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Original article

"I do the best I can:" Personal care preferences of patients of size

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ABSTRACT

Aim: Obesity is a common co-morbidity of hospitalized patients, and nurses sometimes have great difficulty meeting the skin care needs of patients of size. The purpose of this qualitative study was to identify successful self-care strategies patients of size used to care for themselves at home, in order to replicate these successes in the hospital.

Background: When patients who are obese are hospitalized they are vulnerable to complications, including skin integrity problems. These can be made worse for the patient if s/he cannot engage in their usual self-care hygiene practices. By uncovering self-developed solutions to hygienic care at home, nurses could incorporate these into their individualized plan of care.

Methods: This qualitative descriptive study used an appreciative inquiry approach, to discover what works well, in order to replicate these actions. A skilled qualitative nurse researcher used a semi-structured interview process to uncover the personal care preferences of patients whose admission body mass index (BMI) was > 50. A step-wise approach was used for data reduction, and triangulation of researchers added to the study's trustworthiness.

Results: Fourteen patients of size were interviewed. Nine categories emerged from the data, all of which fit under the overarching theme: "I do the best I can." Multiple ideas for quality care, delivered while preserving patient dignity, were identified. Implications for nursing practice are included.

Conclusion: Patients of size have developed creative and useful approaches to managing skin health that could be used in the hospital when patients are unable to manage their self-care alone.

More than a third of US citizens are now identified as being obese (Ogden, Carroll, Fryar, & Flegal, 2015) and this is reflected in acute care populations. People of size come to the hospital for a variety of reasons and have needs across the continuum of care and diagnostic categories. In today's acute care environment, hygiene needs for patients of size must be met in a high-paced environment in which nurses are caring for patients with multiple co-morbidities. Further, the delicate issue of providing personal hygienic care for patients with a body mass index (BMI) greater than 50 (kg/m^2)–patients of size–is not routinely part of a nursing school curriculum; indeed, there are unique issues that increase the risk for skin injury related to changes that occur in the tissues due to obesity (Beitz, 2014; Black & Hotaling, 2015). Thus, nurses need to think differently and use resourcefulness to deliver exceptional care to patients of size.

Patients of size are at higher risk for cardiovascular diseases, diabetes, musculoskeletal disorders, some cancers, gastric reflux, incontinence, respiratory problems, sleep apnea, soft tissue infections, skin disorders, and pressure ulcers (Beitz, 2015; Galinsky, Hudock, & Streit, 2010; WHO, 2014). Any of these may require acute care. When patients of size are admitted to the hospital, they vulnerable to a variety of complications (Black & Hotaling, 2015). These include urinary tract infection from indwelling urinary catheters (Rush & Muir, 2012) and skin breakdown from either the friction/shear of being in bed or skin folds that are not cleansed properly (Black & Hotaling, 2015; Cowell & Radley, 2014; Galinsky et al., 2010; WHO, 2014). Although patients generally are able to manage their personal care at home, fatigue from acute illnesses, immobility (Black & Hotaling, 2015) bedrest, or other factors might lead to difficulty completing hygiene-related care while in

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the hospital, thus putting the patient at high risk for complications (Rush & Muir, 2012).

Many patients of size have developed approaches allowing independent self-care management. However, when hospitalized, their coping strategies and routines are often compromised. Experience in the clinical practice environment has demonstrated a number of examples of patients of size needing numerous caregivers to accomplish ordinary hygienic care while in the hospital. In one example, eight hospital personnel were needed to properly bathe, cleanse, and reposition a patient whose weight exceeded the ceiling-mounted patient care lift capacity of 750 pounds. These types of care episodes pose a safety threat to the patient and to the staff assisting them. Indeed, some patients' specific physical needs produced challenging care situations that exceeded the staff's ability to provide.

Clinical experience has also demonstrated that patients of size, while in a state of wellness, are often able to manage their own personal care at home. The purpose of this qualitative descriptive study was to develop an understanding of the personal care approaches used by patients of size at home in order to identify appropriate nursing interventions that might be replicated in the hospital. The research question was: What are the usual hygiene approaches patients of size employ at home that could then be used during hospitalization?

1. Review of the literature

Electronic databases OVID, CINAHL, EbscoHOST and PubMed were used to search for research reports related to hygiene and patients of size prior to development of the study. Inclusion criteria for the review of literature were articles and qualitative and quantitative research published in peer reviewed journals within the last five years (Melnyk & Fineout-Overholt, 2015). Key words used in the search were *skincare*, *obesity*, and *hygiene*. A total of 81 articles were located. All abstracts were critically reviewed and six articles were identified for their focus on hygiene issues; these were used to inform development of the study. Four were Level VII evidence: Black and Hotaling, (2015); Blackett et al., 2011, and Cowell and Radley, 2014 (Melnyk & Fineout-Overholt, 2015). Two were case studies (Beitz, 2015; Dambaugh & Ecklund, 2016), which are Level VI (Melnyk & Fineout-Overholt, 2015). Although the National Association of Bariatric Nurses' (as cited by Camden, Brannan, & Davis, 2008) recommend the development of nursing's research base for the care of patients of size, no related nurse-led research was uncovered. This study was developed to begin to address this knowledge gap (Cowell & Radley, 2014).

2. Theoretical underpinnings and ethical considerations

The research team developed this qualitative descriptive study using *appreciative inquiry* (Cooperrider, Whitney, & Stavros, 2008), a qualitative research approach which specifically asks questions related to *what works well* in order to replicate these successes. Using naturalistic inquiry (Lincoln & Guba, 1985), the team set out to determine the practices of home hygiene for patients of size, specifically focusing on *what works well at home*. Following institutional review board (IRB) approval, patients of size who met the criterion of BMI equaling or exceeding 50 (kg/m^2) were recruited. A purposive sample of both men and women of size, serving as key informants with experience managing their hygiene issues and provided first-hand knowledge of how they normally successfully managed hygiene at home.

3. Recruitment

At this 500-bed, Magnet ®-designated academically-affiliated medical center, a computer report (called the “BMI Report”) generated from the electronic medical records (EMR) decision support system identified patients of size who could potentially be recruited into the study. Every day that the researchers were available, the BMI report was scanned for potential participants. During the study period, approximately 2–5 inpatients a day would appear on this list. Volunteer, adult medical/surgical patients (> age 18), admitted to acute care with a minimum of a 2-day hospitalization were included. Participants needed to be English speaking and be able to provide written informed consent. Patients who were too ill to provide consent, who were pregnant and laboring, or who did not meet the inclusion criteria were excluded.

Patients were identified as appropriate for the study following discussion with the charge nurse, patient care facilitator (PCF), or primary care-giving nurse. Then, research team members (who also served as staff nurses or nurse manager) approached the potential participant. The study details were discussed with them; they learned in this first conversation what the study entailed, that participation in the study was completely voluntary, participants could decline to answer any questions, or were free to withdraw from the study at any time. If they agreed to participate, written informed consent was obtained.

4. Design and methods

A PhD-prepared nurse scientist (MCW), experienced and trained in naturalistic inquiry (Lincoln & Guba, 1985) and not directly caring for participants, used a semi-structured interview process (Table 1); this same researcher completed all interviews, for consistency. In order to protect confidentiality, participants were asked to choose a pseudonym, and only minimal demographic data were gathered. Interviews were digitally recorded to allow for active listening by the nurse scientist. All interviews took place in private patient rooms with the door closed. Interviews were not interrupted for care episodes, and care episodes were not interrupted for the research interview. All who consented for the study completed the interview, which averaged about 18 min in length. Field notes, made on the interview sheets by the nurse researcher, captured any “a-HA!” thoughts during the interviewing, and these notes became another data stream for data reduction.

Recruitment continued over a period of about 6 weeks, until data saturation occurred, according to principles of naturalistic inquiry (Lincoln & Guba, 1985). Data saturation means that the stories and ideas provided to the researcher become redundant, and no new ideas or themes emerged (Melnyk & Fineout-Overholt, 2015; Munhall, 2012a). Data saturation occurred after 14 interviews were completed, and recruitment into the study ended.

Table 1
Interview questions and demographics.

Demographics:
Age:
Gender:
BMI:
Admitted for:
Race/Ethnicity (self-report):
African-American
Asian/Pacific Islander
Caucasian
Hispanic/Latino/Latina
Other
Prefer not to answer
Questions:
1. Tell me a story of how you received personal care – a bath, toileting, skin care, mouth care – while in the hospital.
2. What was it like to receive personal care here in the hospital?
3. What did you like about the personal care you received here in the hospital?
4. What did you NOT like about the personal care you received?
5. What would you suggest to your care team about the personal care you received.
6. Some people have concerns about keeping particular areas of their body clean and fresh while they are in the hospital. What concerns do you have about this?
7. We know that some people of size have modified their home or their habits to be able to provide personal care to themselves at home. What do you do, or use, at home to take care of your body and keep it healthy?
8. What would you like to tell us about your personal care preferences that we've forgotten to ask you?