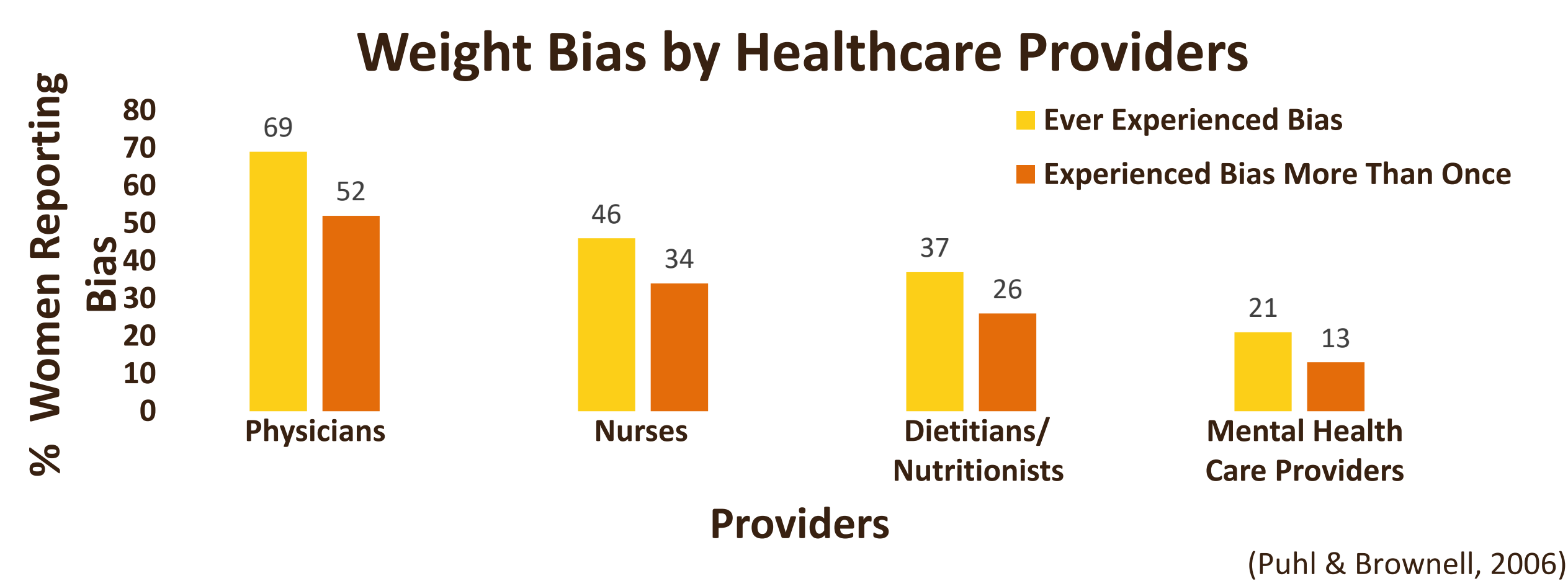


Significance of the Problem

Weight bias has been documented across a wide range of healthcare providers (Puhl, 2018) and is associated with a nearly 60% increase in mortality that is not attributable to weight alone (Sutin et al., 2015).



PICOT Question

Among health care professionals employed at a small Midwestern hospital, does the introduction of a multifactorial intervention versus current practice of no intervention reduce weight bias immediately and at two-to-three months post-intervention?

Review of the Literature

•**Key Terms:** “weight bias” OR “obes* bias” OR “anti-fat bias” OR “weight stigma” OR “obes* stigma” OR “anti-fat stigma” OR “weight discrim*” OR “obes discrim*” OR “anti-fat discrim*” AND interven* OR reduc* (MM "Attitude to Obesity") AND "interven* OR reduc*

•**Limiters:** January 2009 to June 2019 or current, English language, scholarly and peer-reviewed

•**Inclusion Criteria:** Weight bias in adults; weight bias interventions

•**Exclusion Criteria:** Weight bias in children

Databases Searched	Articles Yielded	Duplicate Articles	Articles Reviewed	Articles Accepted
Joanna Briggs	1	0	0	0
Cochrane	61	8	7	2
CINAHL	53	4	8	0
Medline	56	1	10	2
PsyARTICLES	153	57	7	1
PsychINFO	172	21	28	4
Gray Data	8	0	8	1
Citation				
Chasing	71	9	18	6
Handsearching	24	4	2	2
Total	599	69	81	18

Synthesis of Evidence

Level and Quality: Johns Hopkins Nursing Evidence-Based Practice Level and Quality Guide

(Dang & Dearholt, 2018)

Evidence	Articles	Design of Evidence	Quality
Level I	4	Randomized Controlled Trials	A (4)
Level II	3	Systematic Reviews, Meta-analysis	B (3)
Level III	5	Systematic Reviews, Meta-analysis, Systematic Surveys, Non-equivalent Group Comparison, Non-randomized Intervention Trial	A (4) B (2)
Level IV	1	Review of Summit Proceedings	A (1)
Level V	5	Critical Review of the Literature and Environmental Scan, Integrative Reviews, Review and Expert Opinion, Literature Review	A (5)

Best available evidence provides moderate support for a multifactorial intervention that includes:

- Provider self-assessment of weight bias
- Education on weight bias in health care
- Strong leader/exemplar support for bias intervention
- Care guidelines for persons with overweight/obesity

Decision to Change Practice

- Current practice does not address weight bias
- A multifactorial intervention is needed, to include:
 - Self-assessment of weight bias
 - Education, emphasizing leadership support
 - Guideline creation

Implementation

Evidence-Based Practice Model: Stetler Model for Evidence-Based Practice

Setting: Small rural hospital in Northwest Indiana

Participants: Nurses and other healthcare providers; 63 began the EBP project; 41 completed

Intervention: Multifactorial intervention based on best available evidence and recommendations

- Demographic questionnaire
- *Weight Bias in Healthcare* video
- Leader/exemplar video
- Care guideline for persons with overweight/obesity

Measurement Tool: *Antifat Attitudes Questionnaire*; participant evaluation of the intervention

Timeframe: 2 - 3 months; rolling starts times

Evaluation

Primary Outcome:

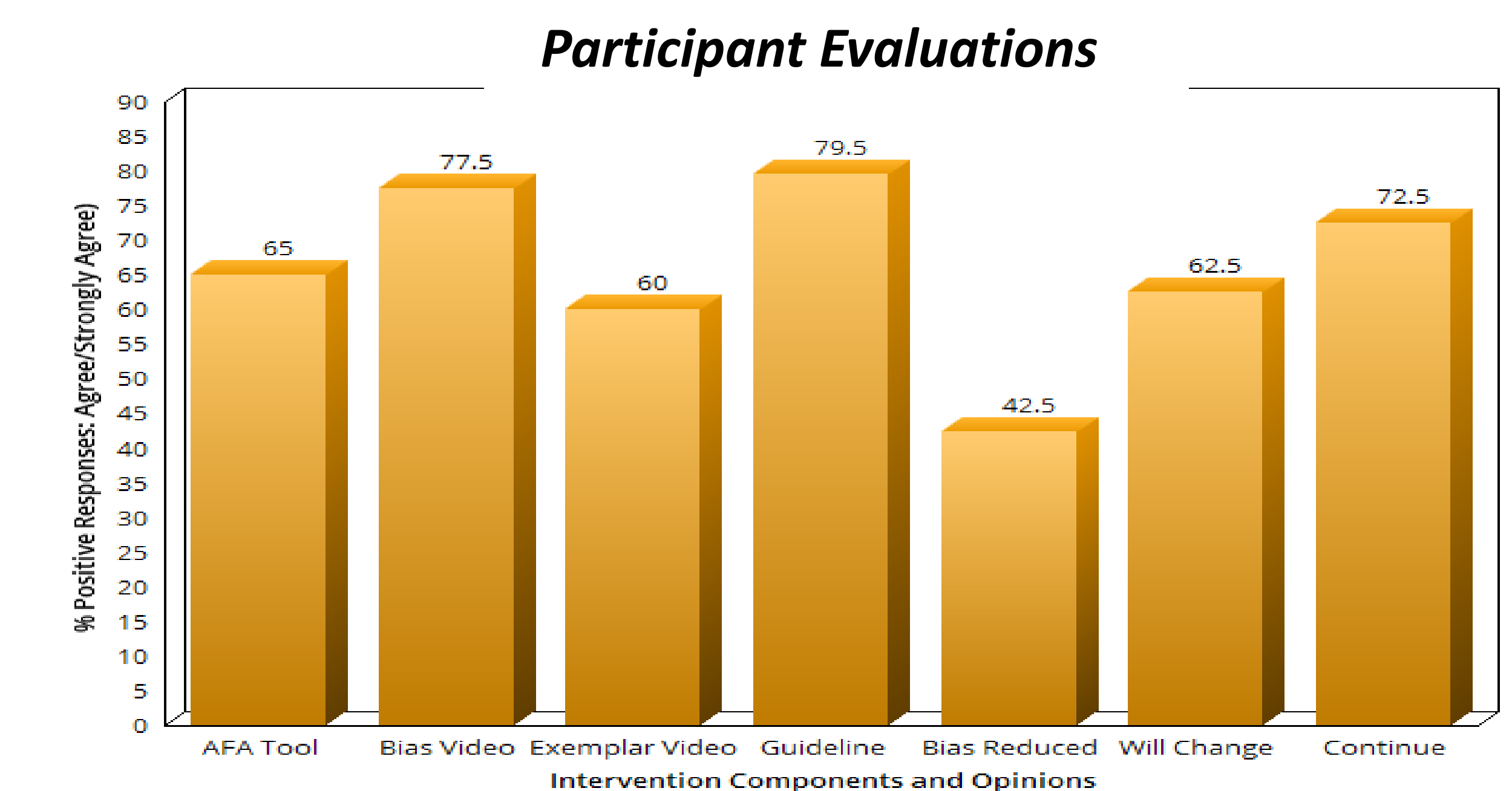
- A one-way repeated-measures ANOVA was calculated comparing the mean Antifat Attitudes scores of participants at three different times: Pre-intervention, immediate post-intervention and 2-3 months post-intervention.
- No significant effect was found ($F(2,80) = .209, p > .05$)
- No significant difference exists among pretest ($M = 2.24, sd = 1.27$), immediate post-intervention ($M = 1.92, sd = 1.13$), and at 2-3 months post-intervention ($M = 2.17, sd = 1.21$) means.

Descriptive Statistics

AFA Questionnaire	M	sd	N
Pre-intervention	2.24	1.27	41
Immediate Post-intervention	1.92	1.13	41
2-3 Month Post-intervention	2.17	1.21	41

Secondary Outcome:

The average of mean participant satisfaction scores ($M = 65.64$), evidenced by agree/strongly agree responses to positive-worded measures, as well as participant comments, supported sustainment of the intervention.



Conclusion and Recommendations

- This EBP project’s multifactorial intervention did not produce a statistically significant reduction in healthcare provider weight bias immediately or at 2 – 3 months post-intervention
- Despite this, participants’ evaluations revealed
 - Perception of increased awareness of bias
 - Support for continuation of this intervention
- Future research should be undertaken to identify effective interventions for reducing weight bias
- Evidence-based efforts to increase awareness of and reduce weight bias should be continued