

# What do readers want? Results of an online survey to involve readers in updating the seventh edition of the Manual of dietetic practice

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## Abstract

**Background:** The *Manual of dietetic practice* ('Manual') is the core textbook for qualified and student dietitians. A survey was conducted to explore views on the scope, content and presentation of the Manual to inform the forthcoming edition.

**Methods:** The survey comprised of questions on demographics, structure, content, access (print/digital), missing topics, strengths and weaknesses. It was distributed to members of the British Dietetic Association (BDA) and other relevant groups in August 2022. Responses are presented as frequencies and free text as themes.

**Results:** Of 1179 responses, 91% were from professionals, of whom 72% were registered dietitians with a mean of 12.7 years (range: 1–44) in practice: 60% worked in the United Kingdom with 52% based in a clinical setting. The printed version was preferred: 59% professionals, 60% students, 94% professionals and 88% students were satisfied with the structure; however, 26% professionals and 22% students identified content that was lacking or outdated, including mental health and sustainability. The strengths were its comprehensive coverage and respected contributing authors. Weaknesses included the cost, size, lack of visual aids and currency. Professionals indicated the seventh edition should focus on more practical information required for clinical practice, whereas students wanted more emphasis on summarised information and visual formats.

**Conclusions:** The survey proved a valuable method to engage with the readership to ensure the next edition reflected their requirements. Although nearly all respondents were satisfied with the scope and content, the results highlighted those topics lacking and/or outdated. Results also showed that the next edition should focus on practical information required for clinical practice, with more summarised and visual formats.

## KEYWORDS

*Manual of dietetic practice*, online survey, professional practice, textbook

## Key points

- This article presents the results of an online survey to explore views on the scope, content and presentation of the UK Dietetic profession's core text, *Manual of dietetic practice*.

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- The survey was initiated by the editorial team who felt it important to explore ways in which the new edition of the Manual could be updated to meet the emerging needs of readers, namely qualified dietitians and students of dietetics.
- Over 1100 respondents completed the survey comprising 91% professionals, 72% of whom were registered dietitians who had been practicing in the UK healthcare system for an average 12 years.
- Thematic analysis revealed readers felt the Manual to be a highly respected text, regarded as the ‘go-to’ source for guidance on the practice of clinical dietetics with comprehensive coverage and extremely knowledgeable contributing authors.
- However, despite its positive qualities, the Manual suffered from cumbersome updating processes meaning that its content lagged behind real-life clinical practice.
- The survey proved a valuable method to engage with the readership to ensure the next edition reflected readers' requirements for updated Manual content, style and format.
- The editors will ensure the forthcoming seventh edition focuses on practical information required for clinical practice, with more summarised form and visual formats.
- Further, moving forward it is hoped that there will be more aggressive promotion of the online version of the Manual as it is a format which facilitates content update and is likely to become more widely accessed in the future.

## INTRODUCTION

The secret of a good textbook, especially one with a clinical focus, is in its comprehensive coverage, temporal relevance and ease of access to its content, that is whether in digital or print format so that it can be applied in practice. The *Manual of dietetic practice* (‘Manual’) is the ‘go-to’ textbook for qualified and student dietitians not just in the United Kingdom but across many countries worldwide and has been since its 1st edition published in 1988.<sup>1</sup> The current 6th edition<sup>2</sup> has more than 1000 pages, has 150 specialist contributors, weighs 2.4 kg and comprises two parts: Part 1: general topics and Part 2: clinical dietetic practice, together with seven appendices.

Although, over time, the scope and understanding of dietetic practice has grown, there are constraints on expanding the Manual's content due to practical issues including cost, size and weight of the textbook. Deciding what topics can be removed or reduced is difficult. To aid these decisions about the structure and content of the Manual, the editors of the forthcoming seventh edition conducted a survey of the readership. This survey aimed to explore whether the Manual remained fit-for-purpose (i.e., was the scope of topics relevant and comprehensive), gauge the appetite for digital formats (digital access vs. print), identify content overlap with other reference sources (e.g., Practice-based Evidence in Nutrition [PEN], Dietitians of Canada), assess the value of the appendices and understand the strengths and weaknesses of the text from the readers' perspective.

## METHODS

### Survey design

A 25-item, bespoke online survey (Qualtrics<sup>XM</sup>) was designed to collect the information (Table 1). In the design of questionnaires a pragmatic approach was taken to balance the need to optimise response rates, number of questions and breadth of topics covered. Extensive discussions refined the questions to be included and the response options used. Design principles of short questions, active voice, specificity and simplicity were considered.<sup>3,4</sup> The survey was piloted by staff and members of the British Dietetic Association (BDA), Wiley and our editorial group. Branching logic ensured respondents saw questions relevant to their circumstances (e.g., qualified vs. student). Questions 1 and 3–25 were relevant to qualified dietitians and 1–18 to students (Table 1). There were 19 multiple-choice questions, 9 of which allowed for free-text clarification, two matrix tables which allowed respondents to choose and/or rank responses, three free-text entry and one numeric response. The list of predefined response options for each question is available on request from the authors.

Qualtrics estimated time for survey completion to be 8.1 min. Responses to all questions were mandated except where ‘Other’ was chosen in response to a multiple-choice question, in which case the respondent could progress to the next question without completing a

TABLE 1 Survey questions – overview of questions, response type and intended recipients.

No.	Question	Question type	Response type	Recipients: S, students; P, professionals
1	Select one option below that best describes you If 'other', specify	Multiple choice Free text	Single answer Free text	S, P
2	At what point in your studies are you?	Multiple choice	Single answer	S
3	How familiar are you with the <i>Manual of dietetic practice</i> ?	Multiple choice	Single answer	S, P
4	How have you accessed the book? Select all that apply	Multiple choice	Multiple answers	S, P
5	How do you prefer to access the book?	Multiple choice	Single answer	S, P
6	What device do you use to access the digital (e-book) version? Select all that apply. If 'other', specify	Multiple choice Free text	Multiple answers Free text	S, P
7	Do you find the digital (e-book) version user-friendly? If 'no' what do you not like about the on-line version?	Multiple choice Free text	Single answer Free text	S, P
8	Have you used PEN: Practice-based Evidence in Nutrition ( <a href="http://www.pennutrition.com">www.pennutrition.com</a> )?	Multiple choice	Single answer	S, P
9	Which would you be more likely to consult if you wanted the following information: – Topic background information – References – Answers to practice questions – Up-to-date information – Specialist information	Matrix table with response options: – MDP – PEN	Single answers	S, P
10	Thinking about the <i>Manual of dietetic practice</i> , do you like the way in which the content is structured? If 'no', what would you change and why?	Multiple choice Free text	Single answer Free text	S, P
11	Do you think all the content is relevant? If 'no', which parts do you think are not relevant?	Multiple choice Free text	Single answer Free text	S, P
12	Do you think there is any content missing? If 'yes', what do you think is missing?	Multiple choice Free text	Single answer Free text	S, P
13	Is the level of detail within the book consistent? If 'no', which parts need adjustment?	Multiple choice Free text	Single answer Free text	S, P
14	How strongly do you agree with each of the following statements: – The appendices are useful to me – The index is useful to me – The references for each section are useful to me	Matrix table with response options: – Strongly agree – Somewhat agree – Neither agree nor disagree – Somewhat disagree – Strongly disagree	Single answers	S, P
15	What do you think the strengths of the Manual are?	Free text	Free text	S, P
16	What do you think the weaknesses of the Manual are?	Free text	Free text	S, P
17	What would make you more likely to use the new edition of the <i>Manual of dietetic practice</i> ?	Free text	Free text	S, P
18	Which editions of the <i>Manual of dietetic practice</i> have you used?	Multiple choice	Multiple answers	S, P

(Continues)

TABLE 1 (Continued)

No.	Question	Question type	Response type	Recipients: S, students; P, professionals
19	Country of practice?	Multiple choice	Single answer	P
20	Do you practice internationally on-line?	Multiple choice	Single answer	P
21	Have you recently (in the last 2 years) or currently returned to practice?	Multiple choice	Single answer	P
22	How long has it been since you qualified as a dietitian or nutritionist (in years)?	Number	Number	P
23	In which sector is the majority of your work? If 'other' specify	Multiple choice Free text	Single answer Free text	P
24	Are you involved in delivering a dietetic degree or post-graduate course or apprenticeship (including direct teaching and supporting practice placements)?	Multiple choice	Single answer	P
25	What would you consider your specialist area of dietetic practice to be? Select all that apply. If 'other' specify	Multiple choice Free text	Multiple answers Free text	P

Abbreviations: MDP, *Manual of dietetic practice*; PEN, Practice-based evidence in nutrition.

response. Integral fraud detection algorithms were activated to detect suspicious responses, including multiple responses from a single respondent to ensure the quality and validity of the data.

## Survey distribution

The survey was open for 6 weeks during August–September 2022, and a prize (chance to win a £200 voucher) was offered to encourage participation.<sup>5</sup> The survey link was emailed to approximately 10,000 BDA members and then cascaded to potentially interested groups, including students, academic representatives, overseas respondents and others, with a final estimated distribution of 10,500+ recipients and a resulting 90:10 split professionals (i.e., qualified dietitians) to student dietitians. Proceeding to complete the survey was deemed to be providing consent. All responses were anonymous. Contact data for the prize draw were optional, held in a separate database and deleted after the draw was complete. Responses were exported from Qualtrics to an Excel spreadsheet (Excel for Microsoft 365 [version 2307] for data analysis).

## Data (response) analysis and presentation

### Quantitative analysis: multiple-choice questions and matrix tables

Responses to multiple-choice questions are presented as frequencies. Where appropriate, rank was calculated to illustrate most frequently selected response option(s).

Response frequencies to matrix questions are presented as categorical data in graphical (bar graph) format. These were designed to explore the use of the Manual in contrast to an alternative reference text, and usefulness of specific sections (e.g., appendices).

Responses comprising short-form, free-text responses (e.g., selection of 'other' by recipient) were analysed semiquantitatively by compiling categories into which responses could be grouped and tabulating responses. Null responses (i.e., unanswered questions) are reported as 'No response'.

### Thematic analysis: free-text questions

Responses comprising long-form, free text were analysed qualitatively using the thematic six-step approach advocated by Braun and Clarke.<sup>6</sup> One investigator (L. W.) undertook the initial thematic analysis with a second researcher (K. M.) reviewing the results and a third (M. H.) adjudicating differences between the two. An inductive, semantic approach was used with derived themes strongly driven by the data and themes themselves developed explicitly from the responses. Datasets for three domains (strengths, weaknesses and motivation to access the updated Manual) were analysed separately.

Each dataset was initially screened for uninterpretable responses, which were labelled and discarded. Valid (interpretable) responses were coded using a simple alphabetic code based on common features apparent in the response. Coded responses were then sorted and collated in an Excel spreadsheet (Excel for Microsoft 365 [version 2307]). Where responses exhibited multiple features, multiple codes were applied and the most prominent feature was

TABLE 2 Respondents' characteristics.

	Number of respondents (%)	Years since qualification, average (range)
<b>Professionals</b>		
Registered dietitian	769 (72)	12.7 (1–44)
Registered nutritionist	108 (10)	2.7 (1–21)
Registered dietitian and nutritionist	100 (9)	4.9 (1–40)
Dietetic assistant	78 (7)	1.8 (1–9)
Other <sup>a</sup>	21 (2)	15.6 (1–37)
<b>Sub-total</b>	<b>1,076 (91)</b>	
<b>Students</b>		
Year 1 or 2 undergraduate	24 (23)	-
Year 3 or 4 undergraduate	40 (39)	-
Masters or PGDip	26 (25)	-
Apprentice dietitian	11 (11)	-
No response	2 (2)	-
<b>Sub-total</b>	<b>103 (9)</b>	
<b>Total</b>	<b>1,179</b>	

<sup>a</sup>Other ( $n = 21$ ); retired/left practice, 4; other specialist/professional, 9; returner, 2; other descriptor, 3; no response, 3.

selected to represent the overall theme of the response. Thematic maps depicting key and subordinate themes and relationships between themes were derived.

This project was deemed a service improvement project and therefore did not require ethical approval. The survey contained no sensitive topics, all responses were anonymous and consent to participate was through responding to the survey. All data were stored on a secure system.

## RESULTS

### Respondent characteristics

A total of 1639 responses were received, of which 460 were removed by the fraud detection algorithms, resulting in a total of 1179 valid responses to the survey (Table 2). In all, 67% (720/1076) of professional respondents reported being involved in the delivery of dietetic education, 35% (376/1076) reported practicing internationally online and 34% (362/1076) reported having recently returned to practice. Professionals reported practicing in 45 different countries with 60% (646/1076) practicing in the UK and 21% (228/1076) in the United States (Supporting Information: Table S1).

Fifty-two per cent of professional respondents reported mainly working in a clinical setting (e.g., NHS), 9% reported their principal place of work as private practice, 8% academia (education), 6% public health and 6% a social care setting (Supporting Information: Table S2). The most frequently reported specialism was generalist (cited 172 times), followed by parenteral and enteral nutrition (168), diabetes (166), gastroenterology (154) and food service (146) – data unpublished.

A summary of the main results is presented in Table 3. Further details are provided in the following sections and in the Supplementary File. Additional (unpublished) survey data are available on request from the authors.

### Familiarity, preferred mode of access, paper versus digital preferences

The current (6th) edition of the Manual<sup>2</sup> was the most commonly used by both professional and student responders. A small minority of professionals (2%) and students (2%) reported that they had not heard of the Manual (Supporting Information: Table S3). The most frequently accessed previous edition was the 4th edition<sup>7</sup> for professionals and the 5th edition<sup>8</sup> for students (Supporting Information: Table S4). With an average 12.7 years since qualification for professionals (Table 2) it was unsurprising to find some respondents (19/408) had accessed all previous (five) editions of the Manual<sup>1,2,7–10</sup> throughout their career, although most commonly (189/408) respondents reported using just one edition exclusively (Supporting Information: Table S5).

There was a definite preference for accessing the printed copy of the Manual rather than digital formats (Table 3); professionals most often used a departmental (print) copy, and students, personal (print) copies. Where the e-book was viewed, a laptop was the most popular device used, followed by desktop and mobile phone. However, 79% of professionals and 56% students did not complete this question, endorsing the fact that digital use was much less common.

Despite the small proportion of respondents reporting the use of digital versions, (professionals: 21%; students: 44%) the overwhelming majority reported it being user-friendly (Table 3). The key problem appeared to be difficulties with on-screen viewing (free-text responses); it was reported to be 'tiring on the eyes'; constant scrolling to access multiple screens increased the user burden and limited space made reading tables particularly difficult.

### Structure, relevance, missing content and consistency

The majority of both professionals and students were satisfied with the Manual's current structure (Table 3). Suggestions for improvement included adopting a standardised breakdown within each chapter, adopting a more



TABLE 3 Summary of the results.

Area	Finding	Additional details in Supporting information
Familiarity of editions	6th edition used by 46% professionals; 60% students	[Tables S3, S4 and S5]
Printed versus digital format	Printed version preferred by 59% professionals, 60% students	See note
Access to the textbook	46% professionals used departmental print copies; 42% used personal print copies; 46% students used library print copies	See note
Views on digital format	86% professionals and 91% students reported it user-friendly	See note
Structure	94% professionals and 88% students satisfied	See note
Relevance	96% professionals and students reported content was relevant	See note
Content	75% professionals and 78% students reported the content was complete	See note
Top four missing topics	<ul style="list-style-type: none"> <li>• Avoidant restrictive food intake disorder</li> <li>• Mental health</li> <li>• Sustainability</li> <li>• Maternal and fertility nutrition</li> </ul>	[Table S6]
Consistency of detail across content	91% professionals and 91% students felt it was consistent	See note
Preferred reference source: The Manual vs. practice-based evidence in nutrition (PEN)	<ul style="list-style-type: none"> <li>• Manual preferred for background information, references, answers to practice questions and specialist information</li> <li>• PEN preferred for up-to-date information</li> </ul>	[Table S7; Figure S2]
Usefulness of appendices, index and section references	51% agreed (7% disagreed) appendices useful, 61% agreed (4% disagreed) index useful, 62% agreed (4% disagreed) section references useful	[Table S8; Figure S3]

Note: Additional data available on request from the authors.

systems-based approach to presenting the information and even splitting the Manual into two volumes.

Almost all professionals and students reported that the content of the Manual was relevant (Table 3). The main concern was the content would date rapidly given time frames for print. Although relevance was acknowledged as an individual concept, responses indicated that the Manual was most relevant for generalists, students and new graduates.

Most respondents felt that the content of the manual was complete (Table 3). However, the top topics identified as 'missing' were avoidant restrictive food intake disorder, mental health and sustainability, maternal and fertility nutrition, professional practice and intubation topics (Supporting Information: Table S6).

Most professionals and students felt that the content was consistent in the level of details (Table 3). Nevertheless, the number of pages per topic was noted to vary widely, but this was acknowledged to reflect the weight (or lack) of evidence for different topics, but such discrepancy could benefit from more extensive peer review.

### Preferred source: the Manual versus PEN

Over half of professionals (68%) and students (52%) responded that they had previously used the online PEN

as a reference source. PEN is the preferred source of information for up-to-date information compared with the Manual, whereas in contrast, the Manual was deemed the preferred source for topic background information, answers to practice questions and specialist information (Table 3; Supporting Information: Table S7; Figure S2).

### Usefulness of appendices, index and section references

Most respondents agreed that the Manual's appendices, index and section references were useful, but there was least agreement for the usefulness of the appendices, with 24% nonresponse to these questions (Table 3; Supporting Information: Table S8; Figure S3).

### Thematic analysis

#### Strengths of the Manual

A total of 598 respondents (professionals: 538; students: 60) returned valid free-text responses (discarded: 173) to the question seeking to explore views on the strengths of the Manual. Figure 1 depicts the main themes, subthemes

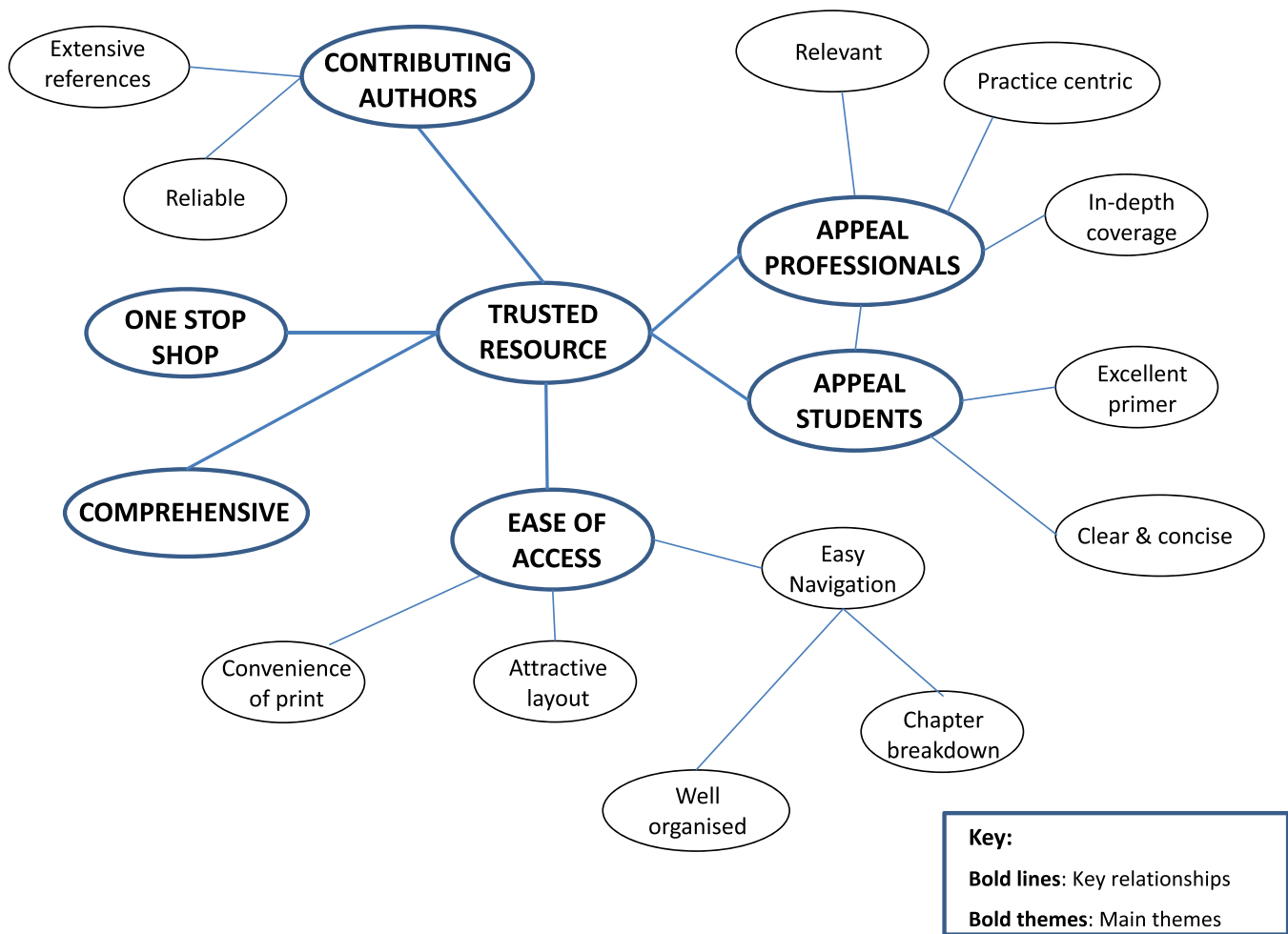


FIGURE 1 Thematic analysis – Manual's strengths.

and interrelationships. The most powerful theme was that it is a *trusted resource*: the Manual is seen as 'a fabulous tool', the 'go to textbook for concise evidence based information irrespective of specialist area or experience', the 'hub of dietetics' and 'an authoritative starting point to learn about (almost) any area of practice'. With similar sentiments expressed by both professionals and students it is seen as the 'universal reference point for students and staff' and 'it is so comprehensive and covers a huge number of subject areas' and more emphatically, 'there aren't many questions I haven't found the answer to in the Manual'.

A closely linked main theme is the idea that the Manual constitutes a 'one-stop-shop' for dietitians. Statements suggesting that it 'has everything in it' and that it 'encompasses essential information across the dietetic spectrum' are good examples. Further statements suggested it is 'an excellent resource with relevant information in one place' that it is 'great for students and qualified staff alike' and that it represents 'dietetics in one place' all support the one-stop-shop theme. Overall, the *comprehensiveness* of the manual was the

most cited strength, with respondents stating: 'it's a great companion to study' and 'I can trust that I will have a good grounding of an area (even) one that I am unfamiliar with'.

Another key theme is its *broad appeal to students and professionals* alike. One statement neatly sums this up as 'fabulous for newly qualified & junior practitioners, for those changing to a new area of clinical practice, for those working in general practice – everyone really'. Subthemes for professionals reflecting the Manual's broad appeal include the fact that it is relevant and practice-centric and provides in-depth coverage. For students, its 'popular and easy to understand' language is seen as a major advantage. Sentiments such as 'very easy to read', 'user-friendly and informative', 'explanation of clinical conditions in layman's terms' all reflect a recognition by readers that a lot of effort has gone into ensuring that the text remains both clear and accessible.

In such an extensive text, it is a tribute to the previous contributing authors, editors and publishing team that the *ease of access* to information is a commonly expressed strength. 'Lovely layout, easy to find

information', 'organisation by conditions', 'well structured' and 'clearly laid out', 'convenient and instructive', 'the ultimate reference guide' are just some examples of users' satisfaction with the Manual as an easily navigable tool. The view of the Manual as a trusted and comprehensive companion is borne out by the subtheme 'convenience of print' with users who clearly like a hard (print) copy expressing the view that 'you can hold it your hand and read it' and 'having something to hand you can refer to', whereas other respondents expressed the more pragmatic view that the Manual is both 'easy to carry' and 'convenient'.

Reader confidence in the quality of *contributing authors* was the final key theme. Authors were seen to be credible, reliable, well informed and experts in their field. Comments such as 'excellent contributing authors', 'written by experts in the field', 'rigorous detailed coverage' and 'peer review' make for a reference source with a high-quality evidence base strengthened by the knowledge that the contributing authors are 'working in clinical practice' which bestows huge credibility. The fact that the Manual is known to be endorsed and supported by the BDA only adds to what is seen by readers as its

unique position as the gold standard text for dietitians in the UK.

## Weaknesses of the Manual

A total of 604 respondents (professionals: 555; students: 49) returned valid free-text responses (discarded: 150) to the question seeking to explore views on the limitations and weaknesses of the Manual. Figure 2 depicts the main themes, subthemes and relationships between them. The key weaknesses cluster around the Manual's *content*, the most prominent being it *dates rapidly*: 'some information is out of date almost immediately', and 'it is only up to date at the time of printing and while some things don't change other things are quickly out of date'. However, there is widespread understanding that it is almost impossible to keep a print copy up to date: 'difficult to keep a print copy up to date with changes in practice', 'goes out of date but that's the nature of books' and 'it can never be completely up to date'. Linked to this theme is the *print and e-copy access* theme, highlighting how easier access to digital versions of the Manual would be

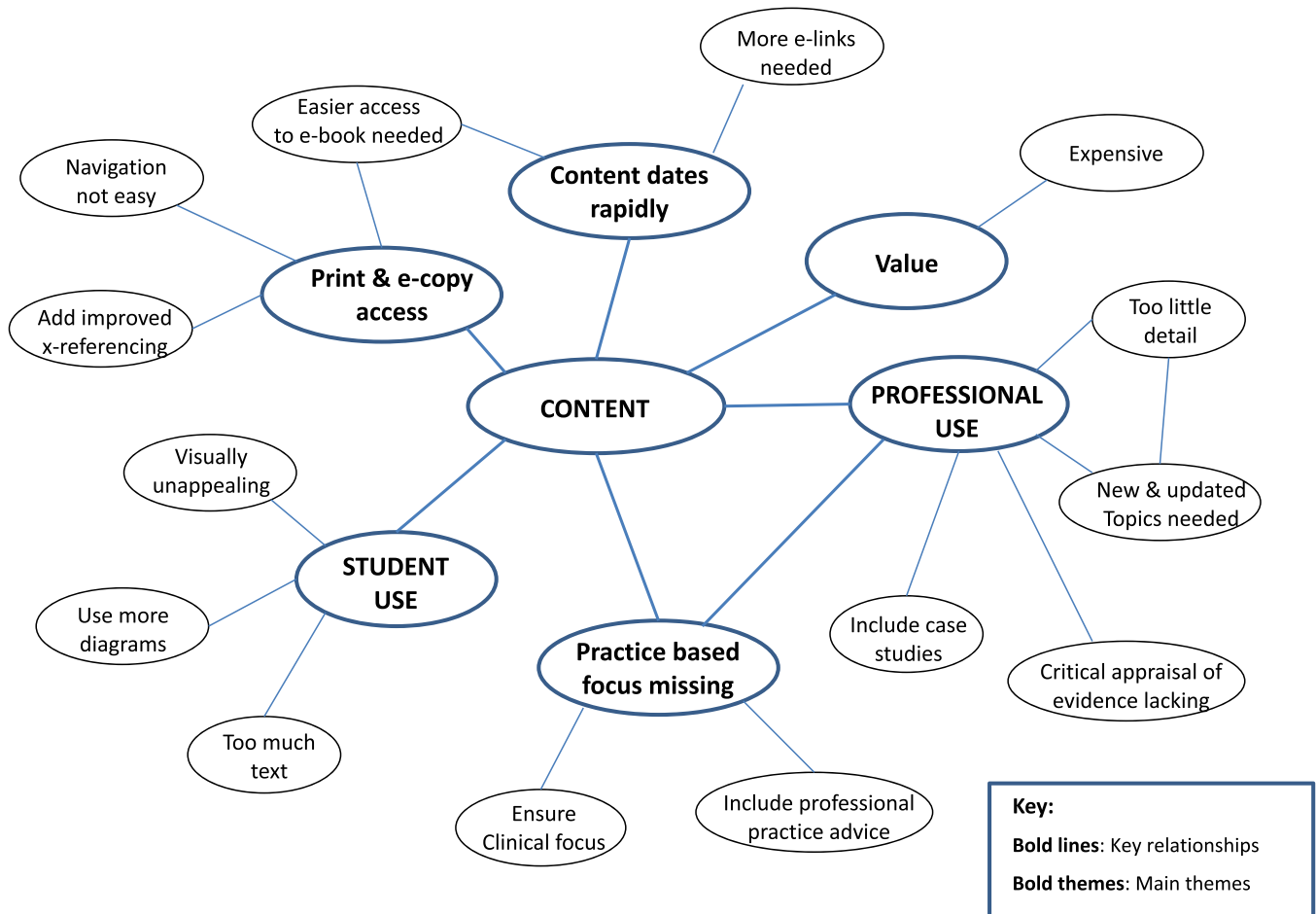


FIGURE 2 Thematic analysis – Manual's weaknesses.



beneficial with novel suggestions such as ‘the online version could be updated on a rolling basis a chapter at a time’ and even that the BDA might consider including the costs of online access to the Manual to be within the scope of their membership fees. Many also feel there should be an easier way to access the Manual: ‘could access be via login with HCPC registration or BDA registration number’. Also those navigating the print copy, and requiring the right kind of information, the following statements sum up their frustration: ‘It can sometimes be an information overload, the addition of summary sections could be helpful when first approaching or reviewing a topic’, ‘there’s often so much information it’s hard to determine what is critical and what is background knowledge’, further it ‘can be difficult to find certain information at times’ and finally ‘lots of text to read through which can be challenging to find the time for busy practicing dietitians, quick reference table, summaries, diagrams would be really useful’.

The theme of *value* (value for money) is closely linked to *content* because the wealth of information results in a bulky textbook that for some is too expensive: ‘it’s expensive for an individual to purchase’, ‘it is expensive for a student and rare to find print copies’ and ‘expensive and not always available in every department’. The size and weight of the printed copy also comes in for criticism: ‘a very heavy chunky book, very hard to transport’, ‘too heavy and bulky’. However, the readership seems forgiving: ‘if I had to give one weakness it would be how big and heavy it is – but without all the info. it wouldn’t be what it is’.

The Manual is also criticised in the context of *professional use* for its lack of specialist detail: ‘not enough detail once you specialize in an area’, ‘insufficient detail and can appear outdated’, but also with understanding ‘I’ve used it less the more specialized I’ve become, but I’m not sure that’s a weakness, it would be huge to have fine detail on all areas of dietetic practice’. Many professional readers also highlight the lack of case studies as a key weakness: ‘case studies would be helpful especially for specialist topics’, ‘some areas (of the Manual) do not seem to offer much practical information’ and ‘not many case study examples so application can be difficult to pick-up for people new to the area’. Linked to this theme is the theme that a *practice-based focus is missing*, highlighting views that the content needs to be more relevant to dietetic practice: ‘more practical guidance is needed’, and for practitioners new to certain areas, the Manual offers more ‘background reading material than practical advice’ and ‘more specific practice questions can be difficult to find answers for’. On this theme, one reader makes an interesting comparison: ‘practical application is not as useful as the American counterpart’.

*Student use* theme highlights the Manual’s key weaknesses from a student perspective; the lack of information provided in pictorial form is commonly criticised: ‘I would like to see more diagrams to support

different learning styles’, there is a ‘lack of visual information to break-up large blocks of text and aid the learning process’ and ‘a lot of information that could be potentially condensed? More flow charts, less wordy parts’. Finally one reader simply expresses the view ‘the combination of the picture and text is not quite right’. Links to video-based learning materials including an audio-book would be welcomed by a number of students.

## Factors influencing the use of the new edition

A total of 308 respondents (professionals: 293; students: 15) returned valid free-text responses (discarded: 51) on what would make them more likely to use the forthcoming seventh edition. The dominant themes clustered around issues of ‘content’, ‘access’ and ‘needs’. The key subthemes arising from the analysis have been discussed in ‘strengths’ and ‘weaknesses’. A thematic map (Supporting Information: Figure S1) depicts the main themes, subthemes and relationships between them.

The theme ‘content’ encompassed the view that readers wanted to be assured that the quality of the content in the new edition should continue to be commensurate with that of previous editions. Many expressed the view that content should be provided by both trusted authors and new emerging ones, for example, ‘sections written by new and up and coming dietitians as well as the experienced experts we have come to rely upon’. Readers are keen to ensure that established experts and younger talent are invited to contribute. There is also a sentiment that that the new edition should remain very much ‘of’ and ‘for the profession’ with ‘colleagues being involved in writing chapters’. Additionally, up-to-date evidence is seen as a major driver in encouraging readers to access the new edition: ‘digital version with chapters being updated as need arises rather than all at the same time’, ‘website facility where you could check on a particular topic or area to see if there have been any changes in best practice’ and, more frankly ‘more detailed chapters with current references that show dietetics to be looking forward and making progress instead of old references and weak data used’ and inclusion of ‘more cutting edge information’.

The idea that the Manual will meet readers ‘needs’ is reflected in the comments. Content needs to be as comprehensive as the previous one: ‘more content than ever before’ and importantly, that it will contain ‘up to date references and new clinical updates’, and further ‘if it’s updated and the contents are revised’. This was highlighted in the view that as long as ‘the new edition is consistently and meticulously updated and expanded in line with changing healthcare and advances in nutrition and dietetics and the information is more relevant’, it will be an attractive purchase. The content should also reflect the changing needs of users in the workplace: ‘reworking the contents to clinical practice’, ‘broader content that

reflects the various roles that dietitians work in' and 'make it practical, include things that are useful in the life of a dietitian who works in the NHS and walks the wards'. It should also be topical and useful in the workplace: 'reference to BDA & NICE guidelines for conditions (prevalent) at that time, including CPD type activities that count towards learning'. Despite critical comments, it is clear that there is confidence among readers that the new edition will meet their needs: 'if I need to find information I know it will be in the Manual', 'I'll use the new version whenever it comes out' and 'thanks, I'm looking forward to buying the next one'. 'Consummate', 'perfect', 'wonderful and concise' are just a selection of the positive adjectives that have been used to describe the current edition.

Comments suggested that *access* is an important consideration; a more rapidly updated, interactive and appropriately referenced e-version of the Manual would be an advantage: 'online version [of the new edition] with links to papers and references', 'greater accessibility such as having access to it digitally as part of our BDA membership fees would be an excellent bonus', 'easy online access to the new edition including via your BDA account like the journal [JHND] is' and 'easier and more intuitive ways to access electronic versions'. Mindful of departmental needs, one reader suggested: 'the opportunity to purchase an electronic version for group use at a cost that is seen as realistic for NHS Department managers'. Providing easy electronic access (e-access) to the Manual and reducing the cost of e-access are seen as a key drivers to enhancing uptake of the new edition: 'more affordable in an e-format that updates more often', 'if it were cheaper and in an electronic version', 'if it was less expensive and my department has a copy' and provision of 'an online version that is updated more regularly [and] that we had a departmental license' and finally 'I love the idea of an electronic version where each chapter could be updated independently, it could also link to references and further reading'.

## DISCUSSION

The aim of this survey was to explore readers' views on the scope, structure and format of the current edition of the *Manual of dietetic practice*,<sup>2</sup> to inform the development of the forthcoming seventh edition. This paper describes a process by which editors of similar key professional texts could seek to involve their readers in the development of new editions. The results of this survey will guide the editors to focus their efforts on issues of most importance to the readers.

Nevertheless, there are some limitations worth noting. Several questions have substantial numbers of missing data. These could be avoided by forcing mandatory answers for all questions; this option was not chosen as an approach to encourage respondents to

complete the survey to the end. It was therefore assumed respondents felt they had nothing significant to add, did not want to offer a response or were under time pressure to complete the survey. These questions need to be interpreted with some caution. There were also low numbers of student respondents, which limits the generalisability of the data to this user group. Respondents could represent a biased group, in that only those interested in the Manual answered the survey. This could be a bias both towards positive and negative views. It is not possible to derive an accurate response rate to the survey as it was shared with an unknown number, but our best estimate is that approximately 10% of the UK dietetic profession shared their views. The characteristics of respondents describe a broad group of readers, which ensures that a comprehensive cross-section of views were elicited, which was our aim. Despite these limitations the survey provides valuable information in designing a textbook and engaging with the readership.

Thematic analysis identified key strengths of the Manual to be its trustworthiness and comprehensiveness. The extensive scope of the Manual and its richness of content was also a dominant theme. The main weakness identified was lack of currency, specifically that information in a textbook quickly goes out of date as new areas of clinical practice emerge. Access to the latest more up-to-date information is a requirement for all healthcare professionals, and a significant challenge for all textbooks is to remain up-to-date. The timespan between editions of the Manual is approximately 5 years (the 6th edition was published in 2019), which means investment in the editions is needed throughout a professional's career. The ability to selectively update specific sections of the text is seen by readers as a major advantage but is only possible with rolling (rather than episodic) review and with an online version.

Although the Manual is available online, via subscription fees, it has not yet been adopted by Wiley as a 'Major Reference Work' which would make it eligible to be available via the Wiley Online Library. This would allow increased functionality and may include more sophisticated update and navigation. A clear preference was expressed for the print version although readers acknowledged its limitations. For those who currently use the digital version there was a high level of satisfaction which suggests that better promotional strategies should be adopted to entice readers to try the digital version. Nevertheless, the need for improved browsing and navigation facilities were key criticisms. Cost of access was for some readers a major hindrance (c£90, print copy; £12/month–£96/year online). Discounted access (e.g., subsidised from a professional body membership fee) may encourage some users to purchase access and may even persuade more dietetic departments to obtain access as standard.

The survey enabled clear identification of gaps in the content and the structure of the chapters, including the

need for addition of emerging topics (e.g., avoidant restrictive food intake disorder, and sustainability) and the requirement to update topics such as mental health, intubation, maternal and fertility nutrition and professional practice. The need to include dietary recommendations for long COVID also featured in the listing of new topics to be included but was ranked only 13 in comparison to other topics. Provision of information in a more digestible, visually appealing format was noted by those in education while also maintaining the purpose of the textbook as the core text for practitioners will be a key focus for the editorial team.

The results suggest that the existing structure of the Manual does not need to change radically. Because the Manual seems to be used alongside PEN, with PEN preferred only as the source for up-to-date information, it will be important to include sign-posting or reduction of text where other specialist or advanced references exist.

Readers' views are crucial to ensuring the ongoing relevance of key reference texts. Qualified professionals want a focus on practical clinical information to support the delivery of dietetic care, whereas students value an emphasis on summarised and visual formats. The adoption of the online version of the textbook may require improved promotional efforts. The survey has enabled clear identification of content gaps and inconsistencies in structure, which can now gain the focus of the editors' efforts for the new edition. This will ensure the new edition will reflect the changing demands of the profession.

### AUTHOR CONTRIBUTIONS

Linda Wedlake: conceptualisation and methodology; data curation; thematic analysis; writing—original draft; review and editing; data visualisation. Duane Mellor: conceptualisation and methodology; review and editing. Tom Marriott: conceptualisation and methodology; data curation; review and editing; data visualisation; project administration and oversight. Kate Maslin: conceptualisation and methodology; thematic analysis; review and editing. Gary Frost: conceptualisation and methodology; review and editing; thematic analysis; writing—original draft. Mary Hickson: conceptualisation and methodology; thematic analysis; review and editing; project administration and oversight.

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(BDA). The editorial team (L. W., D. M., K. M., M. H., G. F.) has been appointed by the BDA to produce the seventh edition of the Manual.

### CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

### TRANSPARENCY DECLARATION

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported. The lead author affirms that no important aspects of the study have been omitted and that no discrepancies from the study as planned have occurred. This study was conducted as a service improvement project and therefore did not require ethical approval.

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### PEER REVIEW

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### SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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