

Sensitivity Training Points for Staff Caring for Obese Patients

The prevalence of obesity in the USA has risen dramatically. 65% of adults and 32% of children are currently overweight or obese. It's important to understand your personal prejudices and the challenges of obese and bariatric patients in order to provide them with safe and effective care. Anti-fat bias is prevalent in American culture and can result in poor patient care.

The Facts:

1. Obese people report feeling discriminated against both in their daily lives and by health care providers.
2. Studies show that health professionals self reported that they do regard obese patients as "lazy", "dirty", "non compliant", "stupid" and "ugly".
3. One study found that 48% of nurses said they were uncomfortable caring of obese patients and 31% of nurses said they would prefer not to care for an obese patient at all.
4. A national study noted that 2/3 of MD's reported obese patients "lacked self control" and 39% reported that they were "lazy" and "had poor hygiene".
5. In one study, 1/3 of MD's listed "obesity" as one of 5 diagnostic categories to which they responded negatively, behind "drug addiction, alcoholism and mental illness".
6. A study examining attitudes of Nutritionists showed 70-88% listed emotional problems, self indulgence, family problems, and compensation for lack of love or attention, as causes of obesity.
7. 80% of surgery patients in another study reported being treated disrespectfully by medical professionals.
8. Anti fat bias and prejudice results in obese people avoiding doctors and hospitals until they are very sick.
9. Most patients seeking bariatric surgery have done 1-1 1/2 years of research on the subject.
10. Obesity is a chronic condition and should be treated as such. No one laughs at other chronic conditions.

Sensitivity Training Points for Staff Caring for Obese Patients continued

What you can do as a health care professional:

1. Know your personal biases and keep your personal feelings out of professional care.
2. Take an extra minute to think before you speak or act. Unsolicited or inappropriate comments can be hurtful.
3. Don't assume that visitors know the type of surgery a patient is having.
4. Avoid signs, labels on equipment, and messages on phones that indicate obesity to others.
5. Don't tolerate whispers or quiet jokes from your colleagues.
6. Be prepared with appropriately sized equipment.
7. Don't make loud requests for large gowns, BP cuffs and other equipment.
8. All patients have the right to be treated with equal dignity and respect.
9. Understanding the challenges of bariatric patients is key to providing them with safe and effective care.
10. Focus on the person, not their obesity. Treat them with the same respect, tact and concern you would treat any other patient.

References:

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