Dietitian autonomy for expansion and leadership in health care and other professional ecosystems
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**Background:** Academic dietetics training brings the discipline to the forefront of application of food and nutrition sciences and customization of prevention and treatment, and potentially supports human development and their ecosystems. Effectiveness depends on high academic standards, instilling professional expertise and skills to lead the patient and communities in managing a desired lifestyle. As ‘autonomy’ is largely the freedom to determine one’s own actions, principles, and laws – within the framework of accreditation requirements, institutional directives and standards of conduct, performance, ethics, and professional development’ – autonomy in dietetics is a function of proficiency and agreed-upon scope of practice (ICHP 2013).

As such, the registered dietitian nutritionist (RDN) should ensure he/she acquires and maintains matching competencies that enable responsible and effective autonomous activity, when alone with the patient and/or participating as a member of a health care team and/or social, environmental, and public health professional setting.

**Goal:** The paper will explain why autonomy is central to the RDN’s work, for both bottom-up and top-down collaboration and expansion to new eras of intervention, and will present general ideas regarding directions to foster RDN autonomy.

**Autonomy as dietitians’ motivational factor**

A study on motivational factors of health care workers (n=100, doctors, nurses, and paramedical staff) showed they include skills, tasks-identity/significance, autonomy, feedback, environment, job security, and compensation. While feedback represented the highest motivation potential among young workers – autonomy was increasingly important with age, and more profound for leaders – mostly males and medical doctors vs. females and paramedical staff, strongly suggesting that autonomy becomes increasingly paramount with advanced professional and leadership potential (Bajwa, Virdi et al. 2010).

**Autonomy as patients’ motivating factor**

A study (Williams, McGregor et al. 2005) examining interrelationships between autonomy support and glucose control have shown a greater improvements in HbA1c values with autonomy supportive healthcare provider (Williams, Freedman et al. 1998), and/or with autonomy supporting patient-centered computer-assisted intervention (Williams, Lynch et al. 2007).

**RDN autonomy in the hospital setting**

Though the medical hierarchy and teamwork is often perceived by RDNs as contradictory to autonomy, appropriately applied autonomous expertise can magnify the range and quality of the RDN’s contribution and the team’s achievements, i.e. by combining **team player** and **self-starter** attributes. Here the expert RDN needs to be well-prepared in the relevant nutritional knowledge – and therefore well-trusted – and understand the practice environment for channeling the nutrition intervention as an ultimate component of team-based patient care. This is especially contributory in time-sensitive tasks, such as prescribing patient diets, which can often set the stage for hospitalization success.

**Evidence-based practice by the autonomous RDN**

The autonomous RDN has to make informed decisions/recommendations, based on nutrition screening/ assessment, medical charts, patient/family/guardian/friends, and other health care team members, and implement the nutrition component within the team-based patient care plans.

Questionnaires regarding treatment compliance and emotional and cognitive states, and ecological factors affecting the compliance and performance – including poverty, resource accessibility, literacy, and attitudes – will be essential for the effective application and follow-up.

**Personalized nutrition emphasizes the essential need for autonomous RDNs**

Personalized approach – currently at the forefront of medical science – emphasizes the importance of individualized tracking of disease processes according to nutrition-care process, including innate characteristics and key factors in the human bio-psycho-social-ecosystem.
The expert RDN could save health care costs, reduces iatrogenic complications, shorten hospital length-of-stay and prevent repeat hospitalizations, illnesses, and expensive treatments. RDN autonomy is especially needed for differential/specific treatment for the individual patient vs. standard recommendations/formats.

**Autonomous RDNs in expanding professional ecosystems**

Experienced RDNs interested in promoting their autonomy will create a working team within the national dietetics associations (NDAs). The essence and scope of autonomy in dietetic practice will be studied and practiced by techniques, i.e. role modeling, coaching, and mentoring excellence by leading clinical RDNs and more. The specific expertise will be defined, studied, and potentially authorized.

Autonomous RDN functional analyses, using theoretical and practical case studies, will be presented and published in nutrition and dietetics-related scientific journals (Wahlqvist 2013), thereby enabling RDNs to share their knowledge while facilitating professional practice and scientific upgrade.

### Autonomous RDN examples - heads of expert polyclinics in: nephrology, bariatric, pediatric, adult and pediatric obesity, and eating disorders.

Maccabi, Israel’s second largest health maintenance organization (HMO), provides an example of nutrition-centered team care led by RDNs, as described below.

- **Missions of the clinics:** to provide the best counseling and treatment by the interdisciplinary team, addressing patients’ comprehensive needs based on practice of their various professions.
- **Medical staff:** all contain a medical doctor, nurse, and secretary, and some also include family counselors, physical activity instructors, and physiotherapists.
- **Community served:** depends on the clinic and settings, as determined by the health maintenance organization (HMO) Maccabi, and their specific target/served populations.
- **RDN qualifications:** proven experience and superior expertise in the target field, successful completion of administrative screening tests, professional recommendations for and promotion to this position, including through a rigorous screening process by chief district’s office and RDN.
- **RDN tasks:** include multidisciplinary management, i.e. directing treatment and follow-up, organizing staff meetings, recruiting RDNs and other staff members, troubleshooting, and more.
- **Satisfaction from RDNs functions:** generally very high.

### References:


