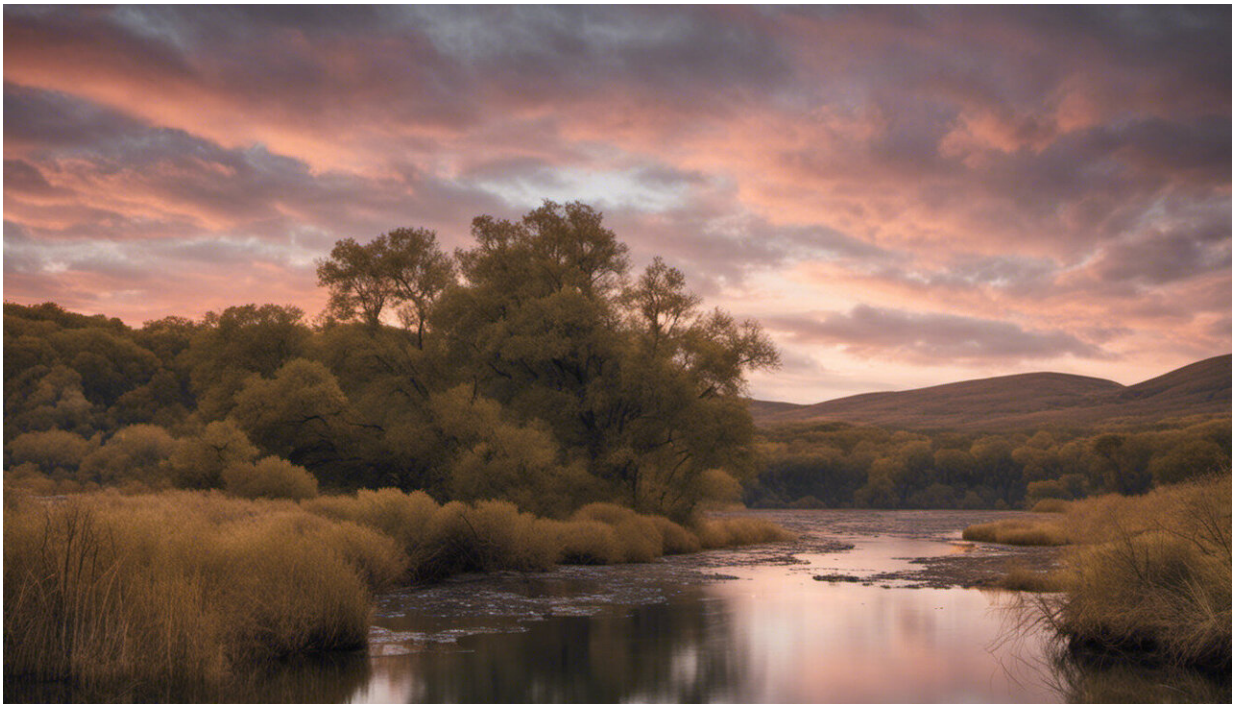


New research shows a snag in leading by your own example

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You've heard of practicing what you preach. But what about preaching what you practice? It seems common sense that following this advice would make experts more compelling. However, according to new research from Stanford Graduate School of Business and the Department of Psychology, it can backfire for physicians working with overweight

patients.

A new study shows that [doctors](#) who talk about their love of fitness or describe their exercise regimen and diet on their professional website (e.g., "In my spare time I train for marathons and enjoy cooking vegan meals") may turn off prospective patients who are struggling with their weight rather than inspire them.

Counterintuitive, perhaps. The key, says Stanford GSB professor Benoît Monin and postdoctoral fellow Lauren Howe, is that doctors who emphasize their fitness seem like they may be more critical of patients who don't live up to the same high standards. And it's not that doctors actually devalue patients; it's something overweight patients fear might happen to them when seeking out a new doctor, especially a doctor who touts his or her own exemplary health habits in their literature or online. This is called anticipated devaluation, and it can make overweight patients shy away from doctors who emphasize that they practice what they preach.

Moreover, the researchers note, when patients feel devalued, they may seek care elsewhere or delay seeking it altogether to the detriment of their long-term health.

Monin and Howe described their work in a paper published in the *Journal of Personality and Social Psychology*. Monin says this research is rooted in a longer line of inquiry that began as he was trying to figure out why people find vegetarians annoying—work he published with coauthor Julia Minson in 2011 in a paper titled "Disparaging Morally Motivated Minorities to Defuse Anticipated Reproach." Monin and Minson found that hostility and ridicule toward vegetarians stem from the perception that vegetarians are looking down on omnivores and their choice to eat meat.

"When anyone does something that could be construed as better than us, their choices can make us question our own choices," Monin says. "I got interested in how the ethical choices other people make can thus be surprisingly threatening to our sense of being a good person."

As another example, Monin says, what happens if someone makes a sexist joke in the workplace? Do you let it go, or do you take a stand and call out the joke and the joke teller?

"If someone takes a stand, all the people who didn't take a stand may think, 'Who do they think they are that they take this stand?'" Monin says regarding the work he, Pamela J. Sawyer, and Matthew J. Marquez chronicled in a 2008 paper titled "The Rejection of Moral Rebels: Resenting Those Who Do the Right Thing" in the *Journal of Personality and Social Psychology*. "The same action that seems admirable from the outside seems annoyingly self-righteous to people who also could have done something, but didn't. Again, other people's exemplary choices point out our shortcomings."

Howe thought that the healthcare field was particularly promising for extending this research, as healthcare professionals often lead by example and highlight their own optimal choices.

The Research

To understand this relationship, first the team studied whether people believe doctors have healthier habits than people in other professions. Second, the team studied whether doctors emphasized fitness in their online professional profiles. And third, the team used profiles of physicians taken from the Kaiser Permanente website to evaluate whether overweight and obese individuals feared devaluation from fitness-focused physicians more than other physicians—and whether they were less likely to choose fitness-focused physicians for their care.

The researchers found that people believe that doctors have healthier habits than people in other professions. They also found that about 30 percent of physicians emphasized their fitness in a sample of profiles downloaded from Kaiser Permanente's database.

In a series of studies, they presented both overweight and non-overweight participants with a sample of physician profiles—some who emphasized their fitness and some who didn't. The findings: When doctors emphasized their health, people who were concerned about their weight and had body mass indexes greater than 25 (considered overweight or obese by National Institutes of Health standards) perceived that those doctors would be more critical of health shortcomings—and as result were less likely to choose them than doctors who did not advertise their healthy habits. Non-overweight participants did not demonstrate the same effect.

Monin and Howe's research also found that fit doctors could appear less threatening by acknowledging to their patients that there are many ways to be healthy. The researchers edited doctors' profiles by adding simple sentences like, "I believe that everyone has their own definition of a healthy life." They found in this follow-up experiment that fit doctors were able to share their honest interest in fitness without alienating [overweight patients](#).

"I wouldn't want the takeaway to be that doctors shouldn't have conversations about weight because it makes patients uncomfortable," says Howe, "but instead the takeaway is that [people](#) can feel easily judged on the basis of weight and there are steps healthcare professionals can take to communicate to [patients](#) that they will not judge them while tackling these health issues." So although leading by example sounds like a good idea, it turns out that it may not always be the most effective way to inspire others.

More information: Lauren C. Howe et al. Healthier than thou? "Practicing what you preach" backfires by increasing anticipated devaluation., *Journal of Personality and Social Psychology* (2017). [DOI: 10.1037/pspi0000085](https://doi.org/10.1037/pspi0000085)

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