

## ***Malnutrition Knowledge, Attitudes and perceived Practices (M-KAP)***

This malnutrition knowledge, attitudes and practices (M-KAP) questionnaire is an important way to determine the knowledge and perceptions of hospital staff, and compare change over time with respect to patient malnutrition and nutrition care. These questions are based on the activities of the Integrated Nutrition Pathway for Acute Care (INPAC). This questionnaire can easily be placed on an online survey program or completed as a traditional 'paper and pencil' hardcopy questionnaire. Please acknowledge the original source and copyright in any publications/presentations.

This document includes 3 sections:

1. **Base M-KAP:** To be used to identify current knowledge, attitudes and practices of staff. Completion of M-KAP is useful before starting a quality improvement initiative targeted to nutrition care. Responses can be used to direct change management efforts and areas to focus on when training hospital staff.
2. **Additional questions after an improvement initiative:** If you have embarked on a change management or quality improvement initiative that has involved staff, the M-KAP can be used to identify changes in knowledge, attitudes and practices. In addition to M-KAP, some questions on change efforts may also be useful. These additional questions were used in the More-2-Eat study where INPAC was implemented and M-KAP was used.
3. **Scoring:** The scoring system for each question is provided. You will be able to use individual question scores and change between scores, as well as total knowledge/attitude (KA score), practice score, and total M-KAP score.

Detail about this questionnaire has been published. In these publications you can also compare your hospital score to the total for the 5 More-2-Eat hospitals.

Laur C, Marcus H, Ray S, Keller HH. Measuring hospital staff's knowledge, attitudes and practices with respect to quality nutrition care. *Healthcare* 2016, 4(4),79.

Laur C, Keller H, Curtis L, Douglas P, Murphy J, Ray S. Comparing hospital staff nutrition knowledge, attitudes and practices, before and 1 year after improving nutrition care: Results from the More-2-Eat implementation project. Unpublished.

# M-KAP

## Malnutrition Knowledge, Attitude and Perceived Practices questionnaire.

Thank you for taking the time to complete this questionnaire. It should only take a few minutes of your time. Please complete the following questions to the best of your ability.

### About You

**1. Which type of hospital unit(s) do you primarily work in?** *(Please check all that apply)*

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Medical  | <input type="checkbox"/> Critical Care                    |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> All other, please identify _____ |

**2. You are a(n):**

- |  |   |
|--|---|
| <input type="checkbox"/> Diet Tech   | <input type="checkbox"/> Attending Physician                    |
| <input type="checkbox"/> Registered Nurse                                    | <input type="checkbox"/> Resident                               |
| <input type="checkbox"/> Registered Practical Nurse/Licensed Practical Nurse | <input type="checkbox"/> Fellow                                 |
| <input type="checkbox"/> Nurse Practitioner/Clinical Nurse Specialist        | <input type="checkbox"/> Physiotherapist/Occupational Therapist |
| <input type="checkbox"/> Health Care Aide/Personal Support Worker            | <input type="checkbox"/> Speech-Language Pathologist            |
|  | <input type="checkbox"/> Other, please identify _____           |

**3. You are an employee of:**

- The hospital
- A nursing agency
- Other, please identify \_\_\_\_\_

**4. Are you:**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Casual                       |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Other, please identify _____ |

**5. How many years you have been practicing:**

(TIP: This is overall, not just in your current hospital.)

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 2 years  | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 2-5 years  | <input type="checkbox"/> 21-30 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> 31+ years   |

**6. Which age group do you fall into?**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 30 years  | <input type="checkbox"/> 50-59 years |
| <input type="checkbox"/> 30-39 years | <input type="checkbox"/> 60+ years   |
| <input type="checkbox"/> 40-49 years |                                      |

**7. What is your self-identified gender?**

- Male     Female     Other

<b><i>Please rate your agreement with each of the following statements</i></b>	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. Nutrition is <b>not</b> important to a patient's recovery in hospital*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All patients should be screened for malnutrition at admission to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A patient's weight should be taken at admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All staff involved in patient care can help set up the meal tray, open packages etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All staff involved in patient care can provide hands-on assistance to eat when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Malnutrition is a high priority at this hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Giving malnourished patients an adequate amount of food will enhance their recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All malnourished patients require individualized treatment by a dietitian *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have an important role in promoting a patient's food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Monitoring food intake is a good way to determine a patient's nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>Please rate your agreement with each of the following statements</i></b>	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
11. Interruptions during the meal can negatively affect patient food intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Promoting food intake to a patient is every staff member's job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Nutritional care of a patient is only the role of the dietitian*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Malnourished patients who are discharged need follow up in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. A patient's weight is not necessary at discharge*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>Please rate your agreement with the following statements</i></b>	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
16. I always know <i>when</i> to refer to a dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I know <i>how</i> to refer to a dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I know when a patient is at risk of malnutrition or is malnourished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I know some strategies to support food intake at meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I need more training to better support the nutrition needs of my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><i>Please rate how often you DO the following</i></b>	Never	Sometimes	Often	Always	N/A
1. Check the patient has all that they need to eat (e.g. dentures, glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Help a patient with opening food packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assist a patient to eat if they need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If permitted, encourage a patient's family to bring food from home for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Visit and check a patient during their meal time to see how well they are eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Realign my tasks so I do not interrupt a patient during their meal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. At discharge of a malnourished patient, provide the patient or family with nutrition education material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you for taking the time to complete this questionnaire.***

## Additional M-KAP Questions

**These questions are to include along with baseline questions, AFTER you have worked towards improving nutrition care activities.**

1. Have you noticed any change in nutrition care practice (packages opened for patients, provision of eating assistance, fewer mealtime interruptions etc.) since [date]?

- Yes – positive changes noticed  
 Yes – negative changes noticed  
 Both positive and negative changes noticed  
 No - no change noticed

If you noticed a change, what have you noticed: [text box]

2. On a scale of 1 (negative/decreased) to 10 (positive/increased), rank the impact of the changes you noticed on...

a) Patients' overall health and recovery

1      2      3      4      5      6      7      8      9      10      No change

1 = Negative effect  
5 = Neutral/did not influence  
10 = Positive effect

b) Your job satisfaction

1      2      3      4      5      6      7      8      9      10      No change

1 = Decreased satisfaction  
5 = Neutral/did not influence  
10 = Increased satisfaction

c) Overall value to the unit

1      2      3      4      5      6      7      8      9      10      No change

1 = Negative effect  
5 = Neutral/did not influence  
10 = Positive effect

3. On a scale of 1 (lower) to 10 (higher), rate the focus of this unit on nutrition care as compared to [date]?

1      2      3      4      5      6      7      8      9      10

1 = A lot less focused on nutrition care  
 5 = No change  
 10 = A lot more focused on nutrition care

4. On a scale of 1 (low/poor) to 10 (high), rate how supported you felt to make changes to nutrition care since [date]?

1      2      3      4      5      6      7      8      9      10

1 = Less supported  
 5 = No change in level of support  
 10 = More supported

<b>5. What proportion of patients at your hospital are:</b>	None	Less than 10% of patients	11-49% of patients	50-74% of patients	75-100% of patients	Don't Know
1. Screened for nutrition risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Referred to a dietitian if they are thought to be at nutrition risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Received appropriate nutrition care following identification of nutrition risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6. Please rate your agreement with each of the following statements</b>	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. I was aware that changes were occurring regarding nutrition care on the study unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was asked what changes to nutrition care I wanted to see on the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**6. Please rate your agreement with each of the following statements**

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Strongly Disagree      Somewhat Disagree      Neutral      Somewhat Agree      Strongly Agree

3. I was involved in planning and making changes to nutrition care on the unit



## M-KAP Scoring

### Knowledge/Attitude Score

For the questions: *Please rate your agreement with each of the following statements:*

Strongly Disagree = 1

Somewhat Disagree = 2

Neutral = 3

Somewhat Agree = 4

Strongly Agree = 5

NOTE: The \* questions are to be reverse coded (Strongly Disagree = 5, Somewhat Disagree = 4, Neutral = 3, Somewhat Agree = 2, Strongly Agree = 1).

**KA Total:** Add the scores for questions 1-20 to get the total Knowledge/Attitude score.

### Practice Scores

For the questions: *Please rate how often you DO the following:*

Never = 1

Sometimes = 2

Often = 3

Always = 4

N/A = 1

Blank = 1

**P Total:** Add the scores for questions 20-27 to get the total Practice score.

**M-KAP Total:** Add KA Total + P Total

### Ranking Questions

Ranking impact of change: Select what you qualify as “high” and “low” scores. For More-2-Eat, a score of 7 or above was considered a high/positive.