

Intern Doctors' Perception and Knowledge on Dietetics: A Cross-Sectional Study

İntörn Hekimlerin Diyetisyenlik Hakkında Algı ve Bilgisi: Kesitsel Bir Çalışma

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ABSTRACT

The aim of this study is to examine the level of knowledge and perspectives of intern doctors towards the dietetics profession. The sample of the cross-sectional and descriptive study consisted of intern doctors continuing their education at the Faculty of Medicine in Turkey. The study was completed with 147 intern doctors. A questionnaire form was used as a data collection tool in the study.

As a result of the study, approximately one in two intern physicians stated that they either did not receive any nutrition courses during their medical education or found the content of the nutrition education provided to be insufficient. 69.4% of the intern doctors reported that at least one dietitian should work in each clinic, while 85.7% stated that the employment of dietitians should be increased. It has been determined that intern doctors who state that there should be at least one dietitian in each clinic believe that dietitian employment needs to be increased and that the insufficient number of dietitians affects the treatment process ($p<0.01$). It was determined that the intern doctors who thought that the low number of dietitians in the hospital affected the patient's treatment process also thought that the role and responsibility of dietitians in primary and secondary health care services should be increased ($p<0.05$).

It was observed that future doctors cared about the guidance and recommendations provided by dietitians and thought that they had an important place in the treatment plans of their patients.

Keywords: Intern Doctor, Dietitian, Nutrition Education, Doctor-Dietitian Collaboration

ÖZ

Bu araştırmada intörn hekimlerin diyetisyenlik mesleğine yönelik bilgi düzeyleri ve bakış açılarının incelenmesi amaçlanmıştır. Yürütülen bu araştırma kesitsel ve tanımlayıcı tiptedir. Tanımlayıcı bu araştırmanın örneklemini Türkiye'de Tıp fakültesi son sınıf öğrencisi olan intörn hekimler oluşturmaktadır. Araştırma sonunda gönüllü olan 147 intörn hekime ulaşılmıştır. Araştırmada veri toplama aracı olarak anket formu kullanılmıştır.

Araştırma sonucunda yaklaşık her iki intörn hekimden biri tıp eğitimi boyunca beslenme dersi almadığını veya tıp eğitiminde verilen beslenme eğitimi içeriğinin yetersiz olduğunu belirtmiştir. İntörn hekimlerin %69,4'ü her klinikte en az bir diyetisyenin görev alması gerekliliğini bildirirken; %85,7'si diyetisyen istihdamının artırılması gerektiğini belirtmiştir. Her klinikte en az bir diyetisyen olması gerektiğini bildiren intörn hekimlerin, diyetisyen istihdamının artırılması gerektiği ve yeterli sayıda diyetisyen bulunmamasının tedavi sürecini etkilediği düşüncesine sahip olduğu saptanmıştır ($p<0.01$). İntörn hekimlerden hastanedeki diyetisyen sayısının azlığının hastanın tedavi sürecini etkilediğini düşünenlerin, diyetisyenin birinci ve ikinci sağlık hizmetlerinde rolü ve sorumluluğunun artırılması gerektiğini de düşündükleri belirlenmiştir ($p<0,05$).

Geleceğin hekimlerinin diyetisyenlerin sağladığı rehberlik ve önerileri önemseydiği ve hastalarının tedavi planlarında önemli bir yere sahip olduğunu düşündükleri gözlenmiştir.

Anahtar Kelimeler: İntörn Hekim, Diyetisyen, Beslenme Eğitimi, Hekim-Diyetisyen İş Birliği

The study protocol was approved by the Recep Tayyip Erdoğan University Social Sciences and Humanities Ethics Committee, (Date: 08.01.2021, Decision Number: 147)

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INTRODUCTION

The World Health Organization estimates that around 41 million people worldwide die each year from noncommunicable diseases. Non-communicable diseases, such as heart disease, cancer, chronic respiratory diseases, and diabetes, constitute 74% of all deaths worldwide.¹ The majority of non-communicable diseases can be prevented or the risk of disease can be significantly reduced.^{1,2} Nutrition plays a critical role in the prevention, management, and treatment of non-communicable diseases. Nutrition intervention can reduce complications, rehospitalization, and overall mortality rates.³⁻⁵

Dietitians are involved in the prevention, treatment, and management of food intolerance, malnutrition, acute and chronic diseases, as well as the use of nutritional supplements and the maintenance of optimal health throughout life. They are also health professionals specialized in prescribing medical nutrition therapy and providing nutrition education and counseling.^{6,7} Although dietitians are providers of the highest quality nutrition care, access to dietetic care can be difficult or inadequate. There are many reasons for this, including the availability of health insurance, insufficient time allocated for the patient, patient noncompliance, and inadequate teaching materials.^{7,8} This situation has made it mandatory for doctors to provide nutrition counseling to their patients to a certain extent. It is a critical element in the success of the World Health Organization's Decade of Action for Nutrition that doctors support evidence-based nutrition practice.⁹

It is considered important for doctors to play an active role in nutrition care because they have regular and frequent contact with patients, have knowledge of the patient's medical history, and are perceived as a reliable source of nutrition information compared to other health professionals.¹⁰

However, the competence of doctors in nutrition science is controversial. Doctors do not feel competent to provide nutritional counseling to patients due to the absence or inadequacy of nutrition education in many medical school curricula.

Studies reveal that there is no standard in doctors' knowledge, attitudes, and practices in providing nutritional counseling and that approaches not recommended by current guidelines are used.¹¹⁻¹⁴ At this point, the importance and necessity of a treatment process in which doctors work in close collaboration with dietitians and encourage their patients to consult and refer to dietitians for medical nutrition therapy come to the fore. However, studies have indicated that only two out of every thousand diagnosed patients are referred to a dietitian, awareness of how to work with a dietitian is limited, and misinformation or misunderstanding about the role and value of the dietitian is common among health professionals, even at the student level.^{11,15-17} These data suggest that the role and importance of dietitians are not yet sufficiently understood in health systems and that doctors are not obliged to refer their patients for dietary counseling.

It is important to reveal the reasons for this lack of cooperation between health professionals and dietitians in practice. In this study, it was aimed at examining the knowledge and perspectives of intern doctors towards the dietetic profession.

This type of study may contribute to both understanding the perceptions of the dietetic profession and assessing the interest of doctors in the dietetic profession. Furthermore, it is important to highlight the potential implications of the information obtained from the results of our study on the future of the dietetics profession, education, or practice areas.

MATERIALS AND METHODS

This study is a cross-sectional descriptive study. The sample of this descriptive study consists of intern doctors who are the last year students of the Faculty of Medicine in Ankara/Türkiye. The G Power 3.1.9.2 program was used to calculate the samples. A minimum of 134 participants were required to achieve 80% power with a 95% confidence interval and 5% margin of error^{18,19} Since the participants did not volunteer during the study and there was missing data, it was aimed at reaching at least 140 individuals for the study. The questionnaire form created in google form was sent to the institutional e-mails of the last year students of the Faculty of Medicine in Ankara, thus preventing repetitive answers. At the end of the study, we had reached 147 intern doctors. Data were collected between September 2023 and February 2024.

Data collection

The study was conducted among individuals who voluntarily agreed to participate in the online study. After obtaining consent in line with the principles of the Declaration of Helsinki, the study was started. A questionnaire form was used as a data collection tool. This form was prepared by the researchers together with the literature review and consists of two parts.^{7,9-13,20} The first part of the questionnaire form included nine questions about the sociodemographic characteristics (age and gender), opinions, and thoughts of the intern doctors (preference for specialty education, taking nutrition courses in undergraduate education, adequacy of nutrition education, necessity of nutrition education, finding it ethical for health personnel other than dietitians to make dietary recommendations, etc.). In the second part of

the form, there are 10 questions about the intern doctors' level of knowledge about dietitians (dietitian's duty areas and job descriptions of dietitians), their thoughts about dietitians (the idea that there should be at least one dietitian in each clinic, the idea that dietitians should participate in visits, the idea that the role and responsibility of dietitians in primary and secondary health care services should be increased, etc.) and the benefits of doctor-dietitian cooperation. The questionnaire form was evaluated in terms of language arrangement and comprehensibility by three instructors who are experts in their fields. After the questionnaire form was edited in terms of language in line with expert opinions, a preliminary study was conducted with seven people. According to the feedback obtained, the questionnaire was finalized. The research was shared online with intern doctors on a voluntary basis through the Google Form application.

Ethical Aspect

Ethics Committee Approval was obtained from Recep Tayyip Erdoğan University Social and Human Sciences Ethics Committee for the research with the decision dated June 08, 2021 and numbered 2021/147.

Statistical Analysis

The data obtained from the study were analyzed with appropriate statistical methods using SPSS 25.0 program. Descriptive values were expressed as number (n), percentage (%), arithmetic mean (\bar{x}) and standard deviation (SD). In categorical variables (data expressed as numbers and percentages), the difference between groups was checked by chi-square test. Statistical significance level $p < 0.05$ was accepted.

RESULTS AND DISCUSSION

The characteristics and opinions of the participating intern doctors are given in Table 1. The mean age of the intern doctors participating in the study was 24.31 ± 1.52 years and 53.1% of the participants were male. It was found that 48.3% of the intern

doctors preferred surgical and 44.2% internal sciences as specialty preferences. It was found that 41.5% of the intern doctors did not take any nutrition courses during their medical education and approximately half of them (49.6%) stated that the content of nutrition

education given in medical education was inadequate. 80.3% of the participants emphasized that healthcare professionals should receive nutrition education. 98.0% of the intern doctors stated that doctors, 87.8% nurses and 86.4% dietitians are multidisciplinary team members. 87.1% of the participants stated that dietitians was the most reliable profession as a source of nutritional information, but about one in four participants (27.9%) reported that they found it unethical for non-dietitian health professionals to provide diet planning and nutrition advice.

Table 1. Characteristics and prospects of the intern doctors

Characteristics	N	%
Gender		
Male	78	53.1
Female	69	46.9
Preference for specialization training		
Basic Medical Sciences	6	4.1
Surgical Sciences	71	48.3
Internal Units	65	44.2
I don't plan to get specialization training	5	3.4
Getting nutrition courses in undergraduate education		
I got	86	58.5
I didn't get	61	41.5
The adequacy of the content of nutrition education in medical education		
Sufficient	74	50.4
Insufficient	73	49.6
The need for health workers to receive nutrition education		
Yes	118	80.3
No	29	19.7
Multidisciplinary team members*		
Doctor	144	98.0
Dietitian	127	86.4
Pharmacist	92	62.6
Nurse	129	87.8
Physiotherapist	109	74.2
Psychologist	104	70.8
The most reliable professional group in terms of nutrition information source*		
Doctor	86	58.5
Dietitian	128	87.1
Pharmacist	4	2.7
Nurse	9	6.1
Other**	2	3.4
Ethics of diet planning and nutrition recommendations of non-dietitian health professionals		
Yes	69	46.9
I have no idea	37	25.2
No	41	27.9

*: with multiple options, ** Bodybuilder, Alternative medicine

The opinions and knowledge levels of the participants about dietitians are given in Table 2. Approximately 70% of the intern doctors have sufficient knowledge about the organizations that are among the working areas of dietitians. Almost all of the participating intern doctors (98.0%) knew that dietitians work in hospitals. 50.3% of the intern doctors think that creating policies in disasters and special situations is among the job descriptions of dietitians. 69.4% of the intern doctors reported that at least one dietitian should work in each clinic, while 85.7% stated that the employment of dietitians should be increased. 87.1% of the intern doctors stated that the number of dietitians affected the treatment process. Most of the participants (89.1% and 90.5%, respectively) reported that the role and responsibility of dietitians in primary and secondary health care should be increased. Approximately half of the intern doctors (50.3%) reported that doctor-dietitian collaboration reduced the cost burden and 91.8% reported that it increased the effectiveness of treatment.

Table 2. The level of knowledge and Perspectives of the intern doctors to dietetics

Dietitian job fields	N	%
Hospital	144	98.0
Community Health Center	123	83.7
Domiciliary/ Nursing homes	122	83.0
Educational Institutions	109	74.2
Food Industry Organizations	119	81.0
Official Organizations	100	68.0
Sports Clubs	119	81.0
Tourism Enterprises	105	71.4
Organizations that Provide Collective Nutrition Services	127	86.4
Dietitian job descriptions		
Menu planning, food production, presentation, food safety and waste control	85	57.8
Medical nutrition treatment and monitoring	132	89.8
Determination of the method and amount of nutrition for risky groups	108	73.5
Nutrient-nutrient/nutrient-drug interactions research	103	70.1
Identifying nutritional problems and creating a nutritional care plan	107	72.8
Nutritional status screening	114	77.6
Determination of nutritional requirements, enteral/parenteral product selection and monitoring	104	70.8
Policy making in disasters and special situations	74	50.3

Table 2. Continued

Thoughts about dietetics		
At least one dietitian should work in each clinic		
Yes	102	69.4
No	45	30.6
The dietitian should attend daily visits		
Yes	60	40.8
No	87	59.2
The Role and Responsibility of Dietitians in Primary Health Care should be increased		
Yes	131	89.1
No	16	10.9
The Role and Responsibility of Dietitians in Secondary Health Care Services should be increased		
Yes	133	90.5
No	14	9.5
Considering the areas of expertise in the field of health, the employment of dietitians should be increased		
Yes	126	85.7
No	21	14.3
The low number of dietitians in the hospital affects the patient's treatment process		
Yes	128	87.1
No	19	12.9
The benefits of Doctor-dietitian cooperation		
Reduces the cost burden	74	50.3
Increases the effectiveness of treatment	135	91.8
Reinforces multidisciplinary and interdisciplinary work	130	88.4
Promotes mutual scientific efficiency	106	72.1
Compliance of doctor candidates with the study protocol		

The medical nutrition treatment applied by the dietitian increases the success of the treatment	127	86.4
I can contact the clinical dietitian when necessary	105	71.4
I can contact the outpatient dietitian when necessary	101	68.7
I refer the patients I diagnose and plan the treatment to the dietitian	118	80.3

The evaluation of the relationship between the participants' opinions about the dietitian profession and the opinion that at least one dietitian should be employed in each clinic is shown in Table 3. It was found that those who reported that there should be at least one dietitian in each clinic among the intern doctors also thought that the employment of dietitians should be increased and that the low number of dietitians affected the treatment process ($p < 0.01$).

It was determined that intern doctors thought that there should be at least one dietitian in each clinic and that dietitians should take part in visits ($p = 0.001$). A significant relationship was found between increasing the role and responsibility of the dietitian in primary health care services and the idea that there should be at least one dietitian in each clinic ($p = 0.001$).

Table 3. Evaluation of the relationship between the participants' opinions about the dietitian profession and the opinion that at least one dietitian should be employed in each clinic

The opinion that at least one dietitian should be employed in each clinic						
		Yes n(%)	No n(%)	Total n(%)	x ²	p
Taking a nutrition course during undergraduate education	Yes	44 (29.9)	17 (11.6)	61 (41.5)	0.369	0.543
	No	58 (39.5)	28 (19.0)	86 (58.5)		
Ethics of health professionals other than dietitians writing diets and giving nutrition advice	No	31 (21.1)	10 (6.8)	41 (27.9)	4.512	0.105
	I have no idea	29 (19.7)	8 (5.4)	37 (25.2)		
	Yes	42 (28.6)	27 (18.4)	69 (46.9)		
Dietitian's participation in daily visits	Yes	51 (34.7)	9 (6.1)	60 (40.8)	11.633	0.001**
	No	51 (34.7)	36 (24.5)	87 (59.2)		
The Role and Responsibility of Dietitians in Primary Health Care should be increased	Yes	97 (66.0)	34 (23.1)	131 (89.1)	12.294	0.001**
	No	5 (3.4)	11 (7.5)	16 (10.9)		
The Role and Responsibility of Dietitians in Secondary Health Care Services should be increased	Yes	94 (63.9)	39 (26.5)	133 (90.5)	1.092	0.225
	No	8 (5.4)	6 (4.1)	14 (9.5)		
Considering the areas of expertise in the field of health, the employment of dietitians should be increased	Yes	94 (63.9)	8 (5.4)	102 (69.4)	11.295	0.001**
	No	32 (21.8)	13 (8.8)	45 (30.6)		
Does the low number of dietitians in the hospital affect the patient's treatment process?	Yes	95 (64.5)	7 (4.8)	102 (69.4)	10.881	0.001**
	No	33 (22.4)	12 (8.2)	45 (30.6)		

* $p < 0.05$, ** $p < 0.01$

The evaluation of the relationship between the participants' opinions about the dietitian profession and the effect of the low number of dietitians in the hospital on the patient's treatment process is shown in Table 4. It was determined that the intern doctors who thought that the low number of dietitians in the hospital affected the patient's treatment process also thought that the role and responsibility of dietitians in primary and

secondary health care services should be increased ($p < 0.05$).

Among the intern doctors, those who thought that the low number of dietitians affected the patient's treatment process argued that the employment of dietitians should be increased ($p = 0.033$); they also reported that dietitians should participate in daily visits ($p = 0.017$).

Table 4. Evaluation of the relationship between the participants' opinions about the dietitian profession and the effect of the low number of dietitians in the hospital on the patient's treatment process

		The low number of dietitians in the hospital affects the patient's treatment process			χ^2	P
		Yes N (%)	No N (%)	Total N (%)		
Including nutrition education in the professional training of health professionals	Yes	104 (70.7)	14 (9.5)	118 (80.3)	0.598	0.309
	No	24 (16.3)	5 (3.4)	29 (19.7)		
Taking a nutrition course during undergraduate education	Yes	75 (51.0)	11 (7.5)	86 (58.5)	0.003	0.954
	No	53 (36.1)	8 (5.4)	61 (41.5)		
Ethics of health professionals other than dietitians writing diets and giving nutrition advice	No	38 (25.9)	3 (2.0)	41 (27.9)	4.054	0.132
	I have no idea	34 (23.1)	3 (2.0)	37 (25.2)		
	Yes	56 (38.1)	13 (8.8)	69 (46.9)		
Dietitian's participation in daily visits	Yes	57 (38.8)	3 (2.0)	60 (40.8)	5.658	0.017*
	No	71 (48.3)	16 (10.9)	87 (59.2)		
Increasing the Role and Responsibility of Dietitians in Primary Health Care	Yes	118 (80.3)	13 (8.8)	131 (89.1)	9.634	0.007**
	No	10 (6.8)	6 (4.1)	16 (10.9)		
Increasing the Role and Responsibility of Dietitians in Secondary Health Care Services	Yes	119 (81.0)	14 (9.5)	133 (90.5)	7.140	0.020*
	No	9 (6.1)	5 (3.4)	14 (9.5)		
Increasing the employment of dietitians considering their specialties in the field of health	Yes	113 (76.9)	13 (8.8)	126 (85.7)	5.329	0.033*
	No	15 (10.2)	6 (4.1)	21 (14.3)		

* $p < 0.05$, ** $p < 0.01$

Doctors work with dietitians during and after treatment to improve patients' health, manage risk factors, optimise nutrition and determine medical nutrition therapy when patients require counselling on healthy nutrition and lifestyle.⁹ This collaboration is of great importance in terms of increasing the effectiveness of surgical interventions, accelerating recovery processes, achieving success in disease management, improving the quality of patient care, increasing the efficiency of health services and reducing health costs.¹⁰ In this study, considering the desire of a large proportion of intern doctors to receive specialty training, our findings underline a potential collaboration between future doctors and dietitians and the potential to improve the quality of health services. It is important that future doctors recognize that dietitians have a more specific and specialized

role in the provision of nutritional care to patients. Although previous studies have revealed that doctors have various reservations and barriers in referring their patients to dietitians,^{7,8} the findings of this study show that future doctors have a high tendency to work in collaboration with dietitians and recognize the role and importance of dietitians. It was emphasized that the intern doctors regarded dietitians as the most reliable professional group in terms of nutrition information source, considered that the medical nutrition therapy applied by the dietitian increased the effectiveness of the treatment they applied, and regarded dietitians as multidisciplinary team members. As a result of the study, in support of this situation, it was reported that the majority of doctors could refer their patients to the dietitian, whom they diagnosed and planned the

treatment, could communicate with the clinical and outpatient dietitian, and had the motivation to work in cooperation with dietitians. Moreover, the intern doctors argued that the low number of dietitians in the hospital affected the patient's treatment process, that at least one dietitian should work in each clinic, and that the role and responsibility of dietitians should be increased in primary and secondary health care services. These views show that they value the special role of dietitians, who embrace the multidisciplinary nature of nutrition care. It is thought that the awareness of dietitians has increased and the importance of dietitians as health personnel may tend to increase in new generations.

Evaluating the perspective of doctors towards dietitians in the study, it is very pleasing that they think that it is important for dietitians to be involved in the nutritional care plans of patients. However, doctors' recognition of patients at risk and referral of their patients to dietitians vary depending on their medical education, basic nutrition knowledge and experience.²¹ Some doctors may prefer to focus on medical treatment instead of directly addressing the nutritional needs of the patient. In addition, insufficient time allocated to the patient and patients' increasing access to nutrition and health information through the internet and social media may lead to a tendency for doctors not to include nutrition advice in their care plans.⁹ This may result in patients not receiving adequate information on nutrition issues and not feeling the need to consult dietitians. Informing the doctor about nutrition and dietitians during his/her education may improve the quality of life of the patient. In a study, it was reported that the majority of medical students (72%) started medical school thinking that nutrition was clinically important, but this thought decreased by half at the time of graduation.²² Some studies have revealed that doctors receiving nutrition education are more likely to work in cooperation with dietitians, and their nutritional awareness increases.^{11,23-24} In this study, it was observed that doctors did not receive adequate nutrition education during

medical education and stated that the content of nutrition education was inadequate. Previous studies also emphasize that doctors do not receive adequate nutrition education in undergraduate education.^{7,9,12,14,21,25,26} Inadequate nutrition education in medical education may contribute to the development of nutrition-related problems (obesity, malnutrition, etc.). At the same time, it is thought that their effectiveness can be increased by informing doctors about the job descriptions and fields of dietitians.

As a result of the study, the intern doctors who advocated the view that 'at least one dietitian should work in each clinic' stated that the lack of dietitians affected the treatment process and argued that the duties and responsibilities of dietitians in primary care should be increased as well as the employment of dietitians. Nevertheless, the predominance of the opinion that at least one dietitian should work in each clinic among the doctors draws attention to their positive view of the dietitian profession. At the same time, the intern doctors who advocated the view that 'at least one dietitian should work in every clinic' also emphasized that dietitians should take part in daily visits. This situation shows that the nutrition awareness of doctors has increased and they are aware that dietitians play an important role. Studies have emphasized that the insufficient number of dietitians will increase the health costs of the hospital and the country, and in this study, it was indicated that intern doctors thought that the insufficient number of dietitians in the hospital would increase the treatment efficiency and cost.²⁷⁻³⁰

Dietitians should collaborate with doctors to support the sustainable implementation of effective nutritional recommendations within medical practice. This collaboration should begin with open communication between dietitians and doctors. Informing doctors about nutrition will provide them with the knowledge and skills to recognize situations where nutrition is a major factor in health and to refer to a specialist when necessary. Despite the positive perceptions of doctors towards dietitians in this study, the difficulties and

shortcomings of the collaboration between doctors and dietitians should not be ignored. Surprisingly, one out of every two doctors considered doctors a reliable professional group in terms of nutrition information sources, found dietary prescribing by non-dietitians unethical and advocated that dietitians should not participate in daily patient visits, although the results of our study showed that the majority of doctors did not take nutrition courses during medical education and that the content was inadequate. This attitude of doctors may provide an open door to individuals who are not specialised in nutrition.³¹ On the other hand, non-participation of dietitians in daily patient visits may prevent the full realization of cooperation, understanding the needs of patients and effective treatment of the patient.^{32,33} Studies have reported that dietitian involvement in the treatment process improves the quality of patient care and clinical outcomes.^{34,35} However, doctors have been shown to be of the opinion that the dietitian should be part of the team.³⁶⁻³⁸ However, limits set by health policies, lack of communication, resource limitations and

other barriers may negatively affect the effectiveness and prevalence of collaboration.^{9,39} Therefore, the development of health policies that allow dietitians to be a more effective part of the medical team is important to improve the quality and quantity of nutrition counselling and medical nutrition therapy. Furthermore, it has been reported that the training of doctors, including dietitians, has been shown to increase nutrition awareness and professionalism.^{11,23,40} Interprofessional education programs and interactive workshops can improve communication and collaboration between doctors and dietitians. For example, interdisciplinary training programs and interactive case discussions may help intern doctors and dietitians better understand each other's roles and contributions. Furthermore, technological tools, such as electronic medical record systems, may facilitate information sharing and enhance collaboration.

The strength of this study is that a similar study has not been conducted in Turkey before. The small number of people reached is one of the weaknesses.

CONCLUSION AND RECOMMENDATIONS

In conclusion, while nutrition science is a valuable field in the field of health, the field of nutrition is a separate speciality, and the leadership provided by expert collaborations is of great importance. Hence, effective communication and collaboration between these two professions need to be strengthened to provide an integrated health service and for the future of health care. Future doctors

should utilize the guidance and recommendations provided by dietitians and integrate them into their patients' treatment plans. Dietitians should play an active role in providing nutrition-related information to doctors and coordinating patients' nutrition plans. In the future, more efforts should be made to increase this cooperation and health policies should be shaped in this direction.

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