



# Stress and Burnout in Nutrition and Dietetics

## *Strengthening Interprofessional Ties*

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Literature from across multiple health professions points to a budding crisis where current and future health professionals are experiencing stress and burnout at an alarming rate that threatens the vitality of our healthcare system and it appears to be no different for professionals engaged in nutrition education and dietetics. We draw attention to stressors impacting the field of nutrition and dietetics and encourage a conversation for stronger interprofessional collaborations between registered dietitian nutritionists and other members of the healthcare team. *Nutr Today. 2018;53(2):00-00*

to improve quality in the US healthcare system, changes should be made that address individual outcomes, population health, and healthcare costs.<sup>2</sup> Because of the recent focus on stress and burnout affecting many health professions, a fourth aim has been proposed to develop strategies that prevent provider burnout.

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Registered dietitian nutritionists (RDNs) are integral members of the healthcare team particularly when dealing with metabolic and psychological disorders leading to obesity or excessive thinness. However, many RDNs express that their acceptance as full members of the healthcare team is variable. Having their work undermined or ignored has been a source of frustration and is believed to be a major cause of stress and burnout among clinical RDNs.<sup>1</sup> Literature from across multiple health professions points to a budding crisis where current and future health professionals are experiencing stress and burnout at an alarming rate that threatens the vitality of our healthcare system. The Triple Aim, developed by the Institute for Healthcare Improvement, suggests that,

This amended “Quadruple Aim” adds a focus to taking care of providers by changing the culture in the environments where they work and equipping providers to manage stressors in the healthcare system.<sup>3</sup> Registered dietitian nutritionists have the opportunity to benefit from the Quadruple Aim but also to contribute as part of the solution. The purpose of this article was to call attention to stressors impacting the field of nutrition and dietetics in an effort to open a conversation for stronger interprofessional collaborations between RDNs and other members of the healthcare team. Not only are such collaborations good for improving the nutritional status of individuals, patients, and populations, but they are also a positive step toward preventing stress and burnout among RDNs.

## STRESS AND BURNOUT IN CLINICAL DIETETICS

### Lack of Respect

Although there is robust and strong literature related to the stress associated with being a student in the health professions, few data exist describing the dietetic student or intern. Some literature does point to RDNs encountering stressors common in other healthcare fields such as lack of respect. Devine and coworkers<sup>1</sup> describe how RDNs experience feelings of lack of respect by other members of the healthcare team. This may in part be driven by misunderstandings of what RDNs can contribute to

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interprofessional teams. Another component involves very real challenges of trying to meet provider expectations for unrealistic clients given the limited time and resources RDNs have to engage with patients in clinical settings.

### Weight Status

Another common stressor for many providers of care—that is magnified for RDNs—is overweight and obesity.<sup>4</sup> The field of dietetics itself draws individuals who are highly interested in food, nutrition, and/or healthy eating. Dietitians with perfectionist attitudes, as well as those who are dependent on the approval of others, personality traits identified by Ball and coworkers<sup>5</sup>, may develop or maintain disordered eating.<sup>5–8</sup> Whereas other healthcare professionals struggle with their weight, weight is an especially hot-button issue for RDNs and dietetic students. There are few published estimates of how many RDNs struggle with overweight/obesity or eating disorders, but the relationship between appearance and credibility reinforced by society can contribute to RDNs and students feeling the need to conform to certain ideals, including thinness.<sup>9</sup> Tremelling and colleagues<sup>10</sup> recently identified that almost half of RDNs surveyed were at risk for orthorexia nervosa. Although orthorexia nervosa is not a classified psychiatric diagnosis, these results point to an emerging issue in the field that may contribute to stress and burnout.

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Additional factors leading to stress and burnout for RDNs were identified in discussions with those in training and in practice. Those include isolation; need to be current not only in evidence-based nutrition but also in current diet fads and myths (competition with non-evidence-based information and the media); image of the RDN as the “food police” or one who restricts pleasurable foods and beverages; unrealistic expectations of medical nutrition therapy (MNT) by the patient (eg, “I want to lose 50 pounds in a month”); challenges in monitoring, evaluating, and documenting patient outcomes; and need to provide nutrition services to all physician-referred patients although reimbursement for services by Medicaid, Medicare, and private insurance can be limited and varies greatly.

## STRESSORS WITHIN DIETETICS EDUCATION

### Insufficient Number of Internship Spaces

Roughly 2900 internship spots were available to the approximate 6000 students graduating in 2016, leaving an estimated 50% of students with a bachelor’s degree but

without the training required to sit for the registration examination<sup>11</sup> required for employment as an RDN. This lack of dietetic internship positions contributes to a highly competitive environment for students.

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### Student-Preceptor Relationships

Once a student enters clinical rotations, as seen in many other health professions, student-preceptor relationships may be a source of stress and anxiety.<sup>12</sup> Factors that may contribute to this strain include the vulnerability of students to power differences and a widening gap between student and preceptor expectations of each other.<sup>13</sup>

### Lack of Recognition for Preceptors’ Work

Dietetic preceptors appear to be uniquely at risk for stress and burnout. Nasser and coworkers<sup>14</sup> identified several challenges experienced by dietetic preceptors such as the need to convince employers of the value in serving as a preceptor and simply not being recognized for their efforts. In general, neither preceptors nor their organizations are paid for services. Preceptor RDNs also identify lack of time as a pressure in trying to maintain balance between their own caseload and the workload of precepting.<sup>13</sup> In general, teaching dietetic students and interns is an added responsibility beyond the preceptors’ assigned workload.

## MORAL DISTRESS IN NUTRITION AND DIETETICS

Like other professions, RDNs may experience moral distress, which often leads to burnout.<sup>15–17</sup> Conditions that require nutritional management may be identified and appropriate while a patient is in the hospital, but follow-up in the outpatient setting is critical for patient education and adherence to diet prescription. Inpatient RDNs are keenly aware that patients may not have access to outpatient MNT services. In the hospital, MNT is typically provided at no extra fee, whereas outpatient MNT is typically fee-for-service, and access may be limited by the patient’s inability to pay out of pocket if insurance is not available. A Medicare part B benefit was created in 2001—“nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a RDN or nutrition professional...pursuant to a referral by a physician”—but is limited only to diabetes and renal MNT. Many state

Medicaid programs provide no coverage for MNT, including weight management counseling. Private insurance varies greatly in reimbursement for MNT. Physicians vary in their enthusiasm and comfort in referring patients in need of MNT services because they may be unsure whether the visits will be reimbursed or whether patients will be receptive.<sup>18</sup> Registered dietitian nutritionists in outpatient settings and private practice typically are expected to “cover their costs” and therefore provide services to those with insurance or ability to pay. With a move toward population health, there is some hope that this situation will change, but in the mean time, there is little financial support for MNT in the outpatient setting.

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## INITIATIVES TO COMBAT STRESS IN THE PROFESSION

### Student and Preceptor Support Services

Nutrition and dietetic students often feel the pressure of balancing the academic, job, and service expectations needed to make them competitive candidates for internships; some are challenged with eating disorders/disordered eating. Dietetic programs are required to enact policies that give students “access to student support services, including health services, counseling and testing and financial aid resources” to help students be more resilient.<sup>19</sup> The Academy of Nutrition and Dietetics (Academy) offers student membership and has a strong Student Advisory Committee that offers a student networking community, mentoring resources, and online publications and materials to help support students in their goal of becoming RDNs. The Commission on Dietetic Registration offers an online preceptor training course to better prepare practitioners for their role as preceptor. The Academy annually awards Outstanding Preceptor recognition to 7 practitioners to promote examples of excellence in this role. The 2017 Accreditation Standards issued by the Accreditation Council for Education in Nutrition and Dietetics includes new knowledge and competency expectations related to students developing an appreciation for and practicing mentoring and precepting others.<sup>19</sup>

### Graduate Degree Registration Eligibility Requirement

In 2024, a graduate degree registration eligibility requirement will take effect based on expansion of knowledge and need for deeper and wider expertise. It is believed

that level of education is a factor that influences respect as a valued member of the healthcare team and most other healthcare professions have raised educational requirements. It is thought that RDNs are seen as assisting in, rather than leading, the nutrition care and that advanced education and specialization will contribute to increased value among team members and the public.<sup>20,21</sup> It is anticipated that average salaries will also rise.

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### Growing Interest and Involvement of the Academy and Dietetic Programs in Interprofessional Education

The activities of the Academy and some of the educational programs related to interprofessional education are described by Eliot and Kolasa.<sup>22</sup> The addition of interprofessional competencies to the new education standards and recent Academy membership in the Interprofessional Education Collaborative Council show a growing commitment by the profession to engage in activities with potential for interprofessional approaches to addressing issues such as stress and burnout.<sup>23</sup>

## NEXT STEPS

With the inclusion of interprofessional education into the new accreditation standards, an interprofessional approach to combating stress could be of great benefit to the field.<sup>24</sup> Collaborative practice allows team members to share expertise and workload, which may offer a solution to reducing stress and burnout. The Table offers **T1** some examples of how RDNs can and do function with other healthcare team members that may shed light on how future collaborations could be established or strengthened. However, for this to happen, dietitians cannot sit passively by, waiting to be called upon by other professions to assist them. Assertiveness is not a trait typically associated with female-dominated professions such as dietetics<sup>25</sup> but is a necessary trait when promoting the unique qualifications of RDNs to others outside the profession who may not be aware of the skill set. Assertiveness training has been shown to improve communication in other professions and may be a key skill to help RDNs increase their confidence and effectiveness in healthcare teams.<sup>26,27</sup>

TABLE	Examples of Potential Health Professional Collaborations With RDNs
	<ul style="list-style-type: none"> <li>Psychologists: RDNs may be well situated to recognize and refer clients with mental health challenges to mental health specialists (and vice versa) because eating disorders and disordered eating frequently accompany such challenges.</li> </ul>
	<ul style="list-style-type: none"> <li>Social service professionals: Given the linkages between poor dietary selections and low socioeconomic status, RDNs are in a position to work with social workers to assist clients in making healthier food choices despite financial and/or social challenges.</li> </ul>
	<ul style="list-style-type: none"> <li>Occupational therapists (OTs): OTs apply their knowledge and skills to improve fine motor skills of patients with challenges in dexterity. Opening discussions between RDNs and OTs improves the patient care plan for affected persons.</li> </ul>
	<ul style="list-style-type: none"> <li>Physical therapists (PTs): Having the energy to improve gross motor skills requires an adequate diet that does not exceed caloric needs in an effort to avoid excess consumption leading to weight gain, making the job of the PT more difficult.</li> </ul>
	<ul style="list-style-type: none"> <li>Dentists: Preventing dental caries is a goal of dentists, and proper monitoring of food selections that minimize this risk is an area of potential collaboration between RDNs and dentists.</li> </ul>
	<ul style="list-style-type: none"> <li>Swallowing team: RDNs can dialogue with specialists in recommending food options based on individual swallowing challenges identified by ear, nose, and throat experts.</li> </ul>
	<ul style="list-style-type: none"> <li>Physician/nurse practitioner/physician assistant: The RDN can work with the coordinator of the patient's care team to set up an appropriate plan for improving or maintaining the nutritional status of the patient.</li> </ul>
Abbreviation: RDNs, registered dietitian nutritionists.	

**Training in Resilience, Mindfulness, and Empathy**  
 In addition to improved collaborations, Kemper and Khirallah<sup>28</sup> and Kemper<sup>29</sup> suggest that RDNs may benefit from online training for resilience, mindfulness, and empathy. The online training modules—created for a broad spectrum of health professions—resulted in immediate improvements in mindfulness and a reduction in stress, showing promise as an easily accessible interprofessional approach to combatting stress.

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**Mental Health First Aid**

For students, 1 example of efforts to combat stress is the requirement of faculty members to be trained in Mental

Health First Aid (<https://www.thenationalcouncil.org/training-courses/mental-health-first-aid/>). Training programs such as these promote healthier environments by preparing individuals to recognize specific symptoms and identify resources for mental health services. Although this is not widely used in nutrition and dietetics, this is a potential avenue for empowering more faculty and practitioners to assist students, colleagues, and even themselves.

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