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## Feeding experiences of nursing aides for residents with dysphagia

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## ABSTRACT

Dysphagia is a distressing symptom for residents in long-term care facilities, and nursing aides play an important role in feeding the residents with dysphagia. This study evaluated the perceptions of nursing aides about their feeding experiences for residents with dysphagia. This qualitative descriptive study used convenience sampling and recruited 16 nursing aides from six long-term care facilities in Central Taiwan. Data were collected through face-to-face interviews from November 2016 to March 2017. Participants were recruited until the findings reached saturation, and data were analyzed using qualitative content analysis. Analysis of participants' interview data on feeding experiences identified three main categories: recognizing dysphagia, making adjustments to adapt to the residents' dysphagia, and facing the dilemma of dysphagia management. The results may be useful in designing feeding training programs for nursing aides.

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## Introduction

Since the 1950, most countries have seen decreased fertility and death rates as well as a rapid increase in the aged population. This is called global aging. The global population in 2015 was 7.33 billion including 0.901 billion people over 60 years old (12.3%). By 2030, there will be 8.5 billion people on earth with 1.402 billion over 60 years old (16.5%).<sup>1</sup> In Taiwan, the proportion of older adults increased from 7% in 1993 to 13.5% in 2017.<sup>2</sup> Approximately, 1,610 facilities in Taiwan R.O.C. provide residential care for an estimated 3.1 million older adults.<sup>3</sup> There are many kinds of long-term care facilities in Taiwan, e.g. nursing home, long-term care facilities, etc.

Nursing aides are frontline staff members who provide the majority of care to residents of long-term care facilities. Nurses are responsible for training and supervising nursing aides because they implement individualized residential care plans. One of the most important tasks that nursing aides perform is feeding the residents; up to 40% to 75% of residents require some form of feeding assistance.<sup>4,5</sup> The rate of dysphagia among residents of long-term care facilities is 32%–75%.<sup>6–8</sup>

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The consequences of dysphagia have been closely linked to nutritional status and related complications.<sup>9</sup> Hollaar et al.<sup>10</sup> conducted a retrospective cross-sectional study in three Dutch nursing homes and reviewed 416 electronic medical files of nursing home residents aged 65 or older. The result showed that dysphagia was a risk factor for nursing home-acquired pneumonia (NHAP). NHAP occurs as a result of aspiration of oropharyngeal or gastric contents due to dysphagia. Dysphagia leading to aspiration may decrease a person's overall health and wellness and can even result in pneumonia and death. Difficulty swallowing may hamper residents' progress. This lack of progress can decrease the individual's motivation, delay discharge, or create reliance on the long-term care facility for an extended period.<sup>11</sup> Therefore, identifying swallowing problems during mealtimes is critical for nursing aides.

Dysphagia is a common problem for residents in long-term care facilities. There are no such topics on identifying and managing dysphagia in the training program of Taiwanese nursing aides. In addition, there are no opinion surveys of nursing aides on this subject. They have to face the challenges of dysphagia every day. Some studies have examined the eating experiences of dementia,<sup>12</sup> stroke,<sup>13</sup> or regular residents in long-term care facilities,<sup>14</sup> but none has studied aides' feeding experience. Nursing aides are the primary care givers for residents with dysphagia, and they face the challenges of dysphagia every day. Thus, the identification and management of residents with dysphagia are urgent issues for investigation.

Therefore, the purpose of this study was to explore experiences of nursing aides in feeding residents with dysphagia. The results will inform registered nurses to better train nursing aides

and help develop interventions that improve nursing aides' feeding experiences in the future.

## Methods

### *Design and participants*

A qualitative descriptive study design was used to gain a deeper understanding into how nursing aides perceived feeding residents with dysphagia. Data were collected through face-to-face and in-depth interviews with nursing aides. Convenience sampling was employed to select participants from six different types of long-term care facilities in Central Taiwan. Eligibility included aged 20 years and older, ability to communicate in Mandarin, and having worked in long-term care facility for at least one year with experiences feeding residents with dysphagia and consenting to be interviewed.

### *Data collection*

This study was approved by the Research Ethics Committee of a local hospital (HP160043). Before obtaining written informed consent from the nursing aides, the researchers explained the purpose of the study with a written copy for the participant. The participants could suspend their participation or withdraw from the study in the case of any physical or emotional discomfort during the interviews. Data were collected from November 2016 to March 2017 using a researcher-developed interview guide reviewed by a panel of three experts: a gerontology nursing professional, a speech therapist, and a qualitative researcher. The interview guide was pilot-tested on three nursing aides to ensure participants' clear understanding of the language and concepts. After pilot testing, only minor changes were made (Table 1).

Before the interviews, the participants were told that feeding experience of dysphagia included any feeding or feeding-related activity such as assessment and management of dysphagia, food, and preparation. The first author – who has more than 20 years of long-term care experience in the field of physical and mental disability – conducted semi-structured, in-depth, face-to-face interviews in Mandarin. The interviews continued until the data was saturated. Participants were interviewed in a private, quiet meeting room in long-term care facilities. Participants were encouraged to self-direct the content of the interview. Strategies such as silent attention, reflection, probe, and direct questions were used to encourage rich descriptions.

Interviews were tape-recorded with participants' permission and lasted 25–35 minutes; none were stopped due to time constraints or participant fatigue. An experienced nursing expert stayed in the meeting room to help record the participants' descriptions. Field notes were taken throughout the interviews to record the answer sequence, the key phrases, and contextual data such as nonverbal

behaviors. After completion of each interview, the first author immediately transcribed the entire interview verbatim and then guided and supplemented the field notes to record it as faithfully as possible. She then discussed and compared the interview transcripts with the other experienced nurse expert's accounts so that the transcripts were as complete as possible.

### *Data analysis and rigor*

The first author and the other experienced nurse expert analyzed the transcripts. They independently analyzed the interview transcripts of four selected interviews to verify the trustworthiness of the analysis. A consensus was reached after discussion. The first author then conducted a full analysis, and this was checked by the experienced nurse expert. The first author analyzed the content into sub-categories and categories; the nurse expert recorded the responses into the established sub-categories and categories. Disagreements between the two raters were discussed and a consensus achieved.

Analysis of the interview transcripts used iterative work with data collection. The content analysis procedures included the following steps: The transcripts were read several times to obtain an overall understanding of feeding experiences as perceived by nursing aides in caring for the residents with dysphagia. Analyses of the participants' descriptions were performed regarding the content and meaning units related to feeding experience. These meaning units consisted of a sentence, a number of sentences, or paragraphs related to their content and were extracted from the statements. The statements were coded as feeding experiences units. The meaningful connections between statements and feeding experiences units were first formulated into sub-categories and then into categories.<sup>15</sup>

Trustworthiness of the qualitative data was enhanced by Guba and Lincoln's four criteria including credibility, transferability, dependability, and confirmability.<sup>16</sup> Credibility addresses the internal validity that was established by the researchers' training and experience in qualitative research, assessing transcripts independently, verifying findings by checking with three participants (member checking), and having discussions among the research team (peer debriefing). Transferability is concerned with external validity; it was facilitated by thoroughly describing the research process and findings as thick descriptions in participants' words. Dependability relates to reliability and is the key to appraising the soundness of a study. Dependability was promoted by open dialogue among the research team to minimize inconsistencies and achieve clear documentation. Coding was performed in Chinese and was translated by the first author into English. A bilingual Chinese American performed a back-translation. Finally, confirmability ensured that the researcher was objective via semi-structured interview questions including the use of participant quotes to illustrate themes and participants' perspectives.

## Findings

Here, 16 nursing aides were recruited. All were female and on average 44.7 years old (range: 29–58). The average length of employment in long-term care facilities was 8.0 years (range: 3–20); 12 of the participants had at least a high school education (Table 2). The analysis of the interview transcripts found that the nursing aides' experience in feeding the residents with dysphagia can be categorized into three parts: recognizing dysphagia, making adjustments to adapt to the residents' dysphagia, and facing the dilemma of dysphagia management. The three categories can be individually connected to three facets in terms of person, behavior, and environment (see Fig. 1).

**Table 1**  
Interview questions.

No.	Question
1.	How can you discover that a resident has swallowing difficulties during feeding?
2.	Please tell me about your management at such time.
3.	Can you describe your assessment of dysphagia for residents before feeding?
4.	Which of your feeding techniques are related to safe swallowing?
5.	What kind of information and techniques do you need regarding dysphagia?
6.	Are there any more important aspects that you want to tell me?

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