Nutrition Screening in Palliative Care – An evaluation of Nurses’ Attitudes to ‘MUST’

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Background

Dorothy House Hospice provides acute respite, planned respite and symptom control to patients with life-limiting conditions as well as ‘end-of-life’ care. Malnutrition is common in these patients 1.

In the drive to treat or prevent malnutrition, routine nutritional screening has been recommended for all care settings 2. In response, a validated screening tool ‘MUST’ was introduced into the Hospice in 2012 for use in in-patients and out-patients. Informal feedback from nursing staff highlighted concerns regarding the acceptability of ‘MUST’ in the client groups. It was thought this was acting as a barrier to screening, subsequent assessment and care planning.

A survey was therefore undertaken to explore the acceptability of ‘MUST’ in this care setting.

Aim

This study aimed to explore nurses’ perceptions and attitudes towards the use of ‘MUST’ and nutrition screening.

Methodology

Data was collected via a questionnaire, distributed electronically / hard copy, to all nursing staff employed by the Hospice (n=47).

Open and closed questions were used to explore nurses’ views on the use of ‘MUST’, perceived benefits and disadvantages.

Comments from the open-ended questions were used as a framework for discussion in a Focus Group, which included nurses of various grades from the In-Patient Unit (IPU), Day Patient Unit (DPU) and the Community Nurse Specialist Team.

Data from the open-ended questions and the focus group were thematically analysed.

Results

30 completed questionnaires were returned from nursing staff across the entire organisation. Two thirds (66%) of respondents were Band 5 / Band 6 with considerable experience of working in the palliative care setting.

63% expressed concerns in using ‘MUST’.

Key emerging themes reflecting concerns in using ‘MUST’ included:

- inappropriateness of physical measurements in clinical conditions managed
- nurses felt the majority of patients are ‘at risk’ and would benefit from a more detailed assessment
- a feeling of lack of empowerment to use clinical judgement.

Quotes from open-ended questions

“anything that is too focused on body image is wrong. People are so worried about their weight. ‘MUST’ just accentuates it and I think it is psychologically harmful and goes against the grain of palliative care nursing”.

“MUST reassures some but causes anxiety for others, including their next of kin who are already ‘fretting’ about poor nutrition”.

“MUST can be useful in acute respite patients but I think it is inappropriate for many of our other patients”.

Many problems relating to our patient’s nutritional status are not reversible / easily treatable and are subject to personal interpretation…..”.

Discussion

The results of this survey highlight nurses’ reservations in the use of a nutrition screening tool that focusses on objective measures including weight, mid-arm muscle circumference and Body Mass Index.

The results reflect previous studies in cancer patients 3, 4 that nutritional screening and assessment should take into account not only the patient’s nutritional status, but also spiritual, psychological and social needs of patients and that information should be gathered in a compassionate manner.

Conclusion

• Training and education has been modified to reflect the nursing staff’s desire for a more compassionate approach to nutrition screening, empowering the utilisation of clinical judgement that can assist individualised care planning.

• Tools and resources are currently being developed and expanded to educate patients, relatives and carers on nutrition at every stage of a patient’s journey including the end-of-life. The emphasis in nutritional care is directed towards the improvement of quality of life and symptom control.

• Further research is planned to investigate patients’ and carers’ views on nutritional screening and assessment. A grant has been secured from the Foundation of Nursing Studies ‘Patients First Programme’. The aim will be to develop a patient-centred approach to nutritional screening and care in life-limiting conditions.

References

2. NICE Nutrition support for adults and children, enteral and non-feeding and parenteral nutrition (2017) Last accessed 30.1.2018

Fig (1) – Q: Do you find ‘MUST’ useful in your clinical practice

Usefulness of ‘MUST’ %

Quotes from open-ended questions

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