

Nursing Across the Lifespan: Implications of Lifecourse Theory for Nursing Research

Randi A. Bates, MS, RN, PCCN, FNP-C, CNP, Lisa M. Blair, BSN, RNC-NIC, Emma C. Schlegel, BSN, RN, Colleen M. McGovern, MPH, RN, Marliese Dion Nist, MS, RNC-NIC, Stephanie Sealschott, BSN, RNC-NIC, & Kimberly Arcoleo, PhD, MPH

Randi A. Bates, PhD Candidate, The Ohio State University, College of Nursing, Columbus, OH.

Lisa M. Blair, Predoctoral Fellow, The Ohio State University, College of Nursing, Columbus, OH.

Emma C. Schlegel, Predoctoral Fellow, The Ohio State University, College of Nursing, Columbus, OH.

Colleen M. McGovern, Predoctoral Fellow, The Ohio State University, College of Nursing, Columbus, OH.

Marliese Dion Nist, MS, Predoctoral Fellow, The Ohio State University, College of Nursing, Columbus, OH.

Stephanie Sealschott, Predoctoral Fellow, The Ohio State University, College of Nursing, Columbus, OH.

Kimberly Arcoleo, Associate Professor, University of Rochester, School of Nursing, Rochester, NY.

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Correspondence: Randi A. Bates, MS, RN, PCCN, FNP-C, CNP, The Ohio State University, College of Nursing, 1585 Neil Ave., Columbus, OH 43210;; e-mail: Bates.204@osu.edu.

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ABSTRACT

Despite the lifecourse focus of nursing clinical care, nursing research largely remains cross-sectional or process-oriented within silos determined by patient characteristics such as age, acuity, or disease process. Incorporating interdisciplinary lifecourse theory into pediatric nursing research provides the opportunity to expand nursing theories and research beyond practice, age, and disease silos. One such theory is the Lifecourse Health Development (LCHD) framework. LCHD takes a more expansive view of health development from preconception through old age based on the premise that health is a consequence of transactions between genetic, biological, behavioral, social, and economic contexts that change as a child develops over time (Halfon & Hochstein, 2002). LCHD also explains how intergenerational influences and prevention during early life help predict health development and disease over the lifespan. The preventive and lifecourse focus of LCHD is well-aligned with the lifespan wellness foci of pediatric nurses. The purpose of this article is to introduce pediatric nurse researchers to LCHD and discuss proposed augmentations and implications related to expanding LCHD into pediatric nursing research. *J Pediatr Health Care.* (2017) ■, ■-■.

KEY WORDS

Health development, lifecourse, nursing theory

INTRODUCTION

Nurses touch people at every point of the lifespan. Despite the lifecourse focus of nursing care, nursing theory and research have largely remained cross-sectional or process-oriented within silos determined by patient characteristics such as age, acuity, or disease

process. Interdisciplinary lifecourse theories have the potential to guide nursing research toward investigating mechanisms through which disease and health disparities develop, offering a powerful means of primary prevention during early life that is desperately needed in our compartmentalized and overburdened health system.

The Lifecourse Health Development framework (LCHD; Halfon & Hochstein, 2002; Halfon, Larson, Lu, Tullis, & Russ, 2014) is one example of a promising comprehensive lifecourse theory. The LCHD framework integrates biological, social, and environmental foundations of health to explain how factors during early childhood influence health outcomes later in life (Halfon & Hochstein, 2002; Halfon et al., 2014). Enriching our understanding of the mechanisms underlying health development across the lifespan offers significant potential for developing nursing interventions to ameliorate risk and enhance protective factors for individuals during early childhood. Consequently, introducing LCHD into pediatric nursing research offers an opportunity for expanding existing nursing theories into person-centered models of nursing care and research that move beyond practice and disease silos. This article presents an introduction to the LCHD framework, proposed LCHD augmentations, and LCHD implications for pediatric nursing research.

BACKGROUND AND INTRODUCTION TO LCHD

Theoretical foundations for LCHD date back to the late 20th century with work by physician David Barker and sociologist Glen Elder, Jr. Barker's epidemiologic studies (Barker, 1995; Barker, 1998) showed that low birth weight predicted cardiovascular disease in middle adulthood, which informed the theory on the fetal origins of disease (Barker, 1995) and later the developmental origins of health and disease theory (Gluckman & Hanson, 2004). The developmental origins of health and disease theory focuses on biological development from preconception to birth and serves as a theoretical foundation for pediatric nursing research (Cota & Allen, 2010; Thiele & Anderson, 2016).

Elder (1998) built an integrated ecologic systems model examining changing life trajectories by leveraging longitudinal studies of children who were developing during the sociocultural and economic turmoil of The Great Depression. According to Elder (1998), contextual effects accumulate over time, influencing the trajectory of human development. These early theoretical foundations would later form the theoretical underpinnings of LCHD.

OVERVIEW OF LCHD

Halfon & Hochstein (2002) and Halfon et al. (2014) incorporated these theories and expansive multidisciplinary empirical work into LCHD, yielding a coherent,

interdisciplinary perspective on health development across the lifespan with a focus on early life exposures and experiences. LCHD is a lifecourse theoretical framework that explains how health develops across the lifecourse, through the accumulation of risk and protective factors (Figure) and enables one to adapt to unexpected challenges. LCHD defines health development as a dynamic trajectory that continuously shifts across the lifecourse and is based on six tenets (Table). LCHD purports that early lifecourse risk and protective factors influence overall health and disease trajectories, challenging the notion that adult disease mainly results from acute influences. These risk and protective factors arise from complex, multilevel processes, encompassing a wide range of determinants, from biology to policy (Halfon & Hochstein, 2002; Halfon et al., 2014).

LCHD typifies periods of development as important considerations of how health trajectories develop. Specifically, the period of conception to early childhood is particularly sensitive to the complex, multilevel risk and protective factors that subsequently influence health development. Providing early intervention to ameliorate risk and enhance protective factors during this crucial pediatric developmental period allows children to start with the biological capacity to achieve optimal health and prevents the need for aggressive, often costly, interventions later in life (Shonkoff, 2010).

For example, early exposure to toxic stress resulting from abuse or neglect "primes" the child's stress response to habitual overactivation, thereby affecting the structure and function of the developing brain (Shonkoff, 2010; Shonkoff et al., 2012). Further, the Adverse Childhood Experiences Study showed that childhood adversity predicts numerous adverse health outcomes such as adult depression, heart disease, substance abuse, and cancer, which are all potentially preventable contributors of early disability and mortality (Felitti et al., 1998). Similarly, adolescence is recognized in LCHD as an important developmental and transitional life stage that further lays the foundation for adult health behaviors and outcomes (Halfon & Hochstein, 2002). During adolescence, social contexts and networks play an increasingly important role in health development (Halfon & Hochstein,

LCHD purports that early lifecourse risk and protective factors influence overall health and disease trajectories, challenging the notion that adult disease mainly results from acute influences.

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