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Research Article

Assessment of barriers and facilitators of dietetics services delivery in selected health facilities in the southern part of Nigeria

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Highlights/Key Messages

- Infrastructure and training improve dietetics service delivery
- Lack of tools, funds, and staff reduces care quality
- Weak teamwork limits dietitians' role in patient care
- Culture and adherence shape nutrition outcomes
- Stronger policy and funding can improve service equity

Background
Dietetics services play a vital role in preventing and managing nutrition-related and chronic diseases, particularly in regions burdened by both undernutrition and rising rates of diet-related non-communicable diseases. Despite the growing need for clinical nutrition care, dietitians in Nigeria often work in under-resourced settings with limited institutional support, professional development opportunities, and interdisciplinary collaboration.

Objective
This study aimed to assess the facilitators, identify barriers and explore dietitians' perspectives on strategies to improve service delivery.

Methods
The study was conducted in selected public health facilities across southern Nigeria, with the study population consisting of registered dietitian-nutritionists and dietitian interns working in these facilities. Forty respondents were selected, and data were collected using a structured questionnaire in Google Forms. Data were analysed using descriptive statistics, including frequencies and percentages.

Results
Institutional support through infrastructure (77.5%) and professional training (70%) were seen as key facilitators. Several barriers were also identified, including inadequate tools and equipment (77.5%), limited access to in-service training (62.5%), and low levels of interdisciplinary collaboration (67.5%). Additionally, 80% of respondents cited limited time, staff, and funding as significant constraints. Despite these challenges, 87.5% of respondents engaged in some form of continuing education, and 45% reported consistently incorporating patient feedback into service improvements.

Conclusion
Although many dietitians in southern Nigeria apply evidence-based practices and pursue continuing education, the delivery of dietetic services is hindered by systemic and operational challenges, including inadequate resources, poor collaboration, and insufficient tools and funding.

Keywords: assessment, barriers, health facilities, dietetics, dietetics training

Introduction

Nutritional care is a vital part of the healthcare system, as it affects all aspects of health, including disease prevention and management. The European Society of Clinical Nutrition and Metabolism describes nutritional care as "an overarching term to describe the form of nutrition, nutrient delivery and the system of education that is required for meal service or to treat any nutrition-related condition in both preventive nutrition and clinical nutrition" (Cederholm et al., 2017). Good nutrition underpins a sustainable future (UNICEF, 2018).

Dietitians play a vital role in the health sector by emphasising prevention and intervention for non-communicable diseases through nutrition counselling, therapeutic diet planning, and lifestyle modifications (Kirk, 1999; Raynor & Champagne, 2016). Effective dietetic practice involves integrating dietary advice, behaviour-change strategies, and patient-centred care to improve health outcomes. However, dietitians' ability to provide high-quality services depends on sufficient resources, institutional support, and teamwork within healthcare settings. In many low- and middle-income countries, including Nigeria, dietetic services are often challenged by limited infrastructure, inadequate training opportunities, and poor interdisciplinary collaboration. Recognising these challenges is crucial for identifying the barriers and facilitators that influence the effectiveness of dietetics services in healthcare facilities.

Nutrition care is often assessed using clinical indicators such as nutritional status, dietary intake, and disease outcomes, with less attention to service delivery factors such as provider experience, patient engagement, and institutional support (Ash et al., 2014; Siopis et al., 2020). However, the effectiveness of dietetics services relies not only on clinical knowledge but also on the conditions under which care is provided, including resource availability, collaboration with other health professionals, and organisational support.

Understanding dietitians' experiences and the context in which they practise is crucial for enhancing the quality of nutrition care. Studies indicate that obstacles such as inadequate infrastructure, limited training opportunities, and weak interdisciplinary collaboration can diminish the effectiveness of dietetic services, especially in resource-limited health systems. Recognising both the barriers and facilitators affecting dietetics practice can help devise strategies to improve service delivery and patient outcomes, particularly in developing countries where nutrition services remain underfunded.

Despite the abundant evidence confirming the positive effects of nutrition interventions, there is a significant gap in the implementation and scaling up of nutrition programmes across Africa (Moench-Pfanner et al., 2012; Bain et al., 2013; Rosenberg et al., 2018). Aware of this, implementation research aimed at bridging the 'know-do' gap has attracted increased attention over the past decade. Challenges such as poor infrastructure, conflicts, and limited resources have been identified as barriers to the effective implementation of nutrition programmes on the continent (Fanzo, 2012). A scoping review of barriers and facilitators to implementing nutrition interventions in Africa highlighted key areas to address: supportive policies and legislation, stronger leadership, strategic partnerships and coordination across sectors, effective resource mobilisation, and adapting interventions to ensure cultural acceptability and meet local needs (Ezezika et al., 2021).

Despite the growing body of research on implementing nutrition interventions in Africa, empirical data on the barriers and enablers influencing the delivery of dietetic services within healthcare facilities in Nigeria remain scarce. The primary objective of the present study was to assess the barriers and enablers affecting the delivery of dietetic services in selected health facilities in southern Nigeria.

Methods

Study Design and Participants

The study was cross-sectional, involving both male and female dietitians and intern dietitians at selected public health facilities across southern Nigeria, with a total of 40 participants.

Sampling Technique

Multistage sampling technique was adopted for the selection of three tertiary hospitals rendering dietetics services and training of intern dietitians. We chose one hospital from each of the south-east, south-west, and south-south regions: University College Hospital, Ibadan; University of Uyo Teaching Hospital; and Federal Medical Centre, Umuahia. Simple random sampling was used to select five dietitians and five intern dietitians from the University of Uyo Teaching Hospital in the south-south; five dietitians and five intern dietitians from Federal Medical Centre Umuahia from the south-east, and five dietitians and fifteen intern dietitians from the University College Hospital in the south-west. However, five dietitians and fifteen intern dietitians were selected from the University College Hospital, Ibadan, in the south-west because the hospital had a larger population of intern dietitians than the other selected facilities, which typically had only about five intern dietitians each at the time of the study.

Data Collection and Analysis

Data were collected using a validated, pre-tested, semi-structured questionnaire in Google Forms to obtain information on barriers, facilitators, and the dietitians' perspectives on strategies to improve dietetics service delivery. Data were analysed using Statistical Package for the Social Sciences (SPSS), version 22.0. Descriptive statistics, such as frequencies and percentages, were used.

Ethical Approval

Ethical Approval was obtained from the UI/UCH Ethical Board at the Institute for Advance Medical Research and Training (IAMRAT) in University College Hospital (UI/EC/25/0285).

Results

Table 1 presents the socio-demographic characteristics of the respondents. The majority (60.0%) had less than 2 years of work experience, most of them interns, while only 2.5% had more than 10 years of experience.

Table 1 Socio-demographic characteristics of respondents

Characteristics	Frequency (F)	Percentage (%)
Age (Years)		
20-24 years	4	10.0
25-29 years	21	52.5
30-39 years	13	32.5
40 and above	2	5.0
Gender		
Male	8	20.0
Female	32	80.0
Marital status		
Single	26	65.0
Married	14	35.0
Religion		
Christian	36	90.0
Muslim	4	10.0
Education level		
Higher Diploma (HND)	2	5
Bachelor of Science	29	72.5
Master level	9	22.5
Monthly income*		
<N100,000	9	22.5
N100,000-N200,000	18	45.0
N200,000-N300,000	8	20.0
N300,000-N400,000	4	10.0
Above N400,000	1	2.5
Ethnicity		
Yoruba	21	52.5
Igbo	12	30.0
Other	7	17.5.0
Job title		
Dietitian	15	37.5
Intern Dietitian	25	62.5
Geographical zone		
South South	7	17.5
South East	9	22.5
South West	24	60.0
Years of experience		
< 2 years	24	60.0
2-5 years	11	27.5
6-10 years	4	10.0
>10 years	1	2.5

*At the time of the study, 1US$ was worth about 1500 Naira

Table 2 shows the facilitators influencing dietetics service delivery. The majority of respondents identified infrastructure and facilities (77.5%) and financial support (67.5%) as the most important institutional factors for improving outcomes. Professional training was reported by 70.0% of respondents in the past year, with skill-development workshops (65.0%) and leadership training (55.0%) being the most common. However, less than half (47.5%) believed that there were enough training opportunities, and only 15.0% considered their workplace facilities sufficient for effective service delivery. About one-third (32.5%) rated the training they had received as somewhat relevant, 30.0% as very relevant, and 35.0% as neutral, while 2.5% considered it not relevant.

Table 2. Facilitators of dietetics service delivery

Variables	Frequency	Percentage
Institutional support most impactful		
Financial Support	27	67.5
Infrastructure/Facilities	31	77.5
Mentorship programs	19	47.5
Policy/Regulatory Framework	11	27.5
Access to Resources (e.g., data, materials)	9	22.5
Received outside professional training	28	70.0
Types of training received at the facility		
Skill development workshops	26	65.0
Leadership and management training	22	55.0
Technical/Subject-specific training	17	42.5
Networking opportunities	11	27.5
Feel there are enough opportunities for professional training	19	47.5
Facilities provided by your workplace sufficient for delivering effective nutritional care	6	15.0

Figure 1 provides data suggesting that the respondents felt that the training they received was relevant to their efforts to improve patient outcomes.

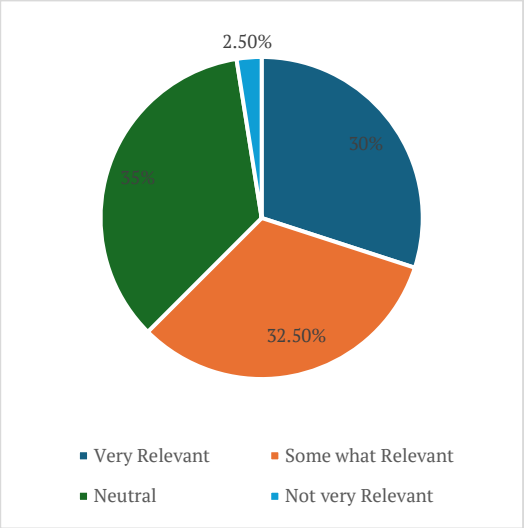


Figure 1. Relevance of Training received to improve outcomes

Table 3 presents the barriers affecting the delivery of dietetic services. The main barriers to accessing professional training were cost (57.5%) and limited availability (62.5%). Inadequate tools and equipment (77.5%) and lack of dietary supplies (67.5%) were the most common resource-related challenges. Poor collaboration with other health professionals was also reported, mainly due to limited understanding of the dietitian's role (67.5%).

Major patient-related barriers were lack of adherence to dietary recommendations (65.0%) and cultural or language barriers (57.5%). Half of the respondents (50.0%) reported difficulties in providing personalised dietary recommendations. Limited resources, such as time, staff, and funding, were identified by 80.0% of respondents as the greatest challenge to delivering high-quality services. Other barriers included lack of access to updated research (60.0%) and restrictive organisational policies (50.0%).

Workplace challenges were faced by 37.5% sometimes, 33.0% frequently, and 15.0% constantly, with very few reporting never experiencing such issues.

Table 4 shows respondents' perspectives on strategies to improve dietetics service. Most respondents reported using evidence-based guidelines (82.5%) and patient education and counselling (70.0%) in practice, while fewer reported

interdisciplinary collaboration (45.0%) or use of technology. About 60.0% routinely tracked patient outcomes.

Table 3. Barriers to delivering effective dietetics services

Variables	Frequency	Percentage
Barriers to accessing professional training		
Cost	23	57.5
Lack of time	12	30.0
Limited Availability	25	62.5
Challenges faced in terms of resources		
Inadequate tools and equipment	31	77.5
Limited access to patient data	10	25.0
Lack of dietary supplies for counselling	27	67.5
Limited referrals from doctors	5	12.5
Challenges faced in collaborating with other Healthcare Professionals (e.g., doctors, nurses, etc.)		
Lack of communication	15	37.5
Lack of interdisciplinary meetings	13	32.5
Limited understanding of the role of dietitians/nutritionists	27	67.5
Barriers faced when working with patients		
Lack of patient adherence to dietary regimens	26	65.0
Cultural or language	23	57.5
Lack of awareness about the importance of nutrition	9	22.5
Encountered challenges in providing personalised dietary recommendations	20	50.0
Biggest challenges faced in delivering high-quality dietetics services		
Limited resources (time, staff, funding)	32	80.0
Lack of access to updated research/evidence	24	60.0
Patient non-compliance	6	15.0
Administrative tasks taking away from patient care	4	10.0
External barriers that hinder the efficiency of service delivery		
Organizational policies	20	50.0
Limited access to technology	19	47.5
Inadequate professional development opportunities	28	70.0

Regarding innovative approaches, nutrition analysis software (32.5%), electronic health records (27.5%), and mobile applications (27.5%) were the most commonly used tools, while telehealth was rarely used. Most respondents (87.5%) reported engaging in continuing education to maintain professional competence, mainly through conferences (65.0%) and professional organisations (65.0%). Nearly all respondents (97.5%) agreed that additional tools or training would improve their practice, although only 15.0% believed their workplace provided sufficient support.

Table 4. Respondents' perspectives on strategies to improve dietetics services

Variables	Frequency	Percentage
Dietetics service delivery applicable to your practice		
Evidence-based practice guideline	33	82.5
Interdisciplinary collaboration	18	45.0
Patient education and counselling	28	70.0
Use of Technology (e.g., apps, telehealth	3	7.5
Quality Assurance programs	1	2.5
Routinely track and evaluate patient outcomes	24	60.0
Innovative strategies and implementation adopted to improve quality		
Electronic Health Record (HER)	11	27.5
Nutrition analysis software	13	32.5
Mobile apps for patient engagement	11	27.5
Telehealth	3	7.5
Ensured your knowledge and skills remain current		
Continuous Education	35	87.5
Attending conferences	26	65.0
Participating in professional organisations	26	65.0
Reading Scientific journals	6	15.0

Discussion

Dietitians are experts in food and nutrition and are usually employed in feeding programs or health facilities. The present findings may help identify factors that hinder or facilitate effective dietetic services in southern Nigeria, as well as measures to improve nutritional care, enhance health outcomes, and reduce healthcare costs. By pinpointing barriers, healthcare providers can allocate resources more effectively to address the most pressing needs and maximise the impact of dietetics services.

We studied a youthful demographic with relatively recent entry into the profession, which may influence our findings regarding service delivery, given limited field experience, as well as potential openness to innovation and professional growth. Our sample suggests that, in our location, the profession remains female-dominated, with most respondents being women, aligning with global trends in dietetics and nutrition (Amadi & Ogbuagu, 2020). However, gender dynamics can also impact service delivery, especially in culturally sensitive regions where professionals may face challenges when interacting with male patients of the opposite sex; women may also face difficulty navigating male-dominated hospital hierarchies (Akinyemi & Ilesanmi, 2021).

The respondents' educational backgrounds were notably high, with most holding a Bachelor of Science degree and a few possessing a Master's degree. This aligns with the professional requirements in dietetics, where a strong academic foundation is vital for certification and practice (Okeke et al., 2022a). Two-thirds earned < ₦200,000 monthly (~$133), which is relatively modest considering the demands of clinical nutrition work. Low pay has been identified as a major barrier to job satisfaction, staff retention, and professional motivation. This could limit long-term

enthusiasm for staying in public health facilities or pursuing further specialisation, no doubt motivating many to leave the country (Adewoyin & Olaogun, 2019).

The most frequently cited facilitator was the availability of infrastructure and facilities, followed closely by financial support. Adequate infrastructure, including consultation spaces, kitchen labs, dietary equipment, and hospital feeding systems, and financial support, enables dietitians to implement individualised nutrition interventions and collaborate effectively with medical teams (Ogundipe et al., 2020; Akinyemi & Ilesanmi, 2021). A significant number of respondents reported having received professional dietetics training, with skill development workshops and leadership and management training being the most common. These findings highlighted the importance of ongoing professional education in enhancing competencies, promoting evidence-based practice, and improving service efficiency (Okeke et al., 2022a). Technical or subject-specific training was reported by fewer than half of the respondents. While this is positive, it may indicate underutilization of specialised training opportunities in clinical nutrition, therapeutic diets, or public health nutrition areas that are increasingly important given the rising burden of diet-related non-communicable diseases in Nigeria (Nwankwo et al., 2021).

Mentorship programs were also mentioned by some respondents as an impactful facilitator. This is significant, particularly in a workforce where more than half of the respondents have less than two years of experience. Mentorship aids knowledge transfer, skill refinement, and development of confidence among young professionals (Otekunrin et al., 2021).

Only a few respondents listed policy and regulatory frameworks as a major facilitator, suggesting either that most were unaware of their importance or that national or institutional policies governing dietetics may be weak, underdeveloped, or poorly enforced. A robust regulatory framework is essential for defining professional boundaries, ensuring ethical practice, and integrating dietitians into clinical care teams (Amadi & Ogbuagu, 2020).

A few respondents reported having access to essential professional resources (e.g., data, educational materials), and a very few indicated that their facilities were sufficient for delivering effective nutritional care. This is a concerning barrier, as limited access to evidence-based tools and functional workspaces directly undermines dietitians' ability to accurately assess patients, monitor outcomes, and deliver comprehensive nutrition interventions (Ogundipe et al., 2020).

Some respondents identified networking as a component of training. Professional networking facilitates idea exchange, peer support, and exposure to innovations in practice, and its limited availability may restrict the professional growth of dietitians and their integration into broader health systems (Okeke et al., 2022b). The study revealed that while infrastructure, financial support, and professional training are important facilitators of dietetics service delivery, significant gaps exist in policy support, resource access, and training opportunities. Addressing these deficiencies, particularly through strengthening mentorship, regulatory frameworks, and workplace resources, will be essential for optimising the role of dietitians in the Nigerian healthcare system (Ogundipe et al., 2020). The findings presented a complex view of training effectiveness that directly informs the strengths and limitations of current professional development strategies. Regarding the relevance of the training respondents received to improving dietetics service outcomes across selected health facilities in Southern Nigeria, a few respondents found it very or somewhat relevant. More than half considered the training beneficial in enhancing their clinical skills and improving patient outcomes. The alignment of training with real-world job requirements has been identified in previous studies as a key facilitator of job satisfaction and performance among health professionals (Akinyemi & Ilesanmi, 2021; Okeke et al., 2022b). Only a few respondents were neutral about the training's relevance, and very few considered it not very relevant, highlighting a potential mismatch between the training content and the needs or contexts of those few participants. This may reflect generic or outdated training modules that fail to address practical challenges in Nigerian healthcare settings, such as limited resources, inadequate clinical infrastructure, and evolving disease burdens. Ogundipe et al. (2020) emphasised the importance of context-specific training to ensure applicability, especially in resource-constrained environments.

Fewer than half of the respondents believed that there were significant opportunities for in-service training. While more than half reported participation in skill development workshops and leadership training, the relevance of these programs depends not only on availability but also on their quality, focus, and applicability. Additionally, limited access to continuous, specialised, and updated technical training could explain why a significant portion of the respondents remained neutral. For training to truly facilitate dietetics service delivery, it must be customised to practice settings, including local disease profiles and institutional constraints; be frequent and continuous to enable skill refreshment and updates on emerging evidence; and be interactive and applied, incorporating case-based learning and mentorship components. Failure to address these aspects may limit the impact of professional development efforts, even when in-service training is available (Otekunrin et al., 2021). While most respondents perceived their training as relevant to improving outcomes, a sizeable share of neutral responses and some dissatisfaction highlight key areas for improvement. To strengthen dietetics service delivery in Southern Nigeria, there is a need for more structured, relevant, and context-specific training programs supported by institutional frameworks (Okeke et al., 2022b).

These findings reflect systemic and interpersonal challenges faced by dietitians and intern dietitians in delivering evidence-based nutritional care. They also highlight gaps in institutional infrastructure, professional development, and interprofessional collaboration, all of which are essential for optimising dietetics services. Limited

availability and cost emerged as the most significant obstacles to professional development. Despite the importance of continuous learning in nutrition and dietetics, access remains unequal and often out of reach for many due to financial or logistical constraints. Similar issues have been noted in other Nigerian health workforce studies, in which a lack of institutional support and funding hinders career growth (Okeke et al., 2022b; Adeyemo & Ogunleye, 2020). Time constraints also posed a barrier, likely reflecting the dual burden of clinical responsibilities and administrative duties. Inadequate tools and equipment were identified as a major obstacle, closely followed by a shortage of dietary supplies for counselling. This aligns with a WHO study (2021a), which found infrastructural deficiencies in Nigerian health facilities that significantly impair the delivery of tailored dietary recommendations and access to patient data. Additionally, 25.0% of respondents cited gaps in health information systems as a recurring issue, affecting both clinical efficiency and outcome monitoring. A limited understanding among other healthcare professionals of the role of dietitians was a key challenge, alongside poor communication and infrequent interdisciplinary meetings. These findings reflect a lack of integration of dietitians into clinical teams, which can reduce the perceived importance of nutritional care in disease management. As emphasised by Ibekwe et al. (2021), poor interprofessional collaboration undermines coordinated care, especially in chronic disease management, where nutrition is central. Patient-centred challenges, such as non-adherence to dietary regimens and cultural or language barriers, were also significant. These results highlight patient-level issues like socioeconomic realities, cultural beliefs, and low nutritional literacy. This aligns with previous findings showing that patients in southern Nigeria often prioritise traditional medicine or lack the understanding needed to follow diet-related advice (Chinweuba, 2020). Additionally, half of the respondents struggled to provide personalised dietary recommendations, likely due to limited consultation time, lack of patient data, or inadequate guidelines.

Systemic and organisational barriers, such as limited resources, time, staff, and funding, were the most frequently reported challenges, indicating an overstretched system unable to adequately support dietetics services. A lack of access to up-to-date research or evidence suggests weak links with academic or evidence-generating institutions, further limiting innovation in care. External barriers, such as insufficient professional development opportunities and restrictive organisational policies, further constrain practitioners. These systemic issues reflect broader national underinvestment in nutrition-focused services, despite their proven cost-effectiveness in disease prevention and management (UNICEF, 2020). Addressing these barriers requires a coordinated effort among hospital management, government health agencies, and professional bodies to create an environment that enables dietitians to deliver high-quality, impactful care (Akinyemi & Ilesanmi, 2021).

Some respondents sometimes faced workload-related challenges, especially due to high patient-to-dietitian ratios, while others reported experiencing them often, and a few reported always encountering them. Only a small minority indicated that they rarely or never faced these challenges. This can be compared with findings by WHO (2021a), which showed that a significant proportion of dietitians are frequently overburdened, potentially severely affecting the quality and efficiency of dietary care. A high patient-to-dietitian ratio often results in shorter consultation times, reduced capacity for individualised care planning, and greater risk of burnout, trends documented in similar healthcare workforce studies in Nigeria. This heavy workload may also explain why the study identified limited resources (time, staff, and funding) as the biggest barrier to high-quality service delivery. When staffing is insufficient, the burden shifts onto the few available professionals, limiting their ability to engage in continuing education, interdisciplinary meetings, or patient-centred dietary planning. This further leads to professional dissatisfaction and increased attrition among dietitians (Adeyemo & Ogunleye, 2020). Nigeria's healthcare system, particularly in public institutions, suffers from chronic understaffing and resource constraints (FMOH, 2020). This often results in dietitians being assigned more patients than manageable, contributing to stress, errors in dietary assessment or intervention, and reduced effectiveness of nutrition education. In some cases, this may even deter healthcare facilities from fully integrating dietetics into their clinical protocols, reinforcing a cycle of underutilization (Ibekwe et al., 2021).

To address workload challenges, strategic workforce planning is vital, including recruiting more trained dietitians and integrating them across all hospital departments, not just internal medicine or paediatrics. Implementing task-sharing strategies with other trained nutrition personnel, such as nutrition officers or community nutritionists, especially in rural or high-volume settings—and utilising tools like electronic medical records and diet tracking apps—can streamline documentation and dietary monitoring, freeing up time for direct patient interaction. Tackling this issue should align with Sustainable Development Goal 3 (SDG 3), which emphasises access to quality health services, including nutrition counselling and diet-related chronic disease prevention (FMOH, 2020).

Conclusions

Employing evidence-based practice guidelines, as well as prioritising patient education and counselling, align with global recommendations that emphasise data-driven, research-informed care and embody a patient-centred approach, which is a core principle of effective nutritional therapy (Ogunba et al., 2018; WHO, 2021b). This study highlights the need for structural and cultural changes within healthcare team dynamics (Ibekwe et al., 2021). Despite the global shift towards digital health, only a very small number of respondents reported using technological tools such as apps or telehealth, and a mere 2.5% indicated involvement in quality assurance programs. These low figures suggest a lag in the digital transformation of dietetics

services in Southern Nigeria. Restricted access to technology and infrastructure is likely contributing to this underutilization. Nevertheless, more than half of the respondents routinely monitored and evaluated patient outcomes.

Despite individual efforts to upskill, very few respondents reported that their workplace provides sufficient resources and support to deliver effective dietetic care. This aligns with previous findings, in which limited resources and inadequate professional development opportunities were among the most frequently cited barriers. Without institutional backing, individual effort alone may not be enough to drive sustainable improvements in service delivery (Okeke et al., 2022b). Respondents reported incorporating patient/client feedback either always or often, reflecting a strong commitment to patient-centred care, which is globally recognised as a cornerstone of effective health service delivery (WHO, 2021c). Actively engaging clients in shaping their care plans and service design is a key facilitator of satisfaction, adherence, and improved health outcomes (Katsaliaki et al., 2020; Nnebue, 2020). To strengthen this practice, healthcare institutions in Southern Nigeria should consider establishing structured patient feedback systems (e.g., surveys, interviews), creating feedback integration protocols that require documentation of changes based on patient input, and providing training for dietitians on interpreting and applying patient insights.

Limitations

The study also examined a few tertiary health facilities in the southern part of Nigeria, rather than randomly selecting from primary and secondary health facilities that provide dietetics services across all six (6) geopolitical zones. This led to a limited sample size, which restricted its applicability to a broader population and thereby affected generalisability.

Author Contributions

CVE: Conception, methodology, data analysis, investigation, data curation, writing original draft, manuscript preparation and revision; JOS: Validation, methodology, supervision, data analysis; CCO: Investigation, supervision, manuscript preparation and revision; UBI: Investigation, resources; EMO: Investigation, resources. All authors have read and approved the final version of the paper and its submission and have given consent for publication.

Declaration of Generative AI and AI-Assisted Technologies in Scientific Writing

AI was used to comprise the work because it was so lengthy. CHATGPT was used for the compression.

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Data Availability Statement

All relevant data are available within the manuscript

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Conflict of Interest

The authors declare that they have no conflicts of interest.

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