



SCHOOL PSYCHOLOGICAL COUNSELORS AND THEIR NUTRITIONAL KNOWLEDGE

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Abstract:

The literature indicates there is a bidirectional relationship between nutrition and psychological health. The purpose of the research is to explore attitudes, perceived barriers and nutrition knowledge of preservice psychological counsellors and psychological counsellors who worked at schools. This study used a cross-sectional survey design because it is an optimal way to gather opinions and behavioural information from a population. Descriptive statistics, such as frequency and percentage analyses were used to present the demographic information of the participants. The results showed female teachers had positive attitudes about nutrition counselling. Participants mostly agreed that they should use dietitians more often, which was consistent with the highest rated barrier of needing more training on nutrition. Participants reported lack of knowledge as their highest perceived barrier towards offering nutrition education. Despite such responses, participants showed interest in increasing their knowledge about nutrition.

Keywords: psychological counsellors, nutrition education, school, nutritional knowledge

1. Introduction

Suitable nutrition and healthy eating are important for both psychological and physical well-being. Within the past three decades, a number of researchers have claimed that improved nutrition can enhance psychological well-being (Bouga, Lean, Combet, 2018).

Diet and nutrition play a crucial role in the effects of stress on individuals and families, and the concerns are not solely related to weight problems. Clients need to

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receive an education on diet and nutrition because food and mealtime interactions have an effect on physical health, emotional health and social environment relationships.

Dietary behaviour plays a critical role in both physical and psychological health and disease, and health professionals need to implement best care practices for their patients. Lack of nutrition education and training is an identified barrier towards the implementation of a nutrition component in psychological services.

Psychological counsellors' own dietary patterns and eating behaviours may also have an effect on whether nutrition counselling is implemented in practice. The perceptions of students receiving psychological counselling training on healthy eating are likely to determine whether nutrition information is included in schools and how this may happen. In research studies, it has been shown that students describe healthy eating as consuming all food groups recommended by national food guidelines, and they emphasised ideas of moderation and balance. Depending on the student's focus, they differed on what they thought were barriers to providing nutrition education to future clients.

2. Literature Review

The school counsellor, who serves at educational institutions, offers counselling aid for the student to know and accept his personality which is constantly developing. Egan (2007) defines school psychological counselors as *"the professional staff that supports the development of students in every field"*.

The school counsellor, who serves at educational institutions, offers counselling aid for the student to know and accept his personality which is constantly developing. It is of great importance that the students carry out personal, social, academic and vocational developmental tasks (Jackson, 2000). The principal aim of counseling and guidance services is to help the students accomplish successfully the developmental tasks of the developmental stages they are in academic, vocational, emotional and social development bearing in mind their development, needs and problems (Terjesen, Jacofsky, Froh & Digiuseppe, 2004).

Akay, Turk, Mercan ve Urtekin (2020), examined the role of school counselor and supervisor of government regulations, conditions in Turkey. In the Guidance Services Regulation, it is explained that *"school counselors should be qualified supervisors"* regarding the nutritional attitudes and lifestyle of the students.

It is important to find out the level of knowledge of the school counselors about the nutritional behavior of the students. Because it is necessary to provide *"qualified counseling service"* for students to acquire proper eating habits throughout their live (Stubbs, Vancampfort & Hallgren, 2018).

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students describe healthy eating as consuming all food groups recommended by national food guidelines, and they emphasised ideas of moderation and balance.

Students know the value of good nutrition and eating well. *"Eating healthily is being responsible for your own health,"* write Psychological Counseling Regulation in Turkey. If one psychological counsellor told that *"food is important for us so that we are able to study well"*, this phrase will be a *"must do principle"* for a student. It is important to evaluate the knowledge of psychological counsellors about nutrition.

3. Material and Methods

Participants included a convenience sample of preservice psychological counsellors and psychological counsellors currently working at K-12 schools in Konya, Turkey. Data were collected during the 2018 school year, and, in total, 250 psychological counsellors participated in the study. Recruitment was through postings to the National Education Directorate. Inclusion criteria for this study were being employed as a psychological counsellor at a school for >2 years or being a preservice psychological counsellor at one of the state universities in Konya.

The Institutional Review Board at the KTO Karatay University approved the study procedures. The participants' identities were protected, and there was no link between the participant and his or her responses. Participants were asked to sign a consent form at the onset of the survey and were provided with contact information for the first author. Data were collected in the first 2 weeks of September 2018. The time for the survey was chosen to minimise the burden of participating in the study during the academic year since teachers are often occupied with normal counselling duties.

The instrument was pretested with 20 psychological counsellors from a separate nearby school district. Survey questions were revised on the basis of their feedback. This study used a cross-sectional survey design because it is an optimal way to gather opinions and behavioural information from a population (Creswell, 2012). The survey included 18 questions and took 10–15 min to complete based on self-reporting. The survey collected five categories of information:

1. Demographic data regarding age and gender were recorded.
2. The purpose of this category was to explore the participants' attitudes about including nutrition in the counselling plan. This section of the survey consisted of five statements that participants ranked on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).
3. This category was used to evaluate perceived barriers to the delivery of nutrition counselling. Respondents were asked to indicate the degree of agreement to six statements using a 5-point Likert scale, with headings ranging from 1 (strongly disagree) to 5 (strongly agree).
4. This category queried whether participants believed that good nutrition is important for maintaining psychological health. The participants' self-perceived knowledge of nutrition and interest in more training were assessed. Four questions investigated the degree to which participants had learned about

psychology and nutrition in their 999graduate programmes. A 5-point Likert scale was used with answers rated from 1 (strongly disagree) to 5 (strongly agree).

The data obtained from the study were analysed with the Statistical Package for the Social Sciences 24 statistical package programme. For each scale included in the questionnaire, item responses were collected to obtain the scale scores. Descriptive statistics, such as frequency and percentage analyses, were used to present the demographic information of the participants. A Wilcoxon test and univariate correlation tests (Spearman's test for sequential and bivariate variables) were employed. Pre-study analysis showed the number of participants needed was 120 with a medium effect size ($f^2 = 0.06$) and a statistical power of 0.95 (Faul, Erdfelder, Buchner & Lang, 2009).

4. Results and Discussion

The questionnaire assessed the attitudes, perceived barriers and nutrition knowledge of preservice psychological counsellors and psychological counsellors who worked at schools. Characteristics of the participants are shown in Table 1.

Table 1: Socio-Demographic Characteristics of The Participants

Preservice psychological counsellor			Psychological counsellor	
Gender	n	%	n	%
Female	107	89,1	109	88,6
Male	13	10,8	14	11,3
Total	120	100.0	123	100.0
Age	n	%	n	%
22-29	66	55,0	78	64,0
30-39	48	40,0	39	32,0
40-49	6	5,0	6	4,8
Total	120	100.0	123	100.0

The results of the assessment showed the majority of the participants were in the age group 22–29 years both for preservice psychological counselling and guidance teachers (55%) and psychological counselling and guidance teachers (64%). In addition, 89.1% of the participants were females.

The dependent variables were:

1. attitudes,
2. barriers, and
3. knowledge.

The independent variable was group 1) preservice psychological counsellor or 2) psychological counsellor.

The statements of the psychological counsellors about nutrition education were analysed with the following factor classifications:

Factor 1 included four statements regarding attitudes about nutrition counselling:

1. 'should utilise dieticians more often to provide nutrition counselling',
2. 'can do a good job by giving important information about nutrition to students',
3. 'should stay up to date with nutritional research to improve students' care' and
4. 'should provide students with nutritional resources'.

Psychological counsellors agreed mostly with the statement that dieticians must be utilised more often to provide nutrition counselling (90%). Fifty percent and 51% believed that psychological counsellors can do a good job by giving important information about nutrition to students and should stay up to date with nutritional research to improve students' health, respectively. Five percent stated that psychological counsellors should provide students with nutritional sources.

In Factor 2, participants evaluated the barriers affecting their teaching practices on nutrition using five sub-items: 'lack of student interest', 'deficit of nutrition knowledge', 'inadequate nutrition education materials' and 'time limit during counselling'. Among the four barriers, deficiency of nutrition knowledge was listed as the most commonly encountered problem (90%), followed by lack of student interest and inadequate nutrition education materials (80% and 75%, respectively) and finally time limit during counselling (5%).

Factor 3 comprised the participants' self-perceived nutrition knowledge: 'nutrition is important for maintaining psychological health', 'have adequate knowledge about the relationship between nutrition and psychology', 'would like more training regarding nutrition and psychology' and 'I know the difference between nutrition and diet'. With regard to their own knowledge about nutrition, the majority of participants believed that nutrition is important for maintaining psychological health (87%). Of these participants, 33% had adequate knowledge about the relationship between nutrition and psychology. Forty-eight percent of the participants strongly agreed that they needed more training regarding nutrition and psychology. Only 2% indicated they knew the difference between nutrition and health.

Arithmetic mean scores for the participants were compared between preservice psychological counsellors and psychological counsellors, and the differences were assessed with a Wilcoxon test. The results are shown in Table 2.

Table 2: Wilcoxon Signed Ranks Test Results
for Preservice and Psychological Counsellors Scores

		n	Mean Rank	Sum of Ranks	z	p – value
Factor 1	Negative Rank (-)	57	10.57	74.00	-2.173	.030
	Positive Rank (+)	87	13.29	226.00		
	Ties (=)	0				
	Ties (≠)	1				
Factor 2	Negative Rank (-)	91	9.09	100.00	-0.634	.526
	Positive Rank (+)	77	10.14	71.00		
	Neutral (=)	2				
Factor 3	Negative Rank (-)	87	9.91	168.50	-3.623	.000
	Positive Rank (+)	11	2.50	2.50		
	Ties (=)	2				

Statistically significant differences were found for Factor 1 and Factor 3 scores of the participants. It was observed that Factor 1 values increased for 87 participants, and the scores decreased for 57 participants ($p < 0.03$); on the other hand, Factor 3 values decreased for 87 participants, whereas the values increased for 11 participants significantly ($p < 0.00$). According to these results, the statements of the participants about the barriers and having nutrition knowledge seemed to be negative.

A correlation test was used to determine if there was a relationship between gender and the factors or relationships among the factors (Table 3). The results showed there were positive correlations between gender and attitudes about nutrition counselling and nutrition knowledge. Female teachers had positive attitudes about nutrition counselling. The results showed that there was no statistically significant relationship between preservice psychological counsellor gender and the factors. The results are presented in Table 3.

Table 3: Univariate Correlations between Gender and the Factor Scores

	Variables		
	Gender	Factor 1 Score	Factor 3 Score
Gender	-		
Factor 1 Scores	.254*	-	
Factor 3 Scores	.413*	0.145*	-

* $p < 0.05$; ** $p < 0.01$

On average, participants did not express strong disagreement or interest against proposed statements, barriers or strategies about nutrition counselling. Participants mostly agreed that they should use dieticians more often, which was consistent with the highest rated barrier of needing more training on nutrition. Participants reported lack of knowledge as their highest perceived barrier towards offering nutrition education, and this may indicate that this is not the responsibility of the psychological counsellors. Despite such responses, participants showed interest in increasing their knowledge about nutrition.

In the literature, studies examining the knowledge and attitudes of school psychological counselors on nutrition are insufficient (Owen, Owen & Ballester, 2009; Wright, 2013). Psychological counsellors are primarily responsible for ensuring an environment for the students to develop a healthy psychological well-being (Paisley & Mc Mahon, 2001). The study searched preservice psychological counsellor and psychological counsellor attitudes, perceived barriers and self-perceived nutrition knowledge related to nutrition counselling. Because of their training in research design, behaviour analysis, theories of learning and behaviour changes, psychological counsellors are able to design individualised behavioural treatments and interventions.

In order for psychologist counsellors to work successfully with nutrition issues, it is imperative that they are educated and trained on nutrition-related topics. With the evolving healthcare system, future efforts should focus on how to define and train psychologists to work with dieticians with an integrated care approach. Efforts are

needed to create a curriculum on nutrition for psychological counsellors. As evidenced by the results of the current study, a gap remains between attitudes and barriers on nutrition counselling.

Evidence is growing to support the relationship between nutrition and psychological health; however, very little research has focused on the role of nutrition in counselling.

5. Recommendations

Future research could also investigate why counsellors do not utilise nutrition components and whose role they think it is to provide such information. If psychological counsellors view nutrition education as included in the role of dieticians, a study could examine whether they or students have access to dietician assistance. Further research could also examine the challenges that counsellors face when integrating information on nutrition into their practice.

6. Conclusion

This study suggests that psychological counsellors do not view nutrition components as important in counselling, which was reflected in their statements on attitudes and barriers. Personally, counseling and guidance services help the individual to know and understand himself, accept his superior and limited features and develop himself, trust himself, develop effective interpersonal relationships, become a personally and socially balanced and harmonious individual (Graduate programmes need to increase education on nutrition and provide a basic understanding of nutrition's role in psychological health. Without assessing a student's diet and nutrition, psychological counsellors cannot improve the student's psychological health. This study explored the counsellors' attitudes on incorporating nutrition components into practice and how frequently they utilise such components into their practice.

This study has added information to the literature on the counsellors' attitudes and behaviours regarding nutrition in the field of counselling. As the needs and developmental features of preschool education, elementary education, secondary education and university students differ from each other, the counseling and guidance services offered vary accordingly.

The study has provided a better understanding of psychological counsellors' attitudes, barriers and knowledge regarding the integration of nutrition into the field of psychological counselling. It is expected that the study will influence future research on nutrition in the field of psychological counselling to further enhance the understanding of how nutrition can be utilised in psychological health areas. Further research should aim to gather information from a larger sample to better represent the population.

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