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Increasing nurses' and nursing assistants' awareness of the importance of nutritional care for older adults with a snack-sized learning intervention: Development and first evaluation



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Disclosure sheet



Conflict of interest

No



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Nurses' and nursing assistants' essential role in nutritional care

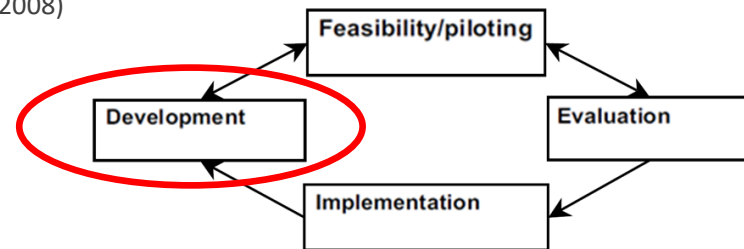


- ✓ Among adults of 70 years and older malnutrition is a frequent, major, and complex problem, which is a risk factor for frailty
(Volkert et al., 2019; Dutch Malnutrition Steering Group, 2017)
- ✓ Hospital and home care nurses and nursing assistants have an essential role in multidisciplinary nutritional care for older adults
(Cederholm, 2017; Dutch Malnutrition Steering Group, 2017; Kitson, 2013)
- ✓ They have moderate awareness and knowledge, mainly a neutral/negative attitude and give nutritional care low prioritisation
(Bauer, 2015; Beattie, 2014; Boaz, 2013; Eide, 2015)
- ✓ Their behaviour needs to be changed and education seems a solid way to increase awareness, improve knowledge, and have impact on attitude and behaviour
(Michie, 2014)

Appropriate intervention development is important



- ✓ To increase the chance of successful development and implementation, and to strengthen validity
- ✓ Participation of its users
- ✓ Fit of the intervention into nursing practice
- ✓ Guidelines of development and evaluation of complex interventions of the Medical Research Council (MRC) (Craig, 2008)



Take into account:

- ✓ work environment: high workload, little time (Hegney, 2018)
- ✓ transferability of education to the workplace

(Holton & Baldwin, 2003)



Aim study



- ✓ Development of a self-assessment educational intervention for hospital and home care nurses and nursing assistants to increase their awareness of the importance of nutritional care for older adults

- ✓ First evaluation of the educational intervention:
 - ✓ experiences with the intervention
 - ✓ the degree of learning
 - ✓ the transfer of learning to behaviour in the workplace

Study methods: development

- ✓ Based on five principles regarding learning:
 - 1) interaction between intervention and users
 - 2) targeting users on both individual and team level
 - 3) supporting direct and easy transfer to the workplace, and continuous learning
 - 4) facilitating learning within an appropriate period
 - 5) fit with the context (Anderson & Krathwohl, 2001; Chiaburu, 2005; Michie, 2014; Hegney, 2018; Holton & Baldwin, 2003)

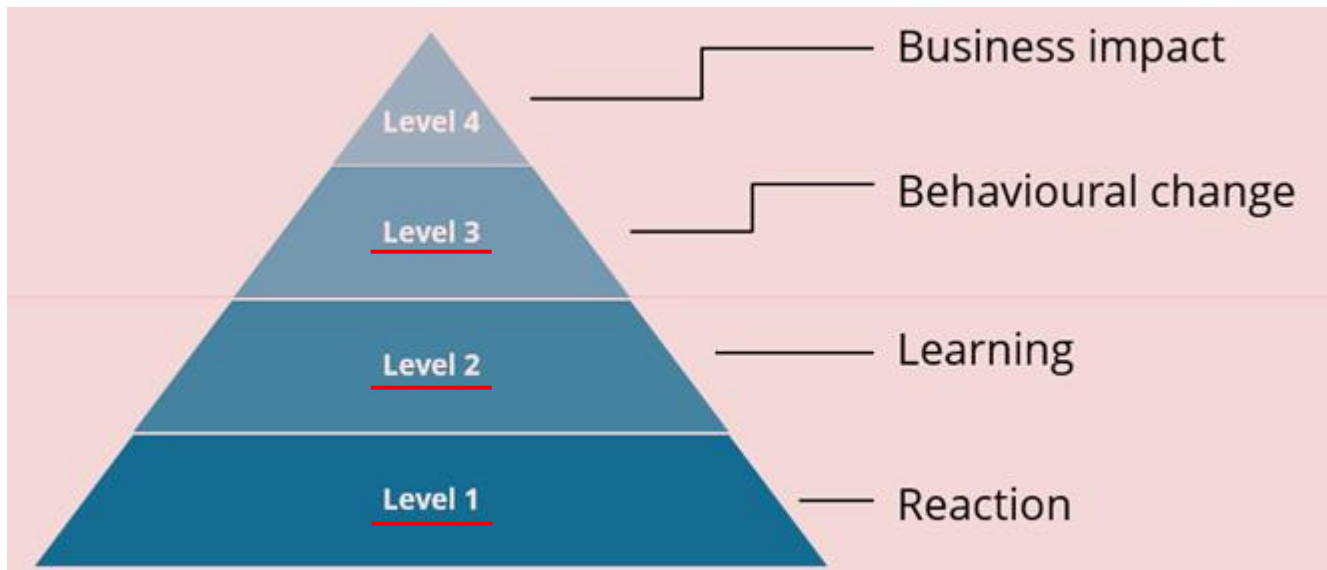
- ✓ Development of statements and corresponding explanations about nursing nutritional care for older adults in the hospital and home care setting

- ✓ Taking into account: 1) provider, 2) mode of delivery, 3) intensity and 4) duration (Hoffman, 2014)

Study methods: evaluation



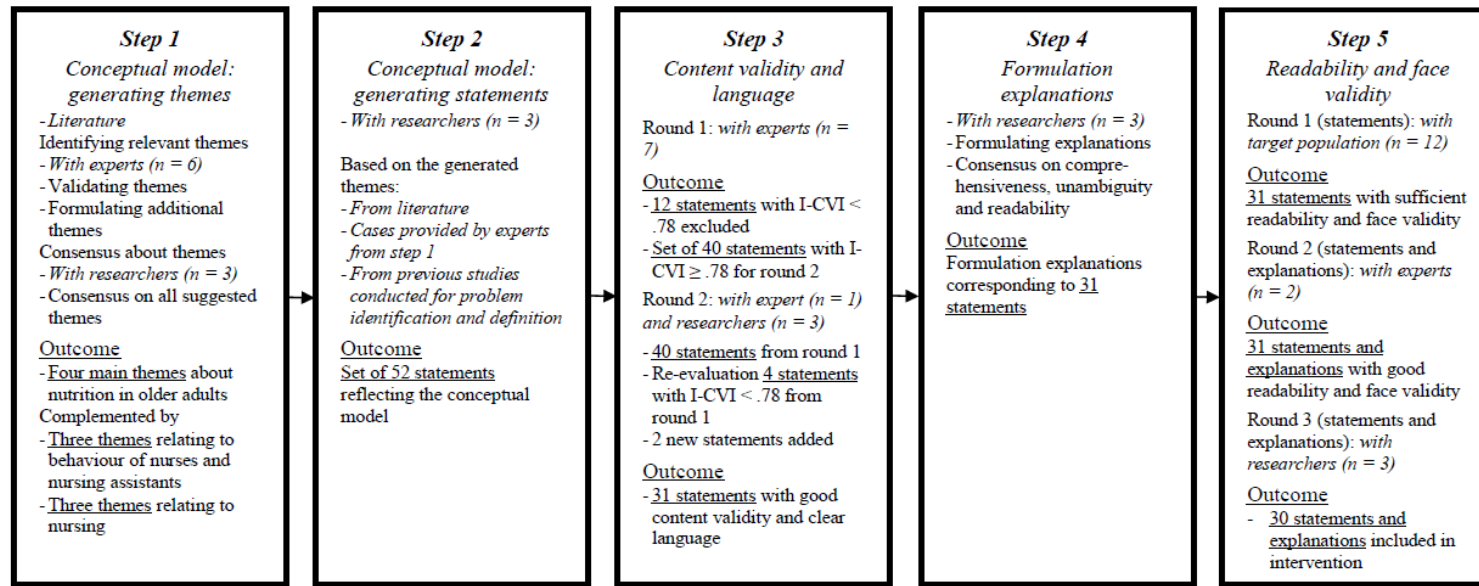
Three levels of Kirkpatrick's model of training evaluation (Kirkpatrick, 1959; Kirkpatrick, 1994)



- ✓ Self-reported questionnaire
- ✓ Focus groups with nurses and nursing assistants
- ✓ Participant observation in the workplace
- ✓ Client/patient records

Results: development

Development of statements and corresponding explanations



(ten Cate et al., in preparation)

- ✓ 30 statements and corresponding explanations about nursing nutritional care for older adults
- ✓ Online platform Redgrasp:
 - ✓ Daily learning with ‘Today’s question’
 - ✓ Snack-sized learning: one statement a day, five times a week, total time frame of six weeks

Results: development



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Voeding > Voeding bij ziekte

Toelichting antwoord

Het starten met energie- en eiwitrijke drinkvoeding is in het geval van een oudere zorgvrager met ondervoeding sowieso niet de leidraad. Het doel bij ondervoeding is om de voeding te optimaliseren, rekening houdend met de voedselvoorkeuren en -gewoonten van de oudere zorgvrager. Als dit met gewone voeding niet behaald kan worden, is gebruik van dieetvoeding voor medisch gebruik (*bijvoorbeeld drinkvoeding, sondevoeding of parenterale voeding*) geïndiceerd. Het behandelen van de ondervoeding hangt ook nog af van de huidige voedingsinname ten opzichte van de voedingsbehoefte op het moment dat ondervoeding wordt vastgesteld en wat de beste manier van behandeling bij een specifieke zorgvrager is.

Meer lezen, klik [hier](#) en [hier](#) (*Richtlijn ondervoeding, pagina 26 en 27; ESPEN guidelines, pagina 56 e.v.*).

0 0 Opmerkingen 2

Results: evaluation

- ✓ 2 hospitals: 4 teams general wards and 1 team outpatient clinic
2 home care organisations: 9 teams (total: 14 teams)
- ✓ Participants: nurses and nursing assistants (n = 306) (response rate 89.7%)
- ✓ Total fill in rate of 30 statements: 66.4%
- ✓ Median (Q1, Q3) score for completed statements was 23 (12, 28)

Self-reported questionnaire for evaluating the intervention:

- ✓ n = 94 (response rate 30.7%)
- ✓ Experience:
 - ✓ Positive: satisfied (66%), fun (12.8%), refreshing the topic (17%)
 - ✓ Negative: formulation statements (22.3%),
too much focus on hospital (5.3%)
- ✓ Learning: learning something new (over 69%),
discussion (almost 42%)
- ✓ Changing behaviour: improving quality of care (71%)

Results: evaluation



Focus groups:

- ✓ 2 groups with total of 7 nurses and nursing assistants; duration approx. 1 hour
- ✓ Experience:
 - ✓ Positive: fun, competition, discussion, easy access, educational
 - ✓ Negative: digital problems, impossible to view answers > 1 time
- ✓ Learning: awareness, wrong answers, discussion, quick access to answers
- ✓ Change behaviour: in direct patient/client care, discussion, quality management of nutritional care

Participant observation + client/patient records post-measurement:

- ✓ 5 nurses/nursing assistants; 12 patients/clients, home care and hospital
- ✓ No clearly detectable changes

Conclusion



- ✓ Convenient and evidence-based intervention development
- ✓ Systematic and explicit development of 30 statements and corresponding explanations about nursing nutritional care for older adults
- ✓ Appropriate mode of delivery i.e. snack-sized way

- ✓ Mainly positive experience
- ✓ Confirmation learning and changing behaviour in daily practice when providing nutritional care to older adults

- ✓ Behavioural change is not visible in patient/client records or from observations

Discussion and implication



- ✓ Actual knowledge
- ✓ Long term effect is unknown: attention and knowledge deteriorate over time and behavioural change is difficult (Chiaburu, 2005)
- ✓ Nursing nutritional care is a complex matter (Michie, 2014; Richards & Borglin, 2011)
- ✓ Usage of the educational intervention for developers of similar interventions
- ✓ Expansion use in nursing practice and education for nursing professionals and nursing students
- ✓ Enhancing nurses and nursing assistants to provide better nutritional care to (frail) older adults

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Thank you for your attention



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