Breakfast Skipping among Personnel in Rajavithi Hospital

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Background: *Breakfast skipping is considered to be an unhealthy eating habit and is linked with several health issues, including obesity, type 2 diabetes mellitus, and metabolic syndrome (MetS). Few studies on the breakfast consumption habits of hospital personnel have been carried out.*
Objective: *This study aimed to determine the prevalence of breakfast skipping among Rajavithi Hospital personnel. Quality of life, knowledge of the importance of eating breakfast, and patterns of breakfast consumption were also assessed.*
Material and Method: *A cross-sectional study was carried out of 356 personnel in the hospital between February and May 2015. Medical record data relating to annual check-ups were collected by means of a questionnaire which requested information regarding demographic data, breakfast patterns, knowledge of the importance of eating breakfast, and quality of life (WHOQOL-BREF-THAI). This study was approved by the ethics committee of Rajavithi Hospital.*
Results: *The majority of the participants were female (87.1%) with mean age of 38.68±11.41 years. Most had normal BMI, were single, had a bachelor degree and worked in the cluster of nursing. The prevalence of breakfast skipping was 14%, and the main reasons given for not eating breakfast were lack of time (33.7%) and inconvenience (28.1%). Sleep hygiene and sleep quality differed between groups. A moderate level of knowledge about the importance of eating breakfast was found; however, this factor was not significantly associated with breakfast consumption. Overall quality of life (QOL) was moderate. The QOL for mental health in those who ate breakfast was significantly higher than in those who did not.*
Conclusion: *The prevalence of breakfast skipping was low, and this is consistent with the findings of other studies in the literature. Mental health was significantly associated with breakfast consumption. In order to increase the rate of breakfast consumption, interventions should be developed for specific target groups.*

Keywords: *Breakfast skipping, Breakfast consumer, Eating habit, Quality of life*

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Breakfast is acknowledged to be the most important meal of the day. It helps to start the metabolism and re-fuel the body with energy and essential nutrients. Literature reviews have shown that children who consumed breakfast had higher daily nutrient intakes, healthier diets and better food options compared with those who skipped breakfast[1-3]. Previous studies of adults in the US and school children in Australia indicated that breakfast consumption is associated with a lower prevalence of overweight[4,5]. In addition, a study of children between the ages of 44 and 56 months in Canada estimated that not eating breakfast every day almost doubled the probability of being overweight at 4.5 years of age[6]. Skipping meals has been positively associated with several diseases: a study of 4,631 Japanese adults found that it was associated with an increased risk of developing type 2 diabetes[7], while a recent cohort study of male US health professionals found that breakfast skipping was associated with an increased risk of cardiovascular diseases[8]; moreover, skipping breakfast has been found to have adverse effects on cognitive functions (including memory), academic performance, school attendance, and psychosocial function in both children and young people[9].

Factors influencing breakfast skipping vary with different study populations. A study of the prevalence of skipping breakfast and factors associated with it among medical students in Inner Mongolia, China found that the overall prevalence of skipping breakfast was 41.7% and 23.5% for males and females respectively. Missing breakfast was associated with many factors such as monthly expenses, sleep quality and the learning process[10]. Additionally, a study aimed

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at determining the prevalence of breakfast skipping among medical students and its effect on their attention span and levels of fatigue during clinical sessions found that breakfast skipping was significantly related to fatigue and poorer attention span[11]. A cross-sectional study of 2,665 undergraduates in a government university in Kuala Lumpur found that the factors significantly associated with breakfast skipping were age, race, accommodation, faculty and skipping dinner[12].

The health status of hospital staff, both clinic and non-clinic staff, is crucial because they need to be well in order to perform their jobs optimally under stressful conditions, where the challenge of the working environment and the culture of the profession often lead to physical and mental illnesses. An RCT study confirmed that good online nutrition education was more effective in improving educational quality and nutritional behavior than in-person education methods. The breakfast consumption group had higher quality diets and lower risk of obesity than the breakfast skipping group[14]. Health-related quality of life is increasingly being acknowledged as an appropriate indicator of public health. Many factors are associated with quality of life such as smoking, drinking alcohol, having breakfast, sleep quality and other health behaviors[15,16]. A study aimed at determining whether breakfast consumption was associated with better quality of life in self-sufficient Chilean elderly people found that those who consumed breakfast, in particular men who did so, had lower BMI[16].

Patterns of breakfast eating differ according to sociodemographic characteristics. For example, the primary food patterns of US adults were found to be based on consumption of eggs, ready-to-eat cereals, bread, cooked cereal, fruit and fruit juice, coffee, soft drinks, and high-fat desserts. Breakfast food patterns differed remarkably with varied sociodemographic factors such as gender, ethnicity, and educational level[17]. In most ASIAN countries, especially in South East Asia, rice, wheat and rice noodles are popular choices for breakfast; however, lifestyles are changing due to urbanization, and this had led to dietary alterations. The health implications of these changes are a source of concern[18].

Up-to-date information on breakfast consumption among hospital personnel in hospitals is limited. We were unable to identify published studies determining the prevalence of breakfast skipping and its associated factors in these settings. Therefore, the present study aimed to examine the prevalence of breakfast skipping, and factors influencing it, in personnel in a tertiary hospital. Knowledge about the importance of having breakfast and quality of life of the participants were also assessed.

Material and Method

This was a descriptive cross-sectional study performed among personnel in Rajavithi Hospital, a tertiary referral hospital in Bangkok, Thailand. Those who had worked in the hospital for at least 1 year were recruited, and data were collected between February and May 2015. A semi-structured self-administered questionnaire was distributed to the participants.

The questionnaire comprised four sections. The first section contained inquiries about basic demographic and socio-economic data, including sex, age, residence, occupation, work type, education, income, underlying diseases, sleep behavior and exercise. Laboratory tests including systolic and diastolic blood pressure, glucose, and cholesterol and triglyceride levels were also recorded. The second part of the questionnaire requested information on breakfast eating patterns, the type of breakfast consumed, and reasons for skipping breakfast. The third part related to knowledge about the importance of eating breakfast. The last part was quality of life assessment using the World Health Organization Quality of Life (WHOQOL-BREF-THAI-26 items) assessment criteria. This questionnaire was developed originally by the World Health Organization (WHO), and it includes four quality-of-life domains: physical health; psychological health; social relationships; and environment, together with overall quality of life. Informed consent was obtained from all participants in the study which was approved by the ethics committee of the Rajavithi Hospital.

Data were analyzed using SPSS version 17.0 (SPSS Inc., Chicago, Illinois, USA). Baseline characteristics were analyzed using descriptive statistics such as number, percentage, mean and standard deviation, minimum and maximum. Chi-square or Fisher Exact test were used to compare the categorical variables and frequency differences. Student's t-test or Mann-Whitney U-test were used to compare continuous variables and quality of life between the groups eating and not eating breakfast. A *p*-value of less than 0.05 was considered statistically significant.

Results

The majority of the participants were female (87.1%) with mean age of 38.68$\pm$11.41 years old. Most

were single, had bachelor degrees, and had normal BMI. Nurses and back officers constituted the majority of the personnel in our study. Females, nurses, those with normal BMI, people with high income, and those who were single were much more likely to skip breakfast. Baseline characteristics of the participants are shown in Table 1. Of a total of 356 participant surveyed, only 14% (n = 50) were breakfast skippers. The reasons for skipping were lack of time (33.7%) and inconvenience (28.1%). Among baseline characteristics, occupation was a significantly different factor between the two groups ($p = 0.022$). Other baseline characteristics were similar.

Health status and health behavior stratified by breakfast consumption are presented in Table 2. Sleep hygiene and sleep quality were significantly different between the two groups ($p = 0.010$ and $p = 0.019$ respectively). Clinical markers such as glucose, cholesterol, triglyceride, and systolic and diastolic blood pressure of all participants were assessed. Average systolic and diastolic blood pressures were slightly lower in breakfast skippers than in eaters. In contrast, mean levels of glucose, cholesterol and triglyceride were somewhat higher in breakfast skippers.

Table 1. Baseline characteristics characterized by breakfast skippers and breakfast eaters

Characteristics	Total (n = 356)	Breakfast consumption		*p*-value
		Skippers (n = 50)	Eaters (n = 306)	
Sex				0.507
Female	310 (87.1)	45 (90.0)	265 (86.6)	
Male	46 (12.9)	5 (10.0)	41 (13.4)	
Age (years)				0.438
≤35	160 (44.9)	25 (50.0)	135 (44.1)	
>35	196 (55.1)	25 (50.0)	171 (55.9)	
Mean ± SD	38.68±11.41	36.64±10.79	39.02±11.49	0.172
Min-max	15 to 73	20 to 58	15 to 73	
BMI (kg/m^2)				0.458
<18.50	34 (9.5)	3 (6.0)	31 (10.1)	
18.50 to 24.99	216 (60.7)	34 (68.0)	182 (59.5)	
≥25	106 (29.8)	13 (26.0)	93 (30.4)	
Marital status				0.177
Single	210 (59.0)	35 (70.0)	175 (57.2)	
Married	127 (35.7)	12 (24.0)	115 (37.6)	
Divorce, separate	19 (5.3)	3 (6.0)	16 (5.2)	
Education				0.145
Less than bachelor degree	103 (28.9)	9 (18.0)	92 (30.1)	
Bachelor degree	197 (55.3)	30 (60.0)	167 (54.6)	
Higher than bachelor	56 (15.7)	11 (22.0)	45 (14.7)	
Occupation				0.022*
Physician/dentist/pharmacist	12 (3.4)	2 (4.0)	10 (3.3)	
Nurse	152 (42.7)	31 (62.0)	121 (39.5)	
Scientist/therapist/health officer	44 (12.4)	3 (6.0)	41 (13.4)	
Back officer/assistant	148 (41.6)	14 (28.0)	134 (43.8)	
Monthly income				0.195
Less than 15,000 baht	117 (32.9)	11 (22.0)	106 (34.6)	
15,001-25,000 baht	110 (30.9)	19 (38.0)	91 (29.7)	
Up to 25,001 baht	129 (36.2)	20 (40.0)	109 (35.6)	
Live in rented room/dorm	93 (26.1)	15 (30.0)	78 (25.5)	0.501
Live with children aged ≤5 years	53 (14.9)	6 (12.0)	47 (15.4)	0.536
Live with children aged 6-13 years	76 (21.3)	9 (18.0)	67 (21.9)	0.533
Live with elderly aged >60 years	136 (38.2)	18 (36.0)	118 (38.6)	0.730

Values are represented as number (percent), mean ± standard deviation, min-max

Table 2. Health status and health behavior divided by breakfast consumption

Characteristics	Total (n = 356)	Breakfast consumption		*p*-value
		Skippers (n = 50)	Eaters (n = 306)	
BMI				0.242
Mean ± SD	23.13±4.12	22.49±3.44	23.23±4.21	
Min-max	15.11 to 38.16	15.11 to 31.96	15.23 to 38.16	
Waist circumference				0.916
Mean ± SD	33.05 to 11.94	32.83 to 12.80	33.10 to 11.81	
Min-max (cm)	19.5 to 96.0	23 to 82	19.5 to 96	
Underlying diseases	147 (41.3)	18 (36.0)	129 (42.2)	0.412
DM	16 (4.5)	0 (0.0)	16 (5.2)	0.198
Stomach	48 (13.5)	6 (12.0)	42 (13.7)	0.740
Hypercholesterolemia	84 (23.6)	12 (24.0)	72 (23.5)	0.942
Obese	32 (9.0)	3 (6.0)	29 (9.5)	0.425
Gaunt	11 (3.1)	1 (2.0)	10 (3.3)	0.631
Hypertension	39 (11.0)	5 (10.0)	34 (11.1)	0.816
Heart disease	7 (2.0)	1 (2.0)	6 (2.0)	0.985
Sleep hygiene				0.010*
Before 10 pm	121 (34.0)	9 (18.0)	112 (36.6)	
After 10 pm	235 (66.0)	41 (82.0)	194 (63.4)	
Sleep quality				0.019*
Good	225 (63.2)	24 (48.0)	201 (65.7)	
Not good	123 (34.6)	23 (46.0)	100 (32.7)	
Sleep duration				0.860
Less than 5 hours/day	89 (25.0)	12 (24.0)	77 (25.2)	
Sleep 6-8 hours/day	267 (75.0)	38 (76.0)	229 (74.8)	

Values are represented as number (percent), mean ± standard deviation, min-max

However, average levels of these five clinical parameters among both breakfast skippers and eaters were within normal ranges.

Regarding breakfast food patterns, more than half of breakfast eaters ate regularly to increase their energy, and rice and Thai food were the first choice for breakfast consumers. Almost 40% of breakfast eaters drank in the morning, and coffee and tea (27.6%), and milk (18.8%) were commonly chosen beverages. Half of the breakfast eaters ate fresh fruit in the morning. On weekdays, the canteen near workplaces was considered to be a convenient place for eating, while convenience stores were most the popular at weekends. The reasons given for eating food from convenience stores were the variety of available and lack of time for cooking. Clean food and good taste were the most commonly stated reasons for cooking at home.

Knowledge of nutrition was also evaluated. Television (43%), journals or books (39%), and leaflets (34.8%) were the three most popular sources of information about nutrition and the importance of breakfast. One third of the participants had nutrition education 3-4 times a week from these sources. Two thirds of the participant did not eat healthy food, and there was a significant difference in healthy food consumption between the two groups (p=0.043). Almost 52% of the participants practised food abstinence, especially from some kinds of food which carry health risks.

Fifteen constructed questions were asked about participants' knowledge of the importance of eating breakfast, and the majority had medium levels of knowledge (45.2%) with no significant difference between the two groups. The three items most often correctly answered (up to 90%) were; breakfast consumption helps better work concentration (94.7%); breakfast should contain the 5 nutrition food groups (91.3%); and eating breakfast supplies enough energy to perform activities or exercise (90.7%). Less than 50% of participants answered the following items correctly: soy milk consumption can be a substitute for dairy milk (19.7%): breakfast provides at least 25 percent of daily

Table 3. The quality of life scores and breakfast consumption

Characteristics	Total (n = 348)	Breakfast consumption		*p*-value
		Skippers (n = 49)	Eaters (n = 299)	
Physical health	25.15±3.31	24.90±3.22	25.19±3.33	0.567
Psychological health	22.13±3.32	21.24±3.41	22.27±3.29	0.044*
Social relationships	10.52±1.76	10.31±1.88	10.55±1.74	0.366
Environment	26.26±4.38	25.49±4.96	26.39±4.27	0.183
Overall quality of life	90.58±11.59	88.24±12.58	90.97±11.39	0.128

Values are represented as Mean ± Standard deviation

required energy (39%); and breakfast is more important to teenagers than adults (48.9%).

Health-related quality of life (QOL) was assessed using the World Health Organization Quality of Life (WHOQOL-BREF) criteria. The questionnaire comprised 26 items in four broad domains, and breakfast skippers had lower scores than the group of breakfast eaters in four domains of the WHOQOL-BREF-26 items. In addition, breakfast skippers had significantly worse psychological health than breakfast eaters ($p = 0.044$). Breakfast consumption and quality of life scores are presented in Table 3.

Discussion

Literature reviews have emphasized the importance of breakfast eating for cognitive and other health issues, and a large proportion of health personnel skip breakfast. This was the first study of the prevalence of breakfast skipping among health personnel, and the results were consistent with those of other studies in Australia (range from 4 to 30%)[19] and the US (range from 10 to 30%)[9]. Previous studies have found the prevalence of skipping to be as low as 4% in children aged 9 to 14 years old [20] and as high as 57% in some ethnic subjects[21]. Factors influencing skipping were age and gender[9,20,21].

This study showed that occupation, sleep hygiene and sleep quality were significantly different in breakfast skippers and eaters. The majority of skippers were nurses, and this was due to lack of time and their heavy workload. A healthy breakfast for nurses is crucial in fueling up energy at the start of the day, but most nurses skipped breakfast due to their busy shift work schedule, and they did not have a chance to have a meal at their workplace.

Glucose, cholesterol, triglyceride, systolic and diastolic blood pressure were all in normal ranges. There was no significant difference in these markers between the two groups because of the small number of subjects.

With regard to daily breakfast food patterns, rice and different kinds of Thai food were the first choice for consumers, and this was similar to the findings of a study of breakfast practices in the Asian region[18].

Several studies have found inconsistent results with regard to the association between knowledge of nutrition and dietary behaviour among different subjects such as school children and university students[22,23]. In our study, knowledge of nutrition and the importance of eating breakfast were associated with breakfast consumption. Knowledge of diet might be associated with a consciousness of their own health and with maintaining a healthy attitude towards eating. However, knowledge of the importance of breakfast consumption was at the medium level, and no significant difference in knowledge between skippers and eaters was observed. Some questions were frequently answered incorrectly; however, there was no marked difference in knowledge scores between two groups, and the reason for this remains unknown. Different approaches for breakfast consumers and skippers may be required for certain topics in dietary education.

Our study found that there was an association between breakfast skipping and worse quality of life, especially in terms of psychological health. This is similar to the findings of a study by Garcia Milla et al[16]. In addition, lifestyle factors such as smoking, drinking alcohol, having breakfast, sleep time, physical exercise, work time, operating computers, and sedentary lifestyle were found to influence the health-related quality of life among 15,000 civil servants in China[15], similar to the results of a national health survey in Taiwan[24], in which poorer health-related QOL was

found in breakfast skippers. Furthermore, breakfast skippers had markedly lower scores in 5 out of 8 major domain scores of the SF-36, namely: general health perceptions; vitality; social functioning; emotional roles; and mental health. The findings confirmed that breakfast is related to mental health. An adequate diet is necessary to produce hormones and neurotransmitters in the brain; consequently, regular blood sugar also helps to maintain a good mood. Similarly, a study of people who consumed a cereal breakfast daily found that they were less depressed, less emotionally distressed and had lower levels of perceived stress than those without daily cereal breakfast[25].

Some limitations of the present study should be noted. We did not find factors associated with skipping breakfast due to the small sample sizes, and this study was not able to quantify the participants' energy intake.

In conclusion, most studies of breakfast skipping have been of children and adolescents, and our study is the first to examine breakfast skipping in Thai health personnel. There was a low prevalence of breakfast skipping among health workers, but knowledge of the importance of eating breakfast was only at a moderate level. Our research also showed that eating breakfast on a regular basis improved quality of life, particularly in terms of mental health. The findings from this study could reflect the current situation of skipping breakfast in health care professionals. To increase breakfast consumption, further interventions should be developed for specific target groups.

What is already known on this topic ?

Most previous studies have mainly focused on the prevalence and factors associated with breakfast skipping in youths and adolescents. However, its prevalence varies depending on study subjects and settings.

What this study adds ?

Few studies have assessed breakfast skipping in Thai adults. The present study therefore determined the prevalence of breakfast skipping in adult health workers in one setting; in addition, participants' breakfast patterns and quality of life were also evaluated.

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Potential conflicts of interest

None.

References

1. Nicklas TA, O'Neil CE, Berenson GS. Nutrient contribution of breakfast, secular trends, and the role of ready-to-eat cereals: a review of data from the Bogalusa Heart Study. Am J Clin Nutr 1998; 67: 757S-63S.
2. Ortega RM, Requejo AM, Lopez-Sobaler AM, Quintas ME, Andres P, Redondo MR, et al. Difference in the breakfast habits of overweight/obese and normal weight schoolchildren. Int J Vitam Nutr Res 1998; 68: 125-32.
3. Rampersaud G. Benefits of breakfast for children and adolescents: Update and recommendations for practitioners. Am J Lifestyle Med 2009; 3: 86-103.
4. Fayet-Moore F, Kim J, Sritharan N, Petocz P. Impact of breakfast skipping and breakfast choice on the nutrient intake and body mass index of Australian children. Nutrients 2016; 8: E487.
5. Song WO, Chun OK, Obayashi S, Cho S, Chung CE. Is consumption of breakfast associated with body mass index in US adults? J Am Diet Assoc 2005; 105: 1373-82.
6. Dubois L, Girard M, Potvin KM. Breakfast eating and overweight in a pre-school population: is there a link? Public Health Nutr 2006; 9: 436-42.
7. Uemura M, Yatsuya H, Hilawe EH, Li Y, Wang C, Chiang C, et al. Breakfast skipping is positively associated with incidence of type 2 diabetes mellitus: Evidence from the Aichi Workers' cohort study. J Epidemiol 2015; 25: 351-8.
8. Cahill LE, Chiuve SE, Mekary RA, Jensen MK, Flint AJ, Hu FB, et al. Prospective study of breakfast eating and incident coronary heart disease in a cohort of male US health professionals. Circulation 2013; 128: 337-43.
9. Rampersaud GC, Pereira MA, Girard BL, Adams J, Metzl JD. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. J Am Diet Assoc 2005; 105: 743-60.
10. Sun J, Yi H, Liu Z, Wu Y, Bian J, Wu Y, et al. Factors associated with skipping breakfast among Inner Mongolia medical students in China. BMC Public Health 2013; 13: 42.
11. Ackuaku-Dogbe EM, Abaidoo B. Breakfast eating

habits among medical students. Ghana Med J 2014; 48: 66-70.
12. Moy FM, Johari S, Ismail Y, Mahad R, Tie FH, Wan Ismail WA. Breakfast skipping and its associated factors among undergraduates in a public university in Kuala Lumpur. Malays J Nutr 2009; 15: 165-74.
13. Goyal R, Julka S. Impact of breakfast skipping on the health status of the population. Indian J Endocrinol Metab 2014; 18: 683-7.
14. Au LE, Whaley S, Rosen NJ, Meza M, Ritchie LD. Online and in-person nutrition education improves breakfast knowledge, attitudes, and behaviors: a randomized trial of participants in the special supplemental nutrition program for women, infants, and children. J Acad Nutr Diet 2016; 116: 490-500.
15. Xu J, Qiu J, Chen J, Zou L, Feng L, Lu Y, et al. Lifestyle and health-related quality of life: a cross-sectional study among civil servants in China. BMC Public Health 2012; 12: 330.
16. Garcia MP, Candia JP, Duran AS. Association between breakfast intake and quality of life among self-sufficient Chilean elderly. Nutr Hosp 2014; 30: 845-50.
17. Siega-Riz AM, Popkin BM, Carson T. Differences in food patterns at breakfast by sociodemographic characteristics among a nationally representative sample of adults in the United States. Prev Med 2000; 30: 415-24.
18. Howden JA, Chong YH, Leung SF, Rabuco LB, Sakamoto M, Tchai BS, et al. Breakfast practices in the Asian region. Asia Pac J Clin Nutr 1993; 2: 77-84.
19. Grieger JA, Cobiac L. Comparison of dietary intakes according to breakfast choice in Australian boys. Eur J Clin Nutr 2012; 66: 667-72.
20. Berkey CS, Rockett HR, Gillman MW, Field AE, Colditz GA. Longitudinal study of skipping breakfast and weight change in adolescents. Int J Obes Relat Metab Disord 2003; 27: 1258-66.
21. Sweeney NM, Horishita N. The breakfast-eating habits of inner city high school students. J Sch Nurs 2005; 21: 100-5.
22. Bellisle F, Rolland-Cachera MF. Three consecutive (1993, 1995, 1997) surveys of food intake, nutritional attitudes and knowledge, and lifestyle in 1000 French children, aged 9-11 years. J Hum Nutr Diet 2007; 20: 241-51.
23. Lin W, Yang HC, Hang CM, Pan WH. Nutrition knowledge, attitude, and behavior of Taiwanese elementary school children. Asia Pac J Clin Nutr 2007;16 (Suppl 2): 534-46.
24. Huang CJ, Hu HT, Fan YC, Liao YM, Tsai PS. Associations of breakfast skipping with obesity and health-related quality of life: evidence from a national survey in Taiwan. Int J Obes (Lond) 2010; 34: 720-5.
25. Smith AP. Breakfast and mental health. Int J Food Sci Nutr 1998; 49: 397-402.

การงดบริโภคอาหารเช้าของบุคลากรโรงพยาบาลราชวิถี

จารุวรรณ หมั่นมี, มนัสนันทุ์ ธนวิกรานต์กูล, กัญญา จันทร์พล

ภูมิหลัง: *การงดบริโภคอาหารเช้าเป็นพฤติกรรมที่ไม่ดีต่อสุขภาพและนำไปสู่ปัญหาด้านสุขภาพต่าง ๆ เช่น ภาวะอ้วน เบาหวาน และภาวะอ้วนลงพุง การศึกษาเกี่ยวกับการงดบริโภคอาหารเช้าพบค่อนข้างน้อย โดยเฉพาะอย่างยิ่งในกลุ่มบุคลากรที่ปฏิบัติงานในโรงพยาบาล*

วัตถุประสงค์: *เพื่อศึกษาความชุกของการงดบริโภคอาหารเช้าในบุคลากรโรงพยาบาลราชวิถีและมีการประเมินคุณภาพชีวิต ความรู้เกี่ยวกับความสำคัญของอาหารเช้าและรูปแบบการบริโภคอาหารเช้าของกลุ่มตัวอย่างด้วย*

วัสดุและวิธีการ: *การศึกษาภาคตัดขวาง (Cross-sectional study) จากบุคลากร จำนวน 356 ราย เก็บข้อมูลระหว่าง เดือนกุมภาพันธ์ ถึง เดือนพฤษภาคม พ.ศ. 2558 เก็บข้อมูลผลการตรวจสุขภาพประจำปี และเครื่องมือในการเก็บข้อมูลคือ แบบสอบถาม ประกอบด้วยข้อมูลทั่วไป รูปแบบการรับประทานอาหารเช้า ความรู้เกี่ยวกับความสำคัญของอาหารเช้า และแบบวัดคุณภาพชีวิตที่ดัดแปลงมาจาก WHOQOL-BREF-THAI และการศึกษานี้ผ่านการพิจารณาจากคณะกรรมการจริยธรรมการวิจัย โรงพยาบาลราชวิถี*

ผลการศึกษา: *กลุ่มตัวอย่างส่วนใหญ่เป็นเพศหญิง ร้อยละ 87.1 อายุเฉลี่ย 38.68±11.41 ปี โดยส่วนใหญ่มี BMI ในระดับปกติ สถานะโสด จบการศึกษาปริญญาตรี และทำงานในกลุ่มภารกิจด้านการพยาบาล ความชุกของการงดบริโภคอาหารเช้าร้อยละ 14 เหตุผลหลักที่ไม่บริโภคอาหารเช้าคือ ไม่มีเวลา ร้อยละ 33.7 และไม่สะดวก ร้อยละ 28.1 สุขลักษณะการนอนและคุณภาพการนอนมีความแตกต่างกันในกลุ่มบริโภคและไม่บริโภคอาหารเช้า ความรู้เกี่ยวกับความสำคัญของอาหารเช้าอยู่ในระดับปานกลาง โดยระดับความรู้ไม่มีความสัมพันธ์กับการบริโภคอาหารเช้า ภาพรวมคุณภาพชีวิตอยู่ในระดับปานกลางโดยพบว่ากลุ่มที่บริโภคอาหารเช้ามีคุณภาพชีวิตด้านจิตใจที่ดีกว่ากลุ่มไม่บริโภคอาหารเช้าอย่างมีนัยสำคัญ*

สรุป: *ความชุกของการงดบริโภคอาหารเช้ามีค่าค่อนข้างต่ำ และอยู่ในระดับเดียวกันกับการศึกษาอื่น ๆ ภาวะทางสุขภาพจิตมีความสัมพันธ์กับการบริโภคอาหารเช้า ควรมีการพัฒนารูปแบบการส่งเสริมการบริโภคอาหารเช้าที่เหมาะสมกับกลุ่มตัวอย่างเฉพาะกลุ่ม*