

Weight Bias in Healthcare

A Guide for Healthcare Providers Working with Individuals Affected by Obesity



What is Weight Bias?

Weight bias refers to negative stereotypes directed toward individuals affected by excess weight or obesity, which often lead to prejudice and discrimination. Weight bias is evident in many aspects of living such as healthcare, education, employment, the media and more. The prevalence of weight discrimination in the United States is comparable to racial discrimination.

Since the majority of Americans are now affected by excess weight or obesity, this is an important clinical concern, one that no healthcare provider can afford to ignore.

Weight Bias in Healthcare

Research demonstrates that patients affected by obesity frequently feel stigmatized in healthcare settings. Negative attitudes about individuals affected by obesity have been reported by physicians, nurses, dietitians, psychologists, fitness professionals and medical students. Research shows that even healthcare professionals specializing in the treatment of obesity hold negative attitudes.

Bias may have a negative impact on quality of healthcare for individuals affected by obesity. Some studies indicate that these individuals are reluctant to seek medical care and may be more likely to delay seeking treatment or scheduling important preventative services.

How Does This Bias Impact Your Patients?

When patients feel stigmatized they are vulnerable to depression, anxiety and low self-esteem. They are less likely to feel motivated to adopt lifestyle changes, and some may even turn to unhealthy eating patterns impairing weight-loss efforts. The quality of healthcare services which are attempted may also be negatively affected by weight bias.

In addition to avoiding or canceling appointments for prevention or treatment, providers spend less time in those appointments and engage in less health-related discussions with patients affected by obesity when compared with non-overweight patients. Providers themselves admit they do not intervene as much as they know they should.

Thus, the effects of weight bias are far-reaching and can substantially impact an individual's quality of care and desire to manage their weight and health.





As a Healthcare Professional, Do You Exhibit Weight Bias?

Research indicates that 46 percent of women affected by obesity reported that small gowns, narrow exam tables and inappropriately sized medical equipment were barriers to receiving healthcare. In addition, 35 percent reported embarrassment about being weighed as a barrier to care.

Doctors, nurses and other health professionals self-report bias and prejudice against patients affected by obesity. The most common stereotypes expressed by health providers include beliefs that patients affected by obesity are:

- *Non-compliant*
- *Dishonest*
- *Lazy*
- *Lacking in self-control*
- *Weak-willed*
- *Unintelligent*
- *Unsuccessful*

Doctors:

Doctors are common sources of stigma. In a study that surveyed more than 2,400 adult women about their experiences of weight bias, 69 percent of respondents reported that doctors were a source of weight bias, and 52 percent reported they had been stigmatized by a doctor on multiple occasions.

As a patient's body mass index (BMI) increases, doctors report less desire to help the patient, are more likely to report that treating the patient is a waste of their time, and express less respect for the patient.

Nurses:

Self-report studies show that nurses view individuals affected by obesity as non-compliant, overindulgent, lazy and unsuccessful.

Studies of self-reported attitudes among nurses indicate that:

- 31 percent "would prefer not to care for individuals affected by obesity"
- 24 percent agreed that individuals affected by obesity "repulsed them"
- 12 percent "would prefer not to touch individuals affected by obesity"

Psychologists:

In studies comparing beliefs about individuals affected by obesity versus "average" weight individuals, psychologists ascribe the following attributes to clients affected by obesity:

- More pathology
- More severe psychological symptoms
- More negative attributes
- Worse prognosis in treatment

How Can You Improve Your Approach to Addressing the Topic of Weight?

Approaching the topic of body weight with patients is a sensitive issue. It can be challenging for providers to discuss health issues related to excess weight while also remaining sensitive to language that may offend patients.

To help facilitate patient-provider interactions that are both productive and positive experiences, it is useful to recognize and implement language about weight that patients prefer and feel comfortable with. Located on the next page, you will see a breakdown of key words that patients affected by obesity found to be stigmatizing, least stigmatizing and more.



Language

Recent research has examined patients' opinions of the kinds of words that health providers use when discussing excess body weight. Specifically, patients were asked their opinions of how stigmatizing, blaming or motivating they perceive different words that doctors use to describe weight. Patients' preferences were as follows:

Least Stigmatizing / Blaming Words

- Weight
- Unhealthy weight
- High BMI

Most Stigmatizing / Blaming Words

- Fat
- Morbidly Obese
- Obese

Most motivating for weight loss

- Unhealthy Weight
- Overweight

Least motivating for weight loss

- Fat
- Morbidly Obese/Chubby

In addition, patients were asked how they would react if a doctor referred to their body weight in a way that made them feel stigmatized. Patients' responses included the following:

<i>I would feel bad about myself.</i>	42%
<i>I would be upset/embarrassed.</i>	41%
<i>I would talk to my doctor about it.</i>	24%
<i>I would seek a new doctor.</i>	21%
<i>I would avoid future doctor appointments.</i>	19%

It is helpful for providers to be aware of this language, as certain words to describe weight may be hurtful and offensive to patients because of their pejorative connotations.

Using language that is perceived negatively by patients may also jeopardize important discussions about health, and even lead to avoidance of future healthcare.

Prior to initiating conversations about weight with your patients, you may want to ask them what terms they would prefer you use when referring to their weight.

Consider this language in your discussions with patients about their weight:

"Could we talk about your weight today?"

"How do you feel about your weight?"

"What words would you like to use when we talk about weight?"

The Blame Game

In addition to using sensitive language, it is also important to avoid placing blame on patients for their excess weight or difficulties in losing weight. Remember, patients have likely already experienced stigmatizing encounters with health professionals before they enter your office. Most patients have tried to lose weight, repeatedly. Lack of success with weight-loss is much more attributable to the ineffectiveness of current conventional treatment options and biological and genetic factors that contribute to weight regulation, than it is a reflection of personal factors such as discipline or willpower. Therefore, be sure that your medical staff has an accurate understanding of the complex causes and treatment options for obesity and that obesity is the result of multiple complex factors which are complicated by our societal environment making lifestyle change very difficult.



Identify Your Own Biases

Finally, one of the most important strategies to reduce weight bias or prejudice that can unintentionally be communicated to patients is to identify your own personal assumptions and attitudes about weight. You can begin this process by asking yourself the following questions:

- How do I feel when I work with patients of different body sizes?
- Do I make assumptions regarding a person's character, intelligence, abilities, health status or behaviors based only on their weight?
- What stereotypes do I have about persons with obesity?
- How do my patients affected by obesity feel when they leave my office?
- Do they feel confident and empowered, or otherwise?

Productive and positive discussions with patients about weight-related health will be counterproductive and harmful if bias or blame is present. Addressing the topic of weight with sensitivity will improve provider-patient communication and help empower patients to make positive health behavior changes.

Tips for Discussing Weight

When discussing weight-related health with your patients, it's best to focus on specific lifestyle changes and health behaviors that can be improved, and to emphasize achievable behavioral goals rather than only focusing on weight itself. Examples of achievable, measurable behavioral goals include the following:

- Reducing consumption of sugar-sweetened beverages
- Replacing caloric beverages with water
- Increasing consumption of fruits and vegetables
- Reducing consumption of restaurant foods
- Increasing daily physical activity
- Limiting portion sizes to single servings

It can also be useful to employ motivational interviewing strategies when discussing weight with patients. Motivational interviewing aims to enhance self-efficacy and personal control for behavior change. It uses an interactive, empathic listening style to increase motivation and confidence in patients by specifically emphasizing the discrepancy between personal goals and current health behaviors.

Sample Questions for Your Patients

Here are some examples of questions to ask your patients when assessing ambivalence and motivation for lifestyle changes using a motivational interviewing style:

- How ready do you feel to change your eating patterns and/or lifestyle behaviors?
- How is your current weight affecting your life right now?
- What kinds of things have you done in the past to change your eating?
- What strategies have worked for you in the past?
- How do you feel about changing your eating or exercise behaviors?
- How would you like your health to be different?
- What steps do you feel ready to take to improve your health?
- How ready do you feel to change your eating patterns and/or lifestyle behaviors?
- How is your current weight affecting your life right now?
- What kinds of things have you done in the past to change your eating?
- What strategies have worked for you in the past?
- How do you feel about changing your eating or exercise behaviors?
- How would you like your health to be different?
- What steps do you feel ready to take to improve your health?

Part of your goal in motivational interviewing is to help instill optimism and confidence in your patient that he/she can make meaningful behavior changes, and that you are a supportive resource in their efforts.



Obesity Action Coalition

4511 N. Himes Avenue, Suite 250

Tampa, FL 33614

(800) 717-3117

(813) 872-7835

Fax: (813) 873-7838

www.ObesityAction.org

info@obesityaction.org



ObesityActionCoalition • @ObesityAction



**UConn
RUDD CENTER**
FOR FOOD POLICY & OBESITY

Rudd Center for Food Policy & Obesity

University of Connecticut

One Constitution Plaza

Kinsley Street

Hartford, CT 06103

www.uconnruddcenter.org

Be Proactive to Reduce Bias in Your Healthcare Practice

Taking a proactive approach to address and eliminate weight bias in your practice can improve delivery of care for patients affected by obesity. As more than 93 million Americans are affected by the disease of obesity, it is important for you as a healthcare professional to provide them with the necessary tools and support to manage their weight and improve their health.

If you would like to learn more about weight bias and stigma, please visit the OAC's Web site at www.ObesityAction.org and the UConn Rudd Center for Food Policy and Obesity at www.uconnruddcenter.org.

The OAC and the Rudd Center also offer a brochure, titled *Understanding Obesity Stigma*, which further details weight bias in a variety of settings such as education, employment, healthcare and more. To order a free copy, please visit the OAC Web site.

View all of the OAC's
educational resources
online by visiting
www.ObesityAction.org today!

