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Identifying nutritional myths when healthcare professionals communicate about weight and obesity in healthcare settings

F. Quigley¹, A. Moorhead², R. Bond³, T. McAloon¹ and H. Zheng³

¹Ulster University, Institute of Nursing and Health Research, Jordanstown, Shore Road, Newtownabbey, Co. Antrim, BT37 0QB,

²Ulster University, School of Communications and Media, Jordanstown, Shore Road, Newtownabbey, Co. Antrim, BT37 0QB and

³Ulster University, School of Computing, Jordanstown, Shore Road, Newtownabbey, Co. Antrim, BT37 0Q

Overweight and obesity are chronic disease risk factors, posing a significant global health challenge.⁽¹⁾ Nutritional counselling is a key part of obesity prevention and treatment, but healthcare professionals receive little training in this area.⁽²⁾ In particular, disordered eating is a common presentation in patients who are living with obesity,⁽³⁾ so there is a need to recognise this when discussing nutrition, bringing in expert help, if required. The aim of this study was to explore healthcare professionals' (HCP) attitudes to raising the topic of weight with patients.

This research forms part of a 5-phase mixed-methods study to design, develop and test the feasibility of a virtual reality (VR)-based training approach to improve weight-related communication in healthcare settings. The current study addresses Phase 2 - Training Needs Analysis and has two sub-phases (1) Twitter chat with patients, researchers and HCP (n = 38) conducted via an existing obesity chat - #obsmuk, and (2) HCP interviews (n = 12: 4 doctors, 6 nurses, 2 dietitians), using purposive sampling to recruit across the UK via social media. The Twitter chat was analysed using content analysis, while analysis of HCP interviews used thematic analysis.

The Twitter chat confirmed current obesity research including lack of training for HCP, lack of time for weight-related discussions, the presence of weight stigma, common misunderstandings of the role of nutrition and dissatisfaction with the standard of weight-related discussions.

From the HCP interviews, 4 themes were identified: (1) "Strategies for raising the topic of weight", (2) "Role of weight bias", (3) "HCP personal experiences with weight", and (4) "Practical strategies HCP used to engage patients". The interviews highlighted a non-standard approach to discussing weight, a lack of understanding of weight bias and a reliance on their personal weight management approaches as a source of advice.

In Theme 3 of the HCP interviews, evidence of inaccurate nutritional advice was identified, such as recommendation of diets without consideration of risk or evidence of effectiveness or appropriateness of dietary intervention, a focus on calorie reduction over and above nutritional adequacy and quality of diet, and assumptions about dietary intake.

As part of improving training for HCP to better communicate about weight and obesity, there is a need to emphasise the importance of accurate and neutral nutritional advice to dispel common myths and misunderstandings. This should include how to recognise when referral for more expert nutritional advice is needed.

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