Evaluating Clinical Nutrition Managers' Involvement in Key Management Functions

REGISTERED DIETITIAN NUTRItionists are employed in the health care environment with various titles, including clinical dietitians, clinical dietitian-specialists, outpatient dietitians, pediatric dietitians, and directors of food and nutrition services.[1] A less common role is that of clinical nutrition manager (CNM), who administers health care clinical nutrition services.[2] The full scope of the CNM's role is ambiguous, including his or her daily tasks and their role preparation. This article provides a comparative benchmark between previous research[3] and current CNM practice. Previous research validated 46 job tasks of CNMs.[3] Recent changes in health care have impacted managers' roles and responsibilities and, thus, the need to assess whether previous CNM research is still applicable. Determining current CNM responsibilities is important so that the role and profession can keep pace with the dynamic needs of the health care sector. One also must align those CNM responsibilities with educational and development opportunities with that area of practice.

Providing leadership to people and programs and managing human and financial resources often serves as the reference point for management practice in dietetics.[1,4] These responsibilities are commonly threaded throughout all formal management positions. CNMs are also responsible for providing leadership and managing financial and human resources.[5] Other management responsibilities are relevant to all areas of practice within the dietetics profession, including problem solving and decision making, effectively communicating, strategic planning, marketing, assuring quality and improving processes, adapting to and using technology, and negotiating.[6]

Multiple health care regulations and standards exist that influence nutrition care for which CNMs must ensure compliance.[7] These managers must understand quality improvement methods and tools and how to integrate these tools to improve clinical programs and systems.[8] In addition, health care systems commonly use technology.[9]

The relevance and current status of CNMs' skills are not clear, nor are their level of involvement and the frequency with which CNMs perform these tasks. Understanding the frequency and level of involvement of specific tasks will inform individuals aspiring to become CNMs about the role so that they may better prepare themselves to function in the position.

The purposes of the overall study were to identify and validate CNM responsibilities, establish educational needs for the role, and compare the findings with previous research. Given that the original study yielded substantial data, this follow-up article focuses specifically on CNMs' level and frequency of involvement with ensuring compliance with regulations and accreditation standards, communicating, monitoring quality assurance and performance improvement, providing clinical expertise, and managing information technology. Findings related to managing financial and human resources and a general category of tasks were presented in a previous article.[5]

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http://dx.doi.org/10.1016/j.jand.2016.08.010
Available online 22 September 2016

SURVEY DESIGN

The initial and detailed methodology was described previously.[5] In summary, qualitative methods, including focus groups and cognitive interviews, were used to identify and validate CNM responsibilities. A practice audit survey was subsequently used to determine CNMs' frequency and level of involvement in specific tasks. The university's institutional review board for human subjects' research reviewed and approved the research methodology.

Focus groups and cognitive interviews with CNMs yielded 84 job task statements that were categorized into eight categories, including 1) ensuring compliance with regulations and accreditation standards; 2) communicating; 3) monitoring quality assurance and performance improvement; 4) providing clinical expertise; 5) managing information technology; 6) managing human resources; 7) managing financial resources; and 8) general practice. A previous article reported findings about managing human and financial resources and general practice; therefore, this article discusses the five remaining categories, defined as other key management functions.

Before administration and pilot testing, the survey was reviewed and approved by the Academy of Nutrition and Dietetics (Academy) and the executive council of the CNM Dietetic Practice Group. Two questions were adapted from the 2010 Commission on Dietetic Practice Entry Level Practice Audit[10] to measure the level of involvement and frequency of involvement for each of the 84 tasks. The survey also contained 12 demographic questions to profile CNM practice.

The Statistical Package for the Social Sciences (SPSS GradPack 22 for Windows, 2014) was used. Frequencies were used to determine CNMs' involvement in the various tasks. Mean values were calculated to determine the average frequency of involvement per task.

FINDINGS

A demographic profile of the survey participants and description of participation rate is summarized in Table 1. A total of 614 participants accessed the

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Table 1. Demographic profile of clinical nutrition managers (n=215)[a]

Characteristic	N	%[b]	Characteristic	n	%[b]
Position title[c]			**Primary person reported to**		
Clinical Nutrition Manager	142	66.0	Foodservice director, non-RD	96	44.7
Director, Clinical Nutrition	26	12.1	Foodservice director, RD	45	20.9
Director of FN[d]/Patient Services	22	10.2	Hospital administrator	29	13.5
Chief Clinical Dietitian	21	9.8	Clinical director	28	13.0
Internship Director	7	3.3	Regional director	7	3.3
Other	27	12.6	Other	9	4.2
Primary dietetics credential			**Employer description**		
RD[e]/RDN[f]	212	98.6	Self-operated organization	143	66.5
DTR[g]/NDTR[h]	0	0.0	Contract management company	70	32.6
CDM[i]	0	0.0	Self-employed	2	0.01
Other	3	1.4			
Highest level of education			**Primary mentor**		
			Clinical director	38	18.1
Baccalaureate degree	53	24.7	Foodservice director, non-RD	37	17.6
Some graduate work	27	12.6	Foodservice director, RD	34	16.2
Master's degree	129	60.0	None	26	12.4
Doctoral degree	4	1.9	Other CNMs	22	10.5
			Hospital administrator	22	10.5
Competence level			Regional director	11	5.2
Competent	51	23.7	Other RDs	9	4.3
Proficient	100	46.5	Physician	4	1.9
Expert	64	29.8	Other	7	3.3
Length as clinical nutrition manager			**Size of facility (no. of beds)**		
<3 y	40	18.8	<100	19	9.1
3-10 y	84	39.4	100-350	91	43.5
11-15 y	25	11.7	351-700	70	33.5
16-25 y	41	19.2	701-1,000	21	10.0
>25 y	23	10.8	>1,000	8	3.8

[a]Adapted from Howells and colleagues.[5]
[b]Responses may not equal 100% because of non-responses to the question.
[c]Participants could select all that applied.
[d]FN=Food and Nutrition.
[e]RD=registered dietitian.
[f]RDN=registered dietitian nutritionist.
[g]DTR=dietetics technician, registered.
[h]NDTR=nutrition and dietetics technician, registered.
[i]CDM=certified dietary manager.

survey link and then answered a screening question: "Do you supervise clinical staff?" The purpose of the screening question was to ensure that respondents were CNMs. A total of 126 participants (21%) did not supervise clinical staff and did not participate in the remainder of the survey. The remaining participants (488; 79%) were routed to the practice audit section, resulting in a 13.0% participation rate (n=215).

Cronbach's α was greater than .65 for all audit categories presented in this article, which indicated strong internal consistency of items within categories. Table 2 summarizes the level of involvement and frequency of involvement of the five categories of job tasks. In most cases, most CNMs performed all of the job tasks.

Across all categories, the data suggest that CNM practice exists at the outer limits for specific tasks, or precisely at higher or lower frequency of involvement. The frequency of involvement was rated on a 4-point scale in which a value approaching 20

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