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Breaking WEIGHT BIAS

**Promoting Health
without harming through
digital training tools**

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2. Weight bias in healthcare settings





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TRAINING CONTENT

Learning Objectives

By reading this module, health care professionals will:

- be able to understand the negative impact of weight bias on individuals living in a large body regarding the quality of healthcare services they receive;
- be able to recognise common manifestations of weight bias and identify harmful practices by healthcare providers;
- gain knowledge on how to approach in a sensitive manner discussion about weight with patients;
- acquire knowledge on how to create a supportive physical and social environment for people living in large bodies;
- gain knowledge on how to recognise and assess internalised weight bias;
- understand the importance of professional development in the context of providing quality healthcare services to patients who may experience or have experienced weight bias, because they live in a large body.

2. Weight bias in healthcare settings

In this section, we explore the existence, different manifestations and consequences of weight bias in healthcare settings. Several ways have been detected by relevant studies through which weight bias of healthcare professionals can impede the access of people who live in a large body to quality healthcare provision as well as affect their engagement with healthcare services. According to Alberga et al. (2019), the major ones are:

1. More often than not people with obesity encounter disrespectfulness, verbal insults, and inappropriate humour by healthcare professionals or they receive patronising advice that simplifies the process of losing weight.
2. Healthcare professionals are being seen by their patients as inadequately prepared in terms of knowledge to effectively treat and advise people with obesity.
3. Previous and recent experiences of insensitive behaviour by healthcare professionals led to people living in a large body having mixed feelings about using healthcare services.
4. People with obesity identify a tendency of health professionals to emphasise their weight over other health issues. Thus, patients often do not feel comfortable with expressing the reality of their symptoms and/or their concerns or even booking an appointment with their general practitioner due to the fact



that some healthcare professionals do not pay the proper attention to other health issues that they may have.

5. Healthcare professionals make false assumptions about the willingness and effort of their patients to lose weight.
6. Among the most frequent barriers that an individual living in a large body encounters to their access to healthcare utilisation are unwelcomed weight reduction lectures; fear of getting weighted; feeling uncomfortable with exposing their bodies and getting undressed; and inappropriate hospital equipment in terms of size, such as gowns, chairs and examination tables.
7. Individuals living in a large body often feel that healthcare professionals differentiate the care provided due to their weight.
8. The lack of trust and communication between the patients and healthcare professionals.

“However, there are strategies that can be employed in order to reduce weight bias in healthcare settings along with its consequences in the provision of healthcare for people in large bodies. These include: setting an appropriate physical environment, nurturing a positive social environment, asking for the patients’ permission to discuss weight, challenging personal and internalised weight bias of healthcare professionals HCPs, treating all patients with compassion, and continuously investing in self-evaluation and proper education” (Lee & Pausé, 2016).

Investing in ongoing self-education around weight bias is also very beneficial, as cultivating awareness and understanding is the antidote to eliminate bias and prejudice. Moreover, it is vital to consider asking for support when you feel triggered by your patients’ experiences. Empowering yourself and building resilience can have a great positive impact not only on your mental health but also on your patients.



EXTERNAL RESOURCES

- Alberga, A. S., Edache, I. Y., Forhan, M., & Russell-Mayhew, S. (2019). Weight bias and Health Care Utilization: A scoping review. *Primary Health Care Research & Development*, 20. <https://doi.org/10.1017/s1463423619000227>
- Amy, N. K., Aalborg, A., Lyons, P., & Keranen, L. (2006). Barriers to routine gynecological cancer screening for White and African-American obese women. *International Journal of Obesity*, 30(1), 147–155. <https://doi.org/10.1038/sj.ijo.0803105>
- Appendix 2 (as supplied by the authors) - obesity Canada. Appendix 2: 2020 Clinical Practice Guidelines: 5As Framework for Obesity Management in Adults. (2020). Retrieved December 9, 2021, from <http://obesitycanada.ca/wp-content/uploads/2020/10/191707-guide-2-at.pdf>
- Bacon, L., & Aphramor, L. (2011). Weight science: Evaluating the evidence for a paradigm shift. *Nutrition Journal*, 10(1). <https://doi.org/10.1186/1475-2891-10-9>
- Bedford, M. (n.d.). *Unconscious bias in healthcare*. Quality Interactions. Retrieved December 7, 2021, from <https://www.qualityinteractions.com/blog/unconscious-bias-in-healthcare>
- Birkhäuer, J., Gaab, J., Kossowsky, J., Hasler, S., Krummenacher, P., Werner, C., & Gerger, H. (2017). Trust in the health care professional and health outcome: A meta-analysis. *PLOS ONE*, 12(2). <https://doi.org/10.1371/journal.pone.0170988>
- Brown I. et al. (2006). Primary care support for tackling obesity: a qualitative study of the perceptions of obese patients. *British Journal of General Practice*, 666-672.
- Canadian Obesity Network (2012). 5As of Obesity Management [PowerPoint presentation].
- Daníelsdóttir, S. A. (2016). What's in a Word? On Weight Stigma and Terminology. *Frontiers in Psychology*.
- Drury, CA. Louis, M. (2002). Exploring the association between body weight, stigma of obesity, and health care avoidance. *Journal of the American Academy of Nurse Practitioners*, 14(12):554-61. doi: 10.1111/j.1745-7599.2002.tb00089.x.
- Forhan M. et al. (2013). Contributors to patient engagement in primary health care: perceptions of patients with obesity. *Primary Health Care Research & Development*, 367-372.
- Fruh, S. M., Nadglowski, J., Hall, H. R., Davis, S. L., Crook, E. D., & Zlomke, K. (2016). Obesity Stigma and Bias. *The Journal for Nurse Practitioners*, 12(7), 425–432. <https://doi.org/10.1016/j.nurpra.2016.05.013>
- Gilbert, P. Catarino, F. Duarte, C. Matos, M. Kolts, R. Stubbs, J. Ceresatto, L. Duarte, J. Pinto-Gouveia, J. Basran, J. (2017). The development of compassionate engagement and action scales for self and others. *Journal of Compassionate Health Care*, 4, 4.
- Gudzune, K. A., Bennett, W. L., Cooper, L. A., & Bleich, S. N. (2014). Patients who feel judged about their weight have lower trust in their primary care providers. *Patient Education and Counseling*, 97(1), 128–131. <https://doi.org/10.1016/j.pec.2014.06.019>
- Hebl, M. R., & Xu, J. (2001). Weighing the care: Physicians' reactions to the size of a patient. *International Journal of Obesity*, 25(8), 1246–1252. <https://doi.org/10.1038/sj.ijo.0801681>
- Hilbert, A., Petroff, D., Herpertz, S., Pietrowsky, R., Tuschen-Caffier, B., Vocks, S., & Schmidt, R. (2020). Meta-analysis on the long-term effectiveness of psychological and medical



- treatments for binge-eating disorder. *International Journal of Eating Disorders*, 53(9), 1353–1376. <https://doi.org/10.1002/eat.23297>
- Johnson, T. (2019, March 11). The importance of physician-patient relationships communication and trust in Health Care. *Duke Personalized Health Care*. Retrieved December 7, 2021, from <https://dukepersonalizedhealth.org/2019/03/the-importance-of-physician-patient-relationships-communication-and-trust-in-health-care/>
- Kirk SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias in Obesity Management, Practice and Policy. Available from: <https://obesitycanada.ca/guidelines/weightbias>. Accessed [8/12/2021].
- Kyle, T. K., & Puhl, R. M. (2014). Putting people first in obesity. *Obesity*, 22(5), 1211–1211. <https://doi.org/10.1002/oby.20727>
- The language of weight stigma and bias. *ConscienHealth*. (2018, February 5). Retrieved December 6, 2021, from <https://conscienhealth.org/2017/09/the-language-of-weight-stigma-and-bias/>
- Lee, J. A., & Pausé, C. J. (2016). Stigma in practice: Barriers to health for fat women. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.02063>
- Mast, M. S. (2007). On the importance of nonverbal communication in the physician–patient interaction. *Patient Education and Counseling*, 67(3), 315–318. <https://doi.org/10.1016/j.pec.2007.03.005>
- McHale, C. T., Laidlaw, A. H., & Cecil, J. E. (2020). Primary care patient and practitioner views of weight and weight-related discussion: A mixed-methods study. *BMJ Open*, 10(3). <https://doi.org/10.1136/bmjopen-2019-034023>
- McKinlay, J. B., Potter, D. A., & Feldman, H. A. (1996). Non-medical influences on medical decision-making. *Social Science & Medicine*, 42(5), 769–776. [https://doi.org/10.1016/0277-9536\(95\)00342-8](https://doi.org/10.1016/0277-9536(95)00342-8)
- Meadows, A. i Daníelsdóttir, S. (2016). What's in a Word? On Weight Stigma and Terminology. *Frontiers in Psychology*.
- National Health and Medical Research Council. (2013). 4. Ask and assess. In *Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia: Systematic review* (pp. 23–33). essay, National Health and Medical Research Council.
- Nordisk, N. (2021, November 29). Initiate: Ask permission. Discover the science to obesity for HCPs. Retrieved December 9, 2021, from <https://www.rethinkobesity.global/treat-tab/ask-permission.html>
- Obesity Action Coalition. (2021, April 20). People-first language. Obesity Action Coalition. Retrieved December 6, 2021, from <https://www.obesityaction.org/action-through-advocacy/weight-bias/people-first-language/>
- Obesity Action Coalition. (n.d.). Understanding obesity stigma - obesity action coalition. Retrieved December 8, 2021, from <https://4617c1smqldcqsat27z78x17-wpengine.netdna-ssl.com/wp-content/uploads/Understanding-Obesity-Stigma-Brochure20200313.pdf>
- Oliver, T. L., Shenkman, R., Diewald, L. K., & Dowdell, E. B. (2020). Nursing students' perspectives on observed weight bias in healthcare settings: A qualitative study. *Nursing Forum*, 56(1), 58–65. <https://doi.org/10.1111/nuf.12522>



- Olson C.L et al. (1994). Overweight women delay medical care. *Archives of Family Medicine*, 888-892.
- Petrin, C., Kahan, S., Turner, M., Gallagher, C., & Dietz, W. H. (2017). Current attitudes and practices of obesity counselling by Health Care Providers. *Obesity Research & Clinical Practice*, 11(3), 352–359. <https://doi.org/10.1016/j.orcp.2016.08.005>
- Phelan, S. M., Burgess, D. J., Yeazel, M. W., Hellerstedt, W. L., Griffin, J. M., & Ryn, M. (2015). Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obesity Reviews*, 16(4), 319–326. <https://doi.org/10.1111/obr.12266>
- Puhl, R. M., & Heuer, C. A. (2010). Obesity stigma: Important considerations for public health. *American Journal of Public Health*, 100(6), 1019–1028. <https://doi.org/10.2105/ajph.2009.159491>
- Puhl, R. M., Luedicke, J., & Grilo, C. M. (2013). Obesity bias in training: Attitudes, beliefs, and observations among advanced trainees in professional health disciplines. *Obesity*, 22(4), 1008–1015. <https://doi.org/10.1002/oby.20637>
- Puhl, R., Peterson, J. L., & Luedicke, J. (2012). Motivating or stigmatizing? public perceptions of weight-related language used by health providers. *International Journal of Obesity*, 37(4), 612–619. <https://doi.org/10.1038/ijo.2012.110>
- Russell, N. i Carryer, J. (2013). Living large: the experiences of large-bodied women when accessing general practice services. *Journal of Primary Health Care*, 199-205.
- Sabin, J. A., Marini, M., & Nosek, B. A. (2012). Implicit and explicit anti-fat bias among a large sample of medical doctors by BMI, Race/Ethnicity and gender. *PLoS ONE*, 7(11). <https://doi.org/10.1371/journal.pone.0048448>
- Sackett, D. R., & Dajani, T. (2019). Fat shaming in medicine: Overview of Alternative Patient Strategies. *Osteopathic Family Physician*. Retrieved November 22, 2021, from <https://www.ofpjournal.com/index.php/ofp/article/view/583>
- Schwenke, M., Lupp, M., Pabst, A., Welzel, F. D., Löbner, M., Luck-Sikorski, C., Kersting, A., Blüher, M., & Riedel-Heller, S. G. (2020). Attitudes and treatment practice of general practitioners towards patients with obesity in primary care. *BMC Family Practice*, 21(1). <https://doi.org/10.1186/s12875-020-01239-1>
- Segal, J., Boose, G., Robinson, L., & Smith, M. (2021, July 15). Nonverbal communication and body language. *HelpGuide.org*. Retrieved December 6, 2021, from <https://www.helpguide.org/articles/relationships-communication/nonverbal-communication.htm>
- Tomiyama, A. J., Carr, D., Granberg, E. M., Major, B., Robinson, E., Sutin, A. R., & Brewis, A. (2018). How and why weight stigma drives the obesity ‘epidemic’ and harms health. *BMC Medicine*, 16(1). <https://doi.org/10.1186/s12916-018-1116-5>
- Tough love. *Cambridge Dictionary*. (n.d.). Retrieved November 22, 2021, from <https://dictionary.cambridge.org/dictionary/english/tough-love>
- Wharton, S., Lau, D., Vallis, M., Sharma, A. M., Biertho, L., Campbell-Scherer, D., Adamo, K., Alberga, A., Bell, R., Boulé, N., Boyling, E., Brown, J., Calam, B., Clarke, C., Crowshoe, L., Divalentino, D., Forhan, M., Freedhoff, Y., Gagner, M., Glazer, S., ... Wicklum, S. (2020). Appendix 2: 2020 Clinical Practice Guidelines: 5As Framework for Obesity Management in Adults. (2020). Retrieved December 9, 2021, from <http://obesitycanada.ca/wp-content/uploads/2020/10/191707-guide-2-at.pdf>.