medication so that Gideon can choose that which meets his needs

Gideon can choose either I- to-1 or group stop smoking support in his local area. These services are based on a drop-in or appointment basis. The venues are easily accessible to individuals who wish to quit smoking, including hospitals, community centres, and pharmacy, or GP practice (British Lung Foundation, n.d). Group sessions are effective for those pursuing support from individuals facing similar challenges. The aim of this session is to ensure that individuals get support from like-minded people after the sessions, a strategy that will increase Gideon's chances of stopping smoking. The advisor in one to one support closely monitors the patient while addressing difficulties that clients encounter in their endeavour to quit smoking.

Gideon will benefit from the program because smoking increases his susceptibility to developing cardiovascular diseases and lung cancer. The session

pharmacological treatment and smoking cessation will boost Gideon's quality of life and improve symptoms. Smoking cessation will modify the clinical course of his condition by reducing all-cause mortality and declining pulmonary function. The program will reduce Gideon's chances of succumbing to his illness or tobacco-related health conditions.

The second service is registering with Breathe Falmouth Club. The club is suitable for individuals diagnosed with Chronic Obstructive Pulmonary Diseases and breathing problems. It is purely an exercise club and requires its members to adhere to their Pulmonary Rehabilitation Program from their local medical facility (Kernow Clinical Commissioning Group, 2020). The club regularly invites a private chartered physiotherapist to monitor the appropriateness of its exercise sessions. Gideon was greatly affected by the loss of his wife. He became depressed and isolated himself from the world. However, enrolling in this club will alleviate Gideon's presenting symptoms. Exercise will boost his energy levels, address depression, anxiety, and stress, improve sleep and self-esteem, as well as improve his breathlessness(Tabak et al., 2014; Ettema & Smajic, 2015; Emtner & Wadell, 2016). The club and the support group will be instrumental in transforming Gideon's deteriorating condition.

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