



Original Article

Factors Affecting Weight Loss Management among Obese Nurses Working in Public and Private Health Care Sectors

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ABSTRACT

Obesity in the general population have been growing globally in recent years, a trend that has also been seen among nurses. Along with the severe health consequences of obesity, the condition impairs an individual's capacity to work and increases absenteeism rates. It is therefore essential to understand the factors that are producing all of this. **Objectives:** To explore the barriers of weight loss management among obese nurses. **Methods:** In this study, an exploratory qualitative study approach was adopted. Data was collected from the 12 study participants who were purposive sampled, semi-structured face-to-face individual interviews were conducted. The audio recordings were translated into English and verbatim transcribed. The analysis was conducted out using the computer-assisted programmer NVIVO-12. NVIVO-12 produced codes that were grouped into sub-themes, and themes. **Results:** Obstacles to weight loss management among obese nurses were a lack of desire and a change in lifestyle owing to a lack of time, nurses, and resources. Weight management was hindered by the workplace environment and shift changes. **Conclusions:** The demanding nature of hospital work leads to stress-induced unhealthy eating habits among nurses, hindering their ability to maintain a balanced diet and manage their weight.

INTRODUCTION

Obesity is an epidemic [1] and medical disorder characterized by an abnormally high or uneven distribution of body fat. Adipose tissue can grow as a result of hypertrophic or hyper-plastic changes in adipocyte size or quantity. Clinical symptoms of obesity are varied, according to epidemiologic and clinical investigations [2]. A notable public health and clinical challenge is posed by the epidemic of overweight and obesity across the entire planet [3]. But now a day the most alarming cause is cardiovascular disorders. Because the Obesity is the leading cause of cardio-metabolic disorders [4]. Early research from a number of Region nations suggests that the prevalence of overweight and obesity in children and

adolescents has grown over the past decade [5]. Another study conducted in Pakistan at public sector institute of Karachi, results showed that the prevalent rate of the overweight and obesity was high among nursing students and similarly study at District Head Quarter hospital Chinot, Pakistan results showed higher prevalence ratio of overweight and obesity among nurses working at the hospital [6, 7]. Likewise a study conducted at Faisalabad Pakistan demonstrated that nursing students were not practicing a healthy lifestyle despite having a sound knowledge of obesity [8]. A congress at Singapore in 2019 by International Nurses Association at which participants were believing that nurses' own self health should be on

priority, and to be self-addressed because a healthy nurse is always better able to provide good patient care [9]. Thus, it is very important to focus on health-related actions promoting nursing behavior. Obesity and lack of health behaviors pose risks to nurses' health, limiting their engagement in patient obesity prevention and treatment; and obesity impact of nurses as health educators [10]. A lot of nurses suffer with obesity [11] and obesity related health issues each year worldwide [3]. Despite efforts to promote health and healthy lifestyles, the obesity epidemic is worsening [12]. Obesity is associated with disability, decreased quality of life [13], increased health-care utilization, decreased workplace productivity, and increased absenteeism, resulting in higher costs for health enterprise and society. Despite all these measures Obesity is still highly prevalent in Pakistan as in other developing and developed countries [14, 15]. The purpose of this study is to describe nurses' perception of barriers affecting their participation in weight loss management. To explore the perceived obstacles affecting weight loss management among obese nurses.

METHODS

An exploratory qualitative study was done to collect the data from participants. The study was conducted at public and private health care settings in the South Punjab Pakistan. 12 participants were interviewed through purposive sampling. Participants were enrolled in the study until data saturation was reached. Sample size calculation was decided on data saturation when no further theme was generated from the data. Study was conducted from February 2023 to August 2023. Study duration was seventh month after the approval of the Research Ethical Committee. Data was collected using semi-structured in depth-interview guidelines. The data were recorded in text form and on a digital tape recorder. The text and audio was arranged through out the data collection process. Data were collected through personal interviews in the form of audio recordings and notes. All data was translated into English. Check the field notes for accuracy and completeness. After reading the bulletin, it was quickly review the entire bulletin. Audio recorded data was imported into NVIVO. Then was thematically analyzed. All data was carefully read back into the process. Matching words (different actions, activities, concepts and opinions) was called encoding process. Entering the various codes creates categories, labels them and describes their relationships, converts the categories into themes, then sub-themes and main themes. Ethical guidelines were followed as per university criteria.

RESULTS

Theme 4.2.1: Poor Modifications of Life Style

A poor health lifestyle is one that raises the likelihood of acquiring health problems and reduces overall well-being. It entails indulging in actions and habits that are harmful to nurse's physical, mental, and emotional well-being. Poor lifestyle choices can result in a variety of health problems and chronic diseases over time. Like among nurses these habit leads to obesity and its related problems. As told by the fourth Nistar hospital participant (NP4); *"I was heartbroken, she was giving us food that didn't taste good, so she was eating from outside, these were all things that one sector would understand, and That stress from the things that I was getting stressed like I would say I used to worry a lot, I was sad about something, these were all the things that caused me to eat more, sleep more..... gain weight...."* As NP4 described anytime she gets bothered, feels fat, or is concerned about anything. She ate whatever was offered to her from coworkers or at the hospital. So, she was unconcerned with her weight increasing or decreasing as a result of this behavior. Similarly, another Nistar hospital volunteer stated that she was unaware of her health and was unconcerned that these changes would undoubtedly raise her weight. But she was doing it all as; *"Yes for stress I have coping strategies like I told you before I eat more and also sleepless"*

Sub-Theme: Poor Life Style and Habits

Changing long-term conduct, generally linked to food or physical activity, and persisting with the new practice for months or years is referred to as lifestyle modification. As a result, the nurses had a poor or unhealthy lifestyle or failed to maintain a healthy lifestyle while practicing. It might have serious consequences for their health, including obesity. One participant expressed it this way (NP1); *"My eating routine is not good. I don't feel like eating. Sometimes I feel like eating a lot. Sometimes I feel didn't eating anything more than 8-10hours.* One of the primary barriers to weight loss maintenance for nurses while doing their tasks was a lack of availability to nutritious food and a lack of care for healthy eating. It was narrated by the participants (NP1,2,4,6,7 and MP1,3,4,5,); *"That which is also our job in schedule or shift change because when we are going to duty now, we don't have to take only tea, it also has snacks and our snacks are so heavy that we buy oily things"*. Bad habits or a bad lifestyle, such as excessive or unhealthy eating, a lack of physical activity, or a very low level of activities, contribute to weight growth or disrupt weight loss maintenance in obese nurses.

Sub-Theme: Hard and Irrational Diet and Eating

Adopting a rigid and illogical diet or eating habit can pose dangers and have a bad impact on your health. While some people may try extreme diets for weight loss or other reasons, it's vital to proceed with caution and priorities the general well-being while making dietary adjustments. The

narrative of the respondents NP1, NP3, NP7 and MP3; *"Because these foods and then the cafeteria mess food that we eat outside are the things that lead us to obesity, like we don't eat at home and order food from the market. As nurses, we eat samosa pakoras"* Hard fasting or dieting may have resulted in rapid weight loss, but it is not good for health. When this sort of dieting is followed, major repercussions such as fast weight gain occur.

Sub-Theme: Stress/Anxiety/Depression/Sadness and Difficult Conditions

Fatty nurses may face additional challenges due to reasons such as professional standards, physical demands of the work, societal perceptions, and potential health problems associated with obesity. However, some nurses from public and private institutions were unable to maintain it as (NP4); *"That stress from the things that I was getting stressed like I would say I used to worry a lot, I was sad about something, these were all the things that caused me to eat more, sleep more sometimes dance sometimes"*

Theme 4.2.2: Poor Motivation for Weight Loss

Poor weight loss motivation among nurses can be ascribed to a number of variables, many of which are shared by people in other occupations. Second thing was the access of resources getting knowledge like internet or other browser. Most of the time wrong knowledge is gained through these resources causing wrong access to weight loss management. Which ultimately dangerous or increases the weight. As participants (NP2, NP3, MP3) narrated that; *"If we want to eat more, then we need to sleep better, that is, our routine is not right or our schedule is not for eating, like we say that we are going now, then after that we have to eat. Pass patients will be more ego-started"*. When searching for information online, it is crucial to be critical and discriminating. The majority of nurses obtained information or diet plans through Google or web searching. Some of them were even unconcerned about keeping a daily calorie log or calculating how many calories they needed on a daily basis. Lack of motivation was a hurdle to maintaining their optimum weight.

Sub-Theme: Self-Motivation

Nurses, in fact, are self-motivated to reduce or maintain their normal weight since they are well aware of the health repercussions of obesity. That is why researcher explore their feelings about being lethargic or negligent about their own health. According to what the participants said; *"because of work so much I can't cook and so I order from outside and that's what makes me gain weight."*(MP1) *"I feel like I can't even get out of my bed as this weight is increasing, my weight is increasing."*(NP3). *"because we are also worried about the patient we have to go with the patient now we have to see him we have to eat quickly, have to finish and see the patient because we are there for the patient care"*(NP1). So,

it sounds like nurses were emphasizing the necessity of prioritizing patient care and responding to their needs as soon as possible. According to one participant, there was a lack of support and resources for nurses' health; *"Like if we talk about that I think we have yet I don't see a facilitator here that I can say I was losing weight because there are all things that were making me gain weight"* (MP1). It appears that Nurses were not aware what they are eating or what is the time because of over burden, lack of support from higher management and lack of time.

Sub-Theme: Self-Awareness

As it was exploring from their statement; *"If we don't eat once, don't drink tea two to three times and can't even work, then we are taking extra calories. And these things that happen are also increasing our weight."* (MP3). *"If we talk about the workplace environment, it is the same as if I say that in this environment, I am eating whatever I get. I used to eat only and sometimes I get so much then I also eat extra (MP3, NP2)." It appears that nurses were drawing parallels between their working environment and their eating habits. They were not concerned with their cuisine, but rather with patient care and time management.*

Sub-Theme: Wrong Way of Gaining Knowledge about Obesity and Dieting

Nurses have an essential role in promoting and supporting health and well-being, and their knowledge in these areas can have a direct influence on their ability to provide high-quality patient care. As health care workers, nurses are expected to be well-versed in all aspects of health. However, they are too busy, and lack of engagement with others, as well as learning from the incorrect sources, are the causes of poor diet and nutrient choices. As participants express themselves verbally (NP1, MP3); *"However, as I was repeatedly changing my diet schedule, the weight was not decreasing, it was not so successful, it was gaining again, so I became careless in what I had and I Haven't tried it now I try it sometimes so I can lose weight"*. *"Like Obstetric related diseases like Cardiac disease etc."* Participants said that they received knowledge or a diet plan from an internet browser, despite having information from books. As a result, dietetic competence is required. Individually, it was also a hindrance.

Sub-Theme: Prioritizing Patient Care

Prioritizing patient care is crucial in health care, but it's important to clarify that weight gain in nurses isn't directly linked to patient care. Weight gain can result from various factors, necessitating a holistic approach. Moreover, there's a global shortage of nurses, and when they work extra shifts to fulfill their responsibilities, weight management can become challenging. This issue isn't limited to Pakistan; it's a worldwide concern Narrated from the participants (MP1, NP3, MP3) *"I know that I have to give*

my patients their full attention and not leave any work for them. In this sense, I neglect myself again" & "If you see, I have never kept any record of diet, how much".

DISCUSSION

The prevalence of overweight and obesity among healthcare workers, particularly nurses, was a significant concern, as highlighted in several studies [16–18]. A study showed that lifestyle leads to weight gain and obesity and poses a significant barrier to effective weight management [19] as revealed in this study that an individual barrier of weight gain with night shift and continuous changing shifts of work. The study's findings skewed with previous research that has shown that poor dietary habits and sedentary lifestyles contribute to the increasing prevalence of overweight and obesity among healthcare professionals [20, 21]. Another sub-theme identified is the adoption of hard and irrational diets and eating habits. Some nurses resort to extreme dieting or fasting, which may result in rapid weight loss but can be detrimental to their health in the long run (NP1, NP3, NP7; MP3). These unsustainable diets often lead to a cycle of weight loss and gain, making it challenging for nurses to achieve lasting weight management [22]. Stress, anxiety, depression, and challenging work conditions were also recognized as significant contributors to poor weight management among nurses (NP4; NP1). These psychological factors can lead to emotional eating and an overall lack of motivation for maintaining a healthy lifestyle [6]. The study findings underscore the need for addressing nurses' mental health and providing strategies to cope with workplace-related stressors. Moreover, the study highlights the role of poor motivation for weight loss among nurses (NP2, NP3, MP3). Nurses often prioritize patient care over their own well-being, leading to a lack of time and resources for proper diet planning and exercise [23]. The motivation to lose weight is crucial, and finding ways to enhance nurses' self-motivation and self-awareness is essential for effective weight management [24]. Additionally, the study emphasizes the importance of gaining accurate knowledge about obesity and dieting (NP1, MP3). Nurses may rely on information from unreliable sources or have misconceptions about nutrition and weight management. Access to credible resources and the promotion of dietetic competence are essential to support nurses in making informed dietary choices [25, 26].

CONCLUSIONS

It was concluded from the study results that long hours, irregular shifts, and high-pressure situations made hospital work demanding and stressful. This resulted in emotional eating or a dependence on unhealthy foods, making it difficult for nurses to maintain a balanced diet and properly

control their weight.

Authors Contribution

Conceptualization: HS, MM, YB

Methodology: TK, YB

Formal analysis: HS, MM, YB

Writing-review and editing: HS, MM, YB

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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