



Reducing weight bias and stigma in health and fitness professionals: a scoping review of intervention studies

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Weight stigma perpetuates negative attitudes and stereotypes about people living in larger bodies, and has been associated with increased psychological stressors, chronic disease, and mortality.⁽¹⁾ Fat bias in healthcare providers has been known to contribute to larger bodied patients receiving poorer care and having worse health outcomes.⁽²⁾ Bias in fitness professionals has also been reported and may have further implications on the mental and physical health of larger bodied clients.⁽³⁾ This scoping review examines existing literature regarding intervention studies aimed to reduce weight bias and stigma in health and fitness professionals. The purpose of this review is to evaluate the efficacy of these interventions and describe outcomes across weight bias and stigma. An extensive search was conducted across Scopus, PsycINFO, CINAHL, and MEDLINE databases throughout the months of May and June 2022, to examine intervention studies related to this area. Search terms were defined (relating to obesity, weight stigma and bias, health and fitness professionals, and intervention studies), and publication limitations set from 2012 to 2022. Papers were selected and identified as per the exclusion and inclusion criteria. 341 search results were identified and screened at the title, abstract, and full text level. 11 studies were included in the final review, and were analysed and mapped relating to participants, settings, interventions, data collection techniques, and outcomes. Only three targeted fitness professionals and eight targeted healthcare professionals. Of the studies reviewed, 27% ($n = 3$) were conducted in health and fitness professional settings, specifically in medical and physiotherapy clinics. Limitations of these workplace settings had a recurring theme of short timeframes for interventions, lower response rates and smaller cohorts. Majority of studies, 73% ($n = 8$) were conducted in education settings, namely universities, of which only one targeted fitness related studies. Education settings provided a greater opportunity for longer trials that embedded the intervention within course curriculum. In comparison with traditional curriculums, education interventions with a focus on uncontrollable causes of obesity were found to reduce the blame component of explicit weight bias. Interventions targeting weight bias utilising group discussion and reflection were found to improve students' awareness of their own bias and provided opportunities to reflect on instances of bias within practical settings. This scoping review highlights the lack of interventions aimed at reducing weight bias and stigma towards people in larger bodies in both health and fitness professionals. Further research is needed to explore the long-term efficacy of these intervention studies, in both educational and professional settings.

References

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