

Providers' willingness to communicate about weight control and links to patients' attitudes about and intentions to control their weight

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Introduction

- Physician-patient communication can influence patients' health related attitudes and behaviors
- If physicians are reluctant to discuss weight control, patients may not take action to control their weight
- This study assessed physicians' willingness to discuss weight control with their patients and their patients' perceptions about their weight control behaviors

Methodology

- Online surveys regarding perceptions of a recent patient encounter about weight loss using the Situational Communication Apprehension Measure were completed by 19 family medicine residents (68.8% males; 31.2% females, 50% Year 2; 31.2% Year 1; 18.8% Year 3) from 2 medical centers in Ohio
- Surveys were then completed by 308 patients (63.6% female; 36.4% male, BMI: 29.45 on average, SD = 10.15) following outpatient family medicine visits
- Patient surveys included assessment of weight-related attitudes, social norms, behavioral intentions, self-efficacy, susceptibility for carrying excess weight and perceived severity of excess weight
- Surveys also included self-reported height and weight to calculate BMI

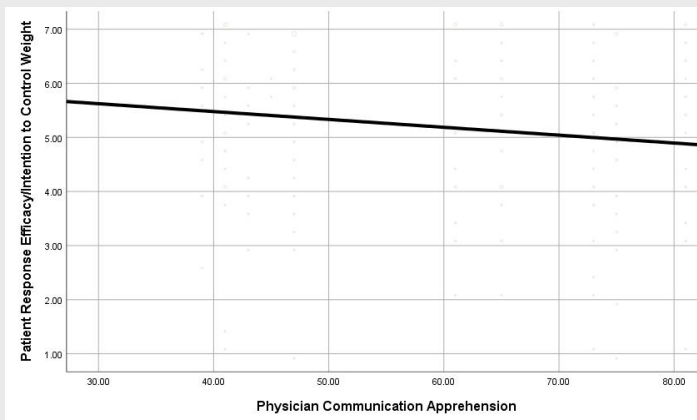


Figure 1 - Negative correlation between patient response efficacy and intent to control weight versus physician communication apprehension score

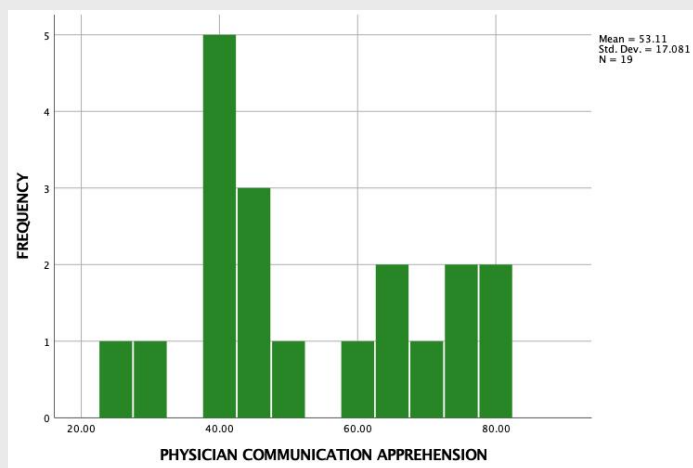


Figure 2 - Distribution of physician communication apprehension scores (possible scores range from 20-140)

Results

- Providers significantly vary in their comfort with discussing weight control based on their apprehension scores. Providers reported low to moderate apprehension (scores between 20-140, M = 57.29, SD = 14.28, Range = 39-80)
- Physician communication apprehension regarding weight control was negatively associated with patients' perceptions that controlling their weight helps avoid future consequences of excess weight ($r = -.12$, $p < .05$)
- Greater apprehension was also negatively associated with patients' reported intent to control weight behavior ($r = -.14$, $p < .05$)

Conclusion

- Given that physicians' willingness to communicate about controlling weight can have effects on patients' attitudes and intentions to control their weight, it is important that providers emphasize strategies to help patients feel empowered to control their weight
- Equipping physicians with skills to overcome their apprehension regarding weight control discussions should be emphasized in medical education and training

References

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