

## **Competency Perceptions of Registered Dietitians in Senior Care Industry: Empirical Study**

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### **Abstract**

*The purpose of this study was to identify competencies required for registered dietitians employed in senior care facilities and to examine the level of importance for three aspects including skill, knowledge, and personality. An agency offering consultant dietitian services voluntarily distributed an online survey to registered dietitians contracted with the agency through their listserv. The online survey was sent to 60 registered dietitians at the agency, yielding 39 usable responses. The results showed that 83% of dietitians gained competencies to work with the elderly through on-the-job training, followed by post-graduate classes and mentors/colleagues. Respondents ranked the following as the most essential competencies: 'Identification of common risk factors for nutritional decline' (82% of respondents), 'Respect for dignity of the elderly' (79%), and 'Understanding of the elderly's wishes' (74%). Overall, personality attributes were identified as more essential than skills or knowledge.*

**Keywords:** registered dietitians; senior care facilities; competency; personality attributes

### **Introduction**

It is widely known that the United States' (U.S.) population is progressively growing older, with the average life expectancy significantly increased from the 1900's average of 50 years. Today, "...a man who lives to 65 can expect to live to 82 – a woman who reaches 65 can expect to live to 84. By 2050, life expectancy will increase an additional two years for both [men and women]" (Hislop, 2011).

"The population 65 and over has increased from 35 million in 2000 to 40 million in 2010 (a 15% increase) and is projected to increase to 55 million in 2020 (a 36% increase for that decade)" (Administration on Aging, 2013). To accommodate this growing population, senior care has expanded beyond nursing homes to include facilities that focus on the elderly's wellness, nutrition, and independence in caring for themselves.

“This need to develop alternative care facilities first directed state bureaucracies, toward the available medical model, which led to the design of nursing homes. However, nursing homes in general, were not considered conducive to meeting the multidimensional needs of older adults in different countries” (Imamoglu & Imamoglu, 2005). Providers were pushed to create senior care facilities that emphasize a more comfortable, independent, and at-home experience. Facilities possessing these characteristics have emerged under different names, such as continuing care retirement communities, adult day care, personal care homes, group homes, and close care, all of which are commonly known as assisted living facilities. These facilities aim to provide flexible care in a homelike atmosphere to meet the needs of individuals with differing levels of disabilities (Imamoglu & Imamoglu, 2005).

Assisted living facilities attempt to recreate this homelike, non-institutional setting and atmosphere to create a more favorable impression on the elderly’s attitude and familiarity of senior care facilities. Some signs that an elderly person is ready to enter into a senior care facility imply nutritional consequences, such as forgetting to eat, lack of interest in preparing meals, problems with grocery shopping, and weight loss. Therefore, an elderly person’s nutritional status can be threatened in the later stages of aging. In addition, there are many physical health and nutritional implications that come with growing older, such as appetite changes, chewing and swallowing difficulties, malabsorption, deficiencies of certain nutrients, and side effects from medications. Admission into an assisted living facility is crucial to prevent malnutrition due to forgetfulness, lack of interest in eating, and nutritional shortcomings as a result of aging.

Nutrition plays just as much of an important role in skilled nursing facilities, or nursing homes, as well. With nursing homes’ own unique challenges, purpose, opportunities, and environment, the nutrition care process takes on a different role in this setting.

First, in the nursing home environment, the facility is the resident’s home, and many residents will live out the remainder of their lives there. Second, the residents of nursing homes tend to be both very elderly and quite frail, often suffering from a host of chronic and acute diseases and conditions. Third, the residents’ physical ability to eat enough food is greatly reduced because of aging and disease processes. And, fourth, nutrition care is both driven and hindered by the regulatory environment.

Due to these circumstances, nutritional well-being is difficult to achieve and maintain. In skilled nursing facilities, nutrition professionals have an even more significant and challenging role as part of a healthcare team. Some assisted living facilities are not equipped or staffed to handle the sharp decline that some elderly people endure in the later stages of life. When this happens, they are usually transferred to skilled nursing care. Even the most minor infections or illnesses can turn into a serious health condition, which tend to increase nutritional needs. These conditions and incidents also tend to increase what is expected from registered dietitians working in senior care in terms of knowledge, skill, and personality attributes. It would be beneficial for registered dietitians to gain these competencies from their education to properly serve this growing, elderly population.

There are about 30,000 assisted living facilities in the United States with industry revenues around 36.8 billion. The industry is expected to maintain an annual growth rate of about 4.2% through 2014. In 2008, there were 1,813,665 total nursing facility beds and 16,995 total nursing facilities (Rubin, 2013). To sustain nutritional and healthcare services and keep up with the growth of the industry, trained dietetic professionals with clinical expertise to work with the elderly are in demand. In 2012, the Bureau of Labor Statistics reported that employment for dietitians in nursing homes and as contract providers of foodservices in residential care facilities would be faster than the average growth in employment opportunities (U.S. Department of Labor, 2012).

Nutrition and aging is studied in “nutrition across the lifespan” courses, but the upward trend in the aging population suggests that more emphasis should be put on their nutritional care as well as how to socially interact with the elderly. Kaempfer et al.’s study concurs that “dietetics and nutrition programs need to emphasize aging in current courses and require additional gerontology and geriatrics content in the overall curricula for dietetics and nutrition students” to increase their knowledge about working with older adults and correct any negative attitude towards them (Kaempfer, Wellman, & Himburg, 2002).

This revision to the curricula will train professionals to have stronger competencies that can enable them in providing the aging population with more effective and responsive care.

The purposes of this study were to identify competencies required for dietitians working in senior living facilities and to determine the perception of relative importance of the identified competencies according to three categories: knowledge, skills, and personality. Competencies for this study were defined as the essential knowledge, skills, and personality traits required for being a successful dietitian in senior care facilities.

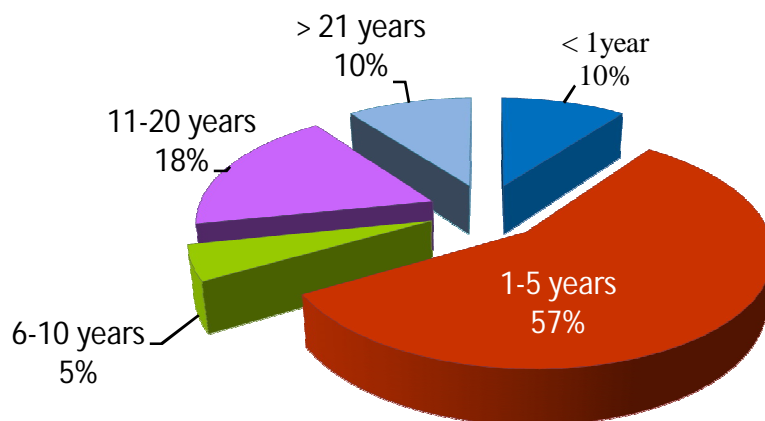
### **Methodology**

An online survey was used to collect data. The study population was dietitians who were currently working in senior care facilities located in the State of California. This population was obtained by contacting a Registered Dietitian consulting agency, who voluntarily agreed to distribute the online survey through their listserv of dietitians. There were a total of 60 dietitians in the listserv that were invited to participate in this study. One follow-up email reminder was sent one week after the initial email of the questionnaires to increase the response rate. The final response rate was 65% (39 out of 60). The questionnaire included 21 questions in random order about the essential knowledge, skill, and personality traits based on focus group studies and the literature. In addition, competencies required for dietitians in senior living facilities were identified using content analysis of job descriptions dietitians obtained from nursing homes, assisted living facilities, and contract management companies. Respondents' demographic information was also included. The questionnaire was approved by the Committee for the Protection of Human Subjects.

The content validity of the questionnaire was evaluated by dietetic program faculty and professionals who work in senior care programs. The respondents were asked to rate the importance of each knowledge, skill, and personality trait statement using E as "essential," I as "important," D as "desirable," N as "nice to have," and U as "unimportant." The researchers grouped the questions according to category for the purposes of reporting the results; the respondents were not aware of what the categories were when answering the questionnaire. Respondents also answered four perception questions in which they rated their own preparation for the senior care industry. These perception questions were rated on a 5-Likert scale ranging from 1 ("strongly disagree") through 5 ("strongly agree").

### **Results and Discussion**

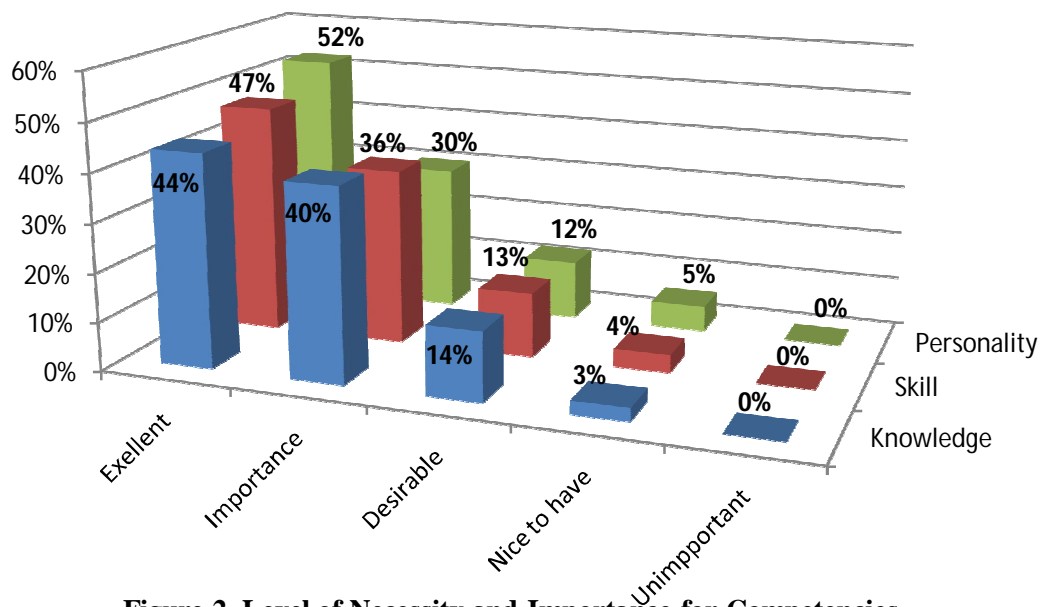
Demographic information is presented in Table 1. All of the respondents were women within the age brackets of 31-40 (34%) and 20-30 (27%). 51% of respondents achieved a B.S. degree, while some respondents continued on to a Master's degree (29%). Respondents indicated that on-the-job training provided the best opportunities to gain competencies to work with the elderly (83%), followed by college education (54%), post-graduate classes, seminars, and workshops (42%), and a mentor or other colleagues (36%). 41% of respondents worked at skilled nursing facilities, while 44% worked as consultant dietitians. Other workplaces the respondents worked at included dialysis centers and centers for mentally ill patients. 56% of respondents indicated that they had been working in the senior care industry for 1-5 years, while 18% have worked in the industry for 11-20 years. 10% have worked with seniors for over 21 years (Figure 1).



**Figure 1. Number of years in Geriatric Field**

In the knowledge category (Table 2) 67% believed that “recognition of common geriatric diseases or nutrition issues” in the elderly is essential, followed by “understanding of common medication and nutrient interactions in the elderly” (66%) and “familiarity with federal/state laws and regulations that govern institutionalized care” (64%). 46% of Registered Dietitians considered “awareness of community resources” as only a desirable competency to work in the senior care industry. In the skill category, the majority (82%) of respondents selected “identification of common risk factors for nutritional decline” as an essential competency, followed by “implementation of assessment techniques, interventions, and follow up care” (67%). However, only 15% of respondents indicated that the “ability to handle medical emergencies professionally” as essential while 38% indicated that it was only a desirable competency. In the personality category, the majority of respondents selected “respect for dignity of the elderly” (79%) and “understanding of the elderly’s wishes” (74%) as essential traits, followed by “compassion for the well-being of the elderly” (64%).

The mean of essential response rates were compared across all three categories. The personality category was perceived as having more essential competencies (52%) than the skill (47%), and knowledge (43%) categories when working as a senior care Registered Dietitian (Figure 2).



**Figure 2. Level of Necessity and Importance for Competencies**

In Table 3, the perception statement about personality traits was rated higher than the knowledge and skill perception statements with a mean of 4.53 out of 5. The lowest rated perception statement was “My education has adequately prepared me with the appropriate knowledge to work in geriatric nutrition” with a mean of 3.61. This result proves the need for more emphasis within a dietetics education on the social, physical, and psychological needs of the elderly.

**Conclusions**

In Meeker et al.’s study, “Graduating Dietetics Students Weigh in on Career Preparation Upgrades,” dietetic students felt that their education needed restructuring and revision, but further evaluation of the professional priorities and career goals of dietetics graduates was needed (Meeker & Henry, 2007). With the increased demand of registered dietitians for senior care in the near future, there is no doubt that senior care will be a career direction of many dietetics graduates.

In summary, this study showed that personality attributes (52%) were identified as more “essential” than skills (47%) or knowledge (43%). Of the perception statements, respondents rated “I possess specialized competencies and was prepared for the geriatric industry” the highest with a mean of 4.23, while “my education has adequately prepared me with the appropriate knowledge to work in geriatric nutrition” was rated lowest with a mean of 3.61.

The findings from this study may prompt course additions or additional requirements that will further prepare dietetics graduates for the growing senior care industry.

Younger dietitians who enter the senior care industry may not have experience in interacting with the elderly, which can negatively impact the quality of their care. By exposing and socializing dietetics students to the elderly, the proper personality traits needed to excel in the senior care industry can be implemented, practiced, and applied. Dietetics programs can encourage students to take classes from other departments to satisfy a General Education requirement, such as Gerontology or Geriatric Psychology, in order to strengthen their knowledge, skills, and personality for senior care.

To further confirm the results and expand this study, a larger scale survey should be distributed and further comparisons should be made with a larger sample size (i.e. female vs. male dietitians, experiences in geriatric field, differences according to facility type, and comparison by region – Midwest, South, East, etc.).

## References

- Administration on Aging. (2012). *Aging Statistics*. [Online] Available: [http://www.aoa.gov/Aging\\_Statistics/Profile/2011/2.aspx](http://www.aoa.gov/Aging_Statistics/Profile/2011/2.aspx) (October 13, 2013).
- Hislop, B. (2011). The road to longevity. *Los Altos Town Crier*, 1, 6.
- Imamoglu, C., & Imamoglu, E. (2005). Relationship between Familiarity, Attitudes and Preferences: Assisted Living Facilities as Compared to Nursing Homes. *Social Indicators Research*, 79, 235-254.
- Kaempfer, D., Wellman, N.S., & Himburg, S.P. (2002). Dietetics students' low knowledge, attitudes, and work preferences toward older adults indicate need for improved education about aging. *Journal of American Dietetic Association*, 102, 197-202.
- Meeker, J. A., & Henry, B.W. (2007). Graduating dietetics students weigh in on career preparation upgrades. *Journal of American Dietetic Association*, 107, A15.
- Rubin, A. (2013). Statistics on Nursing Homes and Their Residents. [Online] Available: <http://www.therubins.com/homes/stathome.htm> (October 29, 2013)
- U.S. Department of Labor. Bureau of Labor Statistics. (2012). Occupational outlook handbook, 2012-13 edition, Dietitians and nutritionists. [Online] Available: <http://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm> (October 29, 2013).

**Table 1. Demographics Information of Respondents<sup>a</sup>**

Characteristics	n	%	
<b>Gender</b>	Female	39	100
	Male	0	0
<b>Age</b>	31-40	14	34
	20-30	11	27
	50+	8	20
	41-50	6	15
<b>Education</b>	B.S. degree	21	51
	M.S. degree	12	29
	Some graduate work	4	10
	Some post-Master's work	2	5
<b>Primary Work Place</b>	Consultant Dietitian	18	44
	Skilled Nursing Facility	17	42
	Other	4	10
<b>How Competencies Were Gained<sup>b</sup></b>	On-the-job training	34	83
	College education	22	54
	Post-graduate classes, seminars, workshops, etc.	17	42
	Mentor/colleagues	15	37
	Other	7	17

<sup>a</sup> N = 39

<sup>b</sup> Total number and percent values do not equal N and 100, respectively, as multiple responses were given.

**Table 2. Assessment of the Necessity of Competencies Required for Dietitians Working in Senior Care**

Competencies	Level of Importance (%) <sup>ab</sup>				
	E	I	D	N	U
<b>Knowledge</b>					
Recognition of common geriatric diseases or nutrition issues	67	28	5	0	0
Understanding of common medication and nutrient interactions in the elderly	66	32	3	0	0
Familiarity with federal/state laws and regulations that govern institutionalized care	64	31	3	3	0
Knowledge of interdisciplinary care plans for the elderly	59	38	3	0	0
Understanding of the ethical and legal issues in caring for the elderly	24	55	18	3	0
Cultural and religious implications in care	21	55	21	3	0
Awareness of community resources	5	38	46	10	0
<b>Average</b>	<b>43%</b>	<b>40%</b>	<b>14%</b>	<b>3%</b>	<b>0%</b>
<b>Skill</b>					
Identification of common risk factors for nutritional decline (malabsorption, teeth loss, swallowing ability, etc.)	82	18	0	0	0
Implementation of assessment techniques, interventions, and follow up care (weight gain/loss, hydration status, physical activity, etc.)	67	26	8	0	0
Identification of medication side effects and any nutritional implications	54	44	3	0	0
Understand the technology needed for nutrition support of the elderly (enteral and parenteral nutrition, use of skinfold calipers, PEGs, PEJs, etc.)	54	28	13	5	0
Oral and written communication skills	45	53	3	0	0
Preparation for any emotional or physical issues that may arise while on the job	13	51	28	8	0
Ability to handle medical emergencies professionally	15	33	38	13	0
<b>Average</b>	<b>47%</b>	<b>36%</b>	<b>13%</b>	<b>4%</b>	<b>0%</b>
<b>Personality</b>					
Respect for dignity of the elderly	79	21	0	0	0
Understanding of the elderly's wishes	74	15	8	3	0
Compassion for the well-being of the elderly	64	21	10	5	0
Kindness in choice of words when conversing with patient	59	31	8	3	0
Patience with hard of hearing or mentally disabled elderly	41	38	21	0	0
The right attitude, values, and expectations of your own perceptions about aging	37	47	10	5	0
Observation of family's care of the elderly	13	38	28	21	0
<b>Average</b>	<b>52%</b>	<b>30%</b>	<b>12%</b>	<b>5%</b>	<b>0%</b>

<sup>a</sup> E = Essential, I = Importance, D=Desirable, N=Nice to have, U=Unimportant

<sup>b</sup>N = 39

\*Due to rounding, percentages may not add up to 100%

**Table 3. Perception on Self-Competencies**

Statement	M ± SD
I have the necessary personality traits such as compassion, kindness, and respect to provide comfort and care to the elderly.	4.53 ± 0.75
I believe that I have specialized skills and competencies needed to work with the elderly in the geriatric nutrition industry.	4.23 ± 0.68
Overall, I feel prepared in every aspect for the unique challenges and issues presented in the geriatric industry.	3.97 ± 1.02
My education has adequately prepared me with the appropriate knowledge to work in geriatric nutrition.	3.61 ± 0.63

<sup>a</sup> 5 Likert Scale used: 1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree