Providing Holistic Care to Bariatric Patients

ABSTRACT
Bariatric patients often encounter challenging physical environments and sometimes encounter negative attitudes from health professionals when seeking care. Most facilities have the basic equipment needed to care for these patients. Using ceiling lifts or limb slings to facilitate repositioning or transfer has benefits for patients and staff. Environment, equipment, education, and resources are important to providing sensitive, respectful, safe, and high-quality patient care. This column describes strategies to promote holistic care for the bariatric population.

Sensitivity and Respect
“Anti-fat or weight bias, a de-valuing of a person based on excess body weight, is considered one of the most complicated social phenomena and has been described as the last safe domain of discrimination and prejudice in the United States” (Bejciy-Spring, 2008, p. 48). Unfortunately, the health care setting is not immune to this bias, prejudice, or discrimination. Bariatric patients often encounter challenging physical environments and sometimes encounter negative attitudes from health professionals when seeking care.

Obese patients require the range of health care services that nonobese patients do. According to the National Association of Bariatric Nurses, holistic care needs to be incorporated into all practice settings and nurse specialties (Camden et al., 2008). One important aspect of care is the nurse-patient relationship. Attitudes, emotions, and moods affect this relationship. Attention must be paid to verbal as well as nonverbal communication. Active listening that incorporates eye contact and positive body language communicates sensitivity and empathy to bariatric patients. Nurses must get to know these patients, engage them in conversation, and not pass judgment about them on the basis of their size and weight. Protection of privacy and dignity requires special efforts for bariatric patients, including weighing them in private, closing doors or privacy curtains when examining them, and maintaining the confidentiality of their information (Bejciy-Spring, 2008).

Sensitive treatment of bariatric patients starts with health care providers’ attitudes and ability to recognize their own bias. Studies have shown that health care professionals can have strong negative feelings toward bariatric patients (Schwartz, Chambliss, Brownell, Blair, & Billington, 2003; Teachman & Brownell, 2001). Myths that bariatric patients are lazy or lack willpower or self-discipline persist (Puhl, 2008). Such feelings and myths can affect patient care and outcomes. Patients may delay or avoid care because of discrimination or bias. Health professionals need to recognize that obesity is a chronic health problem that is multifactorial; that bariatric patients have a range of sizes, shapes, heights, weights, and personalities; and that bariatric patients have the right to receive quality care (Bejciy-Spring, 2008; Puhl, 2008).

Zuzelo and Seminara (2006) validated the importance of assessing the attitudes and concerns of health care staff and modifying them through

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education. Increased education has led to a more positive attitude toward caring for bariatric patients. These patients require special nursing interventions and should receive care that is based on their holistic needs, rather than task-oriented care.

ENVIRONMENT AND SAFETY

Environment and equipment are important in providing sensitive, patient-centered care for bariatric patients. According to Camden et al. (2008), hospitals that have size-appropriate equipment, education, and resources report a higher level of sensitivity toward bariatric patients. Proper environment includes adequate space to accommodate furniture and equipment that enhance the mobilization, independence, and safety of bariatric patients. It is critical to assess and discuss patients’ ability to care for themselves, to provide opportunities for patients to affect their plan of care, and to promote patients’ mobility. Patients who have maintained a high level of functioning in their homes can experience difficulties when entering the hospital setting (Kramer, 2004). Obese patients’ length of stay is often 30% longer than that of normal-weight individuals because of secondary complications, such as pressure ulcers, due to improperly sized beds, chairs, and transport carts (Kramer). A holistic hospital environment can decrease such complications and the length of stay.

When selecting equipment for bariatric patients, nurses need to take into account the weight capacity and physical dimensions of the equipment. Although patients may not exceed the weight limitation for a particular piece of equipment, it may be too narrow for them. Another consideration is patient body shape and weight distribution (Bejciy-Spring, 2008; Kramer, 2004; Muir & Heese, 2008). Appropriate equipment empowers patients to be more involved in their care, which leads to positive outcomes. Proper training of all health care staff in the use of equipment is essential to promote confidence and safety. This training will decrease fear and anxiety among both staff and patients. Holistic care involves educating patients and their families about the special equipment used during hospitalization. Such education will elicit their involvement and assistance during care.

Appropriately sized hospital clothing, such as gowns, robes, and slippers, and instruments and supplies in patient rooms or clinical settings demonstrate respect. If ceiling lifts or other transfer aids are being used, they must be of the correct size for patients. Beds, chairs, walkers, commodes, wheelchairs, transport carts, examination tables, showers, and toilet facilities of appropriate size create a holistic environment of safety and sensitivity.

Although most health care organizations are aware of the equipment needs of bariatric patients, many are unaware of the benefits of such equipment to patients and staff. Size-appropriate equipment, although costly, will lead to decreased staff load and injury, reduced patient complications, and increased patient independence and self-esteem (Kramer, 2004).

Special attention should also be paid to the family of the bariatric patient. Comfort and safety needs can be met by providing a variety of seating options, which will reduce undue attention and embarrassment. Family members should be encouraged to participate in care of the patient as appropriate and with the patient’s permission.

SUMMARY

Bariatric patients deserve a size-appropriate environment that promotes safety, trust, and dignity. Appropriately sized equipment reduces health care workers’ anxiety and fear in caring for bariatric patients and empowers patients to be more involved in their care, both of which lead to successful outcomes. The respectful, caring attitudes of health professionals toward bariatric patients and their families create a more compassionate and holistic health care environment.

REFERENCES


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