

PERCEPTIONS, ATTITUDES, AND BEHAVIORS OF PRIMARY CARE PROVIDERS TOWARD OBESITY MANAGEMENT

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BACKGROUND/PROBLEM STATEMENT

- Obesity is a serious chronic condition which has proven to be a gateway to ill health and one of the leading preventable causes of death and disability
- Worldwide obesity has more than doubled since 1980
- Nearly two thirds of the adult population in the United States (U.S.) is overweight or obese
- If current trends continue for the first time in history life expectancies will decrease, disability rates will increase, and healthcare expenditures attributable to overweight/obesity in the U.S. could reach over \$957 billion by 2030 (American Heart Association, 2013)



Research demonstrates that excess weight is the single greatest predictor of developing diabetes, and may be responsible for hypertension, osteoarthritis, dyslipidemia, depression, non-alcoholic fatty liver disease and some cancers.

World Health Organization (WHO) has declared that overweight and obesity are largely preventable and supportive environments and communities are fundamental in educating people and promoting awareness.

Primary care providers (PCPs) are well positioned to initiate the first vital steps in controlling obesity.

PURPOSE

The primary goal and purpose of this project was:

- To understand perceptions, attitudes, and beliefs held by PCPs on the subject of obesity, which may shed light on the barriers preventing effective obesity management.
- By identifying barriers the author hopes to facilitate the creation of a structured and evidence-based management plan to help PCPs effectively manage obesity.
- The PICOT question is: Among providers in a primary practice who care for patients with obesity, what are the perceptions, attitudes, and behaviors toward obesity management?

METHODS

- A qualitative descriptive design was chosen using semi-structured face-to-face interviews along with thematic content analysis to analyze data for development of themes.
- A purposive sample of 12 PCPs from suburban practices with at least one year of primary care experience were chosen for this study, including six nurse practitioners (NPs) and six physicians ages 30-65 who care for patients with obesity.
- The theory of planned behavior was chosen for use in this study. Within this framework positive attitude, greater perceived control, and positive beliefs about organizational pressure will lead to behavioral change.

RESULTS

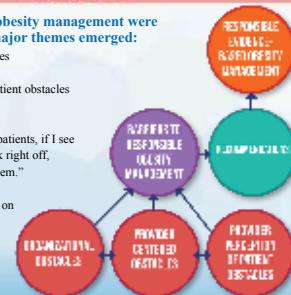
Common barriers to obesity management were identified and three major themes emerged:

- Provider centered obstacles
- Organizational obstacles
- Provider perception of patient obstacles

A Typical Sentiment:

"I don't want to offend my patients, if I see they are not open to it I back right off, I don't want to embarrass them."

All participants commented on the need for education and the development of multidisciplinary teams to manage obesity.



SUMMARY

Participants revealed many different provider approaches to managing obesity, which are based on perceptions, beliefs, and anecdotal medicine rather than on scientific evidence. An integrated approach focused on patient satisfaction, population health, and reducing healthcare costs should include and address the factors identified from the interviews with providers.

APRNs are well positioned and educated to advocate for changes in organizational, local and national policies and protocols by getting involved with clinical and community disciplines in order to educate and encourage a necessary shift from episodic disease management to health promotion, disease prevention and managing chronic illness.



CONCLUSION

Future clinically and community focused initiatives by APRNs:

- Must be innovative
- Are needed to support creation of multidisciplinary teams
- Will improve outcomes and reduce healthcare costs related to this now common condition



The Institute of Medicine calls for a restructuring of the healthcare system based on system failure, financial burden and patient safety issues. Practice and societal demands associated with an increasingly complex population and health care system, created a need for reexamining the education for nurses. The doctoral prepared nurse has the ability to answer the call by strengthening practice and improving healthcare delivery.

The end result should be a healthcare system focused on patients and one that uses an accountability-oriented, fee-for-value model to optimally provide patient-centered, evidence-based primary care.

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