



Group Nutrition Education Sessions for Chronic Kidney Disease: Evaluation of Participant Satisfaction and Knowledge

Are Group Education Sessions the solution to limited renal dietetic resources in the OPD setting?



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Introduction

Chronic Kidney Disease (CKD) can be defined as the progressive loss of kidney function present for >3 months, with implications for health (KDIGO 2024).

CKD is a significant global health issue, contributing to high rates of morbidity and mortality. Within Ireland, it is estimated that there are approximately 226,000 individuals living with this condition (National Renal Office 2023). Nutritional management, particularly through the implementation of a renal diet, is an essential therapeutic strategy in slowing CKD progression and managing associated complications.

The purpose of this study was to evaluate patient satisfaction with group education sessions on nutrition for CKD at Cork University Hospital (CUH). These sessions, developed by the renal dietitians at CUH, provided general nutrition guidance suitable for all CKD stages, including interpreting food labels, healthy eating strategies and meal planning.

The aim of the group sessions was to maximise the resources of the renal dietetic team, enabling more patients to receive early dietary support. This study evaluates self-perceived knowledge before and after each session.

Methods

- Ethics approval was obtained from the Clinical Research Ethics Committee of the Cork Teaching Hospitals.
- 92 CKD patients awaiting a new renal dietetic appointment were invited to attend group education sessions. The sessions were also available to any patient with CKD attending the renal OPD clinics in CUH by self-referral.
- Participants consented to have their feedback used for evaluation
- Sessions were 90 minutes and delivered in person and virtually (Nov-Dec 2025). Topics included interpreting food labels, healthy eating and lifestyle.
- Self-perceived knowledge was assessed before and after each session using a Likert scale based questionnaire.
- Data was analysed using descriptive statistics and presented graphically.

Results

Of the 92 patients invited, 7 (7.6%) attended at least one of the three nutrition education sessions.

Self-perceived knowledge improved after the sessions across the topics covered.

Patient feedback highlighted satisfaction with the session content and delivery.

Key findings are illustrated in graphs, and selected participant comments are displayed below.

“Thank you for all your help and information. I learned a lot and feel a lot more confident with the renal diet now”

“Thank you so much and thanks for the great information”

“I tried the salmon recipe, and it was really good”



Conclusion

- Group-based renal nutrition education improved patient-reported knowledge of CKD and related nutrition & lifestyle topics.
- Participation rates were low (7.6%), even with the option to attend virtually, indicating group sessions are not a preferred mode of nutrition education for people affected by CKD.
- Alternative strategies should be explored to support patient engagement with education provision.

We are grateful to the staff of the Irish Kidney Association Munster Support House for facilitating us to conduct the education sessions in their premises and to the patients who participated in the group sessions for their valuable feedback.