



KEY POINT SUMMARY

OBJECTIVES

The objective of the study was to test the impact of an evidence-based educational program directed at nursing staff on resident food intake and resident health outcomes.

Quality Improvement Practices: Enhancing Quality of Life During Mealtimes

Evans, B. C., Crogan, N. L.
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Key Concepts/Context

Studies identified that malnutrition affects up to 54% of the 1.5 million Americans over age 65 who reside in the nation's 20,000 nursing homes and can lead to death or chronic disability. Physical causes of malnutrition include altered sensation, medication effects, and impaired feeding ability. Psychological causes include cognitive impairment, depression, and social isolation. Mealtime is also a very important time of day for residents of nursing homes since it is a time for socialization, remembering family and past events, and enjoying the sensory experience of eating. The mealtime experience can enhance the quality of life for residents in nursing homes.

Methods

Data were collected before and after an educational intervention designed to increase nutrition care knowledge among licensed nurses and nursing assistants. The 6-hour intervention consisted of a curriculum designed to refresh nurses' and nursing assistants' knowledge of basic nutrition principles. Parameters of the data included observations of the environment and atmosphere prior to, during, and following food service.

Findings

The study found that, even after the intervention, 10 dining room problems identified by previous studies still existed: (1) residents not offered alternate food items when food refused or not eaten, (2) beverage/fluid not served prior to food, (3) lack of homelike setting in dining room, (4) food items not removed from tray, (5) staff not conversing with residents, (6) staff not fully "present" for residents



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during feeding, (7) clothing protectors used routinely, not resident request, (8) dining chairs not available for resident use, (9) residents not positioned for eating, and (10) meal monitor not completed.

However, the study identified that, after the intervention, there was improvement in some dining room problems such as failure to offer alternate food choices when residents refused or did not eat food and lack of staff being “present” to residents, which were observed by staff to be crucial to good nutrition. Several other quality practice problems were identified: (1) that meal (intake) monitoring occurred only 86% of the time posteducational intervention, a decline from preeducation observations of 95%; (2) caregiver-resident interaction did not occur during meals 43% of the time, resulting in unmet psychosocial, cultural, and spiritual needs; and (3) dining room atmosphere was lacking (e.g., a lack of availability of dining chairs for resident use, a lack of opportunity to enjoy meals from plates and utensils placed directly on the table, and a lack of a homelike environment) and may have affected resident food intake in this study.

Limitations

Authors identified no limitations in the study.

Design Implications

The study suggested that consideration of the environmental influence on appetite is important for a pleasant eating experience: Cleanliness is important in supporting elders’ appetites and in creating a suitable eating atmosphere. Good lighting that affects residents’ abilities to see and appreciate the appetizing appearance of food also was also identified as a factor promoting good nutrition. It is important to note that good lighting for elders means much more than the amount of light necessary for a young adult, because of aging visual ability. The study also suggested that appropriate table heights may facilitate good positioning of residents and ample room at tables that enhances the social experience of eating through preservation of personal space and the absence of medication carts in the dining room—now mandated by state and federal agencies that regulate nursing home care—may also promote a homelike atmosphere.