Editorial

Where is the Nurse in Nutritional care?

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Nurses have the expertise and responsibility to ensure that patients and clients’ nutritional needs are met. Providing nutrition screening and appropriate nutrition advice is essential to improve healthy eating and subsequent health outcomes. Non-communicable diseases are often associated with modifiable risk factors. Four key modifiable risk factors, unhealthy diet, physical inactivity, tobacco use and harmful consumption of alcohol, have shown the strong links with increased risk of non-communicable diseases (United Nations Department of Economic and Social Affairs 2013; World Health Organization 2003). The world’s population is rapidly ageing, the proportion of people aged over 60 years is growing faster than other age groups (World Health Organisation 2016) and will double by 2050, the impact will be an increase from 605 million to 2 billion. This will be compounded by a quadrupling of the number of people aged 80 and over by 2050 (World Health Organisation 2015). Non-communicable diseases are the leading cause of death in the world, representing 63% of all annual deaths.

Poor nutrition increases the risk of dying from non-communicable diseases, such as cardiovascular diseases (CVDs), stroke, type 2 diabetes, and cancers (Forouzanfar et al 2016). While, traditional research on the association between dietary factors and non-communicable diseases tended to focus on individual nutrients, the associations between macronutrient (carbohydrate, protein, and fat) and non-communicable diseases have been well documented (Nielsen and Joensson 2008; Santesso et al 2012). For instance, excess carbohydrate intake can influence the development of type 2 diabetes through the effect on blood glucose and insulin concentration (Mann 2007). Emerging research on dietary patterns and non-communicable diseases explores a shift to focus on overall patterns of dietary intake, which can be effective indicators of the impact of diet on health outcomes, as they illustrate the combined effects of diet overall (Xu et al 2015a; Xu et al 2016; Xu et al 2015b). Two healthy dietary patterns, Mediterranean (Med) and ‘Dietary approaches to stop hypertension (DASH)’ diet have been widely reported to be models of healthy eating for its contribution to favourable health status. These two healthy dietary patterns have also applied as dietary interventions in promote healthy eating at the clinical settings. Med diet which contains high consumption of vegetables, fruits, legumes, cereals, fish, and a moderate intake of red wine, demonstrates a significant reduction in the risk of mortality from cancer, the development of CVDs, depressive disorders and incidence of Parkinson’s...
disease and Alzheimer’s disease (Sofi et al 2008). Whereas the DASH diet has shown to significantly reduce the risk of hypertension, CVDs and cancer, through an emphasis on reduction of salt intake and monitoring dietary fat intake (Ndanuko et al 2016; Onvani et al 2015).

It is the dietitian and nutritionists’ responsibility to maintain optimal nutrition for patients and clients. These include identify nutrition problems, assess nutritional status of patients in clinical settings, develop diet plans and counsel patients on special diet modification (Tappenden et al 2013). However, there are limited dietitians and nutritionists available to meet the growing needs of an ageing population. Nurses play a key multidisciplinary role as they have the most contact with patients and often initially provide nutrition screening, referral and facilitation of recommendations to adjust a diet plan and implementation of a special diet modification with patients, their family or significant carer.

To deliver high quality of care, it is also the multidisciplinary team’s responsibility to ensure that patients and clients nutritional needs are met. Multidisciplinary nutritional care has demonstrated favourable health outcomes for quality of life (Hoekstra et al 2011). Nutritional supports should involve all health professionals, such as dietitians, nurses, medical staff, and speech and language therapists. A chronic care approach can improve models of care delivery for older persons (Hickman et al 2015). These supports should occur at all levels, entailing nutrition screening, assessing, planning, implementing, evaluating and monitoring the delivery of evidence based care in order to maximize health outcomes (Mcclinchy et al 2015). Evidence supports that intervention across multidisciplinary are important in improving the care of older people.

**Nurse roles in supporting nutrition**

In the healthcare settings, appropriate and adequate nutritional supports are linked with patients’ quality of life and cost-effective service delivery. Nurses play equally important roles which complement the role of the dietitian to ensure adequate nutrition for patients (Jefferies et al 2011; Mcclinchy et al 2015). Nurses often fill the role of nutrition counsellors by providing nutrition screening and/or nutrition advice to patients.

Nurses’ roles in nutritional support have been documented in healthcare guidance internationally. In Australia, the nurses’ role is to ensure patients are well supported and patients nutritional intake is well monitored and documented (Ministry of Health NSW 2011). In the UK, National Health Service implementation guidance states that nurses are expected to promote healthier lifestyle choices from the point of admission through to discharge. Patients’ nutritional assessment accompanied by appropriate lifestyle advice and an effective referral system are essential in supporting positive long-term behavioural change (Varley and Muareen 2014). In the US, nutrition has been the second most important area for nursing care. Nutrition topic such as nutritional assessment and monitoring, diet therapy, and enteral and parenteral nutrition have been included in the National Council Licensure Examination for Registered Nurses (DiMaria-Ghalili, Mirtallo, Tobin et al 2014).

The process of ageing affects nutrition needs and can be associated with changes in lifestyle. It has been widely recognised for a long-term illness, such as dementia, that prioritisation of nutrition is extremely important (Murphy et al 2017; O’connor 2007). Older
people are at risk of becoming even more malnourished (Telford et al 2007). Research among 12 countries demonstrated that up to half (50.5%) of older people in rehabilitation were malnourished, closely followed by older people in hospital (38.7%) and then those in aged care facilities (13.8%) (Kaiser et al 2010). Now more than ever before the nurses’ role in initial nutrition screening is crucial to identify patients who are already malnourished or at risk of becoming so, and further develop nutritional care strategies to prevent severe malnutrition (Tappenden et al 2013).

Nurses play a significant role in understanding the importance of nutrition basics and need to be able to explain the facts about healthy food choices to patients. Nurses are expected to deliver healthy diet education (The Nursing and Midwifery Council 2010; DiMaria-Ghalili et al 2014; Perry et al 2015). However, nurses working across both primary and secondary care have inadequate knowledge in both their nutrition education and their pivotal role in helping to detect risk factors in order to improve patients’ health outcomes (Murphy and Girot 2013; DiMaria-Ghalili et al 2014). Given concerns over the increasing strong links between diet and diseases, nutritional training for nurses is recommended to ensure them providing accurate information to patients and clients on nutrition issues (DiMaria-Ghalili et al 2014). Also, engaging with health academics to provide the emerging nutrition research evidence of healthy dietary patterns in the prevention of non-communicable diseases is extremely important.

Nurses must raise awareness of their role in nutritional supports for their patients and clients. Moreover, interprofessional and collaborative working is also encouraged to improve patients’ health outcomes. There is need to continue to raise the awareness of the importance of multidisciplinary nutritional care in improving health outcomes for both primary and secondary care. Finally, nutritional training, which aiming to deliver both nutrition basics and emerging nutritional knowledge, is highly recommended. These trainings can help nurses and all health professionals further deliver better evidence based care that meets the nutritional needs of patients.
References


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