
| RESEARCH ARTICLE

Experiences of Registered Nutritionist-Dietitians in Selected Tertiary Government Hospitals in Metro Manila on the Implementation of the Nutrition Care Process (NCP): Basis for a Clinical Nutrition Framework

Harmond D. Flores, RND¹ and Dr. Erwin M. Faller²

¹ *Master of Hospital Administration, Philippines*

² *Faculty, Graduate School Department, Philippines*

Corresponding Author: Harmond D. Flores, RND, **E-mail:** hflores@sbic.edu.ph

| ABSTRACT

The Nutrition Care Process (NCP) was developed as a standardized and evidence-based approach to improve the quality and consistency of clinical nutrition care. Despite policy mandates in the Philippines, its implementation in tertiary government hospitals remained inconsistent. This study explored the lived experiences of Registered Nutritionist-Dietitians (RNDs) in implementing the NCP in selected tertiary government hospitals in Metro Manila and served as a basis for developing a Clinical Nutrition Framework. A phenomenological qualitative design was employed, involving purposively selected RNDs. Data were collected through in-depth interviews and analyzed using thematic analysis guided by the Consolidated Framework for Implementation Research (CFIR). The findings revealed that NCP enhanced clinical reasoning and professional accountability but was constrained by limited resources, manpower shortages, and inconsistent organizational support. Leadership engagement, professional commitment, and adaptive strategies were identified as key facilitators. The study concluded that successful NCP implementation depended on the interaction of organizational, individual, and external factors. A Clinical Nutrition Framework was proposed to strengthen implementation through policy support, organizational readiness, capacity building, patient-centered adaptation, and monitoring mechanisms.

| KEYWORDS

Nutrition Care Process, Registered Nutritionist-Dietitians, Clinical Nutrition, CFIR, Government Hospitals, Philippines, Qualitative Study

| ARTICLE INFORMATION

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Introduction

The Nutrition Care Process (NCP) was developed as a systematic and evidence-based approach to delivering quality nutrition care through four stages: assessment, diagnosis, intervention, and monitoring and evaluation. It was designed to standardize clinical practice and improve patient outcomes across healthcare settings.

In the Philippines, the Department of Health institutionalized the implementation of NCP through Administrative Order No. 2019-0033, mandating its adoption in all hospitals. Despite this policy, variability in implementation was observed, especially in tertiary government hospitals where resource constraints and high patient volumes affected clinical practice.

Although healthcare professionals increasingly recognized the importance of NCP, gaps existed between policy and practice. These gaps necessitated a deeper exploration of the experiences of Registered Nutritionist-Dietitians (RNDs), who played a critical role in implementing clinical nutrition care.

Effectiveness of the Nutrition Care Process

Existing studies demonstrated that NCP improved the quality of clinical nutrition care by enhancing diagnostic accuracy, standardizing documentation, and supporting evidence-based interventions. Bernardo and Perez (2023) reported that the adoption of structured clinical nutrition frameworks significantly improved patient outcomes in Philippine hospitals. Similarly, Lee and Garcia (2023) found that adherence to NCP protocols contributed to better clinical outcomes in acute care settings.

Barriers to NCP Implementation

Several studies identified barriers to effective NCP implementation, particularly in resource-limited hospital settings. Cruz et al. (2024) highlighted challenges such as insufficient manpower, lack of training, and limited institutional support. Delomen et al. (2024) further emphasized that the complexity of NCP documentation and limited familiarity with standardized terminologies hindered consistent application.

International literature also emphasized similar constraints, including workload pressures, lack of infrastructure, and insufficient interdisciplinary collaboration, which affected implementation success.

Facilitators and Organizational Factors

Organizational support emerged as a key determinant of successful NCP adoption. Studies showed that leadership engagement, availability of resources, and supportive institutional policies facilitated implementation. Interprofessional collaboration and continuous training also improved compliance with NCP protocols.

Role of Individual Competence and Professional Identity

The competence and motivation of RNDs influenced NCP implementation. Research indicated that dietitians with higher self-efficacy and stronger professional identity were more likely to consistently apply NCP. Continuous professional development and mentorship were crucial in strengthening competencies, particularly among newly employed practitioners.

Need for Context-Specific Frameworks

Literature underscored the importance of developing context-specific frameworks that addressed institutional and patient-related challenges. However, limited studies focused on government hospitals in the Philippines, highlighting a gap that this study aimed to address.

Research Objectives

This study analyzed the experiences of the Registered Nutritionist-Dietitian in the implementation of Nutrition Care Process (NCPO) among selected tertiary government hospitals in Metro Manila. The outcome of the study will serve as a basis in crafting Clinical Nutrition Framework.

The specific objectives of the study were:

1. To describe the experiences of registered nutritionist-dietitians in the implementation of nutrition care process in terms of intervention characteristics, outer setting, inner setting, characteristics of individuals, and process.
2. To describe the challenges of registered nutritionist-dietitians in selected tertiary government hospitals in metro manila in the implementation of nutrition care process.
3. To provide recommendations from registered nutritionist-dietitians in tertiary government hospitals for the improvement on the current implementation of nutrition care process.

Methodology

Research Design

A phenomenological qualitative research design was employed to explore the lived experiences of Registered Nutritionist-Dietitians in implementing the Nutrition Care Process.

Participants and Sampling

Twenty (20) Registered Nutritionist-Dietitians were selected through purposive sampling. Participants were required to be currently employed in tertiary government hospitals in Metro Manila and to have at least six months of experience in implementing NCP.

Data Collection

Data were collected through in-depth interviews using a researcher-developed interview guide based on the CFIR domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and process.

Ethical standards were strictly followed, including informed consent, voluntary participation, and confidentiality.

Data Analysis

Thematic analysis was conducted. Data were transcribed verbatim, coded systematically, and grouped into themes. The CFIR framework guided the interpretation of findings.

Results and Discussions

Five major themes emerged from the analysis:

Theme 1: NCP as a Structured but Complex Clinical Tool

Participants reported that NCP improved clinical reasoning and documentation; however, its complexity and documentation requirements made implementation difficult in high-volume settings.

Theme 2: Influence of Patient Context and External Policies

Patient socioeconomic conditions influenced adherence to nutrition interventions. While DOH policies promoted NCP adoption, resource limitations affected implementation.

Theme 3: Organizational Support and Leadership Engagement

Hospitals with strong leadership support, adequate staffing, and training demonstrated more effective NCP implementation. Lack of institutional support hindered sustainability.

Theme 4: Professional Identity and Competence of RNDs

Participants demonstrated strong commitment to their roles. Experienced RNDs exhibited high self-efficacy, while newer practitioners required mentorship and additional training.

Theme 5: NCP as an Adaptive and Continuous Process

Implementation was described as evolving rather than fully institutionalized. Monitoring and evaluation systems were inconsistent due to resource constraints.

Discussion

The study revealed that the Nutrition Care Process significantly enhanced clinical nutrition practice by promoting standardized care and improving patient outcomes. These findings aligned with previous studies emphasizing the effectiveness of NCP in supporting clinical decision-making.

However, the study also highlighted persistent barriers, including manpower shortages, limited resources, and insufficient organizational support. These challenges were consistent with findings from both local and international studies, indicating that healthcare system constraints remained a major factor affecting implementation.

The role of leadership and organizational readiness was critical. Hospitals that provided sufficient support demonstrated better implementation outcomes. This confirmed the importance of institutional commitment in sustaining healthcare innovations.

Furthermore, patient-related socioeconomic factors influenced the feasibility of nutrition interventions. This emphasized the need for flexibility in applying standardized frameworks such as NCP.

Professional commitment among RNDs served as a key facilitator. Despite challenges, participants remained motivated to deliver quality nutrition care. However, reliance on individual efforts alone was insufficient; systemic improvements were necessary.

The findings supported the use of the CFIR framework in understanding the complex interplay of factors influencing implementation.

Conclusion

The Nutrition Care Process was a valuable framework that enhanced clinical nutrition practice. However, its successful implementation in tertiary government hospitals depended on multiple interacting factors, including organizational support, resource availability, patient context, and professional competence.

To address these challenges, a Clinical Nutrition Framework was proposed, focusing on:

1. *Policy and Governance Support. Ensuring alignment with Department of Health mandates.*
2. *Organizational Readiness. Emphasizing leadership engagement and resource availability;*
3. *Capacity Building. Focusing on continuous training and mentorship.*
4. *Patient-Centered Adaptation. Integrating socioeconomic and cultural considerations into nutrition care.*
5. *Monitoring and Evaluation Systems. Institutionalizing outcome tracking and documentation.*

This framework components aimed to strengthen NCP implementation and improve the quality of nutrition care in government healthcare settings.

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