IN THE SHADOW OF INSTITUTIONAL STRUCTURES. OBSERVATIONS OF ASSISTED FEEDING.

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Background

› In the nursing literature, it is often hard to distinguish between findings concerning assisted feeding and other eating difficulties

› The phenomenon assisted feeding seems to be considered too mundane to be studied in its own right

› In a meta-analysis, caregivers were found to have ambiguous views about assisted feeding, as some regarded it as an unpleasant but prescribed task, while others considered it as a situation where personal relations were up front (Martinsen et al. 2007)
More studies reveal a contrast between the way meals are planned in an institutional “clock-work environment” contradictory to the way they are viewed by the patients as highlights of the day (Sellerberg 2008).

Staff lament the time-pressure, when they have more than one patient to feed (Davies 1980).

One strategy for assisted feeding is food mixing. Sometimes this involves mixing more than one type of food, and solid food may be mixed with liquids in an unappetising way (Kayser-Jones 1997; Van Ort 1992).
Aim

The aim of this study was to explore the phenomenon of assisted feeding by observing people living with a neurological disease and ensuing language impairment.
Method

42 instances of assisted feeding were observed among people living with language impairment and admitted to a neurological ward. Notes were taken simultaneously and in some cases a few simple questions were posed to the caregivers or the patients. Answers and notes were analysed using the phenomenological guidelines of Dahlberg and colleagues (2008).
Findings - essence

Transaction characterised by efficiency

Assisted feeding is carried out as a transaction between two parties. Its primary aim is to satisfy the patient’s need for nutrition and fluid and to administer medication. The transaction is associated with potential humiliation of the patient and characterised by efficiency made possible by unwritten rules and special procedures. The time it takes to assist each patient is difficult to estimate, and carers try various ways to accelerate the pace.
Constituents

1. In the shadow of institutional structures
2. Accidental relationships with potential for humiliation
3. Meal-related conventions versus respect for the individual’s wishes
4. Sense of joy threatened by determination
5. Time as significant for the course of the meal
In the shadow of institutional structures

- Several procedures that must be respected

  - The food was prepared in a remote kitchen and delivered on food-trolleys
  - The caregivers selected the appropriate food
  - There was a fixed time limit for ending the meal
  - All patients should be offered food and suitably assisted
  - Caregivers had to review both the nutritional and hygienic aspects of each patient’s food
  - Having to assist several patients and at the same time distribute food could be an overwhelming task for the caregivers
Accidental relationships with potential for humiliation

> A task that could easily be delegated

> Continuity was not necessarily decisive for planning of assisted feeding

> To avoid long delays, the task could be delegated to a colleague

> Assisted feeding seemed to influence the tone of voice used when caregivers addressed patients

> A double-dialogue could also accompany the meal
Accidental relationships with potential for humiliation
(example of an observation)

(.....) every spoonful left food on the patient's (K) chin, which was mixed with water running out of his mouth when he was given something to drink. The nursing aide (E) continued to feed the patient until the plate was empty. Then E got up and went to the cupboard, where she found a napkin. Returning to the patient, she wiped the lower part of his face alternately using the napkin and the bib.
Meal-related conventions versus respect for the individual’s wishes

- The performance of assisted feeding followed some implicit rules partly based on the individual caregiver’s own or the institutional beliefs and partly on the consideration of each patient’s physical and mental condition and preferences
- Caregivers adhered to some self-appointed conventions during meals for instance eating at fixed times
- Conventions associated with eating among self-reliant people could be disregarded
- Cutting food into small cubes was another example of an unconventional practice
Meal-related conventions versus respect for the individual’s wishes (cont.)

> Ideally, the food choice should be based on the patient’s own wishes

> In reality, the patient’s preferences were often disregarded in favour of the professional’s experiences

“Everyday they ask what I want to eat, but they still give me the same”
Sense of joy threatened by determination

› Assisted feeding was mainly provided to meet the patients’ nutritional and fluid needs

› Caregivers described the food as “nutrition”

› Having a caregiver close by during mealtimes was for some patients a chance to discuss important issues

› A situation that permitted the caregivers to collect important information about the patient
Sense of joy threatened by determination
(cont.)

› Medication played an important role during assisted feeding
› Crushed - tablets could be given with a mouthful of food
› When the medication was added, the patient was not always informed

“Ugh, there was a pill in my ice cream”
Sense of joy threatened by determination
(cont.)

› Assisted feeding could be disturbed by noisy fellow patients, relatives and staff as well as bells, telephones, television, etc.

› Commotion caused by passers by or interruptions could affect the surroundings in a chaotic way

› Food could also be used to wake up a sleeping patient
Sense of joy threatened by determination
(example of an observation)

The nursing student (M) bent over the bed and touched the patient’s lips with the spoon loaded with yoghurt. The patient (S) kept his eyes closed and did not open his mouth. The student cautiously urged the spoon into the patient’s mouth lifting it up against his nose, so the yoghurt ran down his oesophagus. The patient coughed and yoghurt spurted out. The student wiped the patient’s face with the bib, and dipped the spoon into the yoghurt. The patient still had his eyes closed. Again the student touched the lips with the spoon and forced the spoon into the patient’s mouth, whereupon the patient coughed (...). The student whispered to herself: “I can’t do this, I can’t do this. It’s not working”. After twelve minutes she stopped and went out into the corridor and told her supervisor: “I couldn’t wake him up. He’ll have to eat later”
Time as significant for the course of the meal

- The time spent on assisted feeding could be difficult to estimate
- The meal could be repeatedly interrupted
- A change of caregivers during the course of the meal occurred and these shifts were not necessarily followed by explanations
- Tests or discussions with colleagues could also interrupt the meal
Time as significant for the course of the meal (cont.)

- Some devices could speed up the assisted feeding
- The texture of the food also influenced the pace
- Extra fluid that made the meal more liquid could be added
- Assisted feeding could be accelerated or be provided so slowly that the patient became impatient
Implications for clinical nursing

› The recent focus on the patients’ nutritional status should now be supplemented by improvement in the relational and affective aspects of meals, especially for people who are unable to eat by themselves

› The institutional conditions need to be reconsidered

› Caregivers may be exempted from other responsibilities during mealtimes

› More flexible time-limits for meals
Thank you