ABSTRACT

Title of dissertation:	USE OF BODY-ACCEPTANCE COPING BEHAVIORS BY WORKERS IN LARGER BODIES: APPLICATION OF THE CAREER SELF-MANAGEMENT MODEL
	Emily R. Cygrymus, Doctor of Philosophy, 2024
Dissertation directed by:	Dr. Robert W. Lent Department of Counseling, Higher Education, and Special Education

While weight stigma has been well-documented within the vocational literature, the impact of weight stigma on fat workers' vocational experiences and occupational well-being has been largely understudied. This study adapted and tested Social Cognitive Career Theory's Career Self-Management (CSM) model to aid in the understanding of fat workers' coping behaviors and workplace outcomes. Sets of items representing body acceptance coping behaviors and coping self-efficacy in the work domain were constructed and subjected to exploratory factor analysis in a sample of adult workers in larger bodies (*N* = 250). Two interrelated factors were found for both the body acceptance coping behaviors and coping self-efficacy measures: a self-acceptance/cognitive/emotional factor and a behavioral self-assertion factor. A confirmatory factor analysis completed with another subsample (*N* = 377) found a bifactor model to best fit the data. In this model, both the coping behavior and coping efficacy variables were interpreted as largely unidimensional in structure. A latent variable structural path analysis (*N* = 377) found that the CSM model provided good fit to the data and accounted for substantial amounts of the variance in several outcome variables, including work engagement, career satisfaction,

satisfaction with coping efforts, and organizational commitment. Implications for future research and practice are discussed.

USE OF BODY-ACCEPTANCE COPING BEHAVIORS BY WORKERS IN LARGER BODIES: APPLICATION OF THE CAREER SELF-MANAGEMENT MODEL

by

Emily R. Cygrymus, M.A.

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Advisory Committee:
Dr. Robert W. Lent, Chair
Dr. Patricia Alexander, Committee Member
Dr. Clara E. Hill, Committee Member
Dr. Dennis M. Kivlighan, Jr., Committee Member
Dr. Jennifer Wessel, Committee Member

Author Note

Counseling Psychology, Department of Counseling, Higher Education, and Special Education (CHSE), University of Maryland emilycyg@umd.edu

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Table of Contents

Acknowledgments……ii
Table of Contents……iii
List of Tables……v
List of Figures……vi
Chapter 1: Introduction……1
Weight Stigma as a Pervasive Problem in the Workplace……3
General and Work-specific Coping with Weight Stigma……6
The Present Study……10
Research Questions and Hypotheses……12
Chapter 2: Method……15
Procedure……15
Participants……16
Measures……19
Proactive personality……19
Perceived organizational support……20
Weight stigma coping behaviors and self-efficacy……21
Affective organizational commitment……23
Work engagement……23
Subjective career success……24
Satisfaction with weight stigma coping efforts……25
Fat identity……26
Social desirability……26
Demographics……27
Chapter 3: Results……28
Survey responses……28
Measure development……29
Item piloting and face validity……29
Exploratory factor analysis……29
Reliability analyses……31
Preliminary validity analyses……32
Mean differences among types of coping behavior and self-efficacy……32
Regression analyses……33
Model testing……34
Confirmatory factor analysis……34
Reliability and validity analyses……36
Measurement and structural model tests……36
Chapter 4: Discussion……40
Limitations and Future Directions……43
Limitations of the Current Study……43
Future Directions for Research……46
Implications for Practice……49
Conclusion……50
Chapter 5: Extended Literature Review……52
The Fat Acceptance Movement……54

Weight Stigma in the Workplace……55
Gender differences……57
Job type/activities……58
Effects of stigma on fat workers……59
Limitations of previous studies……60
Career Self-Management Model……61
Proactive personality……63
Social support……64
Self-efficacy……65
Adaptive behaviors……65
Coping via self-advocacy……68
Coping via social support-seeking……68
Coping via cognitive restructuring……69
Coping via emotional regulation……69
Coping via disengagement……69
Workplace outcomes……70
Summary……72
Tables and Appendices……73
Table 1……73
Table 2……74
Table 3……75
Table 4……76
Table 5……77
Table 6……78
Table 7……79
Table 8……80
Table 9……81
Appendix A……82
Appendix B……85
Appendix C……90
Appendix D……91
Appendix E……92
Appendix F……94
Appendix G……96
Appendix H……97
Appendix I……98
Appendix J……99
Appendix K……100
Appendix L……101
Appendix M……102
Appendix N……105
References……108

List of Tables

Table 1: Measure Development Phase: Correlations 73

Table 2: Measure Development Phase: Means, Standard Deviations, and Internal Consistency Ratings 74

Table 3: Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Work Engagement 75

Table 4: Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Subjective Career Success 76

Table 5: Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Satisfaction with Coping 77

Table 6: Regression Coefficients of Coping Behaviors and Coping Self-Efficacy on Perceived Organizational Commitment 78

Table 7: Items and Factor Loadings for the Body Acceptance-Based Coping Self-Efficacy Variables 79-80

Table 8: Items and Factor Loadings for the Body Acceptance-Based Coping Behavior Variables 80-81

Table 9: Model Testing Phase: Correlations, Means, Standard Deviations, and Internal Consistency Ratings 81

List of Figures

Figure 1: General Model of Career Self-Management 11, 63

Figure 2: CSM model for workers in larger bodies 14

Figure 3: Model Testing Phase: Structural Path Coefficient 39

Introduction

The “war on obesity” has forced many “fat” individuals to the frontlines to confront weight stigma in the workplace and beyond. Weight-centered health paradigms moralize body size (Wray & Deery, 2008), leading to stereotypes that pervade the world of work. These messages categorize individuals in larger bodies as lazy, incompetent, and lacking personal control – therefore, as undesirable workers. Michigan is the only state to date to enact a law protecting people in larger bodies from discrimination in the workplace (Elliot-Larsen Civil Rights Act, 1976), yet over 73% of adults over the age of 20 fall into the category of “overweight” or “obese” (Fryar et al., 2020), suggesting that a large portion of the U.S. workforce may be left unprotected from discrimination at every stage of the employment cycle, from hiring (e.g., Flint et al., 2016), to compensation (Register & Williams, 1990), to promotion (Bordieri et al., 1997).

Workers in larger bodies are often perceived by their employers and colleagues to have less leadership potential, to be less successful (Flint et al., 2016), to be less intelligent (Chia et al., 1998), and to be less qualified (Schulte et al. 2007) than their thinner colleagues. Although some findings suggest that stereotype threat accounts for some of the relationship between weight and intelligence indicators like working memory and executive control (Guardabassi &Tomasetto, 2019; Guardabassi &Tomasetto, 2018; Major et al., 2012), previous research has largely failed to find meaningful relationships between body weight and personality traits, as implied by fat stereotypes. For example, controlling for age, gender, and race, Roehling et al. (2008) reported no statistically or practically significant relationships between body weight (i.e., BMI and body fat) and personality variables including extraversion, neuroticism, conscientiousness, or agreeableness in samples of U.S. adults.

The weight-centered health paradigm, the dominant discourse underlying the "obesity epidemic", regards body weight as the central factor defining "health" (O'Hara & Taylor, 2018). This paradigm considers fatness as a personal failure of responsibility – a correctable problem created by the individual (Monaghan et al., 2010), with much of this bias predicated upon beliefs about the controllability of weight (O'Hara & Taylor, 2018). As such, individuals who are believed to have more control over a "negative" characteristic are likely to be viewed more negatively for this identity (Crandall, 2000). The paradigm's pervasive negative messages regarding fat people leads not only to external bias, but to internalized weight stigma as well, with 50% of adults in larger bodies endorsing high levels of weight bias internalization (Puhl et al., 2018). Further, greater endorsement of beliefs about the controllability of weight are associated with more self-blame and lower self-esteem (Puhl & Brownell, 2003; Crocker et al., 1993).

Weight-based discrimination is a psychological stressor (Tomiyama, 2014), which can affect the well-being of fat individuals. Weight discrimination has been associated with increased suicidal ideation and attempts (Graham & Frisco, 2023), depression, anxiety, stress, loneliness, lower life satisfaction, less perceived support (Sutin et al., 2021), and greater internalized weight stigma (Hayward et al., 2018). Emmer et al.'s (2020) meta-analysis found a medium negative association ($r = -.35$) between perceived weight stigma and mental health. These relationships persist after controlling for BMI. For example, weight discrimination, but not BMI, was found to predict increased depression both before and during the Covid-19 pandemic; it also predicted lower purpose in life and life satisfaction (Sutin et al., 2021). Physical health is also related to by weight-based discrimination. For example, though a central tenet of the weight-centered health paradigm is the endorsement of intentional weight loss, contrary to the aims of this paradigm,

internalized and experienced weight stigma are associated with weight gain in longitudinal studies (e.g., Jackson et al., 2014; Puhl et al., 2017; Sutin & Terraciano, 2013).

Weight Stigma as a Pervasive Problem in the Workplace

Within ecological momentary assessments and daily diary studies, participants report experiencing on average between .69 and 3.08 weight-stigmatizing encounters per day (Seacat et al., 2016; Vartanian et al., 2014). The most frequent stigmatizing experiences in daily life reported for larger-bodied women are "physical barriers", "nasty comments from others", "staring from others", and "negative assumptions from others"; 22% of daily stigmatizing experiences are perceived job discrimination (Seacat et al., 2016). Within the U.S., about 57% of larger-bodied individuals reported experiencing weight stigma from co-workers, while 35.6% report experiencing weight stigma from employers and supervisors (Puhl et al., 2021). Vartanian et al. (2014) report that about 8% of individuals' most significant experiences of stigma across a two-week period occurred in the workplace. In a recent survey, 72% of workers who had experienced workplace weight stigma indicated that these experiences made them feel like they wanted to quit their jobs (Society for Human Resource Management, 2023).

Within the vocational domain, individuals in larger bodies experience organizational stigma across all stages of the employment process, with overall medium-sized relationships found between weight bias and employment outcomes (e.g., hiring, performance evaluation, promotion decisions, suitability, desirability as a coworker) (Roehling et al., 2013; Rudolph et al., 2009). For example, controlling for applicant qualifications, participants rated fat women as the least suitable job candidates when compared to thin and fat male applicants (Flint et al., 2016). Increases in BMI have been found to relate to a lower rate of employment (e.g., Klarenbach et al., 2006) and lower likelihood of regaining employment following a period of

unemployment (Paraponaris et al., 2005), after accounting for sociodemographic and health-related variables. Upon entering the workplace, workers in larger bodies receive lower starting salaries (Shulte et al., 2007) and are continuously paid less on average than thinner colleagues (e.g., Judge & Cable, 2011).

In experimental studies, individuals holding stigmatized identities that are more associated with personal blame, including fat workers, are found to be less valued, leaving them less likely to be chosen for promotion (Bordieri et al., 1997), more likely to be treated harshly in a disciplinary case (Bellizzi & Hasty, 1998), and more likely to be fired (Kennedy & Homant, 1984). Fat workers experience incivility from coworkers and supervisors (i.e., condescending remarks, exclusion from camaraderie) (Sliter et al., 2012), "weight-shaming" and doubt regarding their credibility (Hunt & Rhoades, 2018), and are ranked as less desirable as potential co-workers (e.g., Klassen et al., 1993; Roehling et al., 2013). The weight stigma faced by fat workers can also take the form of inaccessible work environments (e.g., furniture that is too small, need for travel accommodations such as a seatbelt extender; Heath, 2021), which may physically limit work opportunities, cause physical discomfort, and further fat workers' sense of isolation. Weight stigma can be experienced both directly and vicariously by individuals who share the target identity of the stigmatized individual (Gerend et al., 2021), such as a fat worker witnessing jokes or negative comments being made about another worker's body size.

Though the relationship between weight stigma and evaluative workplace outcomes such as hiring and compensation practices are well-documented, the relation of weight stigma to fat workers' lived experiences (Lemmon et al., 2023), including workplace well-being and commitment, have not received much inquiry. By contrast, other types of discrimination in the

workplace have been more widely studied in relation to employee's work attitudes, satisfaction, commitment, and health (e.g., Jones et al., 2016; Marchionodo et al., 2017; Xu & Chopik, 2020).

The relatively few studies that have examined weight discrimination in relation to workplace well-being outcomes have found perceived weight stigma and discriminatory experiences to be positively related to turnover intentions (Randle, 2012) and workplace withdrawal (Sliter et al., 2012) and negatively related to organizational commitment and job satisfaction (Randle, 2012), with general self-efficacy moderating the relationship between perceived weight discrimination and workplace satisfaction and commitment. Weight discrimination has also been found to predict lower perceived organizational support and belonging at work, partially mediated by social pain minimization (defined as workers' sense that their pain and distress is being minimized by their colleagues/supervisors; Johnson, 2023).

This study is intended to add to this small literature by focusing on fat workers' organizational commitment, subjective career success, work engagement, and satisfaction with their coping efforts. The study is grounded in the social cognitive career self-management model (CSM; Lent & Brown, 2013). The CSM model may aid understanding of how larger-bodied workers manage stigmatizing conditions through its focus on adaptive career behaviors and outcomes associated with diverse work adjustment challenges.

Fat liberation and associated weight-neutral paradigms serve as a counter to a weight-centered view of health, working to combat discrimination towards fat individuals to improve their well-being (National Association to Advance Fat Acceptance, n.d.). Weight-neutral, or fat-affirming, approaches use a social justice lens to take the onus of responsibility off the individual and to highlight societal barriers and sociocultural factors that influence how fat individuals are treated and perceived. The present study aligns with this movement, addressing the gap in weight

stigma coping research by identifying ways in which fat workers may cope with stigmatizing work environments in identity-affirming ways, and how their coping behaviors, as well as other social cognitive variables, predict such outcomes as subjective career success and organizational commitment. Parenthetically, in keeping with the Fat Acceptance Movement, I use such terms as fat, larger-bodied, and plus-sized synonymously and without a pejorative connotation.

General and Work-specific Coping with Weight Stigma

Coping is defined as the efforts that individuals employ to manage cognitive, behavioral, or emotional demands that exceed their resources (Lazarus & Folkman, 1984). Generally, strong relationships have been found between coping style and workplace well-being outcomes, with active coping being associated with higher job satisfaction (e.g., Welbourne et al., 2007). Weight stigma coping specifically has been found to mediate the relationship between perceived stigma and depression (Koball & Carels, 2011). Though modest in number, prior weight stigma coping studies suggest that the most common strategies through which fat individuals cope with weight stigmatizing experiences are positive reframing, seeking emotional support, maladaptive eating, and engaging in negative self-talk (e.g., Myers & Rosen, 1999).

While coping strategies seek to alleviate stress, it is possible that some strategies may precipitate unwanted outcomes (Gerend et al., 2021). Overall, previous research suggests that fat individuals are significantly more likely to use coping strategies such as self-criticism, wishful thinking, and social withdrawal, as compared to normal weight peers (Varela et al., 2020). When faced with weight stigma, individuals may be motivated to escape or to avoid stigma (Hunger et al., 2015) by negating or distancing oneself from their fat identity, leading to engagement in coping which reflects self-blaming (i.e., negative self-talk) or self-changing (i.e., engagement in unhealthy weight loss attempts) strategies. These types of coping strategies may relate to

internalized stigma towards fatness and may further negatively impact fat individuals (Hayward et al., 2018; Himmelstein et al., 2020). For example, coping strategies such as negative self-talk (e.g., "no one will ever love me because of my weight") have been associated with poorer psychological functioning (Hayward et al., 2017; Myers & Rosen, 1999). Likewise, attempts to distance oneself from body identity via weight loss are related to disordered eating patterns (Chen et al., 2022).

Conversely, strategies such as positive reframing and self-acceptance may relate to increased psychological health (Hayward et al., 2017; Myers & Rosen, 1999). While individuals who have higher internalized weight stigma are more likely to engage in coping strategies such as disordered eating and self-blame (Himmelstein et al., 2020; Hayward et al., 2018), which may exacerbate physical and mental health problems, individuals who have lower internalized weight stigma, and who may be more comfortable with or willing to endorse themselves as an individual in a larger body, are more likely to engage in strategies such as positive self-talk and self-acceptance (Hayward et al., 2017). Qualitative studies by Gerend et al. (2021, 2022) found that the most reported *effective* strategies for coping with weight stigma included seeking support, using distraction, cognitive restructuring, acknowledging fatphobia and confronting weight stigma, and ignoring the stigmatizing encounter. Coping strategies including self-acceptance, social support seeking, and positive self-talk have been found to be related to lower depression and higher self-esteem (e.g., Lindley et al., 2014; Puhl & Brownell, 2006).

This study aims to address gaps in existing research on weight stigma coping by focusing on self-advocacy and self-acceptance coping behaviors used in the work domain. Elison (2017) has identified the need for inquiry on coping with weight discrimination within specific life domains. While most prior research on weight stigma coping focuses on global mental and

physical health outcomes (e.g., Himmelstein, 2018), the relation of coping to functioning in specific life domains, such as work, has received limited study. Only one study to date has examined coping with weight stigma in the workplace (Randle et al., 2012), finding non-significant moderating effects of general active and disengagement coping on the relationship between perceived weight discrimination and career success. The relation of coping behaviors specific to workplace weight stigma has yet to receive study. Lemmon et al. (2022) highlight the need for integrative models and perspectives on coping with weight stigma at work. The current study addressed these limitations by creating a weight-stigma coping measure which may better represent the types of coping behaviors individuals faced with stigma in the workplace may employ. The measure was then used in testing a theory-derived workplace adjustment model, namely the CSM model (Lent & Brown, 2013).

Given the limited study of self-acceptance and self-advocacy-based adaptive behaviors in relation to workplace outcomes, an increased focus on such coping strategies is warranted. Within the weight stigma literature, while some previous measures of weight stigma coping have included coping behaviors such as "positive self-talk" (e.g., Hayward et al. 2017; Myers & Rosen, 1999), other measures fail to attend to acceptance-based strategies altogether (e.g., Puhl & Luedicke, 2012), instead focusing on self-blaming or self-changing strategies. Only one prior study differentiates collective strategies (i.e., fat advocacy, affirmation) and change-based strategies (i.e., weight loss attempts) in fat individuals; body affirmation, but not social change support or weight loss attempts, were found to predict body satisfaction, global self-esteem, and private-collective self-esteem (Lindly et al., 2014). Further, greater acceptance of oneself as a fat person predicted more engagement in collective strategies of advocacy and affirmation. Given the relationships between strategies which seem to reflect more body affirmation and increased

well-being and self-esteem (e.g., Lindly et al., 2014; Puhl & Brownell, 2006), better understanding of these affirming strategies in relation to larger-bodied workers is needed.

Study of coping with weight stigma in the workplace may profit from the application of work-specific coping models, such as the CSM model of social cognitive career theory. For example, using this model, Moturu and Lent (2023) found that self-assertive efficacy and advocacy behaviors predict subjective and objective career success outcomes in a general sample of adult workers. Minimal research has examined acceptance and advocacy behaviors in relation to workplace weight stigma. One previous study found that authentic self-awareness (related to self-acceptance; Knoll et al., 2015) moderated the relationship between weight-based stereotype threat and perceived work ability (Zacher & von Hippel, 2022), in that the relationship between weight-based stereotype threat and perceived work ability was negative for larger-bodied workers with low authentic self-awareness. The current study aims to further examine the relationship between acceptance and advocacy-based coping behaviors and workplace outcomes.

While existing studies within the vocational literature have focused on how fat workers are perceived by others, there has been little attention to the experiences of fat individuals themselves. There is scant literature to date which addresses the relationship between weight stigma and workplace well-being outcomes among fat individuals. The negative psychological and physical effects of weight stigma and the consistent negative perceptions of fat workers, warrants further research considering how fat individuals experience their work environments and how they cope with them. Additionally, Puhl and Brownell (2003) suggested that confidence (self-efficacy) and personality variables may relate to weight stigma coping behaviors, though this, too, needs further study. It seems important to better understand weight stigma in the workplace to inform future efforts to improve the well-being of fat workers.

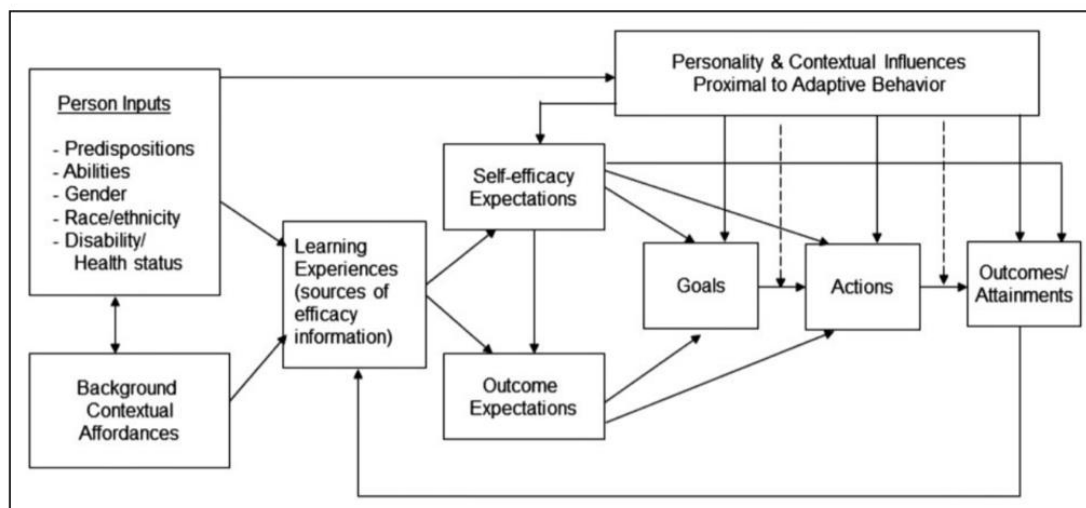
The Present Study

The current study addressed the gaps in the literature noted above through measure development and model testing in order to explore how social cognitive variables, such as weight stigma coping self-efficacy, relate to engagement in body-acceptance coping behaviors and workplace well-being and commitment outcomes in larger bodied workers. I use the term "body-acceptance" strategies to refer to the coping behaviors of interest in the current study. "Body-acceptance" coping strategies may be regarded as a specific type of coping which aligns with fat acceptance paradigms and help to affirm, rather than stigmatize, one's identity as a larger bodied-person. The study applied the CSM model (Lent & Brown, 2013), the newest of five SCCT models (Lent et al., 1994), which explores how individuals contribute to their own career development, including career adjustment, through a variety of adaptive career actions.

The basic CSM model, shown in Figure 1, identifies how core social cognitive variables, such as self-efficacy beliefs (one's judgement of their ability to execute behaviors needed to perform a particular task or course of action) and outcome expectations (beliefs about the consequences of performing these tasks), may predict corresponding goals and adaptive behaviors, which are hypothesized to promote favorable career outcomes for the individual. Adaptive career behaviors refer to proactive and reactive behaviors, including coping efforts, that workers engage in to function effectively in the face of change or distress at work (Lent & Brown, 2013). The model offers insight into the social, cognitive, and affective factors that enable individuals to engage in these actions.

Figure 1

General Model of Career Self-Management



Note. Adapted from Lent, Brown, and Hackett (1994). Copyright 1993 by R. W. Lent, S. D. Brown, & G. Hackett. Reprinted with permission.

A strength of SCCT's CSM model lies in its ability to be adapted for the purposes of studying particular groups of students and workers. The model can also be streamlined to reduce the number of theory relevant predictors in particular applications of the model (e.g., Wang, 2022). The model has previously shown promise in a variety of career management contexts, such as job searching (Lim et al., 2016), multiple role planning (Roche et al., 2017), sexual identity management (Lent et al., 2021), career decision-making (Lent et al., 2016), workplace self-advocacy (Moturu & Lent 2023), and coping with job loss (Lent et al., 2023b; Wang, 2022). The CSM model acknowledges the variety of adaptive career behaviors employed by workers to deal with diverse work adjustment challenges (Lent & Brown, 2013). This study examined adaptive career behaviors in relation to the coping skills that fat workers employ, largely reactively, to help them respond to challenging conditions, namely weight stigma in their

workplaces, as well as contextual (e.g., environmental support) and systemic factors that affect their experiences of weight stigma. In sum, this study extends the literature on the occupational experiences of fat workers through use of the CSM model to assess the social cognitive mechanisms that predict coping with weight stigma and its hypothesized outcomes, in particular, organizational commitment, subjective career success, work engagement, and satisfaction with one's coping efforts at work.

Research Questions and Hypotheses

Previous research on the experiences of fat workers has shed relatively little light on such fundamental questions as: How do fat individuals cope with weight stigma at work? How do their coping strategies relate to their well-being in, and commitment to, their workplaces? How do person and contextual factors relate to the coping behaviors in which these workers engage? This study addressed these questions through the use of the CSM model (Lent & Brown, 2013) to better understand how a set of theory-derived factors – including fat identity, perceived organizational support, proactive personality, and weight stigma coping self-efficacy beliefs – predict fat workers' engagement in body-acceptance coping behaviors, and how these behaviors, in turn, relate to subjective career success, work engagement, organizational commitment, and satisfaction with one's coping efforts at work.

The first phase of this study involved development and psychometric assessment of measures of body-acceptance coping self-efficacy and behavior, hypothesized to yield adequate internal consistency reliability estimates (e.g., alpha values of .80 or above) and satisfactory estimates of convergent and criterion-related validity relative to established measures of relevant constructs. In keeping with recent work on fat acceptance and coping with weight-based stigma, the coping behavior and coping self-efficacy measures reflected body-acceptance strategies (e.g.,

seeking social support) for dealing with weight stigma – rather than self-blaming strategies (e.g., negative self-talk, emotional eating) that may perpetuate, worsen, or deny the sense of stigma.

I hypothesized that the CSM model, operationalized with weight-related person and social cognitive measures, proactive personality, and contextual support measures, would provide good overall fit to the data (see Figure 2). Regarding Figure 2, though some variables are grouped together for the sake of visual simplicity (e.g., organizational commitment, subjective career success), these variables were modeled separately in hypothesis testing. The hypotheses for the direct paths within the model are as follows:

Hypothesis 1: Weight stigma coping self-efficacy will be predicted by (a) proactive personality, (b) perceived organizational support, and (c) sense of fat identity. Individuals who report higher proactive personality, who perceive their work environments to be more supportive, and who more readily identify as a person in a larger body will tend to report more confidence in their ability to cope with weight stigma at work in body-accepting ways.

Hypothesis 2: Engagement in body-accepting coping behaviors will be predicted by (a) coping self-efficacy, (b) perceived organizational support, (c) proactive personality, and (d) sense of fat identity. Workers who have more confidence in their ability to cope with weight stigma at work, who perceive their work environments to be more supportive, who have a more proactive personality, and who more readily identify as a person in a larger body will be more likely to cope with weight stigma in ways that are body-accepting.

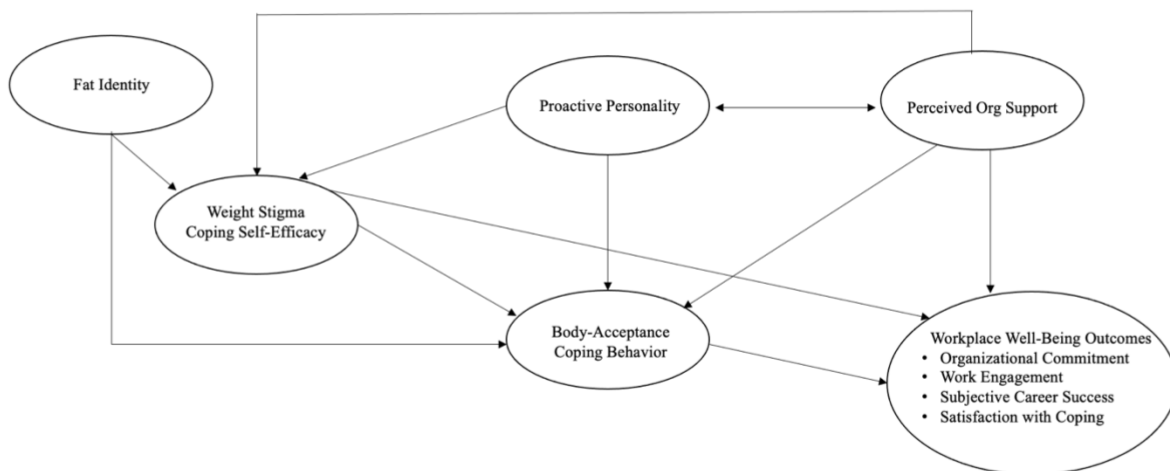
Hypothesis 3: Subjective career success, work engagement, organizational commitment, and satisfaction with workplace weight stigma coping efforts will each be directly predicted by (a) perceived organizational support, (b) coping self-efficacy, and (c) engagement in body-accepting coping behaviors. Workers who perceive their work environments to be more

supportive, who have more confidence in their ability to cope with weight stigma at work, and who are more likely to employ body-accepting coping behaviors will tend to (a) feel more engaged in their work environments, (b) be more affectively committed to their work organizations, (c) perceive more subjective career success, and (d) be more satisfied with their coping efforts in relation to workplace weight stigma.

Hypothesis 4: Perceived organizational support will covary with (a) proactive personality. That is, I expect that having a proactive personality will be correlated with greater perceptions of support from one's work environment. (It is possible that workers with proactive personalities gravitate toward supportive environments – and that such environments tend to attract proactive workers – yet neither directional relationship is assumed to be predominant for the purposes of the current study.)

Figure 2

CSM model for workers in larger bodies



Note. Org = Organizational. Note: Though grouped together for the sake of visual simplicity, organizational commitment, work engagement, subjective career success, and

workplace coping satisfaction will be modeled as separate variables in hypothesis testing.

Method

Procedure

Data were gathered via the online research panel Prolific. Selective pre-screening criteria were imposed to target participants who (a) were 25-55 years old, (b) self-identified as being in a larger body, (c) were currently employed more than 30 hours per week, (d) resided in the United States, (e) worked in a primarily in-person or hybrid format, (f) were employed in a work setting with ten or more other workers, (g) have a BMI over 25.0, and (h) have experienced at least one instance of workplace weight stigma in their current workplace within the last three months. Parenthetically, due to limitations in Prolific's screening criteria, participants not meeting the final two eligibility criteria ($n = 298$) were identified post hoc and removed from the data set prior to analyses.

The rationale for these criteria was to ensure that participants were of the age of consent, currently spending a significant amount of in-person time in work environments around others where they may be exposed to weight stigma, and likely to be dealing with the developmental challenges of securing and stabilizing (rather than disengaging from) their careers. BMI criteria were consistent with body size cut-offs for larger persons (WHO, 2021). The added requirement that participants had recently experienced weight stigma in their current workplace lends relevance to items assessing coping behavior and self-efficacy related to weight stigma coping.

Recruitment messages directed potential participants to Qualtrics' online platform where they first completed an informed consent form prior to receiving access to the survey (see

Appendix L). Two validity checks embedded within the survey (e.g., “This is an attention check. Please select ‘disagree’ and move on”) were used to reduce instances of careless responding. Failing both validity questions resulted in removal of the participant from the study. Participants who completed the survey in full, provided their consent, met screening criteria, and passed at least one of two attention checks were reimbursed at a rate of $3.00 (approximately $12.00 per hour) through Prolific.

Participants

A total of 627 valid, completed responses were obtained from workers in the establishment and maintenance stages of their careers (Super et al., 1996), ranging in age from 25 to 55 (M = 37.64, SD = 8.13). The sample consisted of primarily “male” (49.9%, n = 313), and “female” (47.4%, n = 297), identifying participants, with some participants identifying as “non-binary” (2.4%, n = 15), and “other” (.3%, n = 2). Participants identified as White (75.9%, n = 476), Black/African American (9.3%, n = 59), Hispanic or Latino/a (7.2%, n = 45), Asian/Pacific Islander (3.7%, n = 23), multiracial (3.0%, n = 19), Native American (0.8%, n = 5) and “other” (0.2%, n = 1). The sample included participants from 49 states/districts (excluding Wyoming and Hawaii).

As measured by subjective social status (MacArthur Scale of Subjective Social Status; Adler, 2000), the mean socioeconomic status reported by participants was M = 5.07 (SD = 1.60) on a scale from 1 (“worst off”) to 10 (best off”). Participants also reported their household income, ranging from “less than $15,000” (0.5%, n = 3), “$15,000 to $24,999” (2.2%, n = 3), “$25,000 to $49,999” (22.0%, n = 138), “$50,000 to $74,999” (27.6%, n = 173), $75,000 to $99,999” (19.5%, n = 122), $100,000 to $149,999” (18.0%, n = 113), $150,000 to $199,999” (6.9%, n = 43), to $200,000 or more” (3.3%, n = 21). Participants’ levels of education included

“Less than high school” (0.3%, *n* = 2), “High school graduate (or equivalent)” (8.5%, *n* = 53), “Some college (1-4 years, no degree)” (16.6%, *n* = 104),“Associate’s degree (including occupational or academic degrees)” (11.2%, *n* = 70), “Bachelor’s degree (e.g., BA, BS)” (41.0%, *n* = 257), “Master’s degree (e.g., MA, MS)” (17.2%, *n* = 108), “Professional school degree (e.g., MD, JD)” (1.8%, *n* = 11), and “Doctorate degree (e.g., PhD, EdD)” (3.5%, *n* = 22).

Participants primarily worked 31- 40 hours per week (52.3%, *n* = 328) or 41-50 hours per week (41.0%, *n* = 257); 5.4% (*n* = 34) of participants reported working 51-60 hours and 1.3% (*n* = 8) reported working more than 60 hours per week. Sixty-seven percent (*n* = 420) of the sample reported that they “always work from a central place of work”, while 33% (*n* = 207) reported that they “sometimes work from a central place of work and sometimes remotely”. All 16 Career Clusters derived from the O*NET, as well as an “other” category, were represented in the sample, with most common occupation clusters including “Education and Training” (14.5%, *n* = 91), “Health Science” (10.8%, *n* = 68), “Marketing, Sales, and Service” (9.3%, *n* = 58), “Information Technology” (8.6%, *n* = 54), and “Manufacturing” (8.1%, *n* = 51),

Body size was assessed by asking participants to report their height and weight (to calculate BMI) and to indicate the degree to which they self-identified as being in a larger body. Much of the sample identified as “overweight” (58.5%, *n* = 367), while 15.6% (*n* = 98) of participants identified as “slightly overweight” and 25.8% (*n* = 162) of participants identified as “extremely overweight”. Participants ranged in BMI from 25.06 to 66.81 (*M* = 34.88, *SD* = 6.88). In alignment with BMI categories outlined by the National Institutes of Health (NIH) and World Health Organization (WHO; Weir & Jan, 2023; WHO, 2000), 26.5% (*n* = 166) of the sample had a BMI categorized as “overweight”, while 34.6% (*n* = 217) were categorized as

"obesity class II", 18.0% ($n = 113$) were categorized as "obesity class I", and 20.9% were categorized as "obesity class III" ($n = 131$).

Self-identified weight and BMI have been found to correlate moderately to strongly in previous studies (Blodorn et al., 2016; Major et al., 2014), as was the case in the current study (.63, $p < .001$, $N = 627$). It should be noted that although the BMI was used as an inclusion criterion based on its widespread use in prior research on weight stigma, I recognize the limitations associated with its use, including its stigmatizing potential (O'Hara & Taylor, 2018). Participants received a statement noting the reasons for including the BMI, despite its downsides (see Appendix A). Participants also received links to resources on fat acceptance and body liberation upon completion of the survey as part of the debriefing process (Appendix N).

Individuals were asked to indicate the frequency with which they experienced weight stigma in the workplace within the three months prior to taking the survey. On a scale from 1 ("never") to 7 ("extremely often"), with individuals who indicated 1 ("never") excluded from the sample, participants reported a range of weight stigma frequency from 2 to 7 ($M = 3.32$, $SD = 1.25$). Participants also indicated the degree to which these weight stigma experiences had been distressing to them, from 1 ("not at all upset") to 7 ("extremely upset) ($M = 4.21$, $SD = 1.56$).

Participants were also asked to "select all" types of weight stigma they had encountered in their workplace within the past three months. Their responses broke down as follows: "Noticed others stare at you" was endorsed by 53.6% ($n = 336$) of the sample. Additionally, 44.3% ($n = 278$) indicated "noticed that others at work made assumptions about your work abilities because of your weight", 39.4% of participants ($n = 247$) reported that they had "received personal reminders of your weight (e.g. ill-fitting or uncomfortable uniforms or dress-code requirements)", 29.8% ($n = 187$) "encountered structural or physical barriers (e.g. seats too

small, aisles to narrow, no elevator)", 28.7% (*n* = 180) had "been avoided, excluded, or ignored by colleagues or customers", 27.3% (*n* = 171) "received nasty or inappropriate comments from others", 14.7% (*n* = 92) "received cues that others at work are embarrassed to be seen with you at your weight", 10.2% (*n* = 64) "experienced job discrimination (e.g., being looked over for a promotion because of your weight)", 1.4% (*n* = 9) had "been physically attacked", 8.9% (*n* = 56) indicated that they had experience "none of the above" stigma experiences, while 8% (*n* = 50) specified "other uncomfortable situations" which they had experienced. Examples of the latter included comments on eating/food choice (e.g., "Comments about my lunch and how I eat"), encountering workplace diet talk and weight loss talk (e.g., "Constantly being around thin colleagues who obsess over healthy eating and diet culture and exercise"), and negative comments/insults ("coworker called me obese at lunch").

Measures

Proactive Personality. Proactive personality, a personality trait reflecting high initiative and perseverance in shaping one's work environment (Bateman & Crant, 1993), was measured with Seibert et al.'s (1999) 10-item Proactive Personality Scale (PPS; Appendix C), based on Bateman and Crant's (1993) original 17-item scale. Participants indicated their level of agreement with each item on a scale of 0 (strongly disagree) to 6 (strongly agree), with higher scores indicating more proactive personality traits. A sample item is, "I am always looking for better ways to do things". The 10-item version of the scale has yielded an internal consistency estimate of .86 and is highly correlated with the 17-item original version of the scale (.96; Seibert et al., 1999). The original measure had a test-retest reliability coefficient of .72 over a period of three months (Bateman & Crant, 1993).

In a previous CSM-SCCT study (Lent et al., 2022), internal consistency for proactive personality was found to be .91. Significant positive relationships have been found between proactive personality and career satisfaction, salary attainment, and number of promotions across one's career (Seibert et al., 1999). Proactive personality has also been found to be moderately to strongly correlated with measures of psychological coping self-efficacy (Wang, 2022), occupational self-efficacy, and negative career outlook, and moderately correlated with domain specific self-efficacy and outcomes expectations (e.g., proactive career self-efficacy, proactive career outcome expectations) (Lent et al., 2022). Additionally, proactive personality has been found to directly predict psychological coping behavior within the CSM model (Lent et al., 2023b). Proactive personality served both as a personality variable in model testing as well as a measure against which to assess the convergent validity of body acceptance-based coping behaviors and coping self-efficacy in the study's measurement development phase. Internal consistency for proactive personality was found to be .92 in both the measure development and model testing phases of this study.

Perceived Organizational Support. Perceived organizational support, the extent to which individuals perceive that their organization cares about their well-being (Eisenberger et al., 1986), was assessed with an 8-item version of the Survey of Perceived Organizational Support Scale (SPOS; Eisenberger et al., 1986; Worley et al., 2009). The scale asked participants to indicate their agreement with how well each statement describes their workplace (e.g., "The organization really cares about my well-being") on a scale of 0 (strongly disagree) to 6 (strongly agree). The measure yielded an internal consistency estimate of .93 in Worley et al. (2009). The 8-item SPOS is strongly correlated with longer versions of the Perceived Organizational Support Scale (Worley et al., 2009) and moderately correlated with affective organizational commitment,

organizational communication, and organizational participation (Worley et al., 2009). Eisenberger et al. (1986) found that the SPOS (Appendix D is strongly related to risk-taking behaviors in employees, job satisfaction, and organizationally based self-esteem. The scale has been used as an indicator of social support in previous CSM studies (e.g., Moturu & Lent, 2023), finding perceived organizational support to predict workplace outcomes such as career satisfaction and organizational rewards. Internal consistency ratings in the current study were .95 and .96.

Weight stigma coping behaviors and self-efficacy. Item sets were developed to assess coping behaviors and coping self-efficacy as related to weight stigma in the context of work. As suggested by SCCT measurement guidelines (Lent & Brown, 2006), the items for each measure were designed to relate conceptually to one another and to match one another in terms of context and domain specificity, though efforts were made to avoid using the same item content, instructions, or scaling to reduce linked measurement concerns. The item sets included five conceptual categories of body acceptance coping methods (self-advocacy, social support seeking, emotional regulation, cognitive restructuring, disengagement) that had been identified in previous studies (e.g., Gerend et al., 2021, 2022). The current study did not include self-blaming coping strategies such as maladaptive eating, exercise avoidance (Chen et al., 2022), and negative self-talk (Myers & Rosen, 1999), because of their potential to exacerbate rather than lessen internalized weight stigma.

Body acceptance coping behaviors items asked participants to report the extent to which they have engaged in a series of behaviors to cope with weight stigma at work from 1 (“not done all all”) to 5 (“done a great deal”). The 20 item-scale was designed around five conceptual categories of coping strategies (4 items each), including self-advocacy (e.g., “Asked your co-

workers not to comment on your body or other workers' bodies"), emotion regulation (e.g., "Found helpful ways to handle your emotions when people comment on your weight at work"), social support seeking (e.g., "Sought out the company of coworkers who accept your body the way it is"), cognitive restructuring (e.g., "Reminded yourself that your weight does not define who you are as a worker"), and disengagement (e.g., "Intentionally left the room when a conversation about weight or dieting occurred at work"). The measure was patterned after other coping behavior measures that have been studied in relation to the CSM model (e.g., Lent et al., 2023b) and weight stigma coping literatures (Hayward et al., 2017).

Recognizing the limitations of generic versus domain-specific coping scales, Donoghue (2004) called for the use of domain specific scales, which can improve the accuracy and interpretability of a coping scale. The development of a work-domain, body-acceptance-aligned coping measure may allow for more precise understanding of the coping behaviors used by workers in larger bodies. It should be noted that this measure included disengagement strategies as one form of acceptance-based coping. Although some studies have found disengagement or avoidance coping as a maladaptive strategy that is associated with higher distress (Chao, 2011), the types of disengagement reflected in the new measure's items involve avoidance of stigmatizing co-workers or negative comments. Myers and Rosen (1999) found no association between this type of avoidance coping and worse adjustment. I posit that body-accepting strategies, including those that involve disengaging from stigmatizing situations, should predict positive outcomes, in accordance with weight stigma (Gerend et al., 2021) and vocational (Afrahi et al., 2022) research. The coping behaviors measure is included in Appendix E.

Twenty coping self-efficacy items reflected participants' confidence in their ability to cope with weight stigma in their work environments, with a focus on body-acceptance strategies

(e.g., perceived ability to engage in self-advocacy in relation to weight-stigmatizing interactions), using the five coping categories described above. Participants rated their confidence in their ability to cope with “negative or uncomfortable treatment in the workplace related to their weight” (e.g., "Speak up against bias at work that is directed at you because of your weight”) on a scale from 1 (“no confidence at all”) to 5 (“complete confidence”). The coping self-efficacy items are included in Appendix F.

Affective organizational commitment. Affective commitment to one’s work organization was measured using Allen and Meyer’s (1990) Affective Commitment Scale (Appendix G). This 8-item scale assessed workers’ commitment to their place of employment. Items such as “I would be very happy to spend the rest of my career with this organization” were measured on a seven-point scale, from 1 (strongly disagree) to 7 (strongly agree), with higher scores reflecting greater affective commitment. A meta-analysis of this measure found an average *N*-weighted internal consistency rating of .82 across 144 studies (Meyer et al., 2002). The measure has been found to correlate as expected with measures of organizational support, job involvement, and job satisfaction (Meyer et al., 2002). In the current study, one item “I think that I could easily become as attached to another organization as I am to this one” was removed due to its atypical performance and factor loadings as compared to the other items in the scale. Previous studies have supported the removal of this item, identifying the item as problematic due to low-item correlations and factor loadings (e.g., Merritt, 2012; Culpepper, 2000; Dunham et al., 1994) and possible careless responding on this negatively worded item (Merritt, 2012). The slightly modified 7-item affective organizational commitment scale yielded an internal consistency value of .94 in both phases of the study.

Work engagement. Work engagement is conceptualized as a positive affective, work-related state (Schaufeli & Bakker, 2004) reflecting a sense of fulfillment in one's work environment. Work engagement was measured with the 9-item version of the Utrecht Work Engagement Scale (UWES; Schaufeli et al., 2006). The UWES scale asks participants to report the frequency with which they have experienced a series of feeling states on a scale from zero ("never") to six ("always"). The measure captures three dimensions of work engagement. "Vigor" captures energy, mental resilience, and investment in one's work (e.g., "At my work, I feel bursting with energy"). "Dedication" captures one's feelings of significance, enthusiasm, and involvement in one's work ("e.g., I am proud of the work that I do"). Finally, the "absorption" dimension is characterized by the feeling of being fully engrossed in and concentrated on one's work (e.g., "I am immersed in my work"). In the current study, the UWES was used as an overall measure of work engagement, as it has been used in previous studies (e.g., Sanhokwe, 2022; de Bruin et al., 2013).

The UWES yields internal consistency ratings of .85-.95 (Sanhowke, 2022; Schaufeli et al. 2006; Shuck et al., 2017) and test-retest reliability estimates of .64-.73 across one year (Schaufeli et al., 2006). It has also been found to be strongly correlated with the original 17-item scale (Schaufeli et al. 2006). Strong intercorrelations among the three subscales (r = .74-.86) have been reported (Shuck et al., 2017). The UWES and its subscales have been found to correlate moderately to strongly with job satisfaction, life satisfaction, job involvement, affective organizational commitment, and perceived organizational support (Inam et al., 2021; Shimazu et al., 2012; Shuck et al., 2017), as well as with other measures of vigor and work engagement (Wefald et al., 2012; Shuck et al., 2017). The UWES is negatively correlated with burnout (Schaufeli et al., 2006), disordered eating behavior

(Willmer et al., 2021), and psychological distress (Ruiz-Frutos et al., 2021). In the current study, the UWES (Appendix H) yielded internal consistency ratings of .94 and .95.

Subjective career success. Subjective career success (Appendix I) was measured with Greenhaus et al.'s (1990) five-item measure of career satisfaction, identified by Seibert et al. (1999) as a measure of subjective career success. The measure asked participants to rate their level of agreement with statements such as "I am satisfied with the progress I have made toward meeting my goals for advancement", on a scale from 1 ("strongly disagree") to 5 ("strongly agree"). The measure yielded internal consistency rating of .88 in Greenhaus et al., 1990, and .90 in a previous CSM study (Lent et al., 2022) and has been found to relate positively to measures of supervisory support, organizational acceptance, and job discretion (Greenhaus et al., 1990). In prior CSM model tests, subjective career success has been found to relate as expected to proactive personality, perceived organizational support, proactive career self-efficacy, proactive career behavior, and self-advocacy behaviors (e.g., voice, career initiative) (Lent et al., 2022; Moturu & Lent, 2023). The internal consistency ratings of this measure in the current study were .93 and .94.

Satisfaction with weight stigma coping efforts. The satisfaction with workplace stigma coping measure, which was novel to the current study, is included in Appendix J. Satisfaction with coping efforts was included as a process-oriented outcome, highlighting participants' evaluation of their own coping efforts, in contrast to the more global outcomes represented by other criterion variables including in the study. This 3-item measure asked participants to rate their level of agreement with statements regarding their satisfaction with their weight stigma coping efforts (e.g., "All in all, I am satisfied with the way I cope with the challenges of being a large-bodied person in my workplace") on a scale of 1 ("strongly

disagree") to 5 ("strongly agree). Domain-specific satisfaction is often used as an outcome variable in SCCT studies (e.g., Sheu et al., 2020), including in tests of the CSM model (Tatum, 2018), though satisfaction with coping efforts has not previously been studied in CSM research. Psychometric properties of this scale were assessed in the measurement development phase and were deemed sufficient for inclusion in the model testing phase. The internal consistency ratings for this measure were .89 and .92 in the current study.

Fat Identity. Fat identity was measured using the 5-item Fat Identification Scale (Lindly et al., 2014). Participants rated the degree to which they consider membership in the fat community as self-defining on a scale from 1 (strongly disagree) to 7 (strongly agree). One item, "Belonging to a group of fat women is important to me", was slightly altered to "Belonging to a group of fat individuals is important to me", in order to be inclusive of all gender identities included in the study. Internal consistency ratings were found to be .89 in Wellman et al. (2022). Lindly et al. (2014) found body size identity (i.e., fat identification) to have strong, positive correlations with coping strategies which reflect social change and creativity (i.e., advocating for social change, body affirmation) and strong, negative correlations with individualistic coping strategies (i.e., weight loss programs). Collective coping strategies align conceptually with body-acceptance coping behaviors, providing a basis for the expected relationships between body size identity and the novel body-acceptance coping behavior and weight stigma self-efficacy measures. This measure has also been found to correlate as expected with internalized weight stigma (Lindly et al., 2014), perceived group discrimination, self-esteem, and satisfaction with life (Wellman et al., 2022). Within the current study, the Fat Identification Scale (Appendix K) yielded internal consistency values of .92 and .93.

Social Desirability. Strahan and Gerbasi's (1972) short-form version of Marlowe and Crowne's (1960) Social Desirability Scale (SDS) was used as an index of discriminant validity and response bias (Appendix L). Specifically, the new and altered measures are expected to correlate only weakly with social desirability. The SDS is meant to capture participants' tendency to "fake good". It asks participants to respond in a "true" or "false" format to a series of items, such as "I like to gossip sometimes" (Marlowe & Crowne, 1960; Strahan & Gerbasi, 1972). Strahan and Gerbasi's (1972) measure was recommended as the SDS short-form version of choice (Fischer & Fick, 1993), with an internal consistency rating of .88 and a correlation of .96 with the original SDS measure (Fisher & Fick, 1993). The current study yielded internal consistency estimates of .75 and .76.

Demographics. Participants were asked to provide information about their age, body size, height, weight, employment status, work environment, and current U.S. residence to reconfirm pre-screening criteria. They were also asked about the frequency of weight stigma experiences in the workplace over the past 3 months, as well as the distress they have experienced in reaction to these events. After completing the study measures in randomized order, they were then presented with demographic questions regarding their gender identity, race/ethnicity, subjective social status (MacArthur Scale of Subjective Social Status; Adler, 2000), occupation (derived from the O*NET's "16 Career Clusters"), level of education, current household income, and the types of weight stigma they had experienced at work across the previous 3 months.

Results

Survey Responses

Of the 1051 individuals who accessed the survey via Prolific, 131 submissions were "returned" for the following reasons: providing responses that did not align with the pre-screening criteria, failing to meet attention check criteria, failing to provide consent, exceeding the "time-out" period on Prolific, or exiting the survey voluntarily. Of the remaining potential participants, 920 fully completed the survey and were compensated for their participation in the study. However, 293 participants were subsequently removed following payment due to straight-lining/zigzagging response patterns ($n = 25$), having a BMI under 25 ($n = 32$), or reporting that they had not experienced any instances of weight stigma within the past three months ($n = 266$).

After removing submissions which displayed straight-lining/zigzagging patterns and failure to meet the BMI threshold, potential participants who indicated that they had not experienced weight stigma within the past three months ($n = 238$) were further examined for differences from participants who had recently experienced weight stigma. Results of a multivariate analysis of variance including all model variables (organizational commitment, career satisfaction, satisfaction with coping efforts, work engagement, fat identity, proactive personality, perceived organizational support, coping behaviors, coping self-efficacy, social desirability) revealed an omnibus difference based on the presence of recent weight stigma experiences, $F(10, 854) = 48.92$, $p < .001$; Wilk's $\Lambda = 0.64$, partial $\eta 2 = .36$. Levene's test for equality of variance indicated that the variance of model variables including coping behaviors ($F = 29.74$, $p < .001$), fat identity ($F = 18.02$, $p < .001$), satisfaction with coping efforts ($F = 4.53$, $p < .05$), and coping self-efficacy ($F = 5.26$, $p < .05$) were not homogeneous. Due to this violated assumption, a t statistic not assuming homogeneity of variance was computed for these variables.

At the univariate level, those who had experienced weight stigma in the past three months differed significantly from those who had not recently experienced weight stigma in their commitment to their organizations (t (863) = 3.99, $p < .001$; $d = .30$), perceived organizational support (t (863) = 4.84, $p < .001$; $d = .37$), proactive personality (t (863) = -3.61, $p < .001$; $d = -.28$), fat identity (t (516.45) = -6.66, $p < .001$; $d = -.46$), coping behaviors (t (546.01) = -19.12, $p < .001$; $d = -1.30$), coping self-efficacy (t (391.52) = 5.47, $p < .001$; $d = .44$), and satisfaction with coping efforts (t (863) = 3.68, $p < .001$; $d = .27$). In particular, those who had not recently experienced weight stigma reported being significantly more committed to their organizations, perceiving more support from their organizations, having higher coping self-efficacy, and being more satisfied with their coping efforts. These participants who had not recently experienced weight stigma also reported significantly lower fat identification, less proactive personality, and less engagement in coping behaviors. Those who had not experienced recent weight stigma were not included in subsequent analyses because the concept of coping in this context presupposes that one has experienced recent weight stigma.

The final sample of 627 was divided into 250 participants for the measure development phase and 377 participants for the modeling testing phase, adhering to suggested sample sizes for the target analyses (Weston & Gore, 2006; Worthington & Whitaker, 2006) and an a priori online power analysis calculator for structural equation modeling (SEM) (Soper, 2022).

Measure Development

Item piloting and face validity. Items were written by the author based on coping behavior and coping self-efficacy items used in prior CSM (Lent et al., 2023b; Wang, 2022) and weight stigma coping studies (Hayward et al., 2017). These items sets were shared with two weight stigma experts (i.e., clinical/counseling psychologists who have published within weight

stigma and fat acceptance research), 8 larger bodied workers (members of a regional "fat-friendly community" Facebook group who met the study inclusion criteria), and the author's advisor and a research team member, both with extensive experience in studying the CSM model. These groups were asked to share their feedback regarding item clarity and representativeness. The feedback was reviewed and the 20 items in each measure were edited based on panel feedback.

Exploratory factor analysis. Exploratory factor analyses using principal axis factoring and oblimin oblique rotation were conducted to assess the underlying factor structure of body acceptance coping behaviors and weight stigma coping self-efficacy items in a sub-sample of 250 participants. Although I had written items to reflect five conceptual categories assumed to reflect body acceptance coping based on previous weight stigma coping and CSM studies (e.g., Gerend et al., 2021; Lent et al., 2022), an empirical approach was taken to determine the factor structure of the underlying item sets. The body acceptance coping behaviors items yielded a Kaiser-Meyer-Olkin index of .89 and a significant ($p < .001$) Bartlett's test of sphericity; the coping self-efficacy items had a Kaiser-Meyer-Olkin index of .93 and a significant Bartlett's test of sphericity ($p < .001$), suggesting the factorability of these item sets. Scree plots and factor interpretability criteria were primarily used to determine factor structure. Items were retained if their pattern matrix loadings were above .35 on their primary factor, based on Hair et al.'s (1998) recommended cutoffs for samples $\geq$ 250, and also if they cross-loaded minimally on other factors (i.e., a separation of at least .15 between their primary and secondary loadings; Lent et al., 2023a). Item factor loadings are shown in Tables 7 and 8.

A two-factor solution was found to be the most plausible structure for the coping behaviors measure. Four items were removed from the original 20 items due to cross loading or

low loadings. Although a marginal third factor was considered, it was not retained, due to the factor consisting only of three items (and, therefore, likely to prove unstable). The two-factor solution accounted for 46.97% of the total variance. It included (a) an *assertion coping factor* (8 items, 37.98% of the variance), reflecting coping strategies related to advocating for/standing up for oneself in the face of weight stigma (e.g., "Spoke up when a co-worker used discriminatory or unfair language about your weight or body size, even if the comment was not intended to be hurtful"), and (b) a *cognitive/emotional coping factor* (8 items, 8.99% of the variance), encompassing positive self-talk, emotional regulation, and self-acceptance (e.g., "Tried to think more positively about yourself and your weight, despite receiving unkind comments from others"). Item factor loadings ranged between .51 and .82 for the assertion coping factor and between .43 and .85 for the cognitive/emotional coping factor.

A two-factor solution was also found to be the most plausible structure for the coping self-efficacy measure. Following an initial factor analysis of the 20 items, 5 items were eliminated due to cross loadings or low loadings. The two factors, consisting of 15 total items, accounted for 54.17% of the total variance. The *cognitive/emotional coping factor* and *assertion coping factor* were also reflected in the coping self-efficacy measure. The 9-item cognitive/emotional coping factor (e.g., "See yourself as a valuable worker, despite negative messages about being in a larger body") accounted for 45.72% of the variance, while the 6-item assertion factor (e.g., "Correct your co-workers when they use negative language about your body or others' bodies") accounted for 8.45% of the variance. Item factor loadings ranged between .61 and .85 for the assertion coping factor and between .37 and .86 for the cognitive/emotional coping factor. Items representing the five initial coping response categories (e.g., self-advocacy, support seeking, regulating emotions, disengagement, cognitive

restructuring) are represented in the final item sets for body acceptance coping behaviors and coping self-efficacy, though they clustered into to two versus five factors on each measure.

Reliability Analyses. Correlations, means, standard deviations, and internal consistency reliability statistics for variables in the measure development sub-sample are shown in Tables 1 and 2. The scales produced internal consistency estimates that ranged from acceptable to excellent (.75-.95). The coping behavior assertion and cognitive/emotional subscales yielded reliability values of .89 and .84, respectively, while the coping self-efficacy assertion and cognitive/emotional subscales yielded respective reliability values of .89 and .90. The coping behavior subscales (r = .55) and the coping self-efficacy subscales (r = .64) were strongly interrelated.

Preliminary validity analyses. Correlations between predictor and criterion variables were generally theory-consistent (Lent et al., 2023a; Lent et al., 2021; Perez-Lopez et al., 2019), though perceived organizational support was not significantly related to the coping behaviors measure (.09) or its subscales and affective organizational commitment was not significantly related to the cognitive/emotional coping self-efficacy subscale.

Convergent and discriminant validity of the new coping self-efficacy and coping behavior measures was estimated via patterns of correlations with existing measures of relevant constructs. Consistent with expectations, body size identity was found to be positively correlated with coping behavior (.58) and self-efficacy (.30). Proactive personality was likewise related to the coping behavior scale (.41) and its subscales and to the coping self-efficacy scale (.46) and its subscales. Relevant to discriminant validity, the coping behavior scale (.22, $p < .05$) and its subscales and coping self-efficacy (.15, $p > .05$) and its subscales were found to be weakly or non-significantly correlated with social desirability.

Mean differences among types of coping behavior and self-efficacy. Paired sample *t* tests were used to examine whether participants in the measurement sub-sample differed significantly in their use of the different coping behaviors or in self-efficacy regarding their use (subscale means and standard deviations are displayed in Table 2). These tests indicated that participants endorsed more frequently engaging in cognitive/emotional-focused coping rather than assertion coping (t = 19.48 [249]; Cohen's d = .80) and feeling more self-efficacious in their ability to use cognitive/emotional-focused coping strategies than assertion strategies (t = 14.37 [249]; Cohen's d = .73). In both cases, the differences reflected relatively large effect sizes.

Regression analyses. A series of regressions were run with the first sub-sample to test the incremental validity of the new coping and self-efficacy scales in relation to other predictor and control variables. Specifically, regressions were run to predict the four criterion variables: subjective career success, workplace engagement, affective organizational commitment, and satisfaction with coping. In each case, fat identity, gender (male vs. female), race (white vs. people of color), household income, self-identified body size, and social desirability were entered in the first step. Perceived organizational support was entered at the second step, and the coping self-efficacy and coping behavior subscales (i.e., assertion and cognitive/emotional) were entered at the third step. Note that N = 244 for these analyses because six participants in this sample who did not identify as male or female were not included.

In the prediction of work engagement, results showed that the coping self-efficacy and coping behaviors subscales accounted for statistically significant variance in workplace engagement ($\Delta R^2 = 0.10$, $p < .05$) beyond the demographic control variables and perceived organizational support (see Table 3). Specifically, beta weights indicated that assertion coping behaviors (β = .19), and cognitive/emotional self-efficacy (β = .19) uniquely contributed to the

prediction of work engagement. Perceived organizational support also yielded a significant beta weight (β = .53) at the final step of the regression. The total R^2 was .51.

In predicting subjective career success, the coping behavior and coping self-efficacy scales accounted for significant unique variation beyond the demographic control variables and perceived organizational support at the final step of the equation ($\Delta R^2 = .03$, $p < .05$; Table 4). Significant predictors with all variables in the equation included cognitive/emotional coping self-efficacy (β = .19), assertion coping behaviors (β = .17), perceived organizational support (β = .47), and household income (β = .23). The full equation accounted for 40% of the variation in subjective career success.

As shown in Table 5, coping behavior and coping self-efficacy subscales accounted for 24% of the unique variation in satisfaction with coping efforts. Significant predictors at the final step of the equation included assertion coping self-efficacy (β = .31), cognitive/emotional coping self-efficacy (β = .31), perceived organizational support (β =.14), and self-identified body size (β = -.14, $p < .01$); total $R^2 = .42$.

In contrast to the other three regression analyses, coping behavior and coping self-efficacy did not account for statistically significant unique variance in the prediction of affective organizational commitment ($\Delta R^2 = .01$), and perceived organizational support was the only significant individual predictor at the final step of the equation (β = .73, $p < .001$), accounting for 60% of the variation in affective organizational commitment (see Table 6).

Model Testing

Confirmatory Factor Analysis. Confirmatory factor analyses using data from the second sub-sample ($N = 377$) were completed to assess the stability of the factor structure of the coping behavior and coping self-efficacy measures. First, 2-factor models of each measure were

tested, with items set to load on an assigned factor based on the exploratory factor analyses in the measure development phase. Adequacy of fit was assessed with Hu and Bentler's (1999) 2-index method: (a) SRMR values ≤ .08 combined with (b) CFI values ≥ .95 or RMSEA values ≤ .06. A two-factor model produced marginal fit to the data for coping behaviors, SRMR = 0.06, CFI = 0.91, RMSEA = 0.07 (90 % CI [0.06, 0.08]); S–B $\chi 2$ (103) = 283.99, $p < .001$, with two of the three fit criteria being non-optimal. Item-factor loadings ranged between 0.46 and 0.78. The correlation between the assertion and cognitive/emotional coping behaviors factors was 0.55. The two-factor coping self-efficacy model also produced non-optimal fit to the data, SRMR = 0.05, CFI = 0.93, RMSEA = 0.08 (90 % CI [0.07, 0.09]); S–B $\chi 2$ (89) = 308.60, $p < .001$. Item-factor loadings ranged between 0.64 and 0.86. The correlation between the assertion and cognitive/emotional coping self-efficacy factors was 0.70.

Given the tolerable but non-optimal fit of the 2-factor models, bifactor measurement models were also tested. In these analyses, each item was set to load on both a general and subscale-specific factor. The purpose of the bifactor modeling was to determine whether the sets of items in the current study better fit a unidimensional rather than multidimensional structure. For the coping behavior measure, the bifactor model produced improved fit as compared to the 2-factor model, SRMR = 0.05, CFI = 0.95, RMSEA = 0.05 (90 % CI [0.04, 0.07]); S–B $\chi 2$ (88) = 183.79, $p < .001$, ΔS-B χ^2 (15) = 95.46, $p < .001$), with item-factor loadings on the general coping behavior factor ranging between 0.25 and 0.78 (Table 8). For the coping self-efficacy measure, the bifactor model also produced adequate fit to the data, SRMR = 0.03, CFI = 0.96, RMSEA = 0.07 (90 % CI [0.06, 0.08]); S–B $\chi 2$ (75) = 204.95, $p < .001$, ΔS-B χ^2 (14) = 38.77, $p < .001$), with item-factor loadings on the general coping self-efficacy factor ranging between 0.44 and 0.86 (see Table 7).

Ancillary bifactor indices were calculated using Duebner's (2017) calculator. The coping behavior measure yielded a Percent of Uncontaminated Correlations (PUC) of .51, a general explained common variance (ECV) of .61, and an Omega Hierarchical (OmegaH) of .71, while coping self-efficacy yielded PUC = .53, general ECV = .65, OmegaH = .74. According to Reise et al. (2013), both sets of results support a primarily unidimensional interpretation of the factor structures. In particular, Reise et al. (2013) suggest that when PUC values are lower than .80, general ECV values greater than .60 and OmegaH > .70 of the general factor reflect some multidimensionality though not enough to rule out a largely unidimensional structure. Therefore, a unidimensional structure for both constructs was adopted for the model testing phase of the study, which somewhat simplified model testing and offered a way to manage multicollinearity (i.e., strong interrelations among the two coping behaviors factors and among the two coping self-efficacy factors).

Reliability and validity analyses. Correlations, means, standard deviations, and internal consistency reliability statistics for the predictor and criterion variables in the second phase, using a subsample of 377 participants, are shown in Table 9. Reliability statistics ranged from .76 to .96 in this subsample. Correlations between measures were generally consistent with theoretical expectations and relevant prior findings (e.g.,Lent et al., 2023a; Lent et al., 2021; Perez-Lopez et al., 2019).

Measurement and Structural Model Tests. Three item parcels representing each variable were created using Little et al.'s (2013) balancing method to test the model, shown in Figure 2, at the latent variable level. In keeping with the bifactor model results, coping behavior and coping self-efficacy were each modeled as a general construct. MLM estimation procedures of Mplus 8.6 (Muthen & Muthen, 1998–2021) were used to conduct measurement and structural

model tests. As before, a 2-index criterion for assessing adequacy of model-data fit (SRMR $\leq$.08 in conjunction with RMSEA $\leq$ .06 or CFI $\geq$.95) was employed (Hu & Bentler, 1999).

Results of the measurement model were consistent with the assumption that a 9-factor correlated measurement model would yield good fit to the data (SRMR = .04, RMSEA = .05, 90% CI (.04, .05), CFI = .98, Satorra-Bentler (S-B) $\chi 2$ (288) = 518.69, $p < .001$). Factor loadings were significant, ranging from .69-.97. Most latent variables were significantly and moderately to strongly interrelated ($p < .001$), though fat identity was not found to correlate significantly with the more general (i.e., non-weight specific) variables, such as affective organizational commitment or organizational support.

It was observed that affective organizational commitment and perceived organizational support were very highly related (.85) in the measurement model. This strong correlation has been found in previous studies (e.g., Kurtessis et al., 2017; Meyer et al., 2002), though the preponderance of findings suggest that these variables are still relatively distinct (e.g., Kurtessis et al., 2017). An alternative measurement model was tested to further examine the distinctiveness of affective organizational commitment and perceived organizational support in the current data set. In this model, both sets of parcels were set to load on a single construct. This model fit the data less well than the original model (SRMR = .05, RMSEA = .07, 90% CI [.07, .08], CFI = .93, Satorra-Bentler (S-B) $\chi 2$ (296) = 898.78, $p < .001$; ΔS-B χ^2 (8) = 388.61, $p < .001$), further suggesting that affective organizational commitment and perceived organizational support are somewhat distinct, though highly related, constructs.

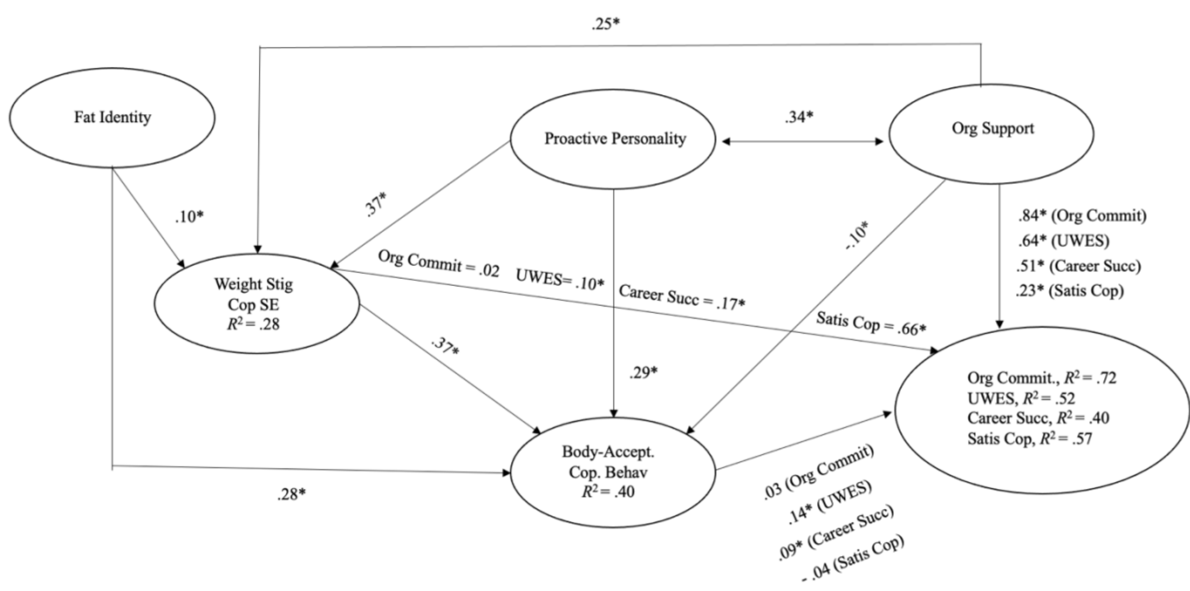
Next, a structural model analysis using latent variables was conducted to test the hypothesized paths among the constructs. The target model was found to adequately fit the data (SRMR = .05, RMSEA = .05, 90% CI (.04, .05), CFI = .97 Satorra-Bentler (S-B) $\chi 2$ (296) =

544.96, $p < .001$). The structural path coefficients are shown in Figure 3. (Note that, though they were modeled within the same oval to avoid visual clutter, affective organizational commitment, work engagement, subjective career success, and satisfaction with coping efforts were treated as distinct dependent variables in the analysis). As expected, perceived organizational support significantly covaried with proactive personality. Coping self-efficacy was directly predicted by proactive personality, fat identity, and perceived organizational support, and in turn, was predictive of engagement in coping behaviors, satisfaction with coping efforts, work engagement, and subjective career success. Contrary to hypotheses, however, coping self-efficacy did not uniquely predict affective organizational commitment.

Coping behaviors were uniquely predicted by proactive personality, fat identity, and coping self-efficacy. These coping behaviors, in turn, predicted work engagement and subjective career success, but not satisfaction with coping efforts or affective organizational commitment. In addition to its relations to coping self-efficacy and coping behavior, perceived organizational support directly predicted all four dependent variables. Together, the predictors in the model accounted for a considerable amount of the variance in affective organizational commitment (72%), work engagement (52%), subjective career success (40%), and satisfaction with coping efforts (57%). Parenthetically, the significant negative path from perceived organizational support to coping behaviors may have been due to statistical suppression in that the positive bivariate relation between these two variables in the measurement model test (.13) became negative in the presence of the other predictors.

Figure 3.

Model Testing Phase: Structural Path Coefficients



Note. $*p < .05$, one-tailed. Org Commit = Affective Organizational Commitment, Weight Stig Cop SE = Weight Stigma Coping Self-Efficacy, Body-Accept Cop Behav = Body-Acceptance Coping Behaviors, UWES = Workplace Engagement, Career Succ = Subjective Career Success, Satis Cop = Satisfaction with Workplace Coping; Affective Organizational Commitment, Workplace Engagement, Subjective Career Success, and Satisfaction with Workplace Coping were each modeled as separate latent factors; they are shown in single ovals here to avoid visual clutter.

Discussion

The present study addressed a gap in research and practice regarding the coping behaviors and workplace outcomes of larger-bodied workers, a group that has seldom been studied within the vocational and counseling psychology literature. Sets of items representing body-acceptance coping behaviors and coping self-efficacy in the work domain were first developed and examined in terms of their psychometric characteristics in a measurement development phase of the study. This was followed by a model testing phase in which the CSM model (consisting of social cognitive, trait person, contextual, and identity variables) was adapted to predict four relevant criterion variables, commitment to one's organization, satisfaction with one's coping efforts, subjective career success, and workplace engagement. The findings are highlighted below and limitations and implications for future research are discussed.

An exploratory factor analysis identified two dimensions on both the coping behaviors and coping self-efficacy measures, which were termed "self-acceptance/cognitive/emotional coping" and "behavioral self-assertion coping". Across two sub-samples, internal consistency ratings for the measures in the study ranged from acceptable to excellent (.75-.96). Correlations of the new measures among themselves and with a variety of theory-relevant variables were largely consistent with expectations. The coping self-efficacy and coping behavior scales and subscales were moderately to largely correlated among themselves.

Interestingly, there were significant mean differences in the "cognitive/emotional coping" and "assertion coping" sub-scales: participants reported being more likely to engage in and feel confident at coping via cognitive/emotional rather than assertion strategies. Differences in use and confidence between these coping strategies may be attributed to perceived social and workplace norms against speaking up in response to weight stigma, less frequent opportunities to

do so, and fewer opportunities to see other coworkers enacting these behaviors. There may also be more detrimental consequences associated with speaking out outwardly to one's colleagues rather than attempting to monitor one's emotions internally. Therefore, theoretically, lower coping self-efficacy and less engagement in assertion coping could stem from participants having less vicarious learning experiences, verbal persuasion, performance accomplishments, and greater anxiety associated with behavioral assertion (Lent et al., 1994). Additionally, given the common experience of internalized bias among persons in larger bodies (Puhl et al., 2018), it is possible that fat workers may feel less confident and less likely to engage in assertion coping to the extent to which they fail to recognize their "deservedness" for advocacy (e.g. Lemmon et al., 2023; Durso & Latner, 2008).

A set of regression analyses found that, controlling for demographic and identity-related variables (i.e., race, gender, social desirability, household income, fat identity, and self-identified body size) and perceived organizational support, coping self-efficacy and coping behaviors collectively accounted for an additional 24% of the variance in satisfaction with one's coping efforts, 3% of the variance in subjective career success, and 10% of the variance in workplace engagement. However, the two social cognitive variables did not contribute uniquely to the prediction of organizational commitment. Given these findings, as well as the strong correlation between perceived organizational support and affective organizational commitment, it may be that it is difficult to improve upon perceived organizational support as a source of affective commitment to one's work organization and that such support has the potential to compensate, at least to a degree, for the experience of weight-related stigma.

Confirmatory factor analyses found that bifactor models, which allowed items to load both on a general factor two sub-scale specific factors, provided best fit for the coping behavior

and coping self-efficacy measures. Results of ancillary analyses suggested that the coping self-efficacy and coping behaviors measures could be seen as primarily unidimensional. Thus, these measures were each represented by a general factor in subsequent measurement and structural analyses. Given that support for both a two-factor and single-factor interpretation of the coping behaviors and coping self-efficacy measures were found in different phases of the study, future inquiry is warranted to best determine their factor structures for research and intervention purposes. For example, though the current study assumed the adequacy of a unidimensional approach in model testing, intervention applications may benefit from a two-factor interpretation of these measures, allowing delineated intervention approaches for each coping strategy.

Nine-factor measurement and structural models offered good fit to the data. In the structural model, many though not all of the predictive paths were significant. In particular, fat identity, proactive personality, and perceived organizational support each directly predicted coping self-efficacy and coping behaviors, highlighting both personal and contextual domains. These results were largely in line with past research findings, which have found fat identity to uniquely predict social change (i.e., activism) and social creativity (i.e., positive reappraisal) coping strategies in fat women (Lindly et al., 2014). They were also consistent with prior findings indicating that proactive personality predicts psychological coping behaviors and coping self-efficacy (Lent et al., 2023b; Wang, 2022).

Subjective career success was directly predicted by perceived organizational support, coping self-efficacy, and coping behaviors, as was hypothesized. Work engagement was directly predicted by coping behaviors, perceived organizational support, and coping self-efficacy. Thus, participants felt more engaged in their work to the extent that they perceived support from their organizations, had confidence in using body acceptance coping strategies, and engaged in these

coping behaviors. Satisfaction with one's coping efforts was directly predicted by perceived organizational support and coping self-efficacy, but not by coping behaviors. Affective organizational commitment was directly predicted only by perceived organizational support. As in the regression findings, this may have been attributable to the very strong relationship between perceived organizational support and organizational commitment, which did not leave much room for improvement by other predictors. The significant contribution of perceived organizational support to the prediction of coping self-efficacy and to each of the dependent variables highlights its key role as a contextual factor in the model and hints at its potential value in practical efforts to enhance the work adjustment of large-bodied workers.

Overall, the present findings suggest that the CSM model is a useful framework for understanding the factors that allow workers in larger bodies to develop commitment to their work settings, a sense of work engagement, subjective career success, and satisfaction with their coping efforts. This research may help to fill a gap in vocational psychology research on factors that promote weight stigma coping at work. In addition, given the malleability of the social cognitive predictors of workplace outcomes within the CSM model, the current findings may be used to guide future research and interventions for acceptance-based weight stigma coping.

Limitations and Future Directions

Limitations of the Current Study

A primary goal of this study was to further inquiry and understanding of the experiences of workers in larger bodies as they cope with weight stigma in the workplace. While this study may serve as the first step in a program of research focusing on this understudied group, several limitations of the study should be noted. First, the study relied on several new measures. Though the measures yielded promising reliability and validity estimates, future studies are needed to

confirm their psychometric characteristics, including test-retest reliability. Second, the use of a cross-sectional design precludes the ability to make casual inferences regarding the relations among the constructs. These considerations call for replication and longitudinal and experimental studies. In an effort to further such research, I obtained follow-up responses three months after collection of Time 1 data from 345 participants of the current study. These data, which will allow preliminary examination of measure stability and longitudinal relationships, will be analyzed subsequent to this cross-sectional phase.

Third, the self-report nature of the measures leaves them subject to mono-method and mono-source bias. Fourth, the sampling procedure was vulnerable to self-selection bias and possible concerns about generalizability give the use of an online research panel. Recruitment materials targeted people in larger bodies who acknowledged having experienced weight stigma; individuals who self-selected for the study may have been more likely to identify with their fat/larger-bodied identity, to recognize weight stigma, and to cope with it in body acceptance-based ways. On the other hand, the full sample of the current study had a mean fat identification score just below the scale midpoint ($M = 3.07$, $SD = 1.60$ on a scale of 1 to 7) and somewhat lower than average fat identification scores in past samples of fat women (Lindly et al., 2014, $M = 4.17$, $SD = 1.70$).

Fifth, previous research suggests that larger-bodied individuals may have a difficult time retrospectively recalling their stigmatizing experiences (e.g., Hayward et al., 2017; Seacat et al., 2016), leading to possible underreporting of the frequency of stigmatizing experiences and use of coping strategies. Though retrospective recall is a limitation in the current study, I attempted to partially compensate for it by restricting the reporting period to the past three months. Yet, even this period may challenge the accuracy of individuals' memories.

Sixth, self-identified body size and self-reported BMI were used as eligibility criteria in the current study. Researchers have long debated the potential for bias regarding self-reported weight (e.g., Stommel & Schoeborn, 2009). Though previous research has suggested that individuals with higher BMI's are more likely to underreport their weight (e.g., Luo et al., 2019), the use of self-reported BMI is often used in studies with larger-bodied participants (e.g., Puhl & Brownell, 2006; Pearl & Puhl, 2014; Seacat et al., 2016). Self-reported (i.e., reporting height and weight) and objectively measured BMI have found to be moderately to largely correlated in previous weight stigma studies (Blodorn et al., 2016; Major et al., 2014). Further, both self-perceived weight and BMI have been positively associated with increased concern about weight stigma and associated physical and emotional stress (e.g., Major et al., 2012, 2014).

The use of the BMI has also been questioned as a sole or primary health indicator, due to its limited interpretability and stigmatizing potential (Tomiyama et al., 2016; Tylka et al., 2014). Although I recognize these limitations, the BMI's inclusion may be regarded as a "necessary evil" in this study in that it can offer a metric for comparison with other weight stigma studies. To partly offset the limitations of exclusive reliance on self-reported BMI, I used multiple indicators of body size and experienced weight stigma (e.g., self-reported BMI, self-identified body size, experiences of weight stigma within the past 3 months). Self-reported BMI and self-reported body identity (e.g., slightly overweight, overweight, very overweight) were significantly correlated (.63, $p < .001$, $N = 627$) in the current study. The strong correlation between these variables may suggest the use of self-identified body weight as a viable addition to or proxy for the BMI in the study of weight stigma coping. Objective BMI may, however, retain unique value in other research applications, such as eating disorders or body dysmorphia.

Additionally, this study was specifically concerned with body acceptance coping strategies. As a result, I did not assess coping behaviors such as weight loss attempts or negative self-talk, nor the associations of these potentially weight-stigmatizing coping behaviors on workplace outcomes. Future research is needed to determine whether self-affirming/body acceptance versus self-changing/self-blaming strategies relate differentially to well-being and workplace outcomes, as well as what predictors influence use of self-changing/self-blaming versus self-affirming/accepting strategies. For example, the current study found identifying more strongly with one's fat identity to be predictive of body acceptance coping self-efficacy and coping behavior. This compliments existing literature which has found associations between internalized weight stigma/attempts to distance oneself from body identity and self-blaming/ changing strategies (e.g., negative self-talk, disordered eating patterns) (Chen, et al., 2022; Hayward et al., 2018; Himmelstein et al., 2020).

Future Directions for Research

Given the dearth of literature on how weight-related person inputs relate to workplace outcomes, person inputs reflecting one's beliefs and attitudes towards fatness may benefit from further inquiry within the CSM model. While the current application of the CSM model used fat identification as a person input, which captures the extent to which individuals regard membership in the fat community as self-defining, this measure may be limited in that it is difficult to know whether a low score reflects a lack of identity saliency, internalized shame, or rejection of one's fatness. It is noteworthy, however, that fat identification and anti-fat attitudes (including the dimensions of fear of fat/weight gain, perceived willpower, and dislike of fat people) have been found to be strongly inversely related (Lindly et al., 2014). It may be beneficial to further examine relations among fat identity, internalized weight stigma, and anti-

fat attitudes, to assess how these more stigmatizing views of oneself may predict, for example, lower body acceptance coping self-efficacy and coping behavior, in contrast to more neutral or less salient views of one's body identity.

Considering the potency of messaging around the controllability of weight, it may also be interesting to assess how controllability beliefs about fatness may influence one's fat identity and coping strategies at work. For example, it may be that individuals who perceive their weight to be less controllable, and less changeable, may be more apt to accept their identity and to define themselves as fat, and, in turn, may engage in more body acceptance coping. Conversely, those who believe that their weight is more controllable or who perceive stigma towards them as warranted may be apt to engage in more self-blaming or self-changing strategies. Given previous findings suggesting that stronger belief in the controllability of weight and legitimacy of discrimination is associated with more self-blame, lower self-esteem, lower body satisfaction, and less intention to engage in collective action (Rathbone et al., 2022; Puhl & Brownell, 2003; Crocker et al., 1993), further examination of the role of controllability beliefs within the CSM is warranted.

Future research might apply the CSM model not only to subjective workplace outcomes of larger-bodied workers but also to objective or physical measures of workplace withdrawal or performance. Given the links between weight discrimination and physical and mental health (e.g., Graham & Frisco, 2023; Puhl & Suh, 2015; Sutin et al., 2021) and between health and absenteeism (e.g., Frone, 2007), it may be useful to include work absences/sick days as an outcome variable within the CSM model. It may also be useful to further examine how contextual factors apart from perceived organizational support, such as incivility, relate to the

coping and workplace outcomes of large-bodied workers, as incivility has been found to mediate the relationship between body weight and workplace withdrawal (Sliter et al., 2012).

Future studies might also explore sub-group differences in weight stigma coping, for example, as a function of race, weight/size spectrum (e.g., BMI categories), and gender (Roehling et al., 2007). The current study was comprised of a primarily White sample, which limited the ability to address how race and body size intersect in fat workers' treatment in their occupational environments. Considering previous findings which suggest variation in weight stigma coping behavior across race (Himmelstein et al., 2017), further study testing of model fit differences between racial groups may be fruitful. It may also be particularly useful to study individuals in the largest bodies, who may experience the most stigma or structural barriers (e.g., Sliter et al., 2012; Zacher & von Hippel, 2022), and to explore possible coping differences between this most marginalized group (e.g. those falling in the range of class III obesity) and other body identity groups. While much of the weight stigma literature focuses specifically on larger-bodied women, a strength of the current study is the inclusion of all gender presentations. Given the mixed research regarding the presence of significant difference between fat men and women's weight stigma experiences, there is need for further analysis of the gender differences in weight stigma coping and workplace outcomes.

Though the current study benefitted from the inclusion of a wide range of occupational groups, with each of the sixteen O*NET Career Clusters represented in the sample, the small sample size of each represented group limited the ability to examine model fit differences between various occupations. Given the limited understanding of how weight stigma coping may operate in varying career environments, future studies might also examine possible model fit differences between occupational groups (Popovich et al., 1997), including those who work in

environments that are defined by a focus on physical appearance/attractiveness (e.g., news anchor; Eagly et al., 1991, performing arts) or in fields that tend to be more sensitive to weight-based health paradigm messaging (e.g., nursing; Waller et al., 2012). Given variability in laws (e.g., Michigan's Elliot-Larsen Civil Rights Act) (1976) and average body size across states and regions (Centers for Disease Control and Prevention, 2023), it may also be useful to examine model applicability in different geographical locations and sub-cultures in the U.S.

Implications for Practice

The relations of fat identity and perceived organizational support to body acceptance coping may suggest avenues for intervention. Given fat identity's prediction of coping in the current study, interventions aiming to increase fat identity and decrease internalized weight stigma (Hayward et al., 2018; Himmelstein et al., 2020) may support body acceptance coping and positive workplace outcomes. These efforts may include Health at Every Size (HAES) based training, which has been found to significantly reduce weight stigma in a meta-analysis of intervention studies (Kaufman & Bridgeman, 2022). Interventions focusing on self-compassion, acceptance, and mindfulness, which have been found to relate to reduced internalized weight stigma (e.g., Forbes et al., 2020, Forbes & Donovan, 2019; Hilbert et al., 2015; Palmeira et al., 2019), may also be fruitful. Further, given that assertion coping self-efficacy and coping behaviors were found to be used less frequently in the current sample, interventions specifically targeting advocacy training skills may be particularly fruitful for this population.

The importance of perceived organizational support in contributing to coping and to career outcomes underscores that the onus of responsibility to reduce the impact of weight stigma on larger-bodied individuals should not fall to these individuals alone but rather should be shared by their organizations. Though individual coping is necessary for individuals dealing with

weight stigma, future efforts may also address weight stigma on a systemic level, emphasizing organizational-level intervention to reduce weight bias. For example, intervention may focus on fostering increased organizational support and systems change by incorporating education on the complexity of the relationship between weight and health (i.e., physiological, genetic, social factors) and the prevalence and harm of weight bias into work-based training and seminars, in service of reducing anti-fat attitudes and harmful weight-controllability beliefs (e.g., Crandall, 1994; Brochu, 2020).

Conclusion

The current study sought to identify possible mechanisms for enhancing the workplace well-being of larger-bodied workers by exploring body acceptance coping and contextual resources for dealing with workplace weight stigma. The study found a bifactor structure of body acceptance coping behaviors and coping self-efficacy, including a general factor and interrelated cognitive/emotional coping and behavioral self-assertion factors. Support was also found for the CSM model in the prediction of four types of coping outcomes. While the coping behavior and/or self-efficacy scales contributed uniquely to three of the four outcomes, perceived organizational support contributed substantially to all four outcomes, especially organizational commitment, work engagement, and subjective career success. This pattern of findings points to the potency of the organizational environment as an aid to coping and a source of favorable career development in larger bodied workers.

The present study focused on an understudied group in the counseling psychology and SCCT literatures and addressed a gap in the weight stigma literature by highlighting coping and associated outcomes in the work domain (Puhl & Heuer, 2009). It also pointed to the potential

value of identifying contextual supports and strategies that fat workers may use to manage stigma in body accepting ways and to enjoy more positive work outcomes.

Extended Literature Review

In this review, I introduce weight stigma and associated stereotypes of fat individuals. I then highlight movements towards fat acceptance and the well-being outcomes associated with these perspectives. Next, I review weight stigma in the workplace, focusing on prior theory and research on the relationship between evaluative workplace outcomes and stigma towards larger-bodied workers. I then introduce the theoretical model for the current study, the Career Self-Management model. I review model variables and their use in previous literature.

Weight stigma refers to the social devaluation of people in larger bodies (Gerend et al., 2021), leading to discriminatory behaviors towards fat individuals across a variety of domains. Within the United States, over 70% of individuals are categorized as “overweight” or “obese” (Fryar et al., 2020). High national rates of “obesity” have been found to be associated with stronger implicit negative bias toward people in larger bodies when compared to thin individuals (Marini et al., 2013). Weight discrimination can manifest in multiple ways, such as bullying (Puhl & Luedicke, 2012), inadequate healthcare (Schwartz, 2003), and hiring discrimination (Flint et al., 2016), and has been found to relate to negative psychological (Sutin et al., 2021) and physical (Puhl et al., 2017) outcomes.

Many of the common stereotypes about fatness attribute qualities of laziness, incompetency, and “lack of control” (e.g., Crandall, 1994) to larger-bodied individuals, though previous research finds little basis for these stereotypes. Research on individuals in larger bodies suggest that stereotype threat, rather than BMI, accounts for some of the relationship between weight and intelligence indicators like working memory and executive control (Guardabassi & Tomasetto, 2019; Guardabassi & Tomasetto, 2018; Major et al., 2012). Additionally, past research has failed to find statistically or practically significant relationships between body

weight (i.e., BMI and body fat) and personality variables, such as extraversion and conscientiousness (Roehling et al., 2008). Controlling for gender and age, Roehling et al. (2008) found no significant relationships between objective weight (i.e., measured BMI, body fat) and personality variables of extraversion (β = .04 for BMI and body fat), neuroticism (β = -.01 for BMI, .17 for body fat), conscientiousness (β =.00 for BMI, .02 for body fat), or agreeableness (β = -.04 for BMI, .23 for body fat) in U.S. workers.

Weight-based stereotypes can be connected to a weight-centered view of health, which conceptualizes weight loss as an “energy in versus energy out” phenomenon (O’Hara & Taylor, 2018). This perspective emphasizes the core contribution of body weight to health and the controllability of weight (O’Hara & Taylor, 2018). Therefore, to be overweight is to lack self-control (Puhl & Brownell, 2003). This notion of control is important in the context of weight stigma (Crandall, 1994), as those individuals who are viewed as having more control over a negative characteristic are more likely to be disparaged for this identity (Crandall, 2000).

While weight stigma may be partially borne out of benevolent efforts to mitigate the established relationship between being in a larger body and increased health risks (Centers for Disease Prevention and Control, 2022), research suggests that weight stigma itself may be a core contributor to negative physical and mental health outcomes, controlling for BMI. For example, individuals who experience weight stigma report increased depression and anxiety and lower satisfaction and perceived support apart from BMI (Sutin et al., 2021). Weight discrimination has also been found to relate to suicidal ideation and suicide attempts, controlling for BMI, as well as to suicidal ideation and behavior, depression, and perceived stress in adolescents (Graham & Frisco, 2023). Counter to the goal of reducing obesity that weight-based health paradigms champion, the experienced and internalized weight stigma that these paradigm perpetuate have

been associated with weight gain and obesity in longitudinal studies (Jackson et al., 2014; Puhl et al., 2017, Sutin and Terracciano, 2013). Bacon and Aphramor (2014) posit that distress related to discrimination is a risk factor for obesity related diseases. Research suggests that use of individual change strategies to deal with weight stigma (e.g., weight loss attempts) and higher endorsement of individual controllability of weight are associated with more self-blame and lower self-esteem (Puhl & Brownell, 2003; Crocker et al., 1993).

Weight bias may be so persistent in the United States due to the enmeshment of beliefs about weight, health, and fatness with core American values. American sociocultural ideals of individualism and hard work champion self-control and moral responsibility (Abrams, 2022; Crandall et al., 2001). Fatness, when equated with lack of personal control, is contrary to this value. Moreover, Christian morality considers gluttony and sloth, stereotypes often associated with fatness, as sinful (Casadó-Marín & Gracia-Arnaiz, 2020). Crandall et al. (2001) found significantly higher anti-fat attitudes in individualistic cultures.

The Fat Acceptance Movement

Fat acceptance centers the notion that, even *if* body size and health were inextricably linked, body size should not be moralized. A fat acceptance, or weight inclusive approach, asserts that all individuals have the right to live in their bodies freely, without facing stigmatization or oppression (Calogero et al., 2019). Social advocacy groups such as the Association for Size Diversity and Health (ASDAH) and National Association to Advance Fat Acceptance (NAAFA) work to improve the quality of life of fat individuals in the United States through systemic change. Weight inclusive approaches center a social justice framework to health and well-being, calling for systemic rather than individual change to improve well-being of larger bodied individuals holistically (Calogero et al., 2019).

Previous findings suggest that a fat-accepting stance leads to more positive well-being outcomes. For example, greater identification with the fat community and use of body affirmation strategies have been found to lead to higher emotional well-being outcomes, such as self-esteem and satisfaction, for fat women (Lindly et al., 2014). Systematic reviews of weight inclusive approaches to health behaviors point to the physiological, psychological, and behavioral benefits of weight inclusive health promotion strategies, such as those aligned with Health at Every Size (HAES) (e.g., Bacon & Aphramor, 2011; Clifford et al., 2015). Given the documented dangers of weight bias and the value of weight neutral approaches, the present study is based on a fat-accepting approach to understanding weight stigma and workplace well-being.

Weight Stigma in the Workplace

Negative perceptions of fatness in the workplace have been well-documented. Thirty-eight percent of workers in larger bodies report facing weight stigma from colleagues more than once, while 26% report more than one instance of stigma from employers and supervisors (Puhl & Brownell, 2006). Persisting stereotypes regarding fatness often parallel common definitions of undesirable workers – low work ethic, incompetence, and lack of control (e.g., Crandall, 1994). Fatness may be especially threatening in workplaces by serving as a symbolic threat to American individualism (Abrams, 2022; Crandall et al., 2001): to live the American dream is to work hard, to wipe the sweat off your brow, and to fulfill the stereotypical body ideal of a “hard worker”. Research suggests that fat workers are often regarded as less intelligent (Chia et al., 1998), less successful, and worse leaders than thinner colleagues (Flint et al., 2016). Weight stigma and discrimination have been associated with a variety of negative outcomes for fat workers, yet only one state (i.e., Michigan) has enacted a law to protect against weight discrimination in the workplace (Elliot-Larsen Civil Rights Act, 1976). These negative outcomes have been found to

affect workers across the spectrum of fatness, with workplace discrimination occurring across individuals with mild to high levels of excess body fat (Roehling et al., 2014), though individuals in the largest bodies may experience the most inequity and weight-based stereotype threat (e.g., Sliter et al., 2012; Spahlholz et al., 2016; Zacher & von Hippel, 2022).

Meta-analyses of the effect of higher weight and weight-based bias on evaluative workplace outcomes have found moderate effect sizes across outcome type. Rudolph and colleagues (2009) found an overall moderate negative effect (d = -.52) of weight bias across evaluative workplace outcomes including hiring, performance evaluation, promotion, predicted success, and suitability. Further, Roehling et al. (2013) found that overweight individuals generally received lower job ratings and outcomes on outcomes of desirability as a coworker, hiring, predicted success, suitability, promotability, and salary/raise decisions, when compared to thin colleagues (d = .36). The gatekeeping of larger bodies is evident in hiring and application processes (e.g., Klarenbach et al., 2006; Roehling et al., 2013). Once hired, individuals in larger bodies receive lower starting salaries (Shulte et al., 2007), are paid less on average than thin colleagues (Judge & Cable, 2011), are less likely to be chosen for a promotion (Bordieri et al., 1997), and are likely to be treated more harshly in a disciplinary case (Bellizzi & Hasty, 1998).

Interpersonally, fat individuals are ranked as less desirable potential colleagues (e.g., d = .53, Roehling et al., 2013; Klassen et al., 1993); they also experience more incivility (i.e., condescending remarks, exclusion from camaraderie) (Sliter et al., 2012) and mistreatment from customers (Ruggs et al., 2015), and often report shaming and doubts about their credibility from coworkers and supervisors (Hunt & Rhoades, 2018). Not only are fat workers vulnerable to employers' and colleagues' perceptions, but they are also subject to work environments that may be inaccessible for them (e.g., furniture that is too small, need for travel accommodations such as

a seatbelt extender; Heath, 2021). Unlike discrimination towards people with disabilities (ADA, 1990), there are no federal laws that require workplace accommodations for fat workers. This inaccessibility may also breed undue financial burdens on fat workers (e.g., personally funding purchase of multiple plane seats for work-necessitated travel; Lockard, 2015).

When obesity is addressed in the workplace, it is often from the lens of encouraging weight loss, such as through health promotion interventions, though these health promotions programs may unintentionally breed weight stigma. In a series of experimental studies in which participants were exposed to hypothetical weight-based health programs which emphasized messages related to individual responsibility of weight/health, organizational responsibility of weight/health, or control groups, Tauber et al. (2018) found that workplace health promotion programs which emphasized *individual responsibility* were related to increased workplace weight stigma and weight discrimination (as evidenced by promotion decisions). Among individuals in larger bodies in particular, health promotion programs which emphasized *individual responsibility* were related to increased feelings of *responsibility*, but decreased sense of *controllability* over one's weight.

Gender differences. Body weight may intersect with gender in moderating the relationship between weight bias and outcomes for larger-bodied employees. Objectification Theory (Fredrickson & Roberts, 1997; Lemmon et al., 2022) suggests that women are more readily subject to sexualization and to assessment against beauty standards, leading to harsher scrutiny of women in domains such as work. Given the interplay of conventional beauty standards and fatphobia, one can recognize how gender and body identity may intertwine. Women are stigmatized at lower weights than men (Azarbad & Gonder-Frederick, 2010); very obese women are found to be three times more likely to report discrimination based on weight

than are very obese men. Across all weight categories, women are 16 times more likely than men to identify weight as the basis for employment related discriminatory experiences (Roehling et al., 2007). In an experimental study in which hypothetical job candidates' suitability for employment was assessed, larger-bodied female candidates were rated the least suitable for employment compared to normal weight and obese male applicants (Flint et al., 2016). Further, a one-unit increase of BMI was associated with a wage decline of 1.4% for white women, though this relationship was not present in men (Maranto & Stenoien, 2000). Although, meta-analytic findings indicate that fat women are not rated more negatively than their male counterparts at work (Roehling et al., 2013). It may be fruitful for future research to further explore both the prevalence with which men and women face weight stigma and possible differences in how they manage weight stigma within their work environments.

Job type/activities. It is possible that weight stigma is more prevalent within certain professions (Giel et al., 2010). Previous labor market analyses have found that both men and women in larger bodies are significantly underrepresented in managerial and technical occupations (Pagan & Davila, 1997). Previous studies have also suggested that certain job types may leave fat workers even more susceptible to anti-fat bias, namely work environments with high public contact (Rothblum et al., 1988) and high physical activity (Popovich et al., 1997). Previous research suggests that professions that adhere to a weight-based health paradigm (e.g., nursing) are salient sources of stigma. For example, some findings suggest that health professionals display implicit biases against fat individuals both in medical and non-medical domains (Waller et al., 2012) and provide lower quality care to fat patients (Bertakis & Azari, 2005). Research has not, however, focused on how healthcare workers in larger bodies might be affected by these stigmatizing environments. Additionally, there is a dearth of research on how

professions that center the importance of image (e.g., news anchor) differ in the discrimination that fat individuals face.

Effects of stigma on fat workers. Weight discrimination can be viewed as a form of social identity threat experienced by fat workers. Inquiry derived from stereotype threat and minority stress theory indicates that stigma relates negatively to the performance and well-being of fat workers. Stigmatized individuals are found to perform more poorly in situations where their group is negatively stereotyped (e.g., Schmader, 2002). For example, when weight-related identity threat is activated, weight is found to be related to increased stress and cognitive depletion (Major et al., 2012). Stigmatization in the workplace may also relate to fat workers' engagement in impression management strategies, through which individuals act in counter-stereotypic ways to manage how others perceive them (Goffman, 1959). For example, fat individuals may engage in strategies to minimize weight discrimination, such as monitoring eating at work (Gerend et al., 2021), though such strategies can take an emotional and cognitive toll (Vohs et al., 2005).

In an experimental study, Miller et al. (1995) found that fat women worked more diligently to compensate socially for negative reactions when they believed that their body size would be seen by another participant, but not when they believed their body size would *not* be visible. Prior research on minority stress has found associations between minority stressors (i.e., discrimination, expectations of stigma, identity management strategies) and increased anxiety and decreased job satisfaction (e.g., Randall et al., 2017; Velez et al., 2013). Hunt and Rhodes (2018) hypothesized that identity management strategies may relate to overburdening for larger-bodied workers, as they may take on high levels of responsibility in order to prove their worth and utility in the workplace. These phenomena may help explain why higher internalized weight

stigma (and the possible need to manage colleagues' impressions) is reported in qualitative research to be associated with worsened work-life balance (Lewis et al., 2011) and with longer work hours by fat workers (Shulte et al., 2007). In a poll by the Society for Human Resource Management (2023), 72% of workers who had experienced workplace weight stigma reported considering quitting their job as a result.

Limitations of previous studies. While previous research has established the presence of negative stereotypes toward, and adverse evaluative and physical outcomes for, fat workers, conceptual and methodological flaws limit understanding of the impact of weight stigma on fat workers. For example, some existing studies raise questions about external validity (e.g., some studies have used actors in fat suits to represent potential fat colleagues, which may not offer a realistic portrayal of fatness or its psychological effects; Hebl & Kleck, 2002). Additionally, while several studies focus on the endorsement of fat stereotypes by thin colleagues and the outcomes of this bias (e.g., hiring and firing practices), they often overlook well-being outcomes and the ways in which fat workers manage workplace stigma.

The minimal existing literature examining the relation of weight stigma to workplace contextual and outcome variables has found perceived weight stigma to be positively related to turnover intentions (Randle, 2012), workplace withdrawal (Sliter et al., 2012), and ostracism (Johnson, 2023) – and negatively related to organizational commitment, job satisfaction (Randle, 2012), perceived organizational support, and belonging (Johnson, 2023). General self-efficacy was found to moderate the relationship between perceived weight discrimination and workplace satisfaction and commitment (Randle, 2012), in that for individuals who perceived higher weight discrimination, those with higher general self-efficacy were more committed to and satisfied with their jobs. Additionally, Zacher and von Hippel (2022) found that higher levels of weight-

based stereotype threat was related to lower perceived work ability, and this relation was moderated by authentic self-awareness. This relationship was such that stereotype threat and perceived work ability were negatively related among larger-bodied employees who had low authentic self-awareness, though this relationship was non-significant among employees with high authentic self-awareness (Zacher & von Hippel, 2022).

Even less work has explored how fat workers cope with stigmatizing work environments. In fact, I found only one study to date that has examined workplace weight stigma coping, finding no moderating effect of active or disengagement coping on the relationship between perceived weight discrimination and career success (Randle et al., 2012). More research is needed to better understand both the linkage of weight stigma to fat workers' well-being and commitment, as well as the ways in which they manage these stigmatizing experiences. Further, past inquiry has been limited by its largely atheoretical nature. The current study intended to address these gaps by applying SCCT's Career Self-Management (CSM; Lent & Brown, 2013) model to the management of weight stigma by workers in larger bodies, exploring how body acceptance coping strategies, in addition to other social cognitive variables, predicts organizational commitment, subjective career success, work engagement, and satisfaction with workplace weight stigma coping.

Career Self-Management Model

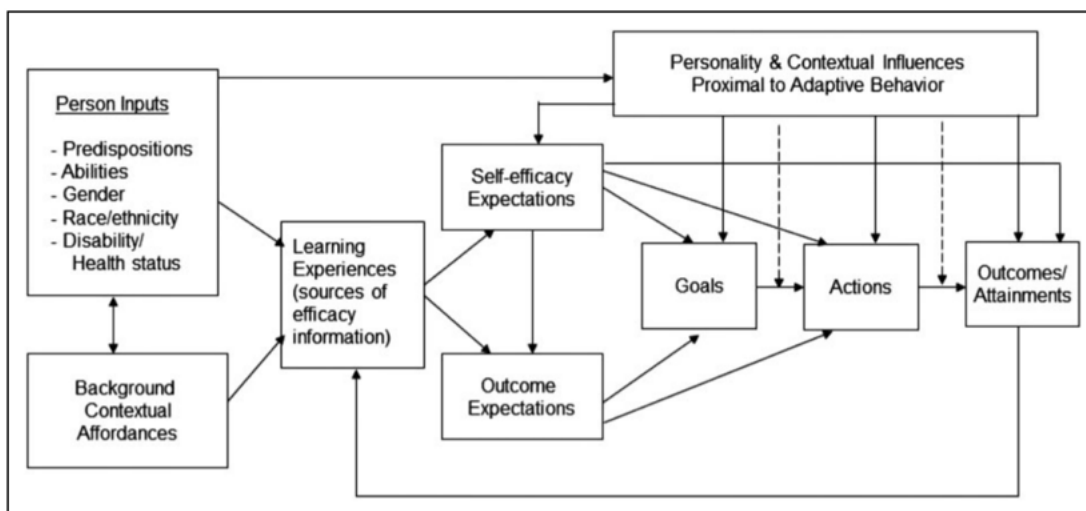
Social Cognitive Career Theory (SCCT) is comprised of five interrelated models: (a) academic and career interest development, (b) choice making, (c) performance and persistence (Lent, Brown, & Hackett, 1994), (d) well-being and positive adjustment (Lent, 2004; Lent & Brown, 2006, 2008), and (e) career self-management (CSM; Lent & Brown, 2013). While previous SCCT models have primarily focused on content (e.g., field of career interest and

choice), the relatively new CSM model is more process-oriented, addressing worker's adaptation to both expected and unexpected career tasks and challenges. It also focuses on social, cognitive, and affective factors that aid individuals in managing their career development (see Figure 1). Lent and Brown (2013) called for application of the model to coping with negative workplace events, engagement in self-advocacy, and management of personal identity in the workplace, all of which were addressed by the current study.

The CSM model has been applied to a variety of workplace contexts and with specific populations, including marginalized workers. For example, the CSM model has been applied to job searching (Lim, Lent, & Penn, 2016), multiple role planning (Roche et al., 2017) career decision making (Lent et al., 2016), workplace sexual identity management in LGBTQ workers (Lent et al., 2021; Tatum, et al., 2017), workplace self-advocacy (Moturu & Lent, 2023), and coping with job loss (Lent et al., 2023b; Wang, 2022). These previous CSM studies have generally offered support for the hypothesized paths in the model (see Brown & Lent, 2019, for a review of CSM research). However, the model has not previously been used to study workplace weight stigma in relation to individuals in larger bodies.

Figure 1

General Model of Career Self-Management



Note. Adapted from Lent, Brown, and Hackett (1994). by R. W. Lent, S. D. Brown, & G. Hackett. Reprinted with permission.

The CSM model includes core social cognitive variables (e.g., self-efficacy) which are mainstays throughout SCCT models, as well as contextual, personality, and experiential variables which are hypothesized to influence adaptive career behaviors and subsequent outcomes (see Figure 1). The CSM model can be adapted and streamlined in order to study career phenomena of interest in particular applications. The variables included in the present study are described below.

Proactive personality. The CSM model posits that specific personality dimensions, such as proactive personality traits, can facilitate the use of adaptive behaviors (Lent & Brown, 2013). Individuals with proactive personalities display initiative, perseverance, and attempts to shape their work environment (Bateman & Crant, 1993). Previous CSM studies have found proactive personality to be a significant predictor of psychological coping behavior and self-efficacy (Lent et al., 2023b; Wang, 2022) in relation to job loss; voice and career initiative behaviors (Moturu,

2023); and proactive career behavior, self-efficacy, and outcome expectations (Lent et al., 2022). Though proactive personality has not been studied in fat workers, based on relevant prior CSM model findings in the context of coping (e.g., Lent et al., 2023b), it is posited that proactive personality will be positively related both to body identity-affirmative coping behaviors and to self-efficacy regarding their use.

Social support. The CSM model contends that individuals who perceive their work environments to be supportive will be more likely to engage in adaptive actions (Lent & Brown, 2013), both directly and through antecedents such as self-efficacy and outcome expectations. These contextual influences may also directly affect workplace outcomes (Lent & Brown, 2013). For example, previous CSM studies have found social support to significantly predict coping behaviors and coping self-efficacy (Wang, 2022). Perceived organizational support, defined as a global belief about the extent to which one perceives that their organization values their contribution, cares about their well-being, and will support them in the face of obstacles (Eisenberger et al., 1986), has been conceptualized as a contextual support measure in previous studies of the CSM model and has been found to be a significant predictor of self-assertive efficacy and career success outcomes (e.g., career satisfaction) (Moturu & Lent, 2023).

While previous research lacks focus on fat workers' perceptions of their environments, the current research benefits from examining fat worker's sense of support from their organizations, rather than explicit organizational policies or practice which may not reflect the nuance of fat workers' social experiences within their workplaces. Perceived organizational support may be especially relevant to fat workers in that previous qualitative findings suggest that fat workers often feel unsupported in their current job positions (Heath, 2021). Research on negative perceptions of fat workers, such as perceived interpersonal skill deficits (Jasper &

Klassen, 1990), lower popularity of fat individuals (Hebl & Heatherton, 1998), and preferences for thin co-workers (Klassen et al., 1993), provides a basis for assuming that perceived organizational support (or non-support) may be relevant to fat workers' coping behavior, coping efficacy, and workplace well-being outcomes. While some research has explored the role of social support for individuals in larger bodies, the focus has tended to be on support for weight loss goals (e.g, Wallwork & Tremblay, 2017). There is a need for further research on how body acceptance-based support may affect fat individuals' well-being and coping efforts.

Self-efficacy. Self-efficacy, or confidence in one's ability to perform specific behaviors, is a core cognitive person factor in the CSM model. Though self-efficacy may take varying forms, this study focused on coping self-efficacy, defined as one's belief about their ability to negotiate obstacles in the workplace (Lent & Brown, 2013). Coping self-efficacy has been found to predict use of coping behaviors (Wang, 2022). Self-efficacy for various adaptive behaviors has also been found to be a significant direct predictor of outcomes such as well-being, psychological distress (Wang, 2022), job satisfaction (Chang & Edwards, 2015), life satisfaction (Salas et al., 2017), and organizational rewards (Moturu & Lent, 2023). In some studies, self-efficacy for coping behaviors has been found to be an even stronger predictor of outcomes than coping behaviors themselves (e.g., Salas et al., 2017; Wang, 2022). While general self-efficacy (GSE) has been studied in relation to workplace weight stigma in one previous study (Randle, 2012), weight stigma coping self-efficacy has not previously been studied.

Adaptive behaviors. Adaptive career behaviors and skills allow individuals to influence their own career development through proactive and reactive actions. The CSM model separates these behaviors into normative, proactive developmental tasks and coping skills and processes. While normative and proactive developmental tasks typically help individuals to explore and

maintain their career through relevant tasks (e.g., exploring career paths, applying for jobs), coping skills and actions are more reactive in nature and help individuals to navigate challenging work conditions or life-role transitions (e.g., stigmatizing workplaces) (Lent & Brown, 2013). Coping illustrates the ways in which individuals attempt to navigate hurdles at work in pursuit of positive career adaptation. As highlighted by Lent and Brown (2013), coping with negative work-related events may be a significant adaptive behavior for individuals in the establishment and maintenance stages of their careers (Super et al., 1996).

Though coping has been categorized and conceptualized in a variety of different ways, Puhl and Heuer (2009) describe weight stigma coping behaviors and their relation to well-being as one of the most understudied areas of inquiry within the weight stigma literature. The limited research on weight stigma coping has found that strategies which seem to reflect self-blaming or self-changing strategies such as avoidance, engaging in negative self-talk, disordered eating, and isolation, are associated with worsened self-esteem, low body satisfaction, and negative mental health outcomes. On the contrary, strategies which reflect more self-acceptance, such as positive self-talk and social support seeking, are associated with greater psychological functioning (e.g., Himmelstein et al., 2020; Myers & Rosen, 1999; Puhl & Brownell, 2006).

Interestingly, fat individuals have been found to use self-blaming/changing coping strategies, such as self-criticism, wishful thinking, social withdrawal, and emotional eating significantly more often than normal weight peers (Varela et al., 2020). Latina women have been found to engage more in the self-blaming/changing strategy of disordered eating behaviors compared to White women, while Black women were significantly less likely to engage in these behaviors (Himmelstein et al., 2017). In a qualitative study, Gerend et al. (2021) found strategies such as seeking support, using distraction, cognitive restructuring, and ignoring the stigmatizing

encounter to be reported as the most effective strategies for coping with weight stigma. In a related study, Gerend et al. (2022) found seeking social support (especially from others who challenged mainstream body norms), cognitive restructuring, acknowledging fatphobia, and confronting weight stigma to be effective strategies. It may be fruitful to further investigate identity “accepting” strategies, rather than “self-blaming” or “self-changing” weight stigma coping strategies. One study to date has attempted to delineate collective strategies (i.e., fat advocacy, affirmation) and individual change strategies (i.e., weight loss attempts) in fat individuals, finding that body affirmation, but not social change support or weight loss attempts, predicted body satisfaction, global self-esteem, and private-collective self-esteem, controlling for fat identification and other demographic variables (Lindly et al., 2014).

Weight stigma coping has been especially understudied in relation to vocational outcomes. Given previous findings of the importance of self-advocacy-based adaptive behaviors (Moturu & Lent, 2023) and authentic self-awareness (Zacher & von Hippel, 2022) in relation to workplace outcomes, more focus on advocacy and acceptance-based coping strategies for workers in larger-bodies is needed. In an effort to fill a gap in the research by distinguishing “body acceptance” strategies to cope with weight stigma, I focus on strategies which specifically reflect acceptance of one’s body identity.

I chose to highlight five categories of coping with weight stigma in item development. These strategies, representing common effective strategies reported in the weight stigma and CSM literatures (e.g., Gerend et al., 2021; Myers & Rosen, 1999; Wang, 2022), may be viewed as body identity-affirming: coping through self-advocacy, social support-seeking, cognitive restructuring, emotional regulation, and disengagement. Together, they address previous calls to

assess weight stigma coping behaviorally as well as cognitively and in ways that emphasize self-acceptance and healthy support-seeking (Hayward et al., 2017; Puhl & Brownell, 2003).

Coping via self-advocacy. Self-advocacy coping can be regarded as a type of problem-focused coping, which consists of action towards altering a stressful person-environment relationship (Lazarus & Folkman, 1984). Problem-focused coping is often regarded as a highly adaptive form of coping and has been shown to mediate the relationship between stress and negative psychological outcomes (Heppner et al., 1995). Within the vocational literature, problem-focused coping strategies have been found to relate to greater job satisfaction (Welbourne et al., 2007). Both within the weight stigma literature and the broader stigma literature, advocacy has been conceptualized as a distinct coping category (e.g., Lindley et al., 2014; Myers & Rosen, 1999; Cadenas et al., 2021). Advocacy behaviors have previously been studied within the context of the CSM model, finding that advocacy behaviors such as voice behaviors are associated with positive workplace outcomes (e.g., career satisfaction, hierarchical status; Moturu & Lent, 2023). Considering self-advocacy as a form of coping with weight stigma aligns with fat acceptance and social justice conceptualizations of weight bias.

Coping via social support-seeking. Social support seeking can aid individuals in coping with threats to their identity. Support seeking has been conceptualized as a way to obtain both emotional and informational support (Lyne & Roger, 2000). In the weight stigma coping domain, social support seeking is related to healthier psychological outcomes (e.g., Puhl & Brownell, 2006) and is reported as one of the most effective coping behaviors in dealing with weight stigma (Gerend et al., 2021). Support-seeking has been included as a conceptual category in previous CSM coping measure development studies (Lent et al., 2023b).

Coping via cognitive restructuring. Coping strategies such as cognitive restructuring (i.e., reframing negative thinking; Beck, 1979), self-acceptance, and positive self-talk have been associated with reduced psychological distress and positive psychological adjustment in larger-bodied individuals (Pearl et al., 2020; Puhl & Brownell, 2006). Intervention studies suggest that cognitive restructuring techniques may help to reduce internalized weight stigma (Pearl et al., 2018; Pearl et al., 2020). In the vocational literature, greater use of cognitive restructuring to deal with workplace stress has been associated with higher job satisfaction (Welbourne et al., 2007).

Coping via emotional regulation. Emotion-focused coping consists of efforts to alleviate negative affect in order to protect one's self concept from the stressor (Lazarus & Folkman, 1984). In the current study, the emotional regulation items focus on active emotional coping, which is regarded as an adaptive coping style, as it uses active expression of emotions to mitigate distress (Lazarus & Folkman, 1984). Emotional regulation has been included as a conceptual category in previous CSM coping measure development studies (Lent et al., 2023b). Previous studies have found emotional regulation strategies to moderate the relationship between a sense of organizational betrayal and job satisfaction (De Clercq et al., 2020).

Coping via disengagement. Disengagement coping typically entails strategies which direct one's attention away from a stressor and its associated emotions (Carver et al., 1989). Disengagement coping, or avoidance, has sometimes been regarded as a maladaptive coping strategy (e.g., Carver et al., 1989) and has been found to be related to less job satisfaction in previous studies (Welbourne et al., 2007). However, disengagement has also been posited to be a functional coping response in the workplace (Afrahi et al., 2022). Previous research suggests "positive distraction" to be an adaptive coping strategy which predicts positive outcomes such as higher well-being (Waugh et al., 2020). In fact, Gerend et al. (2021) found distraction to be

endorsed as one of the most effective strategies for dealing with weight stigma in a qualitative study. Therefore, I posit that positive distraction strategies, such as ignoring stigmatizing comments or removing oneself from stigmatizing environments, could be an affirmative strategy when faced with weight stigma in the workplace.

Workplace outcomes. The current study is novel in its focus on the relation of fat workers' body-accepting coping behaviors to workplace outcomes. While previous studies have examined how perceptions of fatness relate to such outcomes as hiring decisions (Flint et al., 2016), the coping behaviors enacted by fat workers, and their linkage to the workers' well-being, has been largely unexplored. Previous studies of weight stigma coping tend to focus on mental and physical health outcomes (e.g., Himmelstein et al., 2018), with only one previous study investigating coping within the work domain (Randle, 2012).

Building on prior CSM studies of coping with career-related challenges (Perez-Lopez et al., 2019; Wang, 2022), the present study focuses on the vocational outcomes of organizational commitment, work engagement, subjective career success, and satisfaction with workplace coping. Organizational commitment, or workers' attachment and commitment to their workplaces (Allen & Meyer, 1990), has been used as a workplace outcome variable, both in CSM model research (Lent et al., 2021) and in the larger vocational literature. Organizational commitment has been found to correlate positively with organizational support, job involvement, and job satisfaction (Meyer et al., 2002). Greenhaus et al.'s (1990) measure of career satisfaction was used to capture the subjective career success of workers in larger bodies. Greenhaus et al. (1990) found subjective career success to relate positively to measures of supervisory support, organizational acceptance, and job discretion. Within the CSM model, subjective career success has been found to relate as expected to variables such as proactive personality,

perceived organizational support, proactive career self-efficacy, proactive career behavior, and advocacy behaviors (e.g., voice) (Lent et al., 2022, Moturu & Lent, 2023).

Work engagement was also used as an outcome variable in this study. Work engagement is defined as a positive affective state in relation to one's work environment (Schaufeli et al., 2006), marked by a sense of energy and connection in relation to one's work (Schaufeli & Bakker, 2004). Schaufeli et al. (2006) conceptualized work engagement to include three dimensions: "vigor" (feeling of energy, mental flexibility, and effort in one's work), "dedication" (feeling of involvement, significance, and pride in work tasks), and "absorption" (feeling of full engrossment in one's work). Work engagement is moderately to strongly correlated with measures of job satisfaction, life satisfaction, job involvement, affective organizational commitment, perceived organizational support, and vigor (Inam et al., 2021; Shimazu et al., 2012; Shuck et al., 2017; Wefald et al., 2012); it is negatively related to burnout (Schaufeli et al., 2006), disordered eating behavior (Willmer et al., 2021), and psychological distress (Ruiz-Frutos et al., 2021).

Finally, the current study assessed satisfaction with workplace coping efforts. Though satisfaction has been included as an outcome variable in studies of the CSM model (e.g., Tatum, 2018), the weight stigma-specific coping with satisfaction measure has not previously been studied. Satisfaction with coping efforts was conceptualized as a process-oriented outcome in relation to coping strategies and coping self-efficacy. Though it does not reflect the sort of larger outcomes represented by work engagement and the other criterion variables, it may provide a window on how participants evaluate their own coping efforts. The validity of this new measure was estimated in the measurement development phase. Based on its adequate psychometric properties, it was subsequently included in the model testing phase as well.

Summary

This review highlights weight stigma as a salient struggle for individuals in larger bodies in the workplace and underscores the limited research available on workers in larger bodies within the vocational literature. It also introduced the SCCT Career Self-Management model as a framework for studying how fat workers cope with weight stigma within their workplaces.

Table 1.

Measure Development Phase: Correlations

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
1. Proact Pers	_													
2. Org Sup	.15	_												
3. Cop SE Tot	.46	.31	_											
4. SE Assert	.44	.31	.88	–										
5. SE Cog/ Emot	.39	.26	.93	.64	–									
6. Cop Behav Tot	.41	.09	.51	.49	.44	_								
7. Cop Assert	.35	.06	.39	.50	.23	.89	–							
8. Cop Cog/ Emot	.36	.10	.51	.36	.55	.88	.55	–						
9. Org Commi	.42	.76	.32	.32	.27	.18	.17	.15						
10. Satis Cop	.28	.32	.62	.53	.58	.26	.16	.30	.34	_				
11. Career Succ	.43	.53	.32	.28	.30	.24	.23	.20	.58	.34	_			
12. Work Engag	.50	.59	.46	.40	.44	.39	.31	.38	.71	.36	.62	_		
13. Fat Ident	.25	-.05	.30	.30	.25	.58	.57	.45	.08	.15	.11	.11	_	
14. Soc Desir	.20	.15	.15	.19	.09	.22	.19	.20	.14	.11	.19	.20	.16	_

Note: N = 250; ≥ . 15 = significant at .05 level, ≥ .17 = significant and .01 level, ≥ .21 = significant at < . 001 level; Proac Pers = Proactive Personality, Org Sup = Perceived Organizational Support, Cop SE Tot = Weight Stigma Coping Self-Efficacy, SE Assert = Coping Self-Efficacy - Assertion subscale; SE Cog/Emo = Coping Self-Efficacy - Cognitive/Emotional Subscale, Org Commi. = Affective Organizational Commitment, Cop Behav Tot.= Body-Acceptance Coping Behaviors, Cop Assert = Coping Behaviors - Assertion Subscale, Cop Cog/Emot = Coping Behaviors - Social/Emotional Subscale, Work Engag = Workplace Engagement, Career Succ = Subjective Career Success, Satis Cop = Satisfaction with Workplace Coping, Fat Ident = Fat Identity, Soc Desir = Social Desirability

Table 2.

Measure Development Phase: Means, Standard Deviations, and Internal Consistency Ratings

	M	*SD*	*α*
1. Proact Pers	4.17	1.01	.92
2. Org Sup	3.54	1.47	.95
3. Cop SE Total	3.03	.76	.92
4. SE Assert	2.63	.92	.89
5. SE Cog/Emot	3.30	.78	.90
6. Cop Total	2.48	.74	.90
7. Cop Assert	1.99	.86	.89
8. Cop Cog/Emot	2.97	.82	.84
9. Org Commi	4.17	1.57	.94
10. Satis Cop	3.52	.83	.89
11. Career Suc	3.31	1.06	.94
12. Work Engag	3.13	1.29	.95
13. Fat Ident	3.11	1.63	.93
14. Soc Desir	4.09	2.53	.75

Note: N = 250; Proac Pers = Proactive Personality, Org Sup = Perceived Organizational Support, Cop SE Tot = Weight Stigma Coping Self-Efficacy, SE Assert = Coping Self-Efficacy Assertion subscale; SE Cog/Emo = Coping Self-Efficacy Cognitive/Emotional Subscale, Org Commi. = Affective Organizational Commitment, Cop Behav Tot = Body-Acceptance Coping Behaviors, Cop Assert = Coping Behaviors Assertion Subscale, Cop Cog/Emot = Coping Behaviors Social/Emotional Subscale, Work Engag = Workplace Engagement, Career Succ = Subjective Career Success, Satis Cop = Satisfaction with Workplace Coping, Fat Ident = Fat Identity, Soc Desir = Social Desirability

Table 3.

Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Work Engagement

Variable	Step 1			Step 2			Step 3		
	B	ß	SE	B	ß	SE	B	ß	SE
Constant	2.11***		.46	.58		.38	-.66		.42
Fat Identification	.05	.06	.05	.08	.10	.04	-.08	-.10	.05
Gender	.13	.05	.16	.04	.02	.13	-.00	-.00	.12
Race	.12	.04	.21	.23	.07	.17	.03	.01	.16
Social Desir.	.09**	.18	.03	.04	.08	.03	.03	.06	.03
Income	.10	.11	.06	.03	.04	.05	.03	.03	.04
Body Size Identity	-.03	-.01	.13	.03	.01	.10	.01	.00	.09
Org. Support				.53***	.61	.04	.45***	.53	.04
Cop Behav - Assert							.29**	.19	.11
Cop-Cog/Emot							.21	.14	.11
SE - Assert							-.03	-.02	.10
SE – Cog/Emot							.32*	.19	.13
R^2	.06			.41			.51		
ΔR^2	.06*			.35***			.10***		

Note. N = 244 Social Desir.= Social Desirability, Org. Support=Perceived Organizational Support, Cop Behav -Assert = Coping Behavior Assertion Subscale, Cop Behav -Cog/Emot = Coping Cognitive/Emotional Subscale, SE - Assert = Coping Self-Efficacy Assertion Subscale, SE – Cog/Emot = Coping Self-Efficacy Cognitive/Emotional Subscale, SE=Standard Error, * p < .05. ** p < .01. *** p < .001.

Table 4.

Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Subjective Career Success

Variable	Step 1			Step 2			Step 3		
	B	ß	SE	B	ß	SE	B	ß	SE
Constant	1.85***		.36	.80*		.33	.28		.38
Fat Identification	.07	.11	.04	.09**	.14	.04	.04	.05	.04
Gender	.07	.03	.13	.00	.00	.11	.00	.00	.11
Race	-.05	-.02	.17	.03	.01	.14	-.05	-.02	.14
Social Desir.	.07*	.16	.03	.03	.08	.02	.03	.08	.02
Income	.22***	.29	.05	.17***	.23	.04	.17***	.23	.04
Body Size Identity	-.03	-.02	.10	.00	.00	.09	.01	.01	.09
Org. Support				.36***	.51	.04	.34***	.47	.04
Cop Behav - Assert							.21*	.17	.10
Cop-Cog/Emot							-.09	.10	-.07
SE - Assert							-.08	-.07	.09
SE – Cog/Emot							.27*	.19	.12
R^2	.13			.37			.40		
ΔR^2	.13***			.25***			.03*		

Note. N = 244 Social Desir.= Social Desirability, Org. Support=Perceived Organizational Support, Cop Behav -Assert = Coping Behavior Assertion Subscale, Cop Behav -Cog/Emot = Coping Cognitive/Emotional Subscale, SE - Assert = Coping Self-Efficacy Assertion Subscale, SE – Cog/Emot = Coping Self-Efficacy Cognitive/Emotional Subscale, SE=Standard Error, * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 5.

Regression Coefficients of Coping Behaviors/Coping Self-Efficacy on Satisfaction with Coping

Variable	Step 1			Step 2			Step 3		
	B	ß	SE	B	ß	SE	B	ß	SE
Constant	3.59***		.29	3.06***		.30	1.70***		.29
Fat Identification	.08*	.15	.03	.09**	.17	.03	.02	.05	.03
Gender	.01	.01	.11	-.02	-.01	.10	-.02	-.01	.09
Race	.05	.02	.14	.09	.04	.13	-.12	-.06	.11
Social Desir.	.02	.06	.02	.00	.00	.02	-.00	-.01	.02
Income	.02	.03	.04	-.01	-.01	.04	.01	.02	.03
Body Size Identity	-.23**	-.19	.08	-.22**	-.17	.08	-.17**	-.14	.07
Org. Support				.19***	.33	.03	.08*	.14	.03
Cop Behav - Assert							-.14	-.15	.08
Cop-Cog/Emot							.08	.08	.08
SE - Assert							.27***	.31	.07
SE – Cog/Emot							.34***	.31	.09
R^2	.07			.17			.42		
ΔR^2	.07*			.11***			.24***		

Note. N = 244 Social Desir.= Social Desirability, Org. Support=Perceived Organizational Support, Cop Behav -Assert = Coping Behavior Assertion Subscale, Cop Behav -Cog/Emot = Coping Cognitive/Emotional Subscale, SE - Assert = Coping Self-Efficacy Assertion Subscale, SE – Cog/Emot = Coping Self-Efficacy Cognitive/Emotional Subscale, SE=Standard Error, * $p < .05$. ** $p < .01$. *** $p < .001$

Table 6.

Regression Coefficients of Coping Behaviors and Coping Self-Efficacy on Perceived Organizational Commitment

Variable	Step 1			Step 2			Step 3		
	B	ß	SE	B	ß	SE	B	ß	SE
Constant	3.26***		.56	.94*		.39	.70		.46
Fat Identification	.07	.07	.07	.11**	.12	.04	.07	.07	.05
Gender	.22	.07	.20	.09	.03	.13	.10	.03	.14
Race	-.38	-.10	.26	-.21	-.05	.17	-.25	-.06	.18
Social Desir.	.08*	.14	.04	.01	.03	.03	.00	.01	.03
Income	.15*	.13	.07	.04	.01	.05	.04	.04	.05
Body Size Identity	-.16	-.07	.15	-.08	-.04	.10	-.07	-.03	.10
Org. Support				.80***	.75	.05	.78***	.73	.05
Cop Behav - Assert							.12	.06	.12
Cop-Cog/Emot							-.03	.12	-.02
SE - Assert							.07	.04	.12
SE – Cog/Emot							.03	.14	.02
R^2	.06			.59			.60		
ΔR^2	.06*			.53***			.01		

Note. N = 244 Social Desir.= Social Desirability, Org. Support=Perceived Organizational Support, Cop Behav -Assert = Coping Behavior Assertion Subscale, Cop Behav -Cog/Emot = Coping Cognitive/Emotional Subscale, SE - Assert = Coping Self-Efficacy Assertion Subscale, SE – Cog/Emot = Coping Self-Efficacy Cognitive/Emotional Subscale, SE=Standard Error, * p < .05. ** p < .01. *** p < .001.

Table 7.

Items and Factor Loadings for the Body Acceptance-Based Coping Self-Efficacy Variables

Items / Factors	Cog/Em[1]	Asser[1]	CFA
Cognitive/Emotion-Focus Coping Self-Efficacy			
See yourself as a valuable worker, despite negative messages about being in a larger body [Wgh_SE9]	**.86**	-.13	.51
Remind yourself that you are just as qualified as colleagues in smaller bodies [Wgh_SE14]	**.82**	-.12	.48
Be compassionate towards yourself when experiencing difficult situations at work regarding your weight [Wgh_SE18]	**.76**	.10	.52
Find ways to accept yourself, including your body size, when others at work are being insensitive about your weight [Wgh_SE19]	**.75**	.11	.52
Focus on work-tasks to avoid listening to colleagues' negative comments about weight [Wgh-SE10]	**.68**	-.05	.44
Manage the sadness or anger you feel when you face a weight-stigmatizing situation at work [Wgh_SE8]	**.63**	.13	.58
Find positive ways to care for yourself when you are feeling frustrated by discussions about weight or dieting in your workplace [Wgh_SE3]	**.59**	.19	.56
Recognize that when colleagues or bosses make jokes about weight, this reflects poorly on them rather than you [Wgh_SE4]	**.48**	.19	.58
Use strategies like mindfulness or deep breathing to manage your feelings when you hear hurtful comments about weight or dieting from others at work [Wgh_SE13]	**.37**	.21	.53
Assertion Coping Self-Efficacy			
Correct your co-workers when they use negative language about your body or others' bodies [Wgh_SE11]	.01	**.85**	.86
Share your feelings about negative workplace experiences involving weight or body size with a trusted colleague [Wgh_SE12]	-.05	**.81**	.75
Ask your employer to provide for your needs as a larger-bodied person (i.e., by supplying a chair that is comfortable for you at your size) [Wgh_SE16]	-.05	**.73**	.62
Confide in a colleague about your experiences of weight bias in the workplace [Wgh_SE7]	.03	**.71**	.74
Speak up against the biased comments of others at work related to your weight [Wgh_SE1]	.14	**.63**	.82
Challenge unsolicited weight loss advice from co-workers [Wgh_SE6]	.23	**.61**	.75
Eigenvalue	6.86	1.27	
% of variance	45.72	8.45	

Note. Cog/Em = Cognitive/Emotional: Assert = Assertion[1] Item loadings from the pattern matrix of the exploratory factor analysis; primary loadings shown in bold font. (N = 250) CFA = item-factor loadings (standardized general factor loadings) from the bifactor confirmatory factor analysis (N = 377).

Table 8.

Items and Factor Loadings for the Body Acceptance-Based Coping Behavior Variables

Items / Factors	Asser[1]	Cog/Em[1]	CFA
Assertion Coping Behaviors			
Spoke up when a co-worker used discriminatory or unfair language about your weight or body size, even if the comment was not intended to be hurtful. [Cope6]	**.82**	-.00	.78
Disclosed to a colleague about your challenges with being a person in a larger body in your workplace. [Cope17]	**.81**	-.04	.60
Spoke up if you felt that the resources provided for you at work are not sufficient for you to do your job (e.g., if comfortable or sturdy chairs are not available). [Cope16]	**.78**	-.08	.59
Let others at work know when you do not appreciate their comments or jokes about body size. [Cope11]	**.76**	.07	.74
Asked your co-workers not to comment on your body or other workers' bodies [Cope1]	**.75**	-.05	.73
Shared your feelings with friends or family members about unfair treatment related to your weight at work. [Cope2]	**.61**	.10	.63
Taken at least a brief break from work tasks to recover from your hurt feelings after hearing an insensitive comment about weight or body size. [Cope18]	**.57**	.05	.63
Intentionally left the room when a conversation about weight or dieting occurred at work. [Cope5]	**.51**	.11	.52
Cognitive/Emotion-Focus Behaviors			
Tried to think more positively about yourself and your weight, despite receiving unkind comments from others. [Cope19]	-.05	**.85**	.41
Attempted to view your weight in more accepting ways. [Cope14]	-.13	**.78**	.36
Kept your spirits up, despite negative messages from colleagues about your weight. [Cope13]	-.04	**.68**	.39
Reminded yourself that your weight does not define who you are as a worker. [Cope9]	-.01	**.67**	.25
Developed friendships with colleagues who do not judge you based on your weight. [Cope12]	.14	**.52**	.33
Found helpful ways to handle your emotions when people comment on your weight at work. [Cope3]	.15	**.52**	.47
"Tuned out" colleagues who speak in negative ways about other people's weight. [Cope15]	.12	**.49**	.41
Allowed yourself to accept the negative feelings that come up when you face a weight stigmatizing situation at work. [Cope8]	.04	**.43**	.28
Eigenvalue	6.08	1.44	
% of variance	37.98	8.99	

Note. Cog/Em = Cognitive/Emotional: Assert = Assertion [1] Item loadings from the pattern matrix of the exploratory factor analysis; primary loadings shown in bold font. CFA = item-factor loadings (standardized general factor loadings) from the bifactor confirmatory factor analysis (*N* = 377).

Table 9.

Model Testing Phase: Correlations, Means, Standard Deviations, and Internal Consistency Ratings

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	*M*	*SD*	*α*
1. Proact Pers	_										4.26	.99	.92
2. Org Sup	.31	_									3.38	1.60	.96
3. Cop Self Eff	.44	.36	_								3.11	.83	.93
4. Cop Behav	.37	.07	.42	_							2.47	.70	.89
5. Org Commi (modif)	.27	.80	.31	.11	_						4.08	1.65	.94
6. Satis w/ Coping	.37	.44	.67	.23	.37	_					3.50	.95	.92
7. Career Success	.38	.55	.39	.20	.59	.46	_				3.41	1.03	.93
8. Work Engage	.41	.65	.39	.22	.72	.41	.60	_			3.24	1.25	.94
9. Fat Ident	.09	.00	.13	.38	.00	.11	.05	.02	_		3.05	1.59	.92
10. Social Desir	.24**	.06	.11	.08	.04	.06	.10	.07	-.05	_	4.31	2.53	.76

Note: N = 377; ≥ . 11 = significant at .05 level, ≥ .19 = significant at < .001 level; Org Commi = Affective Organizational Commitment, Cop Self Eff = Weight Stigma Coping Self-Efficacy, Cop Behav.= Body-Acceptance Coping Behaviors, Work Engag = Workplace Engagement, Career Succ= Subjective Career Success, Satis Cop = Satisfaction with Workplace Coping, Fat Ident = Fat Identity, Soc Desir = Social Desirability

Appendix A

Consent Form

Project Title	Coping with Weight Stigma in the Workplace
Purpose of the Study	This research is being conducted by **Emily R. Cygrymus and Robert W. Lent, Ph.D.** at the University of Maryland, College Park. We are inviting you to participate in this research project because you (a) are between 25 to 55 years old, (b) self-identify as being in a larger body, (c) are currently employed, (d) currently reside in the United States, and (e) work primarily in-person, (f) for at least 30 hours per week, (g) in a work setting with 10 or more co-workers. The purpose of this research project is to study the usefulness of strategies that people use to cope with facing weight stigma in the workplace. As a graduate in a larger body myself, I, Emily R. Cygrymus (principal investigator), have personally faced these types of stigmatizing experiences, and understand the impact that this stigma, especially coming from co-workers and bosses, can have on one's sense of well-being.
Procedures	This initial study will involve taking an approximately 10-15 minute survey online. You may also be completing this form because you completed the initial phase of the study three months ago. The follow-up portion of this study will take slightly less time than the initial phase. The survey will ask you about your strategies for dealing with weight stigma and your confidence in using those strategies. Additionally, the survey will ask you about your satisfaction and comfort in your workplace and more generally about your personality, body identity, and workplace support. Finally, the survey will include some demographic questions, such as age, height, and weight. Two sample items are: "How much confidence do you have in your ability to speak up against the biased comments of others at work related to your weight?" and "I feel that I have useful strategies in place to deal with negative comments about weight in the workplace". Two attention checks will also be used throughout the study. Those individuals who fail both attention checks, as well as those who stop participation before survey completion, will not be compensated for their participation. This survey will collect all participants' IDs through an online research panel. In addition to participating in this initial survey, we may recontact you in about three months through your Prolific ID to invite you to participate in a brief follow-up survey. Should you choose to continue your participation in the follow-up survey, you would receive additional compensation.

Potential Risks and Discomforts	We anticipate that this survey will pose no more risk than what you may reasonably encounter in your daily life. Furthermore, you may discontinue participation at any time. There is a potential risk of discomfort that may come from answering survey questions regarding stigmatizing experiences and regarding one's weight. We hope this discomfort will be mitigated through the provision of educational resources at the end of the survey which may be useful in educating you about weight stigma. You may stop your participation at any time if you feel uncomfortable during the survey. If you choose to stop completion of the survey, please return to Prolific and click "Stop Without Completing". You will not receive compensation in this case.
Potential Benefits	Though there are no direct benefits from participating in this research, we hope that, in the future, this line of research will lead to an improved understanding of the coping strategies that can be used deal with weight stigma. We hope that this may lead to development of interventions to support the well-being of people in larger bodies in the workplace.
Confidentiality	Taking the survey itself is an anonymous online process. While we will collect participant IDs associated with the online platform in which you are a participant, other identifying information will not be collected, and care will be taken to store participant IDs and responses in a password-protected digital location. We will do our best to minimize any potential loss of confidentiality by collecting the data via an online survey provider and storing the data in that provider's database, which is password protected. Any information downloaded from the survey provider will be stored in a password protected computer. Only the researchers listed above will have access to survey responses.
Compensation	For your participation, you will be compensated with the amount agreed upon prior to beginning the survey ($3.00 for initial study; $2.60 for follow up study) through your panel provider. In order to receive compensation, participants must complete the survey *and* return to their online platform (by clicking the arrow on the last page of the survey) to confirm their completion. Individuals who do not consent to the study, who do not meet eligibility criteria for the study, who stop the study before completion, and who fail both attention checks will not be compensated for the study. Participants will be compensated separately for both the initial ($3.00) and follow-up studies ($2.60).
Right to Withdraw and Questions	Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

	If you decide to stop taking part in the study, if you have questions, concerns, or complaints related to the research, please contact the primary investigator: **Emily Rose Cygrymus** **Counseling, Higher Education, and Special Education** **University of Maryland – College Park** **3214C Benjamin Building, College Park, MD 20742** **emilycyg@umd.edu**
Participant Rights	*If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:* University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678 *For more information regarding participant rights, please visit:* https://research.umd.edu/research-resources/research-compliance/institutional-review-board-irb/research-participants *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*
Statement of Consent	By selecting *"Yes, I consent to participate"* and clicking on the "continue" button below, you indicate that you are (a) are between 25 to 55 years old, (b) self-identify as being in a larger body, (c) are currently employed, (d) currently reside in the United States, and (e) work primarily in-person, (f) for at least 30 hours per week, (g) in a work setting with 10 or more co-workers, (h) you have read this consent form or have had it read to you (i) your questions have been answered to your satisfaction and (j) you voluntarily agree to participate in this initial research study. You may download this consent form now for your records If you do NOT wish to participate in this initial study, please select "No, I DO NOT consent to participate" and click "Continue" to decline participation. O Yes I consent to participate O No I DO NOT consent to participate

Appendix B

Introduction and Prescreening

Thank you for choosing to participate in the Coping with Weight Stigma study!

General Instructions: This project is intended to help us learn more about how people cope with weight stigma in the workplace, and how experiences of weight stigma affect the well-being of workers in larger bodies.

Weight Stigma Statement (inspiration taken from Vartanian et al., 2014)

In the following survey, we will ask you to reflect on instances of weight stigma that you have experienced in your workplace, and how you have dealt with them. *Weight stigma can be defined as any instance where you felt you were being treated differently due to your weight or where you were affected negatively by witnessing others being treated unfairly due to their weight.* Some examples of weight stigma include hearing co-workers or bosses making fun of peoples' weight or body size, being glared at in the workplace, not having access to the things you need to do your job (e.g., chair you can fit in, uniforms that fit you), missing out on workplace opportunities (e.g., promotions, raises) due to your weight, or being exposed to a workplace culture that values thinness and looks down on people in larger bodies. We ask you to complete the items in relation to any workplace situations you experience as stigmatizing.

Please answer all of the following questions honestly based on your experience. There are no right or wrong answers. If you do not wish to complete the entire survey, you may close your browser at any time without penalty, but you will only be compensated if you complete the entire survey.

What is your Prolific ID? [*Please note that this response should auto-fill with the correct ID]*

<u>Pre-Screening</u>

Employment Status

What is your employment status?

1. Full-Time
2. Part-Time
3. Due to start a new job within the next month
4. Unemployed (and job seeking)
5. Not in paid work (e.g. homemaker', 'retired or disabled)
6. Other

** [participants who choose 1-2 eligible for study]

Where do you primarily work?

1. I always work from a central place of work
2. I sometimes work from a central place of work and sometimes remotely
3. I always work remotely
4. My place of work changes regularly
5. None of the above/Other

** [participants who choose 1 or 2 eligible for study]

Please try to estimate: How many hours do you work per week?

1. 1-10 hours per week
2. 11-20 hours per week
3. 21-30 hours per week
4. 31-40 hours per week
5. 41-50 hours per week
6. 51-60 hours per week
7. More than 60 hours per week

** [participants who choose 4-7 eligible for study]

How many employees does the company you work for have?

1. 1-9
2. 10-49
3. 50-249
4. 250-999
5. 1,000+

** [participants who choose 2-5 are eligible for study]

Are you currently residing the in USA?

1. Yes
2. No

What U.S. state do you currently live in? [drop down]

1. Alabama
2. Alaska
3. Arizona
4. Arkansas
5. California
6. Colorado
7. Connecticut
8. Delaware
9. Florida
10. Georgia
11. Hawaii
12. Idaho
13. Illinois
14. Indiana
15. Iowa
16. Kansa
17. Kentucky
18. Louisiana
19. Maine
20. Maryland
21. Massachusetts
22. Michigan
23.Minnesota
24. Mississippi
25. Missouri
26. Montana
27. Nebraska
28. Nevada
29. New Hampshire
30. New Jersey
31. New Mexico
32. New York
33. North Carolina
34. North Dakota
35. Ohio
36. Oklahoma
37. Oregon
38. Pennsylvania
39. Rhode Island
40. South Carolina
41. South Dakota
42. Tennessee
43. Texas
44. Utah
45. Vermont
46. Virginia
47. Washington
48. West Virginia
49. Wisconsin
50. Wyoming
51. District of Columbia

What is your age? [text]

Weight/Height Statement:

Next, we ask you to provide information about your height and weight. This information is needed to compare the findings of this study with those of prior studies. If providing this information (or any other questions in this survey) is uncomfortable for you, we ask that you refer to the resource list at the end of the survey for support related to weight stigma.

Please enter below your best estimated **current height *in feet and inches***.

____feet ___ inches

a. [Text Box; forced minimum and maximum, numbers only, no decimals]

What is your best estimated **current weight *in pounds.*** Please round to the nearest whole number.

a. [Text Box; forced minimum and maximum, numbers only, no decimals]

**[Math operation will be inserted to calculate BMI]

Body-Identity

Thinking about your body weight, which of the following would you say that you are?

2. Very underweight
3. Underweight
4. Slightly underweight
5. Neither underweight nor overweight
6. Slight Overweight
7. Overweight
8. Very Overweight

** [participants who choose 5-7 eligible for study]

Frequency of weight stigma (based on WSTOLQ; Pearl et al., 2019)

Please rate the frequency of weight-stigmatizing experiences (e.g., being treated unfairly because of your weight) you have encountered **at work** within *the last three months*:

1 - Never, 2, 3, 4, 5, 6, 7- Extremely Often

Distress associated with weight stigma (based on WSTOLQ; Pearl et al., 2019)

How upset were you by the weight stigmatizing experience(s) you encountered **at work** within *the last three months*?

1 – Not at all upset, 2, 3, 4, 5, 6, 7- Extremely upset

Appendix C

Proactive Personality Scale (Seibert et al., 1999)

Instructions: Please indicate the degree of your agreement or disagreement with each statement by choosing from the following options:

Strongly Disagree - 0, Moderately Disagree - 1, Slightly Disagree - 2, Neither Agree nor Disagree -3, Slightly Agree - 4, Moderately Agree - 5, Strongly Agree - 6

1. I am constantly on the lookout for new ways to improve my life.
2. Wherever I have been, I have been a powerful force for constructive change.
3. Nothing is more exciting than seeing my ideas turn into reality.
4. If I see something I don't like, I fix it.
5. No matter what the odds, if I believe in something, I will make it happen.
6. I love being a champion for my ideas, even against others' opposition.
7. I excel at identifying opportunities.
8. I am always looking for better ways to do things.
9. If I believe in an idea, no obstacle will prevent me from making it happen.
10. I can spot a good opportunity long before others can.

Appendix D

Survey of Perceived Organizational Support Scale (Eisenberger et al. (1986)

Instructions: Listed below are statements that represent possible opinions that YOU may have about your workplace. Please indicate the degree of your agreement or disagreement with each statement by choosing from the following options.

Strongly Disagree – 0, Moderately Disagree – 1, Slightly disagree – 2, Neither Agree nor Disagree – 3, Slightly agree – 4, Moderately Agree – 5, Strongly Agree – 6

1. The organization values my contribution to its well-being.
2. The organization fails to appreciate any extra effort from me. (R)
3. The organization would ignore any complaint from me. (R)
4. The organization really cares about my well-being.
5. Even if I did the best job possible, the organization would fail to notice. (R)
6. The organization cares about my general satisfaction at work.
7. The organization shows very little concern for me. (R)
8. The organization takes pride in my accomplishments at work.

Appendix E

Body-Acceptance Coping Behaviors (20 items):

Instructions: The following is a list of things that people in larger bodies may do to deal with negative treatment in the workplace related to their weight. Please indicate how much of the following things you have done over the past three months to cope with unfair treatment at work due to your weight.

To what extent have you done the *to cope with unfair treatment at work regarding your weight* following over the past three months:

1 – Not done at all, 2 - Somewhat or a little, 3 - A moderate amount, 4 - A substantial amount, 5 – Done a great deal

Self-Advocacy

1. Asked your co-workers not to comment on your body or other workers' bodies

2. Spoke up when a co-worker used discriminatory or unfair language about your weight or body size, even if the comment was not intended to be hurtful.

3. Let others at work know when you do not appreciate their comments or jokes about body size.

4. Spoke up if you felt that the resources provided for you at work are not sufficient for you to do your job (e.g., if comfortable or sturdy chairs are not available).=

Support Seeking

1. Shared your feelings with friends or family members about unfair treatment related to your weight at work.

2. Sought out the company of coworkers who accept your body the way it is.

3. Developed friendships with colleagues who do not judge you based on your weight.

4. Disclosed to a colleague about your challenges with being a person in a larger body in your workplace.

Regulating emotions

1. Found helpful ways to handle your emotions when people comment on your weight at work.
2. Allowed yourself to accept the negative feelings that come up when you face a weight stigmatizing situation at work.
3. Kept your spirits up, despite negative messages from colleagues about your weight.
4. Taken at least a brief break from work tasks to recover from your hurt feelings after hearing an insensitive comment about weight or body size.

Cognitive Restructuring

1. Reminded yourself that even if others are dieting at work, you do not need to change your behavior.
2. Reminded yourself that your weight does not define who you are as a worker.
3. Attempted to view your weight in more accepting ways.
4. Tried to think more positively about yourself and your weight, despite receiving unkind comments from others.

Disengagement

1. Intentionally left the room when a conversation about weight or dieting occurred at work.
2. Avoided coworkers that you have heard make jokes or rude remarks about peoples' weight in the past.
3. "Tuned out" colleagues who speak in negative ways about other people's weight.
4. Opted out of weight or health-focused initiatives in your workplace.

Appendix F

Weight Stigma Coping Self-Efficacy (20 items)

Instructions: Please indicate how much confidence you have in your ability to do each of the following in work situations right now, regardless of whether or not you have actually done them in the past.

1 - No confidence at all, 2 - Very little confidence, 3 - Moderate confidence, 4 - Much confidence, 5 - Complete confidence

How much confidence do you have in your ability to …

Self-Advocacy

1. Speak up against the biased comments of others at work related to your weight

2. Challenge unsolicited weight loss advice from co-workers

3. Correct your co-workers when they use negative language about your body or others' bodies

4. Ask your employer to provide for your needs as a larger-bodied person (i.e., by supplying a chair that is comfortable for you at your size)

Support Seeking

1. Seek out others at your workplace who are reasonably accepting of all body sizes.

2. Confide in a colleague about your experiences of weight bias in the workplace.

3. Share your feelings about negative workplace experiences involving weight or body size with a trusted colleague.

4. Seek support from others outside of work when you feel you are being treated unfairly at work because of your weight.

Regulating emotions

1. Find positive ways to care for yourself when you are feeling frustrated by discussions about weight or dieting in your workplace.
2. Manage the sadness or anger you feel when you face a weight-stigmatizing situation at work.
3. Use strategies like mindfulness or deep breathing to manage your feelings when you hear hurtful comments about weight or dieting from others at work.
4. Be compassionate towards yourself when experiencing difficult situations at work regarding your weight.

Cognitive Restructuring

1. Recognize that when colleagues or bosses make jokes about weight, this reflects poorly on them rather than you.
2. See yourself as a valuable worker, despite negative messages about being in a larger body.
3. Remind yourself that you are just as qualified as colleagues in smaller bodies.
4. Find ways to accept yourself, including your body size, when others at work are being insensitive about your weight.

Disengagement

1. Ignore discussions about weight and dieting at work.
2. Focus on work-tasks to avoid listening to colleagues' negative comments about weight.
3. Change the subject when a co-worker or supervisor mentions your body size.
4. Take a temporary break from work tasks if you feel upset by discussions about weight or dieting at work.

Appendix G

Affective Organizational Commitment Scale (Allen & Meyer, 1990)

Strongly disagree – 1, Strongly agree – 7

1. I am very happy being a member of this organization.
2. I enjoy discussing about my organization with people outside it.
3. I really feel as if this organization's problems are my own.
4. I think that I could easily become as attached to another organization as I am to this one. (R)
5. I do not feel like 'part of the family' at my organization. (R)
6. I do not feel 'emotionally attached' to this organization. (R)
7. This organization has a great deal of personal meaning for me.
8. I do not feel a 'strong' sense of belonging to my organization. (R)

***Note. Item 4R was removed prior to model testing*

Appendix H

Utrecht Work Engagement Survey (UWES)

Never – 0, Almost Never -1, Rarely – 2, Sometimes -3, Often -4, Very Often -5, Always - 6

The following statements are about how you feel at work. Please read each statement carefully and decide how much, if at all, you feel this way about your job.

1. At my work, I feel bursting with energy. (VI1)
2. I am enthusiastic about my job. (DE2)
3. I feel happy when I am working intensely. (AB3)
4. When I get up in the morning, I feel like going to work. (VI3)
5. My job inspires me. (DE3)
6. I am immersed in my work. (AB4)
7. At my job, I feel strong and vigorous (VI2)
8. I am proud of the work that I do. (DE4)
9. I get carried away when I am working. (AB5)

Appendix I

Subjective Career Success

Career Satisfaction (Greenhaus et al., 1990)

Strongly Disagree – 1, Disagree – 2 Unsure – 3 Agree - 4 Strongly Agree – 5

1. I am satisfied with the success I have achieved in my career.

2. I am satisfied with the progress I have made toward meeting my overall career goals.

3. I am satisfied with the progress I have made toward meeting my goals for income.

4. I am satisfied with the progress I have made toward meeting my goals for advancement.

5. I am satisfied with the progress I have made toward meeting my goals for the development of new skills.

Appendix J

Satisfaction with Coping with Weight Stigma at Work

Please indicate your level of agreement with the following items:

1- Strongly disagree 2 -Disagree 3- Neither Agree nor Disagree 4- Agree 5 - Strongly Agree

1. All in all, I am satisfied with the way I cope with the challenges of being a large-bodied person in my workplace
2. The way I have dealt with negative weight-related experiences in the workplace has felt helpful to me.
3. I feel that I have useful strategies in place to deal with negative comments about weight in the workplace.

Appendix K

Fat Identification Scale (Lindly et al., 2014)

Strongly disagree – 1, Strongly agree – 7

1. Belonging to a group of fat individuals is important to me.
2. Belonging to a group of people who share my body size is important to me.
3. I am a member of the fat community.
4. I identify with fat people.
5. I identify strongly with others who share my same body weight

Appendix L

Social Desirability Scale MC-1 (Strahan & Gerbasi, 1972; Marlowe & Crowne, 1960)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

6. I'm always willing to admit it when I make a mistake.
7. I always try to practice what I preach.
8. I never resent being asked to return a favor.
9. I have never been irked when people expressed ideas very different from my own.
10. I have never deliberately said something that hurt someone's feelings.
11. I like to gossip at times.
12. There have been occasions when I took advantage of someone.
13. I sometimes try to get even rather than forgive and forget.
14. At times I have really insisted on having things my own way.
15. There have been occasions when I felt like smashing things.

Appendix M

Demographics

Types of Stigma Measures

"Which of the following situations regarding your weight have you experienced at work over the past three months (select all that apply)" (Derived from Puhl and Brownell, 2006; Carels et al., 2019)

1. Noticed that others at work made assumptions about your work abilities because of your weight
2. Encountered structural or physical barriers (e.g. seats too small, aisles to narrow, no elevator)
3. Received nasty or inappropriate comments from others
4. Noticed others stare at you
5. Experienced job discrimination (e.g., being looked over for a promotion because of your weight)
6. Been avoided, excluded, or ignored by colleagues or customers
7. Been physically attacked
8. Received cues that others at work are embarrassed to be seen with you at your weight
9. Received personal reminders of your weight (e.g. ill-fitting or uncomfortable uniforms or dress-code requirements)
10. Experienced other uncomfortable situations (please specify) [text box]

Gender

1. Female
2. Male
3. Non-Binary
4. Other [text]
5. Prefer not to say

Race/Ethnicity

1. Black or African American
2. Hispanic American or Latino/a
3. White or European American
4. Asian/Pacific Islander American
5. Native American
6. Multiracial
7. Other [text]

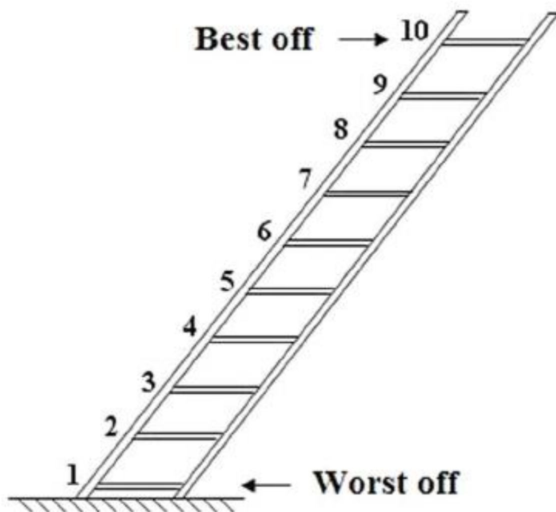
Class/Income/Subjective Social Status (MacArther SSS Scale)

Instructions: Think of this ladder as representing where people stand in the United States.

At the **top** of the ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people who are the worst off – those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please indicate where on the rung you think you stand at this time in your life relative to other people in the United States.



Which of the following best describes your primary occupation or type of work:

[“16 Career Clusters” from the O*NET – presented as a drop-down menu:]

O Agriculture, Food & Natural Resources
O Architecture & Construction
O Arts, Audio/Video Technology & Communications
O Business, Management & Administration
O Education & Training
O Finance

O Government & Public Administration
O Health Science
O Hospitality & Tourism
O Human Services
O Information Technology
O Law, Public Safety, Corrections & Security
O Manufacturing
O Marketing, Sales & Service
O Science, Technology, Engineering & Mathematics
O Transportation, Distribution & Logistics
O Other: Please specify________________

Please indicate which option best describes the highest level of education you have attained:

- Less than high school
- High school graduate (or equivalent)
- Some college (1-4 years, no degree)
- Associate's degree (including occupational or academic degrees)
- Bachelor's degree (e.g., BA, BS)
- Master's degree (e.g., MA, MS)
- Professional school degree (e.g., MD, JD)
- Doctorate degree (e.g., PhD, EdD)

Please indicate which option best describes your current total household income:

- Less than $15,000
- $15,000 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999
- $200,000 or more

Appendix N

End of Survey Message/Resources

If not eligible: [CONSENT]

Thank you for your interest in the survey. Unfortunately, *you have indicated that you do not consent to participate in this study. Please return your submission on Prolific via the following link:*

https://app.prolific.co/submissions/complete?cc=C18R9BYV

If you have questions, concerns, or complaints related to the research, please contact the primary investigator at emilycyg@umd.edu

Please refer to the following body acceptance resources (*copy and paste link into new browser)*:

What is weight stigma?: https://www.apa.org/monitor/2022/03/news-weight-stigma

Health at Every Size?: https://asdah.org/health-at-every-size-haes-approach/

Resources, Podcasts, and more!: https://shesallfatpod.com/resources

If not eligible: [PRE-SCREEN INCONISTECY]

Thank you for your interest in the survey. *You are ineligible for this study as you have provided information which is inconsistent with your Prolific prescreening responses. Please return your submission on Prolific via the following link:*

https://app.prolific.co/submissions/complete?cc=COKATB7C

If you have questions, concerns, or complaints related to the research, please contact the primary investigator at emilycyg@umd.edu

Please refer to the following body acceptance resources (*copy and paste link into new browser)*:

What is weight stigma?: https://www.apa.org/monitor/2022/03/news-weight-stigma

Health at Every Size?: https://asdah.org/health-at-every-size-haes-approach/

Resources, Podcasts, and more!: https://shesallfatpod.com/resources

If not eligible: [FAILED ATTENTION]

Thank you for your interest in the in the survey. Unfortunately, you *have not met the attention check criteria. Please return to your submission on Prolific via the following link:*

https://app.prolific.co/submissions/complete?cc=C7VEKJSK

If you have questions, concerns, or complaints related to the research, please contact the primary investigator at emilycyg@umd.edu

Please refer to the following body acceptance resources (*copy and paste link into new browser)*:

What is weight stigma?: https://www.apa.org/monitor/2022/03/news-weight-stigma

Health at Every Size?: https://asdah.org/health-at-every-size-haes-approach/

Resources, Podcasts, and more!: https://shesallfatpod.com/resources

[If completed]

Thank you for your participation in the survey. Your response has been recorded. In order to be compensated via your online panel, *please click the red arrow at the bottom of the page to return to Prolific:*

If you have any questions, please follow up with them.

If you have questions, concerns, or complaints related to the research, please contact the primary investigator at emilycyg@umd.edu

Please refer to the following body acceptance resources:

What is weight stigma?: https://www.apa.org/monitor/2022/03/news-weight-stigma

Health at Every Size?: https://asdah.org/health-at-every-size-haes-approach/

Resources, Podcasts, and more!: https://shesallfatpod.com/resources

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