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## Original Research

# Australian general practitioners' views regarding providing nutrition care: results of a national survey

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## ABSTRACT

**Background:** The prevalence of chronic disease is considerable, and dietary behaviours influence the progression of many chronic diseases. Practice guidelines recommend that general practitioners (GPs) promote healthy dietary behaviours in relevant consultations with patients in order to improve health outcomes at a population level.

**Objective:** To describe GPs' perceived interest, confidence and barriers to support patients to have a healthy diet.

**Method:** A 24-item online and written survey was distributed in a national weekly newsletter to GPs in Australia. Results were descriptively analysed and investigated for associations with GPs' demographic characteristics.

**Results:** A total of 322 GPs responded to the survey. Nearly all ( $n = 295$ , 91.6%) were interested in supporting patients to eat well, and most ( $n = 231$ , 71.7%) reported moderately high confidence for providing nutrition care with clear public health messages for conditions, such as cardiovascular disease. Many GPs ( $n = 170$ , 52.8%) cited lack of time as the biggest barrier to providing nutrition care, and the overwhelming majority ( $n = 289$ , 89.8%) were interested in receiving additional education and training to enhance their nutrition knowledge and skills.

**Discussion:** Many GPs are interested in nutrition and would benefit from educational programmes that improve their competence to provide nutrition care. Professional development opportunities should focus on the identification of nutritional risk and the promotion of healthy dietary behaviours within the time constraints of a standard consultation.

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## Introduction

Dietary behaviours influence the progression of many chronic diseases, including type 2 diabetes, cardiovascular disease and risk factors such as overweight and obesity, hyperlipidaemia and hypertension.<sup>1</sup> The prevalence of chronic disease in Australia is considerable and expected to rise further due to an ageing population and increasing levels of risk factors.<sup>2</sup> As a result, chronic disease significantly contributes to the personal and financial healthcare burden in Australia.<sup>3</sup> Over 93% of Australian adults have poor dietary behaviours.<sup>2</sup> In addition to overconsumption of foods high in energy and low in nutritional value, there are a significant number of older people at nutritional risk who are consuming insufficient amounts of nutritious foods.<sup>4,5</sup> Therefore, strategies that promote healthy dietary behaviours to address both overnutrition and undernutrition are important to promote optimal public health within Australia.<sup>5,6</sup>

General practitioners (GPs) are encouraged to promote healthy dietary behaviours with patients by providing nutrition care.<sup>7</sup> Nutrition care refers to any practice that aims to improve the dietary behaviours and subsequent health outcomes of patients and can include nutrition assessment, counselling, advice or referral.<sup>8</sup> Patients prefer to receive nutrition care from GPs than other health professionals, including dietitians,<sup>9</sup> and perceive GPs to be a reliable source of nutrition and health information.<sup>10,11</sup> Brief nutrition care provided by GPs can be effective at improving patients' dietary behaviours.<sup>12,13</sup> Furthermore, by identifying patients' nutrition care needs, GPs provide an important link between individual and population health.

General practitioners do not provide nutrition care on all relevant occasions to patients with chronic disease.<sup>9</sup> Although nearly all patients potentially benefitting from nutrition care in Australia, only three percent of consultations involve this support.<sup>14</sup> Clearly, there is an evidence-practice gap between the optimal rate in which nutrition care should be provided and the rate in which it is included in consultations. Numerous barriers prevent GPs from providing nutrition care, including a lack of time in consultations,<sup>8,10,15–17</sup> lack of confidence to provide nutrition care,<sup>15,17</sup> and lack of nutrition knowledge.<sup>15–17</sup> Literature investigating these barriers comes primarily from overseas studies in the UK, USA, Canada and New Zealand.<sup>8,10,15–17</sup> The similarity of these barriers has not been widely investigated in the Australian context but could inform strategies to enhance nutrition care provided by Australian GPs.

A broad approach to better understand the nutrition care provided by Australian GPs is ideal to provide a comprehensive understanding of factors preventing nutrition care. Understanding factors such as GPs' perceived interest and confidence in providing nutrition care, barriers to providing this care, resources accessed and health professionals used for patient referral are important so that future interventions in this setting are based directly on evidence. Therefore, the aims of this study were to (i) identify GPs' interest, confidence and perceived ability to provide nutrition care to patients; (ii) identify perceived barriers to providing nutrition care; (iii) identify methods used to access and resources used to provide

nutritional care; and (iv) identify allied health professionals used to provide nutrition care.

## Methods

A cross-sectional survey design was utilized. The project was approved by Deakin University of Human Ethics Advisory Group: project number HEAG-H 139\_2014.

The potential participants consisted of all GPs currently practising in Australia. The survey was distributed within 'Australian Doctor', a widely read medical publication with circulation to over 26,000 GPs in Australia.<sup>18</sup> GPs were able to complete the survey online or by mailing a reply paid printed copy of the survey contained within one edition of 'Australian Doctor' to the journal publishers. Submission of a completed survey enabled participants to enter the draw for a prize sponsored by 'Australian Doctor'. There was one prize up to the value of AUD2,500.00. The survey was live between 8th September and 19th September 2014.

The survey consisted of 24 questions. The selection of questions was based on those previously developed for a survey conducted in 2012.<sup>19</sup> Question topics included GPs' interest and confidence to providing general and specific nutrition care; barriers to providing nutrition care; receiving nutrition education throughout university training and after graduation; resources used in consultations; accessing nutrition information; and referrals to other health professionals. No similar validated surveys were available at the time. The questions underwent in-house pilot testing and then were reformatted for the survey, and some supplementary questions were added after discussion within the team. The questions required responses in dichotomous, multiple choice or Likert scale format. Additionally, GPs were asked about the appropriateness of 14 possible nutritional recommendations based on evidence-based guidelines to reduce cardiovascular risk in two patients: (i) an overweight male and (ii) a patient with high blood-lipid levels. Inclusion of the nutrition recommendations was informed by discussions with a dietitian working in private practice and common published guidelines for health.<sup>20,21</sup>

All analyses were conducted using the SPSS statistical software package, version 19. Descriptive statistics were calculated for each survey item including frequency distribution, mean and mode responses. Gender and age were compared between survey respondents and the total potential participant pool using Fisher's exact test to test for representativeness of the survey sample. The 5-point Likert scales for interest and confidence in providing nutrition care were collapsed down to three, 'Moderately', 'Somewhat confident', and 'Not confident' because of a low number of responses in some categories. Similarly, the four options for frequency of nutritional recommendations were collapsed down to three, 'Very frequently', 'Somewhat frequently' and 'Infrequently'. Evidence-based guidelines were used to determine optimal responses with the two patients.<sup>6,22</sup> Responses were scored out of 28 to cover the 14 nutritional recommendations for the two patients. Associations between GPs' survey responses and demographic characteristics were investigated using Pearson's chi-squared tests.

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