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Breaking WEIGHT BIAS

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

**Project number:
2020-1-UK01-KA204-
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2.1. Weight bias as a barrier to the therapeutic relationship and treatment

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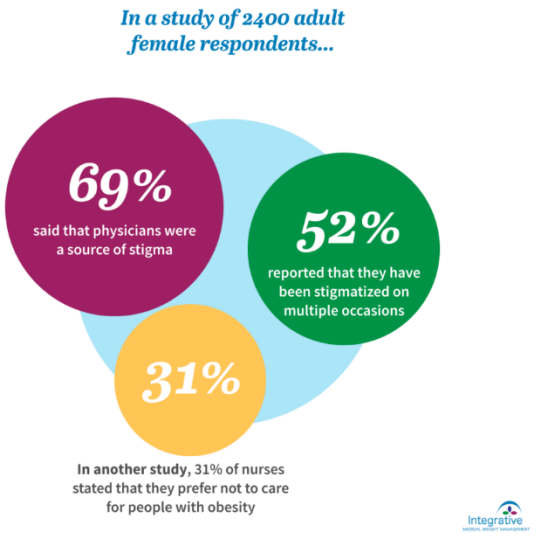
2.1. Weight bias as a barrier to the therapeutic relationship and treatment

Weight bias is a widespread phenomenon occurring in healthcare settings. Studies have shown that healthcare professionals do hold and express implicit and explicit weight bias attitudes (Oliver et al., 2020; Schwenke et al., 2020) and that this is equally prevalent among healthcare professionals as it is among the general public (Sabin et al., 2012). More specifically, a relevant study states that 63% of students in health disciplines reported having witnessed weight bias in healthcare institutions by other students and 65% by healthcare providers (Puhl et al., 2013).



The consequences of weight bias in healthcare settings can be detrimental to people living in large bodies. According to research, weight bias occurring in healthcare contexts can impede the access of people in large bodies to quality healthcare provision as well as affect their engagement with healthcare services. In particular:

- People with higher BMIs are delaying, cancelling, or not getting their preventative health care more often than people with an average BMI. For example, according to Amy et al., (2006), women with obesity postpone cancer screenings because they believe their weight is a barrier to getting the treatment they need, while as a woman's BMI increased, the percentage of women reporting these sentiments climbed dramatically.
- Doctors spend less time in appointments with people in large bodies. Hebl & Xu (2001) reported that the time that physicians would spend with their patients is correlated to the latter's weight, i.e., the more weight their patient has, the less time they would spend with them.
- Healthcare professionals get almost no training in obesity or nutrition in medical school or residency. They do not have the skill set to counsel patients and they do not have the context for understanding obesity. Schwenke et al., (2020) in their study found that about 60% of the participating general practitioners (GPs) *"reported that the issue of obesity was either not at all or not sufficiently addressed in educational and medical training"*, while *"almost*

60% of GPs reported that they would like more training on the treatment of obesity" (p.3).

- Inappropriate hospital equipment and facilities in terms of size, such as gowns, chairs and examination tables can cause negative feelings to people living in large bodies. The lack of proper equipment or even their placement in locations that imply their occasional usage can impact the sense of belonging of individuals in large bodies leading also to them feeling embarrassed and humiliated (Phelan et al., 2015).

Those are some of the reasons why people living in a large body are not accessing quality healthcare services. The main cause is weight bias, which represents an obstacle for people in large bodies to engage with healthcare services.

Not only does weight bias represent an obstacle to accessing proper health care services, but it also represents a barrier towards a more health-promoting lifestyle and adoption of beneficial behaviours. According to research, people who experience a higher weight bias were more likely to cease an 18-week behavioural weight loss program compared to participants who showed lower levels of weight bias (Carels *et al*., 2009).

EXTERNAL RESOURCES

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