

# Review of: "How Competent are Health Professionals in Delivering Nutrition Education? A Cross-Sectional Study in Ebonyi State, Nigeria"

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Potential competing interests: No potential competing interests to declare.

This manuscript is nicely justified and prepared. In many respects, the methods are standard and appropriate. However, I have the following concerns and recommendations to improve the reported research.

## Introduction:

The following statement should be revised:

- "Appropriate nutrition is a key aspect of public health." It is not clear what you mean by appropriate nutrition is the key aspect of public health.
- "They are also held in high regard as the most credible source of nutritional messages." Most readers may not understand what you mean by nutritional messages, especially with respect to clinical practice.
- This statement, "Healthy nutrition is neglected in daily medical practice as the practice of medicine takes a sentient path treating sicknesses rather than an ardent path looking at prevention", will need to be backed up with a reference.
- This state should be revised: "This is of utmost need as a poor diet is the leading risk factor for deaths in the majority of countries globally". First, what do you mean by poor diet? Do you mean an unhealthy diet? Secondly, an unhealthy or poor diet is not the leading risk factor for global deaths. The reference you cited only compared the risk cause of death among the dietary factors and indicated that high intake of sodium, low intake of whole grains, and low intake of fruits were the leading dietary risk factors for death. You can check this site for more information:

<https://ourworldindata.org/grapher/number-of-deaths-by-risk-factor>

## Methods:

In many respects, the methods are standard and appropriate. However, I do have the following recommendations to improve the reported research.

- The eligibility or selection criteria used for the study were not defined, which should be clearly defined or stated in the manuscript.
- I noticed that you lump up data management and data analysis together. For clarity, I recommend that you separate data management from data analysis. In that way, the reader will understand the statistical analysis you employed in your study.

- For the ethical considerations, please state the ethics approval number and the date it was issued.

## Result:

The results are presented with clear organisation. However, these are my recommendations for the results sections:

- Choose to use frequency or percent instead of using both in your report. Since the result table is presented, the reader will see the count if you choose to report the percent.
- Again, you will need to maintain uniform units in the table. For example, in the section on the 'Age of respondents in groups', you displayed some with years and others without years ( $\leq 29$  years, 30-39, 40-49, and  $\geq 50$  years).
- In the 'highest level of training' on the table, what do you mean by Degree? And how is a 'Degree' different from a Postgraduate or Diploma? Most readers may not understand what you mean by Degree, as a Postgraduate and Diploma are also referred to as degrees.
- Could you recheck Table 6. There is a column without a label. I am unsure what it represents; however, is that the column for the odd ratio?

## Discussion

- This statement: 'This figure from our results is at an unacceptable level, especially when considering the importance of providing nutrition education and counselling services to clients or patients.' What is the acceptable level? Is there any evidence? If yes, then you will need to provide it for the reader to understand the significance of your study.
- You also discuss possible reasons for the dearth in the number of health professionals who have good knowledge of nutrition without providing any evidence. To clarify your discussion, you should not make assumptions but rather provide enough evidence for readers in your result.

The authors used several assumptions that needed evidence from their results or previous studies. For examples:

- Doctors doubted the effectiveness of nutrition education for patients. They must have felt incompetent in delivering nutrition education to their patients and thus questioned the efficacy of what they would offer.
- The inability of health professionals in this study to allocate more time to nutrition education of patients could be due to pressure at work, poor nutrition knowledge, and poor understanding of the need for nutrition education for each patient seen.
- This could be because of greater dependence on personal capabilities in professionalism or on assumed knowledge of nutrition since patients trust them and expect nutritional guidance.