Stress-induced Eating Behaviors of Health Professionals

A Registered Dietitian Nutritionist Perspective

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March 24, 2017

For health professionals, stress and eating often combine in unhealthy ways. The stress comes early in their training and lingers throughout their careers (Almajwal, 2016; Curran and Boland, 2000; Kinzl et al., 2006; Pillet, 2010; Wajid et al., 2016). Anyone who has worked or trained in a hospital knows all too well the cycle of workplace stress leading some individuals to overeat and gain excess weight, which in turn leads to physical and mental stress due to the weight gain itself. Others react to stress by eating less and losing weight, which can similarly have negative consequences. Often stress comes with unhealthy food choices such as skipping meals, reliance on fast food, restricting fluid intake, or choosing foods high in sugars and fats and low in nutrients. Skipping meals and drinking too little fluid have not been shown to increase medical errors, but they do contribute to "burn-out" and jeopardize weight and nutritional status (Peery et al., 2013).

A survey of registered nurses in Ohio supports the observation that disordered eating (DE) occurs during times of stress. Among the 435 respondents, "nurses with high levels of perceived job stress and low levels of body satisfaction had higher disordered eating involvement" (King et al., 2009, abstract). Shiftwork may in part be to blame for weight gain and DE. In a study of 72 residents who routinely had 24 hour hospital coverage during their medical training, both male and female residents showed a "low intake of vegetables and fruits and [a] high intake of sweets, saturated fat, cholesterol, and caffeine" (Mota et al., 2013, abstract). This dietary pattern was combined with "a high prevalence of low sleep quality and excessive daytime sleepiness" (abstract) that for some led to overweight and obesity as well as changes in metabolic profiles such as elevated cortisol and hypertriglyceridemia.

We know that women and girls are particularly susceptible to societal norms, which often overemphasize thinness as a sign of beauty and success. Given the high female prevalence in certain health professions, such as nursing, dietetics, and occupational therapy, and the growing number of women in other health professions, such as medicine and dentistry, the presence of eating disorders (ED) and DE [1] among health professionals is to be expected (Szweda and Thorne, 2002). The observed presence of weight bias among health professionals adds to the weight struggles and poor eating behaviors of health workers (Mahn and Lordly, 2015; Schwartz et al., 2003; Swift et al., 2013).

While all the health professions are affected by societal messages on body image, weight is an especially important issue for registered dietitian nutritionists (RDNs) and dietetics students (Mahn and Lordly, 2015). The field of dietetics itself can attract individuals who are highly interested in food. As a result, some dietetics students and professionals over-consume food and beverages, leading to obesity, while others can become overly concerned with thinness. A perfectionist attitude and a dependence on the approval of others are personality traits identified by Ball and colleagues (2015) as having the potential to develop or maintain disordered eating. Comments made in training settings and on social media about "fat" and "skinny" dietitians may drive students to alter their appearance in pursuit of professional success. The

educational and health care systems have very limited resources for the prevention and treatment of eating disorders and have made only modest investments in student and trainee well-being. Rarely do health professionals look beyond their professional silos for solutions to deal with the negative effects of disordered eating. RDNs and dietetics educators are in a unique position to support health professional colleagues struggling with poor eating habits due to work-related stress, particularly if they recognize and understand their own vulnerabilities and what causes disordered eating in themselves. They can both "identify warning signs and be instrumental in interventions to reduce disordered eating" and participate in the treatment of those affected (Waterhous and Jacob, 2011, p. 5). It is the position of the Academy of Nutrition and Dietetics that nutrition intervention, including nutritional counseling by a RDN, is "an essential component of the team treatment of patients" with eating disorders (Waterhous and Jacob, 2011, p. 1). An RDN's skills, such as a "vast knowledge of foods, food science, and how foods contribute to the health and well-being of individuals" allow the RDN to "evaluate diets and make changes" based on an individual's medical condition, physical activity, food preferences, religious beliefs, work expectations, and other lifestyle factors (Waterhous and Jacob, 2011, p. 5). Interprofessional teams that promote health and prevent chronic diseases across the lifespan rely on RDNs to provide medical nutrition therapy (MNT), including nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation; such therapy typically results in the prevention, delay, or management of diseases or conditions, including obesity and malnutrition (AND, 2014; Fitzgerald et al., 2013).

RDNs have also studied the ethical considerations that arise when students experience disordered eating or eating disorders during their training (Houston et al., 2015). Faculty have the responsibility of calling attention to these behaviors if they observe them in their students, with the goal of protecting both the student and the public. RDNs have an ethical obligation to prevent an unhealthy relationship with food from affecting their practice. For dietetics professionals, this could result in an inaccurate provision of MNT. For dietetics and other health professions, it may lead to overlooking a patient's need for MNT or may support a weight bias against obese patients that could interfere with the quality of care (Puhl et al., 2009).

Faculty in all professions can create a climate in which open dialogue about healthy food relationships is part of the culture. They can provide interprofessional opportunities for health professions students to engage in self-reflection about their own relationship with food such as "including weight prejudice reduction intervention [2] in cultural competence training [3]" (Houston et al., 2015, p. 1717). Students can demand a healthy food environment in their training settings, access to MNT, and sufficient nutrition education to engage in appropriate nutrition self-care (Hark and Deen, 2017, in press).

Notes

1. According to the Academy of Nutrition and Dietetics, disordered eating is a descriptive phrase, while eating disorders include conditions defined in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (Anderson, 2015).
2. For more information, see http://yaleruddcenter.org.
3. For more information, see http://haescurriculum.com.

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Suggested Citation

Eliot, K., and K. Kolasa. 2017. *Stress-induced Eating Behaviors of Health Professionals: A Registered Dietitian Nutritionist Perspective*. Commentary, National Academy of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2017/03/Stress-Induced-Eating-Behaviors-of-Health-Professionals.pdf.

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Acknowledgments

The authors are grateful for the insights and assistance of Patricia Cuff, the director of the Global Forum on Innovation in Health Professional Education of the National Academies of Sciences, Engineering, and Medicine.

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