Experience of leadership and management clinicians in implementing best practice in inpatient management of people with obesity in a metropolitan public health service

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Background

More men than women were overweight or obese in 2014–15; a similar proportion were obese

<table>
<thead>
<tr>
<th>Overweight or Obese</th>
<th>71%</th>
<th>56%</th>
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<tbody>
<tr>
<td>Overweight but Not Obese</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td>Obese</td>
<td>28%</td>
<td>27%</td>
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Patients with obesity may experience:

- Increased risk of chronic conditions \(^2,3\)
- Inadequate quality of care
- Increased length of stay
- Increased adverse events such as pneumonia, infection, falls, and pressure injuries
- Weight stigma and bias \(^4,5\)
- Leading to increased cost of care \(^6\)

Aims

• Better understand perceptions and experiences of clinicians in leadership and management and other key personnel in providing care for inpatients with obesity at Western Health

• Utilize this understanding, integrated with results of the literature review to drive service improvement and ensure best care for people with obesity seen at Western Health
## Methods

| Setting                                      | • Suburban Australian Public Health Service  
|                                            | • Significant cultural diversity and socio-demographic disadvantage |

| Practice Context                           | • Established executive sponsored Bariatric Working Group and multidisciplinary referral based consult service (known as the Bariatric Assessment Team or BAT) |

| Method                                      | • Interpretative phenomenological analysis (semi structured interviews) |

| Trustworthiness                             | • Member checking, reflexivity, regular supervision and audit trial |

| Inclusion Criteria                          | • Clinicians in a current leadership or management role in teams that provide inpatient care to people with obesity within WH |
Data Analysis

**Ideographic**
- Producing codes for the interpreted meaning of each line of transcribed.

**Integrative**
- Codes from each interview form an overall set of themes and detailed description of the phenomena

**Interrogative**
- Findings from this study are compared and contrasted with the wider evidence base
Results

• 17 Participants – (Nursing n=5, Allied Health n=9, OH&S n=1)
• 5 themes identified in the data
Perceptions of Bariatric Patients

• Problematic Sources of Risk

"oh great we're getting another bariatric patient”

• Perception of Patient & Carer Viewpoints

“I think it I were in that situation I probably wouldn’t advocate to get the stuff I need because I would be embarrassed”

• Perception of Organisational Viewpoints

"I think there’s still a lot to go, a long way to go, as in anything that we’re really trying to put a lot of work into”
Resources

• Equality – Poorer quality compared to general population

  "It takes so long to set them up at, the length of their sessions would probably need to be shorter"

• Resource Allocation – Inadequate to improve care

  "When somebody does require 4 people to move them around ... it could mean that every nurse on the ward is helping with one patient, what about the rest of the patients?"
Workforce

• Roles & Functions – Everybody's role but responsibility often deferred

  “I think the entire multidisciplinary team, which I think needs to start with or leaders ... I think everybody plays a role”

• Staff Knowledge and Skills – Perceived to be inadequate

  “At the moment we don’t do any specific staff education around bariatric care. I think we’re learning as we go ....”
Service Context

• Preparedness

”We didn’t have a bed to nurse this patient on .... (we treated) her on the floor on a mattress”

• Environment

”They couldn't access the bathroom so he said no I want to go back to room 32 because I want to be able to sit on the toilet”

• Communication

”In an organisation with so much going on it just sort of becomes white noise”

• Transitions of Care

”Moving them through the journey of their care ... takes a lot longer then it would for a person of standard dimensions”
What It Is and Should Be

• Current Facilitators

  “There's so many people at (the health service) that are really passionate about this, which I think drives it so well. We're not just talking nurses. We're talking our OTs, our physios and our nutrition people. I love that it's more of a collaborative thing rather than me sitting here saying to a colleague, "Bloody hell. What are we gonna do about that?"

• Current Barriers

  • Equipment, Consumables, Physical Environment, Workforce
Recommendations

Practice problems

- Address equipment provision issues
- Specific training around caring for people with obesity
- Higher staffing ratios when caring for these patients
- Improved screening of the needs for people with obesity, to enable rapid response and forward planning

Strategic recommendations

- More spaces appropriate for people with obesity, via better design practices in new builds and/or retrofitting existing environment
- Strategic, long term planning based on known demographic trends
- Consistent organisational policy
- Greater meaningful involvement of consumers/patients and carers in service reform, and advocacy from staff for this patient cohort
Significance

• Addressing organisation culture
• Novel

Limitations

• Single service- contextually bound
• Single coding with review by second coder
Questions