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Title

Perceived Barriers to Effective Weight Management in Rural General Practice from Clinician and Patient Perspectives

Priority 1 (Research Category)

Obesity, exercise and nutrition

Presenters

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Abstract

Context: Obesity is an international complex health risk that can impact patients physical, psychological, sociocultural, financial and spiritual health. People living in high deprivation and rural communities experience health inequities and have a high risk of developing obesity. While primary care is tasked with delivering effective weight management, obesity rates have continued to increase. Objective: To explore perceived barriers to effective weight management in rural general practice from clinician and patient perspectives. Study Design and Analysis: Qualitative design using semi-structured interviews and analysed with Braun and Clarke (2006) thematic analysis approach. Setting or Dataset: Rural general practice in New Zealand. Population Studied: 16 rural GPs/ nurses and 16 patients.

Intervention/Instrument: N/A. Outcome Measurements: N/A. Results: Interestingly, synthesis indicated that most of the weight management referral options in general practice (bariatric surgery, medication, dietitian, low-calorie meal replacements and 'healthy' eating guidelines) were positioned as predominantly unfeasible for these rural and high-deprivation communities. Both clinicians and patients expressed many weight related forms of healthcare were out of financial or geographical reach for many rural patients attempting to access this care. Consequently, GPs and nurses reported feelings of powerlessness to help patients with a lack of rurally appropriate weight management options to offer, while patients reported feeling sub-optimally cared for and unsupported in their weight management efforts, leading to further obesity related health issues. Sub-themes identified compounding factors that acted as barriers, including socioeconomic status, rural sociocultural norms, obesogenic environment, and avoiding the risk of jeopardising the clinician-patient therapeutic relationship when addressing a complex and stigmatised health issue. Conclusions: Weight management healthcare requires more attention in rural general practices to be effective. Future best practice and policy initiatives may be better devised from within communities themselves and will need to be cognisant of the barriers specific to rural clinicians and patients. Rural healthcare should include rural voices for future reconsideration of weight management strategies.