

Community service dietitians delivering an effective nutrition service: What are the policy options?

Executive summary

This policy brief deals with an opportunity to improve the delivery of nutrition services to patients attending healthcare service facilities in South Africa by utilising dietitians and/or newly registered nutritionists who are undertaking their compulsory community service year.

A study was undertaken by the Human Sciences Research Council (HSRC) on behalf of the Health Professions Council of South Africa (HPCSA) in order to evaluate the experiences of dietitians undergoing their community service year in 2009 in all provinces of South Africa. The purpose of the survey was to obtain information on the experiences, challenges and barriers experienced by community service dietitians (CSDs) or nutritionists (CSNs) in order to make recommendations for improvements to the Department of Health (DOH) and the relevant training institutions. The study evaluated CSDs only, since CSNs were not yet participating in community service.

Four key findings were reported:

- Firstly, there was a lack of resources available to the CSDs, including workspace, nutritional supplements and equipment.
- Secondly, CSDs experienced difficulty in setting up and developing a community nutrition service where one had not previously existed and where there was no existing dietitian as a supervisor.
- Thirdly, medical team members were not always sure of the roles of dietitians in the healthcare service and did not always refer patients to them.
- Finally, CSDs experienced language difficulties when dealing with African patients who could not communicate in English or Afrikaans.

Recommendations discussed include the following:

1. Lines of communication should be made clear by ensuring that a healthcare service facility is notified timeously about a new

CSD/CSN arrival and that a budget, office and equipment required are specified as being minimum requirements for the incumbent to function efficiently. The director of the Nutrition Services of the DOH should send these policy guidelines to CEOs/managers of institutions so that they know exactly who is placed in their institutions, what the roles of these CSDs/CSNs are and what is expected of them.

2. A complete job description and handover file should be prepared and be available at each hospital/health service for new CSDs/CSNs. This file should include details on administrative procedures, treatment options and schedules for dealing with routine nutrition-related disorders.
3. The DOH needs to develop a policy manual for medical staff. This document should provide a clear description of the role and functions of a CSD and CSN. This brief should be sent to all members of the healthcare team and should also be displayed on noticeboards and in areas where information is disseminated to the public.
4. The community service year of the dietitians/nutritionists should be extended to 13 months so that they are still working when the new CSDs/CSNs start. This will enable the outgoing dietitian/nutritionist to bring the new entrant up to date and so help to ensure that the nutrition services at the healthcare facility are efficiently maintained.
5. The DOH should institute a requirement for the acquisition of proficiency in an African language at conversational level.

Introduction and background

Poverty is a significant barrier in the promotion of adequate dietary intakes and healthy eating. Death, clinical malnutrition and sub-clinical

malnutrition, including stunting, underweight, wasting, and vitamin and mineral deficiencies, are consequences of hunger and food insecurity. In addition, nutrition-related diseases, such as obesity, cardiovascular diseases and cancer, are also highly prevalent in poor communities. The consequences of HIV infection are exacerbated in malnourished individuals, and anti-retroviral therapy is less effective in the malnourished.¹

Dietitians and nutritionists strive to prevent disease and improve the health, nutrition and wellbeing of individuals and groups within communities, particularly the poor and those who have little to eat. Among their other roles, dietitians and nutritionists advise people on how to manage their scarce food supplies optimally for good health.

Although human resources are an essential component for the delivery of nutrition services, the nutrition workforce in South Africa is undoubtedly insufficient. By December 2008, only 1 704 dietitians were registered with the HPCSA, with less than 650 employed in the public health system. At the same time, the South African population was an estimated 49 million – 80% of whom rely on the public health sector – resulting in a ratio of 1 dietitian to 60 308 people.²

This policy brief deals with ways to improve the delivery of nutrition services to patients attending health-care service facilities in South Africa while utilising CSDs and newly registered CSNs (since 2012) who are undertaking their compulsory community service year.

Current policies

In order to address the shortage of human resources in South Africa, the DOH instituted a compulsory community service policy for medical

(1) Everyone has the right to have access to a) health care services; b) sufficient food and water; and c) social security; and (2) The state must take reasonable legislative and other measures within its available resources to achieve the progressive realization of these rights... (South African Constitution)

doctor graduates in 1997. This was extended to include all supplementary health professionals (including dietitians and nutritionists) in 2002. This policy ensures that newly qualified health professionals complete a year of community service in the public health sector before they can register for independent practice with the HPCSA. Furthermore, the policy is aimed at ensuring that there is an equitable distribution of health professionals in underserved communities, particularly those in remote rural areas. With regard to nutrition services, two studies have been conducted on CSDs in South Africa: a mail survey more than 10 years ago³ and a study in KwaZulu-Natal in 2005.⁴

Research study

In view of the paucity of data on the impact the current community service policy has on service delivery, a study was undertaken by the HSRC on behalf of the HPCSA in order to evaluate the experiences of dietitians undergoing their community service year in 2009 in all provinces of South Africa (Figure 1). At that stage, CSNs were not yet able to register. The purpose of the survey was to obtain information on the challenges and barriers experienced by CSDs in order to make recommendations for

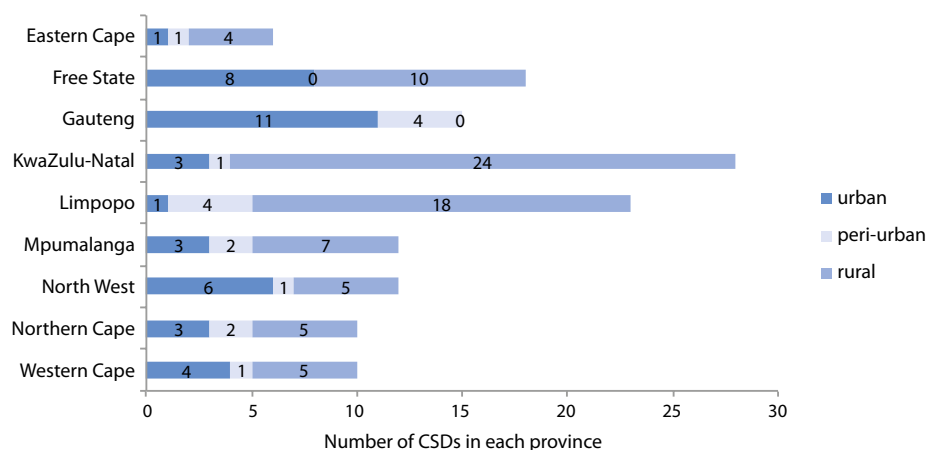
improvement by both the training institutions and the DOH. The survey used both quantitative and qualitative methods to elicit information from CSDs, who provided feedback anonymously.

All 168 CSDs placed in 2009 were included in the study, and 134 (80%) responded by completing the questionnaire evaluating their work environment. Furthermore, experienced dietitians held in-depth interviews with 45 (27%) purposely selected participants in each province to obtain a better understanding of their experiences and work environment. Of the dietitians in the sample selected, 55% were placed in rural areas, 31% in urban areas and the remainder in urban informal settlements. The majority (64%) indicated that they worked at district level, while the rest were equally distributed between primary healthcare and tertiary facilities.

Key findings

The majority of CSDs reported that the community service year provided a good learning experience, not only for themselves but also for the community, since their placement created awareness of the role of a dietitian within the community. They stated

Figure 1: Number of CSDs completing their community service year by geotype in nine provinces in South Africa in 2009



Feedback from in-depth interviews

I think it's been a very good year. I've gained a lot of experience and a lot of confidence and just a bigger feel for the work. Working at the DOH, working in the community at a district level, I've also learnt a lot about management and organisation and organising projects and organising the nutrition program, so I think I've experienced a lot and I've gained a lot of experience and confidence.

(Anonymous)

It was more challenging...because for the first six months I was alone. I did not have a supervisor...so it was a challenge. Too much workload, but I managed to do most of the stuff on my own...

(Anonymous)

The language barrier. It's difficult to communicate to Sisters and patients when they are speaking Sotho to you and you can't speak back to them and to get a proper translator to translate for you because you are not sure if they are going to miss something and then you didn't get the whole message.

(Anonymous)

Working with patients was nice; obviously the frustration is that, okay, a language barrier is always a problem, obviously 'cos I can only speak English, and most of the time it's not a problem, but I would say about five to ten per cent of the time, I'd have to get another dietitian to come and interpret for me; if that other dietitian is not available, then...I have to ask a Sister and...that doesn't work nicely asking a sister to interpret 'cos they'll add their own things and they won't interpret correctly, they won't be direct translators.

(Anonymous)

that while they learnt a lot about the practical application of their knowledge, how to make do with limited resources, and the systems and administration of a government institution, they also learnt a lot about themselves and experienced positive personal growth and increased self-confidence.

However, CSDs also reported a number of challenges, and only 9% of CSDs reported that they had experienced no challenges during their community service year. The challenges included limited resources (25%), lack of supervision and support (14%), staff shortages (10%) and lack of referrals (8%).

The most common problem reported was related to limited resources (25% in the survey and 40% in the interviews). Overall, CSDs reported that they experienced certain challenges that prevented them from providing an optimal nutrition service to patients. In the survey, 85% of CSDs indicated that health facilities were ready to receive them and 78% reported that they had a delegated office space. However, 22% were not allocated a working space (essential for counselling patients) and more than a third (38%) felt that the space allocated was not adequate to do their work efficiently. In terms of resources, only 31% had their own email facility, of which 59% indicated that it did not work most of the time. Two other essential resources that were frequently missing were a budget (to purchase nutrition supplements and feeds) and basic nutrition equipment. Many CSDs were placed in institutions where there were previously no dietetic services. As a result, establishing a department, marketing the department to other health professionals and patients, and lack of supervision and guidance posed important challenges to these CSDs.

Survey results showed that 58% of CSDs indicated that their line manager

was a dietitian, with 23% and 6% being supervised by a doctor or a nurse respectively, and 17% being supervised by other health professionals. Although all CSDs had some form of supervision, only 65% of CSDs indicated that they had adequate supervision, while 22% and 13% respectively indicated that they had adequate supervision some of the time or hardly ever.

Furthermore, it appeared that the rest of the medical team members were not sure of the role of dietitians in health and nutrition care and did not always utilise their services. Survey results showed that 4% of CSDs indicated that their role as a dietitian was hardly ever understood by the health team, and that 75% and 25% of CSDs were accepted by the multidisciplinary team most times and sometimes respectively. However, 7% of CSDs reported that the dietetics profession is still not receiving adequate recognition for its role in overall health and wellbeing as only 60% reported receiving patient referrals from health team members most times or sometimes (32%). For these reasons, some CSDs who were interviewed suggested that the DOH should advocate both the 'role of nutrition therapy in the total wellbeing of a patient' and 'the role of a dietitian since some communities don't know what a dietitian is'.

Language barriers were also reported to be a challenge, as 24% of CSDs interviewed mentioned this problem. Although other health professionals were available in some cases to provide translation services, this was not always an optimal solution.

Recommendations

Community service dietitians and nutritionists are a national resource⁵ that should be utilised as optimally as possible in order to provide the most effective nutrition service to the public. With regard to community nutrition

services, the roles of the CSD and CSN are very similar.

In order to deliver an effective service, the DOH and local health authorities need to undertake the following essential priorities:

1. Lines of communication should be made clear by ensuring that a healthcare service facility is notified timeously (at least two months before) about a new CSD/CSN arrival and that a budget, office and equipment required are specified as being minimum requirements for the incumbent to function efficiently. The director of the Nutrition Services of the DOH should send these policy guidelines to the CEOs/managers of the institutions so that they know exactly who is placed in their institutions, what the roles of the CSDs and CSNs are and what is expected of them.
2. A complete job description and handover file should be prepared and be available at each hospital/health service for new CSDs/CSNs. This would enable them to orientate themselves and function optimally even if they are the only CSDs/CSNs at the site. This file should include details on administration procedures, treatment options and schedules for dealing with routine nutrition-related disorders.
3. The DOH needs to develop a policy manual for healthcare staff. This manual should provide a clear description of the role and functions of CSDs and CSNs, and should indicate how they can be utilised by different members of the health team – namely, physicians, nurses, physiotherapists, psychologists and social workers. This brief should be sent to all members of the healthcare team and should also be displayed on noticeboards

and in areas where information is disseminated to the public.

4. The community service year of dietitians and nutritionists should be extended to 13 months so that they are still working when the new CSDs/CSNs start. This will enable the outgoing dietitian/nutritionist to bring the new entrant up to date and so help to ensure that the nutrition services at the healthcare facility are efficiently maintained.
5. The DOH should institute a requirement for the acquisition of proficiency in an African language at conversational level so that universities can include such courses in their curriculum.

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