A STUDY OF CONSULTANT, SHARED, AND PART-TIME DIETITIANS IN OKLAHOMA AND TEXAS

By

GLEE TALBOT KINCANNON

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Pacific Union College

Angwin, California

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Thesis Approved:

Mary E. Leidigh
Thesis Adviser

Helen F. Barbour

J. H. Boggs
Dean of the Graduate School

581455

PREFACE

This study was designed to glean information about the consultant, shared, and part-time dietitian in Oklahoma and Texas, and to assist other dietitians with information about these types of work.

The author wishes to acknowledge and express her indebtedness to Miss Mary E. Leidigh for her invaluable assistance and constructive criticism in the preparation of this thesis, and for acting as the writer's major adviser.

Acknowledgements are due Dr. Helen Barbour, Miss Elizabeth Hensler, and Mrs. Donna Watson for their contributions to the questionnaire, and to the fifty-one dietitians who returned their questionnaires to the author.

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CHAPTER I

INTRODUCTION

An introduction to the possible work of a dietary consultant began about four years ago, although the author was not aware of it at the time. This was on the occasion of moving from one town to another, which involved changing family physicians. A young physician who had been in private practice for a short time was selected. During the next two years this physician called upon the author a number of times to "counsel" with his patients, help with diet evaluation or give nutritional information. From this small beginning evolved the idea to go into "practice" as a consulting dietitian. When this was mentioned to another physician, he showed great interest, which gave more encouragement to consider such work. The latter physician is affiliated with a clinic and a small eighteen-bed hospital.

To find out what is expected of the consulting dietitian a review of literature was made, only to find that this material is limited. The American Dietetic Association's loan library has a file on the "shared dietitian," which gives some valuable information but not enough; many questions were still unanswered. Figures of the occupational analysis of the American Dietetic Association mem-

bers, November, 1963, showed that three per cent of the working members were consultants (1). This led to the idea of studying the role of the dietary consultant in Oklahoma and Texas as a basis for a thesis. In this study of the various activities that need and use a consulting dietitian's services the author will limit her investigation to the services given by dietitians in Oklahoma and Texas as consultants, shared dietitians, and part-time dietitians.

CHAPTER II

REVIEW OF LITERATURE

In a review of literature available, as early as 1931, Siscoe (2) referred to the dietitian as a "food expert, and a consultant." Records show that the Pennsylvania Department of Welfare was the first state agency to establish a program of dietary consultation in the early thirties (3).

Now, thirty years later, it is still believed to be a new field in dietetics. What has happened along the way? What influence did World War II have upon this profession? With travel facilities limited and all labor resources being utilized by the war effort, development in this area was almost halted. What are the sixties to bring after a beginning thirty years earlier and a response that has been rather limited?

In 1937 Brandon (4) suggested that three or four small hospitals within a radius of thirty to forty miles hire jointly a dietitian and in this way secure proper supervision of food service for each hospital. Also in Michigan during World War II when civilian dietitians were scarce, a hospital administrator prevailed upon a retired dietitian, who was a busy wife and mother, to spend one day each week at his hospital assisting with menu planning and special

diets (5). From this beginning a plan grew whereby a full-time consultant was employed to serve three hospitals within a thirty-five mile radius.

In 1963 Pettee (6) wrote about dietitians in private medical clinics. This seemed to be a rather recent idea, but Bowden (7) reports that in 1940 there were at least fifteen dietitians in Washington, Oregon and California who had positions in well-known private medical clinics assisting with diet instruction to the private patient. Also in the East, dietitians were employed in nutrition clinics for the free and part-pay patients. Bracken (8) reports that during 1947 one dietitian sold her services on an hourly basis for diet instruction of patients and the planning of diets for out-patients; she would also visit the patient's home upon the doctor's request.

Stacey (5) said that the state of Tennessee was a pioneer in the field of consultation services within state health agencies. In 1942 the Tennessee State Health Agency appointed a young woman who was a graduate of an approved course in dietetics to its nutrition staff. Her primary function was to serve in a consultant capacity to those institutions operating under the direction of the state agency. Unfortunately for the state, after only a few months of service, marriage claimed both her and her successor. Not until 1945 did another state see the need for a worker with similar training. This state was Illinois, whose dietitians have continued to be active in this occupation.

Dietary consultation has been offered to hospitals in North Carolina since September, 1948, through the Nutrition Section of the North Carolina State Board of Health (9). The Indiana State Board of Health added a nutrition consultant in 1948 as reported by Dunham (10). Dwork (11) cites that the Ohio Department of Health has been giving nutrition and dietary consultation services to general and tuberculosis hospitals, children's homes and homes for the aged since 1949. Hesseltine (12) reports that the Maryland Public Health Agency had full time dietary consultation service by 1949.

There have been many pioneers in the various areas of dietary consultation. Stewart (13) reported in 1946 working with ship stewards on Great Lakes freighters. Piper (14) began institutional nutrition consultant service in Oklahoma in 1947 using a jeep for transportation. Van Cleft (15) was the first consultant in the state of Vermont; Waggener (16) called herself the "Arkansas Dietetic Traveler," and Easton (17) was the "Ceechako Dietary Consultant" in Alaska, where she traveled by airplane. Peterson (18) gave consultation service to institutions for children in Michigan in 1948.

As a result of pleas from various sources for the services of shared and consultant dietitians during the fifties, a series of articles was published in the Journal of the American Dietetic Association (19, 20, 21, 22, 23, 24, 25, 26, 27). These articles were written to assist dietary consultants in small institutions. The following efforts recorded by a few were in response to these requests.

In Michigan homes for the aged were served by Smith (28). Indiana was selected for a trial program for shared dietitians according to Pollen (29, 30), and Hoover (31, 32, 33). The Connecticut Hospital Association, through a Public Health Service project in 1955, used a consultant for seventeen months with the title of "Food Service Specialist" (34). They discovered how useful this service was when thirty-three general hospitals made eight hundred thirty-six requests for assistance. Meanwhile Hall (35) in Michigan, and Walters (36) in Texas were working as "shared" dietitians, and Barnard (37) was "consulting" in the Islands of Fiji.

Also about this time it became obvious that terminology was confusing to many. The titles "consultant," "shared," and "part-time dietitian" were being used interchangeably. The American Dietetic Association undertook in 1960 to revise its definitions of these positions for inclusion in the U. S. Dictionary of Occupation Titles, and included the following:

> DIETARY CONSULTANT - Advises and/or gives assistance on problems related to nutrition and management of food service to such public and private establishments concerned with group feeding as child care centers, hospitals, nursing homes, and schools. Plans, organizes, and conducts such educational activities as in-service training courses, conferences, and institutes. Develops and evaluates educational materials. Works with architects and equipment personnel on plans for building or remodeling food service units. May be designated INSTITUTIONAL-NUTRITION CONSULTANT when employed by a public health department to work on nutrition programs for institutions (38).

In 1963, as an aid in answering questions on a questionnaire sent to hospital administrators by the American

Dietetic Association, the following generally accepted definitions were used:

> SHARED DIETITIAN: A member of the American Dietetic Association or one who is currently qualifying for membership; a professionally qualified dietitian who assumes the responsibilities of the chief dietitian for more than one hospital.
>
> PART-TIME DIETITIAN: A member of the American Dietetic Association or one who is currently qualifying for membership; a professionally qualified dietitian who is responsible for the administration of the department but who works on a part-time basis (39).

Hesseltine (12) tells how the word "nutritionist" was coined to identify the worker whose field of service is in the community as contrasted with the dietitian in the institutions, hospitals, and clinics. Hille (40) states that a "consultant is not a regular staff member of any institution and thus lacks the power or administrative responsibility for making decisions and taking action." She defines the dietary consultant as one who "gives advice to personnel in hospitals to assist them in improving standards of nutrition and food service management."

The growth of an aging population, nursing home, retirement homes, and more geriatric diseases is creating other areas which need the services of the dietary consultant. Williams (41) reviewed a survey taken during the years 1949-51 showing the definite need for assistance in meeting the dietary needs of nursing homes. She also reports the formation of the project "Planned Dietary Consultation to Homes for the Aged" by the Community Nutrition Section of the American Dietetic Association. Each state dietetic associa-

tion was to assist homes requesting consulting service. By 1957 an estimated six hundred forty nursing homes in fourteen states had received dietary assistance from dietitians and nutritionists.

Kaufman (42) reported in 1962 that an Indiana study of nursing homes revealed their needs for assistance. Consultant service was offered to three hundred fifty-two homes, but only eleven homes utilized the services!

The Guides developed by the American Nursing Home Association and the Council on Medical Service of the American Medical Association list one guide relating to nutritional care as follows:

> "Each nursing home shall consider using consultative services in nutrition and diet therapy provided by the state health department, or by other agencies or persons qualified to perform such service, and should assure that all dietary regime ordered by the patient's physician are carried out." (43).

In 1963 Obert (44) reviewed a survey carried out in Los Angeles County which resulted in assistance to twelve nursing homes. In all cases those homes which received help profited from the assistance given. Many did not realize at the beginning of consultation how much they needed the assistance.

Fry, Maxwell and Hartman (45) cite a study in Maryland to alert nursing homes in Montgomery County about the services provided by a dietary consultant. The homes could then request assistance and a clearinghouse would give the home administrator the name of a consultant to contact.

Another area of service which is developing is the home aid program which gives assistance to aged persons in their own homes; the home aids may give diet instruction along with a number of other services. These home aids themselves need and require classes in nutrition, which are given by dietitians (46). In some cases direct service is given by the dietitian or nutritionist to help in family dietary evaluation, instruction in diet considering the family income and its dietary needs.

Kaufman (47) reports still another area of service given by the consultant. When the Philadelphia Home Care Plan was organized in 1949, it was recognized that the nutrition consultant should be a member of the team, and that part of her time should be devoted to home care activities. Her duties were to interpret to the team the dietary goals desirable for the patient.

Piper (48) reviewed in June, 1964, a dietary counseling service available to anyone in the community on the recommendation of his physician on a fee-for-service basis. The growth in this area will depend on the physician's desire for such dietary help for his patients.

This same type of dietary counseling service is reported in New Jersey, and has been assisted by the New Jersey State Department of Health (49). Here again the patients are referred by their physician, who remains in charge of the case, to the dietary counselor. The patient pays a fee to the dietary counselor, just as he would when referred to another physician.

The field of boarding homes for children and day care centers for children is virtually an "untouched" area, where the services of the consultant could and need to be utilized.

CHAPTER III

METHODS AND PROCEDURES

As revealed from the review of literature available on consultant, shared, and part-time dietitians, there is very little available about the dietitian as a private consultant (6). With this fact in mind it was decided that in order to obtain further information such dietitians would have to be contacted. It was decided that the best method available would be through the use of a questionnaire sent to "practicing" dietitians.

A list of dietitians engaged in consultant, shared, or part-time dietetics or those interested in this area of dietetics was obtained from Miss Agnes Schulz, of the Oklahoma State Department of Health, Oklahoma City.

Mrs. Judy Wells, then president of the Texas Dietetic Association, supplied a list of those dietitians on the Texas records who were listed as consultant or shared dietitians. Combining these two lists there were eighty-one dietitians from whom to sample the information available in the Oklahoma-Texas areas. Texas was included since the author plans to do private consultant work in Texas upon completion of her degree.

Now that the names were at hand, a questionnaire was developed to determine what experience the dietitians had had before entering this area of dietetics, how they started work in this area, what they are doing in their jobs, and what their remuneration covers.

The most difficult part of the questionnaire was defining consultant, shared, and part-time dietitians. It was decided to include the actual American Dietetic Association definitions on the questionnaire (see Appendix A). Later this was discovered to have been misleading to the dietitians sampled. The definitions for shared and part-time dietitians (39) were utilized from a study done by the American Dietetic Association in connection with nursing homes. The definition for consultant was the suggested definition for the U. S. Dictionary of Occupation Titles.

After the questionnaire was drawn up it was given to three dietitians in three different areas of dietetics to determine if the questions were clear and concise. The questionnaires were returned, and suggested changes were made.

The final questionnaire was prepared, along with a letter of explananation, and was mailed to each of the eighty-one dietitians together with a stamped, self-addressed envelope, for their responses.

A copy of the questionnaire and the letter may be found in Appendix A.

CHAPTER IV

RESULTS OF THE QUESTIONNAIRE

Of the eighty-one questionnaires mailed to consultant, shared, and part-time dietitians, fifty-one, or sixty-three percent were returned. Of this number, twenty-nine of the forty-one mailed were in Oklahoma, and twenty-two of the other forty were in Texas. A total of fifteen questionnaires were returned unanswered because the dietitians felt that they were not classified in any of the categories - consultant, shared, or part-time dietitian. Five of these fifteen were in Oklahoma, and the other ten were in Texas (Figure 1). Only one dietitian from Texas listed herself as a "shared" dietitian. Ten from Texas and Oklahoma indicated they were part-time dietitians, two that they were both consultant and shared dietitians, one that she was both a consultant and a part-time dietitian, and one listed herself in all three classifications. Three dietitians from Texas, who were full-time dietitians, completed the questionnaire. One dietitian from Oklahoma stated that she was a full-time dietitian, but also a consultant.

In the second section of the questionnaire (B) (Appendix A) the dietitians were asked if they would be interested in additional work. Fifteen (eight Oklahoma and

seven Texas) answered affirmatively, while eighteen said they were not interested in any additional work (fourteen Oklahoma and four Texas). When asked to designate the area of most interest for additional work, eleven checked nursing homes, fifteen checked hospitals, nine checked clinics, and five checked public health.

Section three (C) was included to confirm active membership in the American Dietetic Association. Twenty-four of the thirty-six reporting dietitians had completed a hospital internship, while five each had completed either an administrative internship or the three years' experience requirement for membership in the American Dietetic Association. Two attained membership upon completion of the Master's degree.

When asked how many years of experience they had had as dietitians, five indicated five years of experience, twelve had five to ten years of experience, fourteen had ten to twenty years of experience, two had twenty to thirty years of experience, and one indicated more than thirty years of experience. Also in this section they were asked at what approximate age they began consultation, shared, or part-time dietitian responsibilities (Figure 2). Three indicated they began these duties between the ages of twenty to twenty-five years, nine between the ages of twenty-five to thirty, eight between the ages of thirty to thirty-five years, five between the ages of thirty-five to forty, five between the ages of forty to fifty years, and one indicated other than these age groups.

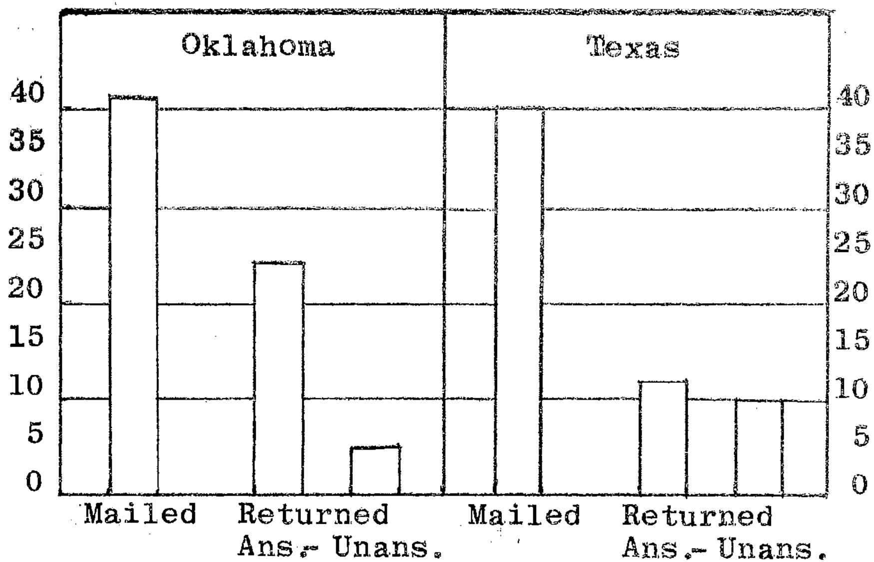


Fig. 1 - RESPONSES TO QUESTIONNAIRE

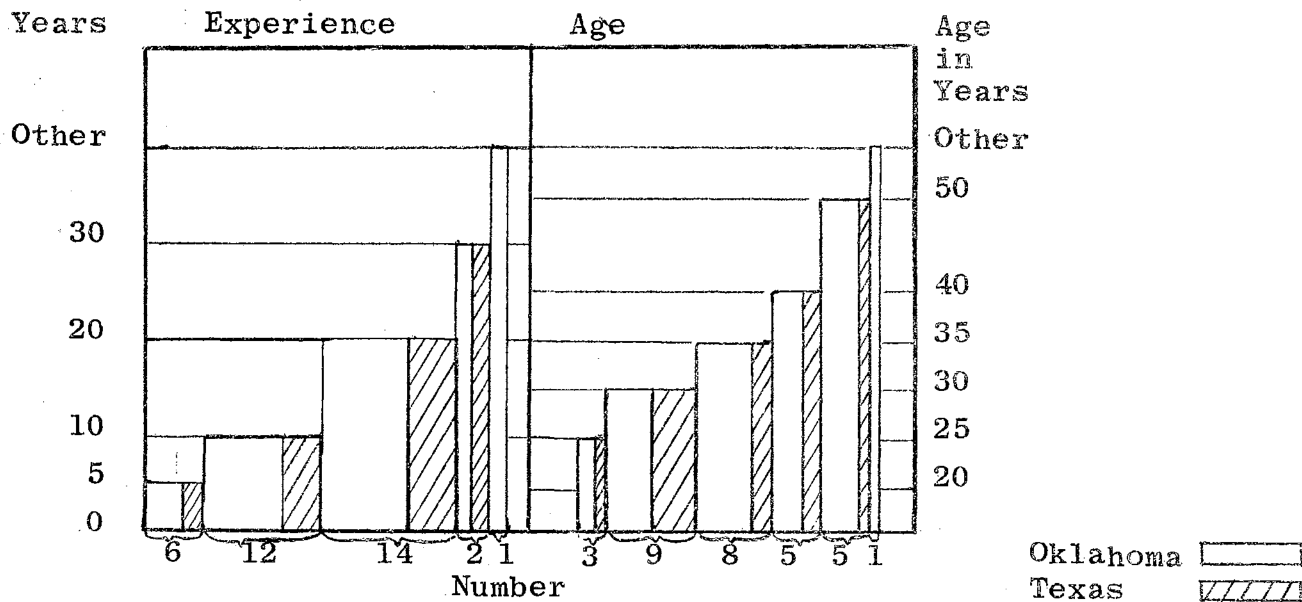


Fig. 2 - AGE AND YEARS OF EXPERIENCE OF RESPONDEES

Eight dietitians in Oklahoma and one in Texas have received Master of Science degrees. Seven in Oklahoma and four in Texas have some advance schooling either in college or through workshops. One dietitian stated that she had gained additional experience through working.

The purpose of section four (D) of the questionnaire was to help understand how the dietitian became a consultant, shared, or part-time dietitian. Potential employers made the first contact with twenty-four of the responding dietitians; seventeen from Oklahoma and seven from Texas. Six dietitians in Oklahoma and four in Texas made their own contacts for the first jobs in their classifications. Two did not answer this question. Various methods of approach were used to finalize this association between dietitian and employer. Twenty-six dietitians used the personal interview, three used letters, and twelve used the telephone. Twenty-three used the recommendation of others, one used other methods, and five did not answer the question.

Section five (E) showed that the dietitians were located throughout Oklahoma and Texas (Figure 3) in various sized hospitals and nursing homes (Figure 4); one Texas dietitian works in a private clinic. In Oklahoma four dietitians work five days per week; four dietitians work four days per week; three dietitians each work three days per week, two days per week, one day per week, and one-half day per week (Figure 5). In Texas seven dietitians indicated that they work five days per week, one dietitian each works three days per week, two

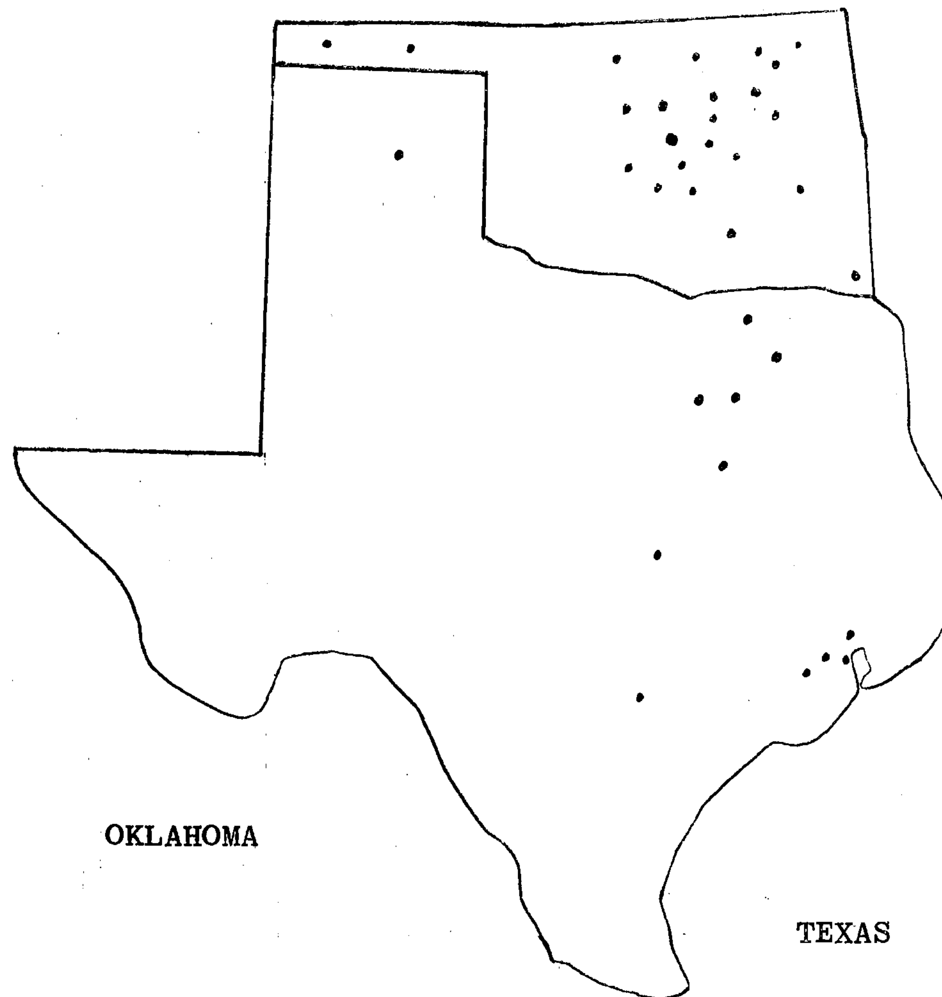


Fig. 3 - LOCATION OF INSTITUTIONS RECEIVING ASSISTANCE FROM RESPONDERS

Anadarko - 1
Boise City - 1
Bristow - 1
Chandler - 1
Chickasha - 1
Claremore - 1
Collinsville - 1
Cushing - 1
Enid - 1
Guthrie - 1
Guymon - 1
Idabel - 1
Kingfisher - 1

McAlester - 1
Norman - 2
Oklahoma City - 6
Okmulgee - 1
Pawnee - 1
Purcell - 1
Shawnee - 1
Sulphur - 1
Tulsa - 3
Wewoka - 1

Arlington - 1
Borger - 1
Dallas - 1
Greenville - 1
Houston - 2
Lampassas - 1
Pasadena - 2
Richmond - 1
San Antonio - 1
Sherman - 1
Waco - 1
Wharton - 1

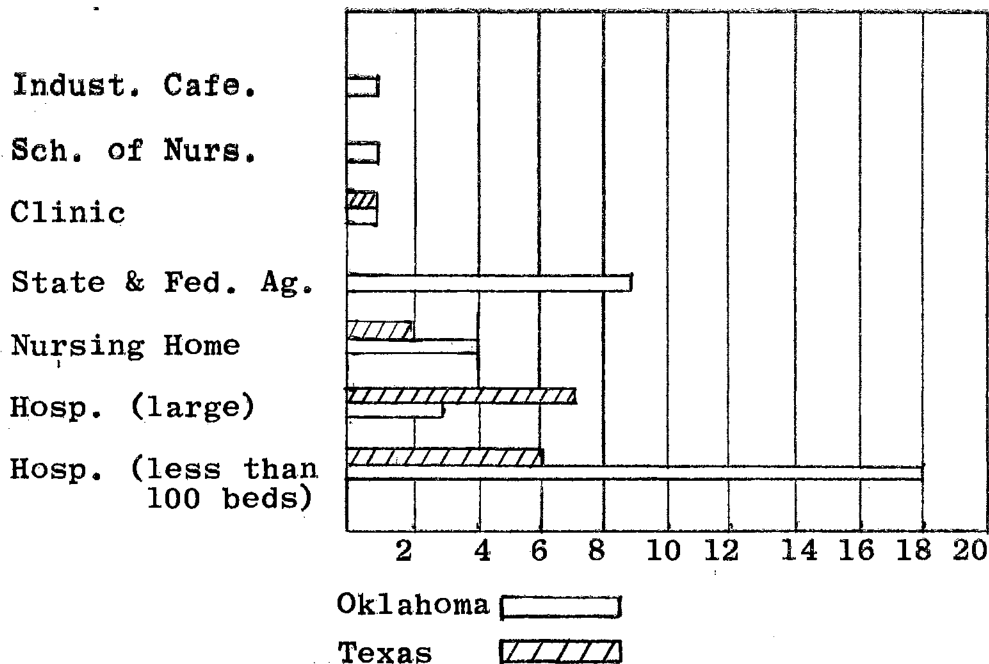


Fig. 4 - TYPES OF INSTITUTIONS RECEIVING ASSISTANCE FROM RESPONDEES

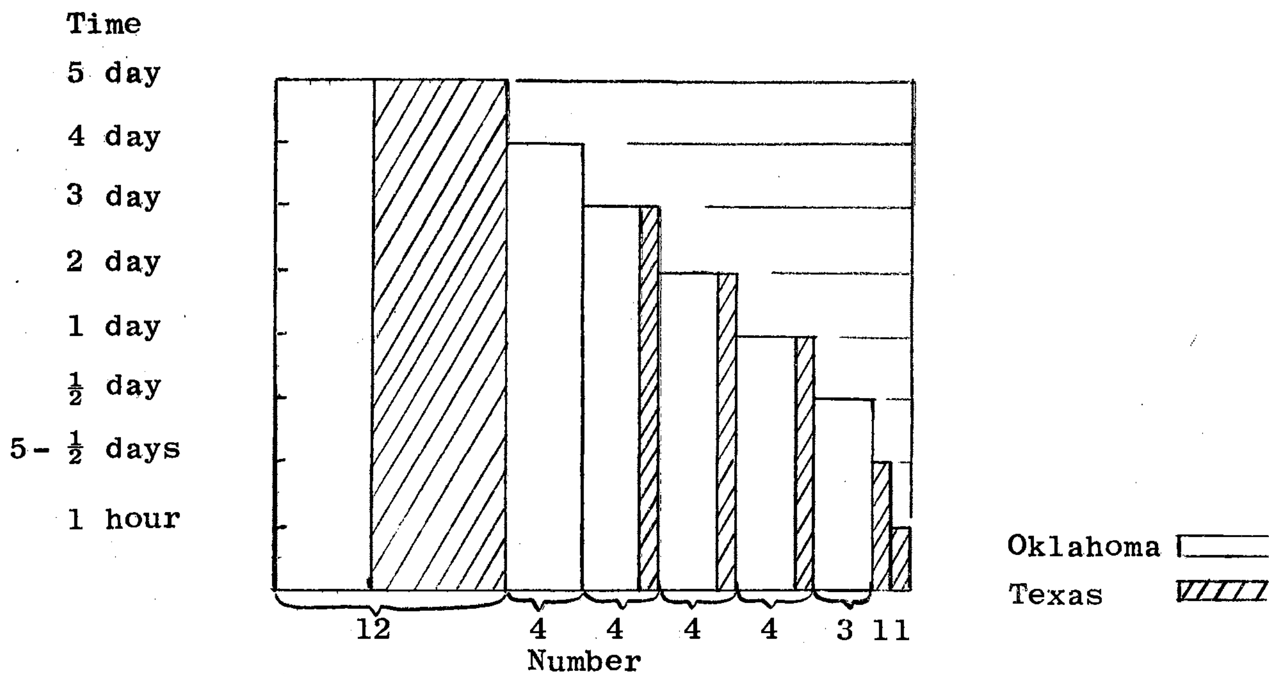


Fig. 5 - WORK SCHEDULE OF RESPONDEES

days per week, one day per week, one-half day for five days per week, and one hour per week. The average hours spent in transit per week in Oklahoma were three and nine-tenths hours with a range from thirty minutes to twenty hours. The average hours spent in transit per week in Texas were quite similar with an average transit of four hours. The range in Texas was from thirty minutes to fourteen hours. The twenty-two reporting Oklahoma dietitians spent an average of twenty-three hours working per week, with a range from two hours to forty-five hours. Texas dietitians averaged twenty-five hours working per week with a range from one hour to fifty hours, according to eleven responses.

Part II of the questionnaire related to factors about the present position or positions of the dietitians. Seventeen said they maintained a central office for receiving patients, mail, and telephone calls; twelve said that they did not maintain a central office; three had this office in their homes. Seventeen indicated that the office was in one of the employer's buildings, and two had their office in a separate building. Five did not answer the question. Many used a combination of their home and the employer's building.

The next series of six questions dealt with items which might be included in the dietitian's salary. A forty-eight per cent response indicated that the salary included the cost of meals for fifteen dietitians, while fourteen dietitians had to pay for their own meals. Of those whose

meals were furnished, approximately half received one meal per day, and approximately half received meals when on duty.

Only six Oklahoma dietitians indicated that their salary covered mileage, ten have mileage furnished, seven received seven cents per mile, and three received eight cents per mile. The six above were connected with the State Health Department, U. S. Public Health, and city health departments which gave travel allowances. The Texas dietitians did not have their mileage furnished nor was it included in their salary. Thirteen Oklahoma dietitians used a personal car, and nine used a family car. Six Texas dietitians used a personal car, and four used a family car. Of the thirty-six dietitians reporting, twenty-seven wear uniforms on duty but only five have their laundry furnished; three have this service included in their salary. Provision for necessary professional literature is covered in the salary of seventeen dietitians - eleven in Oklahoma and six in Texas. Nineteen dietitians have professional literature furnished at each job - thirteen in Oklahoma, and six in Texas.

Salary also covered telephone expenses for eight Oklahoma dietitians and four Texas dietitians, while twelve Oklahoma and five Texas dietitians did not have this coverage. Only two dietitians used a telephone answering service; these were Oklahomans.

Benefits or remuneration the dietitians expected to receive other than salary included professional dues - three; expense for continuing education - one; expenses for attending

conventions - four; a discount when hospitalized - two; a discount on drugs, equipment or replacements and a discount on hospital bills - two.

The dietitians as a whole felt that a fair salary for one day is between $25 to $35 per day (Figure 6); two indicated $20; three indicated $25; three indicated $25 to $30; seven indicated $30; three indicated $30 to $35; one indicated $35; and one indicated $40 to $50 per day as a fair salary. Five dollars per hour appears to be the average fair hourly wage with a range from $2.50 to $12.50 (Figure 6). Eight dietitians gave a rate of $5 per hour, while ten others gave other amounts, including $3, $4, and $7.50. For the questions dealing with contracted jobs of three months duration, one year duration for two or three days per week and one year duration for two or three days per month, the average consensus of those answering was that $25 per day was a good wage.

The third and final part of the questionnaire dealt with the administrative part of the dietitian's responsibilities. This disclosed that eighteen dietitians had secretarial help, when it was needed, and fifteen did not have this service. Seven dietitians had the services of a bookkeeper, while sixteen took care of this responsibility themselves.

The shared or part-time dietitians were asked to answer the questions pertaining to administrative policies. Of the total number of dietitians answering the questionnaire,

fifteen fell into this category at least part of the time, but their responses were limited. In each question which dealt with who had the first responsibility for hiring and firing personnel or purchasing and signing of requisitions, the respondents gave first place to the dietitian, followed by the administrator. Only in the case of setting departmental budgets were the positions reversed, with the administrator given first responsibility, followed by the dietitian in second place.

In the question on how special diet orders were handled when the dietitian was not on duty, ten responses indicated the use of a diet manual, seven indicated that diet sheets were used, two used some other arrangement including one who relied on the head nurse and the head cook to develop the proper diet for the patient. Twenty-two did not answer the question. This question elicited one of the poorest responses, perhaps because only shared and part-time dietitians were asked to answer.

In order to distinguish what type of diets were most frequently ordered where consultant, shared and part-time dietitians work, a small list was included to be checked (Figure 7). When the items to be checked were marked numerically in order of importance, only the first three items were counted. The diabetic diet was shown to be the most in demand with twenty-eight indicating its use, followed by the low sodium diet with twenty-four using it. Twenty-one have used a bland diet order, followed in stairstep sequence

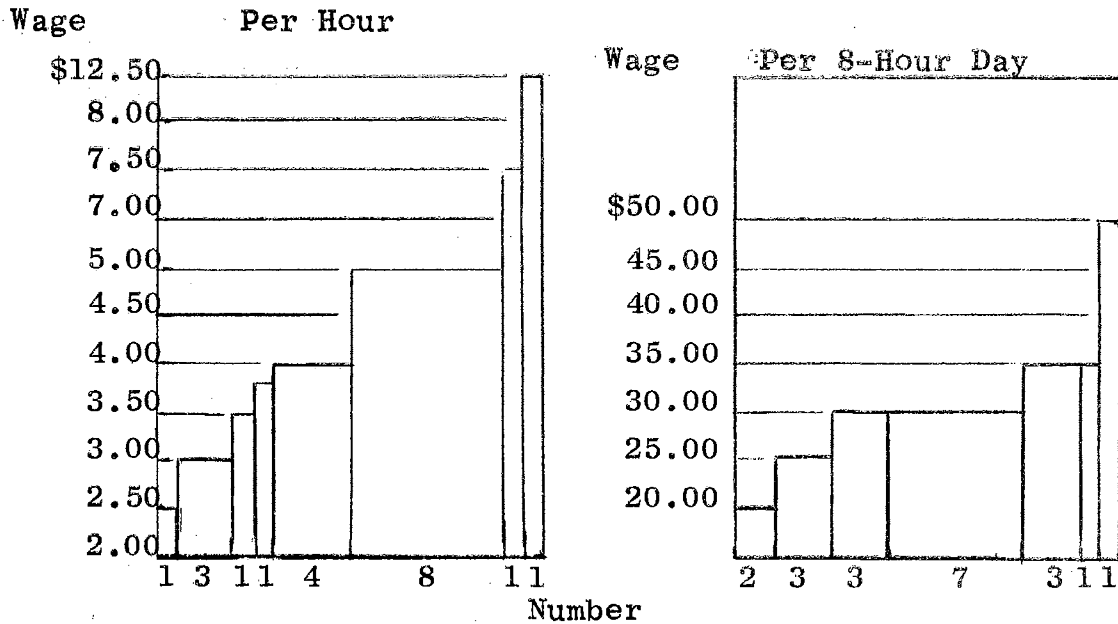
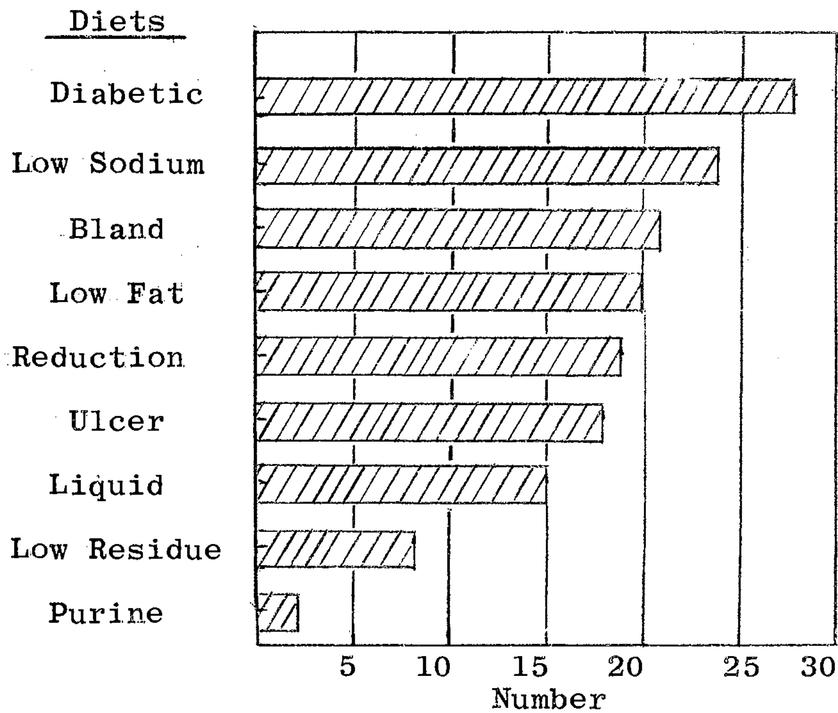


Fig. 6 - DESIRABLE WAGE SCALE FOR RESPONDEES

Fig. 7 - TYPES OF DIET ORDERS USED



by low fat diet orders, reduction diet orders, ulcer diet orders, and liquid diet orders. Eight indicated that low residue diets were ordered, while only two noted orders for purine diets.

Discharge diets for patients are used by twenty-one dietitians. Twenty-three dietitians make use of diet manuals, and the same number use diet instruction sheets in their work with patients.

Only four dietitians indicated that they used a check list each time they visited their places of employment: nursing homes, hospitals, and so forth. Twenty-two said they did not use this procedure at all, and nine dietitians did not reply.

Teaching is an important part of the work of dietitians - twenty-six indicated that they did teaching in some form. This same number (twenty-six) was involved in teaching employees various things, such as how to use equipment, recipe standardization, and so on. Twenty-three dietitians stated that they were involved in teaching patients, usually diet instructions. Thirteen dietitians did some teaching of out-patients, which was also diet instruction.

Another method of teaching is through institutes or conferences. Thirteen dietitians were involved in this area of teaching, while nineteen said they did not do this type of work. Only three did not reply to the question.

The areas in which dietitians most frequently were requested to give aid are shown in Figure 8. The rank was

determined by the following method: the dietitians were asked to number the areas in order of importance to them individually. These numbers for each area were weighted, added together, and divided by the number of responses to give the rank for that area. The higher the weighted score, the greater the frequency of aid requested.

The Texas weighted score for menu evaluation was based on four responses compared with twelve Oklahoma responses. This may account for the five point difference in this important area. The areas of diet therapy and food preparation and storage were separated by four tenths of a point each. Food purchasing and food service problems had the least differences. The weighted scores for procurement of personnel were based upon three Texas responses (16.0) and six Oklahoma responses (10.8). Also widely divergent were twelve Oklahoma and four Texas scores in the area of sanitation information. These variances were noticeable also as ten Oklahoma and three Texas responses rated 12.6 and 9.0 respectively for the area of purchase and care of equipment. The differences in the weighted scores for layouts were attributed to seven answers from Oklahoma (11.5) and two from Texas (6.0). Five Texas dietitians classified food cost accounting (12.0) and personnel management (17.4), while the Oklahoma dietitians classified these areas as 13.3 (eight answers) and 13.7 (twelve answers) respectively. Teaching of student nurses was rated by three Texas dietitians and checked by four Oklahoma dietitians, only one of

FIGURE 8

RANK OF REQUESTS FOR AID

Area	Weighted Score Oklahoma	Weighted Score Texas
Menu planning	19.0	17.5
Menu evaluation	17.0	12.0
Diet therapy	18.6	19.0
Standardized recipes	14.0	12.2
Food purchasing	15.7	16.0
Food service problems	15.58	15.5
Procurement of personnel	10.8	16.0
Sanitation information	13.4	8.0
Purchase and care of equipment	12.6	9.0
Layouts	11.5	6.0
Food cost accounting	13.3	12.0
Personnel management	13.75	17.4
Teaching of student nurses	12.0	14.0
Employee training	14.3	14.55
Information on current trends in food service	12.0	7.6
Infant formula	9.0	16.0
Educational material for patients	14.0	9.0
Teaching of medical students	.0	3.0
Food preservation	12.0	9.0
Food preparation and storage	14.9	14.5

whom rated this area by numerical number in order of importance. If the other three had given a numerical rating, the weighted score would have been affected. The requests for aid in employee training showed very little difference in either state. This was a fifth area of similarity between the dietitians of these states.

Information on current trends in food service was rated by three Texans and six Oklahomans with the variation shown. The weighted scores for aid on infant formulas were based on three answers - one Texas and two Oklahoma. The area of teaching medical students had just two answers, one from

each state; but the Oklahoman answering merely checked the item and did not give it a numerical rating. Requests for aid on food preservation received two Texas ratings (9.0) compared with five Oklahoma ratings (12.0).

The final question of the questionnaire dealt with whether the dietitian consulted regularly with administrators, doctors, and directors of nurses in their work. Twenty-nine said that they regularly consulted with the administrators, twenty-one consulted with doctors on a regular basis, and twenty-two indicated regular consultation with the director of nurses. Five dietitians did not answer this question.

CHAPTER V

DISCUSSION

Literature revealed a lack of information about the duties and responsibilities of the consultant, shared, and part-time dietitians; therefore, a questionnaire was developed to be mailed to a selected number (eighty-one) of dietitians in Oklahoma (forty-one) and Texas (forty). The response to this questionnaire was sixty-three per cent, or fifty-one questionnaires returned to the author. This commendable response can be attributed to the selection of a group of professional people who are interested in this phase of dietetics. The list of dietitians sampled was compiled from two sources, Miss Agnes Schulz, of the Oklahoma State Department of Health, Oklahoma City, and Mrs. Judy Wells, then president of the Texas Dietetic Association. Miss Schulz knew the dietitians in Oklahoma who were either consultant, shared, or part-time dietitians, while Mrs. Wells relied primarily upon the classifications of the American Dietetic Association (Figure 9) to identify the dietitians living in Texas. It was later found that the "Texas Classification" included some full time dietitians who were not consultants, shared, or part-time dietitians. These responses were noted in the results.

FIGURE 9

CLASSIFICATIONS FOR MEMBERS OF THE AMERICAN DIETETIC ASSOCIATION

Membership File Code of ADA:

A - Active Member
AA - Associate Member
L - Life Member
W - Honorary Member
R - Retired Member

Hospital Positions

H - Only Dietitian
HB - Chief Dietitian
HAH - Administrative Head
HAA - Administrative Assistant
HTH - Therapeutic Head
HTA - Therapeutic Assistant
CD - Clinic Dietitian
TD - Teaching Dietitian

Nutritionist

Public Health Department
NS - State   NF - Federal
NPA - Private Agency
NE - Extension
NC - City and County
NB - Business

Other Classifications

CFS - College Food Service
SL - School Lunch
P - Commercial
R - Research
CT - College Teacher
GS - Graduate Student
- - Housewife
HEB - Home Economics in Business
GE - Government Executive
C - Consultant (to a hospital as well as those giving their services to private patients.)
M - Miscellaneous (Includes members working at jobs other than dietetics and teachers of home economics at the junior and senior high school level.)

Titles

Even though "consulting" is a relatively new area of dietetics, there have been many pioneers in this field in various parts of the country. The term "consultant" is very misleading as applied to the dietitian. There are both "dietary consultants" and "consultant dietitians." Are they the same, or are they different in their scope of work? The revised American Dietetic Association definitions classify them together (52). Hille (40) stated that the dietary con-

sultant gives "advice to personnel in hospitals to assist them in improving" both food service management and standards of nutrition. She pointed out also that the consultant, unlike the shared dietitian, is not a regular staff member of any institution and therefore lacks the authority or administrative responsibility for making decisions and following through with the necessary action.

A consultant is one who gives professional advice, or serves in an advisory capacity to another individual or group of individuals. These individuals are then free to accept or reject a consultant's suggestions if they so wish. The consultant has been referred to as a "catalyst" because she stimulates action but does not necessarily participate in that action.

When the dietitian works for a state agency she may have any one of various titles ranging from nutritionist, food service specialist, dietitian, dietary consultant, consultant dietitian, and many more. But what is really the difference between the titles when each does basically the same work? With different titles it would appear that there would be a great difference in the work that each dietitian does. This does not seem to be so. Further clarification of the titles and responsibilities for dietitians in this area is indicated. The titles have recently (August, 1964) been redefined by the American Dietetic Association, and are clear and concise. These same titles and duties are not understood or followed in the classification by federal and

state agencies and others who employ dietitians.

Egan (51) pointed out that the duties of the dietitian and the nutritionist in the community are overlapping. In the past the dietitian in the institution has been concerned with problems relating to the institution, while the nutritionist has been concentrating on the promotion of health and the prevention of diseases in the community. Now it appears that such a clear distinction between the role of the dietitian in the institution and the role of the nutritionist in the community does not exist. Both the dietitian and the nutritionist must learn from each other and assist each other with their related problems.

It might be well to point out that a dietitian may be classified in her work as a nutritionist, but that a person hired as a nutritionist need not be a dietitian unless she has met the requirements for membership in the American Dietetic Association.

In the questionnaire used in this study, the dietitians sampled were asked to classify themselves into three categories: consultant, shared, or part-time dietitians. They were given definitions to assist them in this classification (see Appendix A). Two of the returned questionnaires had statements to the effect that they did not fit into any of the three categories. One stated that she worked for her husband, a private physician, and two other physicians with out-patients; the other stated that she worked in a private medical clinic. How could these dietitians not identify

themselves as consultants when that is what they were doing - giving professional advice and services?

Piper (48) reports of another title for this type of service - dietary counseling service. This might be a better title but it does not give any indication of the qualifications of the person giving this service. This job could be filled by anyone unless the service is defined to the public as that given by a qualified dietitian. Should this service be referred to as a "nutrition counseling service" since the dietitian is usually identified with institutions, hospitals and clinics (12)? However, this does preclude the dietitian from being a dietary counselor in her own home.

It is interesting to note that only one reporting dietitian felt that she was a shared dietitian, while two others listed themselves as a consultant and a shared dietitian. A shared dietitian, by the definition included, was limited to hospitals only. But is the dietitian who works for two or three nursing homes not shared by them? Should the title be "shared hospital dietitian" rather than "shared dietitian?" This would more closely define and limit the title.

In checking the definition used for dietary consultant, one finds that a limiting factor is that of working with "establishments concerned with group feeding." Would this, then, eliminate the dietitian interested in dietary counseling services because she could be dealing with individuals and not groups other than one family unit?

It is suggested that the newly defined titles be used, and that those agencies and individuals hiring dietitians be educated to the duties involved with the respective titles.

Clearinghouse

The dietitians sampled were divided almost fifty per cent as to those wishing additional work and those not interested in additional work. One dietitian was not interested at the present time because she had small pre-school children, but stated that she would be interested when they began school. Another dietitian found that the distance from her home to those institutions desiring assistance was too great for her to travel and maintain her home.

The work of a "consultant" on a part-time basis is a good way for the dietitian who has retired from full time professional responsibilities to work slowly back into her profession as her time and strength allow. She may find one small institution that desires assistance one day a week. This, then, would fill a need for both the institution and for the dietitian by allowing her to help the institution and keep up with her profession. Sometimes when it becomes known that the dietitian is back "in circulation" her small beginning may mushroom into too much for her to handle.

How does the dietitian who is interested in working one day per week find institutions who wish her services? The ideal method would be a state clearinghouse for dietetic

services. Such a clearinghouse could inform the administrators of institutions of available dietitians in the area as well as informing the dietitians of institutions needing and wanting assistance. Are there such clearinghouses in the various states? Very few have been reported, and more organization is needed in this area. This might include joint cooperation between the state health agency and the state dietetic association to establish such a clearinghouse.

Oklahoma is not yet organized in this way. The State Department of Health has a referral service, but in most instances where a dietitian's service is needed the request is referred to the State Health Department's dietary consultant. Some requests are directed to the head of dietary services at the University of Oklahoma Medical Center, some to the director of dietetics at Oklahoma State University, and some to the executive director of the Oklahoma Hospital Association as well as to the president of the Oklahoma Dietetic Association. There appears to be no detailed plan for co-ordination between these agencies.

If each state maintained a clearinghouse, a dietitian moving to a new state or to a new community in the same state would find it much easier to obtain employment on a full or part-time basis through such a service. Then the dietitian, if she felt she could do more work, would know what was available to her in her own area. In this way the dietitian could limit the number of hours she wished to work and the distance required to travel between assign-

ments. This is why a clearinghouse could be useful.

No information was obtained as to methods of disseminating information about positions in Texas.

Education and Experience

Sixty-seven per cent of the dietitians in this study completed a hospital internship. Of the remaining thirty-three per cent, five each completed an administrative internship or the three year work experience requirement of the American Dietetic Association which leads to membership as a dietitian. Two met the American Dietetic Association membership requirement by obtaining a Master of Science degree.

It is interesting to note the age of the dietitians when they began their consulting responsibilities and the number of years of their working experience (Figure 2, page 15). Most of the dietitians who answered began consultant work between the ages of twenty-five to thirty-five, when they had had over five years of experience as a dietitian.

Twenty-five per cent of the dietitians answering had obtained Master of Science degrees, while thirty-three per cent had had some additional educational preparation for their work as consultants. In their work some consultants were involved with teaching short courses, workshops and seminars, and therefore felt a need for additional education to help them with their own teaching experiences. The dietitian appears to find that ever-increasing research in nutrition, equipment, and food requires her to keep up-to-

date with the changes within her profession or she becomes stagnant in a very few years.

Other Pertinent Information

Two-thirds of the dietitians sampled were asked to become consultants. In most cases someone knew that they were qualified dietitians, told others about them and, in turn, the dietitians were asked for their assistance. Twenty-six per cent of the dietitians found their first job in consultant work. This may have been difficult, as pointed out earlier, as there are very few "clearinghouses" which assist with this type of service.

The review of literature revealed that considerable work is being conducted in the field of nursing homes. The respondents to the questionnaire listed only six nursing homes receiving assistance as compared with thirty-four hospitals of all sizes (Figure 4, page 18). One respondent is presently engaged in a pilot study with nursing homes in Oklahoma; she is developing a handbook for nursing home personnel. This area of nursing homes will require the services of consultants more frequently as state laws are developed for the registration of nursing homes, retirement homes, and homes for senior citizens. Presently many states do not have registration requirements for nursing homes.

The location of the dietitian's office will depend on the type of consulting services she offers, according to the answers obtained. In most cases the dietitian will find

that she requires some "work space" in her own home for such things as writing menus, calculation of diets, or answering mail. Most institutions will have some space for this work, but there will be times when the dietitian may need to take some of her work home. Her "home work" may involve adjusting her schedule to free her for family activities. In some specific cases she may need to make special arrangments to absent herself from such activities and still maintain rapport with her family.

Remuneration

The dietitian just starting into consulting work must take many things into consideration when discussing salary with her prospective employer. The questionnaire covered six areas including meals, travel allowances, uniforms and laundry, professional literature, additional benefits, and the amount of salary. First, the dietitian must know if meals will be furnished while she is on duty, or if she will have to pay for meals herself. A forty-eight per cent response showed that in most cases meals are furnished; these dietitians received either one or two meals while on duty. If for some reason the dietitian must pay for her meal or meals, she should be aware of this before making her final commitment to the employer.

Secondly, some dietitians may find that they must travel from one town to another where their services are required. Besides furnishing her own transportation, the

dietitian must take into consideration the wear and tear on her car, and the gasoline for traveling. The study revealed that forty-eight per cent did not have allowances in their salaries for mileage; those who worked for state or federal agencies received mileage for their travels. Of eleven working for such agencies, seven received seven cents per mile; three received eight cents per mile; and one received nine cents per mile. In almost all cases reported either a personal or family car was used for transportation. During the winter months when the weather may be unfavorable, depending on the location of the dietitian, she must allow extra time for traveling and, if possible, have more than one route available to the site of her employment. If the dietitian is married, her traveling may necessitate two cars in the family.

A third item when remuneration is considered is the availability of professional uniforms and laundry services. Seventy-five per cent of the dietitians who reported wear professional uniforms, but less than fourteen per cent receive laundry services. When the dietitian wears uniforms made of other than cotton materials she may feel that this item is not important. But if she wears a clean, starched cotton uniform each working day, this could entail either an expense for laundry services or the additional work of maintaining her uniforms.

The fourth item in this section of the questionnaire was professional literature. Each phase of service that

the dietitian gives could require different reference material. If the dietitian has more than one place of employment she may have to move such reference material with her from place to place if this is not furnished by the employer. Fifty-two per cent of the dietitians reported in the questionnaire that literature was furnished with each job, and forty-seven per cent reported that professional literature was taken into consideration in their salaries. Professional literature can be considered a tool of the dietitian's trade.

The dietitian must determine for herself what other benefits should be offered for her service, if any. The fifth part of this section revealed that eight per cent of the respondees had their professional dues paid by their employer. Eleven per cent received expenses for attendance at professional conventions. Another eleven per cent received either hospitalization or a discount on hospital and pharmacy bills.

The dietitians who responded to the last part of this section of the questionnaire felt that a fair salary would be between $25 to $35 per day depending on the type of services offered (Figure 6, page 23). Of the sixty-six per cent of the dietitians answering this question, nineteen per cent indicated $30 per day as a fair salary. Eleven per cent in each case indicated either $25 or $35 per day as a fair salary, while eight per cent reported $25 to $30 per day. Another eight per cent of the respondents used $400 to $500 per month as a base for determining their salary.

Three per cent of those answering indicated that $40 to $50 per day was a fair salary.

One dietitian reported $12.50 for one hour's work per week. She was employed to assist in complying with the American Medical Association and the American Hospital Association requirements for hospital accreditation. This requirement was published in the Bulletin of Joint Committee on Accreditation of Hospitals, December, 1957, and stated that "there shall be a qualified dietitian on full time or on a consultative basis ...." The Bulletin stated also that it was their opinion that the dietary department "should be under the supervision of a qualified dietitian (preferably ADA registered) on a full time basis if possible, or in smaller hospitals on a consultative part-time basis."

Twenty-two per cent (eight persons) of those reporting on suitable hourly wages stated that $5 per hour was a fair hourly wage; three persons stated $3, and two persons stated $4. Four stated that amounts varying from $2.50 per hour to $12.50 per hour was a fair hourly wage. This revealed an average hourly wage of $5.97 when the $12.50 wage was included (see paragraph above). If the $12.50 hourly wage was not included, the average hourly wage was $4.31.

Administration

The administration that a consultant is called upon to do includes in some cases her own secretarial and bookkeeping responsibilities, according to the responses to the

questionnaire. The shared and part-time dietitians have matters of policy that they are responsible for, or they share these responsibilities with the administrator. The dietitians - shared, part-time, and consultants - must have a knowledge of special diets, and various methods of teaching groups and individuals. The consultant, depending on her specific responsibilities, may not utilize her knowledge of special diets.

Revealed in the study were the facts that nineteen per cent of the dietitians were involved in the hiring of personnel, and twenty-two per cent were involved in the discharge or firing of personnel. Purchasing for the dietary department of small institutions was the responsibility of thirty-six per cent of the dietitians as was the signing of requisitions. Only eight per cent reported that they set the budget for the dietary departments, while this same responsibility was carried by nineteen per cent of the administrators of the institutions.

Since shared or part-time dietitians are not on the job at all times they must make arrangements for the writing of special diets when they are not on duty. In some cases the dietitian may be reached by telephone, but thirty-six per cent of the respondees used a diet manual or had one available for use by some trained person in the dietary department. Nineteen per cent used printed diet sheets or had them available for ready reference. In a few instances both the diet manual and diet sheets were used. One diet-

itian reported that the head nurse and the head cook were relied upon to develop the proper diet for patients when she was not available.

The questionnaire revealed (Figure 7, page 23) that seventy-seven per cent of the respondees were called upon to give diet instruction to diabetic patients, sixty-six per cent gave low sodium diet instruction, fifty-eight per cent gave diet instruction for bland diets, fifty-five per cent gave low fat diet instruction, and fifty-two per cent gave diet instruction to those who needed, wanted to, or should lose weight. The study showed also that sixty-three per cent of the dietitians used discharge diets, diet manuals, and diet sheets in their work with patients.

It was found from the study that only eleven per cent of the dietitians used a check list when they visited with small institutions. The author wonders if the other eighty-nine per cent maintain a verbal communication with administrators on how their work is progressing. In order to maintain rapport, some form of communication should be used.

The dietitian, in her work, can be called a "teacher." The respondees indicated that seventy-seven per cent do teaching in some way. This same number was involved in teaching employees, while sixty-three per cent instructed patients and another thirty-six per cent instructed out-patients. The realm of out-patient instruction is a rapidly developing one for the privately employed consultant dietitian. Besides these areas, thirty-six per cent of the

reporting dietitians were called on, or expected to teach or plan institutes or conferences.

The areas in which aid was most frequently requested or given (Figure 8, page 26) could be divided into two sections: those closely related and those separated by approximately five weighted points. The values given by each dietitian tended to confuse the compilation of information, therefore a weighted system was developed. This included giving a weighted figure to each number used for the different topics, adding these weights together, and dividing them by the number of responses. This gave the rank for each topic. The higher the weighted score, the greater the frequency of aid requested. The greatest divergence was found in six areas with Oklahoma ranking all areas except procurement of personnel, higher than Texas. This divergency may be attributed in most instances to a fewer number of responses from the Texas dietitians. These areas of divergence included menu evaluation, procurement of personnel, sanitation information, layouts, information on current trends in food service, and educational material for patients. In every case except procurement of personnel and menu evaluation the emphasis is on educational material in some form. The lack of responses to this section might be due to the fact that one dietitian may have had more calls in one area than the other dietitians, or vice versa.

A study of this section of the questionnaire showed an intense need for aid in menu planning and diet therapy in

both states. The other similarities in needs were food purchasing, food service problems, employee training, and food preparation and storage. The dietitian trains personnel in each of these areas, therefore her services can be very valuable to her employer.

The information collected could not be used as a specific measure because the choice of emphasis from each dietitian was so divergent. It could be used, however, as a guide to indicate where aid might be most frequently requested. The dietitian considering work as a consultant would be wise to prepare herself with the latest information available in each of these areas. In addition Jernigan (52), of the Iowa State Department of Health, has prepared guidelines for the part-time dietitian which could be useful to the dietitian beginning consultant work (Appendix B).

CHAPTER VI

SUMMARY

A review of literature showed a deficiency of information about the duties and responsibilities of consultants, shared, and part-time dietitians, therefore the roles of these dietitians in Oklahoma and Texas were chosen as a topic for study. The various activities that needed and used a consulting dietitian's services were investigated in regard to the assistance given by consultants, shared, and part-time dietitians. A questionnaire was developed especially to determine information from Oklahoma and Texas dietitians. Their responses form the basis for a study of the consultant, shared, and part-time dietitian. The questionnaire was sent to a total of forty-one Oklahoma dietitians and forty Texas dietitians who were believed to be in one of the categories. Miss Agnes Schulz, of the Oklahoma State Department of Health, and Mrs. Judy Wells, then president of the Texas Dietetic Association, furnished the author with lists of names. Returns from twenty-four Oklahomans and twelve Texans were reviewed.

As the questionnaires were returned it became obvious that the Texas list contained many names of dietitians who did not classify themselves as consultant, shared, or part-

time dietitians. The ten questionnaires returned unanswered from Texas dietitians had statements saying that they did not fall into the classifications listed on the questionnaire (see Appendix A). There were five questionnaires returned unanswered from Oklahoma dietitians who felt they did not fit into these classifications.

There appeared to be confusion between the titles of the dietetic jobs. This confusion existed with the dietitians themselves and between the dietitians and their employers. There appear to be too many job titles for dietitians in federal, state, and private employment, and these titles overlap in their spheres of responsibilities. The author suggests that the new (August, 1964) revised definitions of the American Dietetic Association (50) be used and studied by dietitians and employers to gain a better understanding of the responsibilities indicated for each title.

The American Dietetic Association in its consultant classifications for members needs to recognize the span of the classification. A further clarification in the area of the consultant would be helpful; for example, there is only the one heading - "consultant." It is clear from the questionnaire that there are consultants who are in business for themselves offering services to anyone. There are dietitians who are state and federal consultants who may be employed by school lunch, Indian agencies, and nursing homes. There are hospital consultants, and commercial consultants. This picture is further confused by the fact that the con-

sultant dietitian can be employed full time or part-time.

Interest in how positions were obtained, future employment as consultant and shared and part-time dietitians leads the author to feel that the establishment of state clearinghouses for dietetic services would assist administrators of institutions in finding available dietitians. Also it would benefit dietitians seeking full or part-time employment to be acquainted with employment opportunities. These clearinghouses for dietetic services could be developed through the joint cooperation of the state health departments and the state dietetic associations; many people could benefit from this type of service organization. Very few clearinghouses have been reported in the various states, but those reported have been successful.

The study showed that fifty-eight per cent of the reporting dietitians had some form of additional educational preparation for consultant work besides their dietetic internships; this included the fact that twenty-five per cent had obtained Master of Science degrees. Seventy-seven per cent of all respondents indicated that they did teaching in some way; some of the respondents were engaged in conducting seminars or institutes to inform or teach current information on nutrition, equipment, food, and personnel management. Other dietitians were teaching employees and patients in these same areas. The dietitians' various responsibilities necessitate keeping up-to-date with changes in nutrition, equipment, and foods, to enable them to teach and to give

current reliable information.

Most of the respondees began consultant work when they were twenty-five to thirty-five years of age and had had approximately five years of dietetic experience. Two-thirds of the dietitians sampled were asked to become consultants. In most instances friends told others about the dietitians, and in turn the dietitians were asked for their assistance.

The study revealed that only six nursing homes were among those institutions receiving assistance from the respondees (Figure 4, page 18). As the life span of the general population increases, more nursing homes, retirement homes, and homes for senior citizens will be developed. Presently some states are without laws governing the establishment of such homes, but these states may require registration eventually. As the number of nursing homes increases more dietitians may be called upon for their services as consultants.

Because of the author's interest, a section of the study was designed for the dietitian interested in becoming a consultant. This section covered the remuneration that she should consider, including meals while working, travel allowances, uniforms and laundry, professional literature, additional benefits, and the amount of the salary itself. The dietitians responding to the questionnaire felt that a fair salary would be between $25 to $35 per day, or $5 per hour, depending upon the type of service offered. A forty-eight per cent response showed that in most instances the

dietitians received meals while on duty. Only those consultants working for state or federal agencies received compensation for travel. Seventy-five per cent of the dietitians in the study wore professional uniforms, but less than fourteen per cent received laundry services. Professional literature was provided for fifty-two per cent of the respondees, and forty-seven per cent reported that professial literature was taken into consideration in their salaries. The dietitian must determine for herself what additional benefits should be offered for her services, if any.

The respondees had many different responsibilities. These included secretarial and bookkeeping responsibilities, policy-making procedures, diet instruction for both in- and out-patients, and a wide range of teaching. Most of the shared or part-time respondents were not available for their services at all times. When a special diet was needed within an institution, thirty-six per cent of the respondees had someone in the dietary department trained in the use of an available diet manual. A total of sixty-three per cent of the reporting dietitians used discharge diets, diet manuals and diet sheets in their work with patients. The study revealed that menu planning and diet therapy were the two most important areas in which requests for aid were most often received by the dietitians.

Any dietitian considering work as a consultant, shared, or part-time dietitian must remember that she cannot accomplish everything, because she is limited in the time spent

with each institution or person. Appendix B is included to assist the prospective consultant in planning her work. It may be used as a guide for the beginner.

This study emphasizes a need for clarification in dietetic titles by the dietitians and their employers, and a need for state clearinghouses for dietetic services. Responsibilities, working conditions, and educational preparations for the consultant, shared, and part-time dietitians were explored as a preliminary aid to future employment in these fields.

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APPENDIX A

837 W. Moore Drive
Stillwater, Oklahoma 74074
May 20, 1964

Dear Dietitian:

This is a questionnaire prepared especially for dietitians in the states of Oklahoma and Texas.

I am extremely interested in the work of consultant, shared, and part-time dietitians because I expect to work in this area myself upon completion of my Master's degree. At the present time I am a graduate student in Food, Nutrition and Institution Administration at Oklahoma State University. I am a member of the American Dietetic Association and the Oklahoma Dietetic Association.

This questionnaire is to be used in connection with my Master's thesis. I am trying to determine how dietitians become involved in consultant, shared, and part-time dietetics, what they are doing, and what their remuneration covers. Most of the questions can be answered with a check mark in the appropriate space. A few questions can be answered with a number and the remainder of the questions will take a sentence or two to complete.

Your cooperation in answering all of the questions pertaining to you and your work will be greatly appreciated. Thank you for taking a few minutes of your time to fill out this questionnaire and for returning it to me before June 15, 1964, in the enclosed envelope.

Sincerely yours,

Mrs. Don F. Kincannon

QUESTIONNAIRE FOR CONSULTANT, SHARED, AND PART-TIME DIETITIANS

I. Personal

A. Please classify yourself in 1 or more categories (see below):
____Consultant
____Shared Dietitian
____Part-time Dietitian

The American Dietetic Association lists the following definitions:

DIETARY CONSULTANT: Advises and/or gives assistance on problems related to nutrition and management of food service to such public and private establishments concerned with group feeding as child care centers, hospitals, nursing homes and schools. Plans, organizes, and conducts such educational activities as in-service training courses, conferences, and institutes. Develops and evaluates educational materials. Works with architects and equipment personnel on plans for building or remodeling food service units.

SHARED DIETITIAN: A professionally qualified dietitian who assumes the responsibilities of the chief dietitian for more than one hospital.

PART-TIME DIETITIAN: A professionally qualified dietitian who is responsible for the administration of the department but who works on a part-time basis.

B. If already working, would you be interested in additional employment as a consultant dietitian? yes__no__
1. In what areas would you be most interested?
____Nursing homes
____Hospital
____Clinic
____Public Health

C. Your advanced professional preparation:
1. Type of internship
____Hospital
____Administrative
____3 years experience

2. How many years of experience as a dietitian?
   ____ 0-5
   ____ 5-10
   ____ 10-20
   ____ 20-30
   ____ Other

   Approximate age when beginning consultation, part-time or shared dietitian responsibilities?
   ____ 25-30
   ____ 30-35
   ____ 35-40
   ____ 40-50

3. Additional educational preparation

   ____

D. How did you enter the area(s) of your present position(s)?
   1. Did you seek the first job? yes____ no____
      If no, explain________________________________
      ____
      ____
      ____

   2. Methods of approach to employer(s)?
      ____ Personal interview
      ____ Letter
      ____ Telephone
      ____ Recommendation of others
      ____ Other

E. Where are you presently located?
   1. Type(s) and size(s) of establishment(s) where you are employed

Place	Location	Bed Size	Days/Wk

   2. Average hours spent in transit per week________
      - working per week________

II. Related factors about present position(s)
   A. Do you maintain a central office for receiving patients, mail, and telephone calls? yes____ no____
      1. Is this office in your home? yes____ no____
      2. In one of your employer's buildings? yes____ no____
      3. In a separate building? yes____ no____

   B. Does your salary cover
      1. meals? yes____ no____
         Are meals furnished? yes____ no____
         If furnished, how many? ____________

2. mileage (actual speedometer reading, gasoline, oil, depreciation, etc.)? yes____ no____
   Is mileage furnished? yes____ no____
   If furnished, how much per mile? ____________
   Do you use personal car? yes____ no____
   -family car? yes____ no____

3. laundry? yes____ no____
   Is laundry furnished? yes____ no____
   Do you wear professional uniforms? yes____ no____

4. professional literature? yes____ no____
   Is literature furnished for each job? yes____ no____

5. telephone expenses? yes____ no____
   Do you use an answering service? yes____ no____

6. Specify other benefits or remuneration you would expect to receive other than salary
   ____
   ____

7. What salary would you consider fair?
   Per day__________
   Per hour__________
   Per contracted job of 3 months_______
   Per contracted job of 1 year or more for 2 or 3 days/week________
   For 2 or 3 days/month____________other______________

C. Administration
1. Do you have secretarial help? yes____ no____
   -bookkeeper? yes____ no____

2. Policies (shared or part-time dietitians only)
   Who hires?______________________________
   Who fires?______________________________
   Who purchases?__________________________
   Who signs requisitions?__________________
   Who sets departmental budgets?___________
   How are special diet orders handled when you are not on duty?
   ____diet manual
   ____diet sheets
   ____other

3. Types of special diets most frequently ordered
   ____Low sodium ____Low fat
   ____Diabetic ____Purine
   ____Bland ____Reduction
   ____Ulcer ____High calorie
   ____Low residue ____Liquid

4. Do you use discharge diets? yes____ no____
   -diet manuals? yes____ no____
   - diet sheets? yes____ no____

5. Is a check list used each time you visit? yes___ no__

6. Do you do any teaching? yes____ no____
   -employees? yes____ no____
   -patients? yes____ no____
   -out-patients? yes____ no____

7. Do you plan institutes or conferences? yes____ no____
   If so, topics covered________________________________
   ____
   ____

8. Areas in which aid is most frequently requested or given (Please number in order of importance).
   _____Menu planning
   _____Menu evaluation
   _____Diet therapy
   _____Standarized recipes
   _____Food purchasing
   _____Food service problems
   _____Procurement of personnel
   _____Sanitation information
   _____Purchase and care of equipment
   _____Layouts
   _____Food cost accounting
   _____Personnel management
   _____Teaching of student nurses
   _____Employee training
   _____Information on current trends in food service
   _____Infant formula
   _____Educational material for patients
   _____Teaching of medical students
   _____Food preservation
   _____Food preparation and storage

9. Do you regularly consult with
   _____Directors of nurses
   _____Doctors
   _____Administrators

Please return by June 15, 1964, in the enclosed envelope to

Mrs. Don F. Kincannon
837 W. Moore Drive
Stillwater, Oklahoma 74074

APPENDIX B

GUIDELINES FOR WORK AS A PART-TIME DIETITIAN

Anna Katherine Jernigan, Dietary Consultant
Iowa State Department of Health

(Reproduced by Nutrition Unit, Oklahoma State Department of Health)

1. Ask your Administrator what he expects you to accomplish. You may be asked the question, "What can you do for us?" These Guidelines can help you to answer the Administrator.

2. Observe what is being done. Before making any suggestions get to know your employees, nurses, and something about the food service for patients. Usually you can best serve as a teacher -- you will not be there long enough to do the purchasing, to hire employees, to discharge personnel, and probably not long enough to give diet instruction to every patient who needs help.

THINGS YOU CAN USUALLY DO IF YOU WORK ONE DAY PER MONTH

1. Visit patients to see if they are satisfied.
2. Give diet instructions if necessary - if not, do some teaching and give some explanation of the diet to the person on a Modified Diet and to the nurse who may give the diet instructions later.
3. You may need to write menus or review those that have been written.
   a) Check for adequacy of all menus as well as teach employees to put together combinations that are nutritious, pretty and tasty.
   b) Teach the cooks to be aware of garnishes and when and where to use them.
   c) Encourage planning a menu that is well adapted to the community.

   Have Supervisor make notes of:
   1) Items not eaten
   2) Recipes that did or didn't work
   3) The menu combinations that were easy or difficult to prepare
   4) Menu combinations that were well accepted
   5) Menus that can be easily adapted to the Modified Diets

4. Observe some food preparation and tray service. Get into the work enough to know what is actually going on, then hold a meeting or class with food service employees regarding good things they are doing. With this as a beginning, you can begin to discuss improvements to be made.

THINGS YOU CAN DO IF YOU WORK TWO DAYS A MONTH

1. Same as One Day per Month - PLUS
2. You should see that everything is kept clean and that good sanitation procedures are used
3. You may find a need to help work out specifications for purchasing food, and in some cases, an inventory and cost records may be desirable.

THINGS YOU CAN DO IF YOU WORK ONE DAY A WEEK

1. All that has been listed, including more attention to patients and more guidance to employees regarding Modified Diets.
2. Plan at the time of each visit something to work on at the next visit; i.e., select a recipe to work on and around which to build an on-the-job training discussion.

WHAT YOU CAN DO IF YOU WORK SEVERAL HOURS, SEVERAL DAYS EACH WEEK

1. You can write or check General Menus and write Modified Diets.
2. Work out cycle menus with recipes to go with each menu.
3. Plan work schedules; plan job analyses.
4. Write specifications for food to be purchased; set up cost accounting system or work with food service supervisor to get all of these things accomplished; in other words, you are the organizer or advisor.

You are not always present when the salesmen come, so you need to teach some of the things to look for. You might open or cut two different brands of an item or two grades of the same brand and compare the quality, the drained weight, the number of portions, and the cost for each portion. Then discuss with the Supervisor what is best to buy.

You may need to look over the storeroom shelves to see if there are items that need to be used up, then try to find a way to use them. Develop a system of dating cans when delivered.

> You are the person who has been employed to produce results, to give a professional service - to raise standards and to teach. You may or may not be expected to keep cost records. This is something you should discuss with your Administrator.

You should concentrate on developing the area that the Administrator feels is most important. You will have so many things that you will want to do that you will need to budget your time to use every minute on duty wisely -- no time for idle chatter with either kitchen employees or nursing staff or patients.

As with all Guidelines, these are <u>just suggestions</u>. Always your work must meet individual needs of individual hospitals and nursing homes -- and in accordance with your own background of interest, abilities and experience.

Try to remember:

You cannot expect to accomplish everything at once.
Read once again Point #2 on the first page of these Guidelines.

-- Build your suggestions upon your observations.
-- The employees may see you as a threat to them. Gain their confidence by explaining to them who you are and why you were employed -- as a teacher, to help them to do their jobs more effectively.
-- If you succeed in this they will look forward to your next visit -- and you will receive real satisfaction from your work.

VITA

Glee Talbot Kincannon

Candidate for the Degree of

Master of Science

Thesis: A STUDY OF CONSULTANT, SHARED, AND PART-TIME DIETITIANS IN OKLAHOMA AND TEXAS

Major Field: Food, Nutrition, and Institution Administration

Biographical:

Personal Data: Born in Santa Monica, California, on July 31, 1934.

Education: Attended grade schools in Santa Monica, West Los Angeles, and Long Beach, California; graduated from high school in Lynwood, California; completed requirements for the Bachelor of Science degree in Home Economics at Pacific Union College, Angwin, California, in June, 1956; completed requirements for Administrative Dietetic Internship at Oklahoma State University, Stillwater, in August, 1957; completed requirements for the Master of Science degree at Oklahoma State University in May, 1965.

Professional Experience: Assistant dietitian, Oklahoma State University from September, 1957, to June, 1960.

Professional Associations: Member American Dietetic Association, Oklahoma Dietetic Association, and Seventh-day Adventist Dietetic Association.