Weight bias toward obese bariatric patients

Obese individuals are often targets of stigma and prejudice, which is common in social situations, in work settings, and at home. Unfortunately, many obese patients also report weight bias from health care professionals, including negative attitudes from providers in bariatric surgery settings.

For example, research has examined views and opinions of obesity surgery patients about the care they received before, during, and after their weight loss surgery. Patients reported feeling misunderstood and mistreated by medical and non-medical staff involved in their treatment. They also reported that surgical support groups were important in helping them to cope with experiences of stigma and prejudice.

It is also helpful to recognize that weight bias can be expressed in many ways, and that subtle comments or gestures toward bariatric patients can be experienced as pejorative and stigmatizing. As stated by Dr. Reno, “Hospital staff need to remain mindful of how subtle biases pass on from staff member to staff member or from nurse to patient. Looks, grunts, and groans during transportation, and attitudes conveyed during change of shift reports, can all foster and potentiate bias.”

These findings highlight the importance of providing education and training to medical staff involved in bariatric care. Providing educational in-services on weight bias can help increase levels of awareness and understanding of this problem among providers, and can help staff learn strategies to increase sensitivity in routine practices. It is also important to provide staff with the opportunity to openly discuss the legitimate challenges that arise in delivery of care to obese patients. For example, not all hospitals provide sufficient staffing, or appropriate equipment to properly care for obese patients. These challenges can create real obstacles and frustration in delivery of care, and may inadvertently reinforce bias.


2Reto DS. Psychological aspects of delivery nursing care to the bariatric patient. Crit Care Nurs Q. 2003; 26: 139-149.