What Was I Thinking?
Sensitivity & Bariatrics

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Sizewise
Objectives

1. Explore our own attitudes about obesity.
2. Discuss weight bias and its consequences.
3. Become aware of how we communicate our negative attitudes.
4. Discover ways to develop healthy, positive attitudes about obesity and obese people.
As you look at these next few pictures, think about what you see and how it makes you feel.
WHY?
Something to think about…

- When you are out in public and see a very thin person, what are your thoughts, reactions?
- Do you even notice?

- When you are out in public and see a larger person, what are your thoughts, reactions?
- Do you even notice?
Obesity in the US

A few facts…

- Currently 142 million overweight adults (20+yrs of age) in the U.S. and of that 67.3 million are obese (BMI 30 or above), 60+% of Americans fall into the overweight category.

- 1995-96—weight discrimination reported by 7% of US adults...between 2004-2006 rose to 12%.
Childhood obesity has increased across all age ranges...as much as 12% in the 12-19 year old range.

1 of every 7 low-income, pre-school-aged child is obese...not just overweight.

Recent studies show that if current trends continue...all adults will be overweight in 40 years.
“Fat” People Are:

- Lazy
- Non-compliant
- Sluggish
- Dumb
- Sad
- Depressed
- Worthless
- Lack motivation
Think of the media images...
FAT—Acceptable or Not

- Find
- Another
- Term
When overweight and obese individuals were asked about where they experienced “weight bias”…

- **Work**
  - Job discrimination, poor treatment from co-workers, inadequate seating, lack of promotions.

- **School**
  - Ridiculed by peers, viewed negatively by teachers, ostracized from sports, “left-out” of after school activities, refused or dismissed from college because of weight.
Workplace Bias

- 27% of overweight/obese women reported employment discrimination due to weight.

- 43% of overweight people reported weight bias discrimination from employers or supervisors.

- 54% of participants in a study of overweight persons reported they had been stigmatized by co-workers.
Education Bias

- Teachers
  - Untidy
  - More emotional
  - Less likely to succeed
  - They have lower expectations for obese students

- Classmates
  - Teased by peers
  - Lazy and undesirable as friends

- Institutions
  - Obese students are significantly less likely to be accepted for admission to college even if scores are comparable.
“Where” is the weight bias?

- Home
  - Family ridicule, lack of understanding, lack of compassion, lack of support.

- Healthcare Providers
  - “Attitude” of staff, including doctors, nurses, dieticians, transportation, lab, x-ray, etc.
  - Improper equipment such as beds, walkers, toilets, doorways.
  - Improperly fitting hospital gowns.
  - Lack of privacy.
Medical response

- One out of three doctors listed obesity as a condition to which they responded negatively.

- Doctors viewed obese patients as:
  - Lazy
  - Lacking in self-control
  - Non-compliant
  - Unintelligent
  - Weak-willed
  - Dishonest
Medical response

- Physicians
  - Spend less time with an obese patient.
  - Engage in less discussion.
  - Are reluctant to perform preventative health screenings.
  - Do less intervention.
Obese Adults

- 69% of obese women reported bias against them by doctors, 52% stated it had occurred more than once.

- Across the board, males and females were reluctant to seek medical help and/or advice.

- Delay important preventative health measures.
We need to ask ourselves…

Do I make judgments about why he/she is overweight?
Weight Bias-- based on our attitudes

**Explicit attitudes:**
Those attitudes that people consciously acknowledge and are obtained through experience, peer influence, education and the like.

**Implicit attitudes:**
Those attitudes that people are unwilling to report or that people are unaware exist, obtained in the same manner as explicit attitudes.
So, ask yourself…

- How do I feel when I see an overweight patient?

- How do I respond when asked to interact with an overweight/obese person?
Am I aware of what I say and how I say it when I refer to an overweight/obese patient?

On the phone? In the hall? In the break room or lounge?
More questions…

- Does my facility have a “lift team” or a lift policy regarding bariatric patients?

These are just some of the questions that we, as healthcare providers, need to ask ourselves and of the facility in which we work.
Do these words come to mind?

- Lazy
- Non-compliant
- Sluggish
- Dumb
- Sad
- Depressed
- Worthless
- Lack motivation
DANGER

FAST FOOD KILLS
What to do…

- Provide proper bariatric supplies for your patients including clothing, beds, wheelchairs, etc.

- Advocate weight bias and sensitivity training in your facility
Promote healthy attitudes about bariatric patients by learning more about overweight and obesity issues.

Some web sources:

www.yale.edu/rudd - resource for education and research on many weight related issues.

www.obesity.org – NAASO-organization dedicated to the study of obesity.


www.obesityhelp.com – provides education for healthcare professionals and consumers on obesity and obesity related issues.

www.naafa.org – National Association for the Advancement of Fat Acceptance.
Initiate “Safe Patient Handling” protocols with your staff and within your facility.

www.visn8.med.va.gov/patientsafetycenter

Basically everything you need to know about safe patient handling but didn’t know you needed to know.

These are some of the things that we as healthcare providers can do for our bariatric patients. However, the most effective ways each of us can change weight bias and weight discrimination are...
What can you personally do…

- Respect and speak with respect about every patient you have.

- Be sensitive to offensive comments about weight and let others know you do not accept those types of comments.

- Speak out against weight bias.
Review my own perceptions about obesity and overweight issues.

Be aware of the language I use in regards to bariatric patients.

Work on “healthy” living for myself and with my patients.
And more than any of the above...

Evaluate my own actions to see how they reflect my explicit and implicit attitudes.
Please remember that our job is to touch people’s lives…in many ways.

Touch is an art…whether we are holding a hand, giving an injection, giving a hug or trying to understand.

We are what makes a difference in someone’s life. How we think and what we feel is reflected in our eyes and in our actions.
Are you okay with your reflection?


4. Weight Bias: The Need for Public Policy. Rudd Center for Food Policy & Obesity, Yale University, New Haven, CT. 2008.