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Registered Nurses' Perceptions of Obesity

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Walden University
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Abstract

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MSN, Walden University, 2008

BSN, Goshen College, 1991

Dissertation Submitted in Partial Fulfillment

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Abstract

Obesity has become an epidemic in the United States (U.S.) population. Obesity is a risk factor for many health problems that ultimately lead to death or disability. Nurses in the U.S have a higher-than-average rate of overweight and obesity. The purpose of this exploratory, qualitative case study was to identify and recommend areas for change in the hospital environment to assist bedside nurses in the U.S to have a healthier lifestyle. Social media was used to conduct a purposeful sampling technique and recruit 10 registered nurses working full time at the bedside in the U.S who struggle with obesity. Semi structured telephone interviews with the participants were recorded and transcribed verbatim for data collection. Deci and Ryan's self-determination theory was the conceptual framework for this study. Concepts from this theory were used to help code and analyze the data to explore the barriers and facilitators for weight loss. Pattern matching of the themes with international studies added validity. The six common, emergent themes regarding barriers were stress, exhaustion, opportunity, schedule, availability, and compassion. This study has implications for positive social change through recommending that administrators improve staffing, food options, stress management, and incentives. These interventions can improve the health of the nurses, preventing early retirement and/or disability.

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Dedication

I am grateful to my Lord Jesus Christ for helping me every step of the way during this journey. I dedicate this dissertation to my late husband, Tom, who shared this dream with me and would have been so proud of this achievement. This dissertation is also dedicated to my children, Thomas, Andrew, and Kristen, along with their spouses, who encouraged me not to quit. Thank you to all who prayed for me, gave me advice and encouragement. I love you all.

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Chapter 1: Introduction to the Study

Registered nurses comprise the most significant percentage of health care providers (Hurley et al., 2018). Nurses are also one of the most trusted professions, which provides them with a platform to influence the nation to better health (American Nurses' Association, 2017). However, the percentage of overweight or obese nurses is equal to or greater than the national average (Buss, 2012). Obesity is considered the United States' most urgent health care problem (Sarwer & Grilo, 2020). Obesity is a significant risk factor for multiple disease processes (Sarwer & Grilo, 2020). The concern is that obese nurses are at risk for health problems and provide a flawed role model for their patients and the public (Wills et al., 2018).

Nurses are educated about the importance of maintaining their ideal body weight, proper nutrition, and the importance of exercise (Keele, 2019). The Code of Ethics for Nurses advocates for self-care among nurses (American Nurses' Association, 2015). Blake and Patterson (2015) reported that 84% of nurses agreed that they are responsible for being a healthy role model for their patients.

In this study, I explored the barriers and facilitators of a healthy lifestyle encountered by registered nurses working full time at the bedside. The results of this study may provide insight to hospital administrators regarding changes that can be made to improve their nurses' health and service length.

In this chapter, I describe the problem, the purpose, and the nature of the study. I also provide the theoretical framework used, definitions, and research questions. The chapter concludes with a summary.

Problem Statement

The World Health Organization (WHO; 2019) defined obesity as a body mass index (BMI) over 30. Obesity is a significant health problem that can lead to severe complications. According to the Center for Disease Control and Prevention (CDC; 2018), obesity can lead to cardiovascular complications, diabetes, cancer, musculoskeletal issues, gastrointestinal problems, and mental issues. The CDC reported that 39.8% of U.S. residents are obese.

Obesity in nurses is estimated to be as high as 61.4% (Buss, 2012). Why nurses have a higher-than-average obesity rate has been thought to be related to work barriers, such as long hours, shift work, challenging assignments, and environmental factors (Blake et al., 2019). Weight control can be accomplished when an individual's actions and values fuse (Horton Dias & Dawson, 2018). The fusion of actions and values can also be referred to as autonomy (Salkind, 2008).

Studies have shown that poor health prevents employees from full performance (Letvak, 2013; Stanulewicz, 2019; Terada et al., 2019). A nurse who is unable to perform at maximum capacity could impact patient safety. Ku et al. (2019) conducted a study that found a correlation between decreased job performance and productivity by overweight and obese nurses. As health complications related to obesity develop, nurses are forced to take disability or retire early due to the physical demands of the profession, with the potential of decreasing the number of experienced bedside nurses in the acute care setting. Research studies dealing with obesity among nurses have primarily been conducted in international settings (Priano et al., 2018). There is a gap in the literature of

exploratory studies related to the views of registered nurses' in the United States regarding their autonomy when reducing BMI.

Purpose Statement

The purpose of this qualitative, descriptive case study was to explore and report the self-care experiences and perceived weight loss barriers and challenges of obese registered nurses working full time at the bedside in acute care facilities in the United States.

Significance

Nursing administration might use the results of this study to better understand nurses' weight loss barriers, which could enable them to provide resources for nurses to engage in and support healthier lifestyles (see Kendall-Raynor, 2018). Some of the weight-loss strategies, such as exercise classes, healthy eating options, and stress management, offered at the nurses' practice setting may support their weight loss efforts. Nurses struggling with obesity will also benefit from reflective insights provided in this study to assist them with weight loss and become healthy role models for their clients (see Trossman, 2013). In the literature, there is currently a lack of successful interventions to address obesity in nurses (Kelly & Wills, 2018). The workplace needs to address its part to help the nurses lead a healthy lifestyle (Wills & Kelly, 2017).

The results of this study have the potential of providing insight to registered nurses and their employers related to ways to remove weight loss barriers within the workplace, which can lead to positive social change as evidenced by improved health. With this knowledge, interventions can be implemented by nursing administration and

nurses who spend their careers caring for others to also care for themselves. By maintaining a healthy weight, registered nurses will decrease their risk of chronic illness, which will allow them to continue effectively in the profession. Additionally, public health can be influenced because nurses provide a healthy role model to others (Darch et al., 2019).

Background

I conducted a literature search for articles relating to obesity in nursing, as well as complications and barriers to weight loss using the Walden University Library. Keyword terms searched were *obese nurses* along with the addition of the terms: *health promotion*, *absenteeism, barriers, role models,* and *facilitators.* The databases searched included Wiley Online, CINAHL, Medline, Science Direct, and the multidata base search engine, Thoreau. The following list contains examples of literature found during my search that confirmed a need for this study.

- Horton Dias and Dawson (2020) used a qualitative descriptive study to explore factors related to the nutritional choices of registered nurses' in South Carolina. Sixty-seven percent of the nurses in these groups were overweight or obese. The researchers held focus groups and identified shift work, a sense of duty, and readily available unhealthy food choices as factors in the nurses' unhealthy nutritional decisions.
- Darch and Gillison (2019) conducted a qualitative study where focus groups of nurses described their work experiences and the difficulties encountered with

living a healthy lifestyle, especially concerning healthy weight control and adequate exercise.

- In a qualitative study, Gifkins et al. (2018) examined self-reported types and amounts of bedside nurses' food consumption. The nurses reported increased hunger and sugary food consumption while at work as well as their thoughts behind the choices made.
- Power et al. (2017) conducted qualitative interviews with nurses in a specific hospital in Scotland to explore reasons for their unhealthy eating behaviors and low amounts of physical activity. Nurses who were overweight or obese reported that they experienced stress eating, lack of breaks, and an unhealthy food environment due to increased BMI.
- In a quantitative study conducted in Maryland, Ross et al. (2018) reported that more than half of the nurses surveyed indicated they were overweight or obese. The researchers also measured the nurses' stress level, with those showing more stress correlating with higher BMIs.
- Terada et al. (2019) conducted a quantitative study to examine shift-working Canadian nurses' dietary choices and how the choices affected their physical and psychological health. Their results showed that shift workers had high levels of snacking, 70% of which was unhealthy. The nurses who frequently snacked also had high BMIs and more psychological issues, such as stress and depression.

Theoretical Framework

I chose Deci and Ryan's (2000) self-determination theory (SDT) as the theoretical framework to evaluate the findings in this study. This theory focuses on people's need for autonomy, competence, and relatedness to meet goals. Autonomy is defined as actions that are satisfying or valuable to the individual (Ryan & Deci, 2000). When a person lacks autonomy, they feel controlled. Control can come from internal or external factors and produces thoughts and actions contrary to the individual's ideals (Salkind, 2008). Competence is the ability of the individual to reach their goal, while relatedness is a feeling of belonging and value among family, friends, and peers.

The use of SDT aided in understanding the nurses' difficulties with eating regulation and exercise as they reflected on their autonomy. These nurses had the opportunity to describe their intrinsic motivation for weight control and extrinsic motivators and barriers that affect their autonomy. I also explored their relationships with family, colleagues, and patients to determine the role relatedness plays in obesity. The nurse's feelings of competence were discussed to determine if they felt they have the necessary weight management tools. In this study, the most important concepts from this theory were nurse autonomy to meet their weight loss goals and the barriers and facilitators to weight management in the workplace. I used SDT to help develop the interview questions to explore the nurses' perspectives of autonomy, competence, and relatedness. SDT also provided the lens for analyzing the participants' responses in the interviews. SDT will be explained in greater detail in Chapter 2.

Research Question

This study addressed the following research question: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges?

Interview Questions

1. How would you describe a healthy lifestyle?
2. How important is a healthy lifestyle to you?
3. How has working at the bedside affected self-care choices?
4. How have coworkers influenced self-care choices?
5. What job-related barriers regarding self-care have you experienced?
6. What differences have you noticed in self-care behaviors when you have worked different shifts?
7. What could your place of employment do to assist with self-care?

Nature of the Study

I conducted an exploratory, qualitative case study. A qualitative study approach helps the readers understand others' subjective experiences and the meaning they ascribe to the situation or phenomena (Ravitch & Carl, 2016). A case study is used to look at a situation in-depth and can be used to compare the cases (Patton, 2015). In this study, I interviewed the participants over the telephone using a semi structured process. Data were collected through interview audio recordings, observations, and field notes. The recorded interview data was then transcribed verbatim. I took notes during the interview process to record my impressions of participants' vocal inflections and speech patterns.

After being transcribed, the data were coded and grouped into individual categories and themes (see Yin, 2018). The analysis was conducted using pattern matching logic and tenets of the SDT as the framework (see Yin, 2018).

Definitions

The following terms are referred to throughout the study:

Acute care hospital: A facility that provides inpatient care for a short-term illness (Center for Medicare and Medicaid Services, n.d.).

Nurse: A licensed professional who provides direct physical and emotional care for the patient (Merriam-Webster, n.d.).

BMI: A tool for determining body weight status. The BMI is calculated by dividing the weight in kilograms by the height in meters squared (CDC, 2020).

Obesity: A BMI of greater than 30%. (CDC, 2020).

Overweight: A BMI of greater than 25%. (CDC, 2020).

Registered nurse: A graduate of an accredited nursing program who qualifies for registration and is licensed by the state (Merriam-Webster, n.d.).

Assumptions

I expected the study participants to self-identify that they had a BMI greater than 30 and worked full time at the bedside as a registered nurse; therefore, an assumption for this study was that the respondents were honest about their weight, occupation, and experiences.

Another assumption was that there is a relationship between obesity in registered nurses and full-time employment. Exploring the events connected with a situation that the

researcher cannot manipulate is a feature of the case study design (Yin, 2018). By examining the nurses' autonomy regarding weight loss, I assumed that there was an interconnectedness to their full-time work.

I also assumed that 10 research participants would provide data saturation. Qualitative research does not have an exact formula or number to assure saturation; instead, the researcher recognizes saturation when no new concepts occur (Ravitch & Carl, 2016). Although I suggested 10 as the number of participants, the participant number would have been increased if new ideas or themes were noted.

My final assumption was that the research findings would provide insight into how health care administration can provide facilitators and remove barriers for nurses struggling with obesity.

Participants and Data Sources

The sampling strategy for a case study is purposeful sampling, which is choosing participants who will add the inciteful stories to the case. The purposeful sampling strategy I employed was comparison-focused, intensity sampling. Participants were registered nurses in the United States who work full time at the bedside in an acute care hospital and had a BMI greater than 30 at the time of the study. I recruited participants through social media, specifically through Facebook. Interviews were approximately 30 minutes long and conducted via phone conversations. Participants selected for the interview received a $25 Amazon gift card as a thank you for their time.

There is no ideal sample size with a case study because the anticipated sample size for a case study can be as few as one data-rich case or multiple cases can be used

(Patton, 2015). I expected a sample size of 10 but would have increased it if data saturation had not occurred. Another consideration was contradictory results, which would have also increased the sample size (Yin, 2018).

Trustworthiness in a qualitative study is validated through confirmability, dependability, transferability, and credibility (Ravitch & Carl, 2016). I addressed confirmability through the use of an audit trail of the data and a reflexive journal. Complete objectivity is not possible within a qualitative study, so explanations of the researcher's thought process and recognition of bias are necessary (Ravitch & Carl, 2016). Dependability was obtained through careful data collection and alignment of the analysis with the research question (see Ravitch & Carl, 2016). Transferability was maintained through a detailed description of the data (see Ravitch & Carl, 2016). Finally, I achieved credibility through research alignment and data recognition (see Ravitch & Carl, 2016).

Limitations

One challenge of this study was recruiting participants who were willing to discuss personal issues related to weight. The public views obesity as a lack of discipline, and those who struggle with obesity feel judged (Wills et al.,2019)

Another limitation was that most of the respondents were middle-aged females, which correlates with the current nursing population. Middle-aged females are also the population who frequently struggle with weight issues, even when they are not bedside nurses (Keele, 2019). I included detailed participant descriptions and demographics to improve transferability and dependability.

A researchers' personal biases can also be a limitation. To address my biases, I devised an interview guide and followed it verbatim. Additionally, I used a reflexive journal to assist with the recognition of my biases.

Scope and Delimitations

Obesity in registered nurses is a research topic in extant literature from other countries but is not prevalent in the United States. The few studies that do exist are from specific geographical locations in the United States. By utilizing social media for participant recruitment, I expected to have a geographically diverse group for this study.

The participants were full-time nurses because those who work part time may have more time for food preparation and physical activity. Bedside nurses were the only type of nurses under consideration in this study to narrow the scope of exploration. Managers and directors may also deal with obesity, but the barriers and facilitators could differ in their experiences. The specification of acute care hospitals provided a narrowed focus on nurses who deal with an ever-changing patient population.

In this study, having data representing nurses in different geographical locations of the United States working full time with acutely ill patients provided results and recommendations that can be transferred to other U.S. hospitals and provide insight for nurses in other countries as well.

Summary

Although obesity is a health concern for all populations, the high percentage of obese nurses working at the bedside needed to be explored. There is a gap in the literature concerning the perceptions of barriers and facilitators for weight loss by bedside nurses in

the United States who deal with obesity. A more robust understanding of barriers and facilitators for self-care in the workplace may lead to workplace interventions by the nursing administrators. Improving bedside nurses' health through weight loss may lead to less chronic illness and a greater ability to practice at the bedside. In Chapter 2, I will present a review of the available literature on obesity among nurses.

Chapter 2: Literature Review

The purpose of this qualitative, descriptive case study was to explore the perceptions of barriers and facilitators to self-care by registered nurses in the United States who struggle with obesity. Other countries have expressed concern about nurses' obesity rates, but few studies have been conducted in the United States on this topic (Almajwal, 2016; Kyle et al., 2017; Torquati et al., 2016). Identifying barriers to weight loss in nurses may provide stakeholders in the medical community with information about how they can support the nurses' weight loss endeavors. This chapter includes the literature search strategy, the theoretical foundation for this study, a review of literature on obesity among nurses, and the information currently known about the effects and causes of obesity.

Literature Search Strategy

I conducted a search of the literature articles relating to obesity, obesity in nursing, the complications of obesity, and the barriers to weight loss using the Walden University Library. The databases used were Wiley Online, CINAHL, Medline, Science Direct, and Thoreau. The main keywords searched was *obese nurses* with the addition of the terms: *health promotion, absenteeism, barriers, role models,* and *facilitators.* Peer-reviewed articles published within the past 4 years comprised most of the literature review. I made exceptions for longitudinal studies addressing the prevalence of obesity, such as those from national surveys.

Theoretical Foundation

The SDT was proposed by Ryan and Deci (2000) to examine what motivates people. According to SDT, the following three psychological needs influence motivation: autonomy, competence, and relatedness (Ryan & Deci, 2000). A self-determined person will be energetic, content, and secure (Ryan & Deci, 2000). The well-being obtained through self-determination will motivate the person to continue with their current lifestyle (Torquati et al., 2016). Looking at each need individually and applying them to obese bedside nurses may provide insight into why they struggle with weight loss.

Autonomy

Autonomy often refers to independence; however, according to SDT, autonomy is defined as fusing actions with values (Ryan & Deci, 2000). Autonomy is directed by intrinsic motivators, such as personal satisfaction, and extrinsic motivators, such as pleasing others. Amotivation is the term used when an individual does not value the goal or feels incapable of reaching the goal (Ryan & Deci, 2000). Within the nursing community, intrinsic motivators for weight management include the knowledge of healthy nutrition and exercise and the desire to be a fit role model for patients (Darch et al., 2017). According to Park (2016), extrinsic motivators for extreme weight loss strategies were identified as pressure from physicians and significant others. Exploration of intrinsic motivation, extrinsic motivation, and amotivation for weight control in registered nurses may aid in understanding whether the nurses believe they can lose weight.

Competence

Competence is defined as the ability to reach a goal (Ryan & Deci, 2000). Believing in the possibility of success is an integral part of attempting a challenge (Ryan & Deci, 2000). A focus group of nurses in South Carolina reported that hurried eating and unhealthy food availability sabotaged their weight loss endeavors (Horton Dias & Dawson, 2020). Appelido (2019) found evidence of steady weight gain among Filipino night-shift nurses. In a study by Gifkins et al. (2018), nurses reported eating high-calorie foods to combat stress and fatigue. Shift work, stress, fatigue, and an abundance of unhealthy choices decrease the nurse's ability to lose weight (Keele, 2019).

Connectedness

The final emotional need in the SDT is connectedness. Connectedness is the need for individuals to have relationships with others (Ryan, 1995). These relationships can assist in motivating individuals but also have the potential to result in amotivation (Verstuyf et al., 2012). Unhealthy food is often provided by health care management as a reward for meeting department goals (Gifkis et al., 2018). Patients and families sometimes bring in treats to show their gratitude as well (Horton Dias & Dawson, 2020). The influence of work colleagues and family pressures were also described by nurses as reasons for overeating (Power et al., 2017). Connectedness is vital for psychological well-being and detrimental to healthy eating because food is viewed as essential for socialization and rewards.

Obesity in the General Population

Obesity among U.S. citizens has been a topic of great concern for many years. Although obesity is a concern throughout the world, the United States has the largest percentage of obese individuals (Organization for Economic Co-Operation and Development, 2017). The concern about this increasing health issue has led to many studies as researchers attempt to determine why Americans continue to gain weight. According to Kumanyika (2019), people of color have higher rates of obesity due to stress, poverty, and lack of education. Hales et al. (2018) found that obesity rates are greater among people living in rural areas. Another factor to consider is that high-caloric food is inexpensive (Gomez, 2015). Nutrition is a crucial component in the fight against obesity (Nicholls et al., 2017). In an attempt to increase awareness, large food chains are required to include calorie counts on menu items, but studies have not indicated a change in sales since this requirement was implemented (Petimar et al., 2019). Sarwer and Grilo (2020) reported that people overeat due to psychological issues and not a lack of will power.

The fact remains that obesity in America is a health problem, and the reasons are multifactorial. High-calorie food is abundant and easily accessed in the United States (Pettimar et al., 2019). Social experiences tend to revolve around eating (Powers et al., 2017). Busy schedules leave people stressed and too tired to exercise (Keele, 2019). People are also conditioned to believe that food is a reward (Horton Dias & Dawson, 2020.

Obesity is a problem in the general population and is a health care concern that medical professionals are attempting to address. The problem is that the professionals are the ones struggling with weight.

Obesity Among Registered Nurses

Registered nurses serve as caregivers and role models for the general population. Darch et al. (2017) stated that the public expects nurses to demonstrate a healthy lifestyle. However, over half of the nursing population is overweight or obese (Buss, 2012). Less than half of nurses engage in exercise away from the workplace (Nam et al., 2018). The results of a cross-sectional study in England showed that registered nurses have a higher incidence of obesity within the health care field than other workers (Kyle et al., 2017). Wills and Kelly (2017) reported that 95% of overweight nurses expressed a desire to lose weight. However, some nurses with high BMI participate in regular muscle-toning or aerobic activity (Nam et al., 2018). Nurses educate others about self-care, but a large percentage of nurses do not engage in self-care as evidenced by the extra weight they carry. The public expects that nurses follow the same recommendation they give to patients and provide a reliable role model (Keele, 2019). Excess weight not only decreases nurses' credibility but also leads to many complications.

Complications of Obesity

Physical Complications

The effects of obesity are frequently communicated in the news media. The CDC (2018) has correlated obesity to diabetes, cancer, and cardiovascular issues. Nursing is a high-stress, demanding job for all individuals regardless of weight (Chesak et al., 2019;

Kim, 2020). Adding extra weight to these demands can cause significant health problems that lead to death or disability. Musculoskeletal injuries can occur due to excess weight, leading to weight gain due to decreased physical activity (Chin & Lee, 2016). According to Letvak (2013), the percentage of all nurses with musculoskeletal problems is 85%. The stress involved can also lead to psychological complications.

Mental and Emotional Factors

Obesity is a risk factor for physical complications, but mental and emotional aspects are also linked to excess weight. Tomiyama (2019) reported that emotional stress causes excess glucose in the bloodstream, which leads to weight gain. Stress also decreases self-regulation, which results in eating high-calorie foods to self-soothe (Tomiyama, 2019). Many nurses turn to sugary or high-calories foods to combat stress and exhaustion (Power et al., 2018). Johnson and Annesi (2018) described the cyclic nature of obesity and emotional issues by saying that individuals overeat due to stress, which leads to weight gain and depression, and then eat more because of increased depression. Almajwal (2016) reported that over half of the nurses who said they were stressed also struggled with overeating. Obese registered nurses have both mental and physical complications and question if their work performance is affected.

Occupational Complications

Registered nurses working at the bedside are responsible for the care of their patients. Obesity increases the chance of developing chronic illness, resulting in increased absences from work (Blake et al., 2019). Ku et al. (2019) reported that overweight and obese nurses had less productivity than those with normal BMI.

Overweight nurses have difficulty counseling their patients on the benefit of a healthy diet (Keele, 2019). Decreased productivity, poor role-modeling, and increased absences are occupational complications for the obese nurse (Ku et al., 2019). Wills and Kelly (2017) reported that nearly half of their study participants said that their weight made the physical aspects of their job a challenge. The exploration into the intrinsic and extrinsic factors for weight gain is the first step to creating change.

Reasons for Obesity

Nurses are well educated in nutrition; however, many do not incorporate healthy eating and regular exercise into their daily life (Stanulewicz et al., 2019). The reasons for obesity among nurses are complex (Blake et al., 2019). The National Council of State Boards of Nursing (2017) reported that 91% of the nursing workforce is female, with an average age of 51. Middle-age women are susceptible to weight gain (Kapoor et al., 2017). Since the lack of knowledge and understanding is not the issue, the lack of autonomy may be due to other intrinsic and extrinsic factors.

Intrinsic Motivation

Nurses believe that healthy eating and exercise have benefits, such as increased energy, decreased stress, and improved immune response (Power et al., 2017). Most nurses stated that eating healthy foods and physical activity are important goals (Power et al., 2017). Nurses reported wanting to lose weight to feel more fit (Wills & Kelly, 2017). Physical activity has dual benefits of losing weight and decreasing stress, which can be a motivator (Torquati et al., 2016). These studies indicated that nurses have the internal

desire to maintain a healthy body weight, but intrinsic amotivation is another factor to consider.

Intrinsic Amotivation

The desire for a healthy lifestyle is often set aside while the nurse is at work (Horton Dias & Dawson, 2020). The heavy workload and the stress accompanying it lead many nurses to eat for comfort (Darch et al., 2019). According to Gifkins et al. (2018), nurses choose high-calorie foods, such as soda and chocolate, to help with the fatigue of long hours and shift work. The desire for health promotion is decreased due to depression, anxiety, and exhaustion in nurses (Ross et al., 2017). Nurses reported that on days off, they are too tired for regular exercise and need to recover (Keele, 2019). Horton Dias and Dawson (2020) found that working at the bedside was so exhausting mentally and physically for nurses that they felt unable to make wise food choices. Individuals who choose the nursing profession tend to be people who prioritize care for others above care for themselves (Darch et al., 2019). Additionally, some nurses who struggle with excess weight deny that they are overweight (Nicholls et al., 2017). However, for most nurses, the internal struggle with wanting to be healthy is opposed by their need to self-medicate with food.

Extrinsic Motivation

The influence of others may add extrinsic motivation for weight loss, such as a significant other's opinion about their weight (Power et al., 2017). Some nurses have been motivated to adopt a healthier diet after caring for those with chronic illnesses related to obesity (Horton Dias & Dawson, 2020). Nurses also desire a healthy lifestyle to

be more effective role models for patients and feel like hypocrites when they do not live up to the standard (Darch et al., 2019). Park (2015) reported that extrinsic motivation often comes from pressure from health care providers. Pedometers and computer applications with frequent reminders were mentioned by nurses in studies, as effective tools to incorporate physical activity (Torquati et al., 2016). Extrinsic factors can also lead to amotivation.

Extrinsic Amotivation

External factors in hospital nursing may play a role in purposeful, healthy eating. Horton Dias and Dawson (2020) reported that nurses feel an obligation to be present for their patients at all times and cannot take the time to leave to eat food. The Occupational Safety and Health Administration (2018) prohibits food or drink in the patient care areas, so nurses have to be separated from their patients to eat. Nurses feel a commitment to their team, and asking a coworker to cover for them while taking a break during a busy shift causes feelings of guilt (Horton Dias & Dawson, 2020). Other disciplines, along with patients and their family members, expect that the primary nurse will be available at all times and not be on a break.The nurses who do take a break eat at a fast pace and are interrupted repeatedly by their work phone, rarely getting the allotted thirty minutes (Horton Dias & Dawson, 2020). Knowing that they rarely have their entitled amount of time to eat, many nurses opt for quick high-caloric snacks (Nicholls et al., 2017). Nurses reported eating frequent snacks even when they were not hungry; for fear, there would not be another opportunity (Torquati et al., 2016). The failure of organizations to allow nurses to have an adequate break leads nurses to feel they are not valued and decreased

their desire to be a healthy role model (Darch et al., 2017). A literature review incorporating data from multiple countries found no mention of their organization assisting nurses with healthy eating (Nicholls et al., 2017). Unhealthy free food is often given to nurses as a reward or a thank-you by a patient's family or nursing leaders (Horton Dias & Dawnson, 2020). Torquati et al. (2016) reported that nurses admitted to eating the rewarded treats because it is easily accessible and they feel hungry or stressed.

According to Power et al. (2017), an additional extrinsic factor is family obligations that affect healthy eating motivation. After working long hours, many nurses come home to chores, children, and other responsibilities and do not have the time to spend even 30 minutes exercising (Heidke et al., 2020). In some cases, nurses are caring for multiple-generations at home in addition to patient care (Ross et al., 2017). Nurses have intentions of exercising on days when they do not work but find that they are just too tired from their previous shift (Torquati et al., 2016). Many intrinsic and extrinsic factors may influence a nurse's desire for healthy eating and decrease feelings of competence.

Competence

The belief that a goal can be met is a critical component of the SDT (Ryan & Deci 2000). In a study of obese nurses, 96% of the respondents stated they had unsuccessfully attempted permanent weight loss, which caused doubt that they could be successful (Wills & Kelly, 2017). Nurses experience decreased autonomy when weight loss attempts fail (Torquati et al., 2016).

Healthy food options are sparse or nonexistent in many hospital cafeterias, especially for those who work evening or night shifts (Nicholls et al., 2017). Cafeterias with healthy food options also have a higher price tag for those items, so nurses choose a lower-priced unhealthy option, often making choices from the processed foods in the vending machine (Horton Dias & Dawson, 2020). Due to the lack of healthy options, nurses have to bring food from home but lack the time for meal planning and preparation (Horton Dias & Dawson, 2020). In a study by Wills et al. (2018), those interviewed said weight loss is impossible unless nurses can take breaks and access healthy food.

Although there is a need for employee health promotion within hospitals, few offer this service (Kelly & Wills, 2018). In hospitals that provide programs to promote weight loss in employees, the barriers in the work environment caused feelings of despondence (Horton Dias & Dawson, 2020). Feelings of powerlessness to be heard about health challenges in the workplace create hopelessness about a healthy lifestyle (Darch et al., 2019). Torquati et al. (2019) reported that if nurses could make management understand what is needed for weight loss and implement those changes, they would have a higher success rate.

Skipping meals and not hydrating are regular occurrences in bedside nurses leading to a decrease in metabolism (Gifkins et al., 2018). After skipping meals, nurses come home and overeat, then go to bed, leading to restless sleep and weight gain (Horton Dias & Dawson, 2020). Nurses report feeling that they need sugary snacks to combat the stress on the floor (Torquati et al., 2016). In a study, nurses said that comfort eating was a higher priority than self-care due to the demanding nature of the job (Wills & Kelly,

2017). Full-time nurses and those working long hours have more weight problems (Chin et al., 2016; Nicholls et al., 2017). Nursing is a caring occupation, and nurses tend to be givers, putting others' needs over their own (Darch et al., 2019). In a study by Gifkins et al. (2018), nurses also reported that they felt they needed alcohol after their shift to decrease anxiety and promote sleep. In addition to patient care, nursing requires a large amount of charting, which is a sedentary activity (Wills & Kelly, 2017). Nurses may desire a healthy lifestyle but do not feel that it is an achievable goal. Other people also play a part in motivating health.

Connectedness Motivation

Nurses have connections to family, coworkers, patients, and friends, all of which may influence their pursuit of weight loss. Nurses who enjoy their job reported higher levels of healthy eating and physical activity (Ross et al., 2019). Colleague support was mentioned as a helpful way to reach weight loss goals (Torquati et al., 2016). Initiating healthy eating is easier for nurses with the help of colleagues (Ross et al., 2017). Sharing food with coworkers is expected and influences dietary choices; if others eat healthily, it will become the norm (Horton Dias & Dawson, 2020). Torquati et al. (2016) mentioned that developing a nursing department agreement about no longer bringing in sugary treats to share was helpful. Arranging time for colleagues to exercise together increases motivation for physical activity (Torquati et al., 2016). Social connections can also be a barrier.

Connectedness Amotivation

Personal connections can motivate nurses to engage in healthy living, but those connections can also cause barriers. Horton Dias and Dawson (2020) found eating junk food while working as a socially acceptable norm for nurses. The suggestion has been made that weight gain can be contagious as nurses conform to the peer pressure of consuming caloric food and drink (Ross et al., 2017). The large percentage of nurses who are overweight normalizes the problem decreasing the motivation to lose weight (Wills & Kelly, 2017). Social connections can influence or discourage healthy behavior.

Summary

In Chapter 2, I presented a theoretical foundation and applied it to current studies. The literature reviews supported that obesity is an ongoing concern for the U.S. population. Nurses have a higher incidence of obesity than the general population despite education and the desire for weight loss. Quantitative and qualitative studies concerning reasons for excess weight in nurses have been conducted in several countries, with little literature originating from the United States. This qualitative study explored the autonomy of obese nurses for weight loss by describing the intrinsic and extrinsic motivation, competence, and connectedness experienced. Information from this study may provide a needed understanding of nursing administration to assist them in providing effective interventions that can provide increased nursing autonomy regarding weight loss In Chapter 3 I will describe the research methods, including the design, sampling study, population, recruitment, data collection, data analysis, and a plan for reliability.

Chapter 3: Research Method

The purpose of this qualitative, exploratory case study was to determine the perceived weight loss barriers and challenges of obese registered nurses working full time at the bedside in the United States. The results of this formative study may inform the nursing administration of facilitators and barriers to a healthy lifestyle found within the work environment. The research question was: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges? In this chapter, I provide the research question, the research design, and methodology. This chapter also includes a discussion of the methods for data collection and analysis, ethical measures, and issues of trustworthiness.

Research Design and Rationale

I conducted this exploratory, qualitative case study to examine the autonomy of bedside registered nurses and their experiences regarding obesity and weight loss. A qualitative study centers on the subjects' perceptions of their lived experiences and how they interpret their involvement (Rubin & Rubin, 2012). The qualitative method assists the readers in understanding the subjective experiences of others and how they ascribe meaning to their personal situation or phenomena (Ravitch & Carl, 2016). A case study is used to look at a situation in-depth and can be used to compare the cases (Patton, 2015). A benefit of case study research is the holistic, detailed aspect (Yin, 2018). The case study approach also presents a case so that others can not only better understand it but learn from it and transfer the lessons learned to similar situations (Yin, 2018).

The goal of this study was to learn from the participants why they intrinsically and extrinsically struggle with weight loss and develop themes to explore these challenges. The study themes may provide new information and insight regarding why the bedside registered nurses struggle with obesity.

The Role of the Researcher

My role in the study was as a listener, observer, facilitator, and data collector. Using the qualitative approach, I was able to delve into unclear answers and support my participants emotionally. *Positionality* is the researcher's relationship to the situation, subject, and participants (Ravitch & Carl, 2016). Positionality also considers social identity, which consists of the researcher's demographics. Depending on the situation, the researcher might identify with the participants or be an outside observer. Awareness of positionality is necessary to spot bias and assist with objectivity. As a registered nurse working at the bedside for many years, I have struggled with barriers to weight loss. I need to be aware of my feelings of powerlessness and frustration and assume the role as an observer and reporter.

Methodology

Participant Recruitment

In this case study, I employed a purposeful sampling strategy choosing participants who would add insightful data to the case. A case study can use as few as one significant case or several descriptive cases (Patton, 2015). There is no ideal sample size with a case study. The researcher stops seeking additional participants when the themes are recurring, which is an indicator of saturation (Creswell & Creswell, 2018). In this

case study, the anticipated sample size was 10 participants, but I was ready to adjust that number based on the saturation of the data. If the data results were contradictory, more participants would have been recruited (see Yin, 2018).

To be included in the study, participants had to be registered nurses in the United States who worked full time at the bedside of an acute care hospital and had a BMI greater than 30. I recruited participants through social media, specifically through Facebook. A nurse that agreed to be interviewed completed a written consent form that indicated their right to withdraw from the study and assurance that their identity would not be revealed. Once permission was obtained, I sent the participant a brief demographic questionnaire to verify that they met the criteria and provide information about their geographical area and area of practice.

One challenge of this study was recruiting participants who were willing to discuss personal issues related to weight. The public views obesity as a lack of discipline, and those who struggle with obesity feel judged (Wills et al., 2019).

One limitation might have been that most of the respondents were middle-aged females, which correlates with the current nursing population (see National Council of State Boards of Nursing, 2017. Middle-aged females are also the population who frequently struggle with weight issues, even when they are not bedside nurses (CDC, 2018).

Interview

I interviewed the participants using a semistructured process. Interviews were conducted via phone and were approximately 30 minutes long. Data were collected

through interview audio recordings, observations, and field notes. After receiving the approval of the participant to do so, I audio recorded the interview and then transcribed the participant's responses verbatim following the interviewed. Notes were taken during the interview process to document observations about the participant's tone, inflection, and mood. During the interviews, member checking was accomplished by restating my understanding of unclear answers to the participant so they could correct or clarify it. Probing questions were asked if a participant's answers were brief or ambiguous. Further member checking was achieved by providing the participant with a copy of their transcribed interview for review.

Research Question and Interview Questions

This study addressed the following research question: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges? For exploration into this question, I created and asked the participants the following interview questions:

1. How would you describe a healthy lifestyle?
2. How important is a healthy lifestyle to you?
3. How has working at the bedside affected your attempts at a healthy lifestyle?
4. How have coworkers influenced self-care choices?
5. What job-related barriers regarding a healthy lifestyle have you experienced?
6. What differences have you noticed in self-care behaviors when you have worked different shifts?
7. What could your place of employment do to assist with self-care?

Exit Strategy

At the end of the interviews, the participants had the opportunity to ask questions about the experience. I provided them with my contact information for additional questions, to change any answers they provided, or to withdraw from the study. Participants were asked if they were willing to answer further questions if needed. I provided all participants with their transcribed interview to review for accuracy. Upon completion of the study, participants were provided with the findings of the study if requested. Participants selected for the interviews received a $25 gift card to Amazon as a thank you for their time.

Data Analysis

Once the data were collected and transcribed, the next step was to code the data (see Saldana, 2016). The codes were then grouped into categories that were reviewed for themes (see Saldana, 2016). The data analysis of a case study is not a fixed process (Yin, 2018). Analyzing the data is dependent on the researcher's impressions and thoughts combined with extensive contemplation about other meanings (Yin, 2018). The first step in analyzing the data was compiling it, followed by searching for frequently noted observations or patterns (see Yin, 2018). The data can be arranged sequentially, categorically, or in a visual display depending on the researcher's preference (Yin, 2018). A helpful technique is viewing the data as a cycle and starting at various points in the process, working forward and backward (Yin, 2018).

The general strategy I used for the analysis relied on the theoretical framework (see Yin, 2018). As I viewed the data, I considered how they related to the SDT and the

tenets of autonomy, competence, and connectedness and coded them accordingly (see Ryan & Deci, 2000). I then assigned themes for each of the SDT areas.

An additional analysis technique I used was the *pattern matching logic model* (see Yin, 2018). Pattern matching logic assists the researcher in exploring "how" or "why" the conclusions match the predicted result (Yin, 2018). In this case, I attempted to compare patterns of previously conducted studies in different countries.

Issues of Trustworthiness

The researcher validates trustworthiness in a qualitative study through confirmability, dependability, transferability, and credibility (Ravitch & Carl, 2016). Providing trustworthy research involves careful planning during the research design and adherence during the study.

Credibility

Credibility is the assurance that the researcher has wholly addressed the details of the research and is a means of establishing internal validity (Ravitch & Carl 2016). Internal validity in qualitative research assures that the design, methods, data, and findings are linked. I achieved credibility in this study through research alignment and data recognition (see Ravitch & Carl, 2016). Careful screening of the participants to verify that they fit the study criteria added credibility (see Rubin & Rubin, 2012). During the interview and after the interview transcription, I conducted member checking with the participants to add credibility to the findings (see Ravitch & Carl, 2016).

Pattern matching also provided internal validity to the study (see Yin, 2018). Matching data found from similar studies or predicted patterns contributed to the internal

validity as well (see Yin, 2018). For the patterns that did not match, I offered an explanation (see Yin, 2018).

Transferability

To prevent threats to external validity, *transferability*, or generalizing the data, must be considered (Yin, 2018). Qualitative interviews with different participants will not yield the same answers because everyone's lived experience is different; however, themes revealed from studies with the same context should be similar. I maintained transferability in this study through a detailed description of the data (see Ravitch & Carl, 2016). Precise descriptions of the context will help others determine to what extent the data can be applied to their situation (see Ravitch & Carl, 2016). The application of theory also adds *analytic generalization*, which is a method for the researcher to confirm or reject the tenets of the theoretical basis and identify new thoughts about the study (Yin, 2018).

Dependability

Dependability assures that the data collected and the analysis of the findings coordinates with the research question (Ravitch & Carl, 2016). I achieved dependability in this study through careful data collection and alignment of the analysis with the research question (see Ravitch & Carl, 2016). A case protocol addresses the dependability of the study by providing an outline of the procedures that were followed during the study (Yin, 2018). By following this protocol, I ensured that the questions used to obtain data aligned with the research question and the theoretical construct (see Yin, 2018). The dissertation itself acted as the case protocol for this study. Four major

categories comprise a case protocol (Yin, 2018). The first category is the *overview*, which outlines the purpose, goals, theory, and questions. The second section comprises the data collection procedures used for the study. The third section describes the protocol questions, including detailed descriptions of the data collection and the analysis of that data. The final section details the finding from the case study. By creating, understanding, and following the case protocol, I addressed dependability in this study.

Confirmability

Confirmability is the assurance that the data accurately represents the views of the participants (Ravitch & Carl, 2016). Confirmability was addressed through the use of accuracy and a reflexive journal. Complete objectivity is not possible within a qualitative study, so explanations of the researcher's thought process and recognition of bias are necessary (Ravitch & Carl, 2016). An ongoing reflexive journal provided me with a method to examine my subjective thoughts and feelings about the data.

Accuracy is reporting the data precisely as obtained without subjectivity on the part of the researcher (Ravitch & Carl 2016). One way to ensure accuracy is to record the interviews. When the interviews are transcribed, the data should be exactly transcribed as spoken without correction (Rubin & Rubin, 2012). Transcriptions were done immediately after the interview while my memory was fresh to understand any unclear vocalizations of the participants (see Rubin & Rubin, 2012).

Ethical Procedures and Informed Consent

Walden University's Institutional Review Board (IRB) provided oversight of this study. An IRB is established to ensure that research is done ethically and can note any

potential problems that may arise that could harm the study participants (Ravitch & Carl, 2016). The Walden University IRB reviewed this study to ensure it was ethical and did not violate U.S. federal regulations. I did not select participants or collect any data until receiving IRB approval (Approval Number 11-24-20-0044092).

To avoid harming the participants, I had them sign the consent form outliniing the purpose of the study, assuring their anonymity, and providing them with information on withdrawing from the study at any time.

The data collected from participants were stored on an encrypted flash drive. If any paper documents had been used for the study, they would have been kept in a locked file cabinet. The data will be stored securely for 5 years, after which it will be destroyed.

Summary

Obesity is an ongoing problem in the United States, and over half of the registered nurses in this country are overweight (Buss, 2012). Additionally, less than half of nurses in the United States include regular exercise in their lives (Nam et al., 2018). This study aimed to explore the perceived facilitators and barriers from a sampling of these nurses.

In this chapter, I described the research design and methods as well as the data collection and analysis processes. The procedures followed to ensure trustworthiness and the steps taken to ensure an ethical study were also explained. In Chapter 4, I will report the data collection results and provide an analysis of the findings.

Chapter 4: Results

The purpose of this qualitative, exploratory case study was to record, analyze, and report the perceived weight loss barriers and challenges of obese registered nurses working full time at the bedside in acute care facilities in the United States. The case study approach allows for the intensive analysis of an issue. In this study, the case was obese registered nurses working at the bedside. Providing insight into these nurses' self-care struggles fills a gap in the literature about why many nurses, who are educated about healthy-lifestyles, struggle with their weight. Chapter 4 includes a restatement of the research question, the process for data collection, demographics, and data analysis. The emergent themes will also be presented and then compared with the theoretical framework and the findings of studies in other countries.

Research Question

The overarching research question was: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges? I formulated open-ended, semi structured interview questions with a broad scope to encourage the participants to share their perceptions. Through the participants' responses, I was able to gain a deeper understanding of what a healthy lifestyle meant to them and the perceived challenges they faced. The questions asked can be found in the interview guide found in the Appendix, which served as the data collection instrument.

Data Collection

I recruited participants for this study through Facebook. I belong to several Facebook groups comprised of all nurses. One of these groups, in particular, has a large number of members and focuses on a healthy lifestyle. After emailing the group's moderator, I was informed that they do not allow research recruitment on their site. I then attempted to get permission from other groups to find that they do not grant research authorization with compensation.

I then posted the research flyer to my Facebook page. Twenty other Facebook contacts shared the flyer as well. Participants were asked to email me if interested. I shared the flyer again 10 days later, and 12 Facebook contacts shared the information. The potential participants were provided with an informed consent form, which they signed before providing their demographic information or scheduling the interviews.

Data collection began on January 4, 2021, after receiving approval from Walden University's IRB, and concluded on January 17, 2021. After conducting eight interviews, I noted that the responses were similar with repeating concerns. To ensure data saturation, I interviewed two additional participants with much the same results. Each nurse was interviewed one time. The interviews were 20–30 minutes in length.

I called the participants from my home; no one else was present in the house. The participants were reminded before the interview that the call was being recorded. The interviews were recorded on my computer using Otter Voice Meeting Notes. I wrote down observations in my field notes to collect more data. The field notes required me to do more than listen to what the participants were saying and note their tone, pattern, and

speed of response as they answered the questions. Following the interview, I recorded my initial impression of the participant's responses.

After each interview, I transcribed the recording. Each participant was emailed a copy of their recorded transcription for member checking in which they were asked to review the transcription for accuracy, clarification, or additional insights. One participant added a few thoughts to clarify one of her answers. There were no other transcription corrections or additions by the participants. All data were kept on a private, password-protected computer. There were no additional paper documents.

Demographics

The participants were registered nurses with a BMI of greater than 30 working full time in the United States at the bedside. Once they provided their consent, the participants completed the demographic form (see Appendix B) to ensure they met the inclusion criteria.

The topic of obesity can be a sensitive subject, so great care was taken to protect each participant's confidentiality. I assigned an alphanumeric code to each participant that corresponded to the order they were interviewed. The participants were between the ages of 24 and 56 years of age. There were one male participant and nine female participants.

Table 1

Demographic Results

Demographics	*N* = 10

Gender	Female = 9
	Male = 1
Age	24–56 years, *Mdn* = 36.8
State	Idaho = 1
	Indiana = 2
	Texas = 7
Hospital unit	Intensive care = 2
	Orthopedics = 3
	Oncology = 2
	Medical-surgical = 3
Full time	Yes = 10
BMI greater than 30	Yes = 10

Setting

I conducted individual telephone interviews with 10 participants. My initial plan was to use a combination of interview techniques, such as face-to-face, video conferencing, and phone interviews; however, due to the COVID-19 pandemic, I eliminated the face-to-face interviews. Although many of the participants take care of COVID-19 positive patients at work, they preferred to stay home and quarantine when not performing their essential jobs. The participants also preferred phone interviews. The current overuse of virtual meeting platforms has decreased the desire for that mode of communication.

Data Analysis

The first step in the data analysis process was a careful reading of the transcripts. I reviewed my field notes and my recorded impressions post interview to form a comprehensive understanding of the data. I used the SDT as a framework for my coding. On each transcript, I typed and color coded each of the components of the SDT. Taking each element of the framework individually, I read through the transcript and color-coded text accordingly. Next, I took each color-coded text and placed it under the corresponding tenet of SDT. I then looked for themes. After noting the themes, I attempted to pattern-match them with the findings of qualitative studies on obese nurses in other countries.

Evidence of Trustworthiness

I preserved the trustworthiness of the results over the course of this study. Credibility was provided through research alignment. Each participant was screened to determine if they fit the inclusion criteria. I aligned the interview questions with both the research question and the theoretical framework to explore nurses' perceptions of obesity. Transcription and extensive review of the data added to my understanding of the responses. Member checking was used to validate the accuracy of the transcripts and allow participants to add extra insight if desired. I used the additional step of pattern-matching findings from international studies for internal validity.

I maintained transferability by aligning the themes with the theoretical framework and providing an accurate description of the rich data collected. Dependability was achieved by first creating a case protocol of the exact procedures for this study and then following those procedures. My dissertation committee reviewed and approved the

overview for this study before I began. During data collection, I kept detailed confidential logs regarding all data. Once the interviews were completed, the data were described and analyzed.

I addressed confirmability by being aware of my biases and not allowing them to intrude on the data collection. Reflexive journaling was used to record my thoughts and understanding during data collection and watch for my biases. During the interviews, I did not interject my own experiences or give my opinion about the participants' answers. I also took field notes during each interview to record impressions about the participant's word choice and vocal tone. Accuracy was assured by recording the interviews and transcribing them afterward directly as spoken.

Results

The participants provided descriptive data in the form of their perceptions of obesity. I matched 18 emergent themes to the theoretical framework. The codes and themes discovered are discussed and summarized in the following subsections.

Intrinsic Motivation

When asked about the importance of a healthy lifestyle, all participants responded that it was "very important." Their descriptions of a healthy lifestyle were also much the same, with diet and exercise being mentioned by all. Some of the nurses also brought up the importance of keeping vices in control. I chose the word "balance" as a theme for these descriptions. This decision was aided by the frequent use of the word "balance" during the interviews. The majority of participants stated that being healthy is not just physical but that it comprises mental and social components as well. I chose the theme

"holistic" to describe this recurring idea. Another common thought of the participants was the need to be healthy to continue working and prevent disability. I labeled this theme, prevention. Codes and themes for intrinsic motivation are located in Table 2.

As I compared my data with the results of studies in other countries, I was able to find matching patterns. Powers (2017) reported that Canadian nurses find a healthy lifestyle important, with the benefit of having increased energy. Nurses in England also emphasized the importance of feeling fit (Wills & Kelly, 2017).

Table 2

Intrinsic Motivation Themes

Quotes	Themes
"Balancing work and family." "Exercise and eat right." "A healthy lifestyle is balanced." "A very good balance between work, home, and spiritually." "A good balance between home, work, self-health, control of vices."	Balance
"Socially, physically, emotionally." "It's not just about physical; it's mental health too." "Healthy: mind, body, and soul."	Holistic
"Healthy enough to do your job." "I know what it's like not to be healthy and older." "I can help myself for when I'm older." "If I weren't healthy, I wouldn't be able to do my job."	Prevention

Intrinsic Amotivation

Although all of the nurses reported that a healthy lifestyle is essential to them, they all admitted that there are underlying issues that decrease their motivation to eat right and exercise. Every person interviewed listed exhaustion as a barrier to their weight loss goals. Bedside nursing was described as a demanding profession, requiring being on their feet all day. The consumption of large quantities of coffee, energy drinks, and soda to help with the exhaustion was common. Fatigue was listed as the primary reason for not exercising. Long shifts are followed by a need for rest on their day off. A frequent day-off description was sitting on a couch doing nothing because of both emotional and physical exhaustion. Tiredness was also mentioned as a reason for not shopping for or preparing healthy meals, resulting in eating fast food. Table 3 lists the themes created for intrinsic amotivation.

The level of stress was also listed as a factor for making unhealthy choices. One nurse said she frequently gives in to temptation to eat chocolate after a shift to decrease her stress. The extreme stress was named as a causative factor for eating junk food in the breakroom because the nurse sought a pick-me-up.

I labeled an additional obstacle reported by the nurses as compassion. Many nurses felt it was wrong to take a break or eat lunch when their patients needed them. They also did not want to put the burden of their patients on other nurses. Inadequate staffing means all of the nurses have heavy workloads, and asking someone to cover seems to be an imposition.

Pattern matching revealed similar themes with nurses in England reporting that they prioritize their patient's care over self-care (see Darch et al., 2019). Australian nurses admitted that they made unhealthy food and drink choices due to stress and fatigue (Gifkins et al., 2018).

Table 3

Intrinsic Amotivation

Quotes	Themes
"Nursing is so exhausting."	Exhaustion
"I truly just want to sit on the couch."	
"At home, I don't want to do anything."	
"I'm too tired to cook anything."	
"My back hurts; my legs are killing me."	
"I'm on my feet all day."	
"I'm just too tired to do anything for myself."	
"I'm snacking all day because of stress."	Stress
"Instead of going to the bar after work, to get rid of stress, I go to Dairy Queen.	
"My patients aren't doing well."	
"I'm at the bottom as far as taking care of myself."	Compassion
"I don't want to burden anybody else."	
"I put my patient's needs before mine."	

Extrinsic Motivation

The participants spoke of external motivating factors. Table 4 contains the themes for extrinsic motivation. The motivating factor that was mentioned the most was family. One of the respondents said she had recently lost some weight and can now be active with her children. She stated, “I feel like I’m part of the family now.” A theme chosen for extrinsic motivation is family.

As mentioned, bedside nursing is physically demanding. Another theme I chose was finances. Being fit enough to do the job was noted by many.

Some mentioned extrinsic motivation provided by the employer. One nurse described a cellular phone application with monetary rewards for healthy behaviors such as walking or preventative screening. Another nurse reported a gym within their facility for employees but said it is currently closed. A participant enjoyed yoga classes during the shift with coverage for her patients provided. Those classes are now on hold.

Nurses in Scotland listed their significant other as an extrinsic motivator for weight loss (Power et al., 2017). During my interviews, their family was frequently mentioned; however, most clarified that they meant their children. I found pattern matching with Australian nurses who also spoke of computer programs to track steps and other healthy behaviors (Torquati et al., 2016; Gifkins et al., 2018).

Table 4

Extrinsic Motivation

Quotes	Themes
"I want to be more active with my kids." "My family." "Healthy, for my daughter." "I want to do things with my kids." "Family life is a huge thing."	Family
"Health is important to do my job." "You need to feel good so that you can do your job."	Finance
"My employer has an app which rewards for healthy things." "My step tracker." "We had a yoga instructor and class during the shift."	Incentive

Extrinsic Amotivation

Data collected regarding external barriers to self-care was the largest percentage. Participants spoke about the desire to eat healthily and exercise but feeling thwarted in the work environment. Several discussed preparing and bringing a healthy lunch but having no time to eat it. Employees are told that they have a 30-minute lunch and two 15-

minute breaks, but every participant stated they never get all of their break time, and most said they get no breaks. Nurses spoke about coming home dehydrated from a combination of not having the opportunity to have a drink and knowing that they would not have a chance for a necessary bathroom break. Some of the participants reported not using the restroom all day since there was no. All of those interviewed, but especially those on the night shift, said limited healthy food available for purchase. Contrarily, the presence of high-calorie, unhealthy food is a constant obstacle. Unhealthy food is brought in by the hospital administration as rewards for satisfaction scores or a thank you for working extra hours. The patients and their families bring in treats for the staff. Even vendors bring in high-calorie food for the nurses. One nurse said she tries not to eat unhealthy food and said, “You’re mentally and physically exhausted, but you know that you have to keep going and try to find some energy from somewhere.”

The nurses also have barriers to exercise. Due to the COVID19 pandemic, most gyms are closed. Those who work nights discussed the difficulty in finding fitness classes that are open when they are awake. A few mentioned that they used to go outside and walk around the facility but currently don’t have the time due to short staffing.

I chose two major themes for this section, which can be found in Table 5. I chose the word opportunity to represent the barrier of closed cafeterias and fitness centers. Opportunity is also an appropriate theme for the paucity of breaks.

As I pattern matched the data from other countries, Australian nurses also reported not having time to eat and an overabundance of tempting, unhealthy food

choices (Torquati et al., 2016). They also admitted to eating snacks for quick energy to continue working (Nicholls et al., 2017).

Table 5

Extrinsic Amotivation

Quotes	Themes
"I don't have time to eat lunch or a halfway lunch." "You have to keep going and try to find energy from somewhere." "Can't have food or drink in the nurse's station." "Not enough time to eat a salad, so I grab what's easy." "No time to eat, so lots of snacking." "Breaks are nonexistent." "No salad bar, just prepackaged food."	Opportunity
"No healthy foods in the cafeteria." "There's not very many fresh vegetables." "No salad bar, just prepackaged food." "People brink in unhealthy snacks like candy, chips, cookies, and cakes." "Gyms have limited hours due to COVID." "Fitness classes don't work with the night shift schedule."	Availability

Competence

According to the SDT, an essential part of success is the belief that success is achievable (Ryan & Deci, 2000). Among those interviewed, I noted that a few of them expressed that they were capable of losing weight, and two of them have had moderate success. I chose the theme "resolve" for those nurses because they firmly insist that they get a partial break to eat the healthy food they brought.

The physically demanding aspect of bedside nursing was mentioned as a benefit for burning calories. In a typical shift, the nurses exceed their step goal daily as recorded by pedometers and phone applications. I used the word "activity" as a theme to describes these codes.

An issue frequently mentioned which decreases their feelings of competence is the schedule. Although the participants reported they can self-schedule, their schedules are always changed to meet the hospital's needs. The schedules are changed, and the nurse has one day on and the next off. The nurses reported that the one day off is spent recuperating from the previous shift, and they do not have the energy to shop, cook, or exercise. I used "schedule" as the theme for this declining feeling of competence.

The final theme I chose was "pandemic." The Covid19 pandemic was mentioned repeatedly as the cause behind short-staffing, extra shifts, closed fitness places, severe stress, and less healthy food options. Themes for competence are recorded in Table 6.

As I reviewed the area of competence from studies in other countries, I found a match with nurses in England who feel powerless to lose weight due to the schedules and

circumstances (Darch et al., 2019). Australian nurses expressed that weight loss is impossible unless nurses are given breaks and healthy food options (Torquati, 2019).

Table 6

Competency

Quotes	Themes
"I take that 5-minute break to eat a snack."	Resolve
"I eat a 10-minute lunch in the back of the nurse's station."	
"I bring my lunch salad every day."	
"I don't call it lunch; it's my mental health break."	
"At work, I'm very active."	Activity
"I walk a lot at work; I get my steps in."	
"When I started working, I thought I would lose weight because rarely do I sit."	
"I'm scheduled sporadically during the week."	Schedule
"A set schedule would help with weight loss."	
"The schedule is pretty demanding and challenging."	
"You're just so burnt out, you want to go exercise, but you got to recover from work."	
"There is not enough time between shifts to recover."	
"Because of the pandemic, on days off, I stay home."	Pandemic
"We have been really short-staffed."	
"Before COVID, we tried to have fitness programs."	
"We are in the middle of a pandemic, extra-long hours."	
"So short-staffed, it is crazy."	
"Gyms are closed because of COVID."	
"We had a salad bar, but it shut down due to COVID."	

Connectedness Motivation

Having the support of those around can assist with healthy living goals (Ryan & Deci, 2000). Encouragement of colleagues was the area with the least data. A few participants said that on rare occasions, some coworkers would check to see if they got a break. The frequent response was that everyone is too busy to encourage others. I used the word "support" as the theme for this section; refer to Table 7.

I did not find matching patterns for this topic. Australian nurses described exercising together, bringing in healthy treats, and making a pact not to bring tempting high-calorie snacks (Torquati, 2019). The added workload and infection control rules associated with the pandemic may account for the discrepancy in patterns.

Table 7

Connectedness Motivation

Quotes	Themes
"Did you get lunch? You need to go."	Support
"Before COVID, we tried the water challenge."	
"At times, they influence me to make good food choices."	
"They're like, have you gotten any time to drink water?"	
"Do you have what you need to go on break?"	

Connectedness Amotivation

Just as peers can positively influence a healthy lifestyle, they can also be derailing. Connectedness amotivation codes and themes are in Table 8. I used the word "influence" for descriptions of succumbing to peer pressure.

The topic of an abundance of unhealthy options continued within this section. The nurses reported that coworkers frequently bring in baked goods and other treats, which are a temptation. A night shift employee added that potlucks were frequent among her coworkers, and not joining in would appear rude. They also felt obligated to eat the

unhealthy foods provided by the administration, patients, and family members. I used the theme “gifts” for this section.

A study of obese nurses in England contained matching patterns of plentiful caloric food gifts, causing a barrier to weight loss (Wills & Kelly, 2017). They also added that everyone was eating poorly, which normalized the behavior (Wills & Kelly, 2017). This thought was confirmed in most of my interviews as they reported everyone was consuming unhealthy foods. As one nurse said, “We are all just emotionally and physically exhausted; if we can get something quick to eat, we do.”

Table 8

Connectedness Amotivation

Quotes	Themes
"My coworkers are a bad influence."	Influence
"Peer pressure to eat all that stuff."	
"They're like, 'Go ahead and have that piece of chocolate.'"	
"They all eat like crap; they all eat processed foods."	
"It's hard to be in a healthy mindset when no one is encouraging you."	
"We are all too tired to work out."	
"They always order out, and it's never healthy."	
"Everyone's kind of rundown and doing the best they can."	
"Medical reps bring in lunch or breakfast for us."	Gifts
"My coworkers bring in desserts."	
"Patient's family members buy us lunch, cookies, just baskets of food."	
"People brink in unhealthy snacks like candy, chips, cookies, and cakes."	
"Coworkers want me to join their takeout groups."	

Summary

A healthy lifestyle can be a challenging goal for everyone. For the nurse working at the bedside, there are many barriers to overcome, such as time constraints, lack of healthy options, stress, and peer pressure (Horton Dias and Dawson, 2020). One of the consequences of unhealthy eating is obesity.

The research question for this study was: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges? The interview questions provided prompts for the nurses to describe their intrinsic and extrinsic motivation, along with their feelings of competence and the influence of others. Eighteen individual themes were identified and categorized according to the SDT.

Common themes of facilitators of a healthy lifestyle included the desire to have a balanced, holistic life and prevent long-term health issues. Outside influences motivating healthy choices were family, supportive coworkers, and the financial need to do their job. Barriers mentioned were scarcity of healthy food, the lack of opportunity for self-care, patient care demands, and stress. The number of unhealthy foods available and the destructive influence of coworkers was also mentioned. The nurses all stated they desire to be healthy, and many mentioned feelings of frustration that they have been unsuccessful in weight loss.

Chapter 5 contains the interpretation of the findings and opportunities for further research and limitations of the study. The possible implications for positive social change will also be addressed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

In this qualitative study, I aimed to explore the perceptions of obese, bedside nurses and report the findings. Obesity increases the risk of many debilitating health conditions, making losing weight a significant concern. There have been qualitative studies on this topic conducted in other countries with lower rates of obesity; however, there was a gap in the literature on this topic in the United States. By reviewing the findings of this study, administrators can come to a deeper understanding of these nurses' perceptions. This added knowledge can assist in removing barriers to and facilitating a healthier lifestyle for the bedside nurse.

I conducted interviews with 10 registered nurses who work at the bedside in the United States. The goal in performing these interviews was to explore their viewpoints of barriers and facilitators to weight loss in conjunction with bedside nursing. The findings revealed that nurses understand and highly value a healthy lifestyle and acknowledged that it was a high priority for them. However, there are many barriers to weight loss. Participants reported that stress and the lack of opportunity to take breaks or have healthy food options made healthy eating difficult. The abundance of unhealthy food and the influence of peers was also mentioned. The exhaustion felt after working their shift also decreased their desire to workout.

The results of this study echoed the findings of international studies showing stress, exhaustion, lack of opportunity, and healthy options being barriers to weight loss. The findings of the current study add to the body of knowledge about facilitators and barriers for weight loss as perceived by bedside nurses.

Chapter 5 contains my interpretation of the study findings, limitations of the study, and the implications for future studies. This chapter also includes the implications for positive social change.

Interpretation and Findings

The purpose of this qualitative, descriptive case study was to explore and report the self-care experiences and perceived weight loss barriers and challenges of obese registered nurses working full time at the bedside in acute care facilities in the United States. The research question addressed was: What are the perceptions of obese registered nurses working at the bedside in an acute care environment related to weight loss barriers and challenges? The SDT provided the framework for this study. I created an interview guide to give prompts about each of the theoretical tenets. The collected data were coded, and themes were developed aligning with the SDT categories. Eighteen themes emerged from the analysis of interview data.

Intrinsic Motivation and Amotivation

Intrinsic incentives came from the desire to have a healthy lifestyle. Themes found in this category included balance, holistic, and prevention. The nurses regard a healthy body weight as imperative for the enjoyment of life and to prevent disability in the future.

Intrinsic factors decreasing motivation were described thematically as exhaustion, stress, and compassion. The participants reported that their job's demanding nature left them too exhausted to exercise, shop, or cook healthy meals. This weariness also extended to regular exercise. Participants reported plans to exercise were abandoned

because they were tired from long shifts and inconsistent schedules. Stress further thwarted weight loss endeavors as comfort food provided a reward after a stressful workday. Additionally, compassion for patients and coworkers prevented them from taking both regular and lunch breaks. Putting their needs beneath those of others was frequently described.

Extrinsic Motivation and Amotivation

The participants described external motivators for a healthy lifestyle, and I chose the themes of family, finance, and incentive to convey them. The most commonly mentioned extrinsic influence was family. Being fit to participate in family activities was regularly mentioned. Another motivation for fitness was job performance. The work of a bedside nurse is physically arduous and requires lots of walking and lifting. If a nurse is disabled, their financial status will be affected. I used incentive as a theme, although it was only mentioned by a couple of the participants. Incentives described included pedometers and mobile phone applications that tracked healthy activity and rewarded the participants. Some nurses said they had previously had incentives that had been placed on hold due to the pandemic.

Extrinsic barriers were described in great detail and were an obvious source of frustration and grief. The themes chosen for this category were opportunity and availability. Opportunity is in reference to breaks and lunches. Even the nurses that insisted on taking a lunch break reported getting less than half of the time allotted. Short staffing, patient's needs, and constant interruptions were listed as reasons for not taking allotted breaks. Those able to take a break often chose to eat a quick, unhealthy snack to

provide energy. The availability of healthy food was also an issue. Cafeterias and vending machines without healthy options were another source of frustration. Even more frustrating were the limited hours of the cafeterias, resulting in the use of food delivery services.

Competence

To accomplish fitness goals, people have to believe that their objective is achievable. The themes found related to competence included resolve, activity, schedule, and pandemic. Of the 10 nurses interviewed, two had recently lost weight. Their responses differed from the others because they insisted on taking a break to eat. They knew from past experiences that if they did not prioritize eating on schedule, they would have decreased defense against the calorie-laden food in the breakroom. The breaks taken by these nurses were very short and required planning to have quick but healthy food. The nurses who made time to eat also encouraged their coworkers to take breaks but reported they rarely did. The theme used for this was resolve. They have had some weight-loss success and have the resolve to do what it takes to continue to lose weight.

Activity is an integral part of weight loss and health. The participants were surprised that they did not lose weight even though they were moving nonstop for 12 or more hours. The high level of activity gave the nurses hope that they would lose weight if they changed their diets.

Having a varying schedule was mentioned by nearly all the participants. The typical work schedule for nurses is comprised of three 12-hour shifts, which leaves 4 days off each week. Most nurses, especially younger nurses, prefer to work three shifts in

a row and then have 4 days off. The nurses were all in agreement that it takes at least a day to recover from work. The scheduling problem that occurs is that they are frequently scheduled with 1 day on and 1 day off, or a similar variation. The nurses end up using all their days off recovering and do not have the energy to exercise or meal plan.

The final theme is pandemic. The pandemic was mentioned so often; it was difficult to know where it fit best among themes. I chose to put it under competence because the increased workload and the practices needed to prevent transmission have eliminated the belief for most of the participants that they can get healthy now. The pandemic was given as the reason for being short staffed due to sick coworkers and because nurses are quitting their jobs or taking travel assignments to make more money. The transmission precautions resulted in the shutdown of the salad bars and other fresh foods, causing them to rely on processed foods or take out. Hospitals with gyms have shut them down or limited the hours of availability. Fitness centers have also closed. Some of the respondents mentioned that they used spinning and other classes to decrease stress, and without that activity, they were compensating with food or alcohol. A common thought about the situation was that everyone is currently dealing with the same problems, and focusing on fitness will need to wait.

Connectedness Motivation and Amotivation

Partnering with coworkers to meet health goals is a common approach to healthy living. As I conducted the literature review, there were frequent mentions about using teamwork to eliminate unhealthy foods eaten at work. I also noted many reports of colleagues working out together. As I reviewed the codes for connectedness and how it

motivates, there was minimal mention of the connectedness regarding motivation. I used the word “support” to identify the encouragement of others. The type of support mentioned were infrequent reminders to take breaks or drink water. The global pandemic has created the need for social distancing and appears to have reduced the desire for healthy eating. Most of the participants have set aside efforts for now and eat comfort food.

The behavior of others can also cause barriers to being healthy, especially concerning diet. Many of the participants stated that their coworkers eat poorly and encourage them to do the same. Colleagues sabotage their efforts by tempting them with sugary snacks. Ordering food to be delivered happens daily, and the restaurant choices are often fast food, pizza, or fried chicken wings. I titled the theme for these bad persuasions as “influence.”

Another theme under decreased motivation for healthy living is gifts. Patients’ family members often bring in food; this practice during the pandemic seems more prevalent. Home-baked treats and entire meals were mentioned as being brought in. The administration also provided pizza or other fast food to thank the nurses for their long hours. Trying to use self-control to avoid these temptations is further compromised by the fear of hurting the gift-givers’ feelings.

Limitations of the Study

There were limitations of this study. According to the National Council of State Boards of Nursing (2017), women comprise 91% of the nursing population, and the median age is 51 years old. The gender of the participants in this study correlated, with

10% of the participants being male; however, the median age of participants was 36.8 years old.

I had concerns that people might be hesitant to talk about a sensitive subject like their weight. However, those interviewed were forthcoming about their desire for weight loss and the challenges they experienced trying to lose weight. I think it might have been cathartic for them to verbalize their frustration.

The purpose of using Facebook to find participants was the hope for geographical diversity within the United States. Previous studies in the United States regarding obesity were localized in a single hospital or a single state. Notably, 7 of the 10 participants in this study were nurses in Texas, and only three states were represented.

The most significant limitation was the COVID-19 pandemic. The mandates to social distance limited the modes of interviewing available. Additionally, the participants preferred to use telephone contact for varied reasons. Weight loss motivation due to connection with others was minimal within this study, whereas previous studies reported it as a meaningful tool. Support has also been affected by the pandemic, again due to social distancing and longer work hours.

Issues of Trustworthiness

To comply with the scope of trustworthiness in this study, I addressed confirmability, dependability, transferability, and credibility. I created an audit trail using a spreadsheet of the participants with their names redacted. I also completed a data collection log. After each interview, a reflexive journal entry was completed to bring awareness to my personal biases and address confirmability. Paying attention to my

biases helped me to listen objectively during interviews and not share my own experiences or opinions. I also completed field notes during the interviews and wrote down further impressions immediately after transcription. To honor confidentiality, neither the participant's transcripts nor my field notes are included in this dissertation.

I aligned the research question with the type of study and the mode of data collection. The interview questions were also aligned with the research question and the theoretical framework. This careful alignment ensured dependability.

I provided a detailed description of the methodology and the data in this study to assist transferability. Methods to ensure credibility included careful listening during the interview, immediate transcription of the participant's responses, and member checking of the transcripts. The pattern matching showed similar findings in international studies. A future study exploring perceptions of obese registered nurses should yield similar results due to the transferability.

Recommendations

After recording and analyzing the data in this study, I have several recommendations to facilitate weight loss among nurses and remove the barriers associated with working full time at the bedside. Some of the recommendations were suggested by the participants.

The first recommendation is better staffing. The nurses reported that they were entitled to two 15-minute breaks throughout the day and a 30-minute break for lunch. None of them can take those breaks due to their heavy workloads. One of the nurses said they used to have a resource nurse covering for a nurse going on a break, which worked

well. Another personnel issue is the lack of patient care assistants. When there are no assistants, the nurse must absorb duties generally assigned to them, including taking vital signs, attending to patients' hygiene needs, and answering call lights. The lack of ancillary staff decreases the likelihood of any break time.

A recommendation to combat the stress of nursing is a relaxation room. Relaxation rooms do not need to be expensive, just a quiet room with soft music and a recliner. One of the participants described the relaxation room on her unit. She said if someone needs a few minutes to regain composure, another nurse will cover their patient, and they go to the room. The room that they use also has a few healthy snacks like granola bars and nuts. Providing a private space and patient coverage would allow the nurse to pray or meditate and decrease the stress level.

Most acute care facilities allow the nurses to create their schedules. The schedule is then revised to meet the needs of the unit. Frequently the result is a schedule with 1 day on and 1 day off. Sporadic days off do not allow the nurse to recover enough to exercise or prepare meals. Although it is unlikely that a nurse would be granted their preferred schedule every week, effort needs to be made to group days off together.

Healthy food options are another recommendation. The availability of fresh fruits and vegetables, along with low-calorie sources of protein, was a common suggestion. A participant stated that it is much easier to resist a high-calorie treat if there is a healthy alternative present. Limiting the cafeteria hours may be a financial decision, but there should be provision for healthy food choices at all times. When thanking or rewarding the staff, the preference would be for nutritious food or provide that option.

An additional recommendation is to improve access to exercise. For hospitals with gyms, having them open 24 hours would be the favored solution; the employees should be surveyed to determine the most beneficial times if that is not feasible. For hospitals without gyms, providing free or discounted memberships to fitness centers could be offered. A few nurses said they like to take yoga or other exercise classes to improve fitness and alleviate stress. Offering these types of classes would provide many benefits such as exercise, stress relief, and connection with coworkers.

A final recommendation for providing a health forward atmosphere is the provision of incentives. Cash awards, gift cards, and prizes for healthy behaviors are motivators. Many computer applications allow tracking of these activities without revealing personal information such as weight, lab values, and fitness level.

A recommendation for future study is additional qualitative studies in other states for similar results. Narrowing the participant criteria by sex, age group, shift, unit, and years at the bedside would add to previous knowledge. Quantitative studies evaluating the success of interventions by the institutions would validate what works in healthy lifestyle promotion.

Implications for Positive Social Change

Obesity in nurses is alarming due to the comorbidities which could result in death or disability. The need for nurses is greater now than ever before. Understanding the perceptions of the nurses to weight loss barriers and facilitators assists administrators in improving conditions. Health promotion for bedside nurses will improve their overall fitness preventing disability or forced early retirement creating positive social change.

This study's findings will further the mission of Walden University to make positive social change.

Conclusion

Registered nurses are an integral part of the health care team. The increasing levels of obesity in the United States are disturbing. Nurses are not immune to this trend; in fact, the percentage of obese registered nurses is higher than the general population. My intent in this dissertation was to explore the perceptions of these nurse's barriers and facilitators, adding to the current knowledge about the bedside nurses' weight loss struggle. An improved understanding of the challenges will help administrators develop interventions and remove obstacles for weight loss. Improved health for nurses will strengthen the health care team.

As I reflect on how I have changed from this experience, I have a clearer perspective on bedside nursing difficulty. Having spent decades at the bedside, I have experienced many of the situations described. However, with the pandemic, the problem is significantly worse. Nurses are expected to care for a higher number of complex patients than ever before. In most cases, families are not allowed to visit, creating more work as the nurses attempt to comfort and encourage both the patients and the concerned family. I have tremendous respect and gratitude for the care they give and their sacrifices. The current pandemic challenges and increased need for nurses make caring for the caregiver more critical than ever. Providing the necessary tools for weight loss may increase fitness in nurses. I have tremendous respect and gratitude for the care they give and the sacrifices they make. I will use the knowledge gained from this study to educate

nursing students about these challenges and encourage them to formulate ways to protect their health.

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Appendix: Demographic Questions

Email:

Gender:

Age:

City and State:

How many hours do you work at the bedside per week?

Do you work at an acute care hospital?

On what unit do you work?

Is your BMI equal to or greater than 30?

Body mass index is calculated by taking your weight in kg and dividing it by height in meters squared. Alternately you can find your BMI by inputting your height and weight into this online calculator:

https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm