



Managing social awkwardness

Dr Caz Hales, Victoria University of Wellington



Slides may not be reproduced without appropriate acknowledgement:

(AUTHOR NAME, BMI Research Series Seminar, Feb, 2017)

Slides are provided for individual view/reflection.

Details at the time of production correct, however as technology and research evolves data and recommendations may become out of date.



What we already know



Obesity rates within New Zealand are high Adults 32% (46% Maori & 67% Pacific) Child 10% (15% Maori & 25% Pacific)	Ministry of Health (2016)
Caring for obese patients is both physically and <i>socially</i> challenging for health professionals	Gallagher-Camden (2006) Gallagher-Camden (2009)
Weight-bias and fat-stigma have been reported as an issue in health care provision <ul style="list-style-type: none">• Research has focused on self-reported attitudes/behaviours	Schwartz et al. (2003) Teachman & Brownell (2001) Brown (2006)

What we don't know is how health care professionals engage with morbidly obese during care provision

The study



Aim: to describe and explore the culture and influences within the intensive care setting in which nurses and doctors cared for extremely fat patients

- Focused ethnographic study
- Tertiary level ICU in NZ
- Participant observation 4 months
- 7 patients, 67 nurses & 13 doctors

Fat stigma and social awkwardness **bmi**

Fat patients are ***privately*** discussed in ways in that reveal social difference, disapproval and judgement

“different to us” (Phillippe-nurse)

“It’s not attractive. Seeing rolls of flesh it’s not appealing, it looks messy” (Sandy-nurse)

“If I take a referral...there’s a judgement passed on. Often both doctors will laugh in a very dark way about somebody being obese... We’re very happy to say oh you know the ‘big unit’ and make a sort of judgement on it (David-doctor)

Feelings of anger, frustration, resentment, blame, and repulsion

Fat stigma and social awkwardness

During direct patient contact staff conceal, modify and regulate their feelings and emotions regarding fatness

“I felt cared for by the staff...Ella somehow humanised the care she gave...Elaine was very caring, she touched my hand or stroked my brow. I liked that” (Emiri- patient)

When interacting with fat patients staff experience social awkwardness through feelings of discomfort and anxiety

(Hales, de Vries & Coombs, 2016)

Fat stigma and social awkwardness **bmi**

Social awkwardness resulted from pre-existing social attitudes about fatness and how these might be displayed and managed within the professional caring role

- Staff were consciously aware of the awkwardness that existed between them and the fat patient during care

“We do tread on eggshells about everything” (Phillippe-nurse)

“Society has made us treat them [fat people/patients] differently” (Milly-nurse)

- Uncertainty and uneasiness about how fatness could be spoken about and acknowledged

“I don’t want them to think that I’ve got some prejudice against them that’s going to influence my care” (Glenda-nurse)

(Hales, de Vries & Coombs, 2016)

Managing social awkwardness

Strategies

- Staff avoided disclosing information related to the patient's fatness during bedside handovers
- Staff used secret codes, euphemisms and gestures
- Staff and patients engaged in a mutual pretence

(Hales, de Vries & Coombs, 2016)

Fat stigma and social awkwardness



Managing social awkwardness: Mutual pretence

<p>Everyone was aware that the patient was fat but direct communication about their fatness was avoided</p>	<ul style="list-style-type: none">• <i>“They know that you know that they are overweight” (Sophie-nurse)</i>• <i>“No one wants to talk about the elephant in the room. There’s something huge happening but no one wants to talk about it” (Vicki-nurse)</i>• <i>You’re all faced with an obese patient but no one want to say but this patient’s obese” (John-doctor)</i>
<p>Everyone acted to maintain the illusion that the patient was not fat and fitted comfortably into the clinical setting</p>	<ul style="list-style-type: none">• <i>“If someone goes ‘oh I’m fat’ you go ‘Oh no you’re not’...you don’t want to say that they’re fat” (Kate-nurse)</i>• <i>“I work harder to act like it is all normal” (Stella-nurse)</i>

Language

We need to engage in open debate about what is acceptable, respectful, appropriate and meaningful language in the delivery of patient care

- Need to understand the impact of the language we use during patient care
- Develop appropriate language that is meaningful to the care interaction

(Hales, de Vries & Coombs, 2016)

Social awkwardness

Need to acknowledge and be responsive to the burden of social awkwardness that exists in providing care to fat patients.

- Senior clinical staff to take leading roles in monitoring, assessing and managing the social tensions that are present when caring for fat patients.
- Provision of support systems for staff such as forums and professional development that help staff develop skills in addressing social awkwardness when caring for fat patients.
- The development and provision of education and training programmes that specifically address issues of fat stigma and focus on stigma reduction interventions require develop and further research and evaluation.

References

- Hales, C. (2015). *Misfits: An ethnographic study of extremely fat patients in intensive care*. Doctoral thesis. Victoria University of Wellington, Wellington, New Zealand.
- Hales, C., deVries, K., & Coombs, C. (2016). Managing social awkwardness when caring for morbidly obese patients in intensive care: A focused ethnography. *International Journal of Nursing Studies*, *58*, 82-89.