

FACTORS AFFECTING WEIGHT LOSS MANAGEMENT AMONG OBESE NURSES WORKING AT PUBLIC AND PRIVATE HEALTH CARE SECTORS IN SOUTH PUNJAB

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ABSTRACT

Background: Obesity rates in the general population have been growing globally in recent years, a trend that has also been seen among nurses. Along with the severe health consequences of obesity, such as type 2 diabetes mellitus and cardiovascular disease, the condition impairs an individual's capacity to work and increases absenteeism rates. Despite this, the nature of nursing shift patterns as well as the healthcare environment itself can have an effect on a nurse's ability to eat, sleep, exercise, or relax adequately. It is therefore essential to understand the factors that are producing all of this.

Objectives: To explore the barriers of weight loss management among obese nurses. The research was conducted in the private and public health care sectors of South Punjab, Pakistan

Methods: In this study, an exploratory qualitative study approach was adopted.

Materials and Procedures: To collect data from the 12 study participants who were purposively chosen, a semi-structured face-to-face individual interview was used. The audio recordings were translated into English and verbatim transcribed. The analysis was conducted out using the computer-assisted programmer NVIVO-12. NVIVO-12 produced codes that were grouped into sub-themes, and themes.

Results: Obstacles to weight loss management among obese nurses were a lack of desire and a change in lifestyle owing to a lack of time, nurses, and resources. Weight management was hindered by the workplace environment and shift changes.

Conclusions: Long hours, irregular shifts, and high-pressure situations made hospital work demanding and stressful. This resulted in emotional eating or a dependence on unhealthy foods, making it difficult for nurses to maintain a balanced diet and properly control their weight.

Key words: Obesity, Obesity Factors, Obese Nurses, weight loss management, barriers to obesity

INTRODUCTION

Obesity is a medical disorder characterized by an abnormally high or uneven distribution of body fat. Adipose tissue can grow as a result of hyper-trophic or hyper-plastic changes in adipocyte size or quantity (Zou & Pitchumoni, 2023). A notable public health and clinical challenge is posed by the epidemic of overweight and obesity across the entire planet. But now a day the most alarming cause is cardiovascular disorders. Because the Obesity is the leading cause of cardio-metabolic disorders (Valenzuela et al., 2023). Early research from a number of region nations suggests that the prevalence of overweight and obesity in children and adolescents has grown over the past decade (Organization, 2022).

Another study conducted in Pakistan at public sector institute of Karachi, results showed that the prevalent rate of the overweight and obesity was high among nursing students and similarly study at District Head Quarter hospital Chiniot, Pakistan results showed higher prevalence ratio of overweight and obesity among nurses working at the hospital (Khan & Rasheed, 2016; Sharif, 2020). Likewise a study conducted at Faisalabad Pakistan demonstrated that nursing students were not practicing a healthy lifestyle despite having a sound knowledge of obesity (Shahid et al., 2020).

A congress at Singapore in 2019 by International Nurses Association at which participants were believing that nurses' own self health should be on priority, and to be self-addressed because a healthy nurse is always better

able to provide good patient care (Wills et al., 2020). Thus, it is very important to focus on health-related actions promoting nursing behavior. Obesity and lack of health behaviors pose risks to nurses' health, limiting their engagement in patient obesity prevention and treatment; and obesity impact of nurses as health educators (Woynarowska-Soldan et al., 2018).

PROBLEM STATEMENT

A lot of nurses suffer with obesity and obesity related health issues each year worldwide. Despite efforts to promote health and healthy lifestyles, the obesity epidemic is worsening. Obesity is associated with disability, decreased quality of life, increased health-care utilization, decreased workplace productivity, and increased absenteeism, resulting in higher costs for health enterprise and society. Despite all these measures Obesity is still highly prevalent in Pakistan as in other developing and developed countries. The purpose of this study is to describe nurses' perception of barriers affecting their participation in weight loss management.

SIGNIFICANCE OF THE STUDY

The findings of this study may be useful for future implications because they have identified several perceptive facilitators and inhibitors to weight loss among nurses. There is limited research available on nurses' perceptions of weight increase during clinical practices, as well as the challenges to losing weight or maintaining a normal BMI. The research results will be useful for future researcher as a references material to use in their studies.

LIMITATIONS OF THE STUDY

Limitations of the study are that its finding cannot be applicable for all the population except health care professionals especially for the obese or at risk of obese nurses. As with any qualitative study, researchers' unconscious bias might influence design and analysis

OBJECTIVE

- 1) To explore the perceived obstacles affecting weight loss management among obese nurses

METHODS AND MATERIALS The study was conducted at public and private health care settings in the South Punjab Pakistan. An exploratory qualitative study was done to collect the data from participants. Participants were enrolled in the study until data saturation was reached. Data was collected using semi-structured in depth-interview guidelines. Purposive sampling technique was used to include participants in the study. Inclusion Criteria was Female Nurses working at Public and private health care Hospitals with Body Mass Index (BMI) of 25 or more than 25 according to Asian BMI criteria. One or more than one-time participation or self-trial activity for weight loss management and exclusion was All obese nurses after post post-partum periods, lactating mothers and pregnant. Nurses who are obese since their childhood. The data was recorded in text form and on a digital tape recorder. The text and audio was arranged throughout the data collection process.

Data was collected through personal interviews in the form of audio recordings and notes. All data was translated into English. Check the field notes for accuracy and completeness. After reading the bulletin, it was quickly review the entire bulletin. All data was carefully read back into the process. Matching words (different actions, activities, concepts and opinions) was called encoding process. Entering the various codes creates categories, labels them and describes their relationships, converts the categories into themes, then sub-themes and main themes. Ethical guidelines were followed as per university criteria.

RESULTS AND DISCUSSION

BARRIERS AFFECTING WEIGHT LOSS MANAGEMENT AMONG OBESE NURSES AT INDIVIDUAL LEVEL

THEME 4.2.1: POOR MODIFICATIONS OF LIFE STYLE

A poor health lifestyle is one that raises the likelihood of acquiring health problems and reduces overall well-being. It entails indulging in actions and habits that are harmful to nurse's physical, mental, and emotional well-being. Poor lifestyle choices can result in a variety of health problems and chronic diseases over time. Like among nurses these habit leads to obesity and its related problems. As told by the fourth Nishtar hospital participant (NP4);

“I was heartbroken, she was giving us food that didn't taste good, so she was eating from outside, these were all things that one sector would understand, and if she was increasing my weight and the other, we would talk. That stress from the things that I was getting stressed like I would say I used to worry a lot, I was sad about something, these were all the things that caused me to eat more, sleep more..... gain weight....”

As NP4 described anytime she gets bothered, feels fat, or is concerned about anything. She ate whatever was offered to her from coworkers or at the hospital. So she was unconcerned with her weight increasing or decreasing as a result of this behavior. Similarly, another Nishtar hospital volunteer stated that she was unaware of her health and was unconcerned that these changes would undoubtedly raise her weight. But she was doing it all as; *“Yes for stress I have coping strategies like I told you before I eat more and also sleepless”*

Another narration was from first Medicare hospital participant reported that; *“And that is whether I am eating, sleeping, or talking to someone, or watching a game on my cell phone”* The MP1 stated that she did not care about her normal schedule, whether she was eating or watching games and dramas, and that she did not care about her health in this way. Followings were the sub themes from where theme on modification of life was merged. Poor modifications for healthy life style were explored from the nurses were;

SUB-THEME: POOR LIFE STYLE AND HABITS

Changing long-term conduct, generally linked to food or physical activity, and persisting with the new practice for months or years is referred to as lifestyle modification. A range of illnesses, including obesity, can be treated with lifestyle adjustments. If one's lifestyle or behaviors are unhealthy, it will have a negative impact on one's health. As a result, the nurses had a poor or unhealthy lifestyle or failed to maintain a healthy lifestyle while practicing. It might have serious consequences for their health, including obesity. One participant expressed it this way (NP1);

“My eating routine is not good. I don't feel like eating. Sometimes I feel like eating a lot. Sometimes I feel didn't eating anything more than 8-10hours.” And also *“I have to go there and I have to order something for myself or bring it from home, so many of my colleagues also bring it from home. When these things happen, they disturb our eating routine”*

One of the primary barriers to weight loss maintenance for nurses while doing their tasks was a lack of availability to nutritious food and a lack of care for healthy eating. It was narrated by the participants (NP1,2,4,6,7 and MP1,3,4,5.); *“Then it happens to us that sometimes we think that now we are on duty, this duty will be very busy, so before that we eat too much and as soon as our duty ends, we eat too much.”* And *“That which is also our job in schedule or shift change because when we are going to duty now, we don't have to take only tea, it also has snacks and our snacks are so heavy that we buy oily things. Things like halwa-puri, paratha are all going on when....”* Narration from the following participants from Medicare hospital MP1, MP2, MP4, MP5 and from Nishtar hospital NP3, NP4, NP5, NP7;

“We priorities sleeping and eating”

So the nurses working in the private and public sectors in Punjab, Pakistan, were prioritizing just eating, sleeping, and duty time, not what was best for them to eat or how much sleep was required for them in a day. As an excess of everything is dangerous for health, excessive or unhealthy eating and sleeping among the nurses was also a barrier to weight loss maintenance among them. Bad habits or a bad lifestyle, such as excessive or unhealthy eating, a lack of physical activity, or a very low level of activities, contribute to weight growth or disrupt weight loss maintenance in obese nurses.

SUB-THEME: HARD AND IRRATIONAL DIET AND EATING

Adopting a rigid and illogical diet or eating habit can pose dangers and have a bad impact on your health. While some people may try extreme diets for weight loss or other reasons, it's vital to proceed with caution and priorities the general well-being while making dietary adjustments.

The narrative of the respondents NP1, NP3, NP7 and MP3;

“Because these foods and then the cafeteria mess food that we eat outside are the things that lead us to obesity, like we don't eat at home and order food from the market. As nurses, we eat samosa pakoras as if it were part of our job description, just like the regulars who eat samosa pakoras.”

“Like I got fast food from outside, war food like samosas, pakoras, rolls, burgers. Philozia was my friend with me, she was also eating as she was eating, so I used to eat the same way, so the metabolism also matters because I was not doing any activity, so my food was not digested and as I was on evening duty, I was there. I used to think of it as just a snack, even if I had eaten a whole burger, then I had to eat dinner after coming back and drank two glasses of milk. Another thing was that I used to get very tired.....”

“I kept my food schedule and started walking, then my fat decreased, but as soon as I messed up my food again and my duties schedule changed, due to which my weight started increasing again.”

It's exasperating to hear of anyone following a strict and illogical diet, especially if they work in healthcare, such as nurses. Obesity is a multifaceted problem that involves physical, psychological, and behavioral issues. Individuals must approach weight loss in a healthy and sustainable manner, which may entail consulting with healthcare specialists and adopting progressive, evidence-based adjustments to their food and lifestyle. Hard fasting or dieting may have resulted in rapid weight loss, but it is not good for health. When this sort of dieting is followed, major repercussions such as fast weight gain occur.

SUB-THEME: STRESS/ANXIETY/DEPRESSION/SADNESS AND DIFFICULT CONDITIONS

Stress, worry, despair, and other difficult conditions may affect everyone, regardless of career professionals or healthcare providers. Fatty nurses may face additional challenges due to reasons such as professional standards, physical demands of the work, societal perceptions, and potential health problems associated with obesity. In every life, it is the fact or pattern of fate. Everyone has ups and downs in their lives. So the most intelligent individual is the one who can handle this scenario normally. It is a person's will to become one with Allah Almighty. As a result, being Muslim or any professional associated with yoga or fitness can handle any issue. During practicing, every nurse meets several problems. However, some nurses from public and private institutions were unable to maintain it as (NP4); *"That stress from the things that I was getting stressed like I would say I used to worry a lot, I was sad about something, these were all the things that caused me to eat more, sleep more sometimes dance sometimes. I used to listen to songs and these were the things that I thought that all these things were making me gain weight."*

Eating more, sleeping more, and participating in activities such as dancing and listening to music might help you regulate your emotions and divert yourself from stress or unhappiness. People may believe that these behaviors lead to weight gain, especially if they consume more calories than their bodies require. It is critical to understand that emotional eating and other coping techniques are acceptable responses, but they may also lead to dangerous behaviors if not controlled properly. As nurses were exploring that stress or emotions are having a negative effect on eating, sleeping, and overall well-being, it may be beneficial. But it was increasing their weight and they were unable to maintain their weight loss preservation.

Narrated by MP1, NP3, and NP6; *"Some people go into depression and fall asleep, depression, like if I'm eating alone in the living room. I am looking at the cell phone."*

Stated from the MP1 was; *"If I were to say what I do for coping, what I do for coping if I'm anxious, what I do for when I'm really anxious, the first thing I do is I eat a lot and I eat a lot."*

It appears that individuals were discussing a coping method that involved eating a lot while they were feeling anxious/sad or confronting any challenging circumstance. While comfort eating is a normal reaction to stress and worry, it's important to remember that depending only on this coping technique may not be the most effective or healthy method to deal with anxiety. It causes weight gain and is harmful to one's health. As a result, inadequate modification or an unhealthy lifestyle were obstacles to weight maintenance.

THEME4.2.2: POOR MOTIVATION FOR WEIGHT LOSS

Poor weight loss motivation among nurses can be ascribed to a number of variables, many of which are shared by people in other occupations. Nursing at hectic ward is a high-stress job, with long work hours, emotionally difficult situations, and physically hard activities. This exhausted the nurses and make them less inclined to priorities their personal health and weight reduction objectives. Nurses' schedules are frequently hectic and unpredictable, making it difficult to fit in exercise and nutritious food preparation. Because of the responsibilities of their career, nurses and other health care providers have limited time and energy to focus on their personal well-being.

Second thing was the access of resources getting knowledge like internet or other browser. Most of the time wrong knowledge is gained through these resources causing wrong access to weight loss management. Which ultimately dangerous or increases the weight. As participants (NP2, NP3, MP3) narrated that; *"If we want to eat more, then we need to sleep better, that is, our routine is not right or our schedule is not for eating, like we say that we are going now, then after that we have to eat. Pass patients will be more ego-started. We have to care for the patient, so we should eat a lot before that. These are the things that don't allow us to focus on our actual diet plan, that's why we eat a lot. Are or do not eat at all."*

Another narration from the participant NP2; *"What are my dietary requirements like my dietary requirements are 25 kilocalories and I'm taking in 4000 kilocalories and this. It is possible only at this time. In this case, it is possible that you have basic knowledge of food. You should meet a nutritionist to tell you how much you need. Nowadays, everything is available on the net. I don't think so....."*

True, the internet and other online tools may occasionally deliver false or misleading information, particularly on areas such as weight reduction and health management. When searching for information online, it is crucial to be critical and discriminating. The majority of nurses obtained information or diet plans through Google or web searching. Some of them were even unconcerned about keeping a daily calorie log or calculating how many calories they needed on a daily basis. Lack of motivation was a hurdle to maintaining their optimum weight. These following were the sub-themes for poor motivation of the nurses for weight loss or weight maintenance;

SUB-THEME: SELF-MOTIVATION

Nurses, in fact, are self-motivated to reduce or maintain their normal weight since they are well aware of the health repercussions of obesity. However, due to overburdening, a labor shortage, and a variety of other issues, they are so preoccupied that they are unable to focus on caring for themselves. That is why researcher explore their feelings

about being lethargic or negligent about their own health. Nurses disregarded or were unconcerned about their own health in order to devote their complete attention to work and family. There were insufficient resources to provide correct information and incentive to maintain their normal weight. Nurses undertaking regular or night shift responsibilities, in particular, require psychological and emotional support from management and administration. According to what the participants said;

“Because of work so much I can't cook and so I order from outside and that's what makes me gain weight.”

(MP1) “I feel like I can't even get out of my bed as this weight is increasing, my weight is increasing.” (NP3)

“because we are also worried about the patient we have to go with the patient now we have to see him we have to eat quickly, have to finish and see the patient because we are there for the patient care” (NP1)

So, it sounds like nurses were emphasizing the necessity of prioritizing patient care and responding to their needs as soon as possible. It is vital that the patient receives the necessary medical treatment and care as soon as feasible. Instead, they eat fast, and regardless of the time or the food, nurses were unconcerned about their own health save for their patient's. According to one participant, there was a lack of support and resources for nurses' health;

“Like if we talk about that I think we have yet I don't see a facilitator here that I can say I was losing weight because there are all things that were making me gain weight” (MP1)

It appears that Nurses were not aware what they are eating or what is the time because of over burden, lack of support from higher management and lack of time.

SUB-THEME: SELF-AWARENESS

Obese nurses' lack of self-awareness refers to a circumstances in which nurses who are themselves overweight or obese may fail to recognize or address their own weight-related health concerns, attitudes, or behaviors. Their professional interactions and personal well-being were suffering as a result of their lack of self-awareness. Nurses in Punjab Pakistan's public and private sectors were consuming high-calorie foods, engaging in emotional eating, and engaging in severe dieting. As it was exploring from their statement;

“If we don't eat once, don't drink tea two to three times and can't even work, then we are taking extra calories.

And these things that happen are also increasing our weight.” (MP3) “If we talk about the workplace environment, it is the same as if I say that in this environment, I am eating whatever I get. I used to eat only and sometimes I get so much then I also eat extra (MP3, NP2).”

It appears that nurses were drawing parallels between their working environment and their eating habits. They were proposing that, just as they may eat whatever was accessible to them without much thinking, they approach eating at work in a similar fashion, accepting whatever comes their way without much thought or selection regarding food or time of food consumption. As a result, it was one of the obstacles for the nurse to keep a balanced diet while on duty. They were not concerned with their cuisine, but rather with patient care and time management.

SUB-THEME: WRONG WAY OF GAINING KNOWLEDGE ABOUT OBESITY AND DIETING

A trepidation among nurses is a lack of information about nutrition and good living choices, which can have serious consequences for both the healthcare staff and patient outcomes. Nurses have an essential role in promoting and supporting health and well-being, and their knowledge in these areas can have a direct influence on their ability to provide high-quality patient care. As health care workers, nurses are expected to be well-versed in all aspects of health. However, they are too busy, and lack of engagement with others, as well as learning from the incorrect sources, are the causes of poor diet and nutrient choices. As participants express themselves verbally (NP1, MP3);

“However, as I was repeatedly changing my diet schedule, the weight was not decreasing, it was not so successful, it was gaining again, so I became careless in what I had and I Haven't tried it now I try it sometimes so I can lose weight”

“Like Obstetric related diseases like Cardiac disease etc.”

The nurses in this research were dieting or eating based on information gained on the internet rather than from a dietician or nutritionist. As a result, a lack of knowledge regarding required calories and macro- and micronutrient amounts was required. Participants said that they received knowledge or a diet plan from an internet browser, despite having information from books. As a result, dietetic competence is required. Individually, it was also a hindrance.

SUB-THEME: PRIORITIZING PATIENT CARE

Prioritizing patient care is an essential component of nursing and, more broadly, healthcare. It is important to note, however, that there is no apparent direct relationship between prioritizing patient care and weight gain in nurses. Weight gain can be caused by a multitude of factors; thus it is vital to tackle the topic holistically. However, the global scarcity of nurses is at an all-time high, not just in Pakistan. When there was a scarcity of nurses and they were completing their full obligations, including extra shifts, the nurses' weight increased or they were unable to keep their weight reduction track. Narrated from the participants (MP1, NP3, MP3)

“I know that I have to give my patients their full attention and not leave any work for them. In this sense, I neglect myself again” & “If you see, I have never kept any record of diet, how much I am eating, how much I am not eating, how much daily calories I am giving, so I have never kept a record of it, but it is good, it should be kept and if we keep it, it can keep our weight under control”.

So the time and duty shift for nurses to sustain weight loss control was because if nurses were on duty, they prioritized patient care above their own health. It was also a warning to neglecting themselves. As a result, poor lifestyle adjustment and desire for weight loss management were personal barriers to weight reduction or maintenance among obese nurses in Punjab hospitals.

ENVIRONMENTAL LEVEL

BARRIERS AFFECTING WEIGHT LOSS MANAGEMENT AMONG OBESE NURSES

THEME 4.2.3: DUTY SHIFT EFFECT ON EATING, SLEEP AND EXERCISE

The unpredictable and rigorous nature of the nursing job and duty shifts had a significant influence on nurses' eating, sleeping, and exercise routines, such as modifying their food habits, sleep patterns, and ability to engage in regular exercise. Workplace changes were producing disruptions in several areas, thereby jeopardizing nurses' overall well-being and health. Duty shift effects were described by the participants as (NP2, MP3, NP5, NP6, NP7);

“As if we understand that in our job description it is written that we have to eat regular samosas, eat pakoras, eat fruits, eat market items, pizza, burgers, but there was nothing like that before, sometimes someone would eat samosa rolls”.

“But then there were some factors on the basis of which my schedule was disturbed. First of all, if we talk, it was like our shift change, like our morning is 10 days, 10 days is evening and 10 days. The day is light, but the time of our gym or exercise was fixed, like if we had to go in the morning, then everyone had to go in the morning and if you had to go in the evening, then you went in the evening, but sometimes It used to be that we had to do double duty and due to double duty we were over timed, this was one of the factors.”

“It gets late at night, 12 o'clock, even at 1 o'clock, I am eating. In the morning, I wake up late. It is 12 o'clock to have breakfast, and when I go for evening duty, this is what happens to me. I eat dinner at night, because breakfast is late, so I eat dinner late, and then I can't eat anything, then I'm so tired that I don't do any activities.”

SUB-THEME: DISTURBED EATING HABITS DUE TO HOSTEL, MESS, HOSPITAL CAFETERIA AND DUE TO SHIFT CHANGE

It sounds like nurses' eating patterns were disrupted owing to a variety of issues, including living in a hostel, dealing with a mess or cafeteria, and suffering shift changes. It is essential to address these issues in order to maintain a healthy and balanced diet. Their experience was explored in their own words like (NP1, NP2, NP3, NP5, MP3) as; *“Then I did gym for three months. Seventh dieting had these things that gave me a lot of effect and I was eating a lot. Night because due to lack of proper time, I could not give proper time to those who, apart from this, if I talk about my diet, then I can't maintain my diet plan because I eat in and out on duty. My weight increased and so did I. As I told earlier, our food was not good, like there was no gym center here, when my duty changed, these were the things that disturbed me, as I told earlier. I had changed my diet a lot”.*

Another narration was (MP3); *“I order pizza with chicken curry and gold pan. I again take tea in Next, I take biscuits and they also give me a roll or samosa, so all these things increase my weight” & “Then there are some people who don't bring food from home, they order food from the market or they eat samosas as a snack. Or prefer fast food” (NP3, NP5, NP6, NP7)*

“I say I live in a hostel then living in a hostel is also a problem because we are living alone and we don't have families to support us and having families to support us is a big thing” (MP1, MP5) “There are the same things that the life of the hospital is and apart from the bread, like we get bread in the hostel, when we don't get bread, we have to eat because we don't like the hostel food, so we eat market food”. (NP2, NP3, NP4, NP6, NP7)

It seems like nurses were discussing life at a hospital or hostel. If I remember properly, nurses were suggesting that in both a hospital and a hostel, there may be certain parallels, such as having access to fast food or unhealthy foods in order to keep a normal BMI. However, if nurses are dissatisfied with the food served in the hostel, they may choose to consume food from outside, which is accessible in the market, which ultimately is an obstacle to keeping an optimum BMI or a healthy lifestyle.

SUB-THEME: DISTURBED SLEEP

This is another domain of causes of weight gain. Narrative of the different respondents were taken (MP2, MP3, MP4, NP3, NP4, NP6). One of the narrative was taken; *“My sleep is disturbed at night because if I am doing night duty then I can't sleep during the day and if I don't sleep during the day then I eat during the day and eat at night too.”*

A similar narrative was taken from another respondent; *“They are changing our sleep pattern, our eating*

pattern and if I say exercise pattern, i.e. all the things, they are not able to do any activity. A different narrative was taken; "Yes, when I go to war in the morning, I also spend time with my family. three patterns are totally changed as sleep, eating and exercise as duty shift change from morning to evening and then night..." A different statement was; *"I think that because of the night duty I gain more weight and my sleep is very disturbed and I don't do it for myself. Sakti and here we are made to do a double shift. The double shift is such that if I am doing the morning shift, I am told that I have to do the evening shift as well. When I do the evening shift, I am very tired because 12 hours. If there is duty, then only we are eating, eating more and not doing work at all, that is, as I say, my activity becomes absolutely zero".*

Nurses were confronting certain difficulties as a result of the night shift schedule and its influence on health and well-being. Working night hours may affect everyone's sleep habits and have an impact on general health, including possible weight gain. It is critical to address these issues for the sake of nurses' personal well-being. As a nurse, completing activities on busy wards was causing weight gain owing to interrupted sleep mood and eating and exercise patterns.

SUB-THEME: DISTURBED EXERCISE SCHEDULE

One of the domains of barriers to weight management among obese was disrupted exercise schedule, and respondents stated that they are unable to exercise owing to extended duty hours, particularly the night shift. One of the narrative of the respondent was (MP2, MP3, MP4);

"Then one of the factors is that when we are working a lot like our night shift is 12 hours, we used to be so tired that I couldn't exercise then I would skip it and I She didn't follow her diet plan and she used to be a chat day for such people." and also *"And these are the things that disturb all the rest of my eating, walking, and exercise patterns, and then my diet plan is disturbed and I gain weight....."*

"If you want to reduce your weight, then I started dieting exercise and made some plan like this. I used to do my duty, I used to do gym in the morning, but I did it for one year because when I do it at night.... Then it was that I could do it at night, I used to do it in the morning, but I had to pay the fee in full, because of which I kept going to the gym for a year because my weight was decreasing, but my dieting was also good. I mean, I had made a plan, I used to write notes, I used to exercise, but now I only do exercise or walk". Another narrative was (NP2, NP3, NP4, NP6);

"I am so tired that even if I have been doing eight hours of duty, I cannot get out of bed for the next six hours, so I cannot follow any diet plan or exercise."

"And these are the things that disturb all the rest of my eating, walking, and exercise patterns, and then my diet plan is disturbed and I gain weight..... If I talk like our morning evening and night shift, they play a big role in completely changing my sleep or my food and drink or my walking exercise routine".

It sounds like the nurse expressed difficulties in establishing a consistent routine as a result of unpredictable shifts and their influence on eating, walking, and exercise behaviors. Irregular work shifts do impair one's circadian rhythm and sleep cycle, affecting general health and well-being, including nutrition and exercise habits.

THEME 4.2.4: HOSPITAL ENVIRONMENT AFFECTING WEIGHT LOSS

Respondent narratives differed from one another. The following are respondents' narratives on perceived challenges to weight loss management and impediments to weight loss management in the hospital environment:

SUB-THEME: INADEQUATE WORKPLACE ENVIRONMENT

The physical, psychological, and social settings in which nurses execute their jobs are referred to as the workplace environment. Nurses require a healthy work atmosphere in order to flourish, offer high-quality care, and preserve their general well-being. Disturbance in these domain was obstacle for weight management. Narrative regarding weight loss obstacle of the respondent was inadequate work place environment. For workplace stress or its related conditions, there were different narratives of the respondents (MP1, MP3, MP4, MP5 & NP1, NP4, NP5, NP7) one of them was; *"Some people go into depression and fall asleep. I live and don't eat anything. Sometimes it happens to me that I do that, but mostly I eat more....."* Another narrative was; *"Like when we talk about a problem or fear, like when we say that we are stressed, like sometimes the duty becomes very hectic or there is tension at the duty place, like we are at home, we are staying in the hostel. But if you do it after stress and depression, I think the duty of nurses is very closely related to it. When we are on duty, sometimes duty also has a stress."*

A different narrative of the respondent was taken; *"Your depression or anything else doesn't affect the difference, the place is the environment, it has a lot of effect on weight gain, like we are on morning duty, on evening duty, on night duty, so what is the food there."* Another narrative was;

"Like when we talk about a problem or fear, like when we say that we are stressed, like sometimes the duty becomes very hectic or there is tension at the duty place, like we are at home, we are staying in the hostel. But if you do it after stress and depression, I think the duty of nurses is very closely related to it. When we are on duty, sometimes duty also has a stress."

"If I talk about the workplace environment, how is the environment where I am working, then mostly I don't get time to eat here as if I have taken any diet plan and I am also from home. If I have brought any fruit or juice, I don't get time to eat here, so after that, I eat twice as much as I have to eat the one behind and the next one." A different narrative of the respondent was taken;

"Your depression or anything else doesn't affect the difference, the place is the environment, it has a lot of effect on weight gain, like we are on morning duty, on evening duty, on night duty, so what is the food there." A different narrative of the respondent was observed; *"As far as I understand, I think that shift change is the main factor, apart from the workplace environment, like if I am there for the morning shift, mostly my breakfast is skipped because I live in a hostel and the breakfast there is not so good, then there are times like when I am on duty, so mostly I don't get time to eat here or....."*

It reveals that nurses were discussing the difficulties they have with shift changes and how these impact eating habits. Shift shifts do have an influence on different parts of routine, such as meals and general well-being. Regular shifts, such as morning or night shifts, disturb nurses' eating schedules, resulting in missed meals or bad meal selections. In the case of the nurses, (as narrated by them,) it appears that their early morning duty is prompting them to forgo breakfast owing to the hostel's restricted food options. Furthermore, nurses found it difficult to eat appropriately during night duty hours. They eat a lot and with no sleep which is ultimately hurdle for weight loss management.

SUB-THEME: WORKPLACE ENVIRONMENT AND POOR ADMINISTRATION

This is one of the major domains of weight loss obstacles among nurses that is directly linked with their daily routine. One of the major narrative of the respondent was taken regarding obstacles in weight loss and that was (NP1); *"The problem with me is that whenever I have a problem or sadness, I cry a lot. If someone says something even on duty, I get worried for that too, and then there are things like our administration, there are other people, they keep bothering us without assigning, sometimes they don't give us permission, sometimes our duty is not a schedule. Even if we don't tell us, our duty is changed and she just goes and calls us saying that you are busy with this duty in the morning."* Another perspective of the respondents was (MP2);

"I will go, what assignment will be given to me, so all these things cause a stress for me and there are some things which are related to our management.....Because there are some things in our management that are not being done well like if I say that I don't know that I am doing duty in medical surgical and here if I have less then I will be called from below that you Now go to card ward and I will go in the car, if the orientation is not done with my patient now, then I get a call, then again go to medical surgical, then all these things that are happening are disturbing us."

Narrated by MP1 that *"Apart from that, if we have a head nurse or an administration, I am having a problem or I have a colleague with a patient or a staff member. If there is any problem going on, whenever I have gone to my higher administration, I am rarely listened to.....So, I am not being listened to, so these things are bothering me very much."* Another narration was that; *"There is no rules and regulation in our ward regarding our problems and management."* (NP4).

The nurse's comment about the lack of rules and regulations on their ward about difficulties and management foreshadows prospective obstacles and issues in sustaining efficient patient care and operational efficiency. The following scenarios might occur in the absence of established standards and processes. The nurse's comments indicate a sense of discontent and unhappiness with the healthcare organization's communication and decision-making procedures. The nurse may be perceiving a lack of efficient communication channels or a perceived disrespect by higher administration for their issues. This might result in emotions of undervaluation and a breakdown in collaboration and patient care. This, in turn, has negative consequences for the nurses' health, such as weight fluctuations.

SUB-THEME: LIMITED WORK FORCE

A nursing shortage can have serious effects for the health of nurses. When there aren't enough nurses to satisfy patient requirements and workload expectations, the available nursing staff bears an additional strain, which has a variety of detrimental repercussions on their physical and emotional well-being. It was narrated from the subjects (MP1, MP3, MP4, NP3, NP6, NP7);

"The shortage is so high that we get four assignments instead of one assignment.....Because now there are many nurses who have also gone to Kuwait, due to which it happened that in our ward we have just two staff in one shift, so two staff have to see 60 patients, so that is it. Maybe if they let me see 20 patients, now I'm looking at 30. These things make me very tired because I know that I have to give my patients their full attention and not leave any work for them. In this sense, I neglect myself again, sometimes I don't even get time to drink water during my six to eight-hour duty, then when I eat, it's like my body is all disturbed. I either eat too much or not"

Another narration was; *"Well, if you talk about it, I think that one should reduce the shortage that is there and make up for it because the nurses are very less as the patients are more, besides, it may be that the duty is fixed."* Also was

stated; "As our schedule of duties is morning, evening and night due to shortage of nurses, these are the things that are increasing my weight."

The nurses were explaining a situation on their ward where there is a severe scarcity of staff, generating a huge increase in their workload. They remark that instead of receiving one assignment, they now receive four, implying that they are accountable for four times the number of patients as before. This increase in workload is due to the fact that many nurses have travelled to Kuwait, whether for job or for other reasons. Only two staff members are available in their ward during a single shift, which means they must care for a total of 60 patients (30 patients each). This amount of patient care is daunting and exhausting for the nurse. The stress and weariness caused by the rigorous task have also affected the nurse's eating habits. They say that when they do have a chance to eat, their body's equilibrium is thrown off, and they either eat too much or not enough. In conclusion, the nurse's story emphasizes the excessive workload, devotion to patient care, disregard of their own well-being, and the impact of these obstacles on their physical and mental health. So they were unable to maintain an ideal normal BMI.

4.3 DISCUSSION

Obesity is a major worldwide health issue that has been related to a variety of chronic illnesses. As healthcare professionals, nurses play a critical role in promoting health and wellness. However, when it comes to weight management, they frequently confront particular obstacles.

4.3.1: MOTIVATION and MODIFICATIONS OF LIFE STYLE Motivation Predicts Changes in Physical Activity Levels among Nurses During a Web-Based Worksite Intervention, a randomized control experiment was carried out to improve motivation, which subsequently boosted physical activity and nurses' capacity to maintain their normal weight (Brunet et al., 2020). This is consistent with prior research indicating a link between high-stress work situations led to poor nutrition habits, low motivation for weight loss management (Geiker et al., 2018). Nurses generally work long shifts, unpredictable hours, and are frequently stressed. These circumstances might make it difficult for them to prioritize and maintain healthy lifestyle practices like regular exercise and food planning. Nursing's physical demands, mixed with emotional pressures from patient care, can result in weariness and emotional depletion. Nurses working in a hospital setting may face peer pressure, stigmatization, or unfavorable opinions about their weight (Hensel, 2008).

4.3.3: DUTY SHIFT Shift change, particularly irregular schedules such as rotating hours or night shifts, has been linked to a variety of negative health effects, including obesity. Shift employment was led to weight gain by interfering with eating behavior, metabolic processes, and physical activity levels by disrupting the body's circadian cycle and altering hormonal balance. Obese nurses are more vulnerable to these consequences due to probable metabolic abnormalities. Diet and sleep were important aspects that were altered by shift changes. Shift work frequently results in unpredictable eating patterns, a lack of healthy food alternatives, and a dependence on short, energy-dense meals (Heath et al., 2019). Obese nurses who were changing shifts found it difficult to stick to established eating habits, which can contribute to overeating, eating unhealthy snacks, and making bad nutritional choices (Ross et al., 2019). Additionally, shift work's interrupted sleep patterns impact appetite-regulating hormones, resulting in changed eating behavior.

4.3.4: HOSPITAL ENVIRONMENT Participants often mentioned a lack of institutional support for weight control activities in hospital settings. This conclusion emphasizes the importance of healthcare organizations prioritizing the well-being of their own personnel. Nurse-specific wellness programs, access to nutrition and exercise tools, and fostering a culture that promotes healthy behavior may all contribute to an environment in which weight control is aided rather than impeded. Nurses sometimes have limited time for breaks during their shifts, making it difficult to prepare or consume healthful meals (Ross et al., 2017).

CONCLUSION

The conclusions drawn from the results of this study show the critical need for comprehensive therapies that address the particular problems that obese nurses experience in their weight-control efforts. Healthcare organizations must recognize their responsibility in promoting employee well-being and prioritize the development of customized wellness programs. Policy adjustments at both the organizational and individual levels are required to overcome the identified hurdles and establish an atmosphere favorable to healthy lives among nurses.

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