

Best practice in initiating discussion around weight in health professional consultations with people living with obesity.

Attitudes and Practices in Weight-Related Clinical Conversations: A Narrative Review

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Introduction

Obesity is one of the main drivers of disease and disability in our country, and there is widespread recognition that more needs to be done to reduce this burden. Over the 10 years from 2007-08 to 2017-18 the number of people living with obesity has more than doubled, from 2.7 million in 2007-08 to 5.8 million people (The Obesity Collective 2024). While health professionals increasingly recognise obesity as a complex chronic disease influenced by genetic, environmental, and social factors - weight-related conversations in healthcare settings remain fraught with challenges.

However, the dynamics of these conversations are crucial, as they can significantly impact patient outcomes, treatment adherence, and willingness to engage with healthcare services (Alberga et al., 2016). Despite the critical nature of effective communication about weight, numerous barriers persist, including stigma, inadequate training, time constraints, and differing perspectives between providers and patients (Blackburn et al., 2015).

This analysis synthesizes findings from recent literature to provide a comprehensive understanding of the current landscape of weight-related clinical conversations, highlighting challenges, effective approaches, and areas for improvement in clinical practice.

Healthcare Professional Attitudes and Practices

Weight Bias and Stigma Among Healthcare Providers

Healthcare professionals are not immune to the pervasive weight bias present in society. Research consistently demonstrates that weight stigma exists across healthcare settings and disciplines. Swift et al. (2013) found that healthcare professionals hold both explicit and implicit negative attitudes toward patients with obesity, including beliefs that these patients lack willpower, are non-compliant, and are responsible for their condition. These attitudes can significantly impact the quality of care provided and the nature of weight-related conversations.

In their systematic review, McHale et al. (2020) identified that healthcare professionals frequently express frustration when discussing weight management with patients, particularly when they perceive a lack of patient motivation or compliance. This frustration can manifest in communication approaches that are counterproductive to building therapeutic relationships. The authors noted that "practitioners often described experiencing negative emotions when providing weight management advice, including frustration, hopelessness, and concern about damaging the patient-practitioner relationship" (McHale et al., 2020, p. 8).

Weight stigma in healthcare settings can have profound consequences. Patients who experience weight stigma from providers are more likely to delay or avoid preventive healthcare, have decreased treatment adherence, and report lower quality of care (Phelan et al., 2015). Interestingly, Meadows and Danielsdottir (2016) found that healthcare providers often underestimate how their patients perceive weight-related communication, with providers rating their approach as more supportive and sensitive than patients report experiencing.

Professional Confidence and Competence

Many healthcare professionals report feeling inadequately prepared to engage in effective weight management conversations. Gray et al. (2018) found that general practitioners and other primary care providers frequently cite insufficient training in obesity management and communication skills as barriers to effective weight-related discussions. According to their study, "many healthcare professionals expressed a lack of confidence in their knowledge and skills to effectively counsel patients about weight management strategies" (Gray et al., 2018, p. 5).

This lack of confidence often leads to avoidance of the topic altogether. Blackburn et al. (2015) noted that primary care providers frequently report discomfort in initiating weight-related conversations, particularly with patients who have not specifically sought help for weight concerns. This discomfort can result in missed opportunities for early intervention and prevention of weight-related complications.

A perceived lack of effective treatment options has been prevalent until very recently, and further compounds this issue. Studies have identified that healthcare professionals often express pessimism about the effectiveness of weight management interventions, which can influence their willingness to engage in weight-related discussions (Flodgren et al., 2017). This therapeutic nihilism may be communicated to patients, potentially undermining motivation and reinforcing perceptions that sustainable weight management is unattainable.

Communication Approaches and Strategies

The language used by healthcare professionals when discussing weight significantly impacts patient receptivity and engagement. Puhl et al. (2020) investigated patients' preferences regarding weight-related terminology and found that terms like "weight," "unhealthy weight," and "body mass index (BMI)" were generally considered more acceptable than terms like "fat," "obese," or "morbidly obese." The authors noted that "healthcare providers who use stigmatizing language may inadvertently reinforce shame and avoidance behaviours in their patients" (Puhl et al., 2020).

Healthcare professionals employ various communication strategies when discussing weight, with variable effectiveness. Chisholm et al. (2016) identified that patient-centred approaches—characterized by collaborative goal setting, motivational interviewing techniques, and respect for patient autonomy—were associated with more positive patient experiences and better outcomes compared to directive or prescriptive approaches.

Timing and context of weight discussions also matter significantly. Swift et al. (2021) found that weight conversations initiated within the context of specific health concerns or symptoms were more acceptable to patients than those introduced as standalone topics. Additionally, they noted that "patients generally preferred weight discussions to occur after rapport had been established with their healthcare provider, rather than at initial consultations" (Swift et al., 2021).

Experiences and Preferences of People Living with Obesity

Impact of Weight Stigma on Healthcare Experiences

Individuals living with obesity frequently report experiencing weight stigma in healthcare settings, which significantly impacts their willingness to engage with the healthcare system. According to Remmert et al. (2020), patients with obesity commonly describe encounters where providers attributed various health concerns solely to their weight without adequate evaluation, a phenomenon known as "weight bias." This practice can lead to missed or delayed diagnoses of conditions unrelated to weight.

Brown et al. (2017) found that negative experiences with healthcare providers regarding weight discussions often led patients to delay seeking care, even for serious health concerns. Their study revealed that "participants frequently described avoiding healthcare settings entirely due to anticipated or previous experiences of weight stigma from providers" (Brown et al., 2017). This avoidance represents a significant barrier to preventive care and early intervention for various health conditions.

The emotional impact of stigmatising encounters can be profound and lasting. Meadows and Danielsdottir (2016) documented that patients with obesity frequently reported feelings of shame, embarrassment, and decreased self-worth following weight-focused healthcare encounters. These negative emotions often persisted well beyond the clinical encounter and influenced subsequent healthcare decisions.

Communication Preferences

Research consistently shows that people living with obesity have clear preferences regarding how weight is discussed in clinical settings. Alberga et al. (2016) found that patients preferred providers who acknowledged the complexity of obesity, recognised the challenges of weight management, and avoided simplistic advice to "eat less and move more." Patients appreciated when providers recognised their previous weight management efforts rather than assuming non-compliance or lack of knowledge.

Terminology matters significantly to patients. Puhl et al. (2020) conducted surveys with adults across diverse weight categories and found strong preferences for neutral, non-stigmatising language. Terms like "weight" and "high BMI" were generally acceptable, while terms like "fat," "obese," and especially "morbidly obese" were considered stigmatising and unhelpful. The authors noted that "providers' choice of weight-related terminology can significantly impact patients' emotional responses and willingness to engage in weight management discussions" (Puhl et al., 2020, p. 1304).

Patients also express clear preferences regarding the initiation and context of weight discussions. Metzgar et al. (2015) found that patients generally preferred that providers ask permission before discussing weight, especially when the consultation was for unrelated health concerns. Additionally, patients valued privacy during these discussions, expressing discomfort with weight conversations that might be overheard by others.

Patient Agency and Autonomy

Recognition of patient agency emerges as a crucial factor in effective weight-related clinical conversations. Gronning et al. (2018) found that patients consistently valued approaches that acknowledged their autonomy and expertise about their own bodies and experiences. Conversely, prescriptive approaches that positioned the provider as the sole expert and the patient as passive recipient of advice were generally perceived negatively.

Patients typically prefer collaborative approaches to weight management. Metzgar et al. (2015) noted that patients appreciated providers who engaged them in shared decision-making, offered a range of management options, and respected their priorities and preferences. According to their study, "participants consistently expressed preference for providers who asked about their goals and concerns rather than imposing standardised recommendations" (Metzgar et al., 2015, p. 181).

The acknowledgment of previous weight management efforts also emerged as significant. Brown et al. (2017) found that patients often felt frustrated when providers assumed they had not tried to manage their weight previously or lacked basic knowledge about nutrition and physical activity. Recognition of the challenging nature of sustainable weight management and acknowledgment of patients' efforts were associated with more positive perceptions of provider communications.

Barriers to Effective Weight-Related Conversations

Structural and Systemic Barriers

Healthcare system constraints significantly impact the quality of weight-related clinical conversations. McHale et al. (2020) identified time limitations as a primary barrier to effective weight discussions, with providers reporting insufficient appointment durations to address weight concerns adequately, particularly given the complexity of the topic. Short appointment times often led to superficial discussions focused on BMI numbers rather than comprehensive assessment and collaborative planning.

Inadequate training represents another significant barrier. Gray et al. (2018) found that healthcare professionals across disciplines reported receiving minimal education on effective communication about weight during their professional training. According to their study, "practitioners frequently described feeling unprepared for weight-related discussions, with limited formal training in both the medical aspects of obesity management and the communication skills needed for sensitive weight conversations" (Gray et al., 2018, p. 6).

The lack of clear referral pathways and limited access to specialised weight management services further complicates weight-related conversations. Blackburn et al. (2015) noted that providers were often hesitant to initiate weight discussions when they felt they had few effective interventions or resources to offer patients. This hesitancy was particularly pronounced in settings with limited access to dietitians, exercise specialists, or specialised weight management programs.

Interpersonal and Communication Barriers

Differing perspectives and priorities between healthcare providers and patients can create significant barriers to productive weight conversations. While providers typically focus on biomedical outcomes and risk reduction, patients often prioritise quality of life, functional capacity, and psychological well-being (Meadows and Danielsdottir, 2016). This misalignment can lead to conversations that fail to address patients' primary concerns and values.

Emotional discomfort on both sides frequently impedes effective communication. Remmert et al. (2020) found that both providers and patients reported anxiety and discomfort around weight discussions, contributing to avoidance or superficial engagement with the topic. Providers expressed concern about damaging therapeutic relationships or causing emotional distress, while patients reported anxiety about potential judgment or blame.

Assumptions and stereotypes present further barriers. Swift et al. (2013) documented that healthcare providers often made assumptions about patients based on weight status, including assumptions about lifestyle, compliance, and intelligence. Similarly, patients often anticipated judgment and stigma, sometimes leading to defensive communication patterns. These dynamics created significant impediments to open, productive conversations about weight and health.

Effective Approaches and Best Practices

Person-Centred Communication

Research consistently supports the efficacy of person-centred communication approaches in weight-related clinical conversations. Chisholm et al. (2016) found that approaches characterised by empathy, active listening, and recognition of the patient's unique context and experiences were associated with higher patient satisfaction and engagement. This research also showed that "person-centred approaches that prioritised understanding patients' individual circumstances and challenges were more effective than standardised, directive counselling" (Chisholm et al., 2016, p. 302).

Motivational interviewing is widely recommended as a framework for discussing weight sensitively. It involves a collaborative, non-confrontational style that supports patient autonomy (Albury et al., 2020). Blackburn et al. (2015) noted that these techniques were associated with improved patient outcomes compared to traditional advice-giving approaches. Key elements included open-ended questioning, reflective listening, and support for patient self-efficacy.

The use of neutral, non-stigmatising language is consistently identified as crucial. Puhl et al. (2020) emphasised the importance of terminology that focuses on health rather than appearance and avoids moral judgment. They recommended terms like "weight," "high BMI," and "unhealthy weight" rather than terms like "obese," "fat," or "excess weight," which were often perceived as stigmatising by patients.

Organisational and Systemic Solutions

Several organisational strategies have shown promise in improving weight-related conversations. McHale et al. (2020) identified that structured approaches to weight management, including clear clinical pathways and protocols, supported more consistent and effective weight discussions. These structured approaches provided practitioners with frameworks for initiating and conducting weight conversations, reducing individual provider uncertainty and variability.

Professional education and training initiatives focused specifically on weight-related communication skills appear beneficial. Gray et al. (2018) found that healthcare professionals who received specialised training in motivational interviewing and weight-related communication reported greater confidence and competence in these conversations compared to those without such training. Furthermore, "training programs that addressed providers' own weight biases and misconceptions about obesity were associated with more empathetic and effective patient communications" (Gray et al., 2018).

Team-based approaches can also enhance weight-related conversations. Integrating various health professionals—including physicians, nurses, dietitians, psychologists, and exercise specialists—allows for

comprehensive, multidisciplinary support that addresses the complex biological, psychological, and social aspects of weight management (Flodgren et al., 2017). This approach distributes responsibility across the healthcare team and leverages diverse expertise.

Special Populations and Contexts

Paediatric and Adolescent Weight Conversations

Weight conversations in paediatric settings present unique challenges and considerations. Gillison et al. (2016) noted that discussions involving children and adolescents require additional sensitivity to developmental stage, family dynamics, and potential impact on body image and self-esteem. Their research emphasised the importance of focusing on health-promoting behaviours rather than weight itself, particularly with younger children and adolescents.

Parental involvement introduces additional complexity. McPherson et al. (2020) found that healthcare providers reported challenges in balancing communication with both parents and children, particularly when they perceived parental resistance or defensiveness. According to their study, "practitioners described difficulty in addressing children's weight concerns without implicitly or explicitly blaming parents, which could damage therapeutic relationships" (McPherson et al., 2020).

Preventive approaches are particularly important in paediatric settings. Pont et al. (2017) emphasised the value of discussing healthy growth and development rather than focusing exclusively on weight management. This approach frames conversations positively around supporting overall health rather than correcting a problem, potentially reducing stigma and defensive responses.

Cultural and Diversity Considerations

Cultural factors significantly influence perceptions and experiences of weight-related clinical conversations. Grønning et al. (2018) found that cultural norms and values around body size, food, and health influenced patients' receptivity to weight discussions. Healthcare providers must recognise and respect these cultural dimensions to engage effectively with diverse patient populations.

Language barriers present additional challenges. Blackburn et al. (2015) noted that weight-related discussions are particularly complex and nuanced, making them especially challenging when provider and patient do not share the same primary language. The use of interpreters, while essential, introduced additional complexity to these sensitive conversations.

Socioeconomic factors also influence weight-related clinical conversations. McHale et al. (2020) found that providers often struggled to provide relevant and actionable weight management advice to patients

experiencing socioeconomic disadvantage. Their research emphasised the importance of acknowledging social determinants of health and providing recommendations that are feasible within patients' economic and social realities.

Conclusion

Weight-related clinical conversations represent a complex intersection of medical science, communication skills, personal values, and social dynamics. This analysis has identified several key themes across the literature:

1. Weight stigma and bias remain prevalent in healthcare settings, significantly impacting both provider approaches and patient experiences.
2. Healthcare professionals frequently report insufficient training and confidence in conducting weight-related conversations effectively.
3. People living with obesity express clear preferences for non-stigmatising language, recognition of complexity, and collaborative approaches.
4. Structural barriers—including time constraints, inadequate training, and limited resources—hinder effective weight-related clinical conversations.
5. Person-centred communication strategies, particularly motivational interviewing techniques, show promise in improving the quality and effectiveness of weight discussions.

Effective weight-related conversations require a delicate balance: acknowledging the health implications of weight while avoiding stigmatisation; providing medical expertise while respecting patient autonomy; and addressing individual responsibility while recognising the complex biological, psychological, and social factors influencing weight.

Moving forward, healthcare systems and educational institutions must prioritise training in weight-related communication skills, addressing both explicit and implicit weight bias among providers. Organisational policies and structures should support comprehensive, patient-centred approaches to weight management conversations. Most importantly, the voices and preferences of people living with obesity must be centred in developing best practices for these clinically important but emotionally charged conversations.

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