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Nursing Attitudes Towards Obese Patients

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NURSING ATTITUDES TOWARDS OBESE PATIENTS

by

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Gardner-Webb University School of Nursing
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Abstract

Background: All Registered Nurses and Licensed Practical Nurses who work in CICU, MSICU, NTICU and 7N .The attitudes of these nurses regarding obesity and the obese patients were measured. **Objectives:** To determine if there is a bias against obese patients in the health care setting and if further education is needed. **Methods:** Likert scale survey, modified from the NATOOPS survey (with permission) was sent electronically to each nurse and when completed transmitted to a data base where results were tabulated. **Results:** Among the 51 respondents, 60 % had 4 years of college or more. Years in nursing ranged from 0-47. Age of nurse 23-69. The nurses were consistent regarding care to the obese patient. Treatment given was the same as that given to a normal weight patient. Lack of equipment to help nurses with obese patients was a common thread. Education of staff and patients were the biggest issues. Respondents who had obesity training had lower scores and respondents with higher education had lower scores which did reach a statistically significant difference. $r=-0.29$ ($p=0.0447$) Correlation was made that nurses with higher education had lower scores regarding obesity. Thus a bias is present in the nurses' attitude toward the obese patient. **Conclusion:** There is a bias against obesity in the healthcare field. More education is needed. Future research utilizing a qualitative study regarding the nurse and obese patient would be beneficial

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Chapter I: Introduction

Nursing Attitudes Towards Obese Patients

Obesity is a common healthcare problem. It provides patients and providers of their care with many significant challenges in dealing with their care. In 2004, the National Institute of Health (NIH) Obesity Research Task force called obesity “a pervasive public health problem”, and the Center of Disease Control and Prevention declared “obesity is the fastest growing cause of preventable death in the nation, soon to overtake tobacco as the leading cause” (Bell, 2005, p. 388).

Obese adults are at risk for many co-morbidity conditions such as: hypertension, coronary artery disease, diabetes mellitus, gallbladder disease, respiratory disease, gout, arthritis, and many types of cancer. The most convenient method of defining the degree of obesity is via Body Mass Index (BMI), which is the ratio of a persons’ weight (in kilograms) to height (in meters) squared. The term “Morbid Obesity” is now more appropriately termed “Clinically Severe Obesity”, defined as a BMI > 40 kg/m², or a BMI =/+ of > 35 kg/m², and significant co-morbidities (Kells, 2005).

Nursing attitudes regarding the obese patient are varied. Weight bias among the healthcare provider must be addressed and a good fit for care must be found. There are many things that need to be addressed regarding the care of the individual. When admitted to the hospital, their size complicates the most basic care plan. The key is realizing the problem that lies ahead. Skin breakdown, nutritional status, (even if obese, albumin levels may be low thus compromising the process of healing), respiratory insufficiency, altered drug absorption (due to increase adipose tissue), and just plain learning how to address their personal needs. Dealing with discharge planning to meet the

physical and emotional needs of the patient and caretakers is a main focus point. These needs should be met with the help of a compassionate, caring staff member. Wright (1998) used semi-structured interviews with nurses (N=10) to elicit a description of female nurses' perceptions of acceptable female body size. Nurses expressed attitudes of discomfort in counseling patients regarding their weight and viewed this topic as sensitive and personal. They were uneasy about advising patients' about weight reduction, despite the belief that this is an unhealthy condition, because they were very concerned about damaging the persons' self esteem. The nurse felt that the obese person had a choice regarding their size. As a result of the conflict, the nurses took no action but were happy with their decision.

Culbertson and Smolen (1999) explored the nurses' attitudes and found out that more than half (N=74) believed that obese adults chose food selections poorly, could lose weight if they so desired, and lacked self-confidence. Findings revealed that as the age of the nurse increased, negative attitudes decreased. This is in direct contrast with the study of Weise, Wilson, Jones and Neises (1992, p. 863), who found "that non-traditionally aged medical students tended to have more stigmatization towards obese patients than did younger students". Petrich (2000) explored the perceptions of medical (n=28) and nursing (n=102) students toward obesity using survey methodology. Findings showed that many respondents were repulsed by the appearance of the person and felt it was an unhealthy condition to be in.

In several documents researched there was a common denominator. It was one of physicians exhibiting negativity toward the obese and nurses following suit and doing the same. In order to best meet the need of the obese patient, nursing attitudes need to be

addressed and modifications performed. There are many avenues to explore and be established. The use of “The Roy Adaptation Model” will provide a supportive way to deal with attitudes regarding the obese patient.

Conceptual Framework

The Roy Adaptation Model (RAM) can be used for any age. It is one of the most frequently used models to guide nursing research. This model is taught to most baccalaureate, masters’ and doctorate programs. The influence of the RAM is evidenced by the numerous qualitative and quantitative studies which have been guided by it. The theory, according to Roy, tells us that people are: “holistic adaptive systems and the focus of nursing.” The external and internal environments are all the phenomena’s around us that make and affect the development of the adaptive behavior. People are in constant interaction with the environment and thus exchange matter, information, and energy. For their survival, the human adaptive system must respond positively in order to exist. Health is defined by Roy as: “a state of becoming an integrated whole human being” (Fawcett, 2005, p. 253). Three types of environmental stimuli are described in the RAM. The focal stimulus is the main focus of the individual, at the specific time. Contextual stimuli are either external or internal stimuli which contribute to the way a person interacts with the focal stimulus. Residual stimuli are every factor that affects an individual, from within the human and without, which in turn affect the adaptation to the focal stimuli, which may be known or unknown. The ways of coping with these stimuli can be acquired or innate. Adaptive responses to stimuli are those that can promote integrity of the system but do not facilitate the completion of system goals. The goals of the system are: survival,

growth, reproduction, and mastery. Then input is received by a person, this individual responds through two coping subsystems, the regulator and the cognator. Endocrine, neural, and chemical systems involve the regulator system process. There are four cognitive emotional channels in the cognator subsystem. Individual behavior can be studied under one of the four adaptive modes. The physiologic modes will address human functions. The self-concept mode consists of the feelings a person has about himself and may include spiritual components. Interdependent mode is basically concerned with significant others and the perception of security within the relationships which include receiving and giving support and love. Role function mode is the role a person maintains within family and society as well as the ways each individual relate to each other. Within this role function there are three levels. Primary role is based on gender and age. It is determined by the developmental period of the person. The second roles are the roles which the person holds in order to complete the developmental progress. The tertiary roles responsibility to help formulate goals with the person after determining if there are negative behavioral responses which could possible threaten the individuals' survival, determine how to alter the specific environment in order to promote good health, quality of life and integrity of the human system (Fawcett, 2005).

In regard to the study utilizing the RAM the focal stimulus is the obese patient. Contextual stimuli are identified as the weight, size, co-morbidities of the person, and relationships with family and primary caregivers, depression and lack of self esteem. Residual stimuli are the burden of care to the caregiver and staffing attitudes, past experiences, and preconceived notions regarding this person. Assessments adaptive

roles were: Self concept mode: The person displays lack of self esteem, self worth, and felt hopeless. Nurses develop a plan of care to help the individual develop a concept of self-worth. Interdependence mode: Isolation and, role losses, depression, dependence on caregiver and staff for ADL's, physical contact and recognition. Physiologic needs are: comfort, activity, oxygenation, skin integrity and circulation. Interdependence Mode: Dependent needs, physical contact, recognition, decision making. Coping Mechanisms exhibited: longer, negative behavior, elevated blood pressure, stress hormones, humiliation, frustration, tears, and lack of interest in appearance. The nursing intervention in this particular situation would be one of manipulation of stimuli.

Incorporate family and institute early discharge planning. Maintain dignity and decrease isolation. Within this adaptation model the integrity of the Individual is determined by the attitude of the nurse. Perceptions of obese patients, utilizing the present research will provide a basis regarding nurses' attitudes to determine if there is a definite weight bias. Obese patient are labeled as lazy, unmotivated, stupid, unattractive and gross. The researcher is hoping to find more studies regarding attitudes towards obese patients. The purpose of this study is to determine what the nurses' attitude towards obesity is. Rationale for this study is to determine if there is an obesity bias. After reviewing the data collected conclusions will be made.

Chapter II: Review of Literature

Theoretical Framework Literature Review

The literature research found very few articles which related to the topic, using the Roy Adaptation Model. A doctoral dissertation-research of Tsai, P.; Wayne State University, 1988:PH.D. addresses a theory of caregiver stress derived from RAM. It was developed to help examine the relationships of stimuli, coping mechanisms, and the adaptive modes. The hypothesis derived from this study showed that the “*objective burden in care giving would be the most important stimulus that led to perceived caregiver stress*”. The higher perception of caregiver stress would result in ineffective responses All of these modes are interrelated and used for the study. Depression was also a part of this study and dealing with the function of contextual stimuli in the model. The statistical analysis was not supportive of the initial RAM derived theory. This primary model was modified by reevaluation of the relations of the constructs of empirical data using structural equation modeling. The final data-derived was then further partially cross-validated with another sample and was simplified. These finds were: “(a) objective burden in care giving and perceived care giver stress were not the most important determinants of their outcomes ion the context of chronic care giving; (b) Perceived caregiver stress and depression were related yet distinct concepts in predicting caregivers’ outcomes; (c) Depression was the most easily aroused outcome of perceived caregiver stress; (d) Contextual stimuli did not have either the main effect on perceived burden in care giving and perceived caregiver stress; (d) Contextual stimuli did not have either the main effect on perceived caregiver stress or a moderate effect on the relationship between the objective burden in care giving and caregiver perceived

caregiver stress. Instead, they influence the caregivers' outcome directly; (e) Gender was the only residual stimulus that was found to predict perceived caregiver stress and (f) there were no casual relationships among adaptive modes, instead adaptive modes were either predicted by depression, contextual stimuli, or residual stimuli. In researching the nurse's response to obese population, the caregiver is readily replaced in the article with the nurse in the hospital setting" (Tsai, 1998, p. 211). The patient is totally dependent on the nursing staff for care. There is additional stress related to the size and various aspects of the care regarding modes of transportation, medication administration, nutrition and supportive care to the patient and their caregiver who takes care of them at home. Feelings of inadequacy, or possibly relief could turn into feelings of depression. Psychological factors come into position when the roles were changed for a short period of time.

Flood (2006), utilized the Roy Adaptation Model regarding successful aging in older adults. In U.S., there have been many researchers who have explored this phenomenon using various tools, but there are still no specific guidelines available. The RAM supports promotion of adaptation to the chronic problems when one's health may be declining and can be a useful guide for understanding some of the methods of successful aging. Some of the current literature suggests that the functional performance and the creativity of the individual are of importance when aging. This study was a pre-test, post-test experimental design investigating the effects of creativity enhancement in older adults. This intervention did not seem to increase the creativity or successful aging, but there were some statistically significant results about the possibilities of the creative enhancement process. Dealing with the chronic conditions and the various other disease

processes that come along with it proved to be stressful. Aging gracefully, creatively, in itself, is a process that Roy deals with. Stress and issues regarding the care of the older adult could be in direct correlation with the nurses' attitude regarding the care and emotional well being of the obese individual. There would be similarities regarding care, support, and understanding of the conditions that need to be explored.

Thomas (2007), reported that the influence of self-concept regarding the adherence to recommended regimes in adults who have heart failure. Roy's Adaptation Model and Self-Concept Mode Theory guided this specific study. Self-Concept is defined as: "composite of beliefs and feelings that one holds about oneself at a given time; formed from internal perceptions and perceptions of others' reactions" (Thomas, 2007, p. 410). The experiences and interpretations of the environment help to form the perception of self. The perceived feelings when brought about by illness, can impact self-concept and behavior. Within this psychosocial and physical self, Roy and Andrews have further defined five different aspects regarding self-concept "which include body image, body sensation, self-ideal, self-consistency, and moral-ethical-spiritual self" (Thomas, 2007, p. 412). The purpose of this study was to examine the components and relationships of self-concept and cognitive perceptions with adherence to the specific recommended regimes in regard to the individuals who have heart failure. Research questions were addressed and a descriptive correlation design was used to identify if there are relationships between the predictor variables and the outcome variables.

Two Institutional Review Boards did an expedited review in order to collect data. There were two separate Heart Failure (HF) clinics included in order to obtain a sample variety of economic and ethnic backgrounds. One clinic was located in a rural area, the

other in the inner city. For purposes of inclusion, individuals were 18 years of age and diagnosed with HF. They were on a regime of specific medical treatments and were identified by chart review. Some individuals were not accepted in the study due to various difficulties. There were 97 out of 134 who met the inclusion criteria. There were no instruments found that used RAM, so a demographic questionnaire and 3 research instruments were developed. The Ram evaluated the Cognitive Perception of Cardiovascular Health Lifestyles. The Cognitive Perception of health regimes were measured by the items on the questionnaire using a 4 point Likert scale. 1=Never, 2-Rarely, 3=Often, 4=Routinely. Individuals rated the extent to which they threatened challenged by the specific diet, exercise, and medications prescribed. The questionnaire was 59 questions. Total validity was 0.97%. Two questions were deleted and minor changes were made. There were several tables in the study and much statistical analysis. This study was limited in that it took place in two different Cardiologists office and the major samples were Christian Caucasians and samplings were collected during regular visits. The conclusions were that the nurses need to assess the HF patients and challenge them regarding what they understood and what they were doing to guard against HF. Helping patients recognize how they can empower themselves, gain a better body image and help them to adhere to the specific regimes that have been set up for them regarding their self-concept. This nursing theory-based study provides a foundation as to how to understand what self-concept does to influence the individuals' ability to adhere to the health regimes with HF with some directions for nursing practice. Regarding the concept of the nurses' attitude towards obesity, the self-concept is very effective. The beliefs of each individual will be evaluated. RAM and interpretation of environment and perception

of the individuals' life experiences form the perception of self. This tool can help develop a more positive atmosphere for patients.

Literature Review

In a case study conducted by Kells and Koerner (2005), details of how a morbidly obese patient had his needs overlooked are explored. This patient had undergone Bariatric surgery and felt that the hospital was unprepared to deal with obese patients. During the one week that the patient was hospitalized, the patient had a narrow bed to sleep on, could not be turned due to his size (500 pounds), no trapeze to help him move, no wide walkers, no handicap rooms, bathrooms or showers, or handrails. After removal of his foley catheter, he could not place the urinal properly and thus was soaked with urine after he voided. He felt that the nurses did not want to spend the time or energy to help him. His wife stayed at the bedside night and day His post op instructions were minimal. When he left the hospital he was eternally grateful that he had had his wife at this bedside. He wrote "a caretaker of the morbidly obese needs to walk through a virtual reality of the obese person's world" (Kells & Koener, 2005, p. 9). This article was an inspiration to teach others to learn to "think outside of the box" and devise a plan regarding care of the morbidly obese patient.

Yin (2003), described case studies from a totality Parse (1987) or empirical philosophical stance. Yin's literature was written 1984-2003. During this time frame nurse researchers were using qualitative phenomenological and hermeneutical research case designs with underpinning from the Simultaneity Paradigm Parse (1987), received view Polkinghorne (1983), or naturalistic Lincoln and Guba (1985) philosophy. Also during this time many disciplines and professionals used case studies to find themes and

learn from the learned experiences of the patient. Data was collected in conversational dialogue. Clarification and elaborative questions were the only ones asked to keep. Once the story was told, the data was generated and transformed into written form.

Researchers' minds were cleared by centering Reeder (1988) and using Husserl's (1978) bracketing. This was a one patient inquiry. Member checking Lincoln and Guba (1985) was conducted to insure credibility or truth of the data. The engagement of the literature was prolonged as the researchers were obese and had experience with bariatric patients. But, two major themes "essence truths" Stein (1997) were identified. The themes were: agency needs/preparations and nursing knowledge/familiarity with bariatric patients needs. Every patient knows his own needs. Nurses must be prepared to deal with them. Enough personnel must be available to move the patient. Nurses must be able to turn patients and inspect them for skin breakdown. Nursing education is a requirement. Appropriate equipment should be available to support and maintain comfort for the hospitalized obese patient. A study conducted by Lombardo and Roof (2005) a Model and Role Modeling Theory regarding morbidly obese patients, Erickson et al. (1983), draws from the works of Erickson, Maslow, Selye, Engel and Piaget. The major concepts are: *Modeling Process*: in which the nurse learns what the patients' personal model is, from the client's world, and *Role modeling*: where the nurse nurtures and facilitates the patient in maintaining and promoting his health. The goals of this intervention are: trust, positive orientation, client control, promotes client strength and set mutual health-directed goals. Using this theory the nurse supports adaptive coping dealing with health stressors. Patients need to achieve appropriate goals. Obese patients are not readily accepted in society. Healthcare providers have a specific prejudice against obesity.

Hahler (2002) notes substantial prejudice against the obese and that the nurses' body language and facial expressions can communicate their discomfort about caring for the clients. This nursing theory offers a holistic approach to caring. Every patient is an individual and has specific biological, socio-cultural, socioeconomic, psychological and spiritual needs.

In a study by Zuzelo and Seminara (2006), descriptions of RN's (registered nurses) attitudes toward obese patients using the "Attitudes toward Obese Adult Patients Instrument". It included full time employees who worked in a medical center, acute rehabilitation center and skilled nursing center. Obesity was found to have a negative connotation making patient-nurse interactions more destructive instead of constructive. These attitudes needed to be described by the nurse before the care of the bariatric patient could be addressed. Chen (1994) suggested that there are intervening influences that may mediate the effect that a treatment (educational program) has on an outcome (bariatric nursing expertise). Nurses' attitudes toward bariatric patients may affect their predisposition to learn about bariatric nursing. The purpose of this study was to describe RNs attitudes towards the adult bariatric patient. Research questions were posed and answered. The study defined obesity as a state of "body largeness". Attitudes were defined as a set of beliefs, feelings and assumptions which influence behaviors. The study operationally defined obesity as the nurse's individual perception.

Bagley, Conklin, Isherwood, Pechiulis and Watson (1998, p. 959), obesity attitude was defined: "as a numeric score obtained by the Attitudes towards Obese Adult Patients Instrument". This instrument consisted of 28 items developed to measure RNs' attitudes towards obese patients across the dimensions of nursing management, lifestyle, and

personality characteristics. Completion took 10 minutes. Statements were scored on a Likert scale 1= strongly agree and 5= strongly disagree. The instrument was scored by calculating the overall mean score derived by totaling individual items scores and dividing the total number of items. Tables were used and statistical analysis was performed and a thematic analysis was done on the Qualitative Data. Eight themes were identified. They were: (1) *believing that obese patients deserved equal treatment.* (2) *Recognition of unique care needs.* (3) *Feeling overwhelmed by care needs.* (4) *Making an effort to avoid hurtful encounters.* (5) *Feeling astounded.* (6) *Feeling sympathy.* (7) *Dreading the physical care and demands.* (8) *Worrying about personal safety.* These findings indicate that nurses have positive attitudes toward obese adult patients. A difference between Rehab and Medical nurses was mainly due to the length of stay, institutional care priorities, and typical patient types, or all three. There was a limitation to this study due to a low response rate of 16.2%. The low alpha score suggests that this instrument was less consistent for the sample. This study showed that nurses are aware of their biases, work hard and attempt to protect the dignity of the obese patient. Acknowledgment of safety concerns and increased work demands were addressed. Special equipment is required to work more effectively and safely.

In another investigation by Peternelj-Taylor (1989), the effects of patient weight and sex on the nurses' perceptions were discussed and a model was developed called "A Proposed Model of Nurse Withdrawal". This study was a challenge to the nurses neutrally regarding patient care, the effects of patient weight and sex, care delivery and decisions. This phenomenon of mutual withdrawal, originally identified by Tudor in psychiatric nursing, was adapted to the general nursing care and served as the conceptual

framework. Emphasis was given to nurse withdrawal. A volunteer sample of 100 senior female baccalaureate students was randomly assigned to one of four conditions in a 2 x 2 factorial design with the following factors: (a) *weight of the patient (normal verses obese)* (b) *sex of the patient (male verses female)*. These independent variables were presented through visual and descriptive stories to the participants. Dependent variables included: evaluation, attribution and care delivery. The analysis showed that obese patients were evaluated more negatively the normal weight patients, $F=2.82$, $P< 0.05$, nurses did not indicate withdrawal. Social attractiveness was identified as the independent variable which led to the proposed model of nurse withdrawal.

Watson, Oberelr and Deutscher (2008) conducted a study to develop a testing instrument to measure the nurses' attitudes towards the obese patient and obesity. Dr Watson had been involved in a similar study in 1998 and continued onward to research further the attitudes which, she felt affect care to obese patients. The tool: "Nurses Attitudes toward Obesity and the Obese Patients" (NATOOPS) was developed as a result of this research. It is based on an earlier version involving obesity discrimination research and clinical experiences. After the content validity was established the instrument was sent arbitrarily to 1,400 Registered Nurses. This analysis produced a 5 factor solution with 36 items reaching loadings of .4 or greater. Cronbach's alpha was .81 for the reduced scale, with a range of .45 to .79 on the five factors. Construct validity was further supported through various groups contrasts. There were contrasts in other studies where the respondents who were not obese and had lower BMI would have had negative attitudes towards obese patients. According to this study, the three out of five factors showed differences regarding attitudes involving the contrast groups, with the obese and

overweight group exhibiting a more positive attitude toward obese patients. There was proven as a result of this study, that there is a multi-factorial, multidimensional concept toward obesity/obese patients. Values and acknowledgements appear to reflect the various aspects of attitudes with the total score being reflective of the general attitude. There were further implications identified for future research. The incidence of obesity in our current population is phenomenal and there is a need for further research.

As a result of this research article communication with Dr. Watson was established .Permission was obtained by the researcher to utilize the NATOOPS tool with a Five Factor Analysis and modification using a Likert scale.

Chapter III: Method

There was data collected and records kept with complete anonymity and confidentiality of all participants. The Identified Research Problem was: "What are the nurses' attitudes towards obesity?" The purpose of this study was to determine if nursing attitudes affect the quality of care given to the obese patient. The hypothesis is that nursing attitudes must be addressed and additional education and training be afforded to all those who participate in the care of obese patients. In this research a Quantitative question is: "What percentages of nurses have a positive, negative or unbiased opinion regarding obese patients?". A Qualitative question is: "What percentages of the nursing population perceive that they have a knowledge deficit in regard as how to care for obese patients?" The framework is that of Roy Adaption Model, which has been manipulated to identify with this specific research problem. The Roy Adaptation Model, (RAM), assesses behaviors and factors that influence adaptive abilities. It intervenes with the expansion of capabilities and enhances interactions with the environment.

Concepts are: dependent: patient care; independent: education and attitudes of nurses, positive, negative or unbiased. Sample size was nurses in the Intensive Care Units (ICU) and Step down units (SDU) approximately 100 nurses. The design will include a demographic questionnaire.

This questionnaire did include age, sex, gender, education, years in the professional, contact with patients, and personal experience with obesity, dieting, and emotional point of view. There is a Five Factor Solution Analysis with 36 items utilizing a Likert scale. These addressed opinions on a 1 to 5 scale going from strongly disagree to strongly agree. These questionnaires were completed online, forwarded to a website

database and analyzed.

A cover letter was composed and participation in the survey was addressed. It was sent electronically. Completion of the survey took approximately 10-20 minutes. After completion the survey was sent electronically to a data base.

The data was collected over a period of thirty-one days and was inputted into a data base and placed on a spread sheet. Data was compiled, analyzed and evaluated by an expert member.

According to Carper (1978), ethical nursing emphasizes the values of nurses and nursing. It focuses on the value of changes and outcomes in terms of the desired ends. The questions addressed are of moral, non-moral and moral obligation. These are written as standards, codes and normal ethical theories. Researches regarding what nurses are doing and how we can make things better are at the forefront now. Care must be exercised in ensuring that the rights of humans included in this research study are protected. "The requirements for ethical conduct must be given adequate attention" (Polit & Beck, 2004, p. 143).

Chapter IV: Results

There was a Five Factor Analysis solution with 36 items to be addressed. The results of the survey verified the hypothesis that there is a bias against obese patients.

Demographic Characteristics were established. There were fifty-one out of ninety seven respondents. Two were male and forty-nine were female. Ages ranged from twenty three to sixty nine, = $40.49 \pm SD=11.994$. Four respondents did not report their age. Nursing Education; none 1-2.0%; other college-1, 2.0%; LPN-1=2.0%; ADN-4=7.8%; Diploma-13=25.5%; Bachelor's-25=40.0% and Master's-6=11.8%. Thus 60.8% had 4 years or more of education. Years of nursing range=0-47, Mean \pm =15.18 SD \pm 12.595.

Factor 1: Response to obese patients Mean score= $47.29 \pm SD 11.199$. This measured feelings toward obese patients and working relationships in caring for obese patients. Factor 2: Characteristics of obese individuals .Mean score = $29.65 \pm SD 5.599$. This factor addressed the individuality of the obese population. Factor 3: Controllable factors contributing to obesity. Mean score= $27.18 \pm SD 6.719$. Factor 4: Stereotypic characteristics of obese patients: $7.06 \pm SD 2.240$ and Factor 5: Supportive roles in caring for obese patients= $10.59 \pm SD 3.360$. Equaling Total score of $121.76 \pm SD 29.117$.

Average NATOOPS scores by obesity education No= (n=35) 126.57, total score; Yes= (n=16) total score 111.25. Respondents who reported having received education related to obesity had lower scores. This showed a statistical significance.

Average NATOOPS scores by College Degree, Bachelor or Masters; No= (n=20) total score 123.60; yes (n=31), total score 120.58. These nurses were educated and seasoned in their career: $F=0.29$ ($p = 0.0447$). Education was a determining factor in this study. No (n=35) total score 126.57; Yes (n=15) 111.25. Respondents who reported

having a college or graduate degree had lower scores. Statistically significant shown.

(Please refer to Appendix A)

The length of the nursing career in years showed a dislike toward obesity. Nurses with a lower education had a more positive opinion regarding obesity. Educational seminars regarding obesity did not have a statistical significance. It was therefore proven that there is a bias against obesity and education is needed for everyone.

Chapter V: Discussion

The project was well thought out. Participation was inadequate. The initial survey was received poorly and half way into it the researcher launched an appeal to the staff and the managers to rally some support regarding completion of the survey. Out of 97 nurses 51 responded. The survey was sent to 7 North, which has the bulk of the obese population. Patients who have obesity surgery are placed here for aftercare and education before discharge. Neurotrauma ICU receives obese patients due to trauma or overflow in the units. Medical-Surgical ICU offer nursing care to obese patients who have complications due to obesity. Post op after having obesity surgery for weight reduction or any other surgery. Patients having respiratory problems or complications will remain in MSICU. Coronary Care ICU receives acute myocardial infarctions before or after Cardiac Catheterizations post stent placement or balloon angioplasty. Unstable patients stay in CICU before going to open heart surgery. These Intensive Care Units provided a different perception of the patient. The diversity of the study is enhanced by this.

Utilization of RAM was useful in determining the type of care given to patients and reasons for it. The research was done to establish if there was a bias against the obese patient. People who were more educated were less tolerant of the obese patient and obesity. Established was that higher education led to a skewed view of patients. Most positive part of the survey was that over 75 % of the nurses stated that they” took care of the patients the way they would want someone to take care of them”. There were limitations to this study. Participation was scattered. Surveys did not reach everyone because of electronic errors. Implications are present for nursing education regarding care, behavior and indifference towards the obese patient and obesity.

In conclusion, measuring nursing attitudes towards obesity and the obese patient is very important and appropriate given the prevalence of obesity in society. Nursing has been the most trusted profession for many years. Nursing research improves clinical practice and is a challenge for every nurse who is involved in patient care. Nursing is a constantly evolving profession. Nursing self-education, not mandated education, would be beneficial. Evaluation of the nursing scope of practice with quality care and research could be a difficult thing. Honest open communication is essential to quality care. It is important to have strong communication skills in the health care setting .Nurses need to be comfortable in their own element as patient advocates. This is a crux of ethics.

Further studies regarding the influence of the attitudes on the nurse-patient relationship and patient outcomes are needed. Educational programs targeting obesity can help to improve the quality of care given the obese patient along with providing job satisfaction for the nurse.

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Appendix A

NATOOPS Results

Demographic Characteristics

Number of Respondents	51	
<u>Gender</u>		
Men	2	3.9%
Women	49	96.1%
<u>Age</u>		
Range	23-69	
Mean \pm sd	40.49	\pm 11.994
<u>Nursing Education</u>		
None	1	2.0%
Other College	1	2.0%
LPN	1	2.0%
ADN	4	7.8%
Diploma	13	25.5%
Bachelor's	25	49.0%
Master's	6	11.8%
<u>Years of Nursing</u>		
Range	0-47	
Mean \pm SD	15.18	\pm 12.595

According to these finding 60% of the staff had a college education of four years or more.

.There was no significance of education found at this point of the survey.

	<u>Mean Score</u>	<u>± SD</u>
Factor1: Response to Obese Patients	47.29	11.199
Q16. Feelings of Irritation	3.53	1.120
Q17. Feelings of impatience	3.53	1.120
Q15. Feelings of frustration	3.53	1.120
Q19. Neutral Feelings (reverse scored)	2.47	1.120
Q5. Preferences about caring for obese patients	3.53	1.120
Q18. Feelings of disgust	3.53	1.120
Q23. Feelings of stress	3.53	1.120
Q4. Feelings of discomfort	3.53	1.120
Q24. Feelings of repulsion	3.53	1.120
Q36. Preference for working with normal weight nurses	3.53	1.120
Q20. Difficulty experiencing empathy for obese patients	3.53	1.120
Q22. Caring for obese patients as emotionally draining	3.53	1.120
Q21. Preferring not to touch obese patients	3.53	1.120
Q14. Neutral feelings about caring for obese patients (reversed)	2.47	1.120
Factor2: Characteristics of Obese Individuals	29.65	5.599
Q37. Low self-esteem	3.53	1.120
Q29. Depression	3.53	1.120
Q31. Socially accepted (reverse scored)	2.47	1.120
Q35. Guilt	3.53	1.120
Q34. Ridiculed	3.53	1.120
Q32. Angry	3.53	1.120
Q28. Self-confident (reverse scored)	2.47	1.120
Q33. Fatigued	3.53	1.120
Q10. Self-conscious	3.53	1.120

Factor3: Controllable Factors Contributing to Obesity	27.18	6.719
Q12. Eating habits	3.53	1.120
Q13. Lifestyle	3.53	1.120
Q11. Self-control	3.53	1.120
Q1. Overeating	3.53	1.120
Q7. Obesity as treatable	3.53	1.120
Q25. Obese patients as self-indulgent	3.53	1.120
Q3. Obesity as influenced by environment	3.53	1.120
Q2. Exercise (reverse scored)	2.47	1.120
Factor4: Stereotypic Characteristics of Obese Patients	7.06	2.240
Q27. Lazy	3.53	1.120
Q26. Unkempt	3.53	1.120
Factor5: Supportive Roles in Caring for Obese Patients	10.59	3.360
Q9. Monitoring food intake	3.53	1.120
Q6. Weight management programs	3.53	1.120
Q8. Emotional support	3.53	1.120
Total Score	121.76	29.117

Correlations of NATOOPS scores with Age and Years of Nursing

Correlation of total score with Nurse's age: $r=-0.13$ ($p=0.3628$)

Correlation of total score with years of experience: $r=-0.29$ ($p=0.0447$)
(Respondents with more years of education had lower scores.)

Average NATOOPS Scores by Obesity Education received

	Obesity Education	
	No (n=35)	Yes (n=16)
Factor 1	49.14	43.25
Factor 2	30.57	27.63
Factor 3	28.29	24.75
Factor 4	7.43	6.25
Factor 5	11.14	9.38
Total Score	126.57	111.25

Respondents who reported having received education related to obesity had lower scores, although they did reach statistical significance.

Average NATOOPS Scores by College Degree

	Bachelor or Masters Degree	
	No (n=20)	Yes (n=31)
Factor 1	48.00	46.84
Factor 2	30.00	29.42
Factor 3	27.60	26.90
Factor 4	7.20	6.97
Factor 5	10.80	10.45
Total Score	123.60	120.58

Respondents who reported have a college or graduate degree had lower scores, although they were statistically significantly different.

Data Issues Noted

- 4 Respondents did not report their ages in years, and the following substitutions were made for the statistical analyses:
- 35 substituted for response of “over 30”
- 35 substituted for response of “over 30”
- 65 substituted for response of “over 60”
- 45 substituted for response of “40’s”

Survey Issues Noted

The published survey contains 36 items, categorized into 5 factors. The survey distributed contained 37 items. Two questions were similarly worded: Question # 29 “Obese adult patients are depressed” and Question # 30 “Obese adults are depressed.” Question 29 was used in the analyses. Responses to question # 30 were not used.

Factor 1 in the published article contained a question regarding working with normal weight nurses, whereas the survey used different wording, i.e. question #36 “I would rather work with a normal weight person than an obese person” that may have been interpreted as referring to patients rather than nurses.

Appendix B

NOTE: This is a preview only, not a functional survey.

Nurses Attitudes Toward Obesity and Obese Patients Scale (NATOOPS) Modified

* Indicates required information

Instruction Please read each statement carefully before responding. Use the following Likert scale to answer each question:
1. = strongly disagree
2. = disagree
3. = neutral
4. = agree
5. = strongly agree

1. * Obese adults overeat
 1 = strongly disagree

2. * Obese adults exercise
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

3. * Obesity is influenced by one's family environment.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

4. * Nurses feel uncomfortable when caring for obese adult patients.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

5. * If given the choice, nurses would prefer not to care for obese adult patients.
 1 = strongly disagree
 2
 3
 4

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5 = strongly agree

6. * Obese adult patients would prefer to be put on a weight management program while in hospital.

1 = strongly disagree

2

3

4

5 = strongly agree

7. * Obesity is treatable.

1 = strongly disagree

2

3

4

5 = strongly agree

8. * Obese adult patients need more emotional support than other patients.

1 = strongly disagree

2

3

4

5 = strongly agree

9. * Nurses should monitor the food intake of obese adult patients more carefully than that of non-obese patients.

1 = strongly disagree

2

3

4

5 = strongly agree

10. * Obese adult patients are more self-conscious than normal weight patients.

1 = strongly disagree

2

3

4

5 = strongly agree

11. * Obesity can be prevented by self control.

1 = strongly disagree

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-
- 2
- 3
- 4
- 5 = strongly agree

12. * Obese adults can lose weight if they change their eating habits.

- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree

13. * Obesity is a matter of lifestyle.

- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree

14. * I feel the same about caring for an obese patient as a normal weight patient.

- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree

15. * Caring for an obese adult patient is more frustrating than caring for a normal weight patient.

- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree

16. * I feel more irritated when I care for an obese adult patient than a normal weight patient.

- 1 = strongly disagree
- 2
- 3

http://intranet02/sitemaker/websitefiles/MissionO4838924/scripts/smm_surveyadmin.cfm?... 3/24/2010

4
 5 = strongly agree

17. * I feel more impatient when caring for an obese adult patient than a normal weight patient.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

18. * I feel disgust when I am caring for an obese adult patient.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

19. * I feel indifferent to the obesity when I am assigned to an obese patient.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

20. * It is difficult to feel empathy for an obese adult patients.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

21. * I'd rather not touch an obese adult patient.
 1 = strongly disagree
 2
 3
 4
 5 = strongly agree

22. *

http://intranet02/sitemaker/websitefiles/MissionO4838924/scripts/smm_surveyadmin.cfm?... 3/24/2010

	<p>Caring for an obese adult patient is more emotionally draining than caring for a normal weight patient.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5 = strongly agree</p>
23. *	<p>Caring for an obese adult patient is more stressful than caring for a normal weight patient.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5 = strongly agree</p>
24. *	<p>Caring for an obese adult patient repulses me.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5 = strongly agree</p>
25. *	<p>Obese adults are self-indulgent.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5 = strongly agree</p>
26. *	<p>Obese adults are unkempt.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 3</p> <p><input type="radio"/> 4</p> <p><input type="radio"/> 5 = strongly agree</p>
27. *	<p>Obese adults are lazy.</p> <p><input type="radio"/> 1 = strongly disagree</p> <p><input type="radio"/> 2</p>

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3

4

5 = strongly agree

28. * Obese adults are self-confident.

1 = strongly disagree

2

3

4

5 = strongly agree

29. * Obese adults patients are depressed.

1 = strongly disagree

2

3

4

5 = strongly agree

30. * Obese adults are depressed.

1 = strongly disagree

2

3

4

5 = strongly agree

31. * Obese adults feel socially accepted.

1 = strongly disagree

2

3

4

5 = strongly agree

32. * Obese adults experience unresolved anger.

1 = strongly disagree

2

3

4

5 = strongly agree

http://intranet02/sitemaker/websitefiles/MissionO4838924/scripts/smm_surveyadmin.cfm?... 3/24/2010


33. * Fatigue is a problem for obese adults.
- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree
34. * Obese adult patients are the subjects of ridicule.
- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree
35. * Obese adult patients feel guilty.
- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree
36. * I would rather work with a normal weight person than an obese person.
- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree
37. * Obese people have a lower opinion of themselves than normal weight people.
- 1 = strongly disagree
- 2
- 3
- 4
- 5 = strongly agree

NOTE: This is a preview only, not a functional survey.

http://intranet02/sitemaker/websitefiles/MissionO4838924/scripts/smm_surveyadmin.cfm?... 3/24/2010

Appendix C

CERTIFICATE OF COMPLETION



This certificate is awarded to

Dianna Davis

In recognition of completion of the training
protocol of the institutional review board

**Gardner-Webb
University**

Debra Bell Price
IRB Administrator

Date *2/2/2010*

Appendix B



The Institutional Review Board
of
Gardner-Webb University

This is to certify that the research project titled

Using A Case Towards Home Projects

being conducted by

Gene A. Little

has received approval by the Gardner-Webb University IRB.

Date 5/10/2010

Signed

[Signature]
IRB Chair or Department/School/Program Representatives

Mary Alice Hodge
(2 Signatures are required for approval.)

Expiration date 5/10/2011

IRB Approvals:

Exempt Expedited Full

**Gardner-Webb University
Institutional Research Board
Application to Conduct Research with Human Subjects
(Researcher must complete this form before request can be submitted to IRB)**

Name of Researcher: *Diane M. Davis*

Date: *3/25/2010*

Mailing Address

28 Clement Dr
Asheville, N.C. 28805

Email Address: *ddavis555@charter.net*

Phone: *828-298-5894*

Department: *Nursing*

Faculty Sponsor (if student research)

Dr. M.A. Hodge

Title of Research Project

Nurses Attitudes toward Obesity

What is your hypothesis/research question(s) Do nurses working in the healthcare field have a bias against obesity? As a result of this, is there is a direct effect on the quality/quantity of care given to obese patients?

How many subjects do you expect to use, and how will you obtain this sample? Approximately 250 .The survey will be obtained thru electronic documentation.

What is your research methodology? Attach any tests to this form with the appropriate references. I will be using an observational tool, the Nurses Attitude toward Obesity and the Obese Patient (NATOOP) modified with a Likert scale of 1=strongly agree; 2=agree; 3=neutral; 4=disagree; 5=strongly disagree. (See attached)

Describe the research procedure. Attach a copy of the consent form and a copy of the debriefing statement. Describe how and when these will be used.) Informed consent is understood when the person completes and submits the survey electronically. The survey will be sent to all participants via e-mail. When completed the survey and data questionnaire will be submitted electronically to a database for analysis. Everyone will have 30 days to fill out the survey and submit it. It should take approximately 30 minutes to complete.

Does this research pose risk to the subject? If so, what protocol will be enacted to protect the subject? No

Does this research involve deception of any kind? (If applicable, please explain.) No

Will any incentives be used? If so, please explain. No

How will you protect the subject's right NOT to participate in your research? No one will be forced to take the survey. It is confidential and the only one who will know whether or not the survey was taken is the person who takes it. Anonymity is enforced.

How will you protect the subject's confidentiality of results? There are no specific markers that would identify the subject. The results will be in a data base after they have been submitted.

How, when, and where will the research results be reported?

The research results will be reported to diane.davis@msj.org electronically and stats will be compiled. The research will last approximately 30 days, completed May 31, 2010. Results will also be in the thesis.

the advisor sign.

Establishment of Master's Thesis / Scholarly Project

Student/Principal Investigator: Diane M Davis / Dr. M.H Hodge
Graduate Major: Masters of Science in Nursing Education
Proposed Topic: Nurses Attitudes Towards Obesity

Faculty: Dr. M.H Hodge

Diane M Davis
Student Signature

Thesis Faculty Signature

Prior to scheduling thesis/project presentation the student must request two faculty members (in addition to the thesis/project advisor) to be in attendance and complete the following:

Faculty Reviewer Selection Form

Student: Diane M Davis

Date: 3/25/2010

Faculty Reviewer: _____



COPY

May 27, 2010

Diane M. Davis
28 Clement Dr
Asheville, NC 28805

Dear Ms. Davis:

This letter serves as notification of approval for your research study entitled "Nurses' Attitude towards Obese Patients" (IRB # 10-04-740) as reviewed by Mission's Institutional Review Board (IRB) and Vice President of Operations. A copy of the Administrative Policy on Research and Clinical Studies (#300.017) is also enclosed for your reference.

If you decide to publish and/or present the results of your research, you should be aware of the requirements of publication issued by The International Committee of Medical Journal Editors (ICMJE). The requirements can be located at www.icmje.org.

Finally, please be advised that any changes in the research protocol or investigators must be approved by the Institutional Review Board and communicated to the Research Institute and applicable ancillary departments. Significant modifications may require re-review by Mission Health's officials. We also require a written notification when the study is completed so that a final audit may be scheduled. A Research Completion Form is enclosed for this purpose.

Best wishes with the project, and please do not hesitate to call me if I can be of any further assistance.

Sincerely,

Rebecca Marigliano, Ph.D.
Research Scientist, Research Institute

cc: Institutional Review Board; Kathy Guyette; Kathy Daley; Dr. Mary Alice Hodge at Gardner Webb University; Research Institute

encl(2)

509 Biltmore Avenue | Asheville, NC 28801 | 828-213-7055 | missionhospitals.org/research.htm



Application for Expedited Review for Survey Research

These documents provide the information that is required by the Mission Health Institutional Review Board (IRB) when submitting a request for expedited review for a research study involving a survey instrument. Use this information as a guide to ensure that your request meets the IRBs requirements. You should be aware that each study is unique, so you must modify your request accordingly.

Your survey research study may be expedited if it meets the following criteria:

“research on individual or group characteristics or behavior (including but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.”

If your study meets one of the above requirements, you may also request a waiver for the requirement of obtaining written informed consent if:

“the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context”

or

“the only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality.”

If you request a waiver for obtaining written informed consent you must provide an information letter to the prospective subjects with specific information that would be contained in an informed consent form (ICF). Examples of both an ICF and an information letter (which does not require a signature line) are attached.

If your research study includes Mission Health System employees and/or students their participation must be completely voluntary. The ICF or information letter must state that the project is research and make it clear that their participation (or non-participation) will in no way affect their academic standing or employment status. If your research study will include Mission Health System patients their participation must be completely voluntary. The ICF or information letter must state that the project is research and make it clear that their participation (or non-participation) will in no way affect their medical treatment or access to medical treatment.

If your research project is funded or has funding pending, you must also submit a copy of the grant application or any applicable contract as soon as it is available. IRB applications are not complete without these documents.

Please note your study may be exempt from IRB review if it meets the following criteria:

“research involving the use of educational test (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless information obtained is recorded in such a manner the human subjects can be identified, directly or through identifiers linked to subjects; and any disclosure of the human subjects' responses outside the research could reasonably place the subject at risk of criminal or civil liability or be damaging to subjects' financial standing, employability, or reputation.”

If you believe your study is exempt, do not proceed with this application. Instead please provide a letter with documentation to the IRB as to why your study meets the above criteria. It is important to note that the federal regulations regarding exempt status for a research study involving a survey instrument stipulate that no human subject identifiers (direct or indirect) may appear on the survey instrument (or postage-paid return envelope, if applicable).

You must allow a minimum of two weeks for review of your request. The investigators will be notified in writing upon confirmation of your status. **Please contact the IRB Coordinator, at (828) 213-1105 or by e-mail at cherie.stump@msj.org if you need additional assistance.**



MEMORANDUM

TO: Mission Health Institutional Review Board

FROM: Diane M. Davis
Principal Investigator

DATE: March 25, 2010

SUBJECT: Request for Expedited Review for Survey Research

Please find attached a request for expedited review for a research study involving a survey instrument. The title of my project is "Nurses' Attitudes toward Obesity".

I believe the project meets the criteria for expedited review, 45 CFR 46.110(b) (1), category 7, as it involves:

"research on individual or group characteristics or behavior (including but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies."

I would also like to request waiver of written informed consent documentation because (the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

Thank you for your consideration of this request.

Sincerely,

Diane M. Davis

Protocol Summary Application For Expedited Review of Survey Research

PROTOCOL SUMMARY

Instructions: Please start this section on a new page. This summary should not be more than three pages. Describe the study in a manner comprehensible to those outside of your specialty. Use a word processor, expanding each section as necessary.

1. Contact Information

Principal Investigator (PI): Diane M. Davis Email: diane.davis@msj.org
Full Address: 28 Clement Dr Asheville, N.C. 28805
Phone: 828-298-5894 Fax: 828-298-5894

2. Title: Nurses Attitudes towards Obesity

3. Background Obesity in our society has reached astronomical proportions. It has been a long standing problem for years in the healthcare field. Patients who are obese require much more time and care than normal size patients. Nurses have been injured while moving obese patients due their size .There have been studies performed that have offered statistics that show that nurses have a bias against obese patients. It is through my research of this problem to identify if indeed a problem exists and offer suggestions as how to improve them. Education is the key when and if a situation is identified.

4. Specific Objectives

The outcomes of my study will determine what I will do. If there is a bias identified against obese patients I will make suggestions as to how to send caretakers/nurses to seminars dealing with the obese population and offer sensitivity training. Having the proper equipment available to help lift and care for these patients would also be a suggestion. It is beneficial for all involved in healthcare to be aware of the many problems that afflict the obese population. Through this study I will try to establish an awareness of what causes this bias.

5. Study Procedures

This research study will be performed with the use of and observational technique. The Nurses Attitudes toward Obesity and the Obese Patients (NATOOP) tool will be utilized in a modified manner with the use of a Likert scale. This tool should give us a good cross section of everyone who is involved in caring for the obese patient and what attitudes are apparent.

6. Subject Selection Nurses, RNs, LPNs, who work in CICU, MSICU, NTICU and 7 North will be asked to participate. All shifts, everyone.

7. Include an enumeration of inclusion and exclusion criteria. Everyone is included. It is anonymous survey. Every nurse who works on these floors and is will to participate is invited to do so. There is no exclusion as the data will be an online document and it is the choice of the nurse to not take the survey.

8. Statistical methods, data analysis and interpretation

This will be a convenience sampling of everyone who wishes to participate. The study is anonymous. There is a questionnaire that will elicit a response from anyone who completes the survey. This will be done via electronic e-mail and the data will be analyzed after the survey is complete. Susan Sutherland has been requested to help with the statistics when they have been collected. Hopefully, we will have some outstanding results to report.

9. Key Personnel

Diane M. Davis

I certify that the above information is correct, and will remain correct throughout the performance of the proposed research study. I understand that I will be responsible for safeguarding the confidentiality of the information of the human subjects who are involved in this study.

I agree to a continuing exchange of information with Mission Health Institutional Review Board. Also, I agree to obtain IRB approval before making any changes or additions to the project.

Check List:

Before submitting this Application, check this list to determine that all pertinent forms are provided.

- Letter requesting expedited review for survey research
- Protocol summary application
- Final survey instrument
- Information letter or informed consent form (ICF)
- Investigator has completed the Human Subject Protection Education Course at www.citiprogram.org

Informed Consent Form\Letter for Survey Research

Consent to Participate in a Research Study

Protocol Title: Nurses Attitudes toward Obesity

Researcher Name and Contact Information: Diane M. Davis; diane.davis@msj.org;828-298-5894

What is the study about and why are you doing it?

This research is being conducted to obtain information regarding nurses, attitudes toward obese individuals. This research will help everyone understand if there is a bias against obesity and what we can do to support each other and maintain patient and staff comfort levels.

What are you asking me to do if I agree to be in the study?

If you are willing to participate in the study you will be asked to fill out the survey with a Likert scale (1-5) with a strongly disagree (1) to strongly agree (5). There is also a demographic questionnaire that will need to be filled out. The survey maintains the anonymity of the author. There are no consequences for non-participation in the survey. Informed consent is implied when you fill out the survey.

How will this study help me?

The information obtained from this study may not help you. However, it may help others by making recommendations to increase the comfort level of nurse's caring for obese patients.

Are there any risks involved with being in the study?

There are no anticipated physical risks or harms to you as a result of your participation in the study. Participation in the study will be kept confidential and will not affect employment status in any way.

What steps have been taken to minimize participant risk?

You may choose not to respond to any questions that you prefer not to discuss. The information that you provide will be kept confidential. You will be asked to send the survey to me electronically. Anonymity will be maintained.

Will it cost anything to participate?

No.

What else do I need to know?

Your decision to participate in this study is voluntary. If at any time during this study you wish not to participate, you may do so without any consequence.

Whom can I contact with questions or concerns?

If you have questions, please contact Diane M. Davis at diane.davis@msj.org. If you have concerns about the study, please contact the Institutional Review Board at Mission Hospitals at (828) 213-1105.

For a copy of the completed study, contact Diane M. Davis at diane.davis@msj.org. Results will be available after June 2010.

Participant's Agreement: I have read the above information. The study has been explained to me and any questions have been answered. I voluntarily agree to be in this study.

**Mission Health System's Institutional Review Boards
LOCAL PRINCIPAL INVESTIGATOR AGREEMENT**

Commitment of a Mission Health System Principal Investigator to Institutional Review Board Oversight Under Federal-Wide Assurance, FWA# 00002526

Name of Mission Health System's Local Principal Investigator: Diane M. Davis

Department Affiliation: Nursing

If you are a Local Principal Investigator or a Co-Principal Investigator, please read and sign the agreement below.

I intend to participate in research for which initial and continuing review will be provided by the Mission Health System (MHS) Institutional Review Board (IRB). I understand that one of the conditions of my participation in such research is my acceptance of my responsibilities under this Agreement to comply with institutional policies, applicable federal, state, and local laws and regulations, ethical guidelines, and other policies and principles as described below.

1. I am familiar with, and will comply with, applicable federal regulations and guidance for the protection of human subjects: HHS regulations at 45 CFR 46 and associated guidance; FDA regulations at 21 CFR Parts 50, 54, 56, 312, 314, 601, 812, and 814 and associated guidance; the HIPAA privacy regulations at 45 CFR Parts 160 and 164 and associated guidance; the MHS IRB Federal-Wide Assurance; and relevant institutional policies and procedures for the protection of human research subjects including but not limited to Mission Hospital Administrative Policies numbered 300.030, 300.062, 300.051, 300.017, 200.098, 200.062 and 200.168.
2. I recognize the authority of the MHS IRB to oversee human subject research, as described in the Federal-Wide Assurance, and I will abide by all decisions of the IRB.
3. I will assume overall administrative responsibilities for all aspects of each research study approved under this Agreement. I will conduct the research according to the IRB-approved protocol, maintain appropriate oversight of the research study and supervision of my research staff, and appropriately delegate research responsibilities.
4. I will ensure that all members of my research staff, and all others directly involved in the conduct of the study, are qualified by education, training, and experience to perform their research responsibilities. I will inform my staff of any pertinent changes during the course of a study, and arrange for education or additional training of staff as needed.
5. If I arrange with a source outside of MHS IRB to provide information critical to the study, I will take steps to ensure that the outside source can verify the integrity of data and records provided to me.
6. I will employ sound research design in accordance with the standards of my discipline.
7. I will recruit subjects in a fair and equitable manner, weighing the potential benefits of the research to the subjects against their vulnerability and the risks to them.
8. If the research involves more than minimal risk to research subjects, I will provide the IRB with an adequate data and safety monitoring plan for promptly detecting harm and mitigating potential injuries.

9. I will have determined, before initiating a research study, that the necessary resources are present to conduct the study, including access to a sufficient number of potential subjects, adequate time to conduct the research, an adequate number of qualified staff, adequate facilities, and the availability of needed medical and psychological resources that subjects may require as a consequence of research participation.
10. I will comply with the IRB's prompt reporting requirements.
11. I will seek, document, and maintain records of informed consent and HIPAA authorization from each research subject or the subject's legally authorized representative as required under applicable regulations and requirements of the IRB. I will develop an informed consent process emphasizing the importance of subject comprehension and voluntary participation.
12. I will ensure that the informed consent process is led only by individuals who have appropriate training and knowledge of the research, including any investigational product involved, in order to discuss the risks and benefits of the study with prospective subjects. Only appropriate staff listed as "Key Personnel" in my IRB submission will be authorized by me to conduct the consent process with prospective subjects.
13. I agree to cooperate with the IRB as it conducts initial and continuing review, including providing required information, records, reports, and certifications. I will ensure that the periodic continuing review of my research will occur within the time frame stipulated by the IRB, and no research will continue beyond the designated approval period.
14. If I conduct research involving an FDA-regulated product under an Investigational New Drug (IND) or Investigational Device Exemption (IDE) application, I will comply with all applicable FDA regulations and fulfill all investigator responsibilities [or investigator-sponsor responsibilities, where appropriate], including those described on Form FDA 1572, and at 21 CFR 312 and 812. And I will be familiar with the information in the Investigator's Brochure, including the potential risks and side effects of the investigational product.
15. I will not enroll subjects in research prior to receiving final approval of the research by the IRB and Mission Hospital's Research Institute when necessary. As the local PI, I understand my requirement to oversee research activity conducted at Mission Hospital, Inc. as outlined in Administrative Policy numbered 300.017. I will report promptly to the IRB proposed changes in the research. I will not initiate a change in research activities without prior review and approval by the IRB, except when necessary to eliminate immediate hazards to the research subjects.
16. I understand that emergency medical care may be delivered to a research subject without IRB review and approval to the extent permitted under applicable Federal regulations and State law. I will provide, or arrange to provide, a reasonable standard of medical care to study subjects for medical problems arising during their participation in the research.
17. My research staff and I will respond in a timely manner to any subject's complaints, suggestions or requests for information. If I am unable to resolve a complaint satisfactorily, then I will report the complaint to the IRB.
18. I will generally be available (by phone or other electronic communication) to subjects during the study. If I will be unavailable during the study, I will delegate study responsibility to a specific qualified person who will be available in my absence. I will inform the IRB of this delegation of authority, via a protocol amendment, as a change in the research activity requiring IRB review.

19. If I am unable to meet my responsibilities as principal investigator (PI) or co-principal investigator (Co-PI), I will inform the IRB of the change and seek IRB approval for a new PI or Co-PI to continue the study, or request closure of the study.
20. I will cooperate with any inquiry by the Mission Health System Compliance Office concerning any research with humans in which I participate. In the event that institutional officials determine that I have failed to comply with this Agreement, I agree to take recommended action(s), including but not limited to termination of my participation in designated research activities.
21. In the event I am found to have failed to comply with any of these requirements, the IRB will report such noncompliance to institutional officials, the Office of Human Research Protections (OHRP), the compliance officer of any other sponsoring federal department or agency, such as the FDA, and the nonfederal sponsor of the research, as appropriate.
22. I acknowledge that my primary responsibility as a principal investigator or co-principal investigator is to safeguard the rights and welfare of each research subject, and that the subject's rights and welfare must take precedence over the goals and requirements of the research.

Investigator Signature: Diane M. Davis

Date: 3/25/2010

Printed Full Name: Diane Marie Davis Title: RN, BSN

Investigator's Address:

28 Clement Drive

Asheville, N. C. 28805

Investigator's Contact Numbers:

828-298-5894

Appendix D



UNIVERSITY OF
CALGARY

FACULTY OF NURSING

Dr. Lorraine Watson
Professional Faculties 1236
Telephone: (403) 220 6618
Fax: (403) 284 4803
Email: lwatson@ucalgary.ca

March 15, 2010

Dear Ms Davis;

RE: Approval to use the NATOOPS instrument

I thank you for your interest in using the Nurses' Attitudes Toward Obesity and Obese Patients Scale (NATOOPS). I am happy to give you permission to use this instrument for your study. You have asked to change the response format to a Likert scale and I have agreed to that change, but I have asked that this change be discussed in your report and that you assess the psychometric properties of the revised instrument. I would be interested in your findings.

Yours truly,

Lorraine Watson, RN, PhD
Associate Professor
Associate Dean, Undergraduate Programs