

Title: Incorporating Nutritional Support in Rural Palliative Care Delivery

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Problem Statement: Rural palliative care (PC) patients have barriers to care that negatively impact nutrition-related disease management. Challenges include decreased health literacy, access to healthy food, and lack of nutritional support. PC interdisciplinary team (IDT) members have little in-depth knowledge, time, and resources to dedicate to this complex problem.

Background: A search of evidence from 2016-2022 in Google Scholar, CINAHL, Embase, and Cochrane Library revealed limited results on nutrition in PC. Several studies demonstrate the impact of nutrition on quality of life. Factors such as education and collaboration may impact nutritional care outcomes of patients.

Purpose: This needs assessment's goal is to understand gaps and barriers regarding nutritional support for PC patients from the IDT's perspective within a rural telehealth PC organization.

Methods: A 34-item survey, developed and reviewed by an expert panel, queried the IDT's perception of nutrition in PC. Anonymous voluntary responses were collected electronically. Descriptive statistics analyzed quantitative data; a qualitative analysis of open-ended questions highlighted congruent themes.

Findings: Of 36 IDT members, 24 (66%) completed the survey. All respondents agree nutrition is important in PC. Thirty-nine percent are not confident delivering nutrition education. The majority (76%) do not think their patients have an adequate level of health literacy to understand their chronic illness diagnosis. Eighty-five percent do not think their patients have access to a dietitian, 65% believed that nutrition is not addressed in IDT meetings; 100% believe patients would benefit from a dietitian. Common concerns in providing nutrition education were a lack of time and resources. Patient barriers to adequate nutrition include income, knowledge deficit, and healthy food access.

Implications for Practice: Results will inform development of a nutrition education program and contribute to the feasibility of incorporating a dietitian into the PC IDT. Further study into the relationship between nutrition and PC is warranted.