International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

A Qualitative Study of Obese Patients' Perceptions of Primary Care Support for Addressing Obesity

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Abstract: ***Background: The response of medical services to patients who are obese is a major public health concern at the moment. There hasn't been much research done on how primary care providers perceive obese patients. Aim: To evaluate the experiences and opinions of obese patients regarding support in primary care. Design of study: Semi - structured interviews were conducted in the participants' homes as part of a qualitative study. Method: 10 patients with a variety of ages, backgrounds, and experiences with primary care services were chosen at random for semi - structured interviews. Results: Participants frequently presented with reluctance and ambivalence about the services they received when they had weight - related concerns. Additionally, they felt that the health services lacked resources and were ambivalent. Participants displayed a strong sense of personal accountability for their condition, and cognitions related to stigma were frequent. These influenced their sensitivity to the features of the services and their ambivalence about using them. These effects were partially mitigated by positive interactions with primary care professionals and more intensive support. Conclusion: Patients' ambivalence and other effects of the stigma associated with obesity make it more difficult to improve access to and the quality of primary care support in addressing obesity.***

Keywords: obesity, primary health care, qualitative research

1. Introduction

In many parts of the world, obesity is now recognised as a significant risk factor for disease and early mortality. (1, 2) In primary care, a wide range of medications are prescribed at significantly higher rates, which is evidence of the health and financial costs of obesity. (3) A growing amount of attention is being paid to how health services deal with and support patients who are already obese among a variety of responses to the public health issue of obesity. (4) Obesity is a condition linked to discrimination and unfavourable attitudes. According to research, patients may be reluctant to use services and health professionals may also have unfavourable attitudes. (5, 6) Though health infrastructure in Kashmir has seen a tremendous improvement in recent past. The opinions and experiences of patients who use primary care, however, have not been thoroughly investigated. Therefore, the purpose of the current study was to investigate these patients' perceptions while concentrating on the first - line support they actually received.

2. Method

Design:
We carried out a qualitative study using the grounded theory approach. (7) Sampling, information gathering, and analysis were intertwined and continued until saturation. Patients who had some prior experience using primary care services after receiving an obesity diagnosis participated in semi - structured interviews. Despite having a wide range of experiences, every study participant had some sort of weight - related intervention.

Setting:
Shahanpora - field study area of department of SPM - SMHS

Sample
To include participants with a wide range of experiences and social backgrounds, a purposive sampling strategy was used. Alongside data analysis, sampling was also done at various points to allow for the investigation of any emerging themes in the study.

In order to find adult patients (over the age of 18) with a BMI (body mass index) greater than 30 kg/m2, who were also fully aware of an obesity diagnosis and well enough to participate in an interview, participating general practises used their computerised records.

In - depth home interviews with 10 patients took place between October 2020 and December 2020. The audio - taped interviews took place over the course of about an hour. A number of open - ended questions served as a guide for the interviewer as they attempted to elicit the participants' perspectives and experiences. The meaning andweighting of the participants' opinions were discussed with them before each section of the interview.

The verbatim transcriptions of the interviews were then entered into the data management and analysis programme QSR NVivo.

3. Results

Results mainly concentrate on themes that mirror the sample's typical ambivalence.

Levels of support:
Their weight was initially identified as a "problem" by a health professional, who did little more than raise awareness of the issue. There was dissatisfaction with this among our sample, especially when it wasn't accompanied by more useful guidance and assistance

"I suppose I'm a little disappointed because I'm trying to lose weight and all I get is the advice "you need to lose weight. "

There is no implementation of it. At the second level, minimal assistance was provided along with actionable guidance, frequently in the form of a diet sheet. Again, participants occasionally felt that this was being "brushed off" and did not find it to be especially useful. Similar to the first level, it was frequently connected to ambiguity.

The practise nurse typically provided weight monitoring and support. There was a high level of satisfaction with this because it offered psychological support without passing judgement and useful guidance. However, there was disappointment where there was a lack of useful content:

'Therefore, there is no useful advice. Not counting the diet sheet, I'd go as far as that, but I understand how busy they are. but always very encouraging, supportive, and, you know, "Keep it up, " type of thing. '

Group support initiatives were a part of the longest - lasting and most intensive intervention levels. All the participants experiences shared the following traits: they involved a longer - term, more intensive intervention; they were non - judgmental and sensitive but also direct and unambiguous; they offered tailored information, justifications, and helpful advice; they offered psychological support; and they directed the recipient to some sort of group support.

These results are significant but not entirely unexpected. Only four people in the sample, usually as part of community dietician - led initiatives rather than in general practise, had, however, received this level of assistance. Most of the sample's experiences fell far short of this level of assistance. Therefore, the remaining portion of this section explores the complicated ambivalence of more typical perceptions within the sample.

Ambivalence and ambiguity:

The majority of participants remembered that their GP or practise nurse had first brought up their weight as a "problem" when diagnosing or treating another condition:

"I went to the GP, which I don't do very often, and discovered my blood pressure was rather high. I was advised to see the nurse to check my blood pressure from time to time, and she then started giving me advice on the weight problem. "

Only four of the participants had directly expressed concerns about their own size. The few who had found initial responses to be inadequate. Even though there were concerns, participants more frequently reported reluctance and ambivalence about raising their own:

I was reluctant to ask again because I was worried that he would perceive me as a righteous person. I'm not sure. I was bothered and she said, "Oh, she's not bothered. "

Additionally, some participants felt that health professionals were ambivalent about their weight as a health issue and that the communication about it was vague:

"And perhaps they felt a little awkward broaching the subject. Although it didn't bother me, you know, perhaps they were just a little embarrassed to bring up the subject. I'm not sure. "

Personal responsibility and stigma

A strong sense of personal responsibility about their weight was evident in almost all participants, which may have influenced their reluctance to seek out support from health services:

"You know, that's. . . You're responsible, aren't you? I don't blame them. It's me. '

Avenues for development

Participants thought that creating group and self - help support systems should also be a top priority for service development. It appeared that this was a desire for some sort of synthesis between the best primary care experiences and the best experiences of commercial sector groups in terms of offering one another support. The role of nurses in supporting such developments was considered important:

"To discuss it with the nurse so that you don't waste their time—they're already very busy— they are certainly busy, but you know, they've made that decision for a long time. Yes, I believe that is best to just really talk it over with the nurse and suggest them. "

4. Discussion

The purpose of the study was to investigate the perceptions and experiences of patients who have received an obesity diagnosis. The results indicate that these patients are typically ambivalent for complicated reasons, with the exception of those who have received intensive on - going support. The more nuanced picture includes perceptions of a lack of service resources as well as impolite, hurried, or unclear communication. However, these elements negatively influence patients' thoughts and feelings about their own personal accountability, sense of stigma, and anticipation of unfavourable stereotypes. The effects of stigma cognitions are only partially mitigated by positive relationships with primary care professionals. The effects of stigma are exacerbated by ambivalent communication and other aspects of underdeveloped services, which affect this group's access to and satisfaction with services.

The results of the current study suggest that patients perceived ambivalence on the part of healthcare providers and that there was little specific support available. They correctly appreciated the sympathy and support that was extended to them as well. However, it might be more difficult to interpret that patients want to abdicate responsibility. The NHS has little other evidence regarding the attitudes of health professionals toward obesity. In fact, according to earlier research, professional attitudes may be more neutral and unenthusiastic than outright negative. (8 - 10)

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