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The attitudes of student nurses towards obese patients: A questionnaire study exploring the association between perceived causal factors and advice giving

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SUMMARY

Background: Nurses acting in primary care roles are central in addressing obesity as a public health priority. Nurses with a lower Body Mass Index have been shown to have negative attitudes towards obesity. Additionally, where the patient is perceived as being responsible for their excess weight, a negative attitude may also be held. The extent to which negative attitudes may influence the advice provided by nurses to obese patients is unknown.

Objectives: The present paper sought to examine whether the level of advice offered to obese patients by student nurses is associated with (i) the perceived causal factors of obesity, (ii) attitudes towards obesity and (iii) body mass index of the nurse.

Method: Participants were 92 student nurses from a university in the Midlands, UK. Participants received one of four patient vignettes; three were affected by obesity, with reference to either a behavioural, social, or medical cause; and the fourth was normal weight. Student nurses elected advice they would offer from five staged options (from no active involvement in advising the patient, through to discussing dietary advice). Attitudes towards obesity and social desirability were measured using validated questionnaires.

Results: No association was found between the level of advice offered and either the causal factor of obesity, the student nurses' attitude towards obesity, or the nurses' Body Mass Index. Most students endorsed the highest level of advice—a patient centred discussion.

Conclusion: Findings show that advice giving by student nurses was not associated with perceived cause of obesity, or attitude, but is in line with the current Nursing and Midwifery Council (2015) recommendations. That is, most students endorsed a patient centred discussion. This suggests that professional training guidelines for the non-judgemental treatment of obese patients are not only being recognised, but implemented.

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Introduction

Obesity, defined by an elevated Body Mass Index (BMI) of more than 30 kg/m^2 (WHO, 2013), is a growing health and economic challenge. At least 2.8 million adults die each year as a result of being overweight or obese, placing it as the fifth leading risk for global deaths (Green, 2015; Mathers et al., 2008). England ranks amongst the most obese countries in Europe (WHO, 2011), with an estimated cost of £3.2 billion to the National Health Service (NHS; Oyebode and Mindell, 2013; Hojjat, 2015). In direct response to such figures, the National Institute for Clinical Excellence [NICE] (2014) declared the need to address overweight and obesity as a public health priority.

Individuals who are overweight and obese require appropriate help and advice from health care practitioners (Anderson et al., 2009). Nurses are increasingly working within the community in primary care roles that involve supporting patients to achieve weight loss goals and to maintain necessary behavioural changes over time (Johnston and Finegood, 2015). However, the effectiveness of a healthcare professional in helping a patient work towards weight loss might be influenced by their attitudes towards obesity (Pearl, Puhl, and Brownell, 2012; Puhl and Brownell, 2001; Vallis et al., 2007). A negative attitude towards obesity has been evidenced amongst dieticians (Harvey et al., 2002; Stone and Werner, 2012), medical students (Persky and Eccleston, 2011), student nurses (Clark and Maben, 1998), and qualified nurses (Poon and Tarrant, 2009). Such negative attitudes, developed at undergraduate level (Dunn and Hansford, 1997), can be detrimental to

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the provision of care (Tailor and Ogden, 2009; Zuzelo and Seminara, 2006). As such, it is fundamental to better understand student nurse's attitudes towards obese and overweight individuals.

Attitudes towards obesity are complex and are influenced by individual differences in both patient and nurse. Regarding individual differences amongst patients, the perceived cause of the excess weight bears an influence. In a sample of German medical students, Pantenburg et al. (2012) found that the more a medical student considered the individual responsible for finding a solution to the obesity problem, the more negative their obesity related attitudes were towards that person. For example, perceiving the cause as a negligent personality trait, or eating too much and exercising too little was associated with a highly negative attitude, whereas perceiving the cause as biomedical (e.g., endocrine disorder), or related to the social environment was associated with a more positive attitude. In addition, nurses may be less understanding of overweight and obese individuals who refuse to change their eating behaviours (Brown, 2006; Petrich, 2000).

In terms of individual differences amongst nurses, a systematic review concluded that a more negative attitude towards overweight and obese patients is observed in health practitioners who are normal weight, when compared with those who are overweight (Zhu et al., 2011). Nurses with a lower BMI perceive obesity as more preventable (Hoppe and Ogden, 1997) and within the control of the patient (Watson et al., 2008), than those with a higher BMI.

It has been proposed that a negative attitude towards individuals affected by obesity may present as a subtle form of discrimination that is realised through a less compassionate and less engaging consultation manner. For example, Gudzune et al. (2013) found that physicians were less likely to build emotional rapport with overweight and obese patients. This is disadvantageous to the patient as emotional rapport where empathy is shown towards the patient increases the likelihood of dietary and lifestyle change. This evidence suggests that in addition to examining the attitude of practitioners, there is utility in exploring the behaviour of practitioners, which may be more indicative of negative attitudes. The present study will explore practitioners' engagement with, and level of advice offered to patients who are affected by obesity.

Aims & Hypotheses

The present study aims to examine:

(i) The association between perceived causal factors of obesity and the level of advice offered to obese patients by student nurses.
It was hypothesised that where patients present as obese, with causal factors which are within their own control (e.g., behavioural and dietary causes), this will result in a less involved level of advice giving (e.g., provide a leaflet). When patients present as obese, with causal factors which are external (e.g., biomedical reasons), they would be offered more person centred care.

(ii) The association between attitudes of student nurses towards individuals affected by obesity and the level of advice offered.
It was hypothesised that attitude towards obesity would have an effect on advice giving.

(iii) The association between the BMI of nurses and their attitude, and level of advice offered.
It was hypothesised that BMI of the student nurse would be associated with their attitude, and advice giving.

Method

Participants

The study design presented 20 cells (groups [4] × level of advice [5]) for subsequent analysis. Therefore 115 student nurses were recruited from a university in the Midlands, UK, based on recommendations of recruiting at least 5 participants per cell. At the conclusion of the study, there were 92 participants with complete data for the main analysis (females $n = 85$, males $n = 3$, gender not identified = 4). The mean age was 27.49 (SD = 9.16) based on 81 participants who reported their age. The mean BMI was 25.69 (SD = 5.53) based on 71 participants who provided data on height and weight. Participants were predominately adult nursing students with the exception of 3 critical care nurses, 2 learning disability nurses, and 2 mental health nurses. Students were mostly ($n = 65$, 70.7%) in their first year of higher education in the UK.

Design

To test the first aim, an experimental design was applied. The independent variable was possible cause of obesity presented in four vignettes (four experimental groups:—control: non-obese; obese: biological cause, social cause, and behavioural cause), and the dependent variable was the advice the student nurse elected to provide. This was a between subjects design, with each participant having sight of one vignette from the possible four.

To test the second aim, a quasi-experimental design was applied. The independent variable was the level of advice participants elected to provide from five available levels of advice giving (see Table 3). The dependent variable was attitude towards obesity.

Materials

Participants were asked for their age, sex, level of study, and area of nursing specialism. They also provided their weight and height, from which BMI was calculated. Participants were presented with a vignette, a range of advice they may provide the patient, and two previously validated questionnaires.

Due to the ethical, moral and legal implications surrounding disclosure, discrimination and prejudice, gathering evidence of student nurse's attitudes towards excess weight is challenging. In the absence of a real clinical situation, vignettes are very often used as research tools to provide a 'target' person with which to assess attitude (e.g., Pantenburg et al., 2012).

In the present study, vignettes were used to describe a patient with hypertension. There were four vignettes, which varied on two key pieces of information; (i) whether the patient described was clinically obese or not and (ii) the possible cause of obesity (see Table 1). The vignettes were informed by the Public Health England documentation on causes of obesity (Public Health England, 2013).

In response to the vignettes, participants were asked to state what treatment they would recommend for the patient. The statements were devised using the NICE guidelines on the treatment of hypertension (NICE, 2011). Five options were staged according to how much involvement would be required from the nurse. This ranged from no active involvement in advising the patient, through to discussing dietary advice and advice on other organisations that could help.

The Short Form of the Fat Phobia Scale (Bacon et al., 2001) was used to measure the participants' attitudes towards individuals who are obese. Participants are presented with 14 dichotomous pairings (e.g., weak vs strong) with a 5 point scale in between, and participants indicate on a 5 point scale which end of the dichotomy best describes the target population. Seven items are reverse scored, and a mean response is calculated. The possible range of scores is therefore 1–5; with a higher score indicating a more negative attitude towards overweight or obese individuals. Reported Cronbach's alpha is 0.87–0.96 (Bacon et al., 2001).

The Marlowe–Crowne Social Desirability Scale (Crowne and Marlowe, 1960) was used to assess the possible confounding factor that responding in a socially desirable manner may influence the self-reported advice offered. The Cronbach's alpha for this scale in

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