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Dietitians' attitudes towards obese patients

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Summary

Little is known about dietitians' attitudes towards obese patients or how those affect patient care. The present study examined dietitians' attitudes towards overweight and obesity. The evaluation shows a slightly unfavourable evaluation of an overweight person in comparison to someone of normal weight (vignette) by dietitians, even though the mean values were markedly lower than those given by the general population or by trained medical personnel.

Keywords: overweight, obesity, stigma, dietitian, Fat Phobia Scale

Introduction

Besides from metabolic disorders and physical comorbidities, people with obesity also suffer from social disadvantages. Obese individuals are often stigmatised – assigned unfavourable properties or undervalued – which can be accompanied by severe consequences [1]. Weight related stigmatisation and discrimination lead to a loss of quality of life and unfavourable changes in weight over time and may contribute to the increased morbidity and mortality in obese patients [1–3].

Earlier studies have demonstrated that overweight people are regarded as having fewer abilities and favourable properties than individuals of normal weight. Obese people are often thought to be lazy, slow, less competent, undisciplined, emotionally unstable and unattractive [1, 2]. The perceived stigmatisation in the health system is of special significance. If patients feel mistreated, they may discontinue therapy and receive inadequate medical care. Puhl et al. [4, 5] as well as Budd et al. [6] have shown that obese female patients are seen much less favourable than female patients of normal weight. Trained personnel in the health system (e.g. physicians and nursing staff) may therefore be less open to the treatment and care of obese people. For example, obese patients are given more examinations, thus avoiding personal contact. Also, counselling behaviour and intervention recommendation are influenced by weight [4–6].

Negative attitudes towards obese patients have also been described in studies with dietitians. Obese patients are stereotypically described as undisciplined, slow, weak-willed or inactive [4]. At the same time, dietitians hold the view that overweight is caused by emotional or psychological problems, a sedentary lifestyle or unfavourable eating habits. They consider obese patients as having unrealistic goals and expectations as well as lacking motivation and compliance [4, 6, 7].

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Research questions and methods

The present study examines the attitudes towards obese individuals held by people providing therapeutic care. A convenience sample of dietitians (n = 49) was recruited. Quantitative questionnaires were distributed during scientific congresses on nutrition and the participants were asked about their experiences with obese patients. The ascription of characteristics was examined on the basis of two vignettes (case descriptions; 42-year old women, overweight or of normal weight), as well as the German version of the Fat Phobia Scale (FPS) [8, 9]. The FPS assigns 14 pairs of adjectives on a scale from 1 (favourable characteristic) to 5 (unfavourable characteristic). The sum of the characteristic pairs was then calculated, together with the mean value of the whole scale. Bivariate t-tests, univariate regressions and chi-square-tests were performed to investigate possible factors (age, gender, attitudes

[1] Für eine bessere Lesbarkeit werden im Beitrag Diätassistentinnen und Diätassistenten zusammen mit der männlichen Form Diätassistenten bezeichnet.
[2] Vignette: Fallbeispiel

towards possible causes of obesity). A negative β-coefficient in regressions indicates a link between higher agreement on the specific cause of obesity and less unfavourable attitudes.

Results

Evaluation of the adjective pairs

The analysis of the individual items in the FPS showed that the evaluation of the overweight vignette was almost always less favourable at a statistically significant level (◆ Table 1). Particularly high (unfavourable) values were found for the adjective pairs "shapeless – shapely", "unsure – sure" and "less confident – confident". Pairs of adjectives relevant to food were also assigned to high mean values for the overweight patient, in the direction of the adjective with unfavourable connotations. The only pair not distinguished by the answers was the dimension "lazy – industrious". All items taken together, the overall mean value of the scale for the overweight person was been clearly higher (mean value = 3.35 in comparison to 2.61 for the person of normal weight).

Significance of possible causes of obesity

◆ Figure 1 shows the mean values for the agreement to the significance of possible causes of obesity. The values show that the highest agreement values were found for internal reasons (= reasons within the person himself/herself, e.g. lack of exercise, excessive food consumption). Causes related to genetics or illnesses were regarded as less important.

Bivariate analysis of possible factors (agreement on possible causes or socio-demographic factors) influencing the extent of stigmatising attitudes found no statistically significant results. Neither increased acceptance of genetic factors ($\beta^1 = 0.33$; $p = 0.60$), nor fewer ascriptions of personal blame (item "too much food", $\beta = -0.07$; $p = 0.29$) led to a reduction of the mean value of the FPS. Only two variables in the questionnaire showed an effect, at least at the 90% level of significance: The greater the work experience, the less pronounced were the unfavourable attitudes ($\beta = -0.01$; $p = 0.07$). Moreover, older subjects were less inclined to assign unfavourable attributes ($\beta = -0.01$; $p = 0.07$).

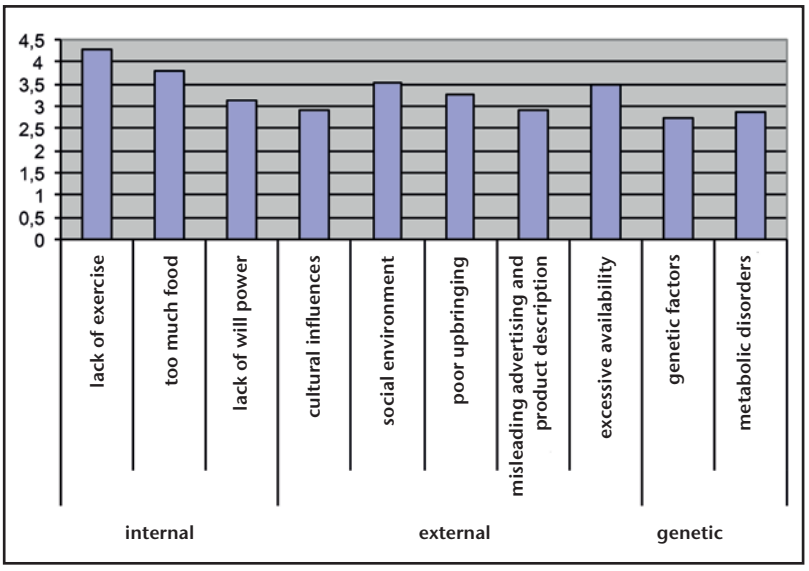

Abb. 1: **Agreement on the causes of obesity**
Evaluation of the various conceivable causes on a scale from 1 = not important, 2 = somewhat important, 3 = important, 4 = very important, 5 = extraordinarily important

Discussion

Surprisingly, a slightly lower mean value of the FPS was shown for the evaluation of the overweight vignette (mean value = 3.35) in comparison to the values found in the general population (mean value FPS = 3.62) or to samples of trained medical personnel (mean value = 3.59) [10, 11]. Particularly on the basis of the findings with other trained medical personnel, it had been expected that the dietitians would not differ from the general population regarding their attitudes towards people with obesity.

Due of the small sample size in this study, multivariate analysis investigating determinants of negative attitudes were not conducted. This study shows, however, that dietitians favoured internal factors as the cause of obesity. Compared to the general population, dietitians agree with internal factors more [10, 11]. This is not hold true for the factor "too much food". It may be that, on the basis of their personal experiences, dietitians have found from their clinical point of view that simply "too much food" is not to be seen as the main cause of obesity. Nevertheless, genetic factors were just as rarely regarded as being a major reason for obesity as by the general population – even though 80% of the variability of the BMI can be explained by genetic factors as has been shown by twin studies [12]. Because of the small sample size these differences should only be regarded descriptively. Taken together, there were no major deviations among the responses from those of the overall German population.

Factors influencing stigmatising attitudes were only examined in bivariate analysis. Increased age and increased professional experience tended to reduce the extent of the unfavourable attitudes. Even in this small sample, both factors reached a level of 90% significance. However, these two factors are strongly

Pair of adjectives	Overweight vignette		Normal-weight vignette		p*
	Mean	SD	Mean	SD	
lazy ... industrious	2.71	0.645	2.55	0.709	0.110
no will power ... has willpower	3.17	0.534	2.49	0.711	< 0.001
attractive ... unattractive	3.20	0.707	2.45	0.891	< 0.001
good self-control ... poor self-control	3.25	0.750	2.76	0.778	0.006
fast ... slow	3.50	0.711	2.50	0.739	< 0.001
having endurance ... having no endurance	3.50	0.890	2.43	0.791	< 0.001
active ... unactive	3.47	0.793	2.37	0.782	< 0.001
weak ... strong	3.02	0.629	2.75	0.523	0.014
self-indulgent ... self-sacrificing	3.06	0.775	2.65	0.595	0.003
dislikes food ... likes food	3.67	1.029	3.18	0.700	< 0.001
shapeless ... shapely	3.56	0.814	2.41	0.911	< 0.001
undereats ... overeats	3.51	0.793	2.98	0.322	< 0.001
insecure ... secure	3.61	0.837	2.53	0.649	< 0.001
low-self-esteem ... high self-esteem	3.63	0.782	2.55	0.614	< 0.001
Overall mean values	3,35	0,408	2,61	0,431	< 0,001

Tab. 1: **Means of the assignation of adjective pairs to 2 vignettes (overweight/normal weight) (n = 49)**
Introduction: Imagine a 42-year old woman. She is employed. Her height is 1.68 m and she weighs 62/90 kg. She is of normal weight/obese. Which characteristics would you assign to this woman on a scale, for example of 1 "lazy" to 5 "industrious"?
* p value from the t-test
SD = standard deviation

correlated, so that it can be assumed that the effect could be explained by a single factor in multivariate analysis. There have been frequent reports that more favourable attitudes are correlated with more professional experience. For example, Schwartz et al. found a correlation between direct contact to obese patients and more favourable attitudes [13]. The same effect on the role of professional experience was found in a sample of nurses [14].

Conclusion

It should be emphasised that this is the first German study on the perceptions of dietitians on obese patients. Large studies are needed to examine the causes of causal assignation more closely and to allow a comparison of the determinants of stigmatising attitudes. Only if influencing factors are identified, specific interventions for the stigmatisation of obese patients can be studied. Modifiable factors are particularly important as these can be integrated in training or in school curricula.

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Conflict of Interest
The authors declare no conflict of interest according to the guidelines of the International Committee of Medical Journal Editors.

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