

Does dietetics have a weight stigma challenge?

Insight from “My words would have more weight”

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- 1 Why weight stigma is a key focus
- 2 Weight stigma in healthcare
- 3 “My words would have more weight”
- 4 Actions to reduce weight bias in dietetic practice

Weight stigma refers to negative attitudes towards a person because of their weight status

(Puhl & Brownell, 2001)



Weight stigma attitudes predict discriminatory behaviours

Research Article

Patterns of Implicit and Explicit Attitudes: IV. Change and Stability From 2007 to 2020

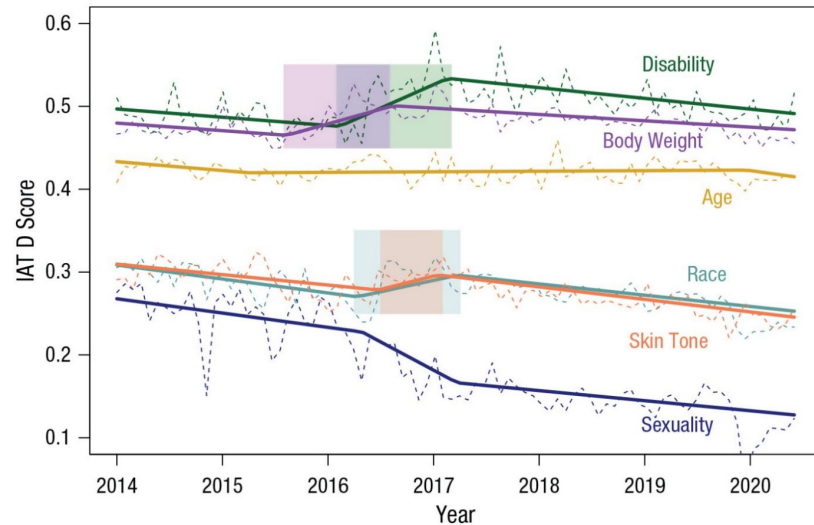


Tessa E. S. Charlesworth and Mahzarin R. Banaji
Department of Psychology, Harvard University

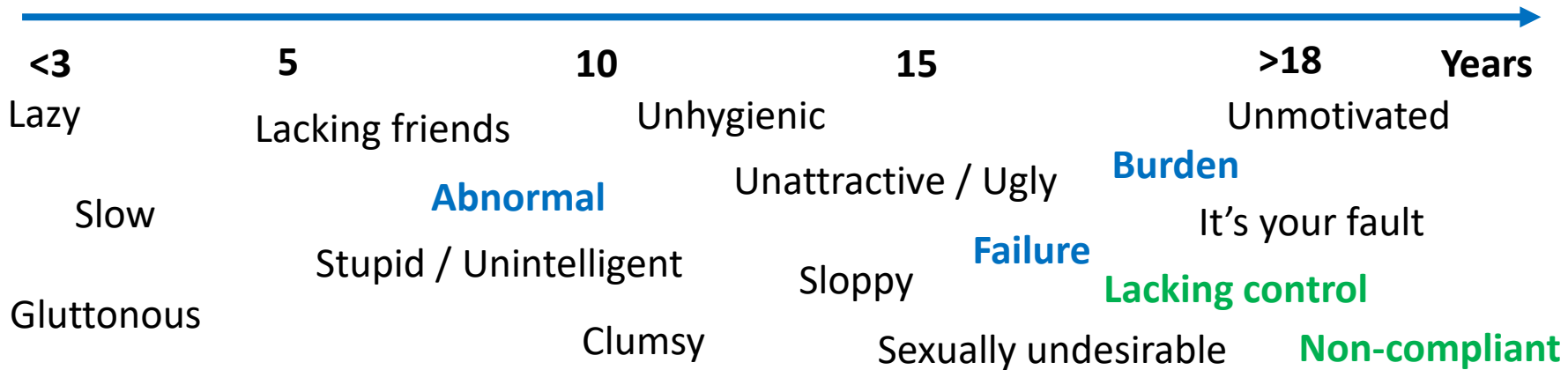
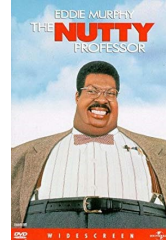


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SAGE

7.1 million implicit and explicit attitude tests drawn from U.S. participants to the Project Implicit website



Why are weight stigma attitudes so robust?



Weight stigma exist **across all healthcare professional**

- This includes weight management/obesity specialists
- Only 1.4% of healthcare students or trainees expressed a 'positive or neutral' attitude about PLWO
- Healthcare professionals are ambivalent about how to support PLWO
- Healthcare professionals with high weight stigma spend less time in consultations with PLWO, make less eye contact and less likely to refer people to services or further support



Weight Stigma in Healthcare

THE LANCET
Diabetes & Endocrinology

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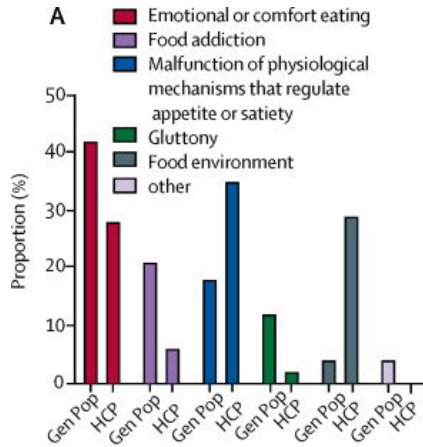
Knowledge gaps and weight stigma shape attitudes toward obesity

Majella O'Keefe ¹ • Stuart W Flint ¹ • Krista Watts • Francesco Rubino ² • Show footnotes

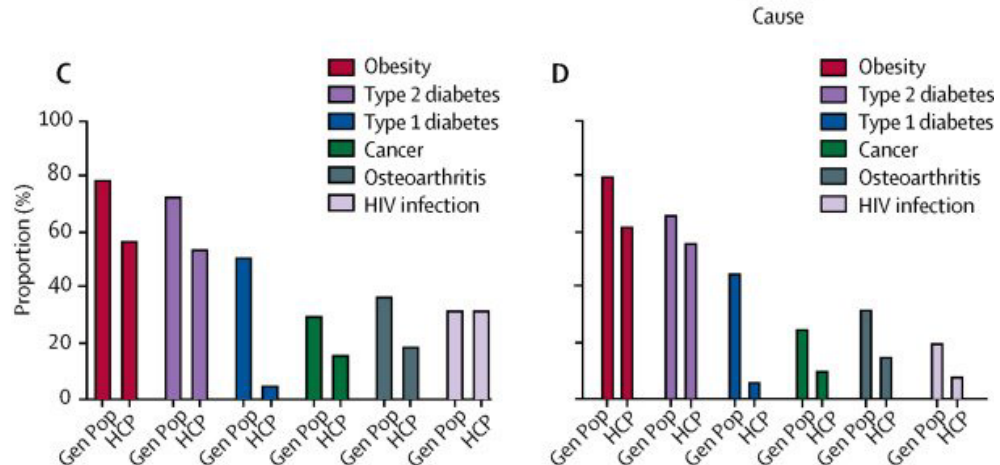
Published: March 03, 2020 • DOI: [https://doi.org/10.1016/S2213-8587\(20\)30073-5](https://doi.org/10.1016/S2213-8587(20)30073-5)

Data collection: Jan 14, 2019, and Nov 1, 2019

- 5623 respondents (aged ≥18 years);
- 4056 Gen Pop: Aus (n=1021), NZ (998), UK (1025), USA (1012)
- 1567 HCPs from 77 countries across the world.




Beliefs about the most common causes of overeating (A)



Belief that conditions can be **ENTIRELY** prevented (C) or **ENTIRELY** cured (D) by commitment to a healthy lifestyle



ORIGINAL ARTICLE |  Open Access |  

‘My words would have more weight’: exploring weight stigma in UK dietetic practice and dietitian's lived experiences of weight stigma

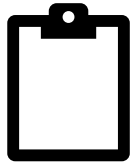
Adrian Brown  Stuart W. Flint

First published: 07 August 2024 | <https://doi.org/10.1111/jhn.13337>



- Bias exists **across all healthcare professional** ¹⁻⁵
- **Limited research** examining weight stigma solely amongst registered dietitians ⁶⁻⁸
 - Studies from **USA, Brazil, Israel, Germany & Turkey**
 - Primarily measured **explicit bias** with only **two studies** examining implicit bias
- **Only two UK studies**; one examining weight stigma amongst practicing dietitians & other in dietetic student ⁹⁻¹⁰
 - **Significant negative weight bias** towards people living with obesity
 - Only explicit weight bias and not looked at the lived experience of weight stigma in dietitians

1. Understand weight stigma amongst UK dietitians
2. Examining both explicit & implicit weight stigma
3. Examine the lived experience of weight stigma in dietitians both towards themselves and towards others.



Online cross-sectional survey

- Purposive & snowball sampling



Explicit & implicit measure of stigma

- Self-directed stigma, conscious (explicit) and unconscious (implicit) stigma



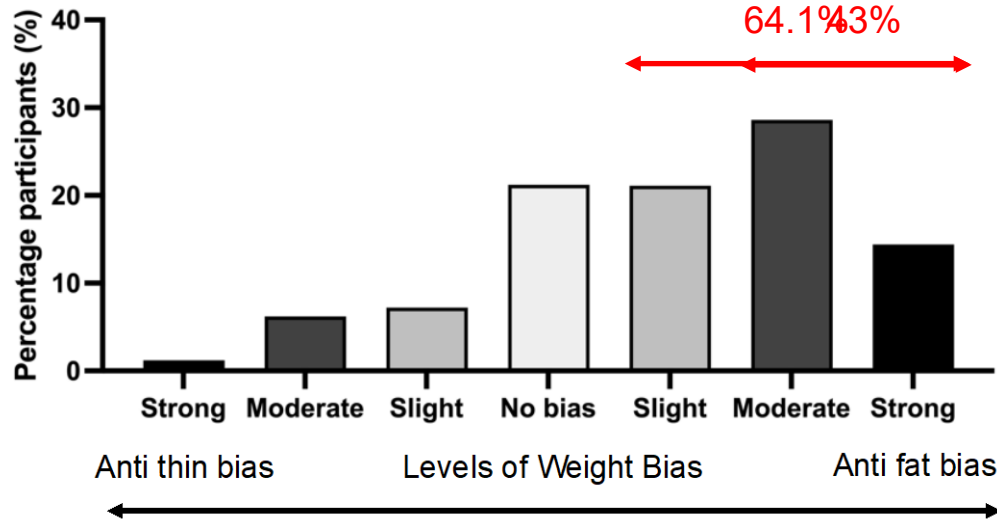
10 open ended questions about **lived experiences of weight stigma**

- Before & after registration
- *“Have you experienced stigmatising attitudes about your body size whilst working as a dietitian? This could be from either a colleague, patient or member of the public”.*

Influence of weight stigma on dietetic practice

- **402 UK dietitians – 94.1% female; 90% white ethnicity; mean BMI 25.1kg/m²**
 - Age **40.2 (SD 10.7) years; Median 12 years in practice (IQR, 6, 22)**
- Most dietitians reported **experiencing weight stigma**
 - Prior to registration (51%)
 - Post-registration (59.7%)
- 21.1% felt that weight **influenced their ability as a dietitian.**
- 71.6% reported weight/body size **influenced patient's response to their advice**
- Weight stigma was experienced **across weight spectrum**

Explicit & implicit weight bias



- **3 key themes emerged**



1. Experiences of stigma in dietetic practice

- Lived experiences of weight stigma throughout their lives



2. Impact of weight stigma

- Perceived ability to perform as dietitian & career choices
- Impact on them professionally – including patient-practitioner relationships



3. Implication of weight, appearance and job.

- Stigmatising experiences and internalisation
- Paradoxical position experiencing regarding weight
- How their weight was judged by themselves and others

Practicing/during consultations.



“I'm a petite person but not underweight. A nurse once made a comment that I was 'too skinny' to be a dietitian. Few patients have told me that I should be taking my own weight gain advice”.



“Assumptions that I am "thin" because I only eat healthy foods

Career Progression



“many instances from direct to indirect e.g., a manager telling me that being overweight did not give a good image for the department, to being bullied by a younger member of the department”.



“However, I am sure it would have had a negative impact on my career in the department I worked in - I can't even imagine being offered a job in this department being overweight.”

Judgement of weight



“I was doing my patients a disservice by not physically embodying good health”.



“I have been both slim (BMI 22) and heavier (BMI 28). Gained weight during menopause so feel I understand difficulty of weight management having experienced it myself”.

- Dietitians **personally experience weight stigma**
 - Stigma is experienced **throughout the weight spectrum**
 - Impacting **career-related decisions & questions their own abilities**
- Some dietitians deliberately **avoiding weight management & bariatric surgery service** due to their weight whether higher or lower body weight
 - Important considerations: **work force planning, recruitment** & should driving discussions on **how we manage this?**
- Dietitian reported that **majority of stigma was from fellow dietitians** and not others.

1. Development & delivery of **education and training**
2. **Development of guidelines** on weight stigma from ALL dietetic associations
3. Weight stigma **throughout dietetic training**
4. **Help dietitians** experiencing weight stigma to **feel safe about openly speak** about this with employer & be **given appropriate support**
5. **Measure and address** weight stigma as part of dietetic care
6. Dietitians should consider whether **advocating for all patient and clients equally.**

Call to Action

There is an urgent need for **dietetic associations** to address how **weight stigma impacts the profession**, both from a patient-practitioner and professional point of view.

Eliminating weight stigma - guidelines for BDA communications

University College London Team

Professor Rachel Batterham, Dr Jed Wingrove, Dr Anastasia Kalea, Dr Effie Papada, Samuel Dicken, Dr Andrea Pucci, Dr Friedrich Jassil, Dr Janine Makaronidis, Dr Alisia Carnemolla, Chloe Firman, Alanna Brown

People living with obesity

Sarah LeBrocq, Ken Clare, Maggie Clinton, Nadya Isack, Anne Vincent, Vicki Mooney & other patient & PLwO

BDA Specialist Obesity Group Committee

BDA & other Specialist Group Committees

Thank people living with overweight and obesity for taking part in our research



Thank you for listening

Any questions?

Also follow me on twitter @brownadey
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QR to the paper

