More than 77.6 million adults in the US suffer from obesity, and as many as 112,000 deaths are associated with the disease. Coupled with this health crisis is the fact that weight bias remains very socially acceptable in North America culture. It is very rarely challenged and often ignored completely. As a result, thousands of obese individuals are at risk for unfair – or at least insensitive – treatment.

Given the social acceptability of negativity towards obese people, it may not be surprising to learn that weight discrimination is very common in the US—up 60 percent in the last decade. Weight bias occurs in people who are otherwise fair-minded and non-judgmental; it occurs across society, including in employment, education, the media, in family relations—and even in healthcare. Negative attitudes and stereotypes toward patients with obesity have been shown among physicians, nurses, dietitians, psychologists, and medical students. This is unacceptable because, as caregivers, our first concern is to “do no harm.”

**Challenges**

Aside from any underlying or unrecognized bias against obese patients, facilities unprepared for the physical demands of caring for larger patients are at risk of delivering ineffective care. Recognizing this, the National Pressure Ulcer Advisory Panel (NPUAP) recommends all organizations do the following:

1. Provide safe, respectful care and avoid injuries to both the patient and their caregivers.
2. Maximize workspace safety by implementing organization-wide bariatric management strategies that address manual handling techniques.

Caregivers must protect and treat all patients with the dignity they deserve. A key element in providing dignified care involves building a relationship with the patient through compassionate communication.

**Be Prepared: The Right Equipment**

An admissions administrator should alert the unit when a bariatric patient is admitted, and staff should be prepared with properly sized equipment and, if possible, a bariatric algorithm. Some facilities even have bariatric suites already equipped for obese patients’ needs. If this is not the case, always equip the patient’s room with the following:

- Bed frame with proper size and weight capacity
- Properly sized bed frame
— Appropriate foam or air support surface
— Transportation (wheelchair, stretcher, etc.)
— Walker
— Bariatric furniture
— Bariatric bedside commode or commode mounted on the floor (as opposed to on the wall)
— Reinforced sinks that will accommodate patient weight when using it for support
— Properly sized blood pressure cuff
— Large gowns
— Bariatric scale

Many obese patients fear they are an imposition because of their weight. If healthcare staff is prepared from admission, they can save the patient some embarrassment. This also will provide patients a greater level of confidence in their caregivers.

Choose the Right Words

Studies show that obese patients often put off medical treatment due to concerns regarding how they will be treated; this fear tends to stem from past negative experiences. Here are some ways to make a patient comfortable:

— Consider asking, “What words would you like to use when we talk about weight?”
— Use neutral terms: “weight” and “BMI.” Do not use: “fatness,” “heaviness”
— Avoid language that places blame on patients; choose language that promotes empathy
— Emphasize lifestyle change and health improvement
— Emphasize achievable behavior goals rather than weight
— Use “best practice” weighing procedures:
  — Ask permission to weigh
  — Weigh in private location
  — Record weight silently, free of judgment or commentary
  — Train others to do the same

The right word at the right time can make all the difference for a bariatric patient. A careless word, on the other hand, can shape their reality for years to come. Words carry enormous weight. They often impact people for decades; positive language can encourage pressing on while negative language gives one more reason to give up.

Conclusion

Many are guilty of ridiculing (even unintentionally) a fellow person at least once for being overweight, yet little is done about the discrimination. Weight prejudice seems to be the place where people can discriminate openly without fear of reprimand. So, as caregivers, we must increase our self-awareness. Be an advocate for change! Challenge weight stigma in the public and in your hospital.

References

6. Bachman, K. Weight, Weight Bias, and Obesity: the Challenge of Obesity in the Healthcare System. Retrieved from pdfs.semanticscholar.org/presentation/b893/9b0c6f44d2d857df30e81d6e6b01d12508a9f.pdf. Access date: May 1, 2018
Interview with an Expert: Adrienne Williams, RN, BSN

You’ve worked in a busy weight-loss surgery practice since 2007, and have probably heard countless personal stories of weight bias and insensitivity.

Having worked in healthcare and particularly with bariatric patients, I now see the world in a different way. On airplanes, I notice the frustrated flight attendant who must retrieve a seatbelt extender and help a larger person buckle up. I notice seating that cannot accommodate people of a larger size—in restaurants, other public places, and even medical offices. I’ve seen larger people turned away from roller coasters. In a society that is becoming more inclusive and accepting, we often forget that being overweight or obese comes with personal, mental, and physical challenges. These challenges never go away and cause deep-rooted scars to a human being that we often are not aware of.

Those are challenges they can’t escape, even at home.

For a lot of my patients, it’s a challenge just to get out of the bed every day and face the world! Typical challenges include the use of the stairs, seating accommodations like I mentioned before, a lack of clothing options in typical department stores, and prejudgment from people who think they are lazy, unintelligent, or dirty. Many of the patients I have worked with say it’s extremely common to be judged unfairly.

Have you seen bias ever become the main motivator for weight-loss surgery?

Yes, I have had patients seeking weight-loss surgery because they were passed over for a job they felt they were qualified for. Patients that have family and friends who treat them differently because of their size. Patients who have not received quality healthcare maintenance simply because of their size and providers unable to accommodate them. And many disease processes are undiagnosed or misdiagnosed because proper testing was not done efficiently or in a timely manner because of a patient’s size.

How does your practice accommodate larger patients?

Our bariatric practice is very patient-centric. We have larger seating, larger equipment, larger gowns, and larger hugs! Our Medical Director’s philosophy is “make the patients feel like family.” He knows that our patients have dealt with stigmas and bias in every facet of their lives, and we want them to feel comfortable in our practice. This has helped our patients be successful.

Describe any patient-centric training you provide to new staff.

In the past, we encouraged new staff to take our sensitivity training. Now it’s standard for all new hires in areas where bariatric patients may visit. Our goal is to make patients feel comfortable during every aspect of their care.

What’s your best advice to healthcare colleagues who don’t routinely work with bariatric patients?

Get to KNOW your patients. Understand that each person you care for has a story. Personalizing your care prevents you from placing people in a general box of labels. Give each patient a chance—every day is a new day and despite failures and challenges, people really do want to get better and be better. Knowledge deficit, self-sabotage, and fear may be roadblocks, so walk on the journey with them. After all the hard work, it can be very rewarding for the patient and you as the caregiver to see someone get healthy and get their life back!
Obesity in the United States
Percentage of Adults Living with Obesity Per State
Source: stateofobesity.org

Prevalence of Obesity Among American Youth
Aged 2-19 years, by sex and age
Source: NCHS, National Health and Nutrition Examination Survey, 2015-2016

about the author
Teresa McKenney, BA, RN, CWCN
Teresa McKenney is a Sizewise Clinical Liaison, a certified CWCN, and member of the National Pressure Ulcer Advisory Panel’s education committee.

Find past issues and additional resources: sizewise.com/clinical