



ORIGINAL ARTICLE

# Nutritional routines and attitudes among doctors and nurses in Scandinavia: A questionnaire based survey<sup>☆</sup>

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## KEYWORDS

Nutrition;  
Routine;  
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## Summary

**Background & Aims:** Hospital malnutrition is prevalent, but nutritional practice in hospitals has a low priority. To improve the quality in nutritional routine, ESPEN has developed standards to improve the inadequate and insufficient nutritional treatments seen today. However, there is a discrepancy between the standards and clinical practice. This study was conducted to investigate nutritional practice in different hospital settings in relation to these standards (e.g.: screening of all patients, assessment of at-risk patients) among Scandinavian doctors and nurses.

**Methods:** A questionnaire about nutritional attitudes and routine was mailed to doctors and nurses in Denmark, Sweden and Norway.

**Results:** Altogether, 4512 (1753 doctors, 2759 nurses) answered the questionnaire. Both screening and assessment of at-risk patients differ between the countries. Nutritional screening was more common in Denmark (40%), compared to Sweden (21%) and Norway (16%). Measuring dietary intake in nutritional at-risk patients was more common in Denmark (46%), compared to Sweden (37%) and Norway (22%). However, all countries agreed that nutritional screening (92%, 88%, 88%) and

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measuring dietary intake (97%, 95%, 97%) were important, Denmark, Sweden and Norway, respectively.

*Conclusion:* There is a large discrepancy between nutritional attitudes and practice. The standards suggested from the ESPEN are not fulfilled.

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## Introduction

Nutritional support ranks low on the list of treatment and evaluation priorities.<sup>1</sup> This is in contrast to the high prevalence of undernutrition and inadequate nutritional treatment among hospitalised patients.<sup>2,3</sup> Insufficient nutritional intake, inflammatory stress metabolism and chronic disease, in addition to inadequate nutritional therapy, cause these poor nutritional conditions. Undernutrition has severe consequences, such as increased morbidity and mortality, which is unreasonable since, in many situations, undernutrition can be prevented and treated.<sup>4</sup> Therefore, nutritional screening and intervention is important in all patients, and especially in aged patients.<sup>5</sup> Hospitalised patients receive a variety of costly medical and surgical interventions and drug therapy, while adequate nutritional and fluid therapy often is neglected.

Specific nutrition standards were developed by American Society of Parenteral and Enteral Nutrition (ASPEN), to be used by the Joint Commission on Accreditation of Healthcare Organisations (JCAHO), an organisation that surveys the quality of care in most American hospitals.<sup>6</sup> Similar standards were later developed by the European Society of Clinical Nutrition and Metabolism, ESPEN,<sup>7</sup> and are also strongly supported by the resolution from the Council of Europe.<sup>8</sup>

The ESPEN standards focus on the following activities:

- screening of all patients on admission,
- assessment of patients with particular problems,
- prescription of nutritional intervention including notes in the patient records,
- monitoring the effect of nutritional intervention to the patient during the hospital stay,
- communicating the nutrition care to primary health care and nursing homes.

The nutritional standards provide a path for improving the inadequate and insufficient nutritional treatments in hospitals, as seen in all European countries.<sup>9</sup>

A Danish study of nutrition standards among doctors and nurses, showed a large discrepancy

between such standards and clinical practice, and concluded that the main barriers were lack of priority, lack of knowledge and lack of interest.<sup>10</sup> This was also found in an American study which showed lack of interest in nutritional therapy.<sup>11</sup> Medical therapies are quite similar in the Scandinavian countries, but there are known differences in the traditions of clinical nutrition in the three countries (see discussion for further details) and it is possible that these differences may be reflected in attitudes and practice of clinical nutrition. If this is the case, it may help to identify useful actions to promote the practice of clinical nutrition. This study was therefore conducted to investigate nutritional practice in different hospital settings in relation to ESPEN standards among Scandinavian doctors and nurses.

## Participants and methods

In April–June 2004 a questionnaire about nutritional attitudes and routines was mailed to 6000 doctors and 6000 nurses, in addition to all dietitians working in Denmark, Sweden and Norway.

Doctors working at units where nutritional problems were expected to be common and relevant were selected randomly from national databases of doctors. Therefore, doctors from departments of internal medicine, medical gastroenterology, oncology, general surgery and gastrointestinal surgery, orthopaedics—and anaesthesiology were chosen for this study.

No databases for nurses were available and they were therefore selected in a different manner. Five to ten questionnaires were sent to the head nurse of the same department as the selected doctors. He/she was asked to keep one questionnaire, and give the other to the 5–9 first nurses she met in the ward on that particular day. In this way, we managed to send the questionnaire to nurses working in the same departments as the doctors.

## The questionnaire

The questionnaire covered the ESPEN standards of nutritional practice, highlighted by the European Council,<sup>12</sup> and the questions were similar to those

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