Perspectives and Experiences of Healthcare Professionals in Providing Nutritional Care to Older People with Cancer

Miss Rachel Wong*, Dr Chad Han, Dr Jolene Thomas, Mrs Reegan Knowles

Background and aim

- Older people (65 years and above) with cancer experience greater disease burden and poorer health outcomes as compared to their younger counterparts
- Detrimental impacts of malnutrition are far more pronounced in older people
 - Associated with poor prognosis, survival and quality of life
- Dietary counselling is critical in cancer care
 - Barriers may limit access to dietetic services
 - Emphasises the importance of a multi-disciplinary approach in nutritional care

Aim: To examine the perspectives and experiences of healthcare professions regarding provision of dietary advice and referral practices specifically to older people with cancer

Methodology: Qualitative study using description methodology

1. Data collection

- Purposive, snowball sampling
- Included healthcare professionals providing care to older people with cancer
 - Excluded dietitians
- Recruitment ceased once information power reached
- Interviews and focus group

2. Data processing

- Transcription
- Importing into NVivo

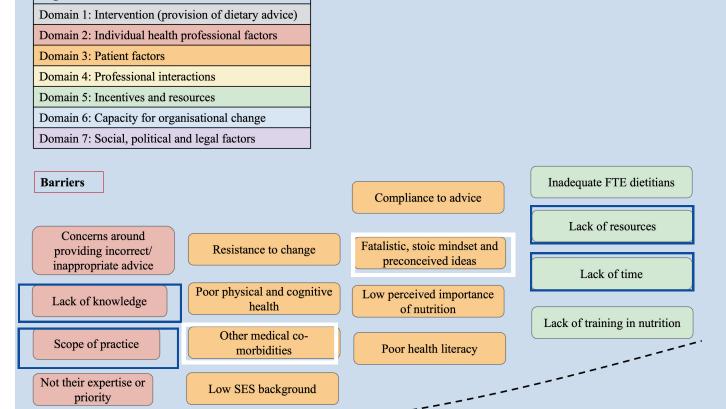
3. Data analysis

• Three-stage process (Fig. 1)

Participant quote "Where I think allied health, we've mentioned a few times, we're all a little bit. Mindful of speaking out of turn, we don't want to say that we're doing a dietitian's job or work out of scope where I think you would find potentially if you had nursing staff, they would probably be happy to potentially not to generalise. I said... Too much? (laughs) Provide other information about dietary requirements within this patient population." Stage 3: Mapping of codes* Stage 2: Categorising codes Stage 1: Open to TICD1 domain coding into categories **TICD Domain** Code Category Individual health Factors influencing the Concerns around providing advice professional factors provision of optimal nutritional outside of scope *Only for codes representing factors **Sub-category** influencing HCPs' referral Barriers and facilitators to to dietetics and provision of provision of dietary advice dietary advice TICD = TailoredImplementation for Chronic Diseases Checklist Inductive approach Deductive approach

Figure 1. Data analysis process using both inductive and deductive approach: An example of mapping a code to a domain in the TICD checklist.

Results



Study population:

20 healthcare professionals across various Australian healthcare settings, with a broad range of working experience (1.5 to 53 years)

Key findings:

- Most participants perceived their role in dietary advice provision and that nutrition is important
- Several barriers and facilitators to dietary advice provision and dietetic referral were reported and mapped to respective TICD domains (Fig. 2 and 3)

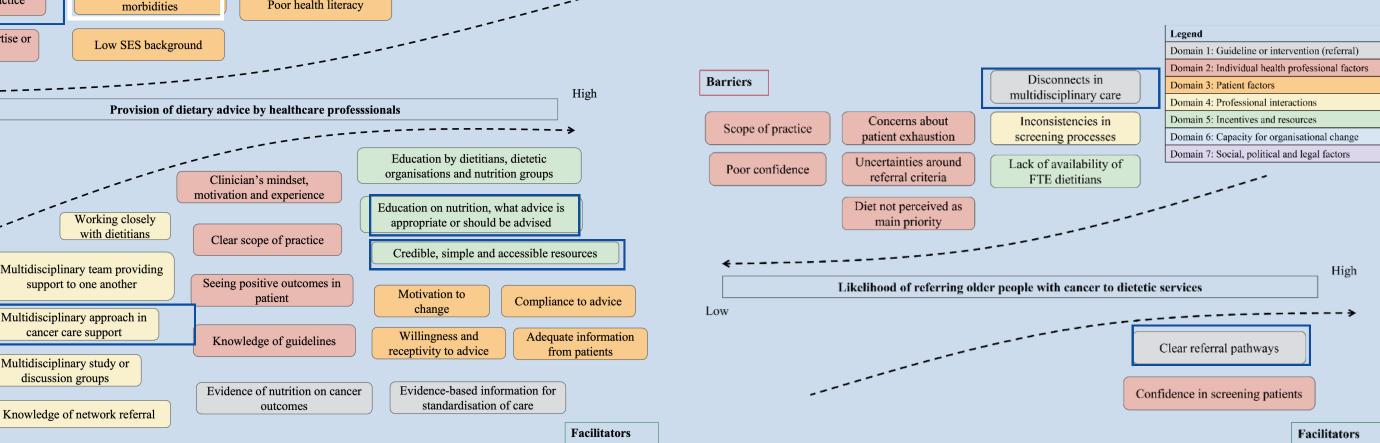


Figure 2. Key perceived barriers and facilitators to dietary advice provision fell within five TICD domains.

Figure 3. Key perceived barriers and facilitators to referral to dietetics fell within four TICD domains.

Conclusion

This study highlighted key perceived barriers and facilitators to the provision of dietary advice and dietetic referral for older people with cancer. Simple and accessible nutrition resources, advocacy for nutrition education of HCPs and improved dietetic referral pathways are deemed as important when it comes to nutritional care for this population.





