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Feature Article

Attitudes, perceptions and experiences of mealtimes among residents and staff in care homes for older adults: A systematic review of the qualitative literature

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ABSTRACT

Addressing problems associated with malnutrition in care home residents has been prioritized by researchers and decision-makers. This review aimed to better understand factors that may contribute to malnutrition by examining the attitudes, perceptions and experiences of mealtimes among care home residents and staff. Five databases were searched from inception to November 2015: Medline, Embase, PsychINFO, AMED, and the Cochrane Database. Forward and backward citation checking of included articles was conducted. Titles, abstracts, and full texts were screened independently by two reviewers and quality was assessed using the Wallace criteria. Thematic analysis of extracted data was undertaken. Fifteen studies were included in the review, encompassing the views and opinions of a total of 580 participants set in nine different countries. Four main themes were identified: (1) organizational and staff support, (2) resident agency, (3) mealtime culture, and (4) meal quality and enjoyment. Organizational and staff support was an over-arching theme, impacting all aspects of the mealtime experience. Mealtimes are a pivotal part of care home life, providing structure to the day and generating opportunities for conversation and companionship. Enhancing the mealtime experience for care home residents needs to take account of the complex needs of residents while also creating an environment in which individual care can be provided in a communal setting.

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Background

Approximately 15,600 facilities in the United States provide residential care for an estimated 1.4 million older adults.[1] In the UK, more than 400,000 older people live in a care home,[2] including almost 20% of the population aged 85 and over.[3] According to the 2011 Census of Population in Canada, nearly 30% of over 85 year olds live in special care facilities compared to about 1% of the population aged 65–69, illustrative of the increasing need for care facilities among the oldest old.[4] As the number of older people increases globally, there is likely to be a greater demand for residential care. In Australia, care home places have grown steadily since 1995 to reach approximately 185,000 in 2011, including an increase of more than 2500 over the previous year.[5] In less developed countries where there is not an established infrastructure of residential care facilities, family members have traditionally borne the responsibility for the care of their elderly relatives. However, as the inhabitants of developing countries move to urban centers in search of greater employment prospects, the need for residential care is likely to increase in the communities they leave behind, highlighting the burgeoning global nature of care provision for older adults and the issues that accompany it.[6]

Over half the people admitted to hospital in the UK from care homes are reported to be malnourished,[7] having low body weight,

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unplanned weight loss or diminished nutritional intake.[8] The causes of malnutrition are complex and involve a number of (often inter-related) factors associated with underlying medical conditions (e.g., dysphagia, gastrointestinal disorders, drug interactions, cachexia).[9] Physical factors (e.g., disability, poor dentition), psychosocial factors (e.g., anxiety, depression) and food choice, quality and access issues can all also adversely affect food intake and increase the risk of malnutrition.[9–12] Malnutrition is particularly prevalent among (although not restricted to) residents with cognitive impairment, and this can exacerbate the decline in their functional abilities.[13] Critically, because it is associated with a poorer quality of life, increased morbidity and ultimately a greater risk of mortality,[14] malnutrition is a key indicator of the health and wellbeing of older adults in care. Therefore, there is a need for a greater understanding of these various influences on food intake in order that interventions may be developed to reduce the risk of malnutrition. The current systematic review examined the potential environmental, cultural, social and behavioral influences on nutritional status based on the views and opinions of mealtimes held by residents and staff in care homes for older adults. As mealtimes are an integral part of day-to-day life in care homes, these psychosocial 'ingredients' may be an important catalyst for the health of residents, in terms of food delivery and general wellbeing.

The need to improve the nutritional status of older people living in care homes has long been recognized.[14–16] However, it is unclear which interventions are most effective at reducing morbidity and improving wellbeing. Two recent systematic reviews suggested that simple changes to the mealtime environment (e.g. the style of food service, seating arrangements and the playing of music) can positively influence nutritional outcomes in care home residents and the behavioral and psychological symptoms of dementia (BPSD).[17,18] However, the conclusions of the reviews were limited because of the small sample sizes, lack of randomization, and inadequate control for confounding variables of included studies.[12,17,18] Furthermore, descriptions of mealtime interventions often lacked detail, limiting understanding of how they work and how they can be replicated. Even in those studies where a more comprehensive account of interventions was given, an emphasis on single intervention components, such as food quality improvement or an altered dining environment,[12] likely fails to account for the complexity of malnutrition causes[9] or the diverse range of influences on the mealtime experience more generally.[12] The lack of specificity is a common problem when reporting on intervention studies,[19] and this has implications for their practical effectiveness: it is important to account for the whole effects of an intervention, how it varies among recipients, between settings and over time, and what causes this variation.[20]

The aim of this review was to extend the research on mealtime interventions by synthesizing the available qualitative data from interview studies involving care home residents and staff. By uniquely bringing together the attitudes, perceptions and experiences of mealtimes in care homes as reported by residents and staff themselves, the review aimed to document experiential components that may structure the implementation of mealtime interventions, and more generally highlight some of the features of mealtimes that can ultimately impact the nutritional status and health and wellbeing of care home residents.[21]

Methods

The systematic review was conducted in accordance with Centre for Reviews and Dissemination (CRD) guidelines on undertaking reviews in healthcare.[22] The protocol was registered with the International Prospective Register of Systematic Reviews (PROSPERO) (CRD42015025890).

Literature search and eligibility criteria

The search strategy used a combination of MeSH and free-text terms (Supplementary Appendix 1). Five databases were searched from inception to November 2015: Medline, Embase, PsychINFO, AMED, and the Cochrane Database. Searches for grey literature were conducted in the Health Management Information Consortium (HMIC) and the Social Policy and practice (SPP) databases. No date or language restrictions were applied to the database searches. All qualitative studies, or mixed-method studies with a qualitative component, which used a recognized method of data collection (e.g., focus groups, interviews) and analysis (e.g., thematic analysis, grounded theory, framework analysis), and explored the attitudes, perceptions and experiences of mealtimes in care homes for older adults were included. This encompassed studies set in both care homes and nursing homes that accommodated residents with and without cognitive impairment. Studies with a purely quantitative design, conference abstracts and commentaries were not included in the review.

Two reviewers (RW, AB) independently screened titles and abstracts, and then full-text articles. EndNote X7.0.2 software was used to manage references throughout the review; duplicates were removed and forward and backward citation checking of each included article was conducted.

Data extraction

Data on each study's population, setting, study methods and focus were collected using a bespoke data extraction form (Table 1). Data were extracted by one reviewer (RW) and checked by a second reviewer (AB). Study quality was assessed using the Wallace criteria for qualitative studies[23] by one reviewer (RW) and checked by a second (AB).

Data synthesis

Thematic analysis was used to synthesize the data across studies. This approach offers a flexible, yet rich and detailed account of data, enabling the researcher to identify, analyze and report patterns within it.[24] The results sections of each paper were considered the primary source of data, and each line of text was coded according to its meaning and content. This line-by-line coding generated a code bank from which data could be organized into meaningful groups (themes) based on their similarities and differences.[25] Two of the included studies were also coded and organized into themes by a second reviewer (AB) to ensure that both reviewers (RW and AB) were deriving similar meaning and content from the text. These themes were then independently reviewed, categorized and defined as themes and sub-themes by both reviewers. Sub-themes provided structure to complex themes, and allowed inference of a hierarchy of meaning within the data.[24] Participant quotes are used to illustrate emergent themes.

Results

The systematic search returned a total of 253 articles, all of which had title and abstracts available in English. The titles and abstracts were screened for relevance by two reviewers (RW and AB), who independently classified each paper using the eligibility criteria. Full text copies of all potentially relevant studies were then obtained and independently double-screened. EndNote X7.0.2.