Transcript for Prominence Weight Bias and Stigma – Unit 3: Communicating with Compassion

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Welcome to Unit 3 of OSE4ALL Obesity Stigma Education for all Healthcare Professionals.

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UNIT 3 - 3.1 Communicating with compassion

Communicating with compassion reduces stigma, strengthens trust, and improves the care experience for every patient.

Let's look at how these skills can shape our approach when supporting people living with obesity.

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UNIT 3 - 3.2 Learning outcomes

In this unit, we will explore **how your communication** choices, influence weight stigma, develop skills in people first language **and OARS-based listening to** support compassionate, patient-centred care. You will also learn to **recognise your own communication biases** and **develop a respectful,** health-focused **approach** to discussing weight that validates patient experiences and supports collaborative, meaningful care planning

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UNIT 3 - 3.3 Patient voice

Let's begin with what matters to patients with obesity - our patient voice.

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UNIT 3 - 3.4 Understanding how communication can enhance care

Communication is one of the most powerful determinants of whether a patient feels safe, or judged, in a clinical encounter.

Research shows that weight bias is often conveyed unintentionally through word choice, facial expressions, tone of voice, or assumptions about behaviours and motivation. These subtle cues can lead patients to feel blamed or dismissed, and this, in turn, contributes to care avoidance, reduced trust, and poorer outcomes.

Conversely, when communication is compassionate, neutral, and collaborative, it reduces defensiveness, helps patients feel **heard and supported,** improves motivation, and strengthens the therapeutic relationship.

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UNIT 3 - 3.5 Demonstrating people-first, weight-neutral, and patient-preferred Language

Language that we've used in the past is often stigmatising because it frames weight as a personal failure and positions the person as the problem rather than having a complex health condition. One of the most effective ways to reduce stigma is through people-first language, which positions the person before the disease.

Major medical organisations universally endorse this approach, and it is consistent with how we refer to other chronic diseases.

Instead of saying 'an obese patient', we use: 'a patient living with obesity' or 'a person who has obesity'.

Alongside this, we must use neutral, non-judgmental terminology - words like 'weight' or 'higher weight' - because terms like 'fat' or 'obese' are often experienced as stigmatising. And we should refer to pharmacological treatments as obesity medications.

Crucially, we ask patients: 'What words feel most comfortable for you when we talk about weight?'

This respects autonomy and ensures the language we use aligns with the patient's preferences.

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UNIT 3 - 3.6 Applying Active and Reflective Listening (OARS):

Beyond the words we choose, *how* we listen profoundly shapes the clinical interaction. Active listening means being fully present, attending to what the patient says, their tone, and their body language, without interruption or judgement.

Reflective listening takes this further by paraphrasing to confirm understanding. For example:
'What I'm hearing is that pain has made it difficult to maintain your activity routine. Is that right?'

The OARS framework supports this approach:

Open-ended questions invite meaningful dialogue.

Affirmations reinforce strengths and effort.

Reflections validate experience.

Summaries consolidate and clarify.

These techniques are central to motivational interviewing and have strong evidence for supporting behaviour change and building trust.

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UNIT 3 - 3.7 Analysing Our Own Communication for Bias

Remember: all clinicians have implicit biases. They emerge from cultural messages, training experiences, and personal beliefs.
In weight-related discussions, bias can appear in assumptions about motivation, in attributing symptoms solely to weight, or in subtle non-verbal cues such as rushed behaviour or a change in tone. A critical aspect of reducing stigma is learning to observe and analyse our own communication patterns. Ask yourself:

Do I shift tone when discussing weight?

Am I jumping to conclusions?

Is my non-verbal communication neutral and respectful?

Awareness creates the opportunity for intentional change.

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UNIT 3 - 3.8 Developing a compassionate, health-focused communication plan

Bringing these elements together enables us to create a communication approach that is both compassionate and clinically effective.

A simple structure includes:

Ask permission: 'Would it be okay to talk about your weight today?'

Use patient-preferred language. Explore experiences: Use reflective listening to validate challenges and acknowledge previous stigma.

Shift the focus to health behaviours: Emphasise nutrition, activity, sleep, stress, medication effects, and quality of life - not just weight or BMI.

Collaborate on goals: Ask what matters most to the patient and co-create realistic, meaningful next steps.

This approach fosters partnership, autonomy, and trust, central components of chronic disease management.

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UNIT 3 - 3.9 Communication in physiotherapy practice

Communication is central to physiotherapy, with therapeutic alliance directly influences engagement and outcomes. Compassion enhances how patients engage with assessment, movement and exercise. Exploring what the person has already tried, acknowledging effort and functional gains, and responding reflectively to pain or hesitation, or fluctuations in weight without blame, helps physiotherapists to tailor interventions. This approach supports shared decision-making, improves tolerance of rehabilitation, and enables progression of care, based on trust, safety, and collaboration, rather than weight-focused expectations.

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UNIT 3 - 3.10 Summary and takeaway message

In summary, compassionate communication is a clinical skill that directly impacts patient outcomes. By using people-first language, applying OARS-based listening, examining our own biases, and centering the conversation on health and collaboration, we create an environment where patients feel respected, understood, and supported. These communication practices lay the foundation for effective obesity care and patient engagement.

Let's look in the next unit at some more tools to support practice.

UNIT 3 Resources

- **Communication in practice effects** [1-3]
- **Weight Stigma guidelines, standards, reviews** [4, 5] [6, 7] [8] [9]
- **Tools for improvement** [10] [11, 12]
- **Patient 1st language and imagery** [13-15]

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