“Ensure people who are obese receive non-judgemental care”

Do you make assumptions about people who are obese? And, if so, how does that impact on the care you give? We can all be guilty of allowing our prejudices to get in the way of our interactions with others, but by anticipating our reactions, we can ensure that we build good relationships with bariatric patients and give them the best care we can.

We need to think carefully about how we care for patients who are obese, and first impressions count.

When you first see patients who are morbidly obese you may be overwhelmed by their appearance. You have only a few seconds to make an impression and in that time patients will decide whether you are trustworthy, likeable, a friend, even. It is easy for your gaze to fall on their body, but it is vital to use those seconds wisely by smiling, showing an interest in your patient and focusing on their face.

Patients who are obese may have experienced prejudice from others, and blaming these patients for their size is not uncommon among health professionals. Physical contact is an important aspect of care, yet obese patients report less physical touching by carers than other patients. It can also take significantly longer to nurse an obese patient than others, and this may subconsciously influence your approach to your work. Your thoughts might not be “how can I effectively carry this activity out”, but “I won’t finish on time, because this patient is going to make me late”. It is therefore important to focus on the positives: ask patients what they are able to do for themselves, rather than assuming they are totally dependent.

While understanding the importance of having appropriate handling equipment and staff training is only part of the answer, it does form the basis of a good working relationship with your patients.

Alongside nursing care, it is vital to have adequate policy arrangements and staffing levels, a suitable environment, and staff who are educated and skilled to manage the needs of this group. For example, privacy is a major concern – particularly if a patient cannot fit into a toilet cubicle and has to use a commode behind a screen. And imagine how it feels having to wear an examination gown that does not fasten.

If you are requesting equipment, find out what you need it to do, as each body type requires a separate solution. For example, some patients might need a wider sleeping platform, and therefore additional bed space if they are being nursed in a multiple-occupancy room. A suitable bariatric chair must also be carefully considered to fit the patient’s body shape, not forgetting the role of building design from door widths to elevators. This all requires careful assessment and planning.

Aim to identify with obese patients’ feelings. Understand the importance of individual identity and self-esteem in emotional and spiritual wellbeing. Above all treat people equally regardless of their size. Their size does not define them.

Anne Murray is moving and handling adviser at NHS Grampian. Ms Murray will be speaking at Naidex Scotland at the Scottish Exhibition Conference Centre, Glasgow, 18-19 September (scotland.naidex.co.uk)

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