

# Better training needed to curb 'fatism' within health professions

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(PhysOrg.com) -- Prejudice towards obese people is rife among trainee health professionals, but can be modified, new research has found.

The study, published in the journal *Obesity*, says weight-based discrimination by the public has increased by 66% over the past decade with anti-fat prejudice among health professionals found to be high in western nations, and often exceeding that found within the general population.

The research, by scientists at the Universities of Manchester and Hawaii and Yale University, suggests that medical and allied health professions need to present a balanced view of the causes of, and treatment for, obesity when training young professionals in order to reduce the strong prejudice towards obese people.

The team found that the prejudice could be either increased or decreased depending on the type of obesity training pre-service, health-professional students received.

Health profession trainees from Australia were randomly assigned to one of three intensive, seven-week tutorial courses as part of their degree. One tutorial course educated students about the role of diet and physical activity as the primary cause of, and treatment for, obesity. A second tutorial course focused instead on educating students about the uncontrollable causes of obesity, such as the contribution of genes and environmental factors, like junk-food marketing and pricing. Finally, a

third control group of students attended a tutorial course that addressed alcohol use in young people.

Measures of obesity prejudice were taken before the courses and then two weeks after completion. Significant reductions in obesity prejudice of 27% and 12% were found on two forms of prejudice for the course delivering material on genetic and environmental factors, while students on the course focusing on diet and [physical activity](#) showed a 27% increase in obesity prejudice.

Lead author Dr Kerry O'Brien, from The University of Manchester, UK, said: "One reason for the high levels of obesity prejudice is that people only hear that obesity is due to poor diet and lack of exercise, which implies that obese people are just lazy and gluttonous, and therefore deserve criticism. But, uncontrollable factors, such as genes, the environment and neurophysiology, play an important role.

"Weight status is, to a great extent, inherited. It's crucial that health professionals, such as nurses, doctors, dieticians and physical educators, are aware of these other influences, as well as their own potential prejudices, and don't just blame the individual for their weight status.

"Those tasked with providing health services to obese people may become frustrated with patients when they do not lose weight following counselling and treatment, but the research shows that weight loss is extremely difficult to maintain long term. [Obese people](#) are constantly fighting their physiology and the environment. If professionals keep this in mind it may help in not stigmatising their clients."

Reviews of both adult and child obesity stigma research by study co-authors Dr Rebecca Puhl, from Yale University, and Dr Janet Latner, from the University of Hawaii, have shown that weight-related teasing and obesity stigma have serious psychological, physical and social

consequences.

People with obesity also report receiving poorer treatment and stigma from health professionals and are less likely to seek treatment for certain conditions because of a fear of being stigmatised.

Dr Puhl said: “Unfortunately, weight stigma towards obese patients is very common in health care settings and efforts are clearly needed to reduce biased attitudes among health professionals and to improve quality of health care towards this patient population.”

Dr O’Brien added: “We were surprised by how few efforts to reduce obesity prejudice or weight stigma had been made, particularly within health professionals who are tasked with treating overweight and obese patients. Perhaps this represents a tacit acceptance that obesity prejudice is somehow okay.”

The authors suggest the results should not be interpreted as providing justification for reducing the emphasis on diet and exercise as cornerstones of obesity prevention. Instead, they say health educators should ensure that balanced information on the causes of [obesity](#) is delivered in a convincing manner.

The study adopted a model of persuasion often used in advertising, but also provided motivation for students to process course material in depth, with related assignments contributing 10% to course grades. This may be a valuable component for other stigma-reduction strategies. By assigning a tangible value to the information presented, the curriculum reinforces the importance and credibility of that information to students.

**More information:** O’Brien K.S., Puhl R., Latner J., Mir A., Hunter J. Reducing anti-fat prejudice in pre-service health students: A randomized trial. *Obesity* (advanced online access) 2010.

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