

Older people's and their informal caregivers' experiences and needs regarding nutritional care provided before, during and after hospitalisation

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Disclosure sheet

No conflict of interest



Older people's and informal caregivers' essential role in nutritional care

- ✓ Malnutrition is a frequent, major and complex problem among people of 70 years and older during the period of hospitalisation (Cederholm, 2015; Volkert, 2022)
- ✓ Adequate and high-quality nutritional care is essential to acquire or maintain good nutritional status in the periods before, during and after hospitalisation (Visser, 2017; Soeters, 2017)
- ✓ Guidelines recommend an interdisciplinary and person-centred approach, where an interdisciplinary team, including nurses and nursing assistants, as nutritional care is essential nursing care, and older people and their informal caregivers determine care and treatment (Kitson, 2013; Stuurgroep Ondervoeding 2019; Volkert, 2022)
- ✓ Aligning this care and treatment to older people's and their informal caregivers' experiences and needs is important (Bleijenberg, 2018; Craig, 2008; van Meijel, 2004)

Aim study

To explore older people's and their informal caregivers' experiences and needs regarding nutritional care provided in the periods before, during and after hospitalisation



Study methods

- ✓ Qualitative design; semi-structured, in-depth, one-time interviews
- ✓ Community-dwelling older people and their informal caregivers
- ✓ Maximum variation sampling was used resulting in a heterogeneous sample (Creswell, 2018)
- ✓ The interviews were analysed using thematic analysis (Braun, 2006)

Results

- ✓ Older people (n = 15) and informal caregivers (n = 7)
- ✓ Maximum variation older people:
 - ✓ Gender (67% female)
 - ✓ Age (median 76 years; range 70 - 86 years)
 - ✓ Medical diagnosis
 - ✓ Length of hospital stay (median 7 days; range 2 - 30 days)
 - ✓ Risk of malnutrition (73% low risk; 7% medium risk; 20% high risk)
- ✓ Five main themes and several opinions regarding nutritional issues were identified

Dietary intake

Reduced dietary intake during and after hospitalisation

“He has poor intake, very poor. ... What he eats would fit on a saucer. Just a little bit.” (informal caregiver C-7)

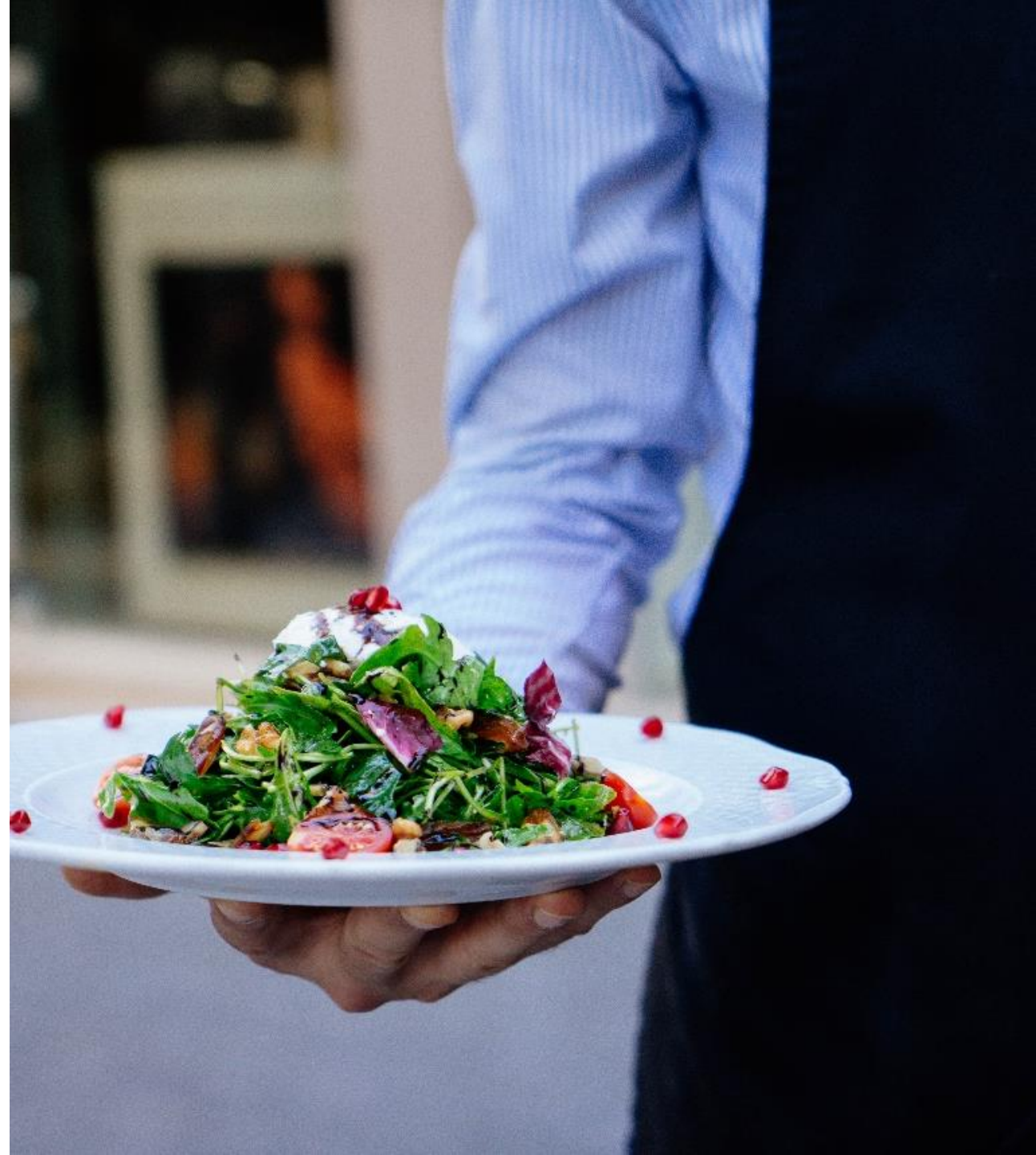


Food service during hospitalisation

Appreciating the extensive range in variety and amount of food offered during hospitalisation

Sometimes food was considered appealing and sometimes not

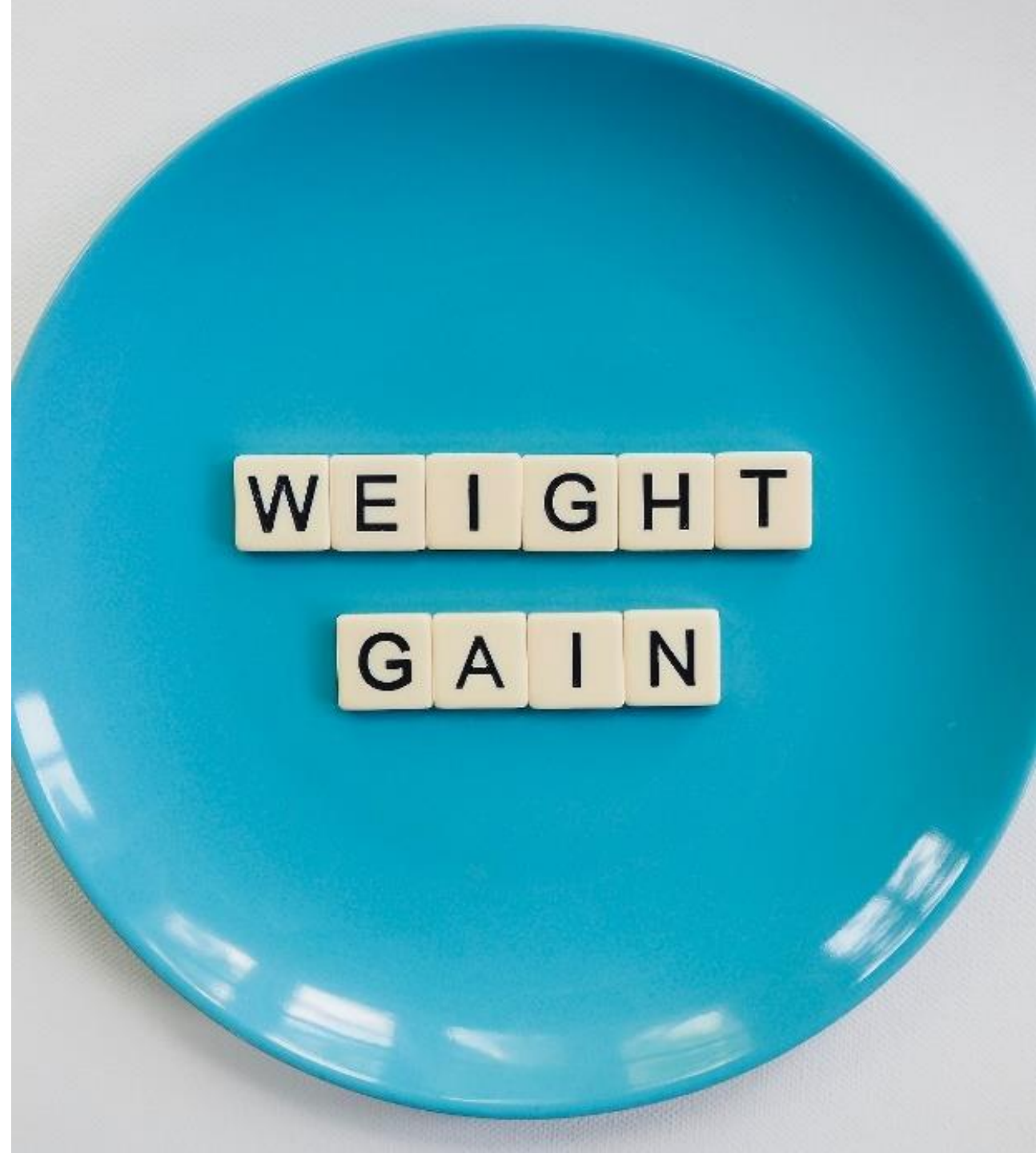
“...When a bed is empty ..., the patient is not here ... Wait a moment or ask fellow patients, who also know that you are in the bathroom ... Ask. And do not run away.” (older adult 4)



Nutrition-related activities

Several nutrition-related activities, which could be carried out by older people, the informal network and professionals

“[In the hospital they told me] to gain strength. ... I was also weighed there.” (older adult 9)



Whose job it is to give nutritional care

Most of the time, professionals were involved in nutritional care in hospital. Before and after hospitalisation, at home, informal caregivers were involved

Unclear who was responsible for providing nutritional care

**“... You can hardly saddle the nursing staff with keeping an eye on it [monitoring dietary intake], because they don’t do that.”
(informal caregiver C-1)**



Competing care priorities

During hospitalisation, other care or treatment activities than nutritional care were guiding, which frequently resulted in the impossibility to eat properly

“..They [nurses] have to be able to work a little on time and have everything ready on the ward. This is how it was, so you just accept that. You don’t complain about that.” (older adult 10)



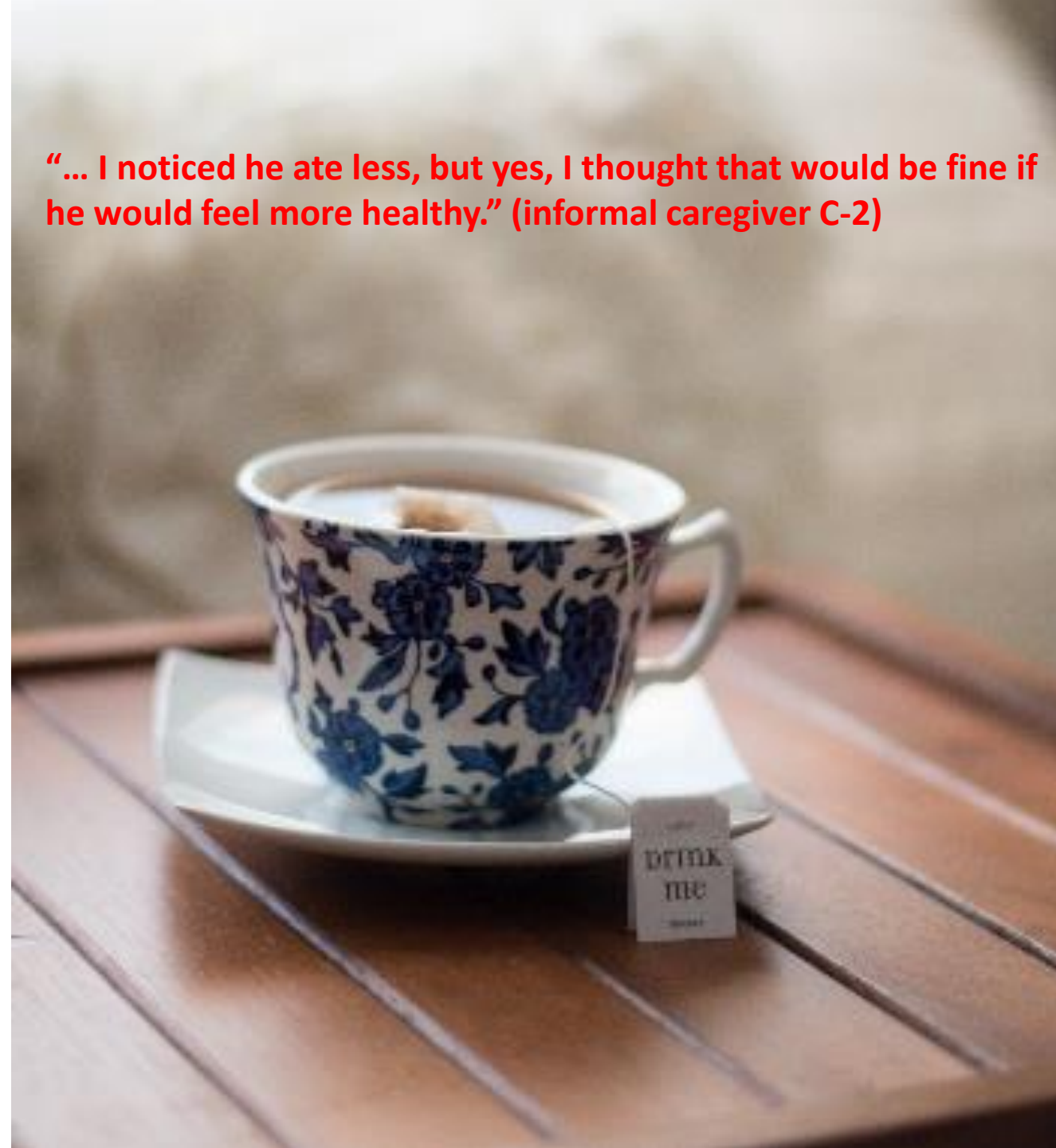
Opinions regarding nutritional issues

Several opinions regarding nutritional issues:

1. **'Indulgence towards nutritional issues'**. Professional caregivers were not always able to give good nutritional care
2. **'Nutritional issues are none of older people's concern'**. No worry about weight loss or reduced dietary intake

"Then you feel guilty towards the nurses, who are already so busy. That you have to ring the bell for something silly [receive breakfast]." (older adult 4)

"... I noticed he ate less, but yes, I thought that would be fine if he would feel more healthy." (informal caregiver C-2)



Conclusions

- ✓ Perspective of older people and their informal caregivers on:
 - ✓ dietary intake
 - ✓ food service during hospitalisation
 - ✓ nutrition-related activities
 - ✓ whose job it is to give nutritional care
 - ✓ competing care activities
 - ✓ nutritional issues

- ✓ Main focus on the in-hospital period

- ✓ They did not always experience optimal nutritional care

- ✓ They expressed in what way nutritional care could fit their needs



Discussion and implications

- ✓ Increased vulnerability for malnutrition in the periods before, during and after hospitalisation. However, healthcare professionals including nurses and nursing assistants did not always prioritise nutritional care
- ✓ Older people and their informal caregivers were not always aware of malnutrition
- ✓ Implications for clinical practice:
 - ✓ Enhancing the quality of interdisciplinary and person-centred nutritional care with active involvement of older people and their informal caregivers through the care continuum
 - ✓ Raising awareness of older people and informal caregivers about the importance

(Kolovos, 2015; Volkert, 2022)

A call for action to healthcare professionals, including nurses and nursing assistants, to take their role in and contribute to the quality of integrated nutritional care

Thank you for your attention

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