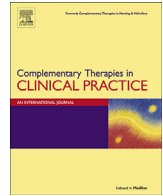




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Blurred lines: Emerging practice for registered dietitian-nutritionists in integrative and functional nutrition



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ABSTRACT

Background: This study explored the health philosophy and practice orientation of RDNs in the United States.

Methods: A randomly selected group of RDNs were recruited to take an online survey using a reduced version of Integrative Medicine practice (IM-30). Confirmatory factor analysis, analyses of variance, and non-parametric tests were used to investigate the relationships between dietetic professionals' personal health philosophy, lifestyle, and orientation to Integrative Medicine.

Results: Overall construct validity of the IM-26 scale was demonstrated by Cronbach's α with reliabilities ranging from 0.766 to 0.89. Results from chi-square test of goodness-of-fit test ($N = 477$, $\chi^2 = 228.72$, $p = 0.123$) and RMSEA of 0.016 showed good model fit. IM orientation varied significantly by work setting and certification in one or more CAM therapies.

Conclusions: The orientation towards Integrative Medicine for a majority of US dietitians is in the awareness and learning phases of adoption.

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1. Introduction

The pre- and post-professional education of dietitians has lagged behind popular consumer interest in integrative therapies [1–3]. The pace of growth in integrative and functional modalities and their movement into mainstream healthcare is challenging the profession of dietetics to adequately describe the scope of wellness practice of dietitians in health promotion, sports nutrition, and integrative nutrition therapy [4–6]. The lifestyle advice offered by dietitians has crossed into areas that reach beyond traditional boundaries, such as mind-body and spiritual well-being [7]. Critics of the current evidence-base for integrative practice point out gaps in the literature for the efficacy of complementary and alternative medical nutrition therapies for cancer treatment [8], but others recognize the important role nutrition, physical activity, and mind-body techniques play for alleviating anxiety, depression, pain, and cancer treatment-related side effects [9,10]. Demonstration of the

effectiveness of complementary approaches in gastroenterology have recently ushered complementary and alternative medicine (CAM) techniques, such as the use of probiotics, and mindfulness meditation, into mainstream practice [11,12]. Holistic-minded dietitians are adding mental wellness into medical nutrition objectives, rather than merely focusing on nutrient requirements or repletion as primary therapeutic goals [13,14]. The role of dietitians in physical activity coaching and counseling for sports performance and fitness has also greatly expanded in the last 10 years [15]. Student dietitians today expect to receive training on complementary and alternative approaches and use them in their future practice [16].

Practitioners of integrative medicine view these talents as healing-oriented, but not “alternative” to other forms of medical treatment. Instead, functional and integrative approaches take into account the whole-person through the evaluation of body, mind, spirit, and the support community of the patient as a complement to standard diagnostic evaluations. This patient-centered care approach is based on a philosophy that the patient has a role in making treatment decisions and that the long-range goal is optimal health and healing. Integrative Medicine delivers personalized care,

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favoring the most effective interventions that are natural or less invasive. Because there is no standardized national system for credentialing practitioners and few academic programs provide pre-professional training, most health professionals must commit to pursuing self-development of integrative medical knowledge and skills. This has led to formal and informal collaboration and resource sharing to develop evidence-based practice and protocols between like-minded health professionals.

In our study, we explored the adoption of integrative dietetic practice as being influenced by health philosophy and daily practice, whether professional or in the personal lifestyles of Registered Dietitian Nutritionists (RDNs). Health conception is a philosophical construct developed by Judith A. Baigis (Smith), RN, PhD as a framework for modeling health and illness beliefs [17]. Based on this work, Laffrey developed a health concept measurement tool, the Laffrey's Health Conception Scale (LHCS), and upon testing reported a positive association between health "conception" and the practice of health-promoting behaviors [17,18]. Our prediction was that health philosophy, as defined by the LHCS, was also a determinant for a dietitian choosing an integrative style of practice. The reduced version of Laffrey's Health Conception Scale (LHCS) scale was selected because prior studies found it a reliable instrument to identify one's personal definition of health as wellness or clinically oriented [19–21]. The Integrative Medicine (IM-30) was selected as a measure of practice, but the scale had not been validated with dietitians. Some revision was needed as one subscale fell outside of the scope of practice of dietitians. The reduced questionnaire represented various professional practice patterns along a continuum of styles from traditional to integrative medicine practice [22,23]. The IM-30 questionnaire was developed from qualitative research of a sample which included acupuncturists, chiropractors, and physicians. The original field testing of the IM-30 scale found it to be internally consistent with subscale reliabilities of 0.70 or greater. The subscales include the following: awareness and openness to working with practitioners from other paradigms, readiness to refer patients to other paradigms, learning from alternate paradigms, patient-centered care, and safety of integrative medicine. It has subsequently been used for studies of dentists in India and found to be reliable [22–24]. The summed scale or index represents the clinician's orientation toward integrative medicine, and in the physician and dental samples response data was negatively skewed indicating that integrative medicine practice was still in an early phase of adoption among clinicians [25,26].

Dietitians who seek and adopt transdisciplinary approaches are motivated by an inner desire to improve patient outcomes. Because their training is primarily acute care or disease prevention focused, they must seek out opportunities for evidence-based information. Professional competency evolves over-time fostered by mentorship from more experienced practitioners [27,28]. The authors hope that the outcomes of this study will be used as a guide for the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) and dietetic educators for future revisions of entry-level and advanced practice preparation for integrative and functional nutrition therapy.

2. Methods

A correlational design was used to examine the relationship between health conception and four subscales of the IM-30. The study received exempt status from the Rocky Mountain University of Health Professions institutional review board, as well as a waiver for to substitute an online opt-in consent for the written consent requirement. The Commission on Dietetic Registration (CDR) provided a listing of 5000 emails which was randomly selected from the registry of 89,300 registered dietitians [29]. The effect size of

0.50 was chosen for a medium to large effect of health conception on professional practice [30,31]. Using G*Power 3 software, the minimum sample was 176 at power = 0.95 (1- β err prob) [32,33]. The response to the email solicitation resulted in 520 complete survey submissions resulting in a response rate of 11%. The flow diagram of survey recruitment and selection is outlined in Fig. 1.

This paper presents an exploratory study which examined determinants of satisfaction with life of US dietitians. We theorized that health philosophy is a motivator for choices in professional practice and lifestyle, and ultimately impacts wellbeing. The Integrative Medicine (IM-30) scale was chosen to measure professional practice patterns along a continuum of traditional to integrative and functional styles of practice [23]. The "safety of integrative medicine subscale" was not included in this study because it asked for judgements which are outside the scope of practice of dietitians, thus leaving 26 questions and 4 complete subscales [23]. The responses for this instrument were primarily a 4 point strongly agree-strongly disagree scale for the "Awareness" and "Readiness" subscales, and a 5 point never-always response for how frequent the participant practiced outside one's own medical paradigm item. The responses for the "Learning" subscale were evaluated along "Never" to "More than once a week" frequency dimensions. The last subscale, "Patient-Centered Care" used a 5-point response range of "Never" to "Always." The survey also included demographic questions and items to identify the dietitian's role identities through additional licenses, certifications, or memberships in dietetic practice groups. The reduced version of Laffrey's Health Conception Scale (LHCS) scale was used to identify the dietitian's personal definition of health or health philosophy on a 6 point scale of "Strongly agree" to "Strongly disagree." [20] The Satisfaction with Life Scale (SWLS) captures one's global assessment of life satisfaction and is a 5 item measure with a 7 point scale of strongly agree-strongly disagree [34]. Lastly, Healthy Lifestyles and Personal Control Questionnaire (HLPCQ) is a 25 item measure of lifestyle practices and empowerment with a 4 point scale of "Rarely or

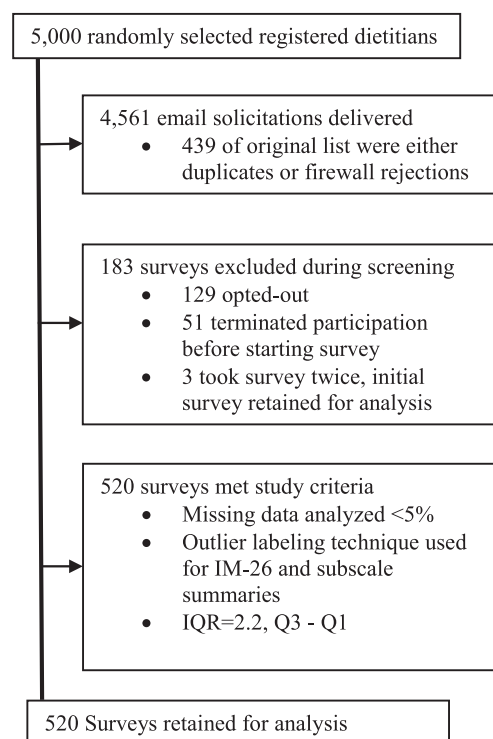


Fig. 1. Study participant flowchart.

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