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# NSW Public-Hospital Dietitians and Their Workplace: True Love or a Marriage of Convenience?

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**Description**

This study examines how NSW public-hospital dietitians are affected by their workplace. Hospitals have undergone rapid changes over the last 50 years and 43% of the dietetic workforce is located within this environment. Three different approaches were used to examine this topic: a direct overt observational study; a cross-sectional NSW wide survey; and in-depth interviews. The major findings were: the majority of tasks undertaken by the hospital dietitian occurred away from the patient; there were low to moderate levels of burnout experienced by dietitians, but level or years of experience and the type of hospital affected burnout levels. Dietitians sought validation from their workplace from five sources: knowledge acquisition, relationships, culture, role clarity and self-attributes. The conclusion was the 'marriage' between dietitians and the workplace is initially based on true love, but the success of the union relies on an ongoing commitment, compromise and adaptation.

**Location**

Innovation Campus, Mike Codd Building, 1st floor, Room 102

# **NSW Public-Hospital Dietitians and Their Workplace: True Love or a Marriage of Convenience?**

**Marianna Milosavljevic**

## **ABSTRACT**

This study examines how NSW public-hospital dietitians are affected by their workplace. Hospitals have undergone rapid changes over the last 50 years and 43% of the dietetic workforce is located within this environment. Three different approaches were used to examine this topic: a direct overt observational study; a cross-sectional NSW wide survey; and in-depth interviews. The major findings were: the majority of tasks undertaken by the hospital dietitian occurred away from the patient; there were low to moderate levels of burnout experienced by dietitians, but level or years of experience and the type of hospital affected burnout levels. Dietitians sought validation from their workplace from five sources: knowledge acquisition, relationships, culture, role clarity and self-attributes. The conclusion was the 'marriage' between dietitians and the workplace is initially based on true love, but the success of the union relies on an ongoing commitment, compromise and adaptation.

## **INTRODUCTION**

This study examines how a group of NSW public-hospital dietitians perceive their workplace. This area has received little to no attention in the literature, yet 43% of the dietetic workforce is employed in the Australian public-hospital setting (Brown et al., 2006). Therefore, an investigation into how dietitians view their workplace may provide useful insights for the future positioning, management and role of this profession. There is evidence within the literature that work context can affect how an employee provides service (Tourangeau et al., 2009; Hamelin Brabant et al., 2007; Lamberth & Comello, 2005; Lundstrom et al., 2002), and within the dietetic profession it has been acknowledged that work context shapes dietetic practice (Mason, 1982, Devine et al, 2004). A study examining the hospital as the work context would appear timely, given the rapid changes in health services and the predicted expansion of this sector over the next 20 to 30 years (Zajac, 2003; Hillman, 1999). The dietetic profession needs to be strategic to ensure it secures a position within the public healthcare sector. This can only be achieved if the 'decision-makers' view dietitians as an integral part of the health-care team. The challenge for

this profession is to remain relevant in the 21<sup>st</sup> century hospital. This study represents a first attempt to examine the role of Australian dietitians in the modern hospital setting, from their own perspective.

To date there has been very little research undertaken in Australia and abroad in the area of how dietitians view their workplace. Although there have been studies examining job satisfaction and dietetics, most of these studies are North American-based and were conducted over 20 years ago. Within the Australian context there are a limited number of relevant studies, but none focussed specifically on the NSW public-hospital dietitian. This study attempts to address the current shortage of research in this area by exploring the factors affecting the NSW hospital dietitian's perception of their workplace. It is hoped this work will provide a baseline for further research to ensure that the profession retains an engaged and motivated workforce.

## METHODS

To ensure a complete examination, this question was studied from three aspects:

- a detailed account of what the dietitian does within the public-hospital setting;
- a state-wide evaluation of hospital dietitians' level of 'burnout' ( Maslach & Jackson, 1996) ; and
- an exploration into the factors affecting how hospital dietitians' view of their workplace.

Table 3.1 summarises the different methodologies employed to examine each of the three aspects of this study.

Table 3.1: Methods Employed in This Thesis

<b>Aspect</b>	<b>Question</b>	<b>Data-Collection Method</b>	<b>Methodology/Line of Enquiry</b>	<b>Analysis</b>
1	What does a typical hospital dietitian do in a day?	Observational	Participant observational	Quantitative
2	What is the level of 'burnout' amongst NSW public-hospital dietitians?	Structured survey	Observational study	Quantitative

<b>Aspect</b>	<b>Question</b>	<b>Data-Collection Method</b>	<b>Methodology/Line of Enquiry</b>	<b>Analysis</b>
3	How do public-hospital dietitians feel about their workplace?	In-depth interviews	Grounded-theory approach ( Corbin & Strauss, 2000)	Qualitative

### *Observational Study*

To answer the question ‘what does a typical hospital dietitian do in a day?’ a participant-observation technique was adopted. The term ‘participant observation’ is sometimes interchanged with ‘ethnography’; however, significant differences exist between the two terms. While both are derived from the discipline of anthropology, ethnography is a methodology while participant observation refers to a specific technique within this methodology (Grbich, 1999).

### *Burnout Survey*

The Burnout tool was used the tool as it is widely recognised measure used amongst many health-care workers (Schaufeli et al., 2009) including dietitians (Gingras et al., 2010, Kolodny & Chan, 1996) it was an appropriate choice of tool for this population. It was administered using a cross-sectional structured survey, as it attempts to quantify relationships between variables of interest.

### *Analysis of in depth interviews*

The methodology chosen to analyse the in–depth interviews was drawn from the principles of grounded theory (GT). This decision was based on a number of factors:

- It is a technique recommended when undertaking research on small-scale, everyday life situations where little previous research has occurred and where processes, relationships, meanings and adaptations are the focus.
- It is well-accepted within the health-science literature and has been used extensively within this area to investigate how employees view their workplace (Wassink & Chapman, 2010; Probst & Griffiths; 2009; Swennen et al., 2011; Devine et al., 2004; Wikström, 2008).
- There is a well-defined systematic GT process outlined by Strauss and Corbin (2000) that provides the inexperienced researcher with clear guidelines.

## RESULTS

Table One: outlines the result from the direct 16 week observational study on 17 dietitians over 16 weeks work in either the inpatient or outpatient settings.

**Table One: Percentage Time Comparison between Outpatient and Inpatient dietitians**

Category	Task	Outpatient (n=8)	Inpatient (n=9)
<b>Direct Patient Care</b>	Patient progress review	13.0	5.6
	Patient full assessment	13.6	11.5
	Patient diet education	5.5	1.2
	Patient discharge		
<b>Subtotal (95% confidence interval)</b>		<b>32.1 (27.8-37.8)</b>	<b>18.3* (14.4-21.7)</b>
<b>Indirect Patient Care</b>	Patient file documentation	2.8	19.0
	Patient file review	3.1	12.9
	Organising Appointments	3.7	3.8
	Updating IPM/chime/database	6.9	2.4
	Researching diet information/printing	1.4	0.5
	Patient's family or primary carer	0.3	1.9
	Information management	5.1	1.2
<b>Sub Total (95% confidence interval)</b>		<b>23.3 (20.6-27.0)</b>	<b>41.7* (32.6-47.6)</b>
<b>Communication</b>	Other dietitians	4.7	5.0
	Medical/nursing/allied health/kitchen staff	5.2	6.8
	Dietitian staff meetings	3.8	3.2
	Phone/page	0.6	1.6
<b>Subtotal (95% confidence interval)</b>		<b>14.4 (11.1-17.9)</b>	<b>22.7* ( 16.6-26.6)</b>
<b>Administration</b>	Emails	6.8 ± 0.6	4.8
	Office duties	2.7 ± 0.5	2.0

Category	Task	Outpatient (n=8)	Inpatient (n=9)
	Statistics	1.0 ± 0.3	3.3
	Travel	10.7 ± 1.4	0.5
	Miscellaneous	3.3 ± 0.5	1.7
<b>Subtotal (95% confidence interval)</b>		<b>24.5 (20.5-28.1)</b>	<b>13.5 (6.7-18.0)</b>
<b>Education</b>	Continuing education	4.3 ± 3.2	2.1
	Providing information to students	1.4 ± 8.8	1.7
<b>Subtotal (95% confidence interval)</b>		<b>5.7 (3.2-9.8)</b>	<b>3.8 (2.7-5.4)</b>
<b>Total</b>		<b>100</b>	<b>100</b>

Statistical Analysis: '\*\*' denotes a significant difference between the inpatient and outpatient group dietitian groups, at an alpha value >0.05.

**Table Two: Measurements of Burnout in NSW Hospital Dietitians**

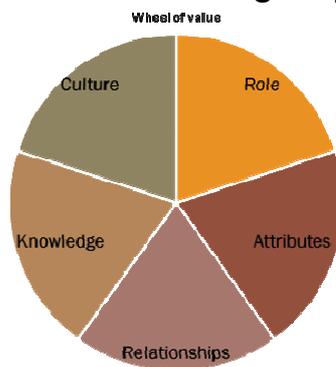
Burnout Dimension	Emotional Exhaustion	Depersonalisation	Personal Accomplishment
Total Average (+-SD)	20.18 (10.10)	5.36 (4.68)	36.70 (6.40)
Categorisation of Mean	Moderate	Low	Moderate
High	25.0	9.9	42.2
Moderate	38.5	25.5	35.9
Low	36.5	64.6	21.9

**Table Three: Comparison of burnout levels between different health professions.**

Profession	EE	DP	PA
NSW dietitians	20.18	5.36	36.70

Dietitians, Canada (Gingras et al., 2010)	19.96	4.31	38.61
Nurses, Victorian (Patrick & Lavery, 2007)	21.84	5.81	37.56
Nurses, Queensland (Spooner-Lane & Patton, 2007)	23.01*	7.75*	34.62*
Doctors, NSW (Willcock et al., 2004)	17.59	5.99	36.74
Normative values (Maslach, 1996)	22.19*	7.12*	36.53

**Figure One: The five sources of value sought by dietitians within the workplace.**



## DISCUSSION

The combined findings were examined and divided into five areas: hospital work processes, characteristics of dietitians, what constitutes value in hospital dietetic practice, the importance of dietetic career stages in the public-hospital work environment and the rural flavour of hospital dietetics.

### *Hospital Work Processes*

This study found that most of the work carried out by a hospital dietitian occurs away from the patient/client. Although ambulatory-care or outpatient-based dietitians spent more time with their patients, this still accounted for less than half of their day. These findings were consistent with those for other health-care professionals, such as nurses or doctors, who worked in similar environments (modern day hospitals in industrialised nations) (O'Leary et al., 2006; Hendrich et al., 2008; Westbrook et al., 2008; Zhu et al., 2008). It would appear that health professionals who provide clinical care to patients the 21<sup>st</sup>-century hospital spend most of their time carrying out tasks that do not directly involve the patient. This suggests that the business processes inherent in the contemporary hospital require health practitioners to work in isolation from their patients.

### *Characteristics of a Hospital Dietitian*

This study found that dietitians within the NSW public-hospital system chose their career based largely on a genuine interest in nutrition and health. This is a common finding in the broader literature (Hughes & Desbrow, 2005; Gingras, 2010; Kobel, 1997). In addition, this study showed that dietitians in this work environment enjoyed the structure and processes of a hospital, as they provided clear work expectations. The busy work environment and constant changes were seen as a positive aspect of this workplace. The 'hustle and bustle' was a source of stimulation and provided them with access to learning. Also, the fact that the hospital system relies heavily on a team approach to patient care added to its appeal, as this was highly valued by dietitians. Working within a team structure was a double-edged sword, providing both support and frustration. The dietitians were keen to meet the expectations of their employer, and paying careful attention to the processes was a high priority. There was a general acceptance of their situation and an underlying optimism that they still make a difference despite the obstacles they must overcome. These findings resonant with earlier studies in the US, that examined the characteristics of a 'typical' dietitian. Dietitians view themselves as highly professional (Johnson, 1964), well-trained and when in management positions, empowered (Mislevy et al., 2000). They are also a profession that highly values teamwork (Wassink & Chapman, 2010).

### *Do Dietitians Feel They 'Value Add' in Their Workplace?*

The results of our exploration suggest that dietitians did feel they have the ability and expertise to be valuable members of health-care teams in the NSW public-hospital system. However, at times, they felt stymied by the institutional processes and cultural expectations within this work setting. This frustration was indicated by the presence of burnout and through the analysis of the in-depth interviews. Broadly speaking, hospital dietitians have lower than average levels of 'burnout' than medical normative values, but closer interrogation of the data showed that career stage was an important consideration. We found that mid-career generalists and the managers had above-normal levels of burnout- significantly higher than the new graduates and specialists surveyed.

This study developed a model that depicted the sources of value for dietitians within the NSW public-hospital system. This model was called the 'Wheel of Value'. It provides some possible reasons or sources of difficulty for those groups that were seen as experiencing higher-level 'burnout'. Dietitians need to feel they contribute something of worth or value to the workplace. The results of this study may be explained by the ability of these dietitians at each career stage to craft their job into something that they find enjoyable and useful.

### *Career Stages Do Matter in Hospital Dietetics*

Another finding was how each of the five values changed in relative importance among the career stages. The overall aim of this study was to explore how dietitians felt about their workplace and to draw out the possible factors that influence this perception. It showed that career stage was an important factor that affected how dietitians may feel about their workplace; this was evident in both the cross-sectional survey and the in-depth interviews.

### *Country versus City: Is There a Difference?*

There was no significant difference in levels of burnout between the rural and non-rural dietitians. However, the in-depth interviews did indicate that rural hospital dietitians are more heavily influenced by the hospital culture and personal attributes than their non-rural counterparts. Although all five sources of value were present across the career stages there was not the same hierarchy within each career stage. The most important influences for the four rural dietitians were the cultural aspects of the workplace followed by the personal attributes of the dietitian.

### **Conclusion**

The major findings from this thesis include: the majority of tasks undertaken by the hospital dietitian occurred away from the patient; there were low to moderate levels of burnout experienced by dietitians across NSW, but there were factors associated with higher levels of burnout such as, level or years of experience and the type of hospital in which the dietitian worked; and dietitian sought validation from their workplace from five sources, these were depicted in a conceptual model called the 'Wheel of Value' and were acquisition of knowledge; relationships with others, work culture, role clarity and self-perception. The relative importance of these values changed according to the career stage of the dietitian.

The professional implications of this research include: the development of a career-support program tailored to the different stages of the dietetic career; the need for greater attention to the concept of interdisciplinary health-care teams; the importance of role identity of the hospital-based dietitian and the creation of the dietetic consultant; and potential ways to streamline inefficient and ineffective work processes.

The question is 'NSW public-hospital dietitians and their workplace: True love or a marriage of convenience?' It would appear; from this study that 'marriage' is initially based on true love: but as with many marriages, the success of the union relies on an ongoing commitment, compromise and adaptation. Dietitians and NSW public hospitals are no exception.

### *Limitations of This Research*

There were several limitations to this study. The observational study was conducted across a small number of sites (seven). Therefore, the results cannot claim to be representative of the NSW public-hospital system. It used a convenience-sampling technique to recruit participants; this may bias the results. Also, the fact that this was an overt study may also have influenced some of the behaviour of the participants. The cross-sectional survey was voluntary, and this may have skewed the results, as those feeling restricted in time or stressed may not have participated in the survey; this was offset to a degree, by the response rate being 50%. Also, those staff members who were not well networked to a senior dietitian may not have been included. The GT analysis of the in-depth interview study was a cross-sectional design. Using a longitudinal design study would enhance these findings by assessing any changes over a time period. In addition, the model developed would

benefit from more research to further refine and test the robustness of the initial findings.

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