

A NEW TREND IN NUTRITION EDUCATION  
FOR SCHOOLS OF NURSING

by *SM*

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## INTRODUCTION

A change in focus in the instruction of nutrition and diet therapy is taking place in many schools of nursing throughout the United States. This change represents a gradual transition from the traditional formal classroom to a correlated and integrated curriculum for nursing students. In the fifties educators began to question whether the traditional courses in nutrition were meeting the needs of the nurse. As they saw a shift in the role of the nurse and the scope of her responsibilities, the need for revision in nutrition education became evident.

It was not until the early sixties that the new approach of integrating nutrition in the nursing curriculum was implemented. Dietitians, nursing instructors, and students found the new plan of action to entail planning, revising, and evaluating as it was put into practice. As the correlated program was incorporated into schools, it was evident that flexibility in curriculum planning played an important role. There could be no rigid rules or patterns to govern a program of this type. Guidelines were established to make the procedures workable and applicable to curriculum objectives. Those involved with the integrated program found the experiences encountered to be challenging as well as rewarding.

A review of literature concerning the integration of nutrition education for nursing programs indicates a metamorphosis in the educational process.

## IMPORTANCE OF NUTRITION IN THE NURSING CURRICULUM

Nutrition as a part of nursing must be viewed in the context of human need if the study of nutrition is to have relevancy and meaning. Nursing and the science of human nutrition both focus upon nourishing human life (17).

Sense (13) stated that the incorporation of nutrition in the nursing curriculum establishes an understanding of nutrition and its importance to the total health care of the patient. Since the nurse has more contact with patients than either the physician or the dietitian, it is she who becomes aware of poor eating habits. The nurse must incorporate nutrition into health teaching whether it be in the hospital, outpatient clinic, or a public health department. The nurse must establish rapport with patients. In order to do this she must have knowledge of teaching techniques for use at the bedside and procedures for feeding the emotionally disturbed or critically ill.

Sense (13) stated certain concepts of nutrition which indicate the importance of implementing nutrition into the nursing curriculum.

1. The study of nutrition requires sensitive inquiry into the human composition of different social groupings. The stresses of environmental factors and the availability of foods influence the food habits to which an individual clings. Deliberate modification of the diet and the influence of learning also affect one's food habits.
2. The prescription of a restricted diet may be a traumatic experience for an individual when the pleasures and the satisfactions derived from previous eating habits are altered.
3. Food has a symbolic as well as a concrete meaning for patients.

Food to a patient may communicate feelings of prestige, reward or punishment.

4. Members of the therapeutic team are responsible for maintaining and providing optimum nutrition for the well nourished patient as well as the undernourished individual.
5. The foods selected to meet the diet prescription also furnish bulk to promote peristalsis in the digestive tract, fluids to help avoid dehydration, and minerals to maintain intricate balances within the body.
6. The patient is encouraged to accept the limitations of the diet prescription and to make adjustments in food and living habits that will contribute to a better health program. Personality and emotional disturbances may be problems encountered in making these adjustments. Every effort is made to see that the patient receives the required nutrients.
7. The food allowances in the diet prescription are correlated with the new requirements of the patient's total health program.
8. Background and family environment are considered in regard to the food habits of the patient.
9. It must be remembered that stress influences food rejection, acceptance and demands made by the patient.
10. No two patients react alike to sickness and hospitalization. Those assigned to provide care must help patients to meet their problems by adopting a neutral attitude and not revealing one's own reactions to food.