



Review

Factors contributing to the effectiveness of physical activity counselling in primary care: A realist systematic review



Anna R. Gagliardi ^{a,*}, Guy Faulkner ^b, Donna Ciliska ^c, Audrey Hicks ^c

^a University Health Network, 200 Elizabeth Street, Toronto, Canada

^b University of Toronto, Canada

^c McMaster University, Canada

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ABSTRACT

Objective: Physical activity (PA) counselling in primary care increases PA but is not consistently practiced. This study examined factors that optimise the delivery and impact of PA counselling.

Methods: A realist systematic review based on the PRECEDE–PROCEED model and RAMESES principles was conducted to identify essential components of PA counselling. MEDLINE, EMBASE, Cochrane Library, PsycINFO, and Physical Education Index were searched from 2000 to 2013 for studies that evaluated family practice PA counselling.

Results: Of 1546 articles identified, 10 were eligible for review (3 systematic reviews, 5 randomised controlled trials, 2 observational studies). Counselling provided by clinicians or counsellors alone that explored motivation increased self-reported PA at least 12 months following intervention. Multiple sessions may sustain increased PA beyond 12 months.

Conclusion: Given the paucity of eligible studies and limited detail reported about interventions, further research is needed to establish the optimal design and delivery of PA counselling. Research and planning should consider predisposing, reinforcing and enabling design features identified in these studies.

Practice implications: Since research shows that PA counselling promotes PA but is not widely practiced, primary care providers will require training and tools to operationalize PA counselling.

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* Corresponding author. Tel.: +1 416 340 4800.

E-mail address: anna.gagliardi@uhnresearch.ca (A.R. Gagliardi).

1. Introduction

Physical activity (PA) reduces the risk of chronic disease, premature mortality, and health system costs [1–6]. PA guidelines have been developed worldwide and in Canada, where PA is further promoted with Physical Activity Guides for all ages, the Children's Fitness Tax Credit, and social marketing organizations such as ParticipACTION [7,8]. However, fitness levels have declined, while obesity and premature mortality have increased in Canada, Europe and the United States over the last 20 years [9–12]. The World Health Organization reports that physical inactivity is the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally [1]. Therefore, it is imperative that additional strategies beyond issuing of guidelines and raising public awareness are identified to encourage PA.

The primary care setting offers a convenient platform in which to promote PA. The majority of Canadians (77%) and Americans (80%) have at least one contact with a primary care physician annually during which discussions about health habits including PA are recommended [13,14]. Considerable research has shown that counselling more than any other intervention is an effective strategy for PA promotion in primary care [15]. PA counselling refers to advice and discussion about PA among primary care providers and individual patients. PA counselling in the primary care setting appears to be an efficient and effective means of increasing PA [16].

However, surveys of primary care physicians and/or patients report low rates of PA counselling worldwide [17–22]. Systematic reviews revealed numerous barriers to PA counselling in primary care including lack of time, knowledge, training, materials for learning, education and information, protocols or other system support, resources, incentives and reimbursement [23]. In particular, providers are uncertain about the effectiveness of counselling and uncomfortable providing detailed advice about PA [24]. PA counselling in primary care may have greater impact if providers were able to consistently counsel patients about PA. Systematic reviews already conducted did not examine factors that may have influenced the success of counselling such as the content or delivery of counselling, or of accompanying information or tools. Therefore further research is needed to understand how the design and impact of PA counselling could be optimised. Such information could be used to develop interventions that support PA counselling by primary care providers.

A commonly used model for designing or evaluating health promotion interventions is the PRECEDE–PROCEED model [25]. PRECEDE refers to micro and meso level factors that may influence how an intervention works. Predisposing factors are those that a patient brings to the primary care setting (knowledge, attitudes, beliefs, values, age, health status). Reinforcing factors are those that primary care providers bring to the patient consultation (values, personal physical activity habits, health promotion and counselling practice). Enabling factors may include the availability of resources, protocols and service structures. PROCEED refers to policy or regulatory constructs, and involves implementing and evaluating the impact of selected interventions. The PRECEDE constructs provide a framework for understanding how various factors influence PA counselling and its impact.

The primary purpose of this study was to identify the predisposing, reinforcing and enabling factors that optimise the effectiveness of PA counselling. The findings may provide insight on how to tailor the design, delivery and impact of counselling for PA promotion. That information could be used by policy-makers, educators, professional societies or primary care teams to develop and apply interventions or tools that support counselling for PA promotion in the primary care setting, ultimately leading to improved PA and associated improvements in the physical and mental health of patients.

2. Methods

2.1. Approach

A realist systematic review was conducted [26]. This approach is specifically used to describe the theoretical or contextual factors that contribute to the effectiveness of behavioural interventions. It is similar in rigor to a traditional systematic review but draws on a range of study designs to examine the interaction between context, intervention, outcome and underlying theory. RAMESES criteria guided the conduct and reporting of the review [27]. Data were publicly available so institutional review board approval was not necessary.

2.2. Scoping the literature

To plan for the full-scale review a preliminary scan of relevant literature was undertaken. This refined the scope of the review and contributed to the development of screening criteria. Primary care was defined as office-based settings in which patients see family physicians or teams. This was distinguished from primary health care in which primary care services may be delivered to patients in a variety of other settings. The intervention of interest was counselling-alone, or counselling plus information or tools that were offered to patients in the office-based setting. This included print information, patient tools such as pedometers or diaries, or written prescription including the type, frequency and intensity of recommended exercise. This excluded exercise referral which was not found to be effective [16], and follow-up communication by telephone call or mailed information which would require time and resources beyond the counselling session. Counselling was initially broadly defined as one or more office-based instances of brief or more detailed advice or education provided to patients by one or more members of the primary care team including family physicians, nurses, physiotherapists, or exercise specialists either concurrently or consecutively. The outcome of interest was PA, either self-reported or objectively assessed through pedometer or other mechanism, or associated physiological functions such as blood pressure, body weight, serum lipid levels, glycaemic control or physical fitness (VO₂max). Few studies were identified that evaluated PA promotion among children or youth, or older adults, so this study focused on adults aged 18–64 years. This study focused on PA counselling rather than lifestyle counselling, which also addresses diet and other health behaviours such as smoking, among relatively well individuals as a preventive health behaviour.

2.3. Search strategy

MEDLINE, EMBASE, Cochrane Library, PsycINFO, and Physical Education Index were searched in April 2011 for the period of 2000 to 2013 inclusive. The search strategy employed was purposefully broad because the scoping exercise revealed that counselling was not consistently used to index relevant studies. MEDLINE, EMBASE and Cochrane Library search terms included [(exercise or exercise therapy or physical activity) and primary health care]. PsycINFO search terms were [(physical activity or physical fitness or exercise) and primary health care]. Physical Education Index search terms were [(physical activity or exercise) and (primary care or primary health care)]. Searches were limited to English language systematic reviews, randomised controlled trials or observational cohort studies.

2.4. Screening process and criteria

One research assistant and the principal investigator independently screened titles and abstracts. Studies were eligible if they

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