

The Stigma of Obesity

Sensitivities concerning being overweight hold special implications for nurses and their patients

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THE PREVALENCE OF OBESITY among adults and children marks a significant change for healthcare professionals, who are now treating more overweight and obese patients than ever before. Much attention is focused on the physical health consequences of obesity and what can be done to prevent these negative outcomes.

And while this public health crisis clearly needs long-term solutions, it is also important to address obesity with an awareness and sensitivity to the social consequences obese individuals face, including weight stigma, bias and discrimination.

This is an especially important topic in healthcare settings, where much of this stigma occurs, and where biases may have negative implications for patient outcomes.

Weight Bias by Nurses

Research demonstrates overweight and obese patients are vulnerable to weight bias from healthcare professionals, including physicians, psychologists, medical students, dietitians and nurses.¹⁻²

Most of the studies in this area have examined weight bias through self-reported attitudes toward patients. For instance, in one study, nurses agreed obese people are unsuccessful (24 percent), overindulgent (43 percent), lazy (22 percent) and experience unresolved anger (33 percent).³ In addition, 63 percent of nurses agreed obesity can be prevented by self-control, 48 percent felt uncomfortable caring for obese patients, and 31 percent would prefer not to care for an obese patient.

In a similar study of biases held by female RN graduate nurses, 24 percent agreed caring for an obese patient repulsed them, and 12 percent reported they preferred not to touch an obese patient.⁴ Older nurses had less favorable attitudes than younger nurses, and dissatisfaction with one's own weight was associated with negative stereotypes. In yet another study, more



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than 500 nurses said patient noncompliance was the most likely reason for obese patients' inability to lose weight, while ineffectiveness of current weight loss programs ranked as the least important reason.

Patients' Response to Weight Bias

One consequence of weight bias in healthcare settings is that obese patients may avoid obtaining medical care because of negative experiences with providers. Some ➤

research has demonstrated overweight or obese patients are less likely to seek needed preventive healthcare services and more likely to cancel medical appointments. This seems especially true among heavier women who delay seeking preventive services, such as mammograms, pelvic exams and gynecological exams.⁶⁻⁸

For some time, researchers have speculated weight bias by providers may delay or alter healthcare decisions of obese patients, but only recently was this possible correlation examined. In a survey of 498 women about their usage of preventive healthcare services, obese women reported delaying cancer screening tests, including gynecological, pelvic and mammogram screenings. Lower screening rates were not a result of inaccessible care, however.

Instead, obese women surveyed reported specific barriers related to weight bias contributed to their decisions, including disrespectful treatment from providers, negative attitudes by providers, unsolicited advice to lose weight, embarrassment of being weighed, and medical equipment too small to be functional.⁹ The percentage of women who reported these barriers increased with their body mass index.

Nurses Can Reduce Weight Bias

Nurses face a complex challenge in caring for overweight and obese patients, such as complications with evaluation, diagnosis and other medical procedures. However, there are a number of strategies nurses can implement to reduce weight bias and create supportive, welcoming environments for overweight and obese patients.

First are bias-reduction strategies used in conjunction with treatment approaches for obe-

Table 1: Treatment Strategies to Reduce Bias

- Realize that patients may have had negative experiences with health professionals, and approach patients with sensitivity and empathy.
- Recognize the complex etiology of obesity and its multiple contributors.
- Explore all causes of presenting problems, in addition to body weight.
- Recognize many obese patients have tried to lose weight repeatedly.
- Emphasize the importance of behavior changes rather than just weight.
- Acknowledge the difficulty of achieving sustainable and significant weight loss.
- Recognize small weight losses can result in meaningful health gains.

Table 2: Environmental Strategies to Reduce Overweight Bias in Medical Facilities

Weighing Procedures: Ensure weighing takes place on an appropriately sized scale in a private setting, and record the patient's weight silently, free of judgment and commentary.

Medical Equipment: Ensure equipment is sufficiently large to accommodate heavier patients. This includes gowns to fit very large patients, scales for patients who weigh more than 350 pounds, extra-large blood pressure cuffs, longer speculums for pelvic examinations, and adequately sized exam tables.

Waiting Room Atmosphere: Create a welcoming environment with sturdy, armless chairs, wide doors, large bathrooms and reading materials that emphasize health promotion without perpetuating unhealthy ideals of thinness or increasing body shame.

sity and weight loss. These include providing colleagues and patients with accurate information about the causes of obesity and recognition of the complex interaction between genetic and environmental factors. (Additional strategies are outlined in **Table 1**. They emphasize the importance of acknowledging the challenges of losing weight and maintaining weight loss, and reinforcing patients' healthy behaviors rather than just focusing on the number on the scale.)

It is also important for nurses to reflect upon their own attitudes toward overweight and obese patients and identify language and assumptions that may unintentionally communicate bias. This can include using terms such as morbidly obese, fat or weight problem, which can be interpreted negatively by some patients.¹⁰

To foster positive communication and improve productive and supportive interactions, it may be helpful to initiate sensitive conversations with patients about how they prefer their weight be discussed with providers.

Some questions nurses can ask themselves to help increase awareness of personal attitudes include:

- Do I make assumptions about a person's character, intelligence, professional success, health status or lifestyle behaviors based only on weight?
- Am I comfortable working with people of all shapes and sizes?
- Do I give appropriate feedback to encourage healthful behavior changes?
- Am I sensitive to the needs and concerns of overweight and obese individuals?
- Do I treat the individual or the condition?

Changes also can be made in healthcare settings regarding weigh-in procedures, medical equipment usage and waiting room atmospheres to create warmer environments for obese patients, which may encourage them to return for ongoing and preventive care services (see **Table 2**). By becoming an advocate for such changes in medical facilities, nurses can make a significant difference in the quality of healthcare experiences for larger patients.

Healthcare professionals play a critical role in addressing the obesity epidemic. With weight stigma routinely amplified by providers being a serious problem, nurses have a responsibility to help curtail it. Additionally, nurses can play an especially important role in supporting their patients to make healthy lifestyle changes — regardless of how much they weigh. ■

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