



# Does the Transformation of Dietitians from Counseling to Therapy Also Apply to the Physical and Therapeutic Environment? A Case Study of Israeli Practice

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## ABSTRACT

**Background** Lifestyle change can be influenced through effective interaction between care receiver and care provider. The physical environment where the interaction occurs can affect the dynamics of long-term therapeutic treatment. There have been no studies on the perception of the physical environment in nutritional treatment.

**Objective** Our aim was to ascertain the impact of the physical environment on the dynamics and communication between dietitian and patient based on perceptions of dietitians.

**Design** We conducted qualitative constructivist phenomenological research.

**Participants** In-depth interviews (n=10) and eight focus groups (n=62) were held with dietitians who offer treatment in a physical environment designed according to the medical model and/or in a physical dynamic environmental design according to the dynamic model.

**Results** Most dietitians in Israel treat their patients in a physical environment arranged according to the medical model. The participants reported that the physical environment affects the interaction. However, the idea of transforming the physical environment according to the dynamic model raised reservations. Barriers include upsetting therapeutic boundaries, challenging professional authority, and lack of therapeutic tools suitable for the change.

**Conclusions** Changes in the spatial design in which the therapeutic interaction occurs might support the dietitians' transformation from counseling into therapy. The barriers toward such change suggest that professional training is needed to enable dietitians to overcome them. We recommend conducting further research to evaluate the current physical environment, as well as raising dietitians' awareness and training them to work in the new environment, reflecting a counseling/therapeutic mindset. These changes should be followed by additional research among practitioners to report on their effects.

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LIFESTYLE CHANGE CAN BE INSTIGATED THROUGH effective interaction between care receiver and care provider. The physical environment where the interaction occurs can affect the dynamics of long-term therapeutic treatment. Different theories of treatment have defined the space in a way that is modified for the purposes of treatment.<sup>1,2</sup> The physical environmental design is affected by different approaches; furniture choice and arrangement in the room can create a supportive environment for the interaction.<sup>3-5</sup>

Clinical nutrition is an asset during medical hospitalization. Today, some nutritionists and clinical dietitians use counseling and educational tools.<sup>6,7</sup> However, at the early stages, they have mostly adopted the medical model (see model description in Figure 1).<sup>8,9</sup> This model, which is hierarchical, defines both the physical environment and the

spatial–environmental design of the room. According to this model, as practiced in Israel, the care provider counselor sits behind a desk that constitutes a partition between counselor and patient.

When nutritionists started providing counseling services in the community, making counseling services accessible to “healthy” people, it became the first stage in an examination of the form of communication between dietitians and their patients. A basis for the expansion of the nutritionist's toolbox was transforming the counseling model into a therapeutic model (see model descriptions in Figure 1).<sup>10,11</sup> In recent years, there has been a change in the understanding of the nutritionist's role<sup>12-14</sup> by both patients and dietitians,<sup>12</sup> corresponding to the dynamic model (see model description in Figure 1), which views treatment as a process that is broader than just the nutritional benefit. The patient

Model type	Model description
Medical model	The interaction of the dietitian and the client is hierarchical, focused on providing nutritional treatment as a solution for a health concern, without a holistic approach to the body and mind components.
Counseling model	The dietitian's role is to provide nutritional information and to advise the patient as to changes he should make, stemming from a paradigm of counseling as an educational model.
Therapeutic model	Broad nutritional treatment that pertains to food and eating, derived from an attempt to solve a problem considered detrimental to the patient's health or lifestyle by the patient or dietitian. The treatment varies according to different therapeutic theories, which reflect the dietitian's approach.
Dynamic model	The patient is at the center, and the dietitian–patient interaction is dialogue-based and engaged. The nutritional therapy is holistic.

**Figure 1.** Model type descriptions.

understands the essence of the behavioral tools needed for achieving the goal of lifestyle change, while the dietitian is exposed to the patient's discourse about food and eating.

The transition into interaction based on cognitive and behavioral tools (motivational interviewing, cognitive behavioral therapy treatment, and more) stems from a transformation in the way that the profession is viewed, and questions the physical environment wherein the dietitian–patient interaction occurs.<sup>14–17</sup> The arrangement and design of the physical environment has been a derivative of a clinical–educational–counseling perspective and has aimed at reinforcing the dietitian's omniscient status. This transformation has increased the need to modify the spatial–environmental design where the therapeutic interaction occurs.

Various disciplines have explored the influence of the arrangement of the physical space on the communication and dynamics between the therapist/counselor and patient/client. Different investigators from various research fields have examined the influence of space organization and design on the dynamics and communication in the room. Such studies<sup>18–21</sup> revealed that space design and organization affect both the therapist and the patient. It was found that furniture (type and location), as well as color, temperature, and accessories (eg, pictures, carpets, and potted plants), impact the feelings, emotions, and thoughts of the people present in the room.

In Israel, the profession of dietitian is relatively new. The Ministry of Health recognized the profession of dietitian in

the 1970s, with the launch of the nutrition program at the Hebrew University of Jerusalem. Graduates of this program worked within hospitals in Israel. However, clinical dietitian diplomas (occupational licenses) have only been issued since the early 1980s. Today, the profession can be studied in four academic institutions. Graduates are accredited with a BSc Nutritional Sciences degree. The duration of the studies is 3 years, but in order to practice, graduates are required to undergo 750 hours (6 months) of practical training in hospitals, public health care services, and in public health. Upon completion of practical training, graduates are required to pass a licensing exam in order to receive a dietitian/nutritionist diploma from the Ministry of Health.

Many dietitians in Israel, including the participants in this study, work at hospitals, public health care services, and private clinics. Some integrate work at hospitals with work in private clinics because the former offers a challenging and unconventional experience, with complex medical cases, while most of the clients at private clinics seek nutritional counseling from a weight-gain perspective. This combination allows them to maintain a high level of professionalism in a public framework, which is significantly less financially rewarding than the private sector, while earning an income supplement in private clinics. In public hospitals, including those owned by the public health care services, the dietitian is paid a monthly salary independent of the number of monthly consultations she provides. In the public health care services clinics, the dietitians are employed through individual contracts, whereby the payment scheme can be monthly and fixed, hourly according to the number of monthly working hours, or monthly based on a fixed fee per counseling session multiplied by the number of monthly consultations provided. In the context of the private clinics, dietitians charge a fee per consultation, which is higher than that paid by hospitals and public health care services clinics.

The purpose of the present research was to ascertain the impact of the physical environment on the dynamics and communication between a dietitian and a client in a meeting, based on perceptions of dietitians.

## MATERIALS AND METHODS

We conducted qualitative constructivist phenomenological research with 72 participants, which examined their perception of space through two models—the medical model<sup>8,22</sup> and the dynamic model.<sup>23,24</sup> Qualitative methods were chosen because this is a pioneering study and because the depth of coverage enabled by qualitative research facilitated the understanding of approaches and terms used by dietitians.<sup>25</sup>

At first, we also planned to include observations of the participants at work. However, observations were not conducted due to dietitians' refusal to let the researchers observe the appointments.

### The Conceptual Approach: The Medical Model and the Dynamic Model

In the medical model,<sup>8,22,26–30</sup> the physical interaction between doctor (care provider) and patient (care receiver) is conducted according to the purposes of the meeting; the doctor takes an anamnesis from the patient, and receives and provides relevant information. The counselor/care provider

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