Collegian xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Collegian

journal homepage: www.elsevier.com/locate/coll

Access to food choices by older people in residential aged care: An integrative review

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ARTICLE INFO

Article history:
Received 9 October 2016
Received in revised form
12 November 2017
Accepted 17 November 2017
Available online xxx

Keywords:
Residential aged care
food choices
autonomy
quality of life
independence

ABSTRACT

Background: There is increasing concern regarding autonomy and quality of life for older people living in residential aged care. Failure to provide food choices and suitable dining environments has been reported to negatively impact their nutritional status, undermining their sense of autonomy and quality of life.
Aim: This paper presents an integrative review of studies on food choices in residential aged care and explores the relationships between food choices, autonomy and quality of life.
Methods: Search of nine databases CINAHL, PubMed, Scopus, PsycINFO, ProQuest, Cochrane, Embase, AMED, and Social Science Citation Index, identified nine primary articles. The Critical Appraisal Skill Program tool was used to examine the quality of these articles.
Findings: Three key themes were identified: (1) Prevalence of food choices and catering for residents' preference; (2) Importance of food choices to nutritional status; (3) Impact of food choices on autonomy and quality of life. The importance of increasing staff awareness and a need to develop aged care regulation to ensure adequate food choices provided.
Discussion: The importance of increasing staff awareness regarding the interrelatedness of respecting older people's food choices, autonomy and quality of life is identified. The needs of determining aged care regulation and accreditation standards were also highlighted.
Conclusion: Failure to provide satisfying food choices impacts older people's quality of life. However, the strength of the relationships between food choices, autonomy and quality of life requires further study.

Problem or Issue

Among older people living in residential aged care, not being able to exercise their autonomy regarding food choices is an enduring and widespread issue.

What is already known

Providing food choices to older people in residential aged care positively influence their sense of autonomy and quality of life.

What this paper adds

This paper highlights the importance of increasing staff awareness and a need to develop aged care regulation to ensure adequate food choices are provided.

1. Introduction

Residential aged care (RAC) facilities, also known as assisted living facilities (World Health Organization, 2004), provide supported, long-term accommodation for older people who can no longer live independently at home due to physical or mental deterioration, or both (Australian Institute of Health and Welfare, 2016). One of the adverse consequences of living in RAC is the loss of independence, which may erode an older person's sense of autonomy and quality of life (QoL) (Stabell, Eide, Solheim, Solberg, & Rustoen, 2004). To preserve independence in RAC, it is essential that residents maintain control over their daily activity choices, for example, their freedom to choose their own clothes, time to rise, bath times, and

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https://doi.org/10.1016/j.colegn.2017.11.004
1322-7696/

food choices (Brownie & Horstmanshof, 2012). Food choices can be defined as a process whereby RAC residents select from a range of options in which individuals can pick one food in preference to another, or reject certain food items, with no restriction on the amount that they are required to consume (Lau, 2008). Providing food choices has been shown to be particularly important in helping to maintain autonomy (AL-Omari, 2014; Jambi, 2003) yet can be challenging to achieve.

Among RAC residents, failure to provide food choices has been reported to undermine their self-determination and sense of autonomy (Ball et al., 2000; Jambi, 2003),which in turn may have a negative impact on their QoL (Paquet, St-Arnaud-McKenzie, Ferland, & Dube, 2003). Furthermore, failure to take into consideration food preferences for residents can result in serious consequences, including unplanned weight loss and malnutrition (Engelheart & Akner, 2015; Isenring, Banks, Ferguson, & Bauer, 2012; Naseer, Forssell, & Fagerström, 2015). The opportunity to exercise autonomy and free will over food preferences of residents in RAC has been reported to be important for both physical and psychological health (Hummert & Nussbaum, 2001). However, achieving this goal is not without challenges. Some of the major impediments are likely to be institutional constraints in providing food services within budget, and to accredited quality standards (Perry et al., 2011).

The relationship between food choices, QoL and malnutrition in RAC has received little attention (Gaskill et al., 2008). This is perhaps due to both low visibility and a lack of priority when considering the food preferences of residents (Hao & Guo, 2012), compared with other techno-medical activities of nursing practice (Ullrich, McCutcheon, & Parker, 2011). While there is some evidence that food choices may enhance residents' sense of autonomy and self-determination, and increasing satisfaction and QoL in RAC (Brownie & Horstmanshof, 2012; Burack, Weiner, Reinhardt, & Annunziato, 2012; Jambi, 2003), a comprehensive review is needed to fully explore these relationships. An integrative review was selected as this method enabled both quantitative and qualitative research papers to be included (Ganong, 1987; Whittemore & Knafl, 2005).

1.1. Aim

This review examined (i) the extent to which food choices were made available for older people in RAC; and (ii) the relationships between food choices, autonomy and QoL.

2. Search Methods and Search Outcomes

Using the method outlined by Ganong (1987) and Whittemore and Knafl (2005), primary research literature was extracted from nine databases. A combination of medical subject headings and key words were included (see Table 1).

2.1. Inclusion criteria

Any research designs of peer-reviewed papers with primary data sources were included in the search. Articles containing all three constructs of interest i) food choices; ii) autonomy; and iii) QoL, were included. No date restriction was imposed on the search, and only English-language papers were included in this review.

2.2. Data analysis, synthesis, and appraisal

Following the review of these abstracts, the full text of references deemed likely to be pertinent were then sourced and reviewed for inclusion in this integrative review.

Given the diversity of methodologies utilised in each of the nine papers that were included in this review, the Critical Appraisal Skills Program (CASP) (2013) tool was used to assess each paper, and therefore ensure the trustworthiness and relevance of their findings. Assessments of study quality are summarised in Table 2. Following appraisal of each paper, the findings of the papers were synthesised into themes. Data screening, extraction and quality appraisal were completed independently by the primary author and a second co-author, who, through a series of meetings reached consensus regarding the findings and resulting themes. Following this, the whole data extraction and quality appraisal process were reviewed by a third co-author. This revised draft was then audited and approved by the entire research team during several meetings throughout the preparation of this manuscript.

3. FINDINGS

Nine primary research studies were included in this integrative review. The relationship between food choices, sense of autonomy and QoL of older adults living in RAC were reported in research studies across several countries, including Australia (one paper), the United States of America (USA) (three papers); United Kingdom (UK) (two papers); Canada (one paper); the Netherlands (one paper); and Finland (one paper). Publication years ranged from 1975 to 2016.

The first round of searches identified 4529 results from the nine databases. A manual search was also conducted by searching for additional relevant articles *(n = 7)* from the reference lists of the retrieved articles. A search of the grey literature was undertaken using the "Google Scholar" search engine *(n = 25)* and yielded an additional 23 articles and two theses that fulfilled the search criteria with all key search terms. All results were imported into EndNote® Library version X7.4. Duplicates *(n = 586)* were first removed using EndNote®. The remaining 3975 articles were screened by first and second author based on title and abstract resulting in only 93 articles being identified as potentially suitable for inclusion. The full text of these articles were obtained and reviewed resulting in nine primary research papers being included in this review (Table 3). This process is summarised in Fig. 1.

In relation to study designs, five papers used qualitative designs (Clarke & Wakefield, 1975; Cohen-Mansfield et al., 1995; Kenkmann & Hooper, 2012; Tuominen, Leino-Kilpi, & Suhonen, 2016; Winterburn, 2009), with the remaining using quantitative designs (Abbey, Wright, & Capra, 2015; Carrier, West, & Ouellet, 2009; Crogan, Dupler, Short, & Heaton, 2013; Van Der Meij, Wijnhoven, Finlayson, Oosten, & Visser, 2015) (Table 3).

Three major themes were identified from these nine papers. These included: i) Prevalence of food choices and catering for residents' preferences; ii) Impact of food choices on residents' nutritional status; and iii) Impact of food choices on residents' sense of autonomy and QoL.

3.1. Prevalence of food choices and catering for residents' preference

Food choices and catering for dietary preferences were not common practice in RAC either nationally or internationally. In the only Australian study included in this review, the authors analysed 161 national menus and observed 36 meal environments to conclude that there were limited food choices offered in RAC facilities (Abbey et al., 2015). This study also found that there was a limited range of choices for residents on texture modified diets (Abbey et al., 2015).

In a study undertaken in three suburban RAC homes in Maryland, USA, Cohen-Mansfield et al. (1995) found that the State-mandated food portion of certain nutritional groups (e.g. four ounces of edible meat, two cups of fruit or vegetable), and meal schedules (e.g. residents were awoken at 5:00 a.m. in the morn-

Please cite this article in press as: Wang, D., et al. Access to food choices by older people in residential aged care: An integrative review. *Collegian* (2017), https://doi.org/10.1016/j.colegn.2017.11.004