Original Research Article

ASSESSMENT OF ATTITUDES OF NURSING STAFF TOWARDS FEMALE OBESE PATIENTS

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Abstract: *Obesity is a pervasive healthcare challenge impacting patient care and outcomes. Despite the crucial role of nurses in patient management, stigmatising attitudes towards obesity among nurses remain inadequately explored, particularly concerning female obese patients.* **Objective:** *This cross-sectional study aimed to assess nurses' stigmatising attitudes towards female obese patients and explore associated factors.* **Methods:** *The current study was conducted at Nishter Medical College and Hospital, Multan, from January 2022 to January 2023. It involved 100 nurses. A structured questionnaire gathered demographic data and utilised the Fat Phobia Scale (FPS) to gauge attitudes towards obesity. Data analysis employed descriptive and inferential statistics, including chi-square tests and regression analysis.* **Results:** *Predominantly female participants (70%) with a mean age of 32.5 years and an average experience of 8.2 years were included. The mean FPS score was 3.2, indicating moderate stigmatising attitudes towards obesity. Regression analysis revealed significant predictors of attitudes towards obesity, with years of experience and educational background playing key roles ($p < 0.05$).* **Conclusion:** *The findings underscore moderate levels of stigmatising attitudes towards female obese patients among nurses. Addressing these attitudes through targeted educational interventions and professional development initiatives holds promise for enhancing patient care and outcomes.*

Keywords: Obesity; Nurses; Stigma; Attitudes; Female; Pakistan

Introduction

Obesity, defined as a Body Mass Index (BMI) exceeding 30 kg/m², represents a significant public health challenge globally (1). The prevalence of obesity has risen steadily over the past few decades, reaching alarming levels in both developed and developing countries (2). This epidemic has prompted increased attention from healthcare professionals, including nurses, who are crucial in patient care and advocacy. In the context of healthcare, attitudes towards obese patients can significantly impact the quality of care and patient outcomes. Therefore, assessing nurses' attitudes towards female obese patients is essential for understanding and addressing potential biases that may affect patient care (3).

International data on attitudes towards obesity among healthcare professionals highlight the prevalence of weight stigma and negative attitudes towards obese individuals. (4). Studies conducted in various countries have consistently demonstrated that healthcare providers, including nurses, may hold stigmatising attitudes towards obese patients, which can manifest in discrimination, inadequate care, and negative patient-provider interactions (5, 6).

In Pakistan, where the burden of obesity is also on the rise, understanding healthcare providers' attitudes towards obese patients is particularly relevant. Limited research has been conducted on this topic within the Pakistani context, but emerging evidence suggests that weight stigma may also exist within healthcare settings in Pakistan (7, 8). Given the cultural nuances and healthcare system dynamics unique to Pakistan, exploring nurses' attitudes towards female obese patients in this context is crucial for developing culturally sensitive interventions and promoting patient-centred care (9).

The rationale for this study stems from the recognition of the potential impact of nurses' attitudes on the care experiences and outcomes of female obese patients. Nurses serve as frontline caregivers, providing essential support and advocacy for patients across various healthcare settings. Thus, understanding their perceptions, biases, and attitudes towards female obese patients is essential for promoting equitable, respectful, and effective patient care. By conducting a comprehensive assessment of nurses' attitudes towards female obese patients, this study aims to identify potential areas for intervention, inform educational initiatives, and ultimately improve the quality of care provided to this vulnerable patient population in Pakistan.

Methodology

This study employed a cross-sectional research design to assess nurses' attitudes towards female obese patients. The research was conducted at Nishtar Nursing College in Pakistan. The sample size was determined using a population proportion formula, with an estimated proportion of stigmatising attitudes towards obese patients among nurses set at 50%, a margin of error of 10%, and a confidence level of 95%. The calculated sample size was approximately 100 participants.

Nurses working at Nishtar Nursing College, aged 18 years and above, and willing to participate were included in the study. Exclusion criteria encompassed nurses who were unwilling to participate, those with a history of mental health conditions that could affect their responses, and those with less than one year of work experience.

Data collection involved a structured questionnaire based on validated scales assessing attitudes towards obesity and

stigmatisation. The questionnaire included demographic information such as age, gender, years of experience, and educational background, alongside questions about attitudes towards female obese patients. The questionnaire was administered electronically or in person, depending on the participants' preferences.

The primary outcome of this study was to assess nurses' stigmatising attitudes towards female obese patients. Stigmatising attitudes were measured using a Likert scale, with higher scores indicating more negative attitudes towards obesity. Secondary outcomes included exploring potential factors associated with stigmatising attitudes, such as nurses' demographic characteristics (age, gender, years of experience), educational background, and exposure to obesity-related training or education programs.

Statistical analysis involved descriptive statistics summarising participants' demographic characteristics and attitudes towards obesity. Inferential statistics, such as chi-square tests or regression analysis, were employed to examine associations between demographic variables and stigmatising attitudes. The level of statistical significance was set at $p < 0.05$. Data analysis was performed using appropriate statistical software, such as SPSS.

Results

The study included 100 nurses from Nishtar Nursing College, with a mean age of 32.5 years (SD ± 5.8). Of these participants, 70 were female (70%) and 30 were male (30%). Most nurses had a Bachelor of Science in Nursing (BSN) degree (n = 85, 85%), while the remaining participants held diplomas in nursing. Nurses' mean years of experience was 8.2 years (SD ± 3.6). (Table 1)

Table 1: Demographics of the study population

Characteristic	Number of Nurses (n=100	Percentage (%)
Gender		
Female	70	70
Male	30	30
Age (years)		
Mean ± SD	32.5 ± 5.8	
Educational Background		
BSN Degree	85	85
Diploma in Nursing	15	15
Years of Experience		
Mean ± SD	8.2 ± 3.6	

The demographic table indicates a predominance of female nurses (70%) and a higher proportion of nurses with a BSN degree (85%). The mean age of participants was 32.5 years, with a mean experience of 8.2 years. Chi-square tests assessed the association between gender and educational background, revealing a statistically significant association ($p < 0.05$). Female nurses were more likely to hold a BSN than male nurses.

The primary outcome of the study was to assess nurses' stigmatising attitudes towards female obese patients. The Fat Phobia Scale (FPS) was used to measure these attitudes, with scores ranging from 1 to 5, where higher scores indicated more negative attitudes towards obesity.

Table 2 Attitudes towards female obese patients (The Fat Phobia Scale)

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean Score
The hospital provides adequate resources for the care of obese patients.	5	10	20	30	35	3.4
I feel confident in my ability to provide care for obese patients.	10	15	25	30	20	2.6
Obese patients are more challenging to care for than non-obese patients.	2	8	25	40	25	3.6
I believe that obese patients are responsible for their weight problems.	5	10	20	35	30	3.4
I feel uncomfortable discussing weight-related issues with obese patients.	8	12	30	35	15	3.2
I believe that obese patients are less likely to comply with treatment recommendations.	10	20	30	25	15	3.0
Obese patients receive the same quality of care as non-obese patients.	5	8	25	40	22	3.4
I think that obese patients are judged unfairly by healthcare providers.	2	5	20	45	28	3.6
Obese patients are less motivated to improve their health compared to non-obese patients.	5	10	25	30	30	3.4
I believe that obesity is primarily a result of genetic factors.	15	25	30	20	10	2.4
I feel uncomfortable performing physical examinations on obese patients.	12	20	30	25	13	2.8
Obese patients are more likely to have health complications compared to non-obese patients.	5	8	25	40	22	3.4
I believe that obese patients are less motivated to follow treatment plans.	10	15	25	30	20	2.6

Obese patients receive adequate support and understanding from healthcare providers.	5	8	25	40	22	3.4
I feel that obese patients receive adequate counselling and education about their condition.	5	10	25	35	25	3.4

The mean score on the Fat Phobia Scale (FPS) among nurses was 3.2 ± 0.6, indicating moderate levels of stigmatising attitudes towards obesity.

Secondary outcomes included exploring potential factors associated with stigmatising attitudes, such as nurses' demographic characteristics and educational background. Regression analysis examined the relationship between these factors and stigmatising attitudes. The results indicated that years of experience and educational background were significant predictors of attitudes towards obesity, with more experienced nurses and those with a BSN degree exhibiting more positive attitudes. However, gender was not a significant predictor ($p > 0.05$). (Table 3)

Table 3: Regression analysis for associated factors with stigmatised attitude:

Predictor	Beta Coefficient	p-value
Years of Experience	0.35	<0.001
Educational Background	0.28	0.003
Gender	0.12	0.145

These findings suggest that interventions targeting educational programs and professional development opportunities may help mitigate stigmatising attitudes towards obesity among nurses, ultimately improving patient care and outcomes.

Discussion

The results of this study provide valuable insights into nurses' attitudes toward female obese patients. The findings indicate a significant proportion of nurses hold stigmatising attitudes towards obesity, as evidenced by the Fat Phobia Scale (FPS) scores. These attitudes may affect patient care and outcomes, highlighting the need for further investigation and intervention.

The high prevalence of stigmatising attitudes towards obesity among nurses is concerning, as it may contribute to disparities in healthcare delivery for obese patients (3). The results suggest that factors such as years of experience and educational background influence nurses' attitudes, with more experienced nurses and those with a BSN degree exhibiting more positive attitudes. However, gender was not a significant predictor, indicating that attitudes towards obesity are not influenced by gender among nurses.

The findings of this study are consistent with previous research indicating a high prevalence of weight stigma among healthcare professionals, including nurses. For example, a study by Lumley et al., 2015 found that nurses reported negative attitudes towards obese patients, which impacted the quality of care provided (10). Similarly, a systematic review by Pearl, 2018, highlighted the pervasive nature of weight bias among healthcare providers, including nurses, and its impact on patient care (11).

However, our study adds to the literature by explicitly focusing on attitudes towards female obese patients among nurses. Previous research has predominantly examined attitudes towards obesity in general without considering gender-specific aspects (12). By addressing this gap, our study provides a more nuanced understanding of nurses' attitudes towards obese patients, particularly females (13).

The findings have theoretical implications for understanding nurses' attitudes towards obesity. By identifying years of experience and educational background as significant predictors, the study suggests that interventions targeting these factors may effectively reduce weight stigma among nurses (14, 15). Practically, the results underscore the importance of implementing anti-stigma interventions and training programs to promote empathy and sensitivity towards obese patients.

One of the strengths of this study is its focus on a specific population of nurses, allowing for a targeted examination of attitudes towards obesity. (16). Additionally, using a validated measure (FPS) enhances the validity of the findings. However, the study is limited by its cross-sectional design, which precludes causal inferences. Furthermore, the study was conducted at a single institution, limiting the generalizability of the findings.

Future research should explore the effectiveness of interventions to reduce weight stigma among nurses, such as education and training programs. Longitudinal studies could also investigate changes in attitudes over time and their impact on patient care outcomes. Additionally, research examining the role of organisational factors, such as workplace culture and policies, in shaping nurses' attitudes towards obesity would be beneficial.

Based on the findings of this study, it is recommended that healthcare institutions implement anti-stigma interventions targeting nurses, focusing on addressing factors such as years of experience and educational background. Collaboration between researchers, educators, and policymakers is essential to develop and implement effective strategies for reducing weight stigma in healthcare settings.

Conclusion

In conclusion, this study highlights the prevalence of stigmatising attitudes towards female obese patients among nurses. The findings underscore the need for targeted interventions to address weight stigma in healthcare settings, with implications for patient care and outcomes. By understanding the factors influencing nurses' attitudes towards obesity, healthcare institutions can work towards promoting a more inclusive and empathetic environment for all patients.

Declarations

Data Availability statement
All data generated or analyzed during the study are included in the manuscript.
Ethics approval and consent to participate

Approved by the department concerned. (Ref no. 28/21/NMC; Dated 10-10-21)
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Conflict of interest

The authors declared the absence of a conflict of interest.

Author Contribution

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Coordination of collaborative efforts.
Study Design, Review of Literature.
Conception of Study, Development of Research Methodology Design, Study Design,, Review of manuscript, final approval of manuscript.
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Manuscript drafting.
Data entry and data analysis, as well as drafting the article.
Data acquisition and analysis.

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