

Qualitative Evaluation of Pediatricians' Perspectives in Management of Overweight Children: A Pilot Study

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Purpose of Study

- To evaluate pediatricians' routines for prevention, diagnosis, and treatment of overweight
- To explore perceived barriers to treatment and outcome

Methods

- Design:
 - Qualitative Study
 - In-depth interviews
- Subjects: 8 primary care pediatricians
 - PPRG members
 - Patient characteristics
 - 2 Insured white
 - 2 Uninsured African-American
 - 2 Uninsured Hispanic
 - 2 Uninsured mixed (AA, H, A)

Qualitative Methods

- 60-90 minute interviews
- Interviews were taped and transcribed
- 2 researchers present during the interviews
 - One individual led interview
 - Second individual took notes
- Debriefing after interviews identified important themes, ideas, quotes
- Key points were compiled to summarize interview

Qualitative Methods

- A 26 item semi-structured interview guide was used
 - Perceived importance of overweight
 - Skills and confidence in overweight management
 - Diagnostic and treatment strategies
 - Outcome expectations
 - Management and counseling skills
 - Perception of influence and barriers

Qualitative Data Analysis Terminology

- Code: a label used for assigning units of meaning to information compiled in interviews (words, phrases, sentences or paragraphs)

i.e., Cultural/Societal Norms

Qualitative Data Analysis Terminology

- Code definition: clear and operational; can be applied consistently by single researcher or multiple researchers
 - i.e., Cultural/Societal Norms- any reference to various behaviors, traditions, practices, perceptions or beliefs regarding diet, physical activity, weight, or illness.

Qualitative Data Analysis

- Transcribed interviews were entered into Atlas Ti
- Three researches read through transcripts to identify preliminary codes
- A code list was developed
- The codes were defined

Qualitative Data Analysis

- To assure inter-coder reliability
- Interview #1 - coded by 3 individuals
- Discrepancies clarified
- Interviews #2-4 - coded by 2 individuals
 - 80% agreement in coding

Qualitative Data Analysis

- Exploration of relationships found in codes
 - Qualitative research terminology
 - Themes
 - Families
 - Networks
 - Relations

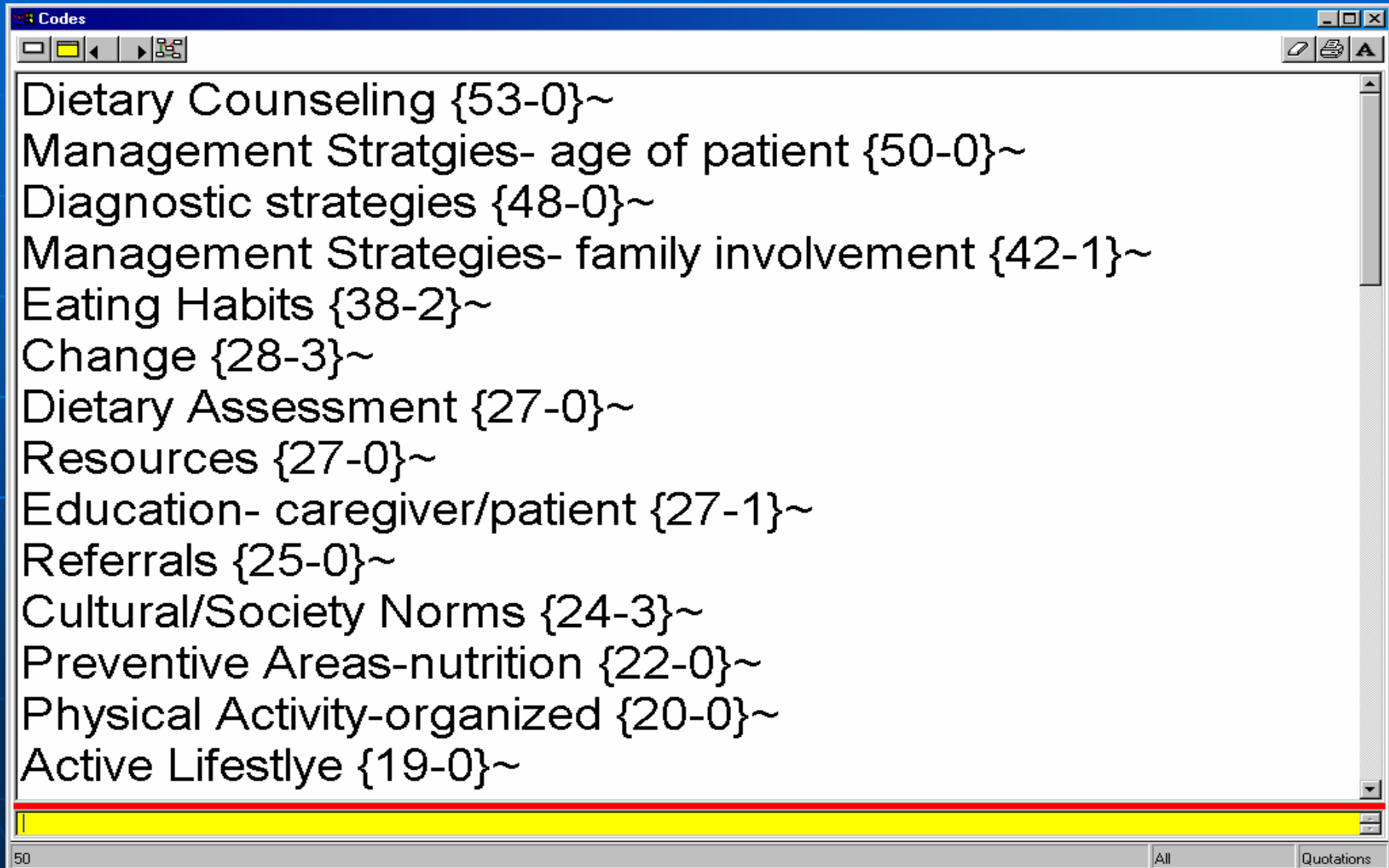
Objectives of Analysis

- Discover themes related to pediatricians' issues in managing obesity in children
 - Debriefing Notes
 - Code Frequency
 - Code Families
- Explored relationships between themes

Preliminary Themes from Debriefing Notes

- Physicians knowledgeable, but perceived their influence and effectiveness to be low
- The relationship between food and emotions to be a predominant barrier to change
- Predominant barriers to counseling were lack of time and access to resources
- The role of culture was a barrier for physician's effectiveness
- The role of the family was crucial to change behaviors

Frequency of Codes



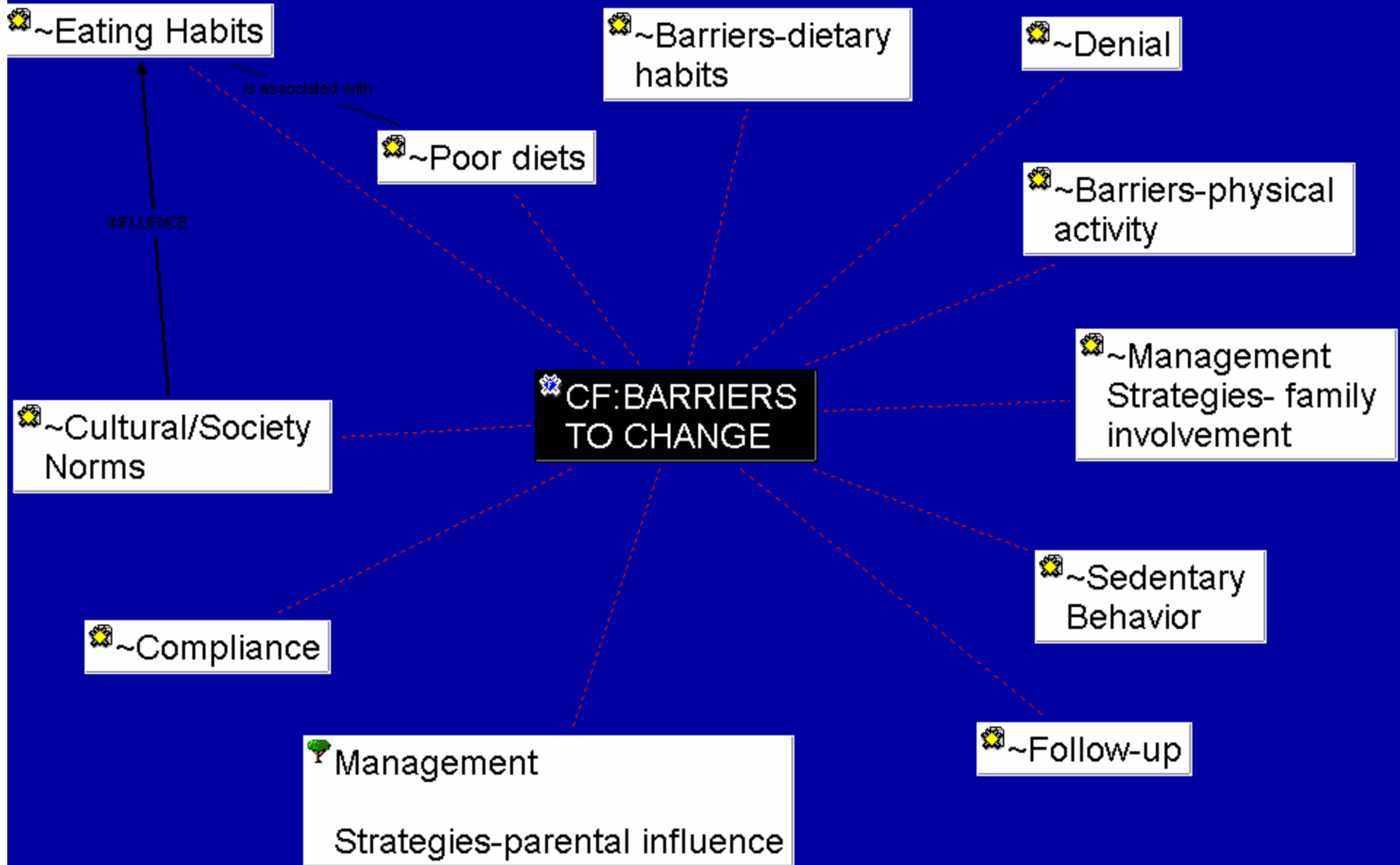
The screenshot shows a window titled 'Codes' with a list of items. The list is as follows:

- Dietary Counseling {53-0}~
- Management Strategies- age of patient {50-0}~
- Diagnostic strategies {48-0}~
- Management Strategies- family involvement {42-1}~
- Eating Habits {38-2}~
- Change {28-3}~
- Dietary Assessment {27-0}~
- Resources {27-0}~
- Education- caregiver/patient {27-1}~
- Referrals {25-0}~
- Cultural/Society Norms {24-3}~
- Preventive Areas-nutrition {22-0}~
- Physical Activity-organized {20-0}~
- Active Lifestlye {19-0}~

The window has a yellow status bar at the bottom with the number '50' on the left and 'All' and 'Quotations' on the right.

Code Families

- Well child visit preventive areas
- MD/patient interaction during initial visit
- MD/patient interaction during follow-up visits
- **Barriers to Change**
- **Barriers to Counseling**



Barriers to Change Quotations

"... changing habits is a hard thing to do...at some level food is love...it is very complex."

" Parents have to know that seeing the ribs is okay."

CF: BARRIERS TO COUNSELING

☀ ~Barriers-Time

☀ ~Follow-up

☀ ~Barriers-referrals

☀ ~Denial

☀ ~Resources

Barriers to Counseling

Quotations: Time

I: "So why do you think you don't try enough?"

R: "Because it will be a time-consuming thing. Then, it will have to be structured in way that there is somebody in charge of doing it, probably not myself...I am in a productivity practice, so patient numbers are number one priority. If I were on my own, satisfaction would be primary."

Barriers to Counseling

Quotations: Assessment

I: " what do you think you will make better your patients' counseling about nutrition and physical activity?"

R: "...whenever you ask people, they never admit to eating much in a way of high-fat foods, but it's either a matter of the way it is prepared or the quantity. And it could just be how do you cook the beans, or how much oil is this kina' thing or that kinda' thing."

Objectives of Analysis : Explore Relationships Between Themes

- Culture affects changing diet habits and MD counseling
- Families influence effectiveness of treatment
- Lack of time and resources as the predominate barriers to MD counseling

☀ ~Education-caregiver/patient

limited understanding of

☀ ~Cultural/Society Norms

INFLUENCE

isa

☀ ~Eating Habits

☀ ~
Barriers-Counseling

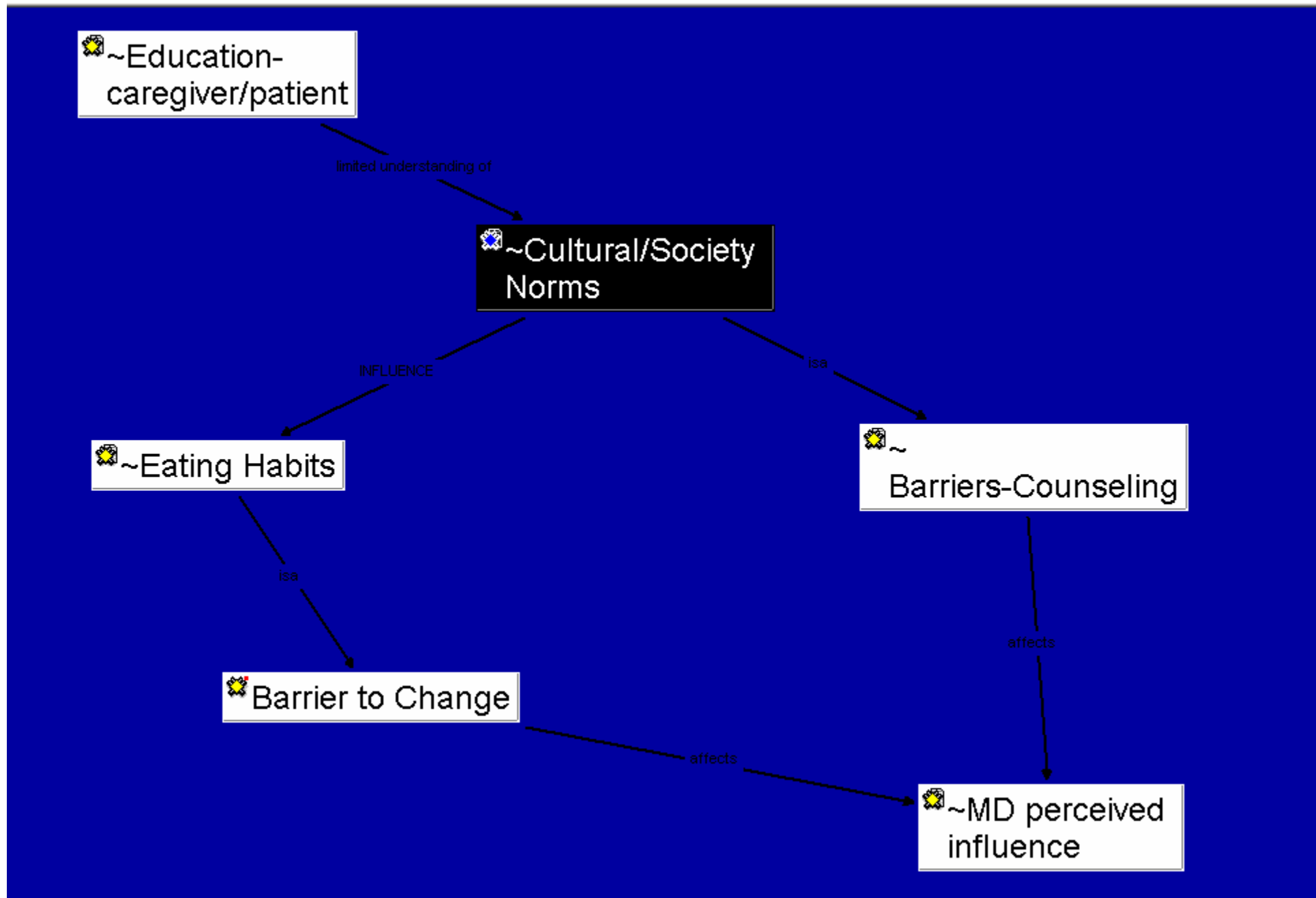
isa

affects

☀ Barrier to Change

affects

☀ ~MD perceived influence



Cultural/Societal Norm Network Quote

“... There might be some things that are a little bit more culturally specific...you might be able to say ‘how many tortillas at a meal is appropriate? ...where does that fit in the pyramid...some culturally specific things might be helpful if you were really trying to make some changes in a family. That, I don’t feel that I am in touch with.”

Cultural/Societal Norm Network

Quote

I “ Can you describe the influence you have on changing dietary habits in overweight patients?”

R “... even if you drive up and down the street the only thing you see is burger joints and rib joints and fast food places, so it is really hard to sell that you need to eat fruits and vegetables and this and that and the other in a community where it’s hard to get those sorts of things.”

Conclusions

- Pediatrician's influence on behavior change is a result of an interaction between family, culture, behavior, and lifestyle; and the pediatrician's understanding of these factors
- Time constraints in busy practice may impede the MD's ability to thoroughly address the issues

Conclusions

- Community and society characteristics influence family ability to modify behavior in compliance with pediatrician counseling
- Pediatricians perceive that involvement of the entire family is essential for change
- Lifestyle and habits are VERY difficult to change- leading to pediatrician's frustration

Future Steps

- Health professionals must be knowledgeable about the patient's culture to be effective
 - Development of culturally specific food pyramids/handouts
 - Culturally specific educational systems
- We need to develop coordinated efforts that link healthy alternatives in the community with pediatrician's efforts

Acknowledgements

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