



## Nursing students' perceptions of obesity and behaviour change: Implications for undergraduate nurse education

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### SUMMARY

*Background:* Rates of obesity are rising and previous research suggests this is not effectively dealt with in healthcare settings. Nurses are increasingly involved in lifestyle management of patients, and understanding the barriers to discussing weight with patients is likely to increase successful weight management. Obesity management is a role that nursing students will need to be equipped with and more likely to be targeted for future training developments in tackling the increasing rates of obesity.

*Objectives:* To explore the perceptions of obesity, potential barriers to successful patient weight management and training needs of nursing students.

*Methods:* Qualitative, semi-structured interviews were conducted with 20 nursing students. Audiotaped interviews were transcribed verbatim and analysed using an inductive thematic approach informed by principles of grounded theory.

*Results:* Participants reported the challenge of managing obesity in healthcare practice, such as the impact of negative attitudes in healthcare practice on patient care. Although perceived as core to their training, nursing students lacked the confidence and techniques to discuss weight management with patients. Participants also perceived the nursing curriculum as lacking a focus on obesity, and reported a need for advanced communication skills training.

*Conclusion:* Although seen as important, nurses lack the skills to facilitate weight management, leading to nurses failing to broach the issue.

*Practice implications:* Nurse educators should consider the perceptions of current students when making curriculum developments in this area.

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### Introduction

Obesity is a worldwide challenge to public health, affecting virtually all ages and socio-economic groups in both developed and developing countries (World Health Organisation, 2000). Approximately 1.1 billion people in the world are overweight (body mass index (BMI) > 25 kg/m<sup>2</sup>), of which 312 million are obese (BMI > 30 kg/m<sup>2</sup>) (Haslam and James, 2005), bringing an increased risk of a number of diseases such as diabetes, coronary heart disease, stroke, cancer, and osteoarthritis (Wang et al., 2011). There are also major cost implications associated with treating obesity-related diseases, for example in the United Kingdom, where the number of obese people has nearly trebled in the last 20 years (The

Health and Social Care Information Centre, 2011), with treatment costs at an estimated £45.5 billion per year (King, 2011).

Healthcare professionals have a responsibility not only to provide care and promote behaviour change in overweight and obese patients, but to also implement weight loss interventions to increase activity and diet (National Institute for Health and Clinical Excellence, 2006). In particular nurses have an increasing role in providing lifestyle interventions to facilitate weight management (United States Department of Health and Human Services, 2001) such as supporting patients to achieve weight loss goals and to maintain the necessary behavioural changes over time (Lang and Froelicher, 2006). Primary care settings provide an excellent opportunity for healthcare professionals to raise the issue of being overweight, and to begin the process of weight loss (Michie, 2007). Nurses are increasingly working in primary care with responsibility for management of long-term conditions, such as diabetes, where lifestyle change is a key component (Department of Health, 2002). Further, nurses are also becoming increasingly involved in lifestyle management of patients, such as smoking cessation (World Health Organisation, 2003). Research suggests behaviour change techniques can be effectively used by healthcare professionals (Abraham

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and Michie, 2008; Michie et al., 2011), and could be used within consultations where discussions with patients focus upon behaviour change.

Previous research suggests that general practitioners (GPs) do not take opportunities to discuss weight with patients, often due to time constraints (Bocquier et al., 2005). Further, the GP's role has previously been described as involving addressing the primary medical issue a patient attends with (such as diabetes or high blood pressure), consequently referring overweight patients to another healthcare professional to manage their health behaviours (Timmerman et al., 2000). Nurses are especially well positioned to provide important educational information, such as recommended treatment guidelines, as well as encouraging and supporting patients to achieve weight loss (Lang and Froelicher, 2006). Thus, it could be argued that nurses are in a key position to facilitate behaviour change management.

Despite widespread recognition regarding the role for nurses in supporting obese patients to change unhealthy behaviours, a growing body of research suggests there may be barriers that prevent this from occurring in medical practice. These include a lack of training to motivate patients to change their behaviour and the perceived non-compliance of patients to engage in behaviour change communication (Nawaz and Katz, 2001). The presence of such barriers may have an impact on facilitating behaviour change, specifically the implementation of psychological interventions such as opportunistic health promotion (Brown, 2006).

Whilst there is a growing body of evidence exploring practice nurses perceptions of obesity and barriers to patient weight management, little is known about the perceptions amongst trainee nurse samples. As nurse education is known to affect the quality of future health care practice (Poon and Tarrant, 2009), it is necessary that research is conducted to inform the development of nursing practice in tackling obesity. Further, research suggests that most attitudes and skills do not develop with age and experience; rather they are developed at undergraduate level (Dunn and Hansford, 1997). Thus, targeting students may be crucial in informing future nursing curriculum developments.

This study aimed to explore (1) nursing students' perceptions of obesity; and (2) the potential barriers to successful patient weight management.

## Methods

### Study Sample and Design

Participants were recruited from the undergraduate nursing course at a large university in the Northwest of England. The authors approached course administrators who facilitated recruitment emails to be sent to nursing students and posters to be displayed around the university campus. A purposive sampling method (Pope et al., 2002) was used to recruit nursing students to ensure diversity in age, sex and field of nurse training (adult, child and mental health), and thus seeking to capture the widest variation of existing views in order to explore the research question. Recruitment followed principles of constant comparative methodology (Strauss and Corbin, 1998) and was ongoing until thematic saturation was achieved, the point at which gathering data no longer revealed new properties of the core theoretical themes (Charmaz, 2006).

### Data Collection

Digitally audio-recorded semi-structured individual interviews were conducted by one of the authors (CK). A flexible topic guide containing a series of open-ended questions was used to explore a number of topics around nursing students' perceptions about obesity and barriers to weight management (see Box 1). The interviewer combined open-ended questions to elicit free responses with more focused probing

### Box 1

Areas covered in the topic guide.

- Experience of overweight and obese patients.
- Perceptions of the causes and management of obesity.
- Expectations of their role as a nurse, and other health professionals in managing patients' weight.
- Experience of training in obesity and weight management.
- Experience and understanding of behaviour change interventions.
- Experience and perceptions of current communication skills training.

questions, to encourage unanticipated statements and stories to emerge (Pope et al., 2002).

The order and exact content of the questions were adapted according to each participant's responses and also informed by the ongoing analysis. By modifying the topic guide researchers explored emerging themes in subsequent interviews and follow ideas that arose directly from incoming data.

### Ethical Considerations

All participants provided written consent prior to participation in the interviews and the study was approved by a university ethics committee (reference 517/07P). Any identifying information within the interview (e.g. patient or healthcare professional names/locations) was removed from the audio recording transcripts. All participants were assured that participation was voluntary and they had the right to withdraw without being penalised. The transcribed files were stored in a secure folder on a university computer system.

### Analysis

With the absence of any prior theoretical framework, an inductive thematic approach to the analysis was informed by the principles of Grounded Theory (GT). This iterative process allowed for emerging ideas to be tested in subsequent interviews. Thus, constructive questions were formulated and themes were not sought out, but allowed to emerge from the data (Lyons and Coyle, 2007). By adhering to these principles, the authors were able to control the research process and increase the analytical power of the findings, by developing the analytical framework that was used to view and synthesise the data (Charmaz, 2006).

Coding was conducted by one of the authors (CK), and themes were discussed and agreed upon with the co-authors (SP, JH and AC) of the study during ongoing research meetings. In accordance with Strauss and Corbin's (1998) approach to GT, coding began soon after the first interview was completed. As the interviews progressed and a list of codes was developed, possible themes and sub-themes were developed (Strauss and Corbin, 1998). A process consisting of open coding, axial coding and selective coding was adopted. Open coding allowed the data to be examined in order to expose categories of information. Axial coding aims to "identify a single category as the central phenomenon" (Creswell, 1998, p.151), where selective coding creates a narrative based on the themes previously identified, creating links between themes and sub-themes (Creswell, 1998). The data were examined in detail, and themes were developed whilst keeping in mind the inductive aims of the study and ensuring the data developed further insight (Charmaz, 2006). Where no new information arose from the data, sampling, data collection and analysis ceased (Strauss and Corbin, 1998).

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