

PERSON-CENTERED COUNSELING IMPROVES DIETARY BEHAVIOR AMONG PATIENTS WITH GOUT AT RASANA E TIMUR PUBLIC HEALTH CENTER IN BIMA CITY

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Abstract

Gout care in primary health services often requires more than brief dietary advice because food choices are closely related to daily habits, family meals, symptoms, and patients' confidence to change. This study aimed to determine whether person-centered counseling improved dietary behavior among patients with gout at Rasanae Timur Public Health Center, Bima City. A pre-experimental one-group pretest-posttest study was conducted among 30 purposively selected respondents. Dietary behavior was assessed before and after individual counseling using a 25-item Likert questionnaire, and data were analyzed using descriptive statistics and the Wilcoxon signed-rank test. Before counseling, no respondent was in the good dietary behavior category; 20 respondents (66.7%) were moderate and 10 respondents (33.3%) were poor. After counseling, 27 respondents (90.0%) achieved good dietary behavior. The mean category score improved from 2.33 to 1.13, with a significant pre-post difference ($Z = -4.679$; $p < 0.001$). These findings suggest that empathetic counseling, which allows patients to discuss their usual foods, barriers, and personal plans, may help translate gout dietary recommendations into everyday practice. This local study highlights the practical value of person-centered counseling as a simple nursing strategy for strengthening dietary self-management in community-based gout care.

Keywords: dietary behavior, gout, hyperuricemia, person-centered counseling, primary health care

1. INTRODUCTION

Gout is a common inflammatory joint disease that occurs when persistent hyperuricemia leads to monosodium urate crystal deposition. Patients may experience recurrent pain, swelling, reduced mobility, and limitations in daily activities. Although gout has a clear biomedical basis, its management in primary care is often shaped by everyday behavior, including food choices, alcohol intake, body weight, kidney function, hypertension, and other metabolic conditions [1]. Current clinical guidance therefore emphasizes that gout treatment should combine medication, education, comorbidity control, and long-term self-management support [2].

Dietary behavior deserves particular attention because patients frequently relate gout attacks to foods they eat in daily life. Evidence has linked alcohol, red meat, seafood, and fructose-rich intake with hyperuricemia and gout risk, whereas healthier dietary patterns are generally more favorable [3], [4]. In practice, however, advice to reduce purine-rich foods is not always easy to follow. Patients may need to negotiate family menus, local food preferences, work routines, and uncertainty about which foods are safe. These realities make dietary change a personal process rather than a simple transfer of information.

Person-centered counseling offers a relevant approach for this situation. It gives patients space to talk about their own habits, barriers, fears, and readiness to change, while health workers respond with empathy, acceptance, active listening, and shared problem exploration. In chronic illness care, person-centered and empowerment-based interventions have been associated with better engagement, self-

care, and patient-reported outcomes [5], [6]. Based on this rationale, the present study aimed to analyze the effect of person-centered counseling on dietary behavior among patients with gout at Rasanae Timur Public Health Center, Bima City.

2. METHODOLOGY

This study used a pre-experimental one-group pretest-posttest design. It was conducted at Rasanae Timur Public Health Center, Bima City, from May to June 2025. The study population consisted of patients diagnosed with gout or patients with a history of gout who visited the public health center. Thirty respondents who met the study criteria were recruited using purposive sampling. The inclusion criteria were having a gout diagnosis or history of gout, being male or female, being in a stable general condition, being able to communicate, and being willing to participate. Patients with severe psychological problems or hearing impairment that could interfere with the counseling process were excluded.

The independent variable was person-centered counseling, while the dependent variable was dietary behavior. Dietary behavior was measured using a 25-item Likert questionnaire that covered consumption of high-purine foods, seafood, fatty foods, alcohol-containing products, vegetables, fruits, water intake, medication adherence, laboratory checking, physical activity, and efforts to avoid foods that trigger gout symptoms. The total score was categorized into good (76-100), moderate (51-75), and poor (25-50).

Counseling was delivered individually. Each session emphasized therapeutic communication, empathy, acceptance, active listening, reflection of patient experience, clarification of dietary problems, and support for patient-led behavior change. The counselor helped respondents recognize their usual eating patterns and identify realistic changes that could be practiced at home. Data were processed through editing, coding, tabulation, and computer-based analysis. Respondent characteristics and dietary behavior categories were summarized using frequencies and percentages. Because the normality test showed non-normal pretest and posttest scores, the Wilcoxon signed-rank test was used with a significance level of 0.05.

3. RESULTS

3.1 Respondent characteristics

The respondents represented adult gout patients who received services at Rasanae Timur Public Health Center. Most were older adults, men, married, and worked in informal or community-based occupations. Their characteristics are presented in Table 1.

Table 1. Characteristics of respondents (n = 30).

Characteristic	Category	n	%
Age	30-35 years	4	13.3
	36-40 years	8	26.7
	> 41 years	18	60.0
Sex	Male	24	80.0
	Female	6	20.0
Marital status	Unmarried	5	16.7
	Married	23	76.7
	Widow/widower	2	6.6
Education	Elementary school	9	30.0
	Junior high school	11	36.7
	Senior high school	7	23.3
	Higher education	3	10.0
Occupation	Not working	3	10.0
	Farmer	14	46.7
	Entrepreneur	9	30.0
	Civil servant	4	13.3

Table 1 shows that respondents were predominantly aged above 41 years (60.0%), male (80.0%), married (76.7%), educated at elementary or junior high school level, and worked mostly as farmers (46.7%).

3.2 Dietary behavior before and after counseling

Before counseling, none of the respondents had good dietary behavior. After the counseling session, most respondents moved into the good category, suggesting that the intervention helped patients organize safer food choices and self-care practices. The pretest and posttest distribution is shown in Table 2.

Table 2. Dietary behavior before and after person-centered counseling.

Dietary behavior category	Pretest n	Pretest %	Posttest n	Posttest %
Good	0	0.0	27	90.0
Moderate	20	66.7	2	6.7
Poor	10	33.3	1	3.3
Total	30	100.0	30	100.0

Table 2 demonstrates a strong positive shift: the good dietary behavior category increased from 0.0% before counseling to 90.0% after counseling, while the poor category decreased from 33.3% to 3.3%.

3.3 Effect of person-centered counseling

The Wilcoxon signed-rank test was used to examine whether the observed change was statistically meaningful. In the coding system used in this study, a lower category score reflects a better dietary behavior category. The test results are shown in Table 3.

Table 3. Wilcoxon signed-rank test for dietary behavior change.

Indicator	Result
Mean category score before counseling	2.33
Mean category score after counseling	1.13
Negative ranks (posttest < pretest/improved)	28
Positive ranks (posttest > pretest/worsened)	1
Ties (no change)	1
Z value	-4.679
Asymp. Sig. (2-tailed)	< 0.001

Table 3 confirms a statistically significant improvement in dietary behavior after counseling. Most respondents showed better posttest categories, as indicated by 28 improved ranks and $p < 0.001$.

4. DISCUSSION

The findings indicate that person-centered counseling improved dietary behavior among patients with gout. Before counseling, respondents were concentrated in the moderate and poor categories, which suggests that many patients had not consistently avoided dietary triggers or practiced recommended self-management. After counseling, almost all respondents reached the good category. This change was not only visible descriptively but was also statistically significant based on the Wilcoxon signed-rank test.

The result is meaningful for primary health care because diet is one of the daily issues most often faced by gout patients. Recent studies have shown that alcohol, red meat, seafood, and fructose-rich foods are associated with hyperuricemia or gout risk, while healthier dietary patterns may reduce risk exposure [3], [4]. In the local service setting, counseling may have helped patients move from general

knowledge to personal decisions, such as reducing high-purine foods, limiting fatty or processed foods, increasing water intake, and asking health workers before consuming foods that could trigger symptoms.

The improvement may also be related to the nature of the counseling approach. Person-centered counseling is different from one-way health education because patients are not treated as passive recipients of advice. They are invited to reflect on their usual eating patterns, discuss barriers, and choose changes that feel realistic. This is important because dietary behavior is influenced by taste, family food preparation, occupation, social habits, and previous experiences with pain. Evidence from chronic disease care also supports the value of person-centered and empowerment-oriented interventions for strengthening self-care and patient engagement [5], [6].

Even so, the findings should be interpreted with caution. This study used a one-group pretest-posttest design, so the change cannot be attributed solely to counseling without considering other influences such as repeated measurement, symptom fluctuation, medication use, family support, or additional advice from health workers. The sample was also small and taken from one public health center using purposive sampling. Future studies should consider a controlled design, a larger sample, longer follow-up, and objective indicators such as serum uric acid level, gout flare frequency, and adherence to dietary recommendations.

5. CONCLUSIONS

Person-centered counseling significantly improved dietary behavior among gout patients at Rasanae Timur Public Health Center, Bima City. Before counseling, most respondents were in the moderate or poor dietary behavior category. After counseling, most respondents achieved good dietary behavior, and the Wilcoxon signed-rank test showed a significant pretest-posttest difference ($Z = -4.679$; $p < 0.001$).

Primary health centers can use person-centered counseling as a practical nursing strategy in gout education, especially for patients who experience recurring symptoms or difficulty controlling dietary triggers. Counseling should combine simple dietary messages with empathy, patient participation, family support, and follow-up monitoring so that dietary change becomes easier to maintain in everyday life.

ACKNOWLEDGEMENTS

The authors thank Rasanae Timur Public Health Center, the respondents, and the Department of Nursing, Poltekkes Kemenkes Mataram, for supporting the implementation of this study.

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