Exploring the barriers to the introduction of a best practice nutrition and dietetics service model in rural areas

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A thesis submitted for the degree of PhD (Nutrition and Dietetics)

March 2009

Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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Acknowledgement of Collaboration

I hereby certify that the work embodied in this dissertation has been done in collaboration with other researchers. I have included as part of the dissertation a statement clearly outlining the extent of collaboration, with whom and under what auspices.

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Leanne Brown

Acknowledgments

I would like to thank my supervisors:

Firstly, Professor Sandra Capra for her vision, enthusiasm and encouragement throughout this research process. I have been inspired her boundless energy and enthusiasm for research and the dietetic profession.

Secondly. Dr Lauren Williams for her expert, detailed advice and excellent editing skills. I am particularly grateful for her support with qualitative data analysis and the writing up qualitative results. Lauren provided me with support and encouragement when it was needed most.

I would also like to acknowledge the support and assistance provided by:

Ms Sue Cassidy and Ms Elizabeth Ferres at the Dietitians Association of Australia (DAA) National Office for the provision of de-identified DAA workforce data.

The staff and patients of the Oncology Clinic at Tamworth Rural Referral Hospital for their support and participation in this research. The dietitians and other health professionals in the Hunter New England Health area who have participated in this research. I would particularly like to thank Deanne Harris and Elesa Crowley for their participation and support.

My colleagues at the University Department of Rural Health Northern NSW who have provided valuable advice and encouragement along the way. I would particularly like to thank Jennifer Lang for her support with providing resources and Colette McLaren for her expert technical support.

I would also like to thank all of my research assistants who have helped with a range of research activities: Mia Winterton, Cathy Viertel, Amanda Horne and Rebecca Martin. Mr Nic Croce for his expert statistical advice.

Last of all, but very importantly friends, family and Bob Scherf for their love, support and encouragement.

Abbreviations and Acronyms

The following is a list of the most commonly used abbreviations and acronyms used throughout this thesis.

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AH	Allied Health
AIHW	Australian Institute of Health and Welfare
APD	Accredited Practising Dietitian
ANZSCO	Australian New Zealand Standard Classification of Organisations
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
BHC	Better Health Commission
BMI	Body Mass Index
CDM	Chronic Disease Management
CHIS	Community Health Information System
CHIME	Community Health Information Management Enterprise
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CPD	Continuing Professional Development
CPE	Continuing Professional Education
DAA	Dietitians Association of Australia
DHHS	Department of Health and Human Services
DOHRS	Department of Health Reporting System
EPC	Enhanced Primary Care
F/T	Full-time
FTE	Full-time equivalent
GP	General practitioner
HNEH	Hunter New England Health
HP	Health professional
IT	Information Technology
ICT	Information and communication technology
MAHS	More Allied Health Services
MCAS	Modified Constipation Assessment Scale
NI	Nutritional Intervention
NRRAHAS	National Rural and Remote Allied Advisory Service

NSW	New South Wales
NT	Northern Territory
NZ	New Zealand
OT	Occupational Therapist
OOS	Occasions of service
PG-SGA	Patient generated Subjective Global Assessment
PHC	Primary Health Care
PHCRED	Primary Health Care Research and Education Development
P/T	Part-time
PT	Physiotherapist
Qld	Queensland
QLQ-C30	Quality of life questionnaire - C30
QOL	Quality of Life
RR	Response rate
SARRAH	Services for Australian Rural and Remote Allied Health
SA	South Australia
SED	Socioeconomic disadvantage
SGA	Subjective Global Assessment
SP	Speech Pathologist
Tas	Tasmania
TCA	Team Care Arrangements
TRRH	Tamworth Rural Referral Hospital
UANOVA	Univariate Analysis of Variance
UC	Usual care
UDRH	University Department of Rural Health
UK	United Kingdom
USA	United States of America
Vic	Victoria
WA	Western Australia
WTE	Whole Time Equivalent

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Preface

In order to ensure rigour in qualitative research it is important that researchers are able to reflect on and acknowledge the influence of their own views and experiences and how these may influence the data collection and interpretation (Mathers and Huang 2004). Reflexivity refers to the ongoing examination of what is known and how it is known "to have an ongoing conversation about experience while simultaneously living in the moment" (Hertz 1997). According to Patton reflexivity requires the qualitative researcher to be aware of their own perspectives (cultural, political, social, linguistic and ideological) and that of the research interview participants (Patton 2002).

As the author of this manuscript it is important that I acknowledge my current position as a Lecturer in Nutrition and Dietetics at the University Department of Rural Health Northern New South Wales. In this position I have worked closely with the rural based dietitians in the area under study for the past five years. In this role I have been responsible for providing clinical outpatient services, continuing education for local dietitians and support for student placements. In this role I am known to many local dietitians and some of those interviewed in this research were known to me prior to the research being conducted.

Prior to my current appointment I worked for a period of eight years in clinical dietetic positions, primarily in urban areas. This non-rural clinical background provides me with a different perspective which gives me an awareness of the differences between rural and metropolitan dietetic services and practice. In order to maximise the accuracy and objectivity of the data, aspects of the qualitative and quantitative data were triangulated. Field notes were recorded throughout the process of obtaining qualitative data and a second non-rural based researcher provided double coding of the interview themes. These methodological processes were designed to ensure the rigour of this research.

Abstract

This body of research explores the barriers that exist to the introduction of best practice models for dietetics services in rural areas of Australia. Best practice in this thesis refers to workforce staffing and organisational best practice, rather than clinical best practice. For the purpose of this thesis a best practice dietetic service has been defined as *a timely, accessible, up-to-date nutrition and dietetic service that is effective in meeting the identified needs of the community* based on a quality health service definition (Halton 2005). There is no known previous research that has investigated the elements of a best practice dietetics staffing model and the factors that support or inhibit the development of a best practice dietetic service model in rural areas. A review of the literature was conducted to determine the potential features of a best practice dietetic service for rural areas and the factors that are known to affect the development of a best practice service. A theoretical model of best practice dietetic services for rural areas was tested using a series of case studies. An exploratory sequential mixed methods approach has been used in six case study sites to investigate the barriers to best practice using rural sites in northern New South Wales (NSW), Australia as the setting. The mixed method multiple case study investigated the dietetics workforce characteristics and development in the study sites. Best practice dietetic service delivery was tested with cancer patients using the implementation and evaluation of best practice dietetic clinical guidelines in a rural setting. Key findings from this research include: retention issues related to a lack of management support, limited career pathways and professional isolation. Key drivers for the creation of dietetics positions included the actions of champions and the support of management. The main barriers to the creation of positions included a general lack of funds and competing priorities. The outcomes of this research are important for future workforce planning for dietitians in rural areas.