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EXPERIENCE OF PATIENTS SUFFERING FROM OBESITY IN THEIR CONTACT WITH NURSES

DOŚWIADCZENIA PACJENTÓW CHORYCH NA OTYŁOŚĆ W KONTAKTACH Z PIELĘGNIARKAMI

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A – Koncepcja i projekt badania, B – Gromadzenie i/lub zestawianie danych, C – Analiza i interpretacja danych, D – Napisanie artykułu, E – Krytyczne zrecenzowanie artykułu, F – Zatwierdzenie ostatecznej wersji artykułu

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Abstract (in Polish):
Cel pracy
Wzrost liczby zachorowań na otyłość w krajach wysokorozwiniętych i rozwijających się stanowi złożone wyzwanie dla lokalnych systemów opieki zdrowotnej i pracujących w nich specjalistów. Zadania pielęgniarki rozumiane jako przygotowanie pacjenta do podjęcia leczenia oraz wsparcie w trakcie terapii wymagają kształtowania odpowiednich kompetencji uwzględniających potrzeby pacjentów. Celem pracy było zbadanie jakie doświadczenia mają pacjenci chorujący na otyłość w kontaktach z pielęgniarkami.

Materiał i metody
W ogólnopolskim badaniu zapytaliśmy 621 chorych na otyłość (BMI>30) o ich doświadczenia i oczekiwania w relacjach z pracownikami instytucji medycznych. Badanie przeprowadzono metodą CAWI na podstawie autorskiego kwestionariusza ankiety.

Wyniki
Gotowość do podjęcia leczenia deklaruje 70% respondentów. Tylko 19% badanych rozmawiała na temat otyłości z pielęgniarką lub położną ale aż 51% zgłosiła niestosowne zachowanie z ich strony. Aż 83% pacjentów ujawniło, że czuje się gorzej traktowana przez personel medyczny w porównaniu do chorych o prawidłowej masie ciała.

Wnioski
Większość badanych deklaruje chęć podjęcia leczenia otyłości. Jednak ze względu na wcześniejsze niepowodzenia w redukcji masy ciała wymagają odpowiedniego wsparcia ze strony personelu medycznego. Pielęgniarki powinny częściej podejmować rozmowę na temat otyłości pacjenta, koncentrować się na przekazywaniu informacji o różnorodnych metodach diagnostycznych i terapeutycznych oraz na wsparciu pacjenta w takcie leczenia. Szkolenie pielęgniarek w zakresie komunikacji z pacjentem chorym na otyłość powinno uwzględniać edukację antydyskryminacyjną.

Abstract (in English):
Aim
An increase in the number of obesity cases is a complex challenge for the local health care systems and the specialists who work there. Nurse's tasks understood as preparing a patient for starting his or her treatment and providing support during therapy require developing proper competences which take into account the needs of patients.

Material and methods
In the national study, we have asked 621 patients with obesity (BMI>30) about their experience and expectations in their relations with the employees of medical institutions. The study was conducted with the use of the CAWI method, based on an original, self-prepared survey questionnaire.

Results
70 per cent of the patients who have responded to our survey declared they were ready to begin obesity treatment. Only 19 per cent of them had spoken to a nurse or a midwife about obesity but as many as 51 per cent reported inappropriate behaviour on their part.

Conclusions
Most of the participants of our study have declared their will to start obesity treatment. However, due to previous failures to reduce body mass, they require a proper support from medical staff. Nurses should initiate dialogue concerning a patient's obesity, focus on providing information concerning various diagnostic or therapeutic methods. The training in communication with a patient who suffers from obesity should include anti-discrimination education.

Keywords (in Polish): otyłość, leczenie otyłości, zarządzanie wagą, komunikacja pielęgniarka-pacjent.
Keywords (in English): obesity, obesity treatment, Weight management, nurse-patient communication.

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Background

To reduce the scale of obesity's pandemics, many guidelines were introduced on the public health level [1]. What needs our particular attention is developing effective methods for individualised therapeutic interventions. This results not only from the fact that obesity is connected with a whole array of concomitant chronic diseases [2]. The equally significant problem of discrimination is definitely a serious barrier which makes effective diagnostics and therapy much more difficult. Especially if a patient's stigmatization comes from members of medical staff [3-4]. The patients themselves also reveal that the traditional approach to treating overweight and obesity often proves ineffective from their point of view [5].

In the source literature you can find few reports which analyse the key role of nurses in obesity management [6]. Therefore, it has become our goal to prepare puhlguidelines which nurses could use during their work with patients who suffer from obesity. Having made a reference to the knowledge analyses and the attitudes of patients with obesity, we have been trying to develop practical recommendations thanks to which, as we believe, the role of nursing care in obesity management could be increased and, at the same time, the treatment quality could be improved.

Material and methods

The purpose of the national survey was to collect opinions and experiences of obesity patients concerning their relations with medical staff. The study focused on the indexes of contact with medical staff which took into account the following factors: patient's comfort (subjectivity, respect, atmosphere of privacy) communication (active listening, offering various services, non-reductionist approach to health) and support (holistic approach to the patient including emotional and information support). Apart from that, we were interested in the extent to which the responsibilities which are a part of the role of a patient were fulfilled. That includes: searching information, undertaking actions, therapeutic logistics, degree of adhering to the medical staff's recommendations, monitoring the condition and level of determination to improve health. This article presents partial results of the study concerning selected indexes of communication, comfort and responsibilities connected with the role of a patient.

Quantitative data was gathered with the use of the Computer-Assisted Web Interview (CAWI) method in the period between February 2018 and March 2019. The digitalised original, self-prepared e-survey was posted on a professional website dedicated to scientific studies (www.e-badania.pl) which guaranties respon-

dents complete anonymity and data safety. No sensitive data was collected during the survey. Respondents could withdraw from participating in the survey at any moment as they were filling the questionnaire in. Only fully completed questionnaires were taken into account in the analysis.

The study has received an approval of Independent Bioethics Commission for Research at the Medical University of Gdańsk. Information about the study was spread among the potential respondents via electronic media and leaflets which were distributed in medical institutions.

The survey consisted of 18 closed-ended questions, 8 semi-open questions and 8 demographic questions (socio-demographic and health variables).

The study was of an inclusive character. The eligibility criteria were age (over 18 years old) and obesity based on the BMI index > 30. To check it, in the introduction to the survey, we asked the respondents about their weights and heights.

The data gathered underwent collective statistical analysis with the use of the IBM SPSS v.26 software. Pearson's Chi-squared test was used for analysing the correlation between discontinuous variables and the statistic heterogeneity of the groups. The difference for $p<0.05$ was assumed as statistically important. This paper reflects one part of the whole study. From the results we have received, we selected those which, in our opinion, could prove useful in nursing practice.

684 patients with obesity participated in the national survey. 621 of the statements fulfilled the criterion of inclusion into the analyses. The use of the CAWI method resulted in an overrepresentation of women, who constituted no fewer than 88 per cent of the respondents, as well as people with higher education (57%). Every third respondent (35%) was a high school graduate, every twentieth (5%) a vocational school graduate. The remaining 2.5% were people with junior high or primary school education. The largest number of respondents (56%) were 30-45 years old. Just under every fourth (24%) were 46-60 years old and every sixth (17%) was a person under 30 years old. Patients of over 61 years old were the least numerous group (3%).

In the self-assessment of their health, most of the respondents stated that their general condition was rather good (56.5%) or very good (5%). 27 per cent of the respondents provided negative assessments of their condition while 11.5% chose the ambivalent assessment (neither good nor bad). We have also asked the patients if they had any other chronic diseases, apart from obesity. One in three respondents declared that obesity was the only disease they suffered from. Most of the respondents had concomitant conditions. Most often these were: endocrine gland disorders (37%), especially thyroid disorder and insulin resistance, blood and cardiovascular diseases (30%), including hypertension, as well as musculosceletal diseases (11%) like degenerative changes of knees and spine.

In every second patient (50%) the BMI index was 40 or higher, which is tantamount to class 3 obesity. 22 per cent of the respondents suffered from class 1 obesity (BMI=30-34.99) and 27% were patients with class 2 obesity (BMI=35-39.99).

Results

Readiness to start obesity treatment

Most of the patients (81%) admitted that they did not approve of their obesity. Importantly, the lack of inner acceptance of the disease is not tantamount to the will to start treatment. Such readiness is declared by 70% of the respondents and it is done more frequently by he patients who do not accept their obesity than by those who have accepted it (Table 1).

Table 1. Akceptacja otyłości a **chęć podjęcia jej leczenia**
Acceptance of obesity and the will to start obesity treatment

Declaring the will to be treated N (%)	Acceptance of obesity N (%)		Total
	Yes	No	
Yes	111 (17.9)	323 (52.0)	434 (69.9)
No	6 (1.0)	181 (29.1)	187 (30.1)
Total	117 (18.9)	504 (81.1)	621 (100)

During the analysis we noticed a correlation between lack of acceptance of a patient's obesity and the health variables like subjective general condition assessment and occurrence of other chronic diseases. Among the chronically ill, as many as 83.5% do not accept their obesity. In the group of respondents with no other chronic diseases, the fraction of those who do not accept their body mass was lower and amounted to 77% (statistics: Chi^2=4.027; df=1; p<0.045). Similarly, the respondents who assessed their condition as rather bad and very bad or neither good nor bad were more likely not to accept their obesity (87%), compared to respondents who assessed their general condition as very good or rather good (78%; statistics: Chi^2=7.356; df=1; p<0.007).

It is worth adding that there is a correlation between the occurrence of chronic diseases in the respondents and the subjective condition assessment. Most of the respondents who suffered from no chronic diseases evaluated their general condition as rather good and very good (83%), compared to half of patients with chronic diseases who provided such assessment (50%; statistics: chi^2=64.813; df=1; p<0,001).

Failures in body mass management

The body mass management methods used most frequently by the respondents were unassisted change of diet (98%) and an attempt to increase physical activity (92%). Diet modification supervised by a dietician was declared by 78%. A comparable number used slimming agents (72%).

Effective management of excess body mass management should be based on solid knowledge about the disease and the methods of its treatment. Therefore, we have asked the respondents what subjects were mentioned by medical staff during the conversation about their obesity. Most frequently, the respondents who had had such a conversation (n=494) were informed about the need to have a dietary consultation and to increase physical activity. The information about the possibility to receive psychological assistance, a multidisciplinary obesity treatment or pharmacological treatment was provided less frequently (Table 2)

Table 2. Tematy poruszane przez personel medyczny w **trakcie rozmowy** o **otyłości**
The subjects mentioned by medical staff during the conversation about obesity

Has the medical staff indicated the following during the conversation about obesity:	Yes N (%)	No N (%)
Additional sources of knowledge	77 (15.5)	417 (84.4)
Possibility of multidisciplinary obesity treatment	91 (18.4)	403 (81.6)
Possibility of receiving psychological assistance	96 (19.4)	398 (80.6)
Specialized obesity treatment facility	125 (25.3)	369 (74.4)
Possibility of using pharmacological treatment	157 (31.8)	337 (68.2)
Need for further diagnostics	190 (38.5)	304 (61.5)
Possibility of a bariatric surgery	230 (46.6)	264 (53.4)
Possible treatment methods	276 (55.9)	218 (44.1)
The need to consult a dietetitian and to increase physical activity	395 (80.0)	99 (20.0)

Most frequently, the patients had conversations about obesity with their primary care physicians (78%) or doctors of different specializations including endocrinologists, bariatric surgeons, cardiologists, gynaecologists and orthopaedists (74%). Only every fifth respondent (19%) talked about the disease to a nurse. As many as 127 respondents have not talked to medical staff about their disease. It is an alarming number, especially as over half of these patients (n=86) have reported other chronic diseases.

Internet as the main source of information about obesity

As a chronic disease, obesity usually takes years to develop. A patient obtains information about it gradually. 90 per cent of the patients evaluated the level of their knowledge about health consequences of obesity as high or rather high and 80% assessed their knowledge about the causes of the disease as high.

Electronic media were the main source of information about obesity. 84 per cent of the respondents used websites, 40% participated in online forums and 5 per cent watched YouTube channels dedicated to this subject. Only 30% of the respondents named medical staff or scientific publications as a relevant source of knowledge about their disease. The study has revealed that only 16% of the respondents received information concerning additional sources of knowledge about their disease.

Assessment of relations with medical staff

A majority of the respondents are of the opinion that medical staff treats patients with obesity worse than patients with normal body weight. Half of the respondents (51%) have experienced inappropriate behaviour of a nurse or a midwife. The most frequent types of behaviour were dismissive remarks, disgusted grimaces or gesture of disapproval. Over half of the patients have been told by the medical staff that their obesity made medical interventions more difficult or impossible. Such comments most frequently accompanied diagnostic tests like taking blood samples, x-rays or performing ultrasounds. 34 per cent heard complaints about their weight during care (washing, wound dressing, carrying onto a bed).

Another indicator of patients with obesity receiving worse treatment is the issue of a patient's health problems being ignored or justified because of his or her obesity. Being in such situation multiple times was reported by half of the respondents (54%) and every third respondent was in such situation occasionally.

No fewer than 78% report that they were blamed for their obesity in an unpleasant way by members of medical staff. Two out of five experienced medical staff threatening that their condition would deteriorate if they did not lose weight. We have noticed a correlation between ignoring a patient's health problem and subjective sense that patients who suffer from obesity receive worse treatment (Table 3).

Table 3. Doświadczenie niestosownego zachowania ze strony personelu medycznego a **poczucie gorszego traktowania pacjentów** z **otyłością**
Experience of medical staff's inappropriate behaviour and the feeling that patients with obesity receive a **worse treatment.**

Assessment of the medical staff's attitude towards patients with obesity	Experience of inappropriate behaviour of medical staff due to obesity	
	Yes	No
Patients with obesity are treated worse than those with normal weight	93.4%	32.4%
Patients with obesity are not treated worse than those with normal weight	6.6%	67.6%

*Statistics: chi^2=232.513; df=1; p<0.001

Discussion

Proper communication with a patient is the basis of effective medical proceedings [7]. The applicable guidelines which refer to obesity treatment in adults include the multidimensionality of the therapeutic process. Starting with recommendations concerning diet and physical activity through behaviour-modifying therapy (CBT – cognitive behavioural therapy), psychological assistance, pharmacological treatment to bariatric surgery [8]. There are ample recommendations on detailed duties of medical staff concerning obesity management [9-10]. It is emphasized in publications on the discussed subject that determining the goal of the obesity treatment, patient's education or providing motivation and support in the process of losing weight are among the nurses' crucial tasks [6, 11].

Our research revealed that the information provided to Polish patients by medical staff is frequently limited to pointing out the need to change eating habits and increase physical activity. Less than every fifth respondent (19%) got the information about the possibility to receive psychological help, 32% found out about pharmacological treatment and 47% about the bariatric treatment. Apart from that, only 30% named medical staff as an important source of information about obesity and 16% named additional sources of information about the disease. This may mean that the European guidelines concerning clinical protocol for obesity patients have not been effectively implemented in Poland. The results of research conducted in other countries also revealed lack of medical staff's proper training for treating obesity. A study of British nurses (N=564) revealed their insufficient training concerning the management of patients' obesity. Only practice nurses reported substantial clinical activity in obesity management, accounting for almost 5% of their contracted hours [6]. In Switzerland an online survey which was conducted on 834 doctors and nurses revealed a frequent lack of knowledge and confidence in diagnosing obesity. 55 per cent of respondents believed that they were not prepared for obesity management sufficiently and did not know how to calculate body mass index [12]. This situation could be caused by both doctors' and nurses' insufficient

knowledge and competences in obesity management as well as systemic limitations like shortage of time for educating patients or lack of proper diagnostic equipment.

In spite of insufficient engagement of medical staff in communication with the patient concerning obesity, the patients assess their knowledge on the subject as high. Our research has revealed that the largest number of respondents provided positive assessments of the information they had concerning health consequences of obesity (90%) and causes of the disease (80%). The respondents were the most likely to report insufficient information concerning physiotherapy procedures (42.5%), the rights of patients with obesity (34%) and the possibility to get help from a psychologist (23%) and self-help groups (28%). Other researchers have also revived results which reflected a high level of knowledge about the consequences of obesity. Winston et al. [13] tested the knowledge of 410 dark-skinned and Hispanic patients with obesity. It turned out that a vast majority was aware of the risk of developing diabetes (96%), hypertension (94%), high cholesterol level (91%), joint pain or inflammation (89%) and sleep apnoea (89%) connected with obesity. Only the knowledge concerning increased breast cancer risk in women turned out to be insufficient. It was also shown that having the information concerning health risks connected with obesity is not significantly connected with successfully losing weight. Our data reflects a similar correlation. Most of the respondents regarded their level of knowledge on the disease's consequences high. At the same time, they had undertaken ineffective actions aiming at body mass reduction like unassisted change of diet (98%) or increasing physical activity (92%). As the level of knowledge about health effect of obesity is relatively high and it does not correlate with lasting body mass reduction, nursing intervention cannot be limited to increasing the knowledge about the effects of the disease. It should focus on various diagnostic and therapy methods as well as regular assistance for a patient in gradual body mass reduction.

The patients who are sceptical about the treatment (30%) may be a particular challenge for medical staff. In their case, a matter of fact piece of information is not enough. It is necessary to find out where the patient's doubts come from and then to provide effective information and emotional support which will result in a change of attitude.

Discrimination of patients with obesity is a particular barrier which hinders obesity treatment. Numerous reports emphasize the ubiquity of negative generalisations concerning people with excess body mass. The prejudice may take the form of discrimination in the work environment, education and medical institutions. Studies involving medical staff have revealed prejudice occurring in various medical professions: doctors, nurses, nutritionists or psychologists [14-16]. The problem has been noticed in Poland too. In the research by Sińska and her collaborators conducted on doctors (n=100) and nurses (n=200) working in hospitals it was noticed that every fifth nurse and every fourth doctor experienced negative emotions at the sight of a patient with obesity. Apart from that, most of the respondents (72% of the nurses and 51% of the doctors) were aware of discriminatory behaviours towards patients occurring [17]. In our research, most of the respondents (83%) were of the opinion that patients with obesity received worse treatment compared to patients with normal body mass. An analogous group reported inappropriate behaviour of medical staff, most of which came from a doctor (90%, n=513) as well as nurses and midwives (51%, n=513).

Patients with obesity are a group of patients which is easy to identify. Nursing staff often sees "different" patients who require "different" care as difficult to bear and burdening, in the resource system which is limited anyway [18]. For this reason, anti-discrimination training should be a part of nurses' education which prepares them for the care of patients with obesity.

Conclusion

Most patients declare a will to start obesity treatment. Such attitude is most frequently declared by people who do not accept their disease, respondents with other chronic diseases and people who provide a negative or ambivalent assessment of their condition. The results of our research showed that medical staff usually recommends for patients suffering from obesity to use the body mass reduction methods based on eating habits modification and physical activity increase. Limiting the recommendations solely to the two aspects connected with a patient's lifestyle is insufficient and does not bring the desired effects. Medical staff is not used sufficiently as a source of knowledge about the disease. In our opinion, an increase in the nurses' engagement in preparing a patient for undertaking treatment could be a significant element which would increase obesity treatment's effectiveness. In order to do this, educating nurses for work with patients who suffer from obesity is necessary. It is also important that nurses can indicate sources of information and emotional support during the gradual, long-lasting body mass reduction. Educational activities aimed for nurses should therefore include information about the unique psychosocial character of the disease and the available methods for diagnosing and treating obesity. Apart from that, the training in communication with a patient who suffers from obesity should include anti-discrimination education.

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