

CHAPTER I

INTRODUCTION

A. BACKGROUND OF THE RESEARCH

Nutritional status is the state of the body as a result of consumption of food and the use of nutrients. Good nutritional status occurs when the body obtains enough nutrients that are used efficiently to enable physical growth and development, work ability, and optimal health. Meanwhile, poor nutritional status occurs when the body is deficient in one or more essential nutrients. Status nutrition in humans is very important, as is the important role of parents in paying attention to daily nutrition in children from an early age.

The development and growth of nutrition in humans should be obtained early, namely in the mother's womb and during toddlerhood. Because growth in toddlers, babies, and children is very fast. According to Soehardjo (1989), the toddler period is a determining or basic period for further growth to achieve perfect maturity. This period is characterized by rapid growth and development and changes in nutritional needs. Body growth occurs maximally in the first year of life. According to Wiryo (2002) "Nutrition is one of the important factors that determine human health and well-being. The good or bad health and well-being of a person will depend on their nutritional state. The better a person's nutrition, the better his or her health and well-being."

Nutrition education programs are the core of basic services that aim to address nutrition problems. Nutrition education itself has the ultimate goal of changing attitudes and action towards awareness of daily nutrition for each individual. The service at the hospital nutrition unit is the provision of food to patients who are undergoing hospitalization and need nutritional guidance that is balanced with the disease they are suffering. starting with menu planning and food distribution in order to achieve optimal daily nutritional status. The nutrition installation is a unit of the hospital that has a work team with special abilities to provide quality nutrition services to patients so as to accelerate the healing process and shorten the patient's hospitalization period.

Inpatient nutrition care is a series of activities starting from identifying risks of malnutrition through nutritional screening, conducting assessments, establishing a nutrition diagnosis, planning interventions, and monitoring and evaluating related interventions that have been given to provide counselling when the patient is finished being treated. This also includes providing a food diet according to the patient's pain complaints. then through nutritional screening to identify patients who may be at risk or already experiencing malnutrition when admitted to the hospital. Nutrition screening is carried out for the first 1×24 hours when the patient is admitted and repeated regularly (weekly) using a screening tool that is sensitive, specific, and validated. Some examples of adult screening tools include the Malnutrition Screening Tool (MST), the Universal Malnutrition Screening Tool (MUST), the Mini Nutrition Assessment (MNA), the Short Nutrition Assessment Questionnaire (SNAQ), and the Nutrition Risk Screening (NRS-2002). Whereas for children, the screening tools used include the Screening Tool for the Assessment of Malnutrition in Pediatrics (STAMP), the Pediatric Yorkhill Malnutrition Score (PYMS), the Screening Tool for Risk on Nutritional Status and Growth (STRONGkids), the Pediatric Nutrition Screening Tool (PNST), etc. If a screening value is obtained for a risk of

malnutrition, then it is followed by a nutritional assessment process. According to data received from [*Journal of Multidisciplinary Healthcare*](#). (2020, pp.459-491)

after passing a nutritional screening to determine the patient's follow-up results, it will enter the advanced nutritional counselling stage as the final stage which will be carried out by a nutritionist to determine what food will be eaten and how much percent of the nutrition the patient needs during the recovery period. At the end of the nutrition care process, the patient will receive nutritional counselling which will be given by the nutritionist/dietist when the patient is finished being treated. Nutrition counselling is a collaborative process between counsellor and patient to determine nutritional modifications, physical activity, goals, and implementation plans by cultivating responsibility on patients to care for themselves, improve existing conditions, and improve health. This activity took place using tools in the form of leaflets and food modes. The hope is that malnutrition, which is often a threat in hospitals, can be anticipated with good nutrition management through inpatient nutrition care carried out by nutritionists/dietists. If malnutrition in the hospital can be anticipated, then the healing of the disease can take place optimally, minimizing the length of stay, reducing the resources needed to deal with complications, thereby contributing to lowering treatment costs. According to data received from *Journal of Clinical Medicine*. (2019, p.165)

Food standards at the hospital also have levels according to the disease complained of by the patient himself and several different textures according to the patient's own ability to digest food, such as. Normal food is usually given to people who suffer from minor illnesses but still need special care for their daily nutritional needs, such as mothers giving birth, undergoing minor operations such as hand or bone injuries, dengue fever, typhus, and similar diseases.

Soft food is usually given to elderly patients or patients who complain of pain in their stomach or digestion and have difficulty swallowing and chewing food in general. Food in this soft form will usually be given to children in the age range of 2–5 years, according to the diagnosis received. Filter food is the second stage if the patient has difficulty swallowing so much that it makes them unable to consume even soft food. Food will usually be smoothed by crushing through a re-grinding process for all types of ingredients, both animal and vegetable. Patients who receive this type of food are usually advised for toddler patients in the age range of 5 months to 9 months and for the elderly with symptoms of difficulty swallowing and speaking at the age of 75–90 years. but can be adjusted by the diagnosis of a nutritionist along with the treating doctor.

Liquid food is usually given to patients who are experiencing worsening conditions or are unconscious. But liquid food itself can be given to tonsil diet patients after tonsil removal. Patients in an unconscious condition and using a breathing apparatus will usually get this type of food because it is more easily digested by their digestive organs. Besides, this liquid food already fulfills the overall nutrition requirements for patients, which include plant and animal foods. The liquid food given will also be different and according to the needs of the patient. For example, post-tonsil surgery patients will be given liquid food in cold temperatures because it can minimize the heat in their throats after tonsil removal. and unconscious patients will be given liquid food at warm temperatures, as is generally the case with food served to other patients. According to data received from International Dietetics & Nutrition Terminology (IDNT) Based on the explanation above, the writer will discuss this final writing with the title Job Description Of Nutrition

B. The Scope of the Problem and Question of the Research

Based on the above background, the research limits problem only everything related to nutrition division in PRIMAYA Hospital Bekasi Timur. Based on the problem above, this research is conducted to answer the research questions, they are:

1. What are the jobs description in the nutrition division in PRIMAYA Hospital Bekasi Timur?
2. What are the obstacles that found in Nutrition Division in PRIMAYA Hospital Bekasi Timur?
3. How is the solution of those obstacles?

C. The Objective of the Research and Significance of the Research

The objective of the research is an answer for the question of the research:

1. To know the desk jobs of Nutrition division in PRIMAYA Hospital Bekasi Timur.
2. To know the problems of Nutrition division in PRIMAYA Hospital Bekasi Timur.
3. To solve the problem during research of division in PRIMAYA Hospital Bekasi Timur.

This research is worthwhile, not only for the writer but also for the readers especially those who are learning English or have firm interest of Nutrition. From doing the research theoretically, it is expected to find solution how to manage many desk jobs of nutrition division in PRIMAYA Hospital Bekasi Timur.

This research is worthwhile for many intentions and purposes depend on what field the learners are involve in:

1. For the Writer

The writer has to write a scientific paper to complete the final task in diploma program in School of Foreign Language JIA. The writer could get much more knowledge and increase his skill especially in nutrition division.

2. For the Readers

This paper can give the readers a beneficial thing in providing informative preference and knowledge for the readers who takes a job for diploma scientific paper in nutrition division.

D. The Systematization of The Paper

The systematic of this paper is meant to make the writer easier in taking understanding this paper. This writing is divided into five chapters as follows:

Chapter I is introduction. This chapter contains the background of the research, the scope of the problem, the question of the research, the objective of the research, the significance of the research, and the systematization of the research.

Chapter II is Theoretical description. This chapter explains the definition of nutrition division, healthy food, balanced nutrition.

Chapter III is Company Profile. This chapter explains the historical background and profile of PRIMAYA Hospital Bekasi Timur and the organization chart of PRIMAYA Hospital Bekasi Timur.

Chapter IV Report of observation findings. This chapter explain the observation result in Nutrition Division at PRIMAYA Hospital Bekasi Timur.

Chapter V Conclusion and Suggestion. This chapter explains the conclusion and suggestion of this paper to PRIMAYA Hospital Bekasi Timur.

