

## Do Healthcare Professionals Practice What They Preach in Reality?

Sajid Mahmood\*, Clare Relton, Jenny Freeman and Elizabeth Croot

School of Health and Related Research, University of Sheffield, UK

Although healthcare professionals (HCPs) are expected to be role models for the general population in terms of healthy weight and health behaviours, they do not always set a good example. Evidence suggests that HCPs are gaining weight like the general population [1-3]. A study from the US showed that 40% of the paediatricians were overweight or obese [4] whereas a study conducted among Mexican physicians reported a higher (74%) proportion of physicians as either overweight or obese [5]. Similarly studies conducted among nurses have also highlighted the burden of obesity [6,7]. A study from the UK setting reported 39.8% obesity among nurses [6] whereas a 82.4% prevalence was reported among nurses in Tonga [7].

Similarly, evidence demonstrates that trainee HCPs are also gaining weight. Studies from the US [2], Canada [8], European Union's countries [9], Egypt [10,11], Saudi Arabia [12], Iran [13], Malaysia [14] and Pakistan [15] have reported a growing burden of obesity among trainee HCPs. Similarly, data from the Behavioural Risk Factor Surveillance System (BRFSS) which is the world's largest, on-going telephone health survey system conducted by the Centre for Disease Control and Prevention (CDC) and has a representative sample of the US population has revealed that healthcare workers (HCWs) may not always be able to model healthy behaviours for their patients [16]. In this US survey information was collected from 260,558 participants including 21,380 healthcare workers (HCWs). Survey's findings demonstrated that HCWs did not differ significantly from the general population in the likelihood of preventable health behaviours and lifestyle factors. According to results, HCWs were as likely as the other participants to have a body mass index of 25 kg/m<sup>2</sup> or higher (RR, 0.99; 95% CI, 0.96-1.01) and to report use of smokeless tobacco (RR, 1.20; 95% CI, 0.97-1.47). However, the main limitation of this study was that the sample of all HCWs was heterogeneous and the authors failed to differentiate between HCPs (such as physicians, consultants) with higher health literacy and formal training and those (technicians and assistants) without higher health literacy or formal training [16].

It is also essential to illustrate the public health role of HCPs in smoking cessation campaigns. HCPs played an important role in smoking cessation campaigns. There are some remarkable examples from the United Kingdom and Sweden [17,18]. In UK, researchers collected information from hospital staff and found that the smoking rate among HCPs was lower (overall 7%; doctors 2.6%; medical students 3.8%; nurses 8.7%; allied health professionals 10.9%) than the general population (24%) [18]. Similar findings were revealed by study from Sweden that shows a lower (6%) prevalence of smoking among HCPs than the general population (19%) [17]. Another study conducted among Dutch medical students and revealed that 94% of the medical students were non-smokers as compared to 75% of non-smokers in the general population which shows that future HCPs are adopting healthy behaviours [19].

However, this is not true for most other countries. For example a survey conducted among students of 12 medical schools (n=2249) in four European countries (Germany, Italy, Poland and Spain) found a 29.3% (95% confidence interval 28.1-34.7) prevalence of smoking among medical students which is not significantly different than the general population (27%) [20]. In another study, information was collected from HCPs (n=1082) working in Italy and found a 44% prevalence of smoking among them which is almost double that of

the general population (22%) [20]. According to researchers, the potential reason for the large smoking prevalence among HCPs could be occupational stress along with other factors such as peer influence and enjoyment.

There are certain limitations of these studies which need careful consideration while interpreting results. For example, it is difficult to compare smoking rates across countries or even in between studies because of lack of standardisation in the measurement of smoking habits. There are variations in the wording of questions, response categories and survey methodologies. Similarly, weight status has been assessed differently in the selected studies. Differences in terms of sample sizes and sampling techniques make cross-comparison further difficult and prone to bias. Moreover, the chosen studies have highlighted the magnitude of overweight and obesity among doctors, nurses, medical and dental students, there is still a need to explore the burden of obesity among other highly accessible HCPs such as pharmacists and physiotherapists.

Regardless of such limitations, findings of the studies highlighted and drew attention toward the fact that HCPs do not always set a good example for their patients. There is ample room for the improvement of HCPs' personal health practices which may in turn contribute to the improvement of their patients' health by allowing them to act as role models for healthy weight and lifestyle modification which is absolutely essential for the prevention of chronic diseases.

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\*Corresponding author: Sajid Mahmood, School of Health and Related Research, University of Sheffield, S1 4DA, UK, Tel: +44 (0)114 222 2975; Fax +44 (0) 114 224 2424; E-mail: [drsajid\\_smcian@hotmail.com](mailto:drsajid_smcian@hotmail.com)

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