

# SUMMARY OF FINDINGS FROM THE GCML FOCUS GROUP ON NUTRITION

1

**There appeared to be variability in the preferred way to receive support to have a healthy diet, e.g. prescriptive vs supportive approaches, group vs individual services.**

Many expect their health professional to know them well enough to determine what approach will work best for them.

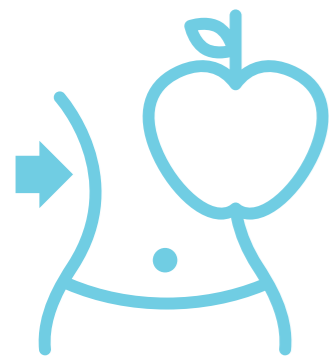
Many agree that a comprehensive interview type procedure to identify an approach would be a good idea.



4

**Negative experiences with a health professional reduced the likelihood of wanting to visit any other person of the same profession (this was discussed regarding dietitians).**

Factors that contributed to a negative experience included a perceived lack of understanding of the patient, lack of empathy and listening from the health professional.



**There was unanimous agreement that the quality of a relationship between a patient and health professional is more important than the structure or content of the care.**

“Partnerships” between patients and health professionals were frequently mentioned as important.

2

*“They should listen, know who you are, and care about your life as a whole, rather than just treating the presenting complaint.”*

5



3

**Empathy was viewed as the number one quality from a health professional that makes them easy to talk to, and facilitates a positive experience. Other qualities mentioned were passionate, proactive, caring, opportunistic.**

Nurses were seen to be the most caring professional and the most able to relate to.

A lack of empathy was viewed as a sign of lack of understanding of the patient and leads to a poor relationship.



**Stage of change was considered important broaching the topic of weight.**

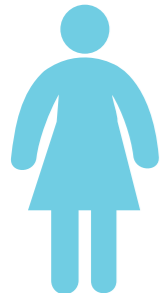
It needs to be a time when nutrition is a priority for the patient.

Mental and emotional support should be provided by the health professionals.

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6

Many people agreed that GPs should include a question about weight in all appointments, even if it meant having a longer appointment. This would then be the start of finding the right support for the patient.



"Doctors don't know if the person in front of them is receptive or not the only way to find out is to ask".



7

Suggestions were made regarding the optimal way the topic of nutrition could be raised in a consultation.

"If they have the right relationship with you, they'll know how to broach the topic"

"I think it's in the delivery ...if it is delivered in a positive way, rather than a negative, it would have made a difference"

"The topic should be asked about, not given in a statement e.g. 'How do you feel about your weight?' or 'Can we talk about your weight?' rather than 'You need to lose weight'."

8

Participants felt that knowing you have access, or are entitled to see a health professional may increase the chance that you will see them and discuss healthy eating



Having the entitlement may make you more receptive to hear things about your general health. For example the over 45's wellness plan was viewed as a good time to introduce the idea of lifestyle changes.

Feeling and knowing that you can access a dietitian or nutrition expert (nutritionist or naturopath) was viewed as making someone more likely to use that service.

10

The duration of treatment should depend on progress made, and be flexible for individuals' needs.



"A lot would depend on if it was a service provided by the government or whether it is a service you are paying for yourself".

"If I had to sit down and have a doctor call me at a time when I'm busy, that would have been an imposition in my mind"

