State of Nutrition in Healthcare Institutions

iThrive, THRIVETRIBE WELLNESS SOLUTIONS PVT. LTD.

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ABSTRACT

Hospital-based nutrition services play a critical yet often underutilized role in patient care. This document draws on insights from a targeted survey conducted by **iThrive Academy and Research Centre (iARC)**, designed to evaluate the current state of nutrition services within hospital settings and to understand the professional experiences, knowledge levels, and training needs of practicing nutritionists.

The survey examines institutional infrastructure, clinical integration of nutrition services, workload, and role recognition of nutritionists, and self-perceived competence in delivering nutrition care. It also explores awareness of advanced and functional nutrition approaches and the readiness of nutrition professionals to engage in further capacity building.

The insights highlight key systemic and professional gaps that limit the effective delivery of nutrition care in hospitals. These observations are intended to inform practical recommendations for strengthening nutrition departments, enhancing clinical integration, and supporting targeted training initiatives. Collectively, they underscore the need for a more structured, well-supported, and forward-looking approach to hospital nutrition services to improve patient outcomes.

INTRODUCTION

Nutrition is a fundamental determinant of health outcomes and an essential part of patient care across clinical settings. In hospitals, timely and appropriate nutrition support improves recovery, reduces complications, enhances treatment tolerance, and boosts overall outcomes. Evidence from diverse populations, including oncology, critical care, and renal patients, shows that effective nutrition interventions can shorten hospital stays, prevent disease-related malnutrition, and improve quality of life and functional capacity.

Despite this, nutrition services in many hospitals remain inconsistently structured, unevenly resourced, and poorly integrated into clinical workflows. Malnutrition, including protein-energy wasting, is still under-recognized, under-documented, and under-treated, contributing to increased morbidity, mortality, and healthcare costs, especially in resource-constrained settings with high patient volumes.

The effectiveness of nutrition care is closely tied to the professional environment of nutritionists and dietitians. Factors such as institutional infrastructure, staffing levels, documentation systems, and interdisciplinary collaboration shape the quality and scope of nutrition services. Nutritionists often function as supportive rather than integral clinical team members, limiting their role in decision-making, ward rounds, and discharge planning, which constrains the impact of their interventions.

Access to continuing education, role clarity, and perceived authority within medical hierarchies also influence nutritionists' practice. Gaps in training and limited exposure to evolving nutrition science reduce their ability to deliver advanced care. Understanding nutritionists' self-rated knowledge, confidence, workload, and job satisfaction is key to identifying workforce barriers affecting patient outcomes.

As healthcare faces rising chronic and multi-morbid conditions, the need for integrated, patient-centered nutrition care grows. Hospitalized patients often require individualized, longitudinal nutrition strategies beyond standardized diets, underscoring the shift from reactive to proactive, structured nutrition models embedded in clinical pathways.

Alongside traditional Medical Nutrition Therapy (MNT), interest is increasing in personalized, systems-based approaches like advanced and functional nutrition. These models focus on individualized assessment and the metabolic drivers of disease, promoting long-term healing rather than symptom management. However, adopting such approaches depends on existing infrastructure, institutional support, and workforce readiness.

This document draws on insights from a structured survey conducted by **iThrive Academy and Research Centre (iARC)** to explore hospital nutrition services and the professional landscape of nutritionists, providing insights into current practices and emerging needs.

SIGNIFICANCE

Understanding hospital nutrition services is vital to improving patient care and outcomes. Nutrition-related complications prolong hospital stays, increase costs, and worsen recovery, yet nutrition services are often under-resourced and insufficiently integrated into routine care. Evaluating how these services are organized, supported, and embedded in clinical workflows reveals critical systemic gaps limiting effective nutrition delivery.

Equally important is understanding nutritionists' professional experiences. Despite their central role in assessment, intervention, and management, nutritionists frequently face heavy workloads, limited clinical authority, inadequate documentation systems, and inconsistent inclusion in multidisciplinary teams. Assessing their workload, clinical involvement, and implementation of recommendations highlights structural barriers impacting care quality.

Assessing nutritionists' self-rated knowledge, confidence, and access to ongoing education offers further insight into workforce readiness. Rapid advances in nutrition science and the growing burden of chronic diseases demand continuous professional development. Identifying training gaps supports designing targeted capacity-building initiatives to enhance clinical competence and effectiveness.

This assessment is particularly relevant amid evolving nutrition care models. Growing interest in advanced and functional nutrition emphasizes the need to understand baseline awareness, preparedness, and institutional support for personalized, long-term strategies. Without appropriate training and systemic backing, these approaches cannot be responsibly integrated into practice.

By examining institutional infrastructure alongside workforce experiences and emerging perspectives, this work informs strategic planning to strengthen hospital nutrition services. Addressing gaps at the system and workforce levels is essential to elevate nutrition as a core element of quality healthcare rather than a peripheral support function.

METHODOLOGY

This cross-sectional study employed a self-designed questionnaire to collect both qualitative and quantitative data from nutritionists and dietitians with hospital experience in Pune. The survey examined the state of nutrition services, professionals' self-rated knowledge, job satisfaction, and their perceptions of recognition and involvement within clinical teams.

Data were collected in January 2026 through purposive sampling using Google Forms. Attitudes and perceptions were measured with a standardized 5-point Likert scale. Participation was voluntary and anonymous, with informed consent obtained from all participants before data collection.

KEY FINDINGS

Survey findings reveal key challenges in hospital nutrition services related to infrastructure, staffing, clinical integration, and professional recognition, which impact the quality of care delivered.

Sociodemographic Profile

The respondents were predominantly young female hospital nutritionists from Pune, with a mean age of 27.6 years (range: 22-46 years), and women comprised 92.9% of the sample. Most participants were highly qualified, with 83.3% holding postgraduate degrees in Nutrition or Dietetics, while smaller proportions had undergraduate (7.1%), diploma-level (4.8%), or allied health qualifications with nutrition training (7.1%). Work experience varied widely, with a median of 24 months and a range from 2 to 276 months, reflecting a workforce that includes both early-career professionals and long-standing practitioners within hospital settings (Refer to Table 1).

Table 1. Sociodemographic Characteristics of Survey Participants (n = 42)

Parameter	Frequency
Age (years)	Mean: 27.6
	Range: 22 - 46
Gender	Female: 39 (92.9%)
	Male: 3 (7.1%)
Highest Educational Qualification	Postgraduate qualification in Nutrition/Dietetics: 35 (83.3%)
	Undergraduate qualification in Nutrition/Dietetics: 3 (7.1%)
	Diploma-level nutrition training: 2 (4.8%)
	Allied health qualifications with nutrition training: 3 (7.1%)
Work Experience (months)	Median: 24
	Range: 2 - 276

Section - 1. Institutional Nutrition Infrastructure & Systems

Out of all the respondents, only 16.67% of respondents reported being fully equipped with modern, calibrated nutritional assessment tools, while the majority relied on limited or suboptimal resources, 54.76% had access only to basic tools such as weighing scales or stadiometers, 26.19% reported having no dedicated assessment tools at all, and 2.38% noted that available tools were frequently broken or uncalibrated (See Figure 1). Despite these constraints, clinical engagement within hospital settings showed partial uptake: 61.90% stated that their nutrition recommendations were often implemented but typically required repeated follow-up, whereas 23.81% reported that recommendations were always respected as a clinical mandate. However, 14.29% indicated that their role remained restricted to basic meal planning, with recommendations never formally implemented.

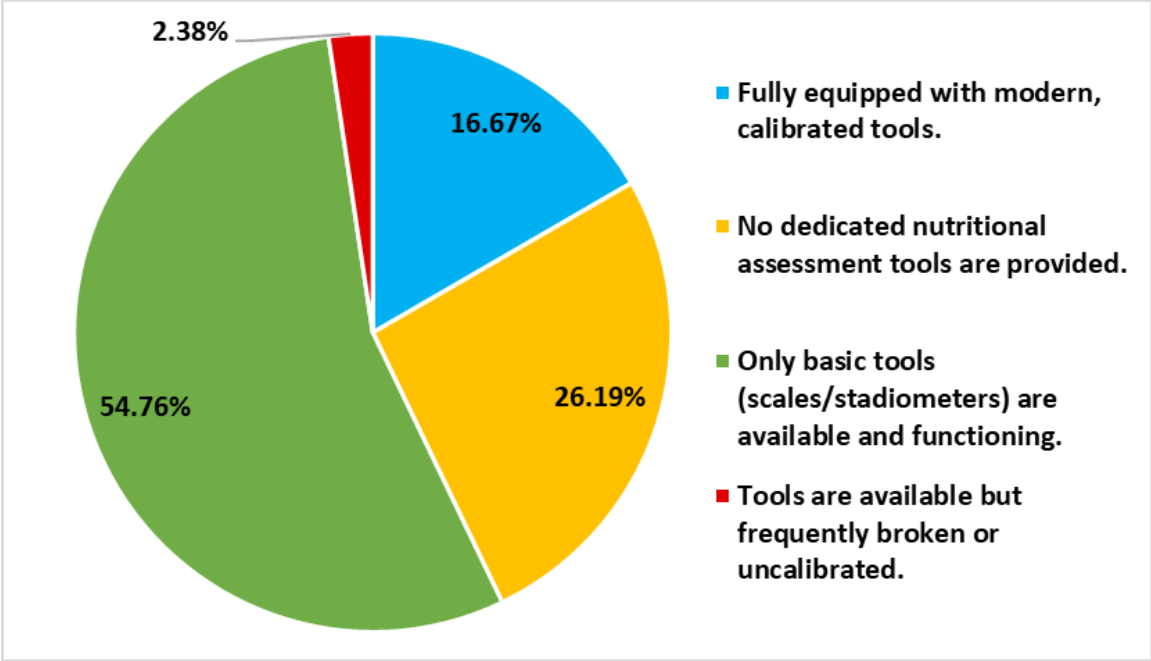

Figure 1. Availability of Nutritional Assessment Tools in Hospitals

Budgetary allocation further reflected the marginal positioning of clinical nutrition services. Nearly half of the respondents (47.62%) reported that nutrition budgets were merged with general kitchen or catering expenses. In comparison, only 21.43% had access to a dedicated clinical nutrition budget managed by a nutrition head. The remainder functioned with ad hoc approvals (26.19%) or no formal budget at all (4.76%), reinforcing the perception of nutrition as a support service rather than a therapeutic discipline, as shown in Figure 2.

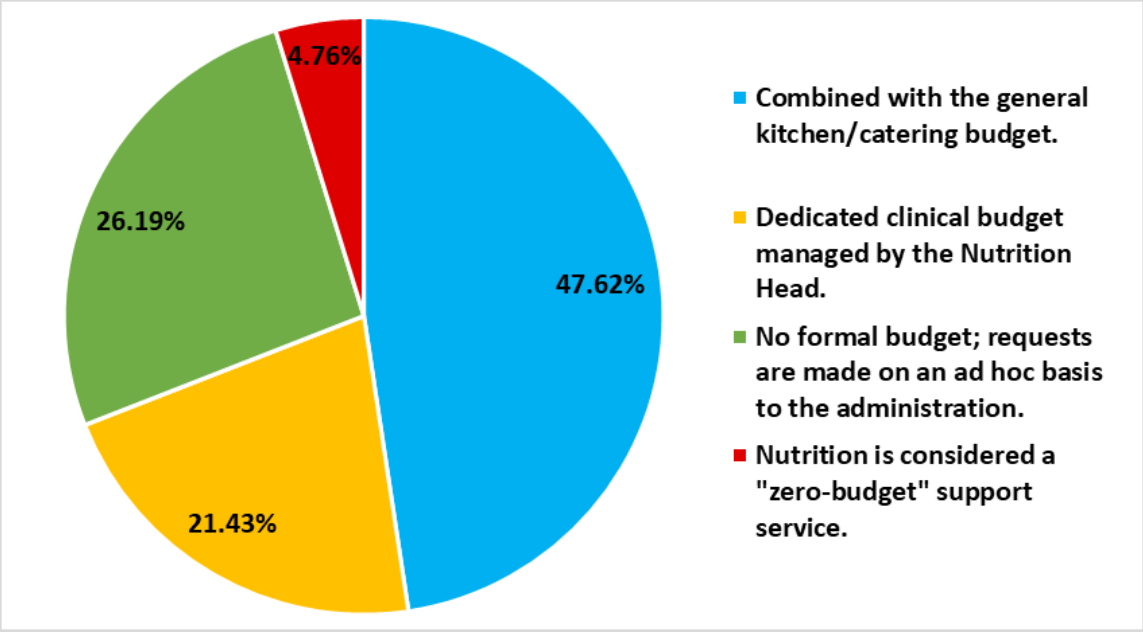

Figure 2. Budgetary allocation for the nutrition department in Hospitals

Workforce strain was evident in patient load metrics. A majority of nutritionists operated under strained or critical conditions, with 45.24% managing patient-to-nutritionist ratios of 1:31-50 and 16.67% exceeding 1:50 per shift. Only 14.29% reported optimal ratios (1:15 or less), highlighting limited capacity for individualized assessment and counseling (See figure 3).

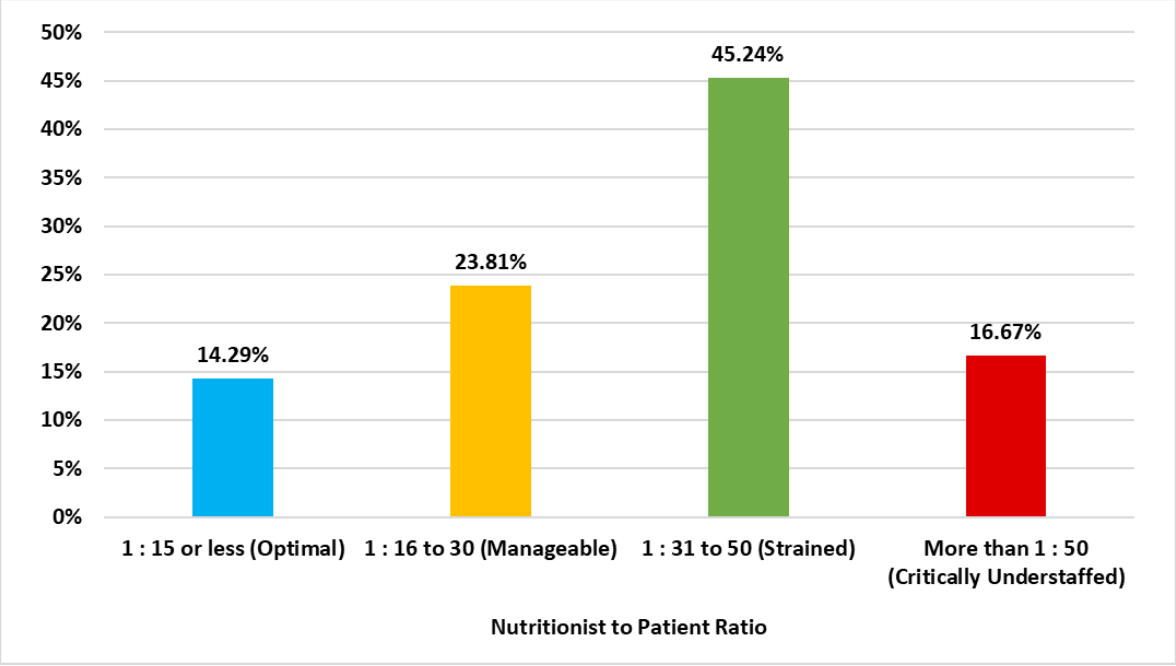

Figure 3. Staffing Adequacy: Patient-to-Nutritionist Ratios

Documentation practices showed poor integration into mainstream clinical systems. More than half (54.76%) relied exclusively on manual, paper-based records, and 23.81% used separate digital systems not accessible to physicians (See Figure 4). Only 16.67% reported seamless integration of nutrition notes into the hospital's primary electronic health record. Likewise, disease-related malnutrition was rarely recognized in discharge summaries: 50% reported it was documented in fewer than 25% of cases, and 11.9% stated it was never documented, despite its known impact on outcomes (See Figure 5).

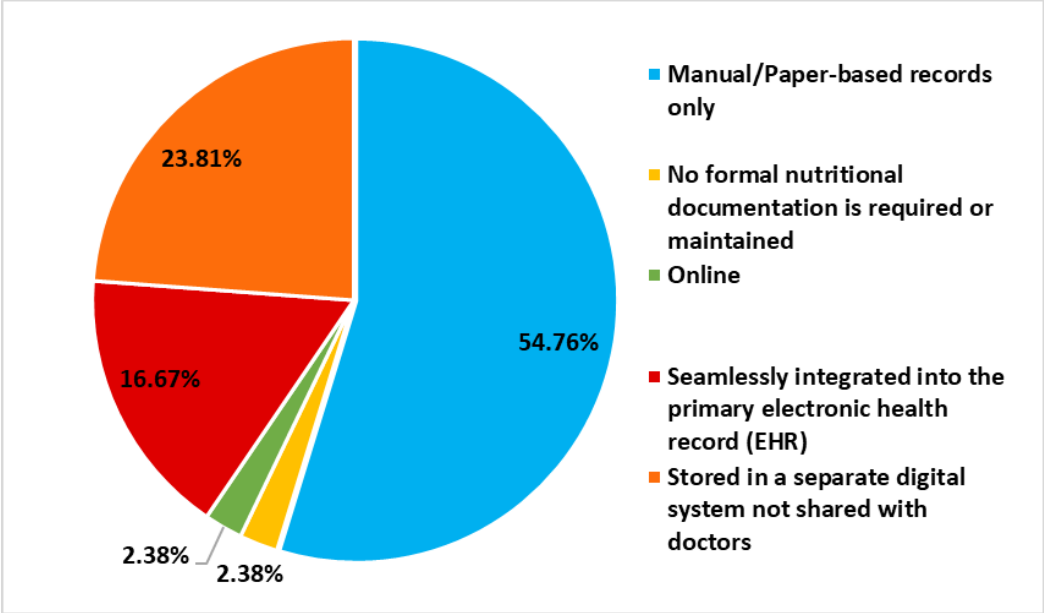

Figure 4. Clinical Integration of Nutrition Care

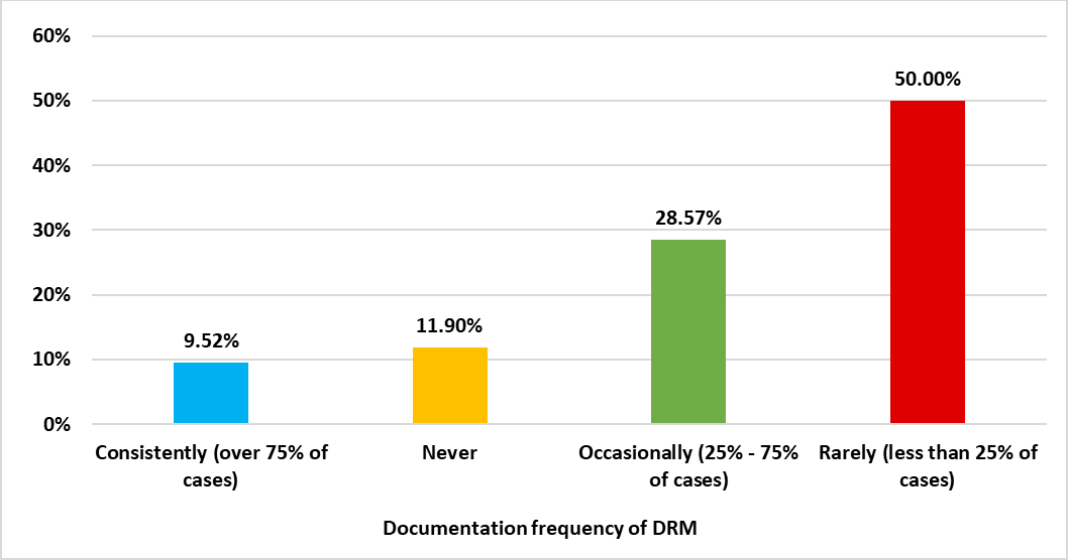

Figure 5. Documentation of Disease-Related Malnutrition

Implementation of clinical nutrition recommendations remained largely conditional rather than routine. Only 23.81% of respondents reported that their recommendations were consistently respected as a clinical mandate, while the majority (61.90%) indicated that implementation occurred only after repeated follow-up or persuasion. Notably, 14.29% reported that their recommendations were never implemented, with their role restricted to basic meal planning (See Figure 6). This pattern suggests that nutrition inputs are often viewed as advisory rather than essential, requiring validation from the medical team before action. The need for persistent advocacy highlights limited clinical authority and reinforces the perception of nutrition as supportive rather than therapeutic within hospital care, potentially delaying timely and appropriate nutrition interventions.

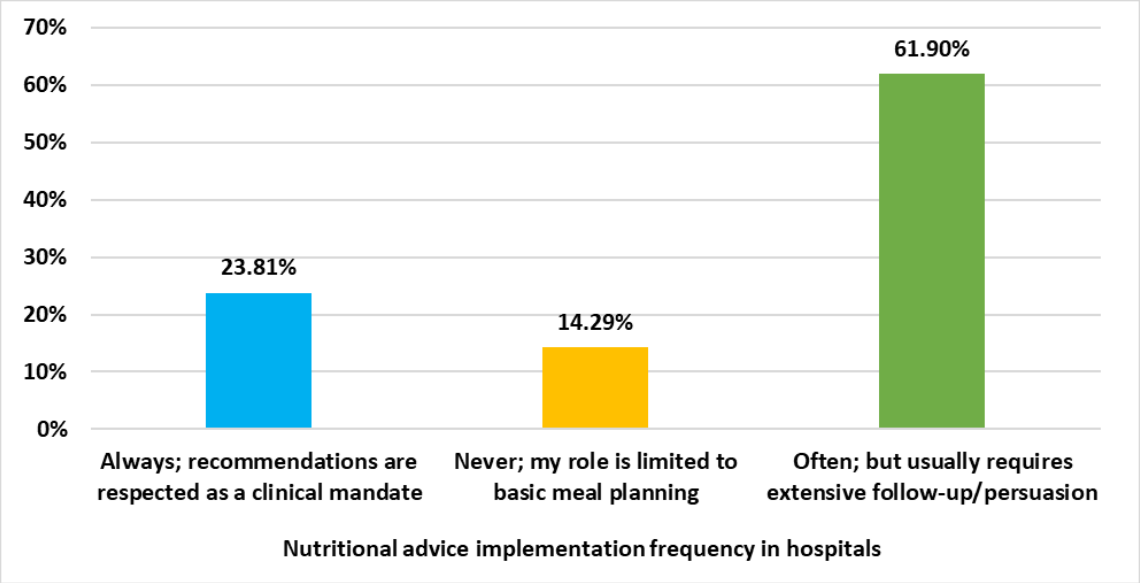

Figure 6. Nutritionists' Participation in Clinical Decision-Making

Open-ended responses reinforced these quantitative findings, with one participant noting that *"nutrition is often viewed as supportive rather than therapeutic, leading to underdocumentation of malnutrition and delayed implementation of recommendations,"* while another highlighted that *"all the nutrition advice for a particular disease is through a one-size-fits-all approach."* Collectively, these findings point to systemic under-resourcing, limited clinical authority, and inadequate integration of nutrition into hospital care pathways.

Section - 2. Role, Workload & Professional Experience of Nutritionists

Across hospitals, nutritionists' clinical involvement and professional experience showed a marked imbalance between responsibility and authority. Participation in daily clinical rounds was relatively common, with 57.14% reporting involvement in ICU or ward rounds for critical patients every day; however, 30.95% were invited only when specifically called, and 11.90% were rarely or never included, indicating inconsistent integration into routine clinical decision-making.

Despite this, overall job satisfaction remained low to moderate. Only 16.67% reported being satisfied or very satisfied with their work, while 40.5% expressed dissatisfaction and 7.14% reported being very dissatisfied; the largest proportion (40.48%) remained neutral, reflecting emotional disengagement rather than fulfillment. This misalignment was further evident in role expectations: 76.19% stated that their job responsibilities were less or much less than expected, suggesting underutilization of clinical expertise despite high workloads.

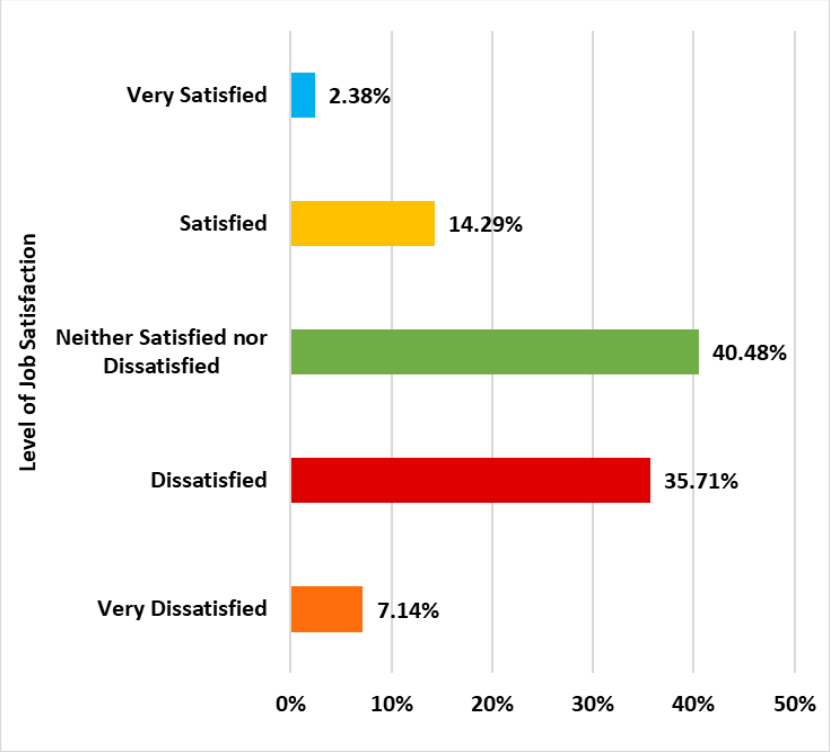

Figure 7. Job Satisfaction of Nutritionists

The most frequently reported barrier to delivering quality nutrition care was lack of recognition and authority within the medical hierarchy (38.10%), surpassing workload and administrative burden (26.19%), lack of physical resources (19.05%), and inadequate access to specialized training (16.67%), as shown in Figure 8. Qualitative responses reinforced these findings, repeatedly highlighting that nutrition care decisions were often overridden or dictated by physicians, reducing dietitians' roles to meal planning rather than clinical nutrition management. One respondent noted that *"nutrition is often treated as secondary, even though it should be a key part of treatment,"* while another emphasized that *"a dietitian's advice should be respected like that of a consultant doctor."*

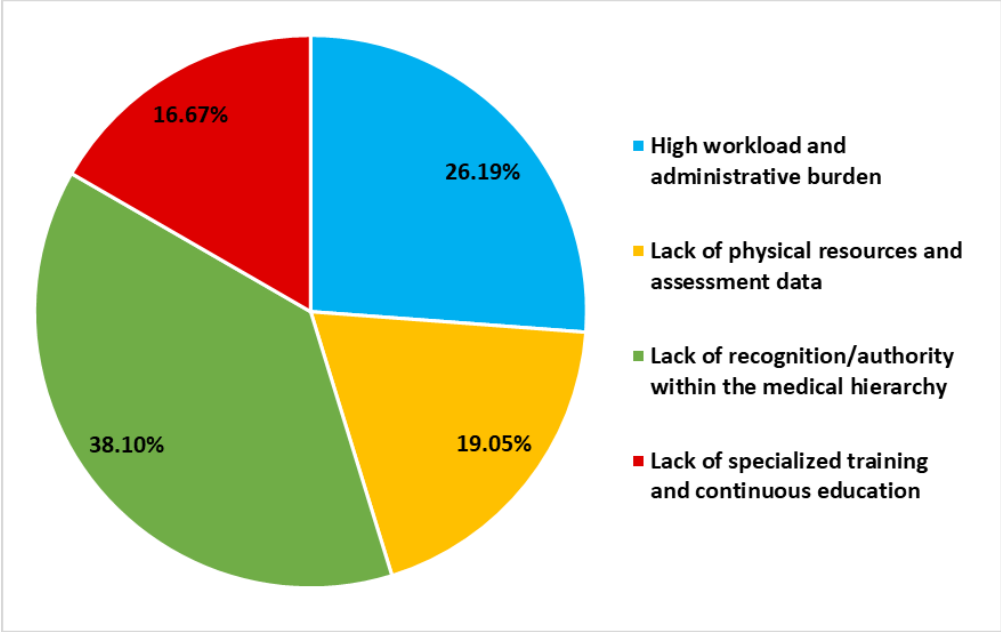

Figure 8. Barriers to providing proper nutrition care

High patient loads and insufficient staffing further constrained care delivery, limiting time for individualized assessment and follow-up. Respondents consistently described being overwhelmed by administrative tasks, inadequate documentation systems, and poor interdisciplinary communication, all of which diluted the therapeutic impact of nutrition interventions. Several participants emphasized that standard hospital menus, lack of flexibility in therapeutic diets, and absence of proper assessment tools further undermined evidence-based practice. Collectively, these findings suggest that while nutritionists are present within hospital systems and often clinically trained, structural barriers, hierarchical dynamics, and workload pressures significantly restrict their ability to function as autonomous clinical professionals, contributing to reduced job satisfaction and suboptimal nutrition care delivery.

Section - 3. Nutrition Knowledge, Confidence & Clinical Practice

Respondents generally demonstrated high self-perceived nutrition knowledge and strong belief in the clinical importance of nutrition therapy, though this confidence was tempered by variability in ongoing training exposure. The majority rated their current nutrition knowledge as good or excellent (76.19% and 4.76%, respectively), while 19.05% perceived their knowledge as only average, indicating residual gaps despite formal qualifications (See Figure 9). Confidence in applying this knowledge was comparatively high: 52.38% reported being very confident, and 21.43% described their confidence as extremely high, whereas 26.19% described their confidence as moderate. This suggests that while theoretical knowledge is largely perceived as adequate, translation into consistent clinical practice may still be constrained by contextual or systemic factors rather than competence alone.

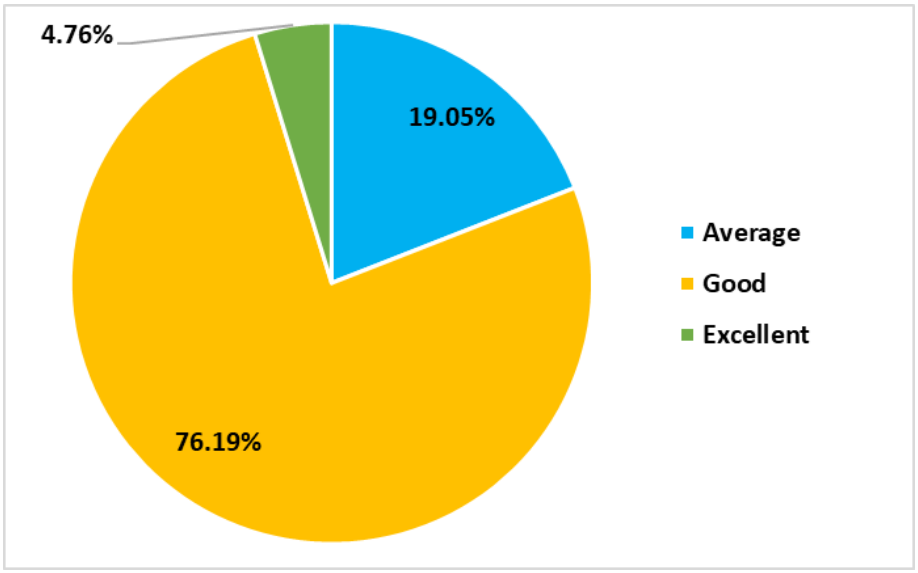

Figure 9. Self-perceived nutrition knowledge levels of nutritionists

Perceptions regarding the role of nutrition therapy within modern healthcare were overwhelmingly positive. Nearly two-thirds of respondents (66.67%) rated nutrition therapy as extremely important, and an additional 26.19% considered it very important as an adjunct to medical treatment, reinforcing strong professional alignment with evidence-based nutrition care, as shown in Figure 10. However, this conviction was not consistently matched by institutional support or structured professional development. Only 26.19% reported updating their clinical nutrition knowledge very regularly through formal training programs, while 40.48% did so regularly. Notably, 33.33% updated their knowledge only occasionally or rarely, highlighting a clear gap in continuous education despite high perceived responsibility and confidence.

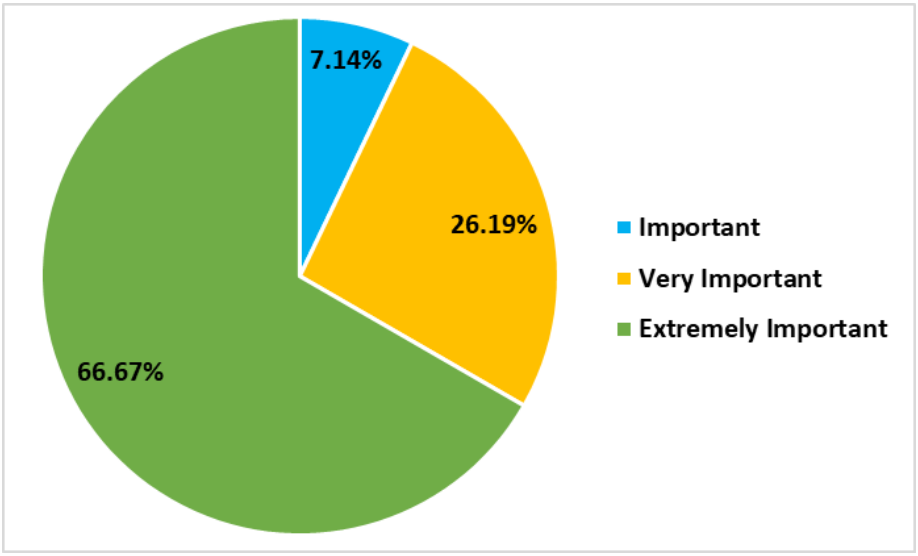

Figure 10. Perception regarding the role of nutrition therapy in healthcare systems

This disconnect underscores a critical tension: nutritionists recognize the centrality of nutrition in clinical outcomes and largely trust their own competence, yet face limited opportunities or systemic encouragement to sustain and advance their clinical expertise, potentially restricting innovation, specialization, and adoption of advanced nutrition practices in hospital settings.

Section - 4. Awareness, Perception & Readiness for Functional Nutrition

The vast majority of respondents (83.33%) strongly agree that nutrition plays a vital role beyond symptom management, contributing to long-term patient healing. Familiarity with the concept of functional nutrition is moderate to high, with 76.19% reporting moderate to extreme familiarity. Importantly, 88.10% feel that additional training in advanced or functional nutrition would enhance their clinical effectiveness, and 85.71% expressed willingness to participate in structured training or certification programs if offered. This enthusiasm reflects a clear recognition among nutritionists of the evolving landscape in clinical nutrition and a readiness to embrace more personalized, integrative approaches.

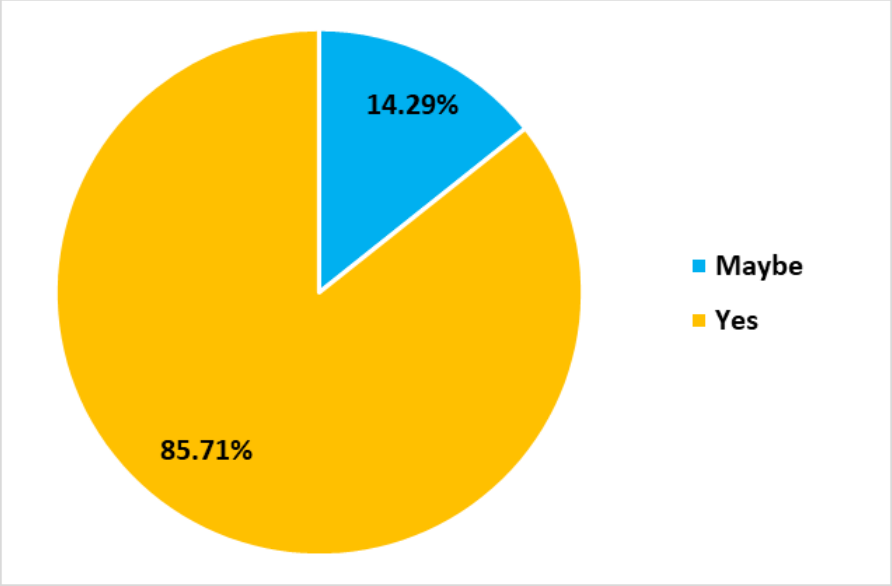

Figure 11. Readiness for Advanced & Functional Nutrition Training

These findings highlight a nutrition workforce that is both dedicated and aware of the critical role nutrition plays in patient care, yet constrained by systemic limitations, including insufficient tools, budgetary challenges, and limited clinical integration. Despite these barriers, nutritionists show a strong desire for professional growth and greater involvement in clinical decision-making. The clear enthusiasm for advanced training in functional nutrition signals a readiness to evolve practices toward more personalized, impactful care. Addressing these gaps through improved resources, recognition, and interdisciplinary collaboration could significantly enhance the

effectiveness of hospital nutrition services, ultimately benefiting patient outcomes and advancing the profession's role within healthcare teams.

FUTURE DIRECTIONS

The survey identifies clear areas needing urgent improvement to strengthen hospital nutrition services:

1. Infrastructure & Resources:

- Ensure availability of modern, calibrated nutritional assessment tools.
- Allocate dedicated budgets specifically for nutrition departments to support clinical interventions beyond basic meal planning.

2. Workforce Development:

- Address gaps in professional recognition and clinical authority.
- Implement structured, accredited training programs focused on advanced and functional nutrition.
- Promote continuous education to enhance clinical confidence and personalized care delivery.

3. Clinical Integration & Digitalization:

- Seamlessly embed Nutrition Care Process (NCP) documentation into primary electronic health records (EHRs).
- Develop user-friendly digital platforms for effective data sharing among nutritionists, physicians, and multidisciplinary teams.
- Foster nutritionists' involvement in ward rounds and clinical decision-making.

4. Workload Management:

- Optimize patient-to-nutritionist ratios to reduce administrative burden and allow personalized care.
- Build strong leadership and teamwork within nutrition departments to advocate for resources and professional status.

5. Awareness & Patient Engagement:

- Launch education initiatives to increase awareness of nutrition's critical role in healing beyond symptom management.
- Shift patient perception from viewing nutritionists as food service providers to essential healthcare partners.
- Encourage active patient participation in nutrition therapy for better adherence and outcomes.

A coordinated, multi-level strategy addressing these domains will transform hospital nutrition from a peripheral service to a central pillar of patient-centered care.

CONCLUSION

This study highlights a disconnect between nutritionists' high self-perceived knowledge and confidence and their ability to translate this expertise into comprehensive, individualized hospital care. While conventional clinical nutrition frameworks are widely understood and valued, existing structural constraints limit their evolution toward more integrative, systems-based approaches. The strong interest expressed in advanced training and expanded clinical roles suggests readiness for deeper engagement with emerging models such as functional nutrition, which emphasize root-cause assessment and long-term healing. Strengthening institutional support, fostering advanced clinical education, and enabling structured skill development may help bridge this gap. Such progression is essential for advancing nutrition practice in alignment with the growing complexity of modern healthcare.