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Understanding Obesity in the Workplace from the Nursing Manager's Perspective

Francis Taiwo Akinmoladun
Walden University

Walden University

College of Nursing

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Francis Taiwo Akinmoladun

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Review Committee
Dr. Janice Long, Committee Chairperson, Nursing Faculty
Dr. Maria Ojeda, Committee Member, Nursing Faculty
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Sue Subocz, Ph.D.

Walden University
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Abstract

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Francis Taiwo Akinmoladun

MSN, City University of New York, Lehman College, 2013

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Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

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Abstract

Like other individuals from diverse backgrounds, nurses who work in nursing homes are

susceptible to becoming overweight. The way that others see and respond to the

overweight person also may vary and even result in some level of discrimination. The

purpose of this study was to explore the perspective of nurse managers about obese staff

in the workplace. A qualitative phenomenological descriptive study design was used,

guided by the theory of interpersonal relations and the relational leadership framework, to

examine the lived experiences of managers working with obese nurses in nursing home

settings in a large metropolitan region in the Northern United States. Seven nurse

manager participants were recruited using purposive sampling to participate in semi-

structured interviews and open-ended questions. Transcripts were then analyzed using

thematic analysis. The following themes were identified: (a) behavioral counselling and

education programs, (b) employment characteristics, (c) stereotypical beliefs, and (d)

workplace productivity. Nurse managers reported that healthy lifestyle education and

support helped to promote a positive work environment and health for all employees. The

nurse's weight did not contribute to decisions to hire and obese nurses were seen as

productive as non-obese nurses. The results of this study may promote positive social

change if health care organizations are aware of the benefit of preventing discrimination

due to weight and provide resources for employee health. Recommendations for future

research include a quantitative study to survey nurse managers and their staff and to

repeat this qualitative study with staff nurses who are obese or overweight.

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Dedication

I am dedicating this dissertation work to the almighty God the giver of life and purpose, and to my late parents of blessed memories late High Chief Martins Morakinyo Akinmoladun and Chief Mrs. Janet Fehintola Akinmoladun. Daddy and Mummy although you were no longer with me to witness this moment in my life, your memories, and the good deeds you invested in me continue to serve as a driving momentum and constant inspiration that helped me daily which has culminated in this great achievement.

I would also like to dedicate this work to my wife, Mrs. Bosede Ugochi Akinmoladun, and my five children, Emmanuel, Janet, Grace, Peace, and Mercy for giving me unwavering supports and encouragement throughout the periods of this research work.

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I would like to acknowledge the tremendous assistance and mentorship of two women and a man who helped me throughout my dissertation journey. My dissertation chair, Dr. Janice Long, who provided me with her expertise and profound knowledge, offering me genuine and constructive criticism from time to time, you responded to my countless questions without hesitation, I would forever be grateful. Also, my second committee member, Dr. Maria Mercedes Ojeda, you brainstormed with me during my second residency to narrow down my research study when I wanted to use a mixed-method, I remembered you asked me, "do you want a degree, or you want to be a student forever?" Your suggestion and opinion opened my eyes to the world of the qualitative study. I am indebted grateful.

In addition, I would like to thank Dr. Andrew Ifemidayo Akinmoladun, my big brother, for your continued encouragement during those times that I wanted to give up, especially when I was seriously sick with COVID, your positive words which echoed in my inner mind every day served as a booster and encouragement that landed me this great accomplishment.

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Chapter 1: Introduction to the Study

The research study explored the lived experiences of the nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States. The study can bring about social change by providing a basis for helping the nurse managers reflect on self-value and, if need be, to adjust their working relationship with people who are obese to ensure maximum productivity in the workplace. This chapter serves as a guide and overview of the research study by presenting the problem statement, research purpose and objective, research question, and the conceptual and theoretical framework, scope, and assumptions of the study, as well as the nature of the study.

Background of the Study

Obesity refers to the state where an individual's weight is higher than a regular weight for the person's corresponding height (Centers for Disease Control and Prevention [CDC], 2020; Iqbal & Rehman, 2019). Body mass index (BMI) has been found useful as a measurement instrument for identifying people who are overweight or obese (CDC, 2020). According to the World Health Organization (WHO, 2020), more than 1.9 billion people across the world are obese. Obesity is usually associated with a variety of health complications such as hypertension and diabetes (Hosseinpanah et al., 2016). Physical comorbidities do occur with obesity because of decreased physical activity and a sedentary lifestyle (Kurdaningsih et al., 2016). People who are obese are often stigmatized because of their nature, such as their excessive body weight and the way they carry themselves (Flint & Snock, 2014). Additionally, people who are obese may be

discriminated against in the workplace and treated negatively, which can lower their self-esteem and reduce their productivity at work (Yarborough et al., 2018).

Obesity affects people from all walks of life, including medical health workers, such as nurses. When nurses become obese, they may experience a form of discrimination when some managers demonstrate their negative perceptions towards them; this may consequently affect their productivity at work (Xuemei et al., 2020). Fruh et al. (2016) established that nurses are the perpetrators of weight stigma due to their negative attitudes and perceptions towards individuals who are obese. The nurses and other healthcare professionals in management positions also take part in victim-blaming of people with obesity, thus hindering the eradication of obesity stigma within the healthcare settings (Garcia et al.,2016). As such, eradicating obesity discrimination and weight stigma in nursing homes and hospital settings is a challenge. If the nursing managers and nurses within the healthcare settings changed their attitude and perception towards people with obesity, an environment that embraces all people irrespective of weight could be created.

For this study, I interviewed nursing home nurse managers to gain an in-depth understanding of the managers' beliefs and attitudes towards overweight or obese staff and how they have adapted or coped with the challenges to bring about positive social change that will generate a good relationship between them and their staff who are obese.

<div align="center">**Problem Statement**</div>

The issues of obesity continue to gain more attention in every area of life. As highlighted by the WHO (2020), more than 1.9 billion people in the world population of

adults aged 18 years and above were overweight in 2020. Among those who were overweight, over 650 million adults were obese (WHO, 2020). The prevalence of obesity continues to increase in all age categories, including the working-age group (Adedini et al., 2016). The incidence of obesity among nursing professionals has also been documented in various reports. For instance, Miller et al. (2008) reported that in a survey of 4980 randomly selected nurses in six geographical regions in the United States, 54% of registered nurses reported that they were obese.

People who are obese are often discriminated against, and various studies have explored the issue of obesity discrimination in the workplace and in areas where people interface with others (Flint & Snook, 2015; Flint et al., 2016; Jackson, 2016; Obara-Golebiowska, 2016). For instance, Flint and Snook (2015) examined the surge in the rate of discrimination against people who are obese in hiring practices and found that this development has led to some legal cases on antidiscriminatory practices in the workplace. However, the issue of nursing managers discriminating against their fellow employees or nurses who are obese after hiring has not been extensively explored and is, therefore, the impetus for my research study.

The comorbidities that are related to being obese such as hypertension, Type 2 diabetes, osteoarthritis, and other illnesses, often lead to burnout at work for people who are obese, which the co-workers and the nurse manager deem as unacceptable behavior since people view the individual with obesity as irresponsible (Fernando et al., 2019; Kungu et al., 2019). The negative feedback from peers and nurse managers to the staff

who are obese can lead to reduced job satisfaction among the obese individuals (Xuemei et al., 2020).

According to Scherer and Hill (2016), obesity is one of the major pivot mechanisms that are associated with diabetes and cardiovascular disease. In other words, obesity is more than an increase in BMI; it affects almost every aspect of life, including recreation, communication, work, and interactions with others in the community. Despite various studies on obesity, such as the study by Flint et al. (2015), which focused on the discrimination against the obese in the place of work, and Nobrega, et al. (2016), which examined the correlation of income and working conditions of the obese, perspectives of the nurse managers on overweight staff and their coping mechanism in the nursing home has not been duly studied. This prompted this research study.

Purpose of the Study

The purpose of this qualitative phenomenological study was to examine the lived experience of nurse managers working with obese staff in nursing homes in a large metropolitan area in the Northern United States. It was necessary to explore the experiences of the nurse managers and their relationship with the obese staff who work in their departments to promote acceptance and to foster a beneficial relationship between them. The phenomenological approach was the best choice for this study because, as described by Sloan and Bowe (2014), phenomenology advocates the study of an individual's experiences, which will provide insight into their perceptions and attitudes about the phenomena as lived experience rather than objectively describing the reality that is external to the individual.

Research Question

What are the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States?

Theoretical Foundation and Conceptual Framework

The theoretical foundation and conceptual framework used to anchor this study include the theory of interpersonal relations and the relational leadership framework.

Theoretical Foundation

The theoretical propositions of the theory of interpersonal relations consist of four phases (Koňošová, 2015). For the present study, the nursing managers are portrayed as individuals who offer help to the nurses who are obese and are seeking help. The first phase is the orientation phase and occurs during hiring when the nurse with obesity is hired and meets the nursing manager for the first time. The second phase is the identification phase, where the nurse interacts and gets to know the nursing manager. The third phase is the exploitation phase and represents the interactions of the nursing manager and the employee nurse with obesity in their lines of duty. This stage depicts the relationships that exist between the two parties.

The theory of interpersonal relations originally postulates two domains, namely the nurse and the client (Peterson & Bredow, 2004). The nurse, in the theory, represents someone with professional expertise who is in a position to help the client, who could be a patient. According to Peplau (1992, as cited in Peterson & Bredow, 2004), the nurse should be able to figure out the problems that may inhibit the proper response of patients and to develop a proper and beneficial relationship that will bring the best out of the

patient. On the other hand, a patient is a person who deserves good treatment with respect

and dignity (Peterson & Bredow, 2004). In my study, the nurse manager was seen as a

resource person who must understand the reasons why the employees who are obese act

in the manners in which they act. In order to bring the best out of the employees with

obesity, nurse managers are expected to create a conducive and beneficial working

environment taking into consideration the physiological and emotional effects of obesity

as it relates to the productivity of the obese employee in the workplace.

Conceptual Framework

The key concept underpinning the present research study is that the leaders, in this

case, the nursing managers, impact the relationship they share with their followers. This

underpinning is drawn from the relational leadership theory (Clarke, 2018). The

relational leadership framework refers to a perspective of leadership as a social influence

whereby leaders are expected to create a positive environment and relationships within

the establishment (Uhl-Bien, 2006). The framework views relationship in two dimensions

as an outcome of the investigation and a context of action. The framework has five

concepts: purposefulness, inclusion, empowerment, ethical behavior and process. The

above theory and framework will be used to inform my study. A detailed description of

the framework is provided in the literature review.

Nature of the Study

For this study, I used a phenomenological research approach as this approach

allowed the exploration of the research phenomenon as it appears from the experiences of

the subjects of the phenomenon (Mayoh & Onwuegbuzie, 2015). Through this approach,

the thoughts, perceptions, attitudes, reflections, and feelings of the subjects of a study can be examined by assessing their lived experiences (Reiners, 2012). As such, this approach was useful in exploring the thoughts, perceptions   and attitudes of the nurse manager towards nursing employees who are obese. The phenomenon of the study was the issue of obesity in the workplace with a specific perspective of the nursing managers. Qualitative interviews were used to collect the data, which I then analyzed thematically.

Definitions

The key terms used in the study include the following.

Employees: Employees refer to the human resources of an organization who help the organization implement the laid-out strategies to achieve its goals (Li et al., 2018). For the present study, this term will be used to refer to the members of an organization who work under the managers and specifically the nurses who work under the nursing managers in nursing homes.

Nursing manager: A nursing manager refers to an individual in the leadership role tasked with establishing a healthy working environment and overseeing other nurse practitioners in healthcare settings (Echevarria et al., 2017). For the present study, nursing managers are defined as the nursing professionals tasked with managing nurses within the contexts of nursing homes.

Obesity: Obesity refers to an excess amount of body weight that is reflected in a high BMI (Iqbal & Rehman, 2019; Nwezeh & Ugbabe, 2014). For this study, I will adopt this definition about individuals who have excess weight that tremendously exceeds their height.

Overweight: Overweight refers to an excess amount of body weight that is usually found in muscles, fats (Nwezeh & Ugbabe, 2014). For the present study, overweight refers to the individuals who have an excess amount of weight in their bodies compared to normal-weight individuals.

Assumptions

Assumptions in a research study are parameters that the researcher believed to exist to conduct a viable study (Simon & Goes, 2013). The assumptions of my study include the following. Each of the nursing managers has worked with employees who are obese in their line of duty. This assumption was necessary to specify the nursing managers as participants of the study who provided information about the experiences. Another assumption was that the nursing homes consisted of the nursing managers as the leaders and the nurses as the only subjects of their leadership. This assumption was necessary to validate the relational leadership framework used in the study. I also assumed that the participants chosen for the study represented the entire population and gave truthful and reliable information that enhanced the credibility of the research findings. To this effect, purposive sampling was used to ensure that the eligible participants who are deemed to have the right information were used to select the sample size.

Scope and Delimitations

Delimitations of the study are the constraints that the researcher purposefully set by themselves to achieve the aims and objective of the study (Theofanidis & Faountouki 2018). For this study, I consciously focus the study on obesity in the workplace with a

specific focus on the nursing managers' perspectives. As such, the study only assessed

the perspectives of the nursing managers and no other employees or officials within the

nursing homes. Furthermore, the study was limited to nursing homes and was exclusive

to any other workplace setting. These two factors define the scope of the study. I

conducted an in-depth analysis of the collected data to improve the reliability of the

research findings. The in-depth analysis will also make the study's findings transferable

and generalizable about the issue of obesity in the workplace, with a specific focus on

nursing homes. The research study's findings may be transferrable to nursing managers

and nurses working in nursing homes. This defines the delimitation of the research study.

Limitations

As described by Theofanidis and Faountouki (2018), the limitations of a study are

the viable weaknesses that the researcher has practically no control over. Mostly, these

limitations are in the form of the research design, field work constraints, or any other

factor. Because these limitations may affect the outcome of the study, they must be

properly acknowledged in the body of the research (Theofanidis & Faountouki 2018).

For this study, the limitations included that the study only focused on the lived

experiences of the nursing managers related to obesity in the workplace. Furthermore, the

study only focused on nursing homes. As such, this may limit the transferability of the

research findings and the applicability of these findings to other workplaces. To mitigate

this limitation, purposive sampling was used to select the study participants who have an

experience level of more than 3 years. This helped in ensuring that reliable data were

collected from the participants. Furthermore, an in-depth analysis of the data was

undertaken to foster the reliability of the research findings.

Significance of the Study

The outcomes of this study provided an understanding of the lived experiences

and beliefs and attitudes of nurse managers regarding nurses who were obese. The results

could also be used by nurse managers to appraise themselves and be more aware of the

type of working relationships that exist between them and their obese staff. According to

O'Brien et al. (2013), prejudice continues to exist against people who are obese of

working age in the areas of job selection, education admission, and when receiving health

care services. The outcome of this study may promote positive social change in the

nursing working environment as it may raise awareness of a level of prejudicial

stereotyping that exists and offer insights into ways to promote a positive working

relationship among staff and staff managers, therefore, promoting positive social change.

The administrators may use the findings as a reference tool in offering continuing

education to leaders to help them recognize prejudice and stereotyping and how it

dehumanizes the individual as well as may result in low motivation and work quality in

the nursing field (Kungu et al., 2019). The findings may also help the managers to reflect

on self-value and the way to adjust in working better with everyone irrespective of gender

or health challenges such as obesity that any individual may possess.

Furthermore, the study made contributions to the existing body of literature about

obesity by providing new insight into the perspectives of the nursing managers on obesity

in the workplace. The study filled the research gap by providing new insights into

whether obesity discrimination exists in the workplace. This was achieved through the exploration of the attitudes and perceptions of nursing managers towards obese employees. The responses of the nurse managers were examined to unearth their perceptions and attitudes towards workers that are obese in their workplace. Therefore, the research findings formed a reference point for future studies on the same topic and field.

Summary

For this research study, I explored the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States. The exploration provided insight into the attitudes and perceptions of nurse managers towards obesity in the workplace. The study employed a phenomenological research approach that allowed for the exploration of perceptions and experiences of the participants of the study. The study findings will be useful to the different stakeholders, including the nursing managers.

The issue of obesity has been a point of contention for various researchers that the literature review will present. Obesity has effects beyond the health problems of the individuals affected. The social lives of people who are obese are affected as well since these individuals are often discriminated against both at the workplace and in society at large. This study is significant in order to foster a positive change in relationships between the nurse managers and the obese employees. The literature review in the next chapter will identify past studies on the issues of obesity in the workplace, the gap that exists in the past research studies, and a detailed interpretation of the theory of

interpersonal relations and relational leadership framework as it serves as the pivot for

this study.

Chapter 2: Literature Review

The purpose of this qualitative phenomenological descriptive study was to examine the lived relational experience of nurse managers working with obese staff in nursing homes in a large metropolitan area in the Northern United States. As highlighted by the WHO (2020), more than 1.9 billion people in the world population of adults aged 18 years and above were overweight. Among these overweight people, over 650 million adults were obese (WHO, 2020). The prevalence of obesity continues increase in all age categories, including the working-age group (Adedini et al., 2016).

There have been many studies on the incidence of obesity and the workplace (O'Brien et al., 2013). However, perspectives of the nurse managers on overweight staff and their coping mechanism in the nursing home have not been duly studied. Looking at the perspectives and lived experiences of the nurse managers may offer a better understanding of the issue in the studies related to obesity in the workplace as well as to effect social change by providing an avenue for the self-appraisal for the nurse managers in an addendum to provide a conducive and beneficial working environment for all staff including the obese in the workplace. In this chapter, I present the literature search strategy, theoretical and conceptual basis of the s study, and the identified constructs that uphold the interpretation of the phenomenon of the study.

Literature Search Strategy

The literature review took me to several sources to identify literature that was most important to understand the various themes and constructs that depicted the gap that justifies my study. I searched several peer-reviewed articles dated 2015 to 2020 that were

published in English. Also, some pertinent information was extracted from a few older

sources of literature.

The Thoreau search words included Boolean keyword combination of the terms

obesity in the workplace, *nurse managers*, and *discrimination*. A total number of 201

peer-reviewed articles were generated. The articles were later refined to qualitative and

quantitative researched articles from 2015 to 2020, which reduced the number of articles

to 100. These articles were exclusively from Walden Library databases, including

ProQuest Nursing & Allied Health Source, CINAHL, CINAHL & MEDLINE with Full-

Text PubMed, and Social Sciences Citation Index. Also, a few articles from government

public domains such as the WHO and CDC were used.

Theoretical Foundation

The theory of interpersonal relations served as an underpinning of this study.

According to Hagerty et al. (2017), the theory of interpersonal relations was originally

postulated by Peplau in 1952 but later developed in 1991 and 1997. In this theory, Peplau

(1991) described nursing as a beneficial therapeutic relationship between an expert who

is a professional nurse and a patient who is someone with lesser experience. The patient

depends on the expertise of the nurse for healthcare services. The theory itemized three

phases of beneficial nurse–patient relationships, which are orientation, working, and

termination (Hagerty et al., 2017).

Peplau (1991) identified the two domains of the theory of interpersonal relations

as the nurse and the patient. As illustrated in the theory, the nurse–patient relationship is a

beneficial one where the patient is empowered by the nurse with techniques they can use

to overcome challenges that bothers them. Merritt and Procter (2010) applied Peplau's theory of interpersonal relations in defining the expected role of mental health professionals in the management of distressing symptoms in the mental health population. The application of the concept of nurse–patient as proposed by Peplau allowed more mental health patients to seek help for emerging mental problems.

Exploring the theory of interpersonal relations in my study, I looked at the nurse managers as the expert nurse and the obese employee as the patient in need. At hiring, the nurse manager and the new obese staff entered the orientation phase, even though they met as strangers when newly hired, the nurse manager negotiated interactions to know the new obese staff better, over the months and years of working with the obese staff they entered the working phase whereby the nurse managers acted as a resource person whom the employees who are obese can depend on getting directions and proper counsel that pertains to the working condition. According to Hagerty et al. (2017), the theory of interpersonal relations posits that people related using therapeutic communication. As such, I assessed the relationship between the nursing managers and the nurses by interviewing the managers and listening to their lived experiences to acquire insight into their perspectives and attitudes about obesity in the workplace. The termination phase of the theory was not operationalized in this study as I was not looking to see the end of relationship experiences between the nurse managers and the obese employees. The graphical representation of the model is as outlined in Figure 1.

Figure 1

Application of the Theory of Interpersonal Relations

Nursing manager
Attitudes
Perceptions
Perspectives

Nursing manager–nurse relationship

Obese Nurse
Acceptability
Productivity at work
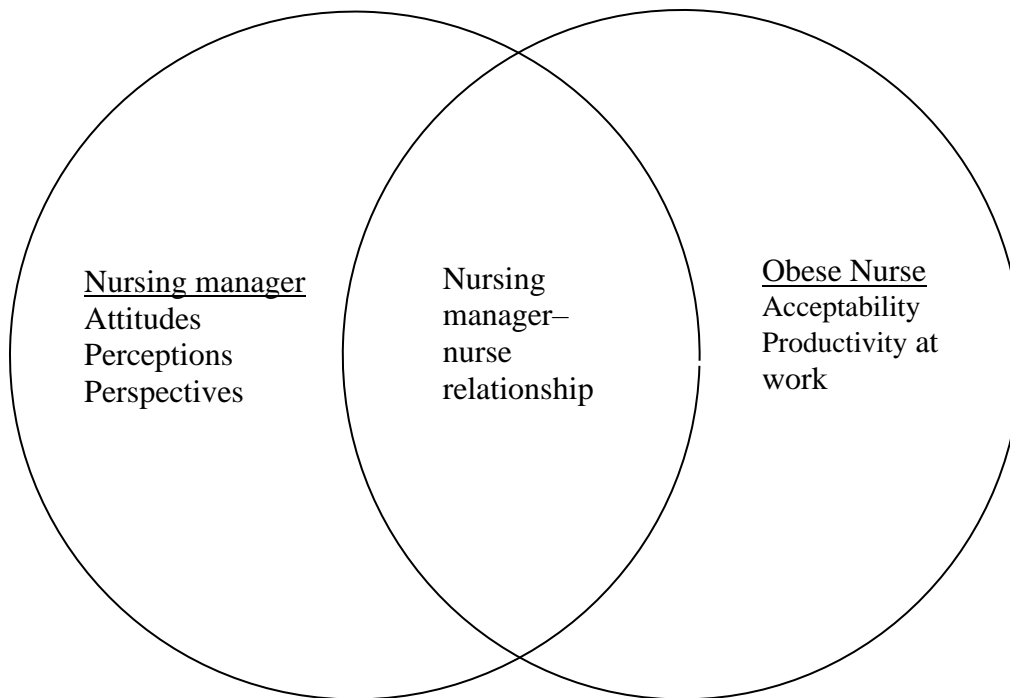
Note. This model, based on the theory of interpersonal relations (Peplau, 1991; see also Hagerty et al., 2017), shows that the attitudes, perceptions and perspectives of the nurse managers about the obese nurse dictate the type of relationship that will exist between the two. The relationship, in turn, will directly affect the productivity of the obese staff in the workplace.

All three phases of the theory of interpersonal relations (i.e., orientation, identification and exploitation) represented the interaction of nursing managers and obese nurses in nursing homes. The orientation and identification phases are the initial stages of interaction between the nursing manager and the obese nurses. The nurses in this context have obesity. The physical appearance of these nurses depicts obesity, raising the question of whether this physical appearance affects the attitudes, perceptions, and views

of the nursing managers about obese nurses and whether the physical appearance has any effect on the productivity of obese staff at work.

Conceptual Framework

I used the relational leadership framework to anchor this study. This framework postulates that leaders' and followers' relationships exist in a mutual perspective whereby leadership is expressed as a social and collective process between the leader and the follower (Clarke, 2018). Leadership occurs through the dynamic use of the knowledge acquired by the leader to create a beneficial relationship between the leader and the follower and not because of the leader's position or personality (Clarke, 2018). As further explained by Clarke (2018), relational leadership was generated from a positivist paradigm whereby the relationship is said to occur due to the lessons learned by the individuals from their previous relationships.

The framework stresses that the quality of the relationship between a leader and the follower is cultured with the degree of trust, respect, and obligation that exist between the two (Clarke, 2018). Based on this framework, I developed my interview questions to determine the perspective of the nurse managers working with the obese employees: what they think about the obese staff in diverse ways, what necessitates the way they reacted towards obese employees, what their strength or coping mechanism working with the obese staff is, and whether there was anything they expected working with the employees who are obese in the workplace.

Literature Review Related to Key Constructs

The literature review covers the key constructs that are important in the study of obesity in the workplace. The topics are organized by the following key constructs: risk factors for obesity, obesity and its effects, social effects of obesity, health effects of obesity, economic effects of obesity, lived experiences of obese employees, obesity in the workplace, shift work and obesity, obesity and workplace productivity, workplace discrimination against obese employees, managers' attitudes towards these employees, and interventions to address obesity in the workplace.

Risk Factors for Obesity

For the nurse managers to fit in as an agent of change, role models, and educators for their entire staff community to cope and understand the daily challenges that obese people face, nurse managers must be conversant with the risk factors of obesity (Rowen, 2009). Obesity is a condition that is highly depicted as a lifestyle condition. A sedentary lifestyle characterized by limited or no physical activity has been associated with negative health consequences. Urbanization and technological development have resulted in a decrease in individual physical activity, both at home and in the workplace (Blümel et al., 2016). A sedentary lifestyle has been depicted as a causative factor for cardiovascular diseases, and cancer accounts for a large portion of deaths in the world. Blümel et al. (2016) established that a sedentary lifestyle often led to obesity due to the lack of exercise to burn fats and calories accumulated in the body. In a similar study, Kurdaningsih et al. (2016) established a significant relationship between physical activity and obesity. The teenagers who undertook physical activities and cycled every day to

school were at lesser risk of being overweight than those who did not participate in physical activities. These studies outlined that the lack of physical activity causes a lot of energy to be stored as fats in the body, which causes people who lack physical activity to be obese. Thus, a sedentary lifestyle is considered a risk factor for obesity.

A study by Broussard and Van Cauter (2016) outlined a high association between short sleep duration and high BMI in adults and children. The study posited that limited sleep increases the desire for food, stimulates hunger and appetite, and leads to increased food intake, whenever food is available. Moreover, the study found that individuals who have restricted sleep tend to reduce their physical activity levels. These findings were congruent with those of Chaput and Dutil (2016), which outlined that short periods of sleep, poor sleep quality, and getting to bed late were associated with a high risk of obesity. This study was, however, solely focused on adolescents, who were depicted to have negative attitudes towards sleep, stating that it was a waste of time. Because of their unhealthy restricted sleep durations, the adolescents were overweight compared to those who had sufficient sleep. As such, the two studies depict that restricted sleep duration is associated with obesity among adults and the younger population.

Unhealthy eating has also been termed as a contributory factor to obesity. Fast foods contain high calories, flavors, and tastes that attract people to consume them. Fast foods are also popular because of their convenience and lower costs of purchasing. However, these foods have health risks because of the high sugar content, calories, and fats. Mohammadbeigi et al. (2018) found out that high consumption of fast foods among teenagers was highly associated with weight gain and hence risks of obesity. This is

attributed to the high energy density of fast foods, leading to weight gain and, consequently, obesity. In conjunction with the above findings, Abdullah (2017) further outlined that consumption of fast foods is highly common among the productive population comprising adults who do not have time to cook at home because of commitments at work. Therefore, many adults consume fast foods because they are convenient to acquire and do not need time for cooking. The study found that those individuals who were obese reported consuming fast foods at least once a week. The ones who consumed fast foods less frequently had normal weight. These findings were also consistent with those of Nardocci et al. (2019), which further outlined that unhealthy eating was associated with unhealthy lifestyles such as smoking and physical inactivity, collectively resulting in obesity. The above studies support the proposition that unhealthy eating is a risk factor for obesity among adults and children, from all walks of life.

Besides the lifestyle and eating behaviors, some studies have been put forward to explain the relationship between some genes and obesity. In any given environment, individuals vary in terms of body weight and fat mass, despite being in the same environment. This suggests that adiposity (severe excess weight) is influenced by complex genetic, behavioral, and environmental interactions. The genetic causes of obesity can be classified into monogenic causes and syndromic causes of obesity (Thaker, 2017; van der Valk et al., 2019). Monogenic causes are those resulting from a single gene mutation, while neurodevelopmental abnormalities and organ malformations cause syndromic obesity. Monogenic obesity causes a disruption in the regulatory system of appetite and weight due to gene mutation. Syndromic obesity is associated with

phenotypes, where the composition of genes is abnormal, resulting in organ-system abnormalities (Thaker, 2017). Because of the abnormalities of the organ systems, eating disorders are bound to occur. The individuals use food as a behavior modulator, hence increasing the likelihood of obesity set in. However, these genome studies do not present a clear view regarding the genetic compositions that cause high-risk factors of obesity.

Obesity and Its Effects on Nurses

In the same way that obesity has negative effects on people in the community, obesity is affecting nurses in unprecedented ways. According to Smith (2018), nurses as healthcare stakeholders should be able to do everything to improve their health and that of their patients. For the nurse managers to be well-positioned as an instrument of change serving as role models in managing the obesity-related crisis in the workplace, nurse managers should be able to understand the effects that obesity has on nurses.

Obesity is highly prevalent in industrialized societies and poses adverse health and socioeconomic burdens to an individual (Broussard & Van Cauter, 2016). In addition to the health consequences of obesity, there are social and economic effects of obesity. Researchers have conducted studies about the causes and effects of obesity, both on the health and social lives of the affected individual. Tillman (2019) used a qualitative phenomenological descriptive study to examine the perceptions of people with obesity among the African American male population, using thematic analyses to arrive at the study's conclusion that African American men do not have enough knowledge about obesity and associated health risks. Nobrega et al. (2016) found that irrespective of the language that is spoken, whether English or Spanish, obese and overweight people

received low-wage income in the workplace and worked in the most unsatisfactory

conditions in American communities. Additionally, the authors concluded that in most

studies, interventions targeted obese individual behaviors, sometimes in combination

with improving the environment, but rarely involved the modification of the working

environment.

Obesity, alongside having disabilities, has a highly significant correlation with

unemployment (Strat et al., 2020). Xuemei et al. (2020) identified obesity as a

contributing factor to increased burnout at work and consequently correlated to the level

of job satisfaction. Kuhn et al. (2020) raised the ethical concerns that are violated when

the employee's health status influences the manager's decision. People with obesity are

often stereotyped and stigmatized in society because of their excess weight. They are

given the negative kind of treatment that they would not receive if they were not

overweight (Flint & Snock, 2014). Hennessey and Rehman (2020) identified obesity as

one of the contributors to the decrease in organizational outcomes. Poor productivity

increases the rate of absenteeism, poor turnover, and unsatisfactory customer service.

Flint et al. (2015) reported that people who are obese are discriminated against during the

hiring process in the workplace, as compared to the other employees of the same

establishment. Nurses who are obese are equally affected by obesity in the workplace.

Chico-Barba et al. (2019) confirmed that the majority of nurses who are obese

experienced burnout due to workload and job stress especially those that work the night

shift.

Social Effects of Obesity Among Nurses

Obesity has several social consequences on individuals who are obese including the nurses. Many of them experience self-blame, low self-esteem, and negative feelings towards themselves because of the situation they find themselves in (Puhl et al., 2018). Such negative feelings are also inflicted by family members, colleagues, and friends who make these individuals harbor feelings of resentment towards themselves.

One of the most damaging effects associated with obesity is stigma. In many cases, stigma is external (coming from others), while in some cases, stigma stems from within the individual who resents his or her condition (Vallis, 2016). The negative attitudes and perceptions that members of society have towards people who are obese are high and may result in the exclusion of these people from many societal activities. They may be excluded from participating in various social activities because of the negative attitudes that other society members have towards them (Vallis, 2016). As a result of the negative treatments meted out to them, the obese individuals develop negative feelings towards themselves; they internalize the stigmatization and become withdrawn from society. This affects their social life, causing them to live in isolation, which may cause them to develop depression.

A review by Agha and Agha (2017) outlined that the IQ of children who were obese was slightly lower than that of the children with normal weight. The prevalence of obesity is higher among children whose parents are overweight and obese. These children encounter a high level of discrimination both at school and in the community. In school, obese children are often labeled with negative attributes, and body shamed by their peers.

Kornilaki (2015) sought to discover the effects of obesity on children's social lives in primary school, through evaluating the BMI and the self-esteem of the children. The study's findings showed that obese children had negative feelings of self-worth, social competence, and physical appearance. Additionally, obese children depicted lower competence in athletic activities. These obese children were disadvantaged in many social sporting activities because of a lack of flexibility. Because of such lower competence, their peers stigmatized them and isolated them. When asked about their social experiences in school, the children outlined challenges such as victimization and name-calling from fellow children because of their obese appearance. These results show that the effects of obesity are beyond negative health consequences as negatively affects the self-esteem of children. Consequently, children's lives, choices, and interactions are affected by these negative feelings, given that children may not be resilient towards the stigmatization they face from their normal-weight peers.

Low self-esteem does not only affect young children but also affects adults as well. Kalateh Sadati et al. (2016) outlined that overweight people tend to hate their biological bodies, which leads to low self-esteem. Obese women often have a lot of fat accumulated around their wastes and stomachs, making them have a funny body shape. Some of the participants from the study by Kalateh Sadati et al. (2016) outlined that these women failed to get married because of their obesity. These women further undergo social stigma since their friends no longer want to be associated with them. As a result of these negative treatments they receive, they end up getting stressed up, leading to the poor performance of their daily activities. Some have resorted to undertaking corrective

surgeries such as obesity surgery but do not offer lasting solutions to them. This is because the surgery typically cannot control the individuals' lifestyle or the kinds of foods they consume. So those who turn to surgery end up incurring a lot of costs, which in the long run do not offer a practical solution to their problem. Nurses who are obese often work alone without receiving adequate help from their colleagues, primarily because they take their time to carry out their assignments, other nurses may therefore see them as being too slow to catch up with their working pace.

Health Effects of Obesity on Nurses in the Workplace

In the context of why human beings behave the way they behave, Karekatte (2015) explained that human beings' behavior is shaped by multifactorial traits. One of the traits that make one behave the way they behave is their BMI (Karekatte, 2015).

Obesity is highly associated with negative health and safety implications. The diseases associated with obesity include depression, respiratory disorders, stroke, gallbladder disease, and osteoarthritis. Obesity is also known to contribute to some types of cancers, including the esophagus, pancreas, liver, kidney, and gallbladder cancers (Yarborough et al., 2018).

Living with obesity reduces the quality of life and increases the risks of psychiatric disorders (Vallis, 2016). This is because the health complications associated with obesity cause an individual to spend a lot of time seeking medication and cannot carry out normal daily activities with ease like a normal-weight individual. As a result, the lives of such individuals become miserable and complicated. Obesity causes

depression and mental disorders resulting from the stigmatization and victimization directed to the victims.

Abdominal fat is an independent contributor to the development of diseases such as Type 2 diabetes, cardiovascular diseases such as coronary artery disease, stroke and dyslipidemia, and metabolic disorder (Yarborough et al., 2018). Obesity is associated with increased risks of mortality due to the low quality of life caused by obesity. Genitourinary disorders such as urinary incontinence also arise as a result of weakened pelvic muscles due to the health risks one is subjected to (Yarborough et al., 2018). Other disorders such as osteoarthritis, back pains, and increased difficulty with physical activities by the body.

Agha and Agha (2017) outlined the susceptibilities of people who are obese to the major obesity-related diseases as follows: For diabetes, people who are obese were found to be 80 times more susceptible to diabetes than normal-weight individuals. The higher the BMI of an individual, the higher the chances of developing diabetes. Furthermore, people who are obese who developed diabetes were more prone to heart disease, blindness, and kidney failure. For coronary heart disease, obese individuals were established to be 2-3 times more susceptible to the disease compared to normal-weight people. In cancer prevalence, obese adults have a 40% higher chance of death than normal-weight adults with cancer (Agha & Agha, 2017). Post-menopausal obese women were also at higher chances of developing breast and endometrial cancers. Osteoarthritis affects the knees, hips, and lower back, leading to difficulty in walking (Hawker et al., 2017). This disease was found to be highly prevalent among obese adults because of the

physical inactivity of these individuals. Furthermore, obese women were established to be 37% more likely to commit suicide because of depression and victimization due to obesity (Agha & Agha, 2017). Depression and mental disorders were also highly common among obese individuals compared to normal-weight people.

Obesity is a progressive condition that requires long-term behavioral changes to correct condition (Vallis, 2016). These behavioral interventions require an individual to adapt and commit to new habits and practices that will help the individual lose weight. These practices include healthy eating and physical activity, and therefore, imply a change in the individual's normal way of life. Therefore, the social way of life is subjected to new practices that the individual may struggle with, hence disrupting the individual's normal way of life.

With the knowledge of the health effects of obesity on the nurses that are obese, nurse managers can have a good understanding of why obese staff behaves the way they do and make proper accommodations for them when the need arises.

Economic Effects of Obesity on Nursing Staffing

Nurse managers are held accountable by law for the provision of adequate nursing staff that is suitable for effective caregiving at a given time in a nursing unit (Fahriye & Hatice, 2020). Many nurse managers are burdened by the economic stress that obese staff put upon the administration in form of financial responsibilities that are required to maintain staffing acuity when dealing with the impact of obese staff on staffing management.

Since obesity is associated with a high level of absenteeism from work, employers encounter losses due to a decrease in production because of the decrease in the labor force (Yarborough et al., 2018). Healthcare costs also increase due to the several health risks that employees who are obese may face, causing the employer to incur additional costs for their medication. Employers also pay disability claims and compensation to the employees who get injured in the line of duty due to their obesity (Yarborough et al., 2018).

Besides the burden on the employers, the individual is also economically affected by obesity. When the individual decides to take up pharmacological treatments of obesity such as obesity surgeries, he or she incurs high costs of treatment. Presenteeism, which is the presence of an individual at work, but is not productive, is associated with production costs at the workplace (Shrestha et al., 2016). If an obese individual is present at work, but his or her physical and health conditions would not allow him or her work to carry out work activities effectively, production is negatively affected despite their presence at work. Loss of the productive workforce due to premature exits from the workplace resulting from illness or death leads to a decline in production, which eventually leads to a decline in the overall performance of the economy. Because of the increased obesity, unemployment is likely to increase because many people who are obese and have health-related complications may be rendered unfit for work.

Lived Experiences of Obese Employees

Van Amsterdam and van Eck (2019) examined the experiences of women who are obese in the contexts of their employment. The study pointed out that these women who

are overweight and obese are considered to have excess flesh. This excess flesh is often

viewed as a factor that excluded these employees from qualifying as legitimate

organizational bodies (van Amsterdam & van Eck, 2018). As such, they are trolled,

ridiculed, and considered less productive in the workplace. The findings of the study

outlined that the overweight and obese women employees experience marginalization,

stigmatization, and exclusionary practices in their workplaces due to their physical

appearances (van Amsterdam & van Eck, 2019).

In a similar study, van Amsterdam and van Eck (2018) established that women

who are obese face a lot of stigmas, which has compelled them to find ways to manage

this stigma for them to continue being productive in their work amidst the stigmatization

and discrimination. Such ways include wearing oversize clothes that tend to make them

look less obese to look presentable and avoid body-shaming in line with their duties (van

Amsterdam & van Eck, 2018). This study depicted the struggles that the employees who

are obese go through in their workplaces.

Kungu et al., (2019) pointed out that society has normalized discrimination

against overweight and people with obesity where individuals with leaner bodies are

viewed with a positive perception as having behavior while the obese individuals are

considered people with irresponsible behavior that contributes to their appearance. These

negative perceptions form the basis for the differential treatment meted out to the

individuals who are obese. As such, obesity discrimination is common in most

dimensions of society, inclusive of the workplace (Mishra & Mishra, 2015; Sutin et al.,

2019). People with obesity are often confronted with discriminatory experiences at the

workplace, where their co-workers, supervisors, and managers view them as lazy and incompetent. This causes them to suffer negative consequences, such as lower status jobs, lower wages, and conflicts with their colleagues (Kungu et al., 2019).

According to Jackson (2016), employees with obesity are often considered ineligible for promotions and given wrongful terminations with flimsy reasons. Vallejo-Torres et al. (2018) argued that such forms of discrimination in the workplace are a result of the stereotypical beliefs that influence the decisions of managers of human resources and are the reason behind the negative attitudes from co-workers. These stereotypical beliefs are the perceptions that the employees with obesity lack self-control, competence, absenteeism, and emotional problems that undermine their product at work (Vallejo-Torres et al., 2018).

Obesity in the Workplace

Obesity is a condition that affects individuals from diverse backgrounds. At the workplace, people who do manual jobs are at a lower risk of obesity because of the nature of their work, which involves a lot of physical activity. On the other hand, the people who do desk jobs, which involve minimal movements and very minimal to no physical activity, are at a higher risk of getting obese. Yarborough et al. (2018) pointed out that work requiring employees to work for more than 40 hours a week in a hostile working environment is associated with obesity. The workplace has, therefore, been exhibited as a major contributor to obesity. The American workforce has majorly been converted from predominantly manual labor jobs to desk jobs (Yarborough et al. 2018). Sedentary occupations are those that involve light duties and a lot of sitting. Increased

sedentary behavior in the workplace is highly associated with an increased level of

weight gain, and consequently, obesity. Ross et al. (2018) argued that even though nurses

are knowledgeable about the adverse effects of sedentary behavior in the workplace, they

do not effectively translate their knowledge to effective health-promoting lifestyles. Ross

et al. (2018) suggested that nurse leaders such as the managers are expected to focus and

promote health-promoting activities that are holistic among their staff, such that will

reduce staff burnout and stress.

Shift Work and Obesity

A disparity exists in the number of nursing staff that are obese depending on the

shift of the day the nurse works. Obesity and comorbidities related to overweight are on

the increase among the nurses that worked at night (Williams,2017).

With an increase in the demand for goods and services, many employers have

resorted to schedule production to run around the clock alongside the increase in

competition. As a result, the employees are scheduled to work on different shifts, which

could be day shifts, night shifts, on-call shifts, or casual shifts. The shift work and night

shifts are common in the healthcare sector. Shift workers are those employees who work

on different shifts. Shrestha et al. (2016) argued that shift workers are associated with an

increase in their BMI. This was attributed to the idea that the shift workers consume

meals more frequently and have poorer eating habits compared to non-shift workers. The

shift workers tend to consume more snacks and incomplete meals, which lack fruits and

vegetables. The night shift workers consume such kinds of foods due to poor access to

healthy foods during the night. Furthermore, sleep quality was poor among the night shift

workers, and this poor quality of sleep is highly associated with obesity. The night shift

workers are usually less likely to get involved in work requiring rigorous physical

activity and are at higher risks of obesity (Yarborough et al., 2018). In a study conducted

to examine the rate of obesity among the nurses that worked at night, Williams (2017)

suggested that employers of whom the nurse managers are the visible representative

should encourage teamwork with innovations like peer-supported programs to facilitate

the coping ability of the nurse at work.

Obesity and Workplace Productivity

A nursing manager's performance indicators include the ability to work with staff,

resources, and patients. The productivity in the workplace thereby is determined through

the performance of the nurse manager (Patrone et al. 2019).

Obesity among the workers leads to a lot of unproductivity and other

occupational-related consequences such as absenteeism from work and workplace injury.

Given that employees with obesity are at risk of contracting lifestyle-related diseases,

they incur increased healthcare costs of treatment and may fail to go to work or do not

perform their jobs well due to their health conditions. Yarborough et al. (2018) found out

that people with obesity reported a lot of absenteeism from work compared to normal-

weight employees. Furthermore, obese workers had a high prevalence of work

limitations. They were characterized by the inability to perform some work at the office

or run errands at a slower pace compared to the normal weight workers. In line with the

above findings, Shrestha et al. (2016) posited that obese and overweight employees have

longer durations of sick leaves than normal-weight employees. Furthermore, early

retirements and premature exits from employment are common among obese and overweight employees.

Because of the lower productivity of obese workers, they are bound to have conflicts among themselves and their colleagues or their supervisors (Yarborough et al., 2018). Conflicts also arise from the victimization of obese employees, and threats from supervisors or senior managers threatening to dismiss them from work due to their inability to effectively carry out some work. As a result of such negative treatments and reactions, a hostile working environment is created. Such an environment hampers effective employee performance, and this may consequently hurt overall productivity in the workplace.

Workplace Discrimination Against Employees Who Are Obese

The workplace is one of the areas in society where people who are obese are discriminated against. Overweight workers are at a higher risk of facing stereotypes regarding their work competencies and unequal treatment in the workplace. During recruitment, people who are obese are less likely to be employed compared to normal-weight candidates, despite having identical qualifications (Obara-Golebiowska, 2016). Furthermore, they are less likely to receive promotions in case they are recruited. The explanation put forward for these disparities is that obese individuals are perceived to be physically inactive and, therefore, less productive at work. This is, however, not usually the case since Kudel et al. (2018) established that the productivity of employees who are obese and handle sedentary jobs is less likely to be affected by obesity as compared to the

productivity of employees with obesity who handle physically demanding jobs. Moreover, not all kinds of work require physical activity for one to be productive.

Even though discrimination based on obesity is common in the workplace, women are more likely to be victimized compared to men. Obara-Golebiowska (2016) outlined that women are expected to meet more stringent criteria based on their appearances compared to men. Furthermore, women are severely judged for their appearances compared to men (Almenara et al., 2017). During pregnancy, females accumulate more fat reserves and may gain a lot of weight during this period (Obara-Golebiowska, 2016). When they are at work, they face stigmatization because of being overweight. In conjunction with this argument about women being more discriminated against than men at the workplace, Puhl et al. (2017) established that women are more susceptible to weight-based stigma because of gender discrimination against women, which is still prevalent in many societies. These findings resonate with those of Henry and Kollamparambil (2017), which established that obese women were more discriminated against in the recruitment of employees than their male counterparts. This is because obese women are deemed unfit to hold employment positions because of their weight, which is presumed to render them very unproductive at work, and hence the preference for the males (Henry & Kollamparambil, 2017).

Because of the stigmatization and discrimination, these women who are obese may end up slumping into depression and increased physiological stress. In a bid to escape these feelings, they end up adopting weight-related behaviors such as caloric consumption and physical activity avoidance. This is because internalizing weight stigma

contributes to eating pathology (Puhl et al., 2017), which does not solve the problem but magnifies it further. The study by Obara-Golebiowska (2016) established that employees with obesity experienced teasing, ridicule, and isolation at their workplaces. The perpetrators of these discrimination activities were their colleagues and their supervisors of both genders (Obara-Golebiowska, 2016). As a result of the discrimination, most of these employees experienced mood disturbances, emotional discomfort, and depression. All these would make obese staff not be at their best at work, which may in return lead to unfavorable relationships between them and their nurse managers (Obara-Golebiowska, 2016).

Managers' Attitudes and Perceptions Towards Employees Who Are Obese

The study by Obara-Golebiowska (2016) established that employees with obesity experienced teasing, ridicule, and isolation at their workplaces. The perpetrators of these discrimination activities were their colleagues and their supervisors of both genders (Obara-Golebiowska, 2016). Obesity discrimination in the workplace occurs either in the implicit or the explicit form. The implicit form refers to the unconscious, automatic response while the explicit form refers to the conscious thought before a discriminatory response. Flint and & Snook (2015) outlined that manager often have negative stereotypes about the applicants of a job who are obese. Because of these negative stereotypes, the people who are obese are left out during hiring, despite equal qualifications and proven competencies as the normal-weight individuals.

Furthermore, hiring managers who have negative attitudes towards individuals with obesity are less likely to hire job applicants with obesity (Flint et al., 2016). (Bartels,

2016) argued that these managers believe that weight is controllable and hence the people with obesity are responsible for their weight. Moreover, they believe that these people can choose to exercise self-control measures that will help them to lose weight. As such, this postulation has been used as an excuse for justifying obesity discrimination and justification.

Interventions of Obesity in the Workplace

Obesity and weight-based discrimination have been depicted as a big challenge at the workplace that compromises the productivity of the victims (Yarborough et al., 2018). The responsibility of managing obesity among the working population has shifted to employers. However, very few employers have wellness programs in the workplace that are meant to curb obesity (Yarborough et al., 2018). Various researchers have documented recommendations for the management of obesity in the workplace.

To treat and prevent obesity in the workplace, Yarborough et al. (2018) proposed that employers should ensure that they provide healthy foods at the eateries in the workplaces, encourage employees to use stairways as a means of physical activity, and offer wellness teaching sessions on health and exercise, together with weight management. Besides that, healthcare screenings and risk appraisals should be done regularly in the workplace. Incentives such as membership discounts to fitness clubs should be offered to encourage employees to lose weight and maintain healthy lifestyles. Such work-place based programs help to prevent weight gain and consequent development of obesity at the workplace. They are designed to increase physical activity and encourage healthy eating among the employees. However, these interventions do not

solve the problem of obesity and weight-based discrimination in the workplace. As much as they help employees avoid getting obese, they do not prevent overweight and employees with obesity from being discriminated against and victimized.

The interventions that are rolled out in major workplaces also focus on decreasing sedentary time at work and during leisure time at the workplace and have been implemented at various levels. Puhl et al. (2017) outlined some interventions that the study participants described as effective in addressing obesity at the workplace. These interventions included addressing the weight-based discrimination at the workplace through offering training to sensitize the employees on the importance of accepting everyone with their diversities, offering behavioral counseling to the employees, and implementing anti-bullying policies at the workplace to protect the employees from weight-based bullying.

Demou et al. (2018) assessed the interventions available at various workplaces that are meant to curb the issue of obesity. The interventions were those targeting physical activity, healthy eating, sedentary behavior, and weight loss. Those targeting physical activity included walking sessions, weight training, and dancing sessions allotted in the daily work schedules. To track everyone's progress, fitness trackers were availed to the employees, and instructors also gave feedback to the employees concerning the same (Demou et al., 2018). The interventions targeting weight included group education sessions and counseling sessions. The educator would sensitize the employees on the importance of keeping weight in check and group activities to help one another in weight management. The interventions targeting healthy eating included supplying healthy

foods, in smaller portions to employees at the workplace, and nutritional guidance on the healthy foods to be consumed. Those targeting sedentary behavior included encouraging physical activity at work to reduce the time spent sitting.

On assessing the effectiveness of these interventions, Demou et al. (2018) found out that the physical activity and weight-targeted interventions proved to be more effective. There was no evidence of improvement in healthy eating. The group-based workplace interventions proved to be effective in the prevention of obesity and reducing the risks of the same, but the implementation of these interventions is a challenge. This is because the interventions require adaptations at the organizational level, requiring the employers to make changes in the work schedules to cater to these interventions and to provide resources to facilitate the same implementation. Developing a comprehensive program to cater to shift workers can also be challenging due to the differences in shifts. Most employers are also results-oriented and work to ensure that all employees are committed to their jobs, without wasting any time at work. Because of such goals, alongside the need to outdo their competitors and maximize production, employers may find the above interventions a waste of time and resources and may not embrace such measures. The interventions assessed by Demou et al. (2018) do not also solve the problem of obesity and weight-based discrimination. Applying the relational leadership framework in this study the nurse manager could be seen as a knowledgeable leader who could through exemplary leadership experience exerts a good working environment that will be beneficial to all staff irrespective of their body mass.

Summary

Obesity has been depicted as not only a public health problem but also a social and economic problem. Besides the adverse health-related effects that obese individuals suffer, there are several social effects of the same. Discrimination and stigmatization of people with obesity are common in society. The workplace with sedentary characteristics has been established to be a contributory factor to obesity. In the same workplace, weight-based and obesity discriminations are common. Overweight and obese individuals rarely get promotions or recruitments to newer positions than normal-weight individuals, despite having similar qualifications. Economic costs result from seeking treatments for obesity-related diseases and compensations that employers pay for their employees' medical care. The interventions put in place at the workplace majorly target the prevention of obesity by eradicating sedentary behaviors, encouraging physical activity, and healthy eating at the workplace. However, the interventions do not address the problem of weight-based discrimination in the workplace. The reviewed literature has not presented the issue of managers' perceptions of their obese junior employees. These are the research gaps that this present study sought to fill by providing insight into these issues. In chapter three I described the methodology that was used in the collection of data and analyzed the data to reveal insight into the lived experiences of the nurse managers working with the obese nurses in the place of work.

Chapter 3: Research Method

The purpose of this qualitative phenomenological descriptive study was to

examine the lived relational experience of nurse managers working with obese staff in the

nursing homes in a large metropolitan area in the Northern United States and to gain

insights into their beliefs and attitudes toward obesity in the workplace. As highlighted by

the WHO (2020), more than 1.9 billion people in the world population of adults aged 18

years and above were overweight, including over 650 million adults who were obese. The

prevalence of obesity continues to increase in all age categories, including the working-

age group (Adedini et al., 2016). Although there have been many studies on the incidence

of obesity-related in the workplace (O'Brien et al., 2013), perspectives of the nurse

managers on overweight staff and their coping mechanism in the nursing home have not

been duly studied. Exploring the perspectives and lived experiences of nurse managers

may offer a better understanding of the issue as well as effect social change by suggesting

ways the managers can adjust in coping appropriately to offer a beneficial relationship

between managers and obese staff in the workplace.

This section outlines the strategies that were employed to answer the research

question. These include the sampling strategy, data collection, and analysis methods. I

also provide a brief explanation of the methodology, the credibility, and the issues of

ethical considerations in this chapter.

Research Design and Rationale

For this study, I used a qualitative phenomenological descriptive design approach.

I chose a phenomenological approach because, as described by Sloan and Bowe (2014),

phenomenology advocates the study of an individual's experiences about the phenomena as lived experience rather than objective, physically described the reality that is external to the individual. As described by Lambert and Lambert (2012) a descriptive qualitative study attempts to draw from natural occurrences, which gives more meaning to while a phenomenon exists within the parameters of the study. There is no need for the selection of variables or manipulation of variables for the study, things are observed the way they take place in its naturalistic setting. Lambert and Lambert also summarized that when researchers need a concise and unprejudiced description of a phenomenon, their best option is to use a qualitative descriptive approach in your study. Therefore, this study approach allowed me to conduct personal interviews with the nurse managers to collect information on their perceptions of the obese staff.

Research Question

What are the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States?

Phenomenon of Study

The phenomenon I examined in this study was nursing home nurse managers' perceptions, attitudes, and beliefs toward their obese staff. Obara-Golebiowska (2016) explained that employees who are obese experienced teasing, ridicule, and isolation at their workplaces. The perpetrators of these discriminatory activities were their colleagues and supervisors of both genders (Obara-Golebiowska, 2016). As a result of the workplace discrimination, the obese staff experienced mood disturbances, emotional discomfort, and depression. All these experiences would make obese staff not be at their best in their

daily work, which may in return lead to an unfavorable relationship between them and their nurse managers (Obara-Golebiowska, 2016).

The theory of interpersonal relations and the relational leadership framework were used to interpret this study. The theory and the framework explain the expected mode of relationship and therapeutic communication channels that are supposed to exist between the staff and leaders in the working place (Clarke, 2018, Hagerty et al. 2017).

Role of the Researcher

Dragga and Voss (2017) described the role of a researcher in a qualitative study as a tricyclic pivot. The researcher manages every aspect of the study, from design to planning and the actual implementation of the study. As further explained by Dragga and Voss, a researcher should have four attributes that will make the study a valid and acceptable study: objectivity, thoroughness, accuracy, and clarity. In the lens of the above-named attributes, my role as a researcher was observer-participant. I was objective in all my practices, meaning I was not biased and had no self-interest in the interpretation and presentation of the study by any means. To avoid such bias, I did not interview any of the managers who work in my present facility, but I rather recruited my participants' managers in the nursing home facilities where I do not have any affiliations or interest. I also engaged thoroughness in the study by ensuring that I used every appropriate method and process that ensured the validity and reliability of the study. For example, I made use of journaling and note-taking to avoid any bias that may intervene in the study.

Additionally, I ensured accuracy and clarity in the collection of data during my interview processing, making sure that I paid careful attention to detail as well as

avoiding exaggeration or unnecessary simplification in the interpretation of the data in

the study. I did not give any incentive to the participants in this study. From the

beginning, I explained to the participants that the agreement to participate in the study

was voluntary and that they could withdraw their consent to participate at any point if

they were not comfortable with the study.

Methodology

Primary data were collected via telephone using semistructured interviews where

the nurse managers had the opportunity to respond to guided open-ended questions

(Grove et al., 2013). I chose to use a telephone interview because of the ongoing COVID-

19 pandemic to avoid personal contact with the participants. I was also able to record the

interviews for later playback as well as transcribed discussions directly from the

interview using the Apple phone app TapMedia Pro (Petro & Nerino, 2013). I conducted

these telephone interviews with nurse managers working in a large metropolitan region in

the Northern United States. Starting with the few nurse managers whom I contacted

through the nursing home directory in the major city within this metropolitan region, I

continued using a snowball nonrandom sampling method, getting referred to other

managers in other facilities within my sample metropolitan area until I reached data

saturation. As explained by Mason (2010) the samples must be large enough to cover all

the interests covered by the phenomenon of the study, however, saturation is achieved

when the collection of new data collected does not bring any more meaning to the study.

In a thematic qualitative analysis like this Guest et al. (2020) suggested that saturation is

achieved with 10 to 12 participants interviews. However, for this study, I attained data

saturation after having interviewed seven managers. The interpretation of the data was done through content analysis. Codes and themes were identified and interpreted about the perceptions of the nurse managers working with obese nurses in nursing homes.

Target Population

The target population refers to the population segment that the researcher is interested in studying and who are knowledgeable about what is to be learned in the study (Ravitch & Carl,2016). The target population of the research was the nursing managers in nursing homes, in the larger metropolitan area in the Northern United States. I chose to interview nursing managers because the phenomenon of interest of the study is to explore the perceptions of the nurse managers about the obese staff working with the nurse managers in their place of work. Nurse managers play an important role in the management of nursing staff, resources, and in creating a conducive environment in the delivery of health care services in hospitals and nursing homes (Warshawsky et al., 2013). I intentionally chose not to interview the obese nurses and staff themselves because of the vulnerability of the population and because the phenomenon of interest of the study can only be viewed from the nursing manager's perspective.

Sampling Strategy

Purposive sampling was employed in drawing samples from the target population using the snowball technique. This strategy allowed me to focus on the area of the phenomenon of interest, which is the nursing managers, and hence the participants chosen were the ones that fit the outlined criteria.

The inclusion criteria were that participants needed to be a nurse manager for at least the past 3 years and be a direct unit manager to actual nursing staff in the nursing home. The exclusion criteria included not being a nurse manager for a minimum of 3 years, and not being a nursing unit nurse manager.

Instrumentation

I used an interview guide (see Appendix A) to guide the interview process. The use of an interview guide in a qualitative interview enables the researcher to better explore and understand the phenomenon of interest. The researcher and the interview guide are the main instruments of the data collection (Roberts, 2020). The dependability of the data from the interview process depends on the skills of the researcher and the standard of the questions asked during the interviews with the participants (Roberts, 2020).

Sufficiency of the Instrument

The questions on my interview guide were structured such that they aligned with the research topic, theoretical, and conceptual foundations of the study. The first two questions on the interview instrument were constructed to generate insight into the functions of a nursing manager in nursing homes. Questions 2 and 3 were open-ended questions that evolved from the theory of interpersonal relations as the foundation of the study. Conclusively, Questions 4, 5, and 6 were designed to elicit responses from the participants about their decisions that have ever affected obese staff in the workplace.

Interview Guide

The interview guide was structured in a way that was appropriate and strong enough to elicit proper responses from the participants that generated reasonable answers to the research question. The use of an interview guide in qualitative interviews is greatly beneficial because it reduces the possibility of making mistakes (Robert, 2020). With the use of an interview guide, a researcher can stay on point during the interview process, avoiding vague and misleading questions that may arise from their interest while they neglect the actual perspective of the participants (Robert, 2020). Rubin and Rubin (2012) submitted that the researcher uses the interview to build rapport with participants as partners to answer the research question. In addition, the interview questions must causally relate to the purpose of the study. The questions must be specifically worded in a way that the participants can understand the meaning easily (Rubin & Rubin, 2012).

The initial three questions listed on the interview guide (see Appendix A) are questions that generated a general response on the functions of the nurse manager in the nursing homes, whereas the remaining seven questions generated the answers that answered the research question of this study on the perception of the nurse managers on obese staff.

All interview conversions were recorded using the Apple phone voice recorder. I manually transcribed the recording to written format in a Microsoft Word document, which I used for data analysis. I sent a copy of the transcript to the participants for their review in case they wanted to offer more suggestions or to clarify any information that is not consistent with our discussion from the interviews.

Procedure for Recruitment, Participation, and Data Collection

In qualitative studies, data collection must be deliberate, rigorous, and planned (Ravitch & Carl, 2016). Researchers conducting qualitative studies can use different methods to collect and develop their data. Methods that can be used to collect data include interviews, focus groups, review of documents, observation, and field notes (Ravitch & Carl, 2016). According to Rubin and Rubin (2012), data collection methods are chosen according to the paradigm, the phenomenon of interest of the study, and the preferences and expertise of the researcher.

For this study, data were collected by conducting a semistructured interview with the selected participants. Semistructured interviews are scheduled interviews where the researcher prepares in advance numbers of questions that are geared towards the phenomenon of interest of the study (Rubin & Rubin, 2012). Using interview questions as an instrument for data collection, I generated deep and contextual data from nurse managers' lived experiences and perspectives on people that were obese in their place of work.

I did not involve any partner organization in my data collection. My participants were easily accessible without permission or any help from the nursing homes where the nursing managers were employed. I accessed the local nursing home directory, which was in the public domain, to recruit my first five participants, after which I embarked on the snowball sampling. I sent an email to a total number of 10 nursing managers whom I identified in the nursing home directory and introduced myself and my research interest. Using my consent letter, I requested that if they wished to participate in my study, they

should please reply to the consent form by replying to my email. I received a consent

reply from five nursing managers who indicated their willingness to participate in my

study. I sent another email to the interested participants to inform them of the means and

methods of the interview and to ask them to give me favorable dates and times for the

interviews. I was successful with my first and second appointments and interviews, after

which I embarked on the snowball random sampling method to recruit other participants

into the study. I conducted seven interviews, at which point I reached data saturation. All

interviews were audio-recorded and transcribed accordingly. Scheduled interviews lasted

45 minutes, and each participant was sent the transcripts of the interviews for addition or

clarification purposes.

Data Analysis Plan

Thematic coding was used in my data analysis, which commenced as soon as I

finished the interviews. Grove et al. (2013) suggested that researchers should combine the

information in their interview notes with the recorded interviews to get common ideas

and emerging patterns in their data analysis. As proposed by Saldana (2016), data

analysis is a rigorous exercise that entails the expertise of the researcher to filter and

bring together pieces of ideas together to generate categories that will lead to the

formation of themes and concepts. Saldana further submitted that complete coding may

not be achieved in a single cycle but a cycle of two or three. Thematic analysis with the

use of NVivo software (https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software) was used as the data analysis method in the first cycle coding specific

phrases were identified from the transcripts and were assigned codes that were used to develop main titles (Saldana, 2016).

Issues of Trustworthiness

Trustworthiness in qualitative studies should start from the research design into the collection of data and data analysis as it leads to the interpretation of the results (Ravitch & Carl, 2016). The researcher using the elements of trustworthiness ascertains that the outcomes of their study are genuine to the actual participants' experiences. These elements of trustworthiness include credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2016).

Credibility

The credibility of the study can depend on how knowledgeable the participants are about the phenomenon of interest of the study (Rubin & Rubin 2012). The credibility of a study can be ensured in many ways, for example by checking that the participants' words and experiences are accurately represented in the transcripts, in other words, that the transcripts are true to what the participants said were their own experiences. This can be achieved by member checking, where participants are given the transcript of the interview to check whether the documents accurately reflect their true perceptions about the obese staff in the working place (Rubin & Rubin, 2012). Also, Ravitch and Carl (2016) suggested that credibility can be ensured by having an external auditor review the data transcripts for consistency. My chairperson, who is an expert in qualitative studies, helped me review the seven interview transcripts and ascertained that the information is consistent and that the tenets of the study meet the quality of a standard qualitative study.

Transferability

Houghton et al. (2012) referred to transferability as the applicability of the findings of a research study to another situation that is similar to the one the study addressed without any changes to the original meaning of the study. To ensure transferability, a thick description of the study shall be attempted. This will be done by describing the report of the study in a rich, clear, and precise manner. Houghton et al. (2012) proposed that for the transferability of a study to be determined, researchers must provide detailed descriptions of their study in a way that readers can make conscious decisions on whether they can transfer the findings of the study to their context. Also, Smith (2017), submitted that transferability only takes place when readers are convinced that the findings in the research can be identified with their scenario, and they can convincingly transfer the findings to take action that will benefit them.

Dependability

The dependability of a study is measured by looking at the consistency of the data with the arguments that are been presented by the researcher (Ravitch & Carl, 2016). This can only be achieved when the data collected appropriately answered the research question (Ravitch & Carl, 2016). In this study to ensure dependability data triangulation will be employed. Different participants were interviewed in different locations, the transcript generated from the interviews was coded thematically to generate meaning and answer the research question in this study.

Confirmability

The extent to which the outcomes of a qualitative study could be confirmed by other scholars is referred to as confirmability (Ravitch & carl, 2016). To make a study confirmable, and corroborated by other scholars, the researcher must be objective and make sure that the data collected is devoid of personal bias (Forero et al., 2018). One way that I ensured confirmability in this study is by practicing reflexivity, a situation whereby I used my interview journals to check the content of the transcript if they are the same as the actual data collected from the interview with the participants.

Ethical Procedures

For research to be ethically sound, the researcher must pay attention to all procedures and transactional activities of the study (Ravitch & Carl, 2016). To meet all the ethical procedures, I applied and received approval from Institutional Review Board (IRB) at Walden, with approval number 9-**20-21-0727853**, before the commencement of recruitment of the participants for this study. Also, the consent form was specifically written in such a manner that I disclosed the purpose of the study to the participants, assuring them that their participation is voluntary and that there was no compensation for participation. There was opened an opportunity for participants to withdraw from the study at any time if they wish to do so without any consequences. To maintain confidentiality participants were assured that their names or facility where they work would not and did not appear in the study reports and publications in any means. Since I did not interview the obese staff themselves, the participants of the study who are nursing managers were not vulnerable populations by any means. To ensure research boundaries

that can lead to unnecessary bias in the study. I did not recruit participants from any of the nursing homes that I have worked with before because the managers may know me and become too friendly. Ravitch & Carl (2016) opines that when researchers are too familiar with the participants, they can turn the interview procedure into personal discussion thereby introducing bias to the study as well as making the data skewed. In addition, I ensured that none of my participants is my subordinate in any capacity to avoid bias in my data collection.

Summary

The chapter gave a detailed account of my study methodology. This includes the rationale for selecting the research design, methods that were used to recruit participants for the study, and procedures of data collection, and analysis. The ethical concerns related to the study were also enumerated.

The study used a descriptive phenomenology qualitative design to explore the nursing manager's perspectives and experiences about the obese staff in the place of work. Open-ended questions were used in conducting semistructured interviews with the participants. Chapter 4 provided insights into the recruitment of participants and the procedure of data collection followed by the detailed analysis of the data with due consideration to issues of trustworthiness.

Chapter 4: Data Analysis and Presentation of Findings

The purpose of this qualitative phenomenological descriptive study was to examine the lived experience of nurse managers working with obese staff in the nursing homes in a large metropolitan area in the Northern United States and to gain insights into their beliefs and attitudes toward obesity in the workplace. The study research question was: What are the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States? This chapter presents data analysis and presentation of findings based on the data collected. The results are presented following the research question. The first section of the chapter provides detailed information on the data analysis process concerning the presentation of categories and the development of appropriate themes. The last section presents the findings based on themes developed from the data set.

Setting

The study participants presented information-rich data to answer the interview questions related to obesity in the workplace. Seven nurse managers who met my inclusion criteria were interviewed to reach the data saturation for this study. The interviews were conducted by telephone at the convenient time scheduled with the participants. I used the interview questions as shown in Appendix A. All interview questions were guided by the underpinning research topic, theoretical, and conceptual foundations of the study.

Participants Demographics

Seven active nurse managers in the nursing home settings in a large metropolitan region in the Northern United States participated in this study. Six of the nurse managers were female and one was male. All seven participants met the study inclusion criteria of being a nurse manager for at least the past 3 years and being a direct unit manager to actual nursing staff in the nursing home.

Data Collection

I conducted telephone interviews with nurse managers working in a large metropolitan region in the Northern United States. I started with the five nurse managers whom I contacted through the local nursing home directory; then, I used a snowball sampling method to get referred to the other two managers in other facilities within the sample metropolitan area. A total of seven nurse managers were interviewed to reach data saturation. All the interviews were conducted between October 14 and November 17, 2021.

Data Analysis

An interview protocol with a schematic presentation of semistructured interview questions was used to collect the interview data from the participants. Because the study was qualitative, thematic analysis was used with NVivo software to organize the data into themes. The thematic method was chosen for analysis because it is one of the acknowledged methods for qualitative data analysis. This method focuses on identifying, analyzing, describing, and reporting appropriate themes that emerge from a data set (Nowell et al., 2017). In my data analysis, I followed Saldana's (2016) recommendations

of thematic analysis, using an inductive process to describe and categorize the interview

data. I developed the combination of codes, categories, and themes emerged from the

data.

Before coding, I read through all the interview transcripts many times using my

journal notes to get familiar with the information shared by the participants and to

understand the perceptions of the participants regarding each of the interview questions

as recommended by Nowell et al. (2017). In the first phase of coding, I uploaded the data

from the seven transcribed interviews into the NVivo software with files assigned as P1–

P7. Specific words and phrases were coded from the transcripts to represent the meaning

of the study phenomena (Saldana, 2016). The codes were grouped into categories based

on their similarities and differences, as shown in Table 1.

Table 1

Coding Process Using NVivo Software

Codes	Categories	Themes	Descriptions
1. Changes in eating habits 2. Improving physical health status 3. Continuous education and training programs	Behavioral interventions Continuing education	Behavioral counseling and education programs	Strategies used to foster a good working relationship with the obese staff
1. Equity during the hiring process 2. Physical health of the applicant	Employment process Equity	Employment characteristics	The basic parameters of a job that nurse managers focus on while recruiting obese nurses in comparison to non-obese nurses to work with.
1. Discrimination 2. Prejudice 3. Stigma 4. Perception	Treatment of obese nurses Nurse manager perception	Stereotypical beliefs	Stereotypical beliefs are based on nurse managers' perceptions of how obese nurses are treated while working with them.
1. Absenteeism from work 2. Workplace injury 3. Lateness	Workplace productivity	Workplace productivity	Perceptions of nurse managers regarding the productivity of obese nurses at the workplace.

In the second phase of coding, using the NVivo software, similar categories to those in Table 1 were clustered by word similarity and appropriate themes emerged, which are presented in a dendrogram in Appendix B. Table 2 presents a summary of the themes identified as per the dendrogram results and description for each theme. The percentage coverage or distribution of codes for each theme is presented in a bar chart in Appendix C.

Table 2

Emergent Themes From the Interview Transcripts

Themes	Description
Behavioral counseling and education programs	Strategies used to foster a good working relationship with the obese staff.
Employment characteristics	The basic parameters of a job that nurse managers focus on while recruiting obese nurses in comparison to non-obese nurses to work with.
Stereotypical beliefs	Stereotypical beliefs are based on nurse managers' perceptions of how obese nurses are treated while working with them.
Workplace productivity	Perceptions of nurse managers regarding the productivity of obese nurses at the workplace.

The themes developed were used to present the findings concerning the purpose of this research study which was to explore the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States. In the Results section of this chapter, I present the findings following the themes that emerged from the data analysis procedure. These themes are presented in line with the research question.

Evidence of Trustworthiness

Credibility

The credibility of the study was ensured by the member checking method. After the transcription of data from each interview, transcripts were sent back to the participants to verify that the documents accurately reflected our discussions on their perceptions about the obese staff in their working place. All seven participants confirmed the consistency of the transcripts to the interviews. Also, all seven transcripts were reviewed by my chairperson who ascertained that the information contained in the transcripts was consistent with the phenomena of this study.

Transferability

As described by Houngton et al. (2012), transferability of research study is the applicability of the outcomes of the research study to another situation that is like the one the study addressed. To enhance the transferability of this study, the thematic interpretation of the data was done in a way that readers can understand and is free of bogus scientific language. The emergent themes were explained using the actual sentences from the participants' interviews to express their perceptions about the obese staff in the workplace. In addition, my selection of participants from the local nursing homes directory portal also improved the transferability of this study. This is because managers from such nursing homes must have been vetted as qualified staff by the city nursing home commission to meet nursing homes accreditation requirements.

Dependability

Ravitch and Carl (2016) described the dependability of a study as the consistency of the data with the arguments that are been presented in the study. I ensured dependability in this study by the choice of the participants of the research study. Nursing managers were randomly selected from different nursing homes in the large metropolitan region in the Northern United States. These nursing managers complied with the inclusion criteria which ensured that they have enough experience working with obese nurses the main tenets of this study. In addition, the data generated from the interviews were thematically coded to generate meaning that answers the research question using NVivo standardized software. According to Zamawe (2015), NVivo is very beneficial in qualitative studies because it improves the accuracy of the study by providing accurate and reliable inferences from the interview transcripts data.

Confirmability

To make a study confirmable, and corroborated by other scholars, the researcher must be objective and make sure that the data collected is devoid of personal bias (Forero et al., 2018). In an addendum to increase the confirmability of this study, I used my interview journal to cross-check the content of the seven transcripts to make sure the data reflected the actual interviews that were conducted with the nursing managers and were devoid of my personal bias.

<div align="center">

Results

</div>

This section presents the findings following the themes that emerged from the data analysis procedure. These themes are presented in line with the research question.

The interview questions used during data collection aimed to uncover nurse managers'

lived experiences about working with obese nurses at the workplace. The interview

questions were in line with the research question that guided the study: What are the lived

experiences of nurse managers working with obese nurses in nursing home settings in a

large metropolitan region in the Northern United States? Thus, the organization of this

section is based on the research question and themes that emerged from the data analysis.

The following four themes were identified from the interview responses to answer the

research question: workplace productivity, stereotypical beliefs, employment

characteristics, and behavioral counseling and education programs.

Workplace Productivity

The theme of workplace productivity describes lived experiences of nurse

managers regarding the productivity levels when working with obese nurses. The theme

describes the effects of continuous lateness, absenteeism, and tiredness on adequate

staffing and provision of care for the residents on the nursing home units. Nurse

managers explained that while working with obese nurses they experienced working with

lesser numbers of staff and activities of daily living for the residents takes longer time to

be completed. The theme was mentioned several times by most participants. For instance,

Participant 2 said,

> Ok, I think I had one experience years back, I have a staff that always wants to
>
> work on the lighter assignment, whenever she was asked to work on another
>
> assignment, she will start to murmur, at times she will request to back home. She
>
> is always too slow and other staff started complaining. … One thing I noticed is

that she couldn't move like other younger staff on the unit because she was obese, the weight inhibited her from moving at a fast rate like the unit required.

Similar responses were shared by Participant 3 who explained that working with obese nurses is challenging because they get tired easily. The participants shared that obese nurses feel exhausted with work and start to have shortness of breath, making them unfit for the assigned task. Participant 3 shared,

I remember one very well one of our staff collapsed in the hallway, the next available staff who was an obese person started CPR by the time she will finish one round She was exhausted and herself started having shortness of breath. I was the only one, so I must take over from her and perform CPR, thank God we were able to resuscitate the staff member. It was not a good experience working with a staff that is not fit as your backup in an emergency. When you see people that cannot walk two to three steps before they stop to catch their breath, it is not a good personality for nursing.

Participant 4 was asked the same question and shared that working with obese nurses is challenging and not pleasurable because of their frequent absenteeism at work due to their health conditions. The participant mentioned that obese nurses are less productive due to their comorbidities, making them only work on minimal tasks. The participant explained that obese nurses frequently call out sick making staffing and coverage difficult for the managers. Participant 4 said,

Alright, my experience with staff that is obese has been somehow. Many of them because of their comorbidities call out sick most of the time, making the staffing

acuity on the unit unbearable. Also, when some are on duty, they are not team

players they only want to do the minimum and go to their house.

Additionally, Participant 4 shared personal experiences that obese nurses make staffing

burdensome for managers because of being absent from work due to their health

condition. The participant explained that due to the nature of their health condition, obese

nurses come late for work or have repeated absenteeism, which can make staffing a

problem. Participant 4 said, "In this position, I have witnessed many obese coming late to

work, or repeated absenteeism at work. Whenever such happened, I always go to our

backup agency pool to call staff into work."

Similarly, Participant 7 shared that working with obese nurses is not pleasurable

because they are slow and cannot help with specific tasks. The participant described that

these nurses can be sluggish; hence, they may need more time to help with complex

tasks, especially in cases of emergencies like fire incidents. The participant mentioned

that obese nurses took a longer time to respond, and this requires a nurse manager to look

for other nurses who can respond faster to help with the task, indicating that obese nurses

are less productive at the workplace. Participant 7 said,

I remember an incident year back in the evening hours we had a fire incident and

we needed to evacuate all our residents outside the building for safety. One of my

staff who was obese was sluggish and not able to move residents very fast in that

risky situation. Because we needed fast mobilization of the residents out of the

facility, I must request for another staff from another unit to help in the

evacuation because time was not on our side at all.

Despite that most participants shared their personal experiences as challenging while working with obese nurses, two participants (Participants 1 and 5) provided contradicting responses that obese nurses can be more productive than non-obese nurses. Participant 1 shared that working with obese nurses is similar to working with non-obese nurses in terms of their productivity. The participants responded that obese nurses can be more productive than non-obese nurses despite their health conditions. For instance, Participant 1 said,

> Yes, it is still about the individual, you see some staff that is of regular weight but they are so slow, not multitasking, and lazy but you see some obese staff that is very smart, and you can be surprised with what they can do. So, as I said it doesn't matter because you are not in modeling or marketing it doesn't matter all I look for is a healthy workforce that can deliver. There are so many things you can do today to be in shape and do weight control, bottom line is that, are they going to perform at their maximal given the same working environment as others. Another issue about the obese staff is about their various predisposing factors like high blood pressure and other health problems that impact their time and attendance at work maybe, other than that I don't see any differences working with them as compared to staff that are not obese on the unit.

Similar responses were shared by participant 5 who mentioned that even though some obese nurses may not be productive, some of them can work beyond expectations and are more productive than the non-obese based on work delivery. Participant 5 said that obese nurses are very smart, and they performed better than the non-obese; hence these nurses

cannot be considered less productive and nurse managers can never have bad experiences

working with them because they work at different levels with the non-obese nurses.

Participant 5 shared,

> My experiences working with the obese staff, I will say are expected and not
> expected. I use the word expected because some because of my knowledge about
> the health issues they behave the way they behave not because they wanted to but
> because they cannot control their disease state. For instance, I have a staff that
> must take time off every day she worked to go check her blood sugar and inject
> herself insulin as indicated because of her chronic diabetes. But I have also
> worked with some that their performances are not expected. They carried
> themselves very smart and performed at a level that was often better than the non-
> obese nurses, so I can never say that I have bad experiences working with obese
> staff because they are different on an individual basis.

Based on the participants' responses, it is evident that most nurse managers

perceive that working with obese nurses is challenging and pleasurable. The participants

perceived that working with obese nurses can be challenging because they are less

productive due to their health conditions. Most participants shared their personal

experiences that while working with obese nurses, some of them do not complete their

assigned tasks while others require a minimal task, which negatively impacts the

productivity of others during the delivery of care practices.

Stereotypical Beliefs

The theme of stereotypical beliefs emphasizes the personal experiences of nurse managers regarding the treatment obese nurses receive while working with them. The theme stresses stereotypical beliefs, including discrimination and prejudice based on the perceptions of nurse managers. The study revealed that some participants perceive that obese nurse are treated equally at the workplace without any forms of discrimination or prejudice. Participants' responses showed that while working with obese nurses, there is a discrimination law that has been enacted in the country to ensure that all people with the capability to carry out a given task get the chance to work. The participants shared that in the workplace, nurse managers carry out their duties as per the discrimination act to ensure equity in the nursing settings. Further, the participants shared that while working with obese nurses, these professionals do not face any discrimination at the workplace because they are also needed to help provide the needed care due to the increasing nurse shortage. For instance, participant 1 shared personal experiences with selecting nurses to work with. The participant explained that as nurse managers, they do not select nurses based on their size or race but based on individual capabilities to carry out the task. Participant 1 explained,

> Well, my goal standard of practice is fearless, you want to treat others the way you wanted to be treated, regardless of race, size, creed you must give everyone a chance in life, other than that there is no other way to find out. I cannot just see you and make a decision on your capabilities, like a common saying 'You cannot judge the book by the cover' So I can't just see you walking to my office and I

say you an obese and say I don't want you, life is about giving everybody a

chance, and until they prove themselves you will not know if you are right or

wrong.

Also, participant 1 shared no existence of stereotypical beliefs during the hiring of

nurses to work with. The participant shared about the discrimination act that has helped

prevent discrimination or prejudice at the workplace. This participant shared personal

experiences with hiring obese nurses to work with them and said that the discrimination

act in the country had been developed that enables nurse managers to give any applicant a

chance despite their conditions. Participant 1 shared,

I like this country because there is a law that is in the place named the

discrimination act, you cannot just look at people and write them off, everyone

deserves a chance like I said you see some obese that can carry themselves more

than people that look fit. Fitness is not only in the look, things like genetics,

hereditary, and your lifestyle. Often when you talk about these obese it is not that

they eat too much but obesity is in their genetics or hereditary.

Almost similar responses were echoed by participant 2 who shared that nurse

managers do not discriminate or prejudice obese nurses but instead treat them like other

non-obese nurses despite their health status. When participant 2 was asked whether the

obese nurse's working ethics affect the flow of healthcare practice in the unit, the

participant agreed and shared that as nurse managers, they cannot discriminate against

any staff while working with them because of the shortage of nurses in every unit.

Participant 2 said,

Especially right now because of the effects of COVID 19 on staffing we do not

have enough staff to work on every unit, so we cannot discriminate against any

staff at work, we just have to work with any of the staff that show up every day at

work, support them, empower them and keep reinforcing what are your

expectations from them as in fulfilling their task and render the best care to the

residents. …But normally when we have the obese, we want to put them in a low-

paced assignment where you know they can take their time to do the job without

any rush or exposure to bodily injury. Because, when they are not there, we

missed them for there was never enough staff to work these days.

Also, participant 2 shared personal experiences as nurse managers, they do not

discriminate against obese nurses at workplace because they understand the main cause

of their condition. Instead, while working with them, they provide the needed help like

encouraging these obese nurses to take the necessary measures to manage their body

weight. Participant 2 shared,

That is why we cannot discriminate against any obese nurse at work, since we

know the cause, we can help the person to be a better person by helping them to

relax, and letting them know that their physical inactivity is causing them to be

overweight encouraging them to do something about it.

Further, some participants (Participants 3 and 5) also mentioned the stereotypical

belief regarding their personal experiences while working with obese nurses. These

participants shared that obese nurses are treated well in the units irrespective of their

body size and those who are overweight are assigned to special units where they can

function well. The participants shared that instead of not involving them in nursing activities, they are allowed to work on a non-tedious assignment where they can carry out their tasks well without affecting the workflow in the units. This is evident in the responses shared by participants 3 and 5 when asked about their work relationship with obese nurses. For instance, Participant 3 said, "Yes, I assigned them where they can function better without slowing down the job flow on the unit." Further, Participant 3 mentioned judging obese nurses during their shifts to ensure they are treated well in the unit. When the participant was asked about expectations from the obese nurse after meeting them at work, she shared positive responses that showed obese nurses are not discriminated against. The participant mentioned that as a nurse manager, it is not necessary to judge obese nurses at all because most of these nurses work better than non-obese nurses. Therefore, obese nurses are treated equally like other nurses based on their competency levels and their capacity to accomplish specific tasks. Participant 3 said,

> Hmmm, I have worked with so many obese staff in my working career as a manager. I have noticed that some are physically obese but carry themselves very smart and work faster than some staff that is not obese. So, I try not to be judgmental at all, so my main task when I see them on the unit is to observe if the obese staff is the lazy type or not. In other words, when I see obese staff on the unit my first step is not to be judgmental but to assess their level of competency through closer observation and monitoring. However, if I realized they are the lazy type I will quickly intervene by offering them supports so that their coworkers will not pick on them unnecessarily.

Participant 5 shared personal experiences on work relationships with obese nurses and shared that all nurses in the nursing home units are treated equally. The participant explained that as a nurse manager in the nursing home unit, work relationship is enhanced based on the open-door policy that has been enacted, which help ensure that everyone in the unit, irrespective of body size is treated well. The participant shared that every concern or complaint raised by any nurse is responded to it equally without giving other nurses more chances to see the nurse managers than others or treating others as second-class nurses. Participant 5 said,

> As a manager, I have always practiced an open-door policy, everyone irrespective of body size is allowed in my office to share their concerns. I take every complaint seriously, and I create a nurturing atmosphere for all my staff to thrive positively. No one is allowed to treat anyone as a second-class citizen at work. Thank God my establishment is a federal facility so you cannot treat anyone differently.

Further, participant 5 was asked whether obese nurses have access to nurse managers at any given time at work, and to give more information about personal experiences on working with obese nurses. The participant responded that these obese nurses are like any other nursing staff, and they are assigned similar work like other staff and are allowed to see the nurse manager either in the office or at the nursing unit. Participant 5 shared,

> Yes, just like any other staff, they can approach me either in my office or on the unit and tell me anything. I also foster a good relationship between all staff by

looking forward to doing remediation to settle issues without punitive outcomes…

I worked with all my staff with no bias of whether they are obese or not.

Everyone is given the same opportunity to succeed at work…. Therefore, no one

should treat staff because of their body weight, give them appropriate assignments

as you would give other nurses that are not obese if they are not complaining or

asked for special accommodation.

Participants 6 and 7 also supported the theme of stereotypical belief towards

obese nurses while working with them. The participants added the need for management

staff not to judge obese nurses based on their body size, but according to the

discrimination law and the ability of a person to discharge the assigned duties as

expected. Participant 6 was asked to give more insights into personal experiences about

working with obese nurses and said,

but I would like to add that people especially management staff should never be

judgmental against obese staff, apart from the fact that it is against the law, they

will not be able to bring the best out of the staff leading to low productivity at

work and low job satisfaction.

Participant 7 said,

More or rather than insight, I would like to suggest that working with obese staff

as managers we should not be judgmental in our relationship with them, we

should always encourage them and give them the tools that will help them in

fulfilling their job requirements without any stress.

Regarding the participants' responses on their personal experiences with working with obese nurses, it is well-established that nurse managers do not show any stereotypical beliefs in terms of discrimination or prejudice against an obese nurse. Instead, nurse managers treat all nurses in the unit equally by assigning them equal duties, However, obese nurses who do not discharge the duties as expected, are not mistreated, but given less tedious assignments where they can function better without affecting the flow of work in the units.

Employment Characteristics

The theme of employment characteristics highlights participants' personal experiences with selecting or hiring obese nurses to work with. The participants were asked about their personal experiences with hiring obese and non-obese nurses to work with in their unit. Based on the experiences, it was found that most nurse managers do not consider the physical fitness of the nurses to work with, but rather their skills and capabilities to discharge the tasks as expected. The participants shared that based on their personal experiences about working with obese nurses, they do not consider choosing non-obese over obese nurses because their focus is on the quality of work to deliver. Most participants shared that they could work with obese or non-obese nurses because they all have equal chances regardless of their health status. For instance, participant 1 said,

> Yes, what thing comes into play during the hiring process after you have vetted their paper qualifications as posted, you want to see who has the expertise to do the job, or who has been in the job long enough. … So, I would like to ask for the

history of their past job, how long do you have had the job, why did you want to leave the job.

Participant 1 shared that individual preferences in terms of the ability of a person to discharge the assigned task as expected, obese nurses who are committed, and who can deliver quality work are chosen as the appropriate nurses to be involved in nursing care practice regardless of being obese or non-obese. This shows that nurse managers do not consider health status when selecting new nurses to assist in delivering the necessary task. For instance, when participant 1 was asked whether obese and non-obese nurse applicants have equal chances to work with nurse managers, the participant mentioned that the selection is based on the qualifications of a person and not on the health condition. Participant 1 mentioned,

> That depends on individual preferences, for me as a manager what I am looking for is somebody that can get the job done and stay longer at the job, someone that will bring something to the table, I don't care whether you are obese or not if you can do the job you are hired. Some people you hired them then they just begin to do what they like. For example…in nursing, it is not so we hire everyone as long as you can get the job done.

Similarly, participants gave their experiences that when working with obese nurses, they do not consider their weight, but their knowledge and qualifications for a specific task or position. The participants mentioned that as nurse managers, they do not choose to work with people based on their body size but prefer working with nurses with

enough skills to perform their tasks effectively and people who are team workers. These were supported by Participants 2, 6, and 7. For instance, Participant 2 said,

> When we talk about the obese person, we are looking at the weight of the person if the person can work effectively on the unit. When I conduct an interview, I based my interview on knowing the knowledge of the candidate are they knowledgeable about the task of the position they are applying for, do they have the skills to perform effectively in the position. What is the attitude they bring to work, as a new hire I want to know if the person is teachable if you are the type that listens to instruction, are you a team worker? One of the ways I interview is to bring in my unit nurses to interview you first, are you able to mingle. In other words, if I am to make the decision on whom to hire, I am not going to look at the weight or the face, but I will go by looking at who is knowledgeable to do the work, the skill and the passion of the person about the job.

Participant 6 explained that they work with obese nurses based on their availability and the skills they possess. The participant explained that as nurse managers they work with obese nurses who have the requirements. The participant said that they work with obese nurses like others if they meet the necessary qualifications and are available without any discrimination. Participant 6 shared,

> Firstly, we look at the entry qualifications of all the applicants whosoever is not qualified for the position will not be called for the interview. By the time we are conducting the interview, we have zeroed down all applicants to be equally qualified for the position. So next thing we are looking for is the availability, who

will be available to do the job at the required time and do it effectively. Therefore, we want to ask questions about their families, if an applicant has a baby, does she have a responsible babysitter or nanny who could take care of the baby when she is at work. Is there any of the applicants who are in school, and her class schedule will affect the working schedule, what about those who do not work on weekends because of their religious beliefs. All these questions will zero us down to who would be available to do the job. However, by law, we are not allowed to discriminate.

Participant 7 echoed similar responses by stating that nurses when working with obese nurses, do not consider their health status, but how they contribute to the unit based on skills and knowledge. The participant explained that when deciding on who to work with, especially when recruiting nurse applicants, body weight is not the key issue to consider unless the safety of the patients or if residents would be jeopardized due to the applicant's incompetency. The participant said that obese nurses have equal chances like non-obese nurses to work with them. Participant 7 said,

The weight of the applicants will not be an issue apart from if the safety of my residents would be jeopardized, this can only happen if the candidate is not competent to perform the roles as stated in the job posting. This means they cannot take care of the residents effectively, other than not being capable, the weight of the candidate is not an issue when deciding who to hire or not.

Regarding the theme of employment characteristics, the participants shared their personal experiences that body weight is not the key factor to consider when choosing

who to work with in the nursing unit. They perceived that knowledge, skills, commitment, and ability of a person to discharge the duties as expected make them qualify for the nursing position. Participants perceived that obese nurses have equal chances like other nurses to work in the units unless they are incompetent, and they can jeopardize patient safety.

Behavioral Counseling and Education Programs

The theme of behavioral counseling and education programs focuses on the personal experiences of nurse managers about their work relationship with obese nurses based on the support they give to meet their expectations. The participants shared different experiences about the support they give in terms of counseling and patient education as a way of promoting the health status and working behavior of obese nurses. The participants shared that through such support, obese nurses get the ability to work in cooperation with other nurses without seeing any favoritism or nepotism from the nurse manager. All participants shared their personal experiences with the strategies that they use to foster work relationships with the obese nurse. The participants mentioned that while working with obese nurses, providing them with a physical fitness program, implementing open door policy, and behavioral counseling on lifestyle behaviors to practice to reduce body weight and improve their work productivity at the workplace. For instance, participant 1 supported that as nurse managers, they provide feedback and education to improve their health condition to improve their cooperation with other nurses.

For sure, feedback is very important, because you need to let them know,

especially when the staff knows that management made the decision, not because

of favoritism or nepotism they better cooperate with you better and the input to

the job will be selfless than when you leave them to their thinking on maybe she

is doing this because I am obese, you give them feedback to take that bias away

and if you have to discuss with them one on one it is acceptable.

Also, participants shared their experiences that while working with obese staff or

nurses, they initiate an open-door management practice where they share their feelings so

that the nurse managers can understand the main cause of the problem and give them the

necessary counseling to help them cope with their health status. Participant 2 mentioned,

Sure, I can think about a time when I was having a general huddle meeting in the

office, all our staff obese or non-obese are always together in the meeting. I gave

all the staff opportunity to express themselves, to clarify anything they are not

sure about the hospital process. Is there anybody having issues with residents or

staff. This is a great place where I get to the root of issues on the unit all nurses

can ask questions, as well as can voice out any issue bothering them.

Participant 2 emphasized the role of nurses in providing education and behavioral

counseling on healthy eating habits and how to improve physical fitness for obese nurses,

which have been effective in improving their health status. The participant responded that

while working with obese staff, they guide and encourage them to consider a healthy

lifestyle and physical fitness, which have been effective in supporting them to live a

healthy life and for their productivity at the workplace. Participant 2 responded,

I have the understanding that Nurses play a vital role in teaching and counseling

others to achieve good health and maintain a healthy lifestyle. I believe in the

perspective and that is my emphasis to every nurse we must encourage ourselves

to live a healthy lifestyle. Myself, I have fitness equipment at home, I also

registered in a commercial fitness center where I always invite two or more

people with me to exercise, attend conferences, and relax often. We must keep fit

and be in good shape when we have an excessive weight that is a big problem,

then we have difficulty in breathing. So, I encouraged my staff and I support them

to live healthy lives.

Similarly, Participant 7 shared personal experiences regarding the effectiveness of

support provided by nurse managers to obese nurses while working with them. The

participants explained that they provide counseling to the obese nurses, which has been

effective in ensuring these nurses have a healthy life while working in the unit.

Participant 7 said despite that the obese nurse felt offended regarding how colleagues

perceived her health condition, she was pleased with the counseling she received from the

nurse manager and took the advice positively. The obese nurses were motivated by the

counseling and took the necessary actions recommended by the nurse manager for a

healthy lifestyle. Participant 7 responded,

Well, I had an incident that one of my residents complained that one of my staff

who was obese has offensive body odor…I then called the staff to my office and

counseled her on the importance of body hygiene, I taught her how to take care of

her body. … Initially, she was embarrassed, but with the way I approached the

issue not telling her that people were already complaining about her body odor, she welcomed my advice positively, she even asked me the store that She can go to get the brand of the deodorants that I suggested. She realized that she was not judged or looked down at in any means because of her size just that she must take extra care of herself due to her body mass.

Relating to behavioral counseling and education programs, the study revealed that the participants have been supportive to obese staff while working with them in providing the needed support for a healthy lifestyle and to maintain their physical fitness. Participants shared that the programs have been effective in supporting and encouraging obese nurses to live healthy lives.

Summary

Based on the participants' responses, nurse managers have a positive work relationship with obese nurses. Despite being less productive, as shared by some participants, the results of this study indicated that obesity is not the only factor that may influence productivity and that obese nurses often perform as well as non-obese nurses. Obese nurses are given equal chances with non-obese nurses at work. Nurse Managers do not discriminate or show prejudice to obese nurses but give them the chance to work with them regardless of weight. The next chapter provides detailed discussions on the findings as well as their alignment with the review of the literature. The chapter provides discussion, conclusion, and recommendations based on the study's findings.

Chapter 5: Interpretation of Findings, and Implications

Obesity remains a public health concern because of the increasing number of people who are overweight. The WHO (2020) reported that over 1.9 billion people aged 18 years and over were overweight, and the prevalence remains high with the affected population, including the working-age group. The incidence of obesity among the working-age population has been shown to have significant effects in terms of work productivity, healthcare cost, and marginalization or stigmatization in the workplace (van Amsterdam & van Eck, 2019; Yarborough et al., 2018). Nursing professionals are among the working-age groups affected by obesity, which has impacted their ways of life. Existing evidence illustrates that obesity and related comorbidities are common among some nurses despite having enough knowledge and skills about the disease's risk factors and adverse effects (Ross et al., 2018; Williams, 2017). Despite the existing evidence on obesity among nursing professionals, the perceptions of nurses, especially the nurse managers, about obese nurses and the coping mechanisms have not been fully explored, indicating a research gap that this study aimed to fill. Therefore, the study's purpose was to explore and provide better insights into the lived experiences of nurse managers working with obese nurses in a large metropolitan region in the Northern United States. The research question formulated in this present study was: What are the lived experiences of nurse managers working with obese nurses in nursing home settings in a large metropolitan region in the Northern United States?

Data analysis was done to identify appropriate themes to answer the research question, as presented in Chapter 4. Thus, this chapter of the study presents a discussion

of the findings with a comparison to existing literature. This chapter will cover

interpretation of the findings, limitations of the findings, recommendations, implications,

and conclusions of this study.

Interpretation of the Findings

In this study, I investigated and provided a better understanding of lived

experiences of nurse managers who work with obese nurses. Based on the research

question, this subsection is organized by the themes: workplace productivity,

stereotypical beliefs, employment characteristics, and behavioral counseling and

education programs.

Workplace Productivity

In my study, I found out that some of the nurse managers perceived that working

with obese nurses is a challenging task because of their productivity levels. The study

revealed that while working with nurse managers, obese nurses require minimal tasks and

take more time to finish assigned tasks. These findings are consistent or in alignment

with information by Yarborough et al. (2018) that obesity among employees is associated

with unproductivity because these workers have work limitations and, therefore, cannot

perform specific tasks compared to non-obese employees. Similarly, the findings support

the information in the literature, which depicted that overweight or obese employees are

acknowledged to be less productive in the workplace because of their body weight that

cannot allow them to perform some work activities effectively (Shrestha et al., 2016; van

Amsterdam & van Eck, 2018).

Further, the study revealed that nurse managers perceived obese nurses as less productive at the workplace because of the health consequences that may arise while working with them. The study found that nurse managers perceived obese nurses to be exhausted and develop health complications, including shortness of breath that makes them unable to work or discharge the duties as expected. This study's findings imply that obese nurses are not productive enough in the nursing profession and may influence workflow in the unit. These findings support previous studies, which showed that being obese make employees encounter low performance because of a reduction in production and labor force (Shrestha et al., 2016; Yarborough et al., 2018). Also, employees who are obese have increased burnout that leads to reduced job satisfaction and/or productivity (Hennessey & Rehman, 2020).

The study further revealed that nurse managers perceived that nurses with obesity to be less productive because of their lateness, repeated absenteeism, and the need to assign them minimal tasks. These findings are in alignment with information by Vallejo-Torres et al. (2018) that obese employees are most likely to be absent from work and have a poor turnover due to their health condition. This affects their productivity levels more than those of the non-obese nurses because of the occupational-related effects of work limitations (Yarborough et al., 2018).

Contradicting findings were found from nurse managers who supported that working with obese nurses can be pleasing because of their productivity. The study revealed that some nurse managers perceived that working with obese nurses is similar to working with non-obese nurses because some of them are more productive. The study

found that despite their health conditions or body size, some nurse managers perceived obese nurses to be more productive and work beyond expectations than the non-obese nurses. These study's findings aligned with and supported the information by Kudel et al. (2018), which depicted that the productivity levels of employees who are obese and can manage their sedentary behaviors are less likely to be influenced than the productivity of non-obese workers who perform physically demanding jobs. The authors shared that physical appearance does not determine the productivity of a person (Kudel et al., 2018). This implies that the bodyweight of obese employees cannot be used to determine their productivity because these workers can work beyond expectations compared to employees without obesity or who are not overweight. However, these findings were new as there were not enough studies reviewed that showed similar results, which indicates the need to validate such findings.

Stereotypical Beliefs

The study revealed lived experiences of nurse managers regarding stereotypical beliefs while working with nurses who are obese. The study revealed that based on nurse managers' experiences, nurses with obesity are treated equally to those without obesity. The study showed that nurse managers perceived that nurses with obesity do not face any forms of discrimination and prejudice while working with nurse managers due to the federal discrimination act that has been enacted. The study revealed that, according to the nurse managers, due to the discrimination act, all nurses are treated equally without any discrimination or prejudice. These findings imply that nurse managers work with all nurses despite their health conditions, and hence do not discriminate against them despite

their health conditions. The findings imply that nurse managers have a good working relationship with all nurses, including those with obesity, which is in alignment with the principles of Peplau's theory of interpersonal relations. The findings supported the principle of the nurse–patient relationship in Peplau's theory of interpersonal relation, which states a nurse develops a strong relationship with a patient by seeing the patient as a person in need (Peplau, 1991). Also, the findings supported the principle of working in theory, which emphasizes the role of a nurse as a resource person who provides the necessary support rather than mistreating the patient (Hagerty et al., 2017).

Moreover, the study revealed that nurse managers ensure equity while working with nurses with obesity, as expected by the nursing discrimination act. The study found that due to the implementation of the discrimination act, nurse managers disperse their duties following the law; therefore, nursing staff with obesity are treated well regardless of their body size, race, or creed. The study revealed that, based on nurse managers' experiences, the metropolitan region in the Northern United States had implemented a discrimination act that enables nurse managers to give a qualified person a chance to work regardless of their conditions. Despite enough evidence from nurse managers' experiences about stereotypical beliefs against nurses with obesity at the workplace, these findings contradict the information in the literature that showed mistreatment of obese employees through discrimination, marginalization, and stigmatization or prejudice (Kudel et al., 2018; Obara-Golebiowska, 2016). Similarly, the study's findings are inconsistent with the information in the literature, which supported that obese employees, mainly obese women, are discriminated against, face exclusionary practices and stigmas,

which negatively impact their work productivity (van Amsterdam & van Eck, 2019).

Additionally, the findings contradict the information by Kungu et al. (2019), which

illustrated that obese people are discriminated against in society more than the non-obese

people and that they are perceived as individuals with irresponsible behaviors due to their

body size and physical appearances.

Also, the study revealed stereotypical beliefs associated with the hiring of nurses

with obesity to work with. Based on nurse managers' experiences, nurses with obesity are

not discriminated against during the hiring process, but instead, they are given similar

chances as nurse applicants without obesity despite their conditions. The study disclosed

that regardless of the health conditions of nursing staff with obesity, nurse managers do

not discriminate or mistreat them during the hiring process due to nurse shortage in the

nursing unit. These findings do not support the existing literature but contradict existing

evidence that overweight or obese employees are at a higher risk for stereotypes due to

unequal treatment at the workplace (Obara-Golebiowska, 2016). The literature

demonstrates that during the recruitment process, people who are overweight and with

obesity are less likely to get employed than the nurse applicants without obesity despite

having almost similar job qualifications (Obara-Golebiowska, 2016). This information

supports the statement in the literature by Puhl et al. (2017), which illustrated that women

employees with obesity are victimized and are mainly subjected to stringent selection

criteria to work in the nursing unit. Furthermore, Puhl et al. (2017) explained that at the

workplace, obese people are severely judged for their body appearances and are subjected

to stigmatization due to their body weight. Consequently, these employees are more

susceptible to different forms of stigma during the recruitment process. Further, the existing literature showed that women employees with obesity are stigmatized and discriminated against during the recruitment process because they are perceived to be unfitted to hold any available positions following the assumption that their body weight makes them less productive at their workplace (Henry & Kollamparambil, 2017).

Additionally, the study discovered that the nurse managers perceived that nurses with obesity are not discriminated against and do not face prejudice because nurse managers understand the cause of their condition; hence, rather than stigmatizing or discriminating against them, they provide the necessary support to cope with their conditions. The study showed that instead of discriminating against them, nurse managers consider assigning obese nurses less tedious tasks where they can work better without impacting the flow of jobs in the nursing unit. These findings are in alignment with and support the information in the literature that established managers' positive attitudes towards employees with obesity (Bartels, 2016). The literature indicated that these managers are aware of the condition of their employees, and with the perception that obesity can be controlled, these managers offer the needed support, like encouraging them to exercise self-control measures to help lose body weight (Bartels, 2016).

Employment Characteristics

The study's findings revealed nurse managers' experiences in employing nurses with obesity to work in the nursing units. From such experiences, the study revealed that most nurse managers do not consider physical fitness while hiring or selecting nurses. The study established that nurse managers focus on the person's skills, knowledge, and

capability to discharge the assigned tasks as expected. Also, it was found that, during the employment or hiring process, the nurse managers do not only focus on nurses without obesity but also on those who can deliver quality work as expected. These findings contradict the information in the literature that indicated the stereotypes that managers have while recruiting workers with obesity (Flint & Snook, 2015). The literature showed that during the employment process, managers normally have negative stereotypes towards applicants with obesity, and they often leave them out during hiring, although they have similar qualifications and competencies like individuals with normal body weight (Flint & Snook, 2015). Further, the findings do not align with the information shared by other scholars that managers have negative attitudes towards people who are obese; therefore, do not give them the chance to work in their organization like those without obesity (Flink et al., 2016).

Moreover, the study revealed that nurse managers consider working with nurses with obesity but are committed and dedicated to completing the assigned tasks. The study showed that nurse managers have individual preferences while hiring nurses, including nurses who can stay longer at the job, deliver quality work as expected, regardless of body weight, and nurses with obesity but with enough skills and knowledge to carry out their tasks effectively. The study's findings are inconsistent with the information in the literature shared by Obara-Golebiowska (2016) that established managers' negative attitudes towards people who are obese. The literature demonstrated that people with obesity are considered physically inactive and less productive; therefore, they are not

recruited, and if recruited, they do not get promotions despite showing similar

qualifications and competencies like those without obesity (Obara-Golebiowska, 2016).

The study's findings also establish that nurse managers do not select and hire

applicants based on their physical appearance, such as bodyweight, but rather on their

availability. The study disclosed that nurse managers hire qualified nurses who are

available to perform and function better in the nursing units. The study demonstrated that

even nurses with obesity are qualified to get the chance to be employed by the nurse

managers. These nurse managers consider the competency of nurses with obesity, and

they acknowledged that having obesity is not a key issue to consider during the

employment process. The study revealed that nurse managers perceived that if the nurse

applicants may jeopardize patient safety and flow of work in the unit, they cannot be

employed. In comparison to the information presented in the literature, the findings

showed contradicting information to that of Flint and Snook (2015), who mentioned that

during hiring practices, the discrimination rate against applicants with obesity is high,

which ensures these applicants do not get employed. However, the findings support the

theory of Peplau's theory of interpersonal relations, which emphasizes the need to treat

the patients with respect and dignity (Peterson & Bredow, 2004). The findings supported

the identification phase of Peplau's theory of interpersonal relations, which states that a

nurse should show positive attitudes to a patient that would help reduce feelings of

hopelessness and helplessness (Peterson & Bredow, 2004). About the equity that the

nurse managers showed while hiring nurses with obesity, the findings imply the

possibility of nurse managers to reduce discrimination, hence helping nurses with obesity

to feel part of the nursing community without considering their situation or health condition. Also, the study's findings revealed that the nurse managers showed their resourcefulness by understanding the health condition of nurses with obesity and acting in a manner to bring the best out of them without discrimination and stigmatization during the selection and hiring process. The nurse managers showed their positive attitudes towards nurses with obesity by creating a conducive and beneficial working environment where all nurses work with equity. The study's findings imply that the nurse managers consider physiological and emotional effects of obesity as they relate to working relationships and productivity of nurses with obesity in the workplace.

Behavioral Counseling and Education Programs

The study revealed nurse managers' experiences with providing the necessary support to nurses with obesity while working with them. The study revealed nursing interventions that nurse managers have implemented to support nurses with obesity as the coping mechanism for their health condition. The study's findings revealed behavioral counseling and education programs as the interventions that nurse managers implement to provide the needed support to nurses with obesity at the workplace. The study revealed that the interventions help promote the health and working behavior of nurses with obesity. The study revealed that through such intervention and programs, nurses with obesity feel part of society in the clinical setting and are encouraged to engage in activities that help reduce body weight. These findings supported the information in the literature by Yarborough et al. (2018) that indicated clinical interventions that managers provide to support employees with obesity. The literature demonstrated that employers

have a key responsibility to assist the working population with obesity to manage their health conditions (Yarborough et al., 2018). Similarly, the study's findings on the nurse managers' experiences with providing clinical interventions for obesity management at the workplace is in alignment with the information presented by Puhl et al. (2017) that showed employers provide interventions that ensure those with obesity eat healthy foods and engage in physical activities for bodyweight management.

Further, this present study established that nurse managers provide counseling to nurses with obesity on lifestyle behaviors, including healthy eating and physical fitness or wellness programs to reduce body weight and stay healthy at the workplace. The study found that through such counseling programs, nurses with obesity enroll in physical fitness programs and change lifestyle behaviors that are effective in reducing body weight and in improving their productivity at the workplace. These findings aligned with the existing literature, which supported that even though the interventions do not help respond to obesity and weight-based discrimination at the workplace, the employers introduce them to encourage employees with obesity to take part in physical training and engage in activities that help improve their body weight (Puhl et al., 2017). Similarly, the literature illustrates that the clinical interventions on obesity management, such as behavioral counseling implemented by employers, enable them to ensure employees with obesity are protected from bullying and discrimination. The literature further demonstrated that through behavioral counseling, employers adopt anti-bullying policies at the workplace that ensure their employees who are overweight and have obesity are protected from weight-based bullying (Puhl et al., 2017).

Also, the study revealed nurse managers' experience regarding their support to nurses with obesity through behavioral counseling and education programs like providing feedback and education that encourage them to better cooperate at the workplace. Additionally, the study disclosed that nurse managers hold a general meeting with nurses with and those without obesity where all nurses get the chance to express their concerns regarding their issues. The study found that through such meetings, nurses with obesity are allowed to express their concerns on obesity and weight-based discrimination. Through such meetings, the nurse managers get to know each nurse with obesity, start counseling, and encourage them to consider a healthy lifestyle and physical fitness for health promotion. These study's findings supported the literature, which established that at the workplace, behavioral counseling, .and education programs, including weight training, walking sessions, and dancing sessions, have been introduced to help employees with obesity or who are overweight to engage in sedentary behaviors and physical activities for weight loss (Demou et al., 2018).

Further, the literature indicated that the programs are aimed at tracking the physical fitness of employees. Demou et al. (2018) discussed that education and counseling sessions are introduced to help employees keep or maintain their weight and ensure improved weight management. The study's findings indicated that nurse managers had introduced commercial fitness centers and conference centers meant to provide the necessary support to nurses with obesity to live a healthy lifestyle. It was found that the behavioral counseling and education provided in these centers are effective in making sure nurses with obesity do not feel offended by the criticisms made by their colleagues.

The study found that nurse managers' behavioral and education programs have been effective in motivating nurses with obesity to have self-care management skills on lifestyle behaviors and physical fitness. These findings supported the existing literature, which demonstrated that the workplace's education and counseling sessions target employees and ensure they engage in healthy eating, such as taking healthy foods. The sessions also provide nutritional guidance, which has been proven to promote weight management and ensure employees with obesity manage their health conditions (Demou et al., 2018).

Limitations of the Study

The present study was limited to nurse managers from the metropolitan region in the Northern United States; hence the findings may not be generalized or may not apply to other nurse managers across the United States, they may be contextually different. This study also involved only nurse managers as the participants. Hence the opinion of the nurses with obesity themselves were not considered or put into account as a subject in this study. In addition, a qualitative method was chosen as the appropriate methodology used in the study. Thus, the outcome of the study only generates the strength of the qualitative methodology, leaving the contextual benefits of other research methods such as quantitative or mixed research methods, which can also generate a rich analysis of the concept of obesity in the workplace and possibly validate the qualitative findings.

Recommendations

Since the present study was limited to nurse managers from the metropolitan region in the Northern United States; hence the findings may not be transferrable or may

not apply to other nurse managers across the United States, they may be contextually different. This indicates the need for future research with the involvement of nurse managers from other regions of the northeastern state or other states or possibly other countries to validate the study's findings.

This study also involved only nurse managers as the participants. This reflects the need for further research with nurses with obesity to investigate their perceptions about working relationships at the workplace.

In addition, a qualitative method was chosen as the appropriate methodology used in the study. Thus, future research should focus on using other research methods, including quantitative or mixed research methods, to further examine the concept of obesity in the workplace and possibly validate the qualitative findings.

Interviews were data collection methods used in the study to obtain the primary data needed. This indicates the need for further research with other data collection methods, including focus groups and questionnaires, to compare the findings and reach a conclusion about the topic of the study.

Implications

Positive Social Change

The findings of this present study provide valuable information for nurse managers to have good working relationships with all nurses, including those with obesity at the workplace. Based on the findings, nurse managers should consider implementing workplace policies that support the involvement of nurses with obesity in clinical tasks despite their health status. Also, the existing literature indicates that

discrimination and prejudice are among the stereotypical behaviors that nursing staff can face at the workplace. Therefore, the study's findings provide information for healthcare organizations or clinical settings to consider the implementation of the discrimination act to ensure the vulnerable population, such as nursing staff with obesity, get equal opportunity to work in the nursing units like those without obesity. Besides, clinical interventions, including behavioral therapies, counseling, and education programs on sedentary lifestyle behaviors, should be implemented in clinical settings to support nurses with obesity to engage in practices that help them manage and control their conditions. These interventions should be the priority for health care systems to ensure nurses engage in physical fitness programs and eat healthy foods for weight management, promote the health status of those with obesity, and prevent the development of obesity-related complications.

Conclusion

The findings of this present study addressed the problem of study based on the lived experiences of nurse managers. The study focused on exploring lived experiences of nurse managers while working with nurses with obesity in the nursing homes in the Metropolitan region in the Northern United States. By exploring the lived experiences of nurse managers, the study sought to promote the development of a strong relationship between nurse managers and nursing staff with obesity at the workplace. The study's results demonstrated that nurse managers perceived that working with nurses with obesity can be more challenging and non-pleasurable than when working with nurses without obesity in terms of workplace productivity.

Many nurse managers experienced that while working with nurses with obesity, they are forced to assign them less demanding or non-tedious assignments due to their health conditions. Also, nurses with obesity are less productive at the workplace because they take more time to finish assigned tasks; hence nurse managers consider assigning them minimal tasks, which can impact the flow of work in the nursing unit. Despite that some nurse managers experienced that nurses with obesity are more productive than those without obesity and that these nurses work beyond their expectations, it can be concluded that most obese nurses are less productive since most nurses supported such assertions.

Further, in terms of stereotypes, nurses with obesity do not experience any forms of discrimination and prejudice from the nurse managers while working with them. Instead, these nurse managers consider treating all nursing staff equally and ensure that those with obesity are treated and protected well. It is evident that in the metropolitan region in Northern United States, nursing homes have enacted a discrimination act that ensures all nurses are treated equally without discrimination. Moreover, nurse managers select nurses to work in the nursing units based on qualifications and ability to discharge the duties as expected. There are no discrimination or prejudice cases witnessed at the nursing homes when nurse managers are selecting nurses for the unit. Thus, nurses with and without obesity have the chance to work in the units. During the selection of these nurses, nurse managers consider employment characteristics and not the physical appearances of the nurses, such as their body weight. Instead, nurse managers hire those with the needed qualifications. Consequently, nurse applicants with obesity and with

similar qualifications with those without obesity get the chance to work in nursing homes. Moreover, based on employment characteristics, nurse managers in the Northern United States take into consideration the knowledge and skills and the availability of nurses to work in the units. However, in case the nurse managers perceive that nurses with obesity could jeopardize the delivery of care and safety of patients, they have to make clinical decisions not to hire them. This shows that nurse managers in metropolitan regions in Northern United States do not consider bodyweight as the key issue to note while hiring nurses, but rather qualifications, competencies, and availability of nurse applicants to work in a complex clinical environment. Since nurse managers perceived to understand the main causes of obesity among nurses with such conditions, they aimed at providing the needed support through the implementation of clinical interventions. These nurse managers provide behavioral counseling and education programs on healthy lifestyles, including healthy eating and physical exercise, as support to ensure nurses with obesity manage their conditions.

The nurse managers provide nutritional guidance and physical fitness programs for nurses with obesity at the workplace to encourage them to engage in a healthy lifestyle. The clinical interventions proved to be effective for weight management and ensure health promotion for nurses at the workplace. The behavioral counseling and education programs on sedentary lifestyle behaviors, including healthy foods and physical exercise, encourage nurses with obesity to ensure self-care management of their health conditions. Thus, other nurse managers should adopt these interventions to support obese nurses rather than discriminating against them. Despite that these interventions

may not help prevent discrimination against nurses with obesity, nurse managers seek to

motivate and encourage these nurses to feel part of the clinical setting. Additionally, the

interventions may foster a strong relationship between nurses with obesity and nurse

managers.

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Appendix A: Interview Guide

Researcher: Good day_____, I want to thank you for accepting my

invitation to participate in this interview. The purpose of my study is to explore the nurse

manager's perception of working with obese staff in the workplace, I will call you with

my phone number 6462364787 for the interview process. All our conversions will be

transcribed to written word format which I can use for data analysis. I will send a copy of

the transcript to you for your review in case you want to offer more suggestions or to

clarify any information that is not consistent with our discussion from the interview. I

want to check with you if you are in a conducive place where we can have about an hour

of quality time to conduct this interview at this time, or you want us to reschedule.

Please respond if you can continue with the interview at this time.

Participant response:

Researcher: Do you have any questions before we begin the interview?

Participant response:

Follow-up question.

1. Let us start with what you can tell me about your position as a nurse manager in

   the nursing home.

Participant response:

Follow-up response

2. Tell me what goes into making decisions about hiring new staff. If you have the

   option to hire two nurses who are equally qualified one was obese and one was

   not. Tell me what would help you to make the decision who you will hire?

Participant response:

Follow-up or probe questions if needed:

3. Tell me about your experiences working with the staff that was obese and one that was not.

Participant response:

4. Share with me some strategies you have used to foster a good working relationship with the obese staff.

Participant response:

Follow-up or probe questions if needed:

5. Describe an instance in which you had to make a quick decision regarding an obese staff?

Participant response:

6. How would you handle a conflict between two nurses on your staff assuming one is obese and the other is not?

Participant response:

7. Tell me about how your experience has influenced the way you worked with your staff that is obese now.

Participant response:

Follow-up or probe questions if needed:

8. What are your expectations from the obese staff when you meet with them at work?

Participant response:

9. What other insights about your experience working with the obese would you like to share?
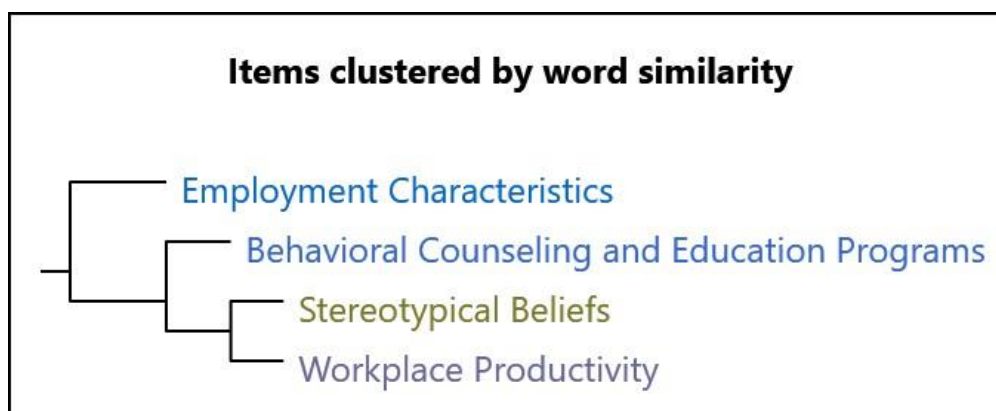
Participants response:

Follow-up or probe questions if needed:

Researcher: We have finished the interview. Is there any question or information you would like to ask me?
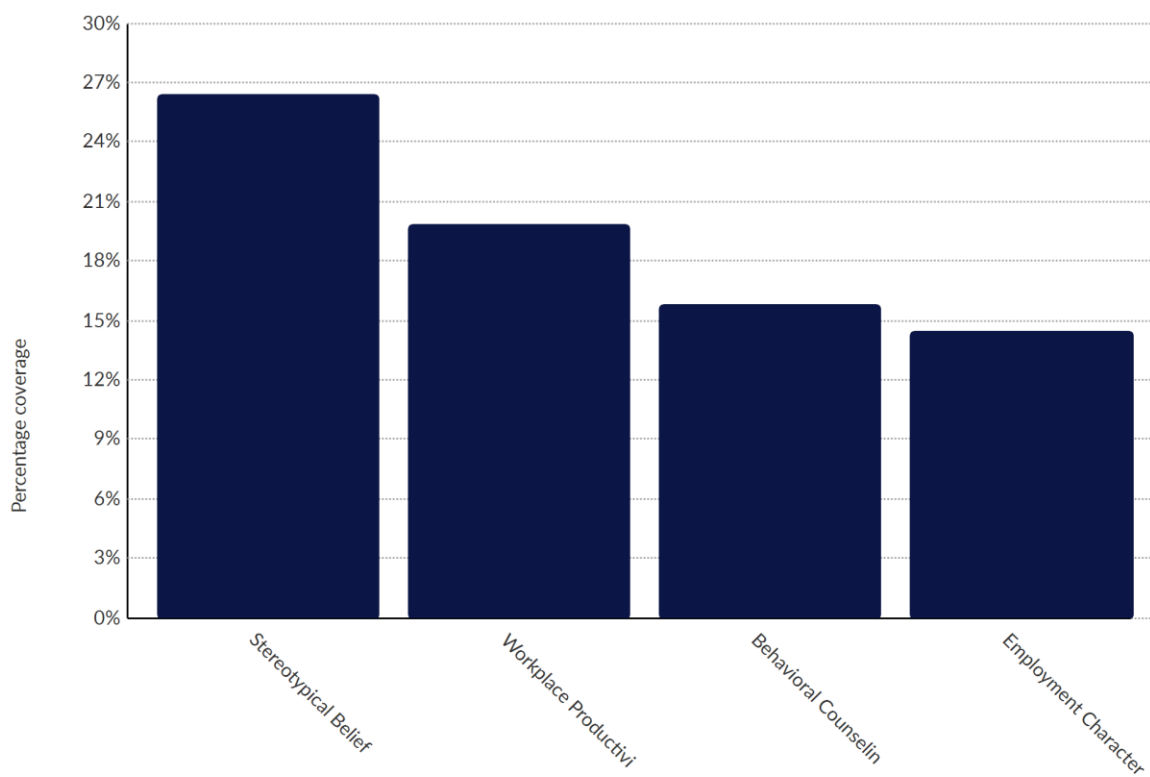
Participant response:

Researcher: I am very grateful for your time and participation in my study. In case you have any other perceptions or insights that you would like to share with me you can always call or text me on my phone as well as dropping an email for me. In about two weeks I will email you the transcript of this interview. Once again, I want to say thank you. Take care.

Appendix B: Themes Developed Based on Word Similarity

Items clustered by word similarity

Employment Characteristics

Behavioral Counseling and Education Programs

Stereotypical Beliefs

Workplace Productivity

Appendix C: Distribution of Codes Bar Chart

Note. This chart shows the percentage coverage of each theme during coding.