An exploration of dietetic students’ perceptions on hydration at the commencement of enteral feeding

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Background
The negative consequences of dehydration in acute-care are well established and they are more pronounced in the enterally-fed (Holmes, 2003). Despite this, studies suggest patients are often dehydrated at commencement of enteral tube feeding (ETF) (Best, 2015).

To date, there has been limited investigation on the involvement of other healthcare professions (Jansson et al., 2013) or barriers to guideline implementation surrounding hydration in ETF (Harrison et al., 2010). A Cochrane review by Zwarenstein et al. (2009) stresses the importance of effective inter-professional collaboration in quality healthcare provision, thus further investigation is necessary to enable targeted health improvement efforts.

The aim of this study was thus to compare experiences of dietetic students regarding hydration at the commencement of ETF.

Methods
A cross-sectional survey exploring student dietitians’ perceptions regarding hydration standards & practices in ETF in health boards across Wales. All participants had completed 28-weeks of placement in health boards across Wales to ensure adequate experience of ETF.

Results
The questionnaire was distributed to 30 undergraduate dietetics students, of which 24 returned their questionnaires (80% response rate).

Figure 1 - Participants perceptions of whether fluid requirements are met at commencement of ETF

| How often are fluid requirements met at commencement of ETF? |
|-----------------|-----------------|-----------------|
| Never           | Rarely          | Often           |
| 0               | 2               | 4               |
| Very Often      | Always          | 12              |

Participants most often identified inadequate knowledge of the guidelines by other HCPs (63%, n=15) and dietitians’ recommendations not being followed (71%, n=17) as barriers to meeting fluid requirements. 92% (n=22) of participants identified multiple HCPs as involved in meeting fluid requirements- with doctors and nurses being identified by 92% (n=22) of participants. However as seen above, statistical comparison using Chi squared of the HCPs and barriers participants identified did not reach statistical significance.

Discussion and Conclusion
The above results suggest that fluid requirements are not consistently met for all patients being commenced on enteral feeding, supporting previous conclusions drawn in other research (Best, 2015).

As with other research into guideline implementation, a variety of barriers & HCPs were identified by participants (Harrison et al., 2010; Jansson et al., 2013). This suggests that student dietitians felt that there are multiple HCPs/barriers involved in meeting fluid requirements. Thus, improvement efforts should incorporate other healthcare professionals to enable effective health improvement and overcome potential barriers (Zwarenstein et al., 2009).

In conclusion, this study suggests that there is margin for improvement in hydration standards at commencement of enteral feeding. The results support that dietitians could drive improvement by further integrating efforts with members of the MDT. Further research could assist these efforts by exploring the perceptions of other HCPs and further investigate the specific barriers faced.

References