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Talking with pediatric patients with overweight or obesity and their parents: self-rated self-efficacy and perceived barriers of Dutch healthcare professionals from seven disciplines

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INTRODUCTION

Many **Healthcare Professionals (HCPs)** report feeling uncomfortable and incompetent talking about weight and lifestyle with children living with overweight or obesity and their parents. This might reflect a low **self-efficacy (SE).**
Whether reported self-efficacy is associated with **perceived barriers (PBs)** and the effort to start the conversation has not been studied, and insights into interdisciplinary differences are lacking.

AIM

To assess how Dutch HCPs working within different levels of pediatric obesity care perceive their self-efficacy and the barriers they face when talking about weight and lifestyle with children with overweight or obesity and their parents.

METHODS

This self-report study was conducted in the Netherlands in 2018. **578 HCPs** divided over **7 disciplines** were included (table 1). HCPs were asked to rate their SE and PBs and whether they avoid discussing weight and lifestyle due to PBs.

Statistical analysis: ANOVA with Bonferroni correction to assess interdisciplinary differences on reported SE and number of PBs.
Chi Square tests to assess interdisciplinary differences on avoidance of the topic. Multivariate regression to assess confounding with SE or PBs as dependent factor and profession, sex, age, and years in profession as independent factors.

RESULTS

- Almost all HCPs (94.6%) perceived ≥1 barriers.
- 9.6% reported that in most cases they did not address weight and lifestyle due to PBs.
- One in seven (14.2%) reported feeling incapable of addressing weight and lifestyle when treating children with overweight or obesity.

- Large interdisciplinary differences were found (table 1 and figure 2):
  - pediatricians had the highest SE ratings and lowest number of PBs, in contrast with GPs with the lowest SE ratings and highest numbers of PBs.

Figure 1. Study population (N= 578)
36 males (6.2%), mean age 43.2 ± 12.0 yrs. Work experience: median 11.0 yrs [IQR 5.0–20.0].

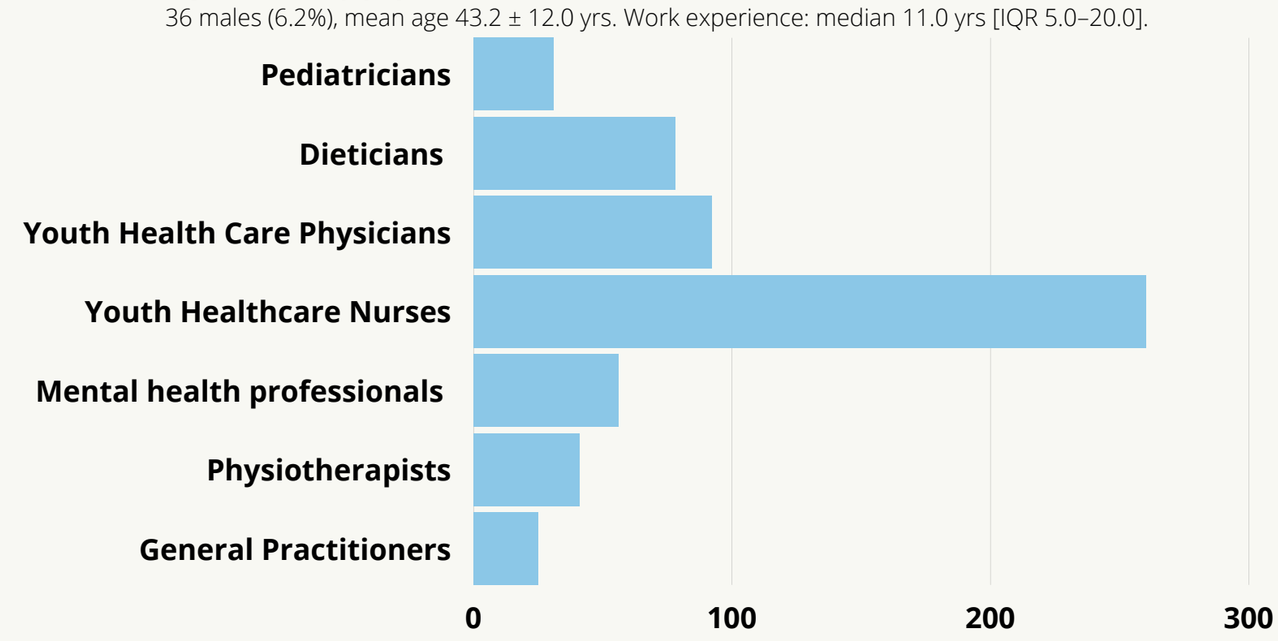
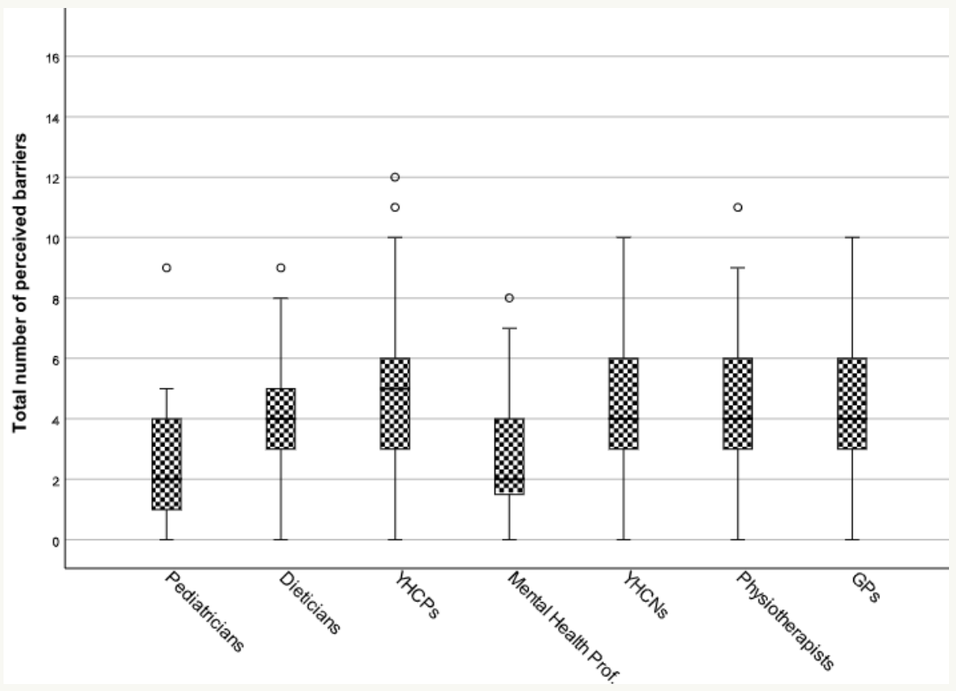


Table 1. Perceived self-efficacy and number of different barriers (maximum 17)
Self-efficacy was rated on a scale of 0–10 (rated ≤ 5 represents a fail). Groups of HCPs were ranked in order of mean perceived SE rating.
GPs general practitioners, YHCPs youth healthcare physicians, YHCNs youth healthcare nurses

		Total group	Pediatricians	Dieticians	YHCPs	Mental health professionals	YHCNs	Physiotherapists	GPs
Self-efficacy	Mean (SD)	7.2 (1.2)	**8.1 * (1.2)**	7.5 (1.1)	7.4 (1.1)	7.2 (1.7)	7.1 (1.0)	6.9 (1.5)	6.8 (1.6)
	Rated ≤ 5	6.9%	3.2%	2.8%	5.5%	13.0%	6.5%	12.2%	12.0%
Number of barriers Mean (SD)		4.0 (2.3)	**2.3 * (2.0)**	3.8 (2.1)	4.7 (2.7)	**2.9 * (2.0)**	4.2 (2.1)	4.4 (2.7)	4.4 (2.5)
Do not discuss weight in ≥ 50% of cases		9.6%	**12.9% ***	**5.3%***	**5.4% ***	18.0%	**2.3% ***	30.0%	60%

HCPs who in most cases did not address weight and lifestyle due to PBs:
- rated their SE significantly lower (mean SE 6.3 vs 7.3), yet an equal number of PBs
- reported more often as PB:
  - not part of my job description
  - not enough training in specific communication strategies
  - not enough knowledge about which words are best to use
  - expectation that the child and/or parent will react negatively
  - discussing weight could stand in the way of having a good relationship with the child or parent
  - insufficient knowledge about the causes of overweight and obesity.

Figure 2. Boxplot of interdisciplinary differences in PBs (max. 17 could be reported)
HCP groups were ranked in order of perceived self-efficacy rating.



CONCLUSION

Dutch HCPs that work in obesity care for children rate their self-efficacy on average as fairly good. However, children with overweight or obesity still have a high chance of coming across a HCP (1 in 7) that feels incapable of addressing weight and lifestyle in a conversation.

For internal barriers, e.g. communication skills, education can help when implemented as mandatory training for all current and future HCPs working in pediatric obesity care. For external barriers, e.g. insufficient time, changes in infrastructure and financial recourses seem necessary. However, the interdependency of these barriers asks for adequate investments on the entire obesity care framework and is not limited to one topic.

LITERATURE

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