

Sigma's 30th International Nursing Research Congress
Unexpected Patient Experiences at a Rural Academic Weight Loss Center:
Obesity Stigma Considerations and Concerns

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Background: Weight bias has been shown to negatively affect the health of patients with obesity. It has been found that people who struggle with their weight receive lower quality of care and because of the fear of being judged negatively they often do not seek care. A perceived perception of bias against weight can increase depression, anxiety, and stress, which can contribute to the worsening of this chronic disease. There has been a great deal of attention given to obesity bias in healthcare, particularly in the primary care setting. Experts suggest that preventing weight stigmatization and bias is an essential element in the effective treatment of obesity care. Despite attempts to reduce such biases within healthcare, patients still experience shame, embarrassment, and feeling anomalous. Patient perceptions and experiences are vital considerations when developing patient targeted weight loss programs.

Methods: We conducted a mixed methods study to evaluate outcomes of a new rural weight loss center. In-person, semi-structured interviews and self-reported surveys were used as part of this evaluation using a quota sampling of patients who participated in the program. Quantitative data was gathered on changes in patient characteristics during the 12 month weight loss program. In addition to the quantitative data assessing weight loss outcomes, qualitative data was gathered to better understand patient perceptions and experiences. Data was transcribed and common themes were identified using a content data analysis methodology.

Results: From a total of 107 patients who participated in the 12 month weight loss program, 23 participants responded to our survey and all agreed to an in-person semi structured interview. The individual interviews included topics around program format, personnel, and program quality. A portion of the interview prompted discussion around stigma. Most the patients, 87%, felt the clinic was successful in handling obesity stigma, 13% felt the clinic contributed to or made stigma worse. These patients articulated that the clinic staff of normal weight individuals did not know the struggle of patients with obesity and that the bariatric environment of the clinic further emphasized their struggle with obesity. One patient commented on how he did everything not to sit in a bariatric chair because: "I have spent my entire life trying to be normal, and sitting in the bigger chair would have made me feel so much less than normal." In addition, these same patients believed that the message for a healthier lifestyle might be delivered better by a staff with a body mass index greater than 30 kg/m².

Conclusions: Despite the clinic's best efforts to address obesity stigma through an evidence based weight loss program, we found that patients experience stigma bias

even within a targeted clinic setting. Efforts to address this stigma need to continue in all healthcare settings, including specialty programs for patients with obesity. The value of measuring patient experience and outcomes is in the underpinning of the solid evidence base that drives high caliber patient care. Most patients place a high priority on their experience with the healthcare industry and their treatment outcomes. Patient perceptions remain highly personal across all environments and weight bias should be addressed individually to improve patient experience. Our results highlight that work is still needed to address stigma and the “message” perceived by patients within a weight loss clinic. In addition, despite the specialized care provided within a clinic setting, the assumption that obesity stigma does not exist can not remain. This emphasizes the need for continued personalization and sensitive care of patients with obesity. It was surprising, yet eye-opening to hear these out of the ordinary concerns, making it all the more important to address each person’s struggle as very individual, and unique.

Title:

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References:

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Abstract Summary:

Weight bias has been shown to negatively affect the health of patients with obesity. Such biases remain despite best efforts to remove them. Patients with obesity in an evidence based weight loss clinic still described perceptions of bias even within the targeted setting and population of a specialized clinic.

Content Outline:

I. Introduction:

- A. Example: Obesity prevalence in the US
- B. Obesity Stigma, definition, and its effect on obesity prevalence, and people who struggle with obesity

II. Body:

A. Main Point #1: Obesity Stigma

- 1. Supporting point #1: Remaining social stigma, and how it effects people who struggle with obesity

- a. Health care avoidance

- b. Lower quality of care

- 2. Supporting Point #2: Healthcare system and obesity stigma

- a. Attempts to address stigma

- b. Improvements or recommendations to improve environment, and acceptance by providers, and being nonjudgemental

B. Main Point #2: Patient perception

- 1. Vital considerations when developing evidence based care, considered to be an important driver for best care

- 2. Improved perceptions improves outcomes and care

C. Main Point#3: Perception of Stigma remains in a dedicated obesity clinic

- 1. Despite efforts to eliminate stigma, it can still exist in a designated specialty clinic for obesity care

III. Conclusion:

- A. Despite the specialized care designed for a designated population of patients with obesity there cannot be the assumption that obesity stigma does not exist

- B. Each person's struggle with obesity must be considered to be unique and addressed individually

- C. Continued investigation on how to best care for patients with obesity in an obesity clinic to prevent, or eliminate obesity stigma and bias

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