



Healthcare Workers' Experiences of Strategies in Caring for Patients with Obesity: A Qualitative Content Analysis

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Abstract

Background: Healthcare workers try their best to deal with the challenges of caring for patients with obesity (PWO). However, no study has addressed the strategies used in taking care of PWO. Healthcare workers' experiences of these strategies can facilitate the challenges of caring for these patients. This study aimed to explain healthcare workers' experiences with the strategies used in the care of admitted PWO.

Objectives: This study aimed to explain healthcare workers' experiences of the strategies used in caring for PWO.

Methods: A conventional content analysis (Graneheim and Lundman's approach) was conducted during 2018-2021. A total of 25 personnel (including nurses, physicians, and nursing assistants) who experienced working with PWO at least for three years in two large teaching hospitals in Iran were selected by purposeful sampling. Semi-structured interviews were conducted to collect the data and the MAXQDA software (version 10) was used to analyze them.

Results: The findings introduced help-seeking to provide care as the most important strategy used by healthcare workers to deal with the challenges of caring for PWO. The four categories included help-seeking in performing clinical procedures, help-seeking in general care with assistance, help-seeking in the patient's treatment course, and help-seeking for patient safety.

Conclusion: Healthcare workers, particularly nurses, seek help from others to meet all the care and treatment needs of patients and provide better care with the least negative consequences for patients and themselves.

Keywords: Caring challenges, Help-seeking, Nurses' experience, Obesity

1. Background

The World Health Organization report suggests 1.9 billion and 650 million adults are living with excessive weight and obesity in the world, respectively (1). Patients with obesity (PWO) stay in hospital (2) due to non-communicable diseases (3), and nurses have to handle challenges even when providing the most basic nursing care for these patients (4). Examples of difficult patient care situations include measuring blood pressure, monitoring hemodynamics, positioning, bathing (5), transferring the patient (5, 6), intubating or inserting tracheostomy and a laryngeal mask airway (7, 8) palpating the carotid pulse during resuscitation, as well as performing CPR (4) and venipuncture (5). Fat tissue, patients' large size (6), and the lack of treatment-care facilities appropriate to their weights (5, 9, 10) are the most common causes of patient care challenges, which have consequences for both nurses (such as increased workload (11), fatigue (12), and back injury (13)) and patients such as falling from the bed during difficult movements (14), fracture, head trauma, skin damage, and bedsores, which can cause patient safety incidents (15).

Most studies have been conducted on the quality

of life (16), nurses' attitudes toward obesity (17), the management of patients' obesity (18), weight-related bias in care (19), challenges of caring for PWO in healthcare settings (20), the relationship between weight, self-confidence, obesity stigma, and withdrawal from healthcare (21), the attitude of nursing students toward the false beliefs about obesity (22), the lived experience of obese women (23), the process of self-management of obesity in Iranian women (24), hidden harm in overweight women (23), obesity management challenges in nurses' actions (25), the stigma of weight gain in nurses (26), the management of social disrespect during the care of PWO in the ward (27), and PWO care challenges (10).

Several studies have investigated the problems of care and weight control strategies in POW, and few studies are available about solving PWO care problems. Since equipment, facilities, and personnel are assigned differently in each clinical setting, people may use different methods to solve organizational (care) problems. The question that arises is what strategies do healthcare workers use in solving the challenges of caring for PWO? Therefore, it is essential to identify nurses' strategies in clinical settings by investigating their experiences in facing PWO care problems. Moreover, some countries are

similar to Iran in terms of clinical environments, facilities, and the distribution of human resources; therefore, it can also be useful for their clinical planning. The researcher experienced the challenges of caring for PWO in large hospitals of Mashhad and noticed that medical facilities and equipment available in the hospitals were inadequate for PWO because of their large sizes.

2. Objectives

This study aimed to explain healthcare workers' experiences of the strategies used in caring for PWO.

3. Methods

Conventional content analysis was used in this qualitative study, which provided direct information about participants without imposing preconceived categories (28). To collect the data, interviews were conducted with 19 nurses, 2 nursing assistants, and 3 doctors working in two large hospitals affiliated with Mashhad University of Medical Sciences from 2018 to 2021. Participants had at least three years of experience in clinical work, care provision to PWO, and willingness to express their experiences. They were selected through purposeful sampling.

First, the researcher asked participants questions about general personal information, such as age, work experience, and their experiences of providing care to PWO. After that, the following open-ended questions were asked: Would you describe your experience of caring for PWO? What challenges did you face while providing care to them? How did you handle those challenges?

The interviews were recorded in a quiet, suitable environment without the presence of others. The time and place of the interviews were determined according to the participants' preferences. When repeated concepts were obtained in the interviews (data saturation), data collection was complete, and no more interviews were conducted.

To observe ethical considerations, the participants were assured that their information would be kept anonymous and confidential and they could withdraw from the study at any time. They signed an informed consent form allowing the researcher to record the interviews. The time range of the interviews was 15-62 min. After listening several times to achieve deep perception, the researcher transcribed the interviews verbatim.

Inductive analysis was used, which refers to detailed readings of raw data, meaning that the interviews were analyzed without any preconceived notions. The MAXQD software (version 10) was used to analyze the data.

Data were analyzed according to Graneheim and Lundman's (2004) qualitative content analysis method. The unit of analysis in this study was the entire interview, and sentences were meaning units. After extracting the primary codes, comparing the codes, and categorizing them into primary categories, subcategories, categories, and themes were formed. Data were reported in the form of meaning units, codes, subcategories, categories, and finally, the main theme (18). The steps in this study included interviewing, extracting the primary codes, categorizing the codes, and forming subcategories, categories, and the main themes (Tables 1 and 2). Guba and Lincoln's criteria (credibility, dependability, confirmability, and transferability) were used to assure data trustworthiness. There was also a lengthy data collection, member check, use of samples with maximum diversity in terms of work experience and workplace, the review of interview texts with codes and categories by the research team and external observers, description of the research process, accurate description of the research context and the characteristics of participants, data collection, data analysis, and the attempt to report true and fair opinions of participants and express their real world in this study.

4. Results

The research participants were 19 nurses (16 female and 3 male nurses with bachelor's and master's degrees), 3 specialists, and 2 nursing assistants (Table 1).

The extracted concepts refer to help-seeking in various problematic situations for hospitalized patients. Help-seeking helped solve difficulties in performing specialized clinical procedures, meeting the patient's general needs and treatment, as well as maintaining patient safety.

The findings indicated that help-seeking to provide care was the most important strategy used by healthcare workers when dealing with the challenges of PWO care. The four categories included help-seeking in performing clinical procedures, help-seeking in general care, help-seeking in the patient's treatment course, and help-seeking for patient safety (Table 2).

Table 1. Demographic characteristics of the participants

Description	Nurses Mean±SD	Physicians Mean±SD	Nursing assistants Mean±SD
Age range (years)	25-55	27-43	25-35
	36±9.04	37.3±7.9	30±5
Work experience (years)	11.25±6.75	11±3	9.5±5.5

Table 2. Summary of the formation process of subcategories, categories, and theme abstraction

Subcategory	Category	Theme
Help-seeking in vein access Help-seeking in dressing Help-seeking in the catheterization of the bladder Help-seeking in cardiac resuscitation Help-seeking in the protection of patient safety Help-seeking in assessing vital signs Help-seeking in meeting hygienic of patients' needs	Help-seeking in performing clinical procedures	Help-Seeking in care
Help-seeking in moving and transferring patients Help-seeking in the elimination of patients' needs Help-seeking in skincare	Help-seeking in general care	
Help-seeking in performing diagnostic tests Help-seeking in rehabilitation Help-seeking in using medical equipment	Help-seeking in the patient's treatment course	
Help-seeking in observing the patient's clinical condition constantly Help-seeking for interventions care Help-seeking for preventing falls	Help-seeking for patient safety	

3.1. Help-seeking in performing clinical procedures

One of the healthcare workers sought help due to his/her insufficient skill, inability to perform the procedure, and the procedure difficulties, including vein access, dressing, catheterization of the bladder, cardiac resuscitation, and the protection of patient safety. One of the participants stated:

"The patient had such a big abdomen that I could not massage his heart alone. Two nurses stood on his both sides so that they could press the chest for CPR." (N, 13)

"I remember a patient with obesity that I could not intubate because he had a short neck and I required a lot of energy and skill. I sought help from one of the anesthesiologists." (D, 1)

3.2. Help-seeking in general care

Healthcare workers sought help to meet patients' needs in moving, positioning, and assisting them with elimination, transferring them from the stretcher to the wheelchair, bed, ambulance, and ward, changing the beddings, taking care of their skin, bathing them, and using the bedpan. Patients' heavy weights and disabilities, the nurse's inability to handle them alone, and the lack of equipment were reasons for help-seeking to meet patients' general needs. One of the participants stated:

"We had no equipment to transfer the ICU patient from a stretcher in the operating room to bed. We sought help from her companions, so three men helped us move the patient; we had to ask four individuals to help us change the beddings." (N, 8)

3.3. Help-Seeking in the patient's treatment course

Healthcare workers sought help from others to perform diagnostic tests, as well as physiotherapy, and use medical equipment for patients. Their colleagues' skills in performing diagnostic tests, such as echo, and the patient's inability to cooperate in the diagnostic test were the reasons that healthcare workers sought help from others. One of the

participants stated:

"The physiotherapist could not handle it alone, so we tried to help him." (N, 7)

"We have to put patients in a sitting position and tap their backs every four hours because they are unable to sit alone. As we are weak to put them in the sitting position alone, we place the head of the bed upper than the feet and ask patients to put their hands on guardrails and sit; we seek help from 3-4 nursing assistants to tap their backs and make them cough." (N, 14)

3.4. Help-seeking for patient safety

Healthcare workers sought help from patients' companions due to the lack of personnel, the multiple needs of PWO, and the need for continuous patient monitoring, including maintaining the nasogastric tube (NGT) and urinary catheters, preventing falls, and observing the patient's clinical condition constantly. One of the participants stated:

"The patient had fallen because we did not allow his companion to be at his bedside, so we asked two of his companions to take care of him in the following days." (N, 1)

"Unfortunately, we lack nursing assistants in the department to help provide care and monitor patients. We ask patients' companions to be at patients' bedsides and ask them to position their patients for preventing bed sores and not to allow the patients to remove the NGT." (N,10)

5. Discussion

Based on the findings of the present qualitative study, help-seeking to provide care was a dominant strategy used by healthcare workers when caring for PWO. It was difficult and sometimes impossible for them to care for these patients alone, so they needed help from others to provide better and more reliable care.

The four main categories extracted from this study are help-seeking in performing clinical

procedures, help-seeking in general care, help-seeking in the patient's treatment course, and help-seeking for patient safety. These findings indicated that healthcare workers tried to provide proper care to patients by seeking help from other colleagues and patients' companions.

5.1. Help-seeking in performing clinical procedures

Healthcare workers must be very skilled when caring for PWO to be able to perform tasks such as measuring blood pressure, performing venipuncture, and examining them (11). Sometimes the quality of PWO care is low due to healthcare workers' inability (29), insufficient skills or training, the lack of healthcare workers, the lack of the necessary equipment (30), the need to spend a lot of time, and the increased burden of care (11). Therefore, other healthcare workers with enough skills and capabilities help. Pritts (2020) and Ausserhofer et al. (2021) introduced teamwork development for better care and the prevention of adverse health outcomes to decrease missed nursing care and promote patient safety (8, 31).

5.2. Help-seeking in general care

Most nurses ignored patients' positioning, oral care, feeding, medicine administration, and training (32) because it was difficult to position PWO, who were unable to move (33). According to McClean et al., healthcare workers were unable to position, bathe, transfer, and change the clothes and dressings of PWO, such that 46% of the nursing assistants were injured while positioning these patients, and 40% reported back pain. An unconscious PWO needs more than five healthcare workers to position him/her. It was also reported that training for a two-person lift is ineffective, but a lift team has been successful in reducing injuries by 38% (12). They supported the category of help-seeking in general care, which allowed for better patient care and prevented injury to healthcare workers.

5.3. Help-seeking in the patient's treatment course

According to O'Keeffe (2016), obesity is a complex and challenging situation that requires professional skills and experiences and a team care approach (34). In some situations in this study, healthcare workers were unable to treat PWO in hospitals, so they sought help from others due to the complex clinical situation of the patient, inappropriate medical equipment, and insufficient skills.

5.4. Help-seeking for patient safety

Meeting the multiple needs of a PWO requires a lot of time and energy, leading to the personnel' fatigue. Factors such as healthcare workers' insufficient skills and lack of time to continuously monitor and care for PWO threatened complete and permanent patient care. Zardasht et al. (2020)

demonstrated that lack of time was the reason for healthcare workers' inappropriate behavior (35). In some cases, if healthcare workers perform the procedure alone, they may do it incompletely, and patients may face risks, such as bedsores, delayed wound healing (4), thrombosis, embolism, and falls (8). It can be harmful for healthcare workers as well. Therefore, the personnel sought help so that the patients receive complete care and treatment. They ask patients' companions to constantly observe them and report any abnormal signs. The presence of a companion on the patient's bed is practical in most departments, except for the ICU.

The increasing admission of PWO and the failure to meet their routine care needs may disturb their safety and comfort (36). Managers should increase the number of human resources, provide and prepare care equipment suitable for these patients in hospitals(11, 33), and increase healthcare workers' clinical skills (11). They must encourage a teamwork approach (8) for better and higher-quality care.

5.5. Strengths of this study

The conducted studies are only limited to the reporting of care problems and do not solve the care problems of hospitalized obese patients. However, this study gained access to the real problem-solving strategies in this situation by revealing the experiences of the personnel.

5.6. Weaknesses of this study

Some personnel may not express inappropriate problem-solving manners. Furthermore, the Covid-19 epidemic caused the personnel to not have enough time for interviews during the shift, but this limitation was controlled by conducting interviews several times.

6. Conclusion

Healthcare workers, particularly nurses, should have a correct understanding of the challenges of caring for PWO to provide better care for them with the least negative consequences for patients and themselves. The study findings suggested that requiring assistance to provide care was in the forms of help-seeking in performing clinical procedures, providing general care with assistance, help-seeking in the patient's treatment course, and help-seeking from patients' companions to maintain the patient's safety. It is the first qualitative study in Iran in this regard, so nurse managers and nurses can use its results to provide care for this group of patients.

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Footnotes

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A H: Conceptualization, Investigation, Validation, Supervision, Final approval of the version

Z S M: Conceptualization, Validation, Writing-Reviewing and Editing

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