

## Facilitators and barriers for lifestyle counselling and related collaboration in healthcare

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**Introduction** The promotion of a healthy lifestyle by healthcare professionals is internationally recognized as crucial for disease prevention. However, nurses struggle to counsel patients towards a healthy lifestyle. Therefore, insight into current experiences helps to identify factors to improve lifestyle counselling in healthcare.

**Aim** To identify facilitators and barriers for lifestyle counselling and related collaboration by nurses and physicians in primary and secondary healthcare. To formulate advice to enable and increase lifestyle counselling and collaboration.

**Methods** A document analysis of guidelines and agreements was performed. Additionally, focus-group interviews were held with 10 physicians and 11 nurses in primary and secondary care. Topics discussed covered both patient counselling and collaboration with other health professionals. Advice for collaboration was further explored in a session with representatives from both settings.

**Results** Factors and advice were categorized using four components of the COM-B model; capability, physical opportunity, social opportunity and motivation. Respondents shared practice-based advice to promote lifestyle counselling: dare to start the conversation; be patient and persevere in addressing lifestyle; communicate respectfully; use educational materials to support behaviour change, especially for those with lower health literacy; and use a planned approach for health education including behaviour change techniques. Advice to improve collaboration included: give attention in agreements and referral systems to communication about lifestyle counselling; clarify the responsibility, regarding lifestyle, of the different healthcare professionals; increase networks for interprofessional collaboration; and agree on unambiguous advice to individual patients.

**Discussion** This research gives in-depth insights into practical experiences for the promotion of a healthy lifestyle by nurses as well as physicians in primary and secondary care. However the small number of respondents in secondary care is a limitation of this study.

**Conclusions** Understanding current practice is crucial to gain insight in factors that might hamper or promote lifestyle counselling in practice. There is more to the story than time and money. Practice-based research is needed to enable the design of possible solutions that will improve lifestyle counselling in practice.

**Implications for practice** The results of this study can be used to design solutions to overcome barriers in lifestyle counselling and collaboration. In addition, this material can be applied in educational settings to provide real life casuistry.