Care of obese patients in Costa Rica
Nurses’ attitudes and experiences

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Abstract:
Obesity is a serious growing public health issue in the world, and it is increasing rapidly in Latin America. Obese people are an exposed group of patients that are stigmatized for various reasons. Negative attitudes and stigma against obese patients among healthcare personnel and within the healthcare environment can affect their care negatively. This study aims to see if nurses in Costa Rica view and experience the healthcare environment as a stigmatizing place for obese patients and if they experienced any negative attitudes that may affect the care of obese patients. The aim is to examine nurses attitudes and experiences with obese patients in
the healthcare environment in Costa Rica. Semi-structured interviews were conducted with seven registered nurses (RN). The semi-structured interview guide contained 11 questions in four different areas based on a survey about healthcare professionals attitudes about obesity (Attitudes Toward Obese People). The registered nurses perceived obesity as a disease with uncontrollable causes as genetics and socioeconomic factors but also with self-inflicted factors as excessive eating of junk food and sedentary lifestyles. The lack of resources and time in the healthcare environment in general were major factors for the stigmatizing attitudes. Exhausted nurses could be more vulnerable for making mistakes and present bad attitudes. Despite the reported experiences of stigmatizing and negative attitudes in the healthcare environment none of the nurses felt that they had contributed to such attitudes. No particular differences between female and male attitudes were found through the interviews, but the female nurses pointed out that it is more difficult for a female to be obese in this superficial society.

**Key words:** Obesity, stigmatization, attitudes, nurses, healthcare, Costa Rica
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INTRODUCTION

It is known that overweight and obesity is a growing threat to peoples’ health in the world, therefore it is essential that the healthcare is adapted to obese patients. In the year 2008, almost every fourth person was obese in Costa Rica and the numbers keep increasing (Worlds Health Organization 2012).

Studies show that healthcare professionals and healthcare environments are a major source of weight stigma (Sikorski, Lupp, Glæsmer, Brähler, König, Reidel-Heller 2013, p. 513; Brown & Flint 2013, p. 336). It is demonstrated that obese patients avoid healthcare examinations because of the stigma in the healthcare environment (Puhl & Brownell 2012, p. 792). These stigmatizing attitudes can be a threat to the quality of care and the caring relationship between nurse and patient (Brown & Flint 2013, p. 335). Research that involves stigmatizing attitudes is limited in Latin America, even though obesity is a big health issue in these countries. This study aims to describe nurses’ attitudes and experiences with overweight and obesity in Costa Rica.

BACKGROUND

Obesity as a problem in the world and in Costa Rica

Obesity is a serious growing public health issue in the world. The body mass index (BMI) needs to be 30 or more for a person to be considered as obese (World’s Health Organization 2013). According to Cuevas, Alvarez & Olivos (2009 p. 281), 2.3 billion people will be overweight and 700 million will be obese in year 2015. The proportion of obese people is increasing rapidly in Latin America. A global change is considered necessary to stop this growing epidemic. The proportion of obese people, in Costa Rica, was 24,6 % in 2008, and the figure is increasing every year (World’s Health Organization 2012). According to the World Health Organization’s statistics more than 30% of Costa Rica’s population will be obese in 2015. Obese patients cost millions of Costa Rican colónes¹ each year with all the treatments and surgeries (Castillo 2013).

The consequences of obesity in Costa Rica

Obesity is a growing crisis worldwide and it increases the risk for heart diseases, digestive system diseases, diabetes, high blood pressure and other cardiovascular diseases (Aballay, Eynard, Diaz, Navarro & Muños 2012, p. 171). Diabetes patients increased with 2,9 % in a four year period from 2006 to 2010 in Costa Rica. Nearly 26 000 of the Costa Rican population died from cardiovascular diseases in the same time period and it is becoming a growing problem in the country (Pan American Health Organization 2013). Almost 50% of

¹ 1 US Dollar = 536,18 Costa Rican Colonès
the elderly in Costa Rica have metabolic syndrome. This is a syndrome defined by abdominal obesity and two of the following diagnoses: increased level of triglycerides in the blood, low proportion of HDL cholesterol in the blood, hypertension, reduced glucose tolerance or type 2 diabetes (Fernandez & Robles 2008, p.113).

(Kjellström, Håkansta & Hogstedt 2005, p. 138)

The picture shows the prevalence of overweight and underweight in low-income countries. Costa Rica is one of the countries with over 30 % of overweight (Kjellström, Håkansta & Hogstedt 2005, p.138).

**Risk factors and causes of obesity**

The global health is threatened by the modern unhealthy lifestyles shaped by society. Risk factors such as cigarette smoking, alcohol consumption, consumption of junk food and lifestyles with low physical activity are becoming more common (Kjellström, Håkansta & Hogstedt 2005 pp. 24-32). The cause of obesity is often a combination of genetic factors and unhealthy lifestyles. There has been an explosion in the number of obese people in the world and the population eats more and engages in less physical activity. It is not only the
availability of food that influences obesity, but also that the food contains more calories and less fiber. Eating irregularly, stress, inactivity and large portion sizes are examples of things that are closely connected with obesity. Even some medications can contribute to weight gain, such as cortisone, some psychotropic drugs and medications for epilepsy (Tuominen, Andrén, & Bjurman 2011).

**Weight stigma in the healthcare environment**

According to Brown & Flint (2013, p. 333) some healthcare professionals have negative and stigmatizing attitudes against obese patients, which can affect their given healthcare and the patients negatively. The stigmatization makes the patients criticize themselves and it is affecting their self-esteem, it is making them feel even worse (Lewis, Thomas, Blood, Castle, Hyde, Komesaroff 2011, p. 1353). To be judged and discriminated is a common feeling among obese people (Crossrow, Jeffery & McGuire 2001, p. 210). Obese people describe that they are perceived as lazy just because they are heavier than other people (Crossrow, Jeffery & McGuire 2001, p. 210). Obese patients even avoid medical examinations and the healthcare environment due to the stigma and negative attitudes among healthcare professionals (Sikorski et al. 2013, p. 513). According to Brown & Flint (2013, p. 335) the relationship between nurse and patient is threatened because of the stigmatization.

**Creating a safe caring relationship**

The sense of shame is a consequence of an offended dignity. The person is hurt and wants to hide from the pain that causes the shame. This can lead to emotional suffering for the patients. Suffering can be described as a form of threat, violation or loss of the person’s inner self. Obese people are an exposed group of patients that are stigmatized for various reasons, and it is a sensitive subject to talk about. Even though caregivers have a daily contact with patients that are suffering emotionally, they rarely speak about it. This may lead to consequences where the caregivers distance themselves from the suffering patients and instead focus on the symptoms of the patients (Wiklund 2003, pp. 96-111).

Empathy, compassion and respect are three essential factors to develop a healthy caring relationship, so that the patient feels safe with the nurse. It is important for the nurse to see the whole patient regardless of the disease or diagnosis (Kitson, Muntiln-Athlin & Conroy 2014, p. 334). According to (Belcher & Jones 2009, p. 146) a positive connection between nurses and patients is important to the patient-nurse relationship. In order to create a trusting relationship it is important that the care providers and the patients feel comfortable with each other. This means that the nurse is being honest, feeling confident, and that they have the ability to develop a relationship. Another important aspect of creating a positive and trusting relationship between nurses and patients is the personality of both the nurse and the patient. All of these factors are important for creating a caring relationship between the nurse and the patient.
PROBLEMATIZATION

Obesity is a common health problem today that keeps increasing constantly. It is a serious and dangerous condition and it can lead to many other health problems. From a public health perspective it also increases the risk of cardiovascular diseases and other diseases such as depression. We also know that obesity is causing emotional suffering for many patients. The obese patients feel discriminated and stigmatized which can cause further problems. It has been found that obese patients are avoiding examinations and screenings due to stigmatization from healthcare professionals. The relationship between nurses and patients is important for patients’ perception of quality of care. Nurses have a responsibility to create a caring environment for all patients and it is important that every patient feels comfortable and welcomed in the healthcare environment.

There are no studies about nurses attitudes regarding obesity in Costa Rica, even though almost 30 % of the population is affected. There is also a lack of knowledge about how nurses in Costa Rica experience to care for obese patients and what attitudes they have. Therefore it is important to make this research to examine and describe nurses experiences and attitudes towards caring for obese patients. This knowledge can form a basis how to counteract negative attitudes and a stigmatizing healthcare environment.

AIM

The aim is to examine nurses’ attitudes and experiences with obese patients in the healthcare environment in Costa Rica.

METHOD

Design and setting

This research is a qualitative study with semi-structured interviews about nurses’ attitudes and experiences of caring for patients with obesity. We used a semi-structured interview guide with 11 questions in four different areas (Their own perception of obesity and causes of obesity; perception of the obese patients feelings; attitudes in the healthcare environment with obesity and needs of improvement in the healthcare environment). Our interview questions were based on a survey called Attitudes Toward Obese Persons scale (ATOP). The survey consists of 20 questions, which focuses on stereotypical attitudes against obese people (Allison, Basile & Yuker 1991). Both of us were participating during the interviews and each interview lasted about 25 minutes. A dictaphone was used to record all the interviews. The interviews were held in the hospital environment in each participant’s department, during their work shifts and surrounded of patients and other co-workers. It took two weeks to complete all interviews.
Participants

We recruited seven participants in different hospitals in San José, Costa Rica. All of the participants were registered nurses (RN) that worked in two different areas at the hospitals, emergency room and surgery. Five of the interviews were held in English and two of the interviews in Spanish with assistance from an interpreter. Three of the nurses were male and four of the nurses were female. The nurses were between 25 and 39 years old and had worked in a hospital for one and a half years to 13 years.

Ethical considerations

The participation of this study was of free will and the nurses were informed that they were able to drop out whenever they wanted to. Letters were sent out to the participants before our research had begun so the nurses could get the information they needed about the aim, method and distribution of the research. We also informed the participants that the interviews would be recorded.

Data collection

The participants were asked to fill out a form with background questions about their age, education, work experience and what hospital ward they worked at before the interview started. We used our semi-structured interview guide with 11 open questions, follow-up questions were asked depending on the participants answers. All the interviews were recorded with a dictaphone and notes were taken during the interviews.

Data analysis

The analysis process started with transcripts of all the interviews. A thematic approach was used to analyze the transcriptions, based on Graneheim & Lundman (2004). The transcribed texts were compared and sorted by content to find and bring similarities together. Irrelevant data to our aim was excluded and relevant data were formed into condensed meaning units and then sub-themes. Themes were created with the underlying meanings of the sub-themes. According to Graneheim & Lundman (p. 107, 2004) data related to the aim of the research should always be included, even if no suitable category is found. Themes is a way to see the implicit meanings of the condensed meaning units and categories. The following table is an example of how we analysed three of our five themes.
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<td>Causes of obesity</td>
<td>To see obesity as something one cannot help</td>
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**RESULTS**

Results from the interviews reflected experiences and different attitudes to obese patients, among healthcare personnel and in the healthcare environment. All the participants had experienced negative or stigmatizing situations with obese patients. The result consists of five categories/themes, some with sub-themes/-categorier:

- Experiences of lack of resources in the care of obese patients
  - Lack of material resources
  - Lack of personnel resources
To maintain a caring relationship with an obese patient

- Attitudes as a consequence of the view of causes of obesity
  - To see obesity as something one cannot help
  - To see obesity as self-inflicted

- Experiences of stigmatization of obese patients
  - Healthcare as a stigmatization environment
  - Expressions and consequences of stigmatization

- Nurses' views on improvements in the healthcare environment
  - Patient education
  - Nurse education

Experiences of lack of resources in the healthcare

Lack of material resources

The participants perceived it as more problematic to care for an obese patient, than a patient of normal weight. The nurses experienced that there were not enough resources in the hospital to care for obese patients, which may also lead to negative attitudes and stigmatization. Several participants gave detailed examples of situations where they cared for an obese patient and the consequences of these situations. One of the participants stated that the equipment in healthcare in Costa Rica does not account for obese patients' needs.

“For example, a really common problem with obese people here in Costa Rica is that we don’t have the beds or things to transport the person from one room to another.” (Nurse 1)

Due to the lack of resources in the healthcare the nurses had to improvise in many cases. The nurses felt that this affected both the patient’s privacy and the quality of the care for the patient.

“Our healthcare system in Costa Rica doesn’t include the needs of obese patients. Two diapers instead of a big one for the obese patients, they don’t look for a comfortable choice, they just take the easiest thing.” (Nurse 6)

Lack of personnel

It takes much time to care for the obese patients and the nurses more easily became tired. In order to mobilize an obese patient they had to call in other nurses from other departments for help.
“We need to call for example four nurses to get help because we don’t have all the equipment.”

(Nurse 1)

There were other occasions when the nurses were washing patients when they needed to call in other nurses. None of the nurses said that they changed their behavior when they nursed an obese patient, but they also mentioned that they sometimes could feel extra empathy for them. The participants experienced these feelings to be difficult and very exhausting.

“I don’t think that I change when I nurse an obese than a non-obese patient. It’s just more difficult with them.”

(Nurse 5)

To maintain a caring relationship with an obese patient

The caring relationship between the healthcare professionals and the obese patient is very vulnerable and can easily be affected by negative attitudes. Since the lack of resources makes the nurses visibly tired both mentally and physically, it is easy to implicitly make the obese patient feel criticized. Therefore it is important to be extra vigilant in how to encounter an obese patient.

“All health personnel need to think of the way they give information. Because sometimes we can make them feel really bad, with comments, words or phrases that we say in front of the obese patients.”

(Nurse 5)

The participants expressed that since it is easily done to make the obese patients feel criticized, the nurses sometimes take too much consideration to not appear to have negative attitudes. In many situations the nurses felt they helped the obese patients more than they would have helped a non-obese patient, in the ambition to not make the patient feel criticized or stigmatized.

“Once I had an obese patient that made the care relationship difficult because she asked for everything. She said that she couldn’t move because of the obesity, but she could. I helped her with everything but in the end of the day I didn’t help her at all.”

(Nurse 6)

“I don’t feel bad for the obese patients, I just feel overprotective because most of them suffer from discrimination.”

(Nurse 7)

The nurses expressed that it is important to work for a good harmony in the workplace to prevent the negative and stigmatizing attitudes. In one health department, the nurses worked with a special program to improve the health environment with focus on positive caring relationships.

“All the small things count when you are treating a patient. In our department we work for positive caring relationships, it’s a rule that you have to treat the patient like
you are family. You need to do that all the time, it doesn’t matter if the patient is rude.”

(Nurse 1)

**Attitudes as a consequence of the view of causes of obesity**

**To see obesity as something one cannot help**

The nurses’ views of the causes of obesity, why some people are obese, are significant to the nurses’ attitudes. To regard obesity as something that the patient cannot control makes the obese patient a victim of external circumstances and thus no fault of his own. Some participants’ attitudes towards obesity were that they consider obesity a growing health problem in Costa Rica and the world, and thus as an epidemic disease.

“I think obesity is pathological, and you have to accept it as a disease as a nurse to have empathy and understanding to the patients.”

(Nurse 1)

The participants had an understanding for additional factors that patients cannot affect, such as genetic or socioeconomic factors. With these uncontrollable causes for obesity there are no guilt-inducing attitudes about whether the patient caused his obesity himself or not.

“We have an economic crisis here in Costa Rica, poverty is growing. It is affecting the obesity because the population buys food that is cheap, the unhealthy junk food. Healthy food is more expensive.”

(Nurse 6)

Also the pressure from the media, television, and advertising can be hard to resist for people, and creates an understanding for the obese patients. It is to some extent difficult to avoid getting obese.

“All the media, the TV, radio and banners in the street is all about fast food. Also the small things in the supermarket, where the cashier is you only see candies, you don’t see apples and healthy things.”

(Nurse 1)

Another factor out of control for people in common is the influence from the United States of America. Costa Rica is thought to losing its own traditions and culture.

“I hate to say this but we are a country that likes to copy, we are losing our own traditional things. We have all the junk food chains in a really small country, it is scary”

(Nurse 7)

“United states of America is our big influence with all the fast food like McDonalds, Taco Bell, Subway etc. It is hard to find healthy food”

(Nurse 5)
To see obesity as self-inflicted

To see obesity as self-inflicted and not see it as a disease or the uncontrollable factors as explanations, can cause attitudes that make the obese patient feel criticized. If lifestyle choices are seen as causes of obesity, the patients are somewhat responsible for being obese. Lifestyles that involve self-inflicted factors that the obese patients can control such as their own decisions about eating too much, not being able to resist junk food, and not having enough will power to exercise are seen as contributing factors to why some people are obese.

“Obesity is very interesting I can't understand why people do that, and now it's so common.”

(Nurse 6)

The participants reported that sedentary lifestyles and unhealthy eating is increasing, and even the children are affected. By passive activities such as watching TV and using the Internet, exposes people to advertising about junk food.

“Most of the children watch TV and the Internet and at the same time they see all the advertising and publicity of fast foods. The younger population is more affected.”

(Nurse 2)

“The population doesn’t have enough time and prefer to buy food at ex. Mc Donald’s at lunch breaks.”

(Nurse 1)

Experiences of stigmatization of obese patients

Healthcare as a stigmatizing environment

The participants talked about the healthcare as a stigmatizing environment for obese patients with negative attitudes from the healthcare professionals. The nurses pointed out that poor staffing and time pressure in the healthcare environment in general were major factors for the stigmatizing attitudes. Exhausted nurses could be more vulnerable for present bad attitudes, due to being too tired and thus losing patience. According to the nurses, this does not only involve obese people, patients with other stigmatized diagnoses like HIV/AIDS are also affected.

“I have seen bad attitudes among my colleagues, it is not only with obesity. It is the same with HIV/AIDS and lung disease etc. The healthcare personnel have a lack of values.”

(Nurse 5)

The participants reported that the healthcare environment is in need of a big change, it is not adapted to the obese patients’ needs.
Expressions and consequences of stigmatization

All the nurses had examples of situations where they have heard comments, jokes and saw unnecessary face expressions among colleagues. Even unwillingness to care for obese patients exists.

“I know that there are nurses here and in other hospitals that tend to reject the obese patients, they don’t want to deal with the patients because of all the efforts that you have to do.”

(Nurse 3)

The participants reported that one consequence of such stigmatizing attitudes in healthcare is that many patients cancel appointments at the hospital and a lot of patients avoid medical screenings, mostly female patients. The nurses view this as an alarming situation with a spiraling health situation for the obese patients.

“The stigmatization in the healthcare environment is why people avoid their health examinations. They don’t want to get criticized or discriminated.”

(Nurse 2)

The nurses pointed out that it is difficult to be obese in this superficial society with all the negative attitudes and skinny ideals. The nurses expressed differences between being obese when you are female than being obese when you are male. The female nurses expressed that it is harder for females to be obese, it is more socially accepted to be obese if you are a man.

“I have seen people that are okay with being obese, but they are mostly men. It is more difficult to be obese when you are a female, today’s body ideal is to be very thin.”

(Nurse 6)

Nurses' views on improvements in the healthcare environment

Patient education

The nurses reported that education for the patients was the most important way to slow the progression of obesity and to reduce the stigma surrounding obesity. When it comes to education regarding health promotion work for the patients the nurses thought that it was important because it could help reduce the development of obesity and reduce possible complications for the patient.

“Here in Costa Rica, everything is centered around the healing, after you get sick.”

(Nurse 3)

The patients need to be informed and educated about obesity as a disease, it is important that the patients truly see obesity as a disease and not as something that is self-inflicted. If the
patients get good education from healthcare providers, more patients might be able to seeking care in an earlier stage, and this could lead to a reduction of associated diseases.

“For me it’s difficult to make them understand. The people don’t know that obesity is a disease and they don’t go to the hospitals because they don’t feel sick. When the patient get cardiovascular diseases they will go, but not for the obesity”.

(Nurse 5)

Nurse education

Regarding the education for the healthcare professionals, the nurses believed that this was an important way to reduce stigma regarding obesity and to reduce negative attitudes towards obese patients.

“It’s very important with a holistic approach that we like health personnel have to have and to knowing, reading and to accept education. We have to do our education programs and change attitudes”.

(Nurse 5)

The nurses supported education for the healthcare professionals and gave examples of how nurses can reduce stigma toward obese patients.

“It’s a challenge in Costa Rica, the university make the nurse a clinical nurse, and to do things perfect but not good at other non-clinical things. We have to understand as nurses that the human being is being affected. We need to not see the patient like a piece of meat. Then we can give a better healthcare.”

(Nurse 6)

“We need to see the whole person not just the disease.”

(Nurse 4)

The nurses believed that the healthcare professionals need to be reminded of the ethical principles and holistic caring to change the health environment into a safe place for all patients.

“We have to understand that the human beings are being affected of a lot of aspects. We can’t see the patients as diseases; we have to see all of the patients. Then we can give better healthcare. “

(Nurse 4)

“The basic value for nurses, and doctors is respect! We don’t need to be disrespectful with the obese people. It doesn’t matter what the problem is. We need to respect the whole person, the inside and how they’re living.”

(Nurse 5)
DISCUSSION

Method discussion

Limitations

Some of the interviews were held in Spanish with help from an interpreter. This may lead to misunderstandings and misinterpretations of the meaning of what was said. We used follow-up questions to make sure that we really understood what was being said, but one can never really be sure when you speak a different language.

The interviews were also held in the hospitals of each participant's department in individual rooms. This may have affected the participants' ways of expressing themselves. Some of the nurses might have been more comfortable with expressing themselves in a different location that was not their work place.

Participants were interviewed during their shifts. This could have affected them in a negative way and led them to feel stressed and maybe even leave out important details.

Result discussion

The result of the study confirms that obesity is considered as a growing health problem in Costa Rica. The content of the interviews demonstrate that negative attitudes are common among healthcare personnel and in the healthcare environment. All of the participants had experiences of situations where healthcare professionals exposed obese patients to bad attitudes. Examples of factors that can have an impact on nurses attitudes included if they considered obesity as a disease or self-inflicted, how influences from other countries affect obesity and the lack of resources in the unadapted healthcare environment. The result also presented how fragile the caring relationship is between nurse and patient and that the healthcare environment in Costa Rica is in need of a major change. We have chosen to immerse and discuss three of our themes:

- Attitudes as a consequence of the view of obesity
- Experiences of stigmatization of obese patients
- Nurses’ views on improvements in the healthcare environment

Attitudes as a consequence of the view of obesity

The participants saw obesity as a pathological disease with causes that could both be self-inflicted and uncontrollable. If the nurse regarded obesity as a disease that the obese patient cannot control, then the guilt-inducing attitudes from healthcare personnel got reduced. The nurses had an understanding for uncontrollable factors such as genetic factors, socioeconomic factors, the society and influences that affected the obese patients. It seems that the economic crisis is affecting the obesity in many ways, unhealthy food is both the
easier and the cheaper choice. According to Sikorski et al. (2013, p. 520) the amount of stigmatizing attitudes among healthcare personnel are lower when the personnel’s see obesity as a disease with uncontrollable factors.

The result of this study showed that the nurses who only thought of obesity as something that is only self-inflicted were more likely to present negative attitudes. The nurses believed that these self-inflicted factors made obese patients feel criticized. Self-inflicted factors such as not being able to resist junk food and poor exercise were contributing factors to why some people are obese. It is demonstrated in a study by Puhl & Brownell (2001 p. 790) that healthcare personnel believe that obese patients have a lack of self-control. This could cause a downward spiral for the obese patients, resulting in a stigmatizing healthcare environment that can cause psychological damage to the patients. According to Brown & Flint (2013, p. 334) there is a high risk that obesity stigma leads to discrimination for the obese patients and to negative physical and psychological consequences. These consequences may affect eating behaviours, such as unhealthy eating and less participation for the patient when it comes to lifestyle activities.

**Experiences of stigmatization of obese patients**

Lack of resources for the caring of obese patients in the healthcare environment promoted stigmatizing attitudes and obese patients were referred to as “difficult patients”. A previous study by Sikorski et al. (2013 p. 515) is consistent to this, stating that a majority of healthcare professionals experienced that the care of obese patients was difficult. When the nurses’ work became heavier because of the unadapted workplace, they got exhausted as a result from that. The nurses felt that exhausted nurses could be more vulnerable for making mistakes and present bad attitudes. Unadapted healthcare environments seem to be a discriminating environment for obese patients, making them feel stigmatized. This is consistent with a study by Lewis et al. (2011, p. 1353) demonstrating that obese patients feel left out and stigmatized in public places like the healthcare environment, especially when everything is adapted to a non-obese person.

The nurses had experiences with stigmatizing attitudes in the form of comments, jokes and unnecessary face expressions from the healthcare among their nurse colleagues. A consequence of these stigmatizing attitudes is that the obese patients avoid their health examinations. According to Brown & Flint (2013, p. 338) it is evident that healthcare professionals stigmatizing attitudes toward obesity affects the communication with both the patient and the colleagues, the caring relationship between patient and nurse and the patients satisfaction with the healthcare. In this study, none of the nurses felt that they had stigmatizing or negative attitudes but all of them had examples of situations and they were very familiar with the topic.

No particular differences between female and male attitudes were found through the interviews, but the female nurses pointed out that it is more difficult for a female to be obese in this stigmatizing society. This result is confirmed by Lewis et al. (2011, p. 1354) demonstrating that obese females experienced more weight stigma than obese males. Some of the males did not have any experience with weight stigma at all. Several studies have
reached the conclusion that women have greater experiences with weight stigma, in some parts because women are more exposed to the skinny ideals (Sikorski et al. 2011, p. 1354)

**Nurses’ views on improvements in the healthcare environment**

The study showed that the nurses described education as very important and that education is relevant working with, against stigmatizing and bad attitudes. It was clear that the participants felt that this kind of education was something that was missing in the healthcare environment and something that has to be more noticed and emphasized. The participants’ thoughts about what the future education should include was a holistic perspective in order to reduce bad attitudes toward obese patients in the healthcare environment. During the interviews, participants also expressed that communication was a crucial part when it came to creating a good relationship between patient and caregiver. According to Wiklund (2003, p. 157), to create a good relationship it is important that the nurse can form a dialogue and a positive impact which supports the patient in their decision making. To create a good caring relationship it is essential that both the patient and nurse are willing to collaborate. The nurse should be there for the patient and the patient should accept this and invite the nurse into their world. If this is followed it will create a connection in the relationship between nurse and patient Wiklund (2003, p. 157). Brown & Flint (2013, p. 337) describes a method that possibly could both enlighten and reduce negative attitudes and experiences. It is an e-learning package that includes both group and individual work. The e-learning package includes a six point plan that is supposed to help the patient and caregiver, and to help create a better relationship with stronger communication.

**Conclusion**

The nurses in this study had many negative experiences with obese patients in the healthcare environment. Not because of the patient, but because of the work environment that resulted in exhausted nurses that could be more vulnerable for making mistakes and present negative attitudes. This was a sensitive subject to talk about, both in the interview sessions and in the healthcare environments but an important subject that needs to be enlightened. Although the nurses were aware of bad attitudes and stigmatization against obese patients in the healthcare environment, nobody wanted to acknowledge that they ever behaved like that. With these data it has become clear that the lack of resources in the healthcare could be one reason why stigmatizing and bad attitudes against obese patients exists. More education is needed in order to decrease stigmatization against obese patients. If this subject gets more illuminated, and becomes a normal part of the education program this could lead to better healthcare for obese patients.
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