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Nutritional care of Danish medical inpatients: Effect on dietary intake and the occupational groups' perspectives of intervention

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Abstract

Background

Many patients do not eat and drink sufficiently during hospitalisation. The clinical consequences of this under nutrition include lassitude, an increased risk of complications and prolonged convalescence. The aim of the study was 1) to introduce intervention targeting nutritional care for medical inpatients, 2) to investigate the effect of this intervention, and 3) to investigate the occupational groups' attitudes towards nutritional intervention and nutritional care in general.

Methods

The design was to determinate the extent to which the protein and energy requirements of medical inpatients were met before and after intervention. Dietary protein and energy intakes were assessed by 72-hour weighed food records. A total number of 108 medical patients at four bed sections and occupational groups in the two intervention bed sections, Aarhus University Hospital, Denmark participated. The intervention included introduction and implementation of nursing procedures targeting nutritional care during a five-month investigation period using standard food produced at the hospital. The effect of intervention for independent groups of patients were tested by one-way analysis of variance. After the intervention occupational groups were interviewed in focus groups.

Results

Before the intervention hospital food on average met 72% of the patients' protein requirement and 85% of their energy requirement. After intervention hospital food satisfied 85% of the protein and 103% of the energy requirements of 14 patients in one intervention section and 56% of the protein and 76% of the energy requirement of 17 patients in the other intervention section. Hospital food satisfied 61% of the protein and 75% of the energy requirement in a total of 29 controls. From the occupational groups' point of view lack of time, lack of access to food, and lack of knowledge of nutritional care for patients were identified as barriers to better integration

of nutritional care into the overall care provision.

Conclusion

There was ample room for improving the extent to which standard hospital food satisfies patients' protein and energy requirements, but implementation of procedures addressing nutritional care were difficult, especially at bed sections with a large staff turnover.



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