



RESEARCH REPORT

# Promotion of healthy nutrition in clinical practice: A cross-sectional survey of practices and barriers among physiotherapists in southeast Nigeria



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## KEYWORDS

diet risk factors;  
lifestyle practice;  
nutritional  
counselling;  
physical therapists;  
preventing  
noncommunicable  
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**Abstract** *Background:* Healthy diet counselling is an important concept in health promotion. Physiotherapists are well positioned to initiate or support healthy nutrition in addition to physical activity counselling, in routine patient consultation.

*Objective:* To determine the practices about and barriers to diet counselling practices among physiotherapists in Southeast Nigeria.

*Methods:* In this cross-sectional survey, a total of 140 questionnaires were distributed among physiotherapists.

*Results:* Overall, 103 physiotherapists responded. Physiotherapists are confident and consider the incorporation of dietary counselling very important and of high priority in their daily clinical work. They, however, assessed and counselled on dietary status opportunistically in patients. Notwithstanding, physiotherapists believed that the diet counselling they give could be effective in helping patients change their unhealthy dieting practices. Patients were also amenable to physiotherapists advocating on diet issues as part of their consultation. Several barriers to incorporating diet counselling into physiotherapy practice were identified, including lack of access to a dietician/health promotion staff/counsellors, lack of proper patient education materials, lack of expertise in relation to dietary risk factors' assessment and management, and uncertainty about what dietary services to provide.

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*Conclusion:* Although physiotherapists consider it important to incorporate diet counselling in their daily clinical practice, development and implementation of strategies to improve physiotherapists' diet counselling knowledge, competence, skills, and practice are warranted.

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## Introduction

The globalisation of food and beverage supply chains has increased the availability of cheap, calorie-rich, nutrient-poor foods and beverages that are attractive to the poor but aggravate the risks factor of noncommunicable diseases (NCDs) [1]. Consequently, public health indicators suggest that unhealthy nutrition is on the rise globally, and Nigeria is not immune to the effects of the changing dietary behaviours and preferences. There is evidence of emerging nutritional transition in Nigeria [2,3], arguably because of the rapid economic development in Nigeria, which is currently the largest economy in Africa and among the fastest growing in the world. As such, dietary behaviour has been affected greatly leading to a shift from healthy local foods to increasing consumption of processed, ready-to-eat junk foods and beverages. This, in association with an unhealthy lifestyle, may be contributing to the rising trend in the mortality and morbidity rates of NCDs in Nigeria [4].

All over the world, efforts are being intensified by all stakeholders, including healthcare professionals, to combat NCDs [4,5] including advocacy for a healthy diet. A healthy lifestyle may be considered an important contributor to good nutrition, both directly, because it should include an adequate diet, and indirectly, because it reduces the risk of diseases that adversely affect nutritional status. Thus, promoting healthy diets and lifestyles is important and one of the primary methods of promotion should be through providing information and education. A study conducted among 98 patients diagnosed with type 2 diabetes in Al-Buraimi Governorate, Oman, concluded that counselling largely illiterate diabetic patients about the impact of food, nutrition, and exercise on diabetes, shifted the patients from 'poor' to 'good' control in terms of metabolic outcome [6]. According to this study, the improvement in the metabolic outcome could be further enhanced by health education. Similarly, a Finnish study reported that lifestyle intervention focusing on diet and physical activity produced long-term beneficial changes in clinical and biochemical parameters and reduced risk of diabetes [7]. Findings from several other studies [8–10], including a recent systematic review [11], have also supported this evidence.

Physiotherapy is among the largest health profession [12] and a leading established healthcare profession that primarily explores nondrug interventions including patient counselling [13]. However, little is known about physiotherapists' health promotion practice, confidence, and effectiveness beyond that of physical activity counselling. To holistically address contemporary health trends and priorities in terms of NCD risk factors, the concepts of physiotherapy care are changing dramatically. The need for

physiotherapists to readjust their goals, strategies, and patterns of interaction with healthcare recipients and to include lifestyle counselling beyond physical activity counselling, is being increasingly emphasised [14,15].

Physiotherapists are remarkable for their association with noninvasive interventions with respect to health behaviour and lifestyle-related conditions. To diversify and fulfil the role of the contemporary physiotherapist within the context of interdisciplinary collaborative practice, there is a need for physiotherapists to continuously expand their expertise beyond treatment of disability and illness to include health-focused practice, specifically targeting primary and secondary disease prevention [14]. This may include the skills needed to provide nutritional counselling to patients in daily practice, as well as having the knowledge to know when referral to a dietician, physician, or other health professional is warranted in patients with nutritional risk factors. The physiotherapists' skill to undertake nutritional counselling will enable them to identify, during routine clinic visits, patients with nutritional risk factors and to make clinically expedient decision regarding suitable interventions or referrals to nutritionists or physicians, hence fostering inter-professional collaborative practice. The World Confederation for Physical Therapy (WCPT) 2015 template lifestyle practice supports member organisations to push beyond traditional boundaries towards a more interprofessional collaborative practice and person-centred integrated service delivery, which are necessary for the successful prevention and management of NCDs and their risk factors [5,14].

A recent systematic review concluded that physiotherapists have the potential to effectively counsel patients with respect to lifestyle behaviour changes (including increasing physical activity, quitting smoking, improving nutrition, and reducing weight) alone or as supporters of health counselling initiated by other healthcare team members [13]. Physiotherapists are confident with counselling, particularly in relation to promoting physical activity [15–17], but less confident with respect to counselling for other aspects such as smoking cessation [18]. Arguably, nutrition-related behaviours are the most neglected in clinical practice generally [19] and specifically among physiotherapists. Not much is documented of physiotherapists' practices in terms of assessing and managing dietary risk factors in their patients. A study among physiotherapists in Ireland showed that the majority (55%) only assessed the dietary status of their patients opportunistically (i.e., "sometimes") at the initial consultation, with only 39% likely to assess dietary status at follow-up visits [15]. In a study among Australian physiotherapists, it was found that ~42% of the sample studied provided dietary advice as part of weight reduction even when the majority

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