

# 台灣護理之家失智長者進食問題探討

## Feeding Problems of Dementia Elderly in a Taiwanese Nursing Home

張佳琪 Chia-Chi Chang  
台北醫藥大學護理系

School of Nursing, Taipei Medical University

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**摘要：**失智老人有高機率發生進食問題行為且進食時常需要他人的協助，台灣護理之家對於失智長者進食問題之研究很少。本研究採用觀察研究法，藉由三個月的參與式觀察探討失智長者之進食問題。研究結果分析失智長者的進食問題呈現多樣化且需要個別化之協助；而缺乏有訓練之照顧人員是影響機構失智住民營養照顧之屏障。提供相關的在職訓練以協助失智長者成功的進食是未來要努力的方向。

**關鍵字：**觀察性研究、失智症、台灣、護理之家

**Abstract:** People with dementia have a high probability of eating problems and require extensive assistance during mealtimes. Little is known about mealtime situations in Taiwanese nursing homes especially. Therefore this study explored eating problems among elderly with dementia in a nursing home by using an observational method. The study found that eating problems among dementia patients varied, did assistance. Several barriers to nutritional care for dementia patients were identified, including insufficient staffing and time. Nursing assistants lacked knowledge and skills to assist dementia patients with eating, and they held negative attitudes toward feeding dementia patients. More qualify and well trained nursing assistants are needed to promote better mealtime care.

**Key words:** Observational study, Dementia, Taiwan, Nursing home

### 1. Introduction

Feeding difficulty is a common problem observed among persons with dementia and is a major reason for the high risk of malnutrition (Berry & Marcus, 2000; Durnbaugh et al., 1996; Wasson et al.,

2001) . Approximately 80% of patients with dementia have eating difficulties that include clamping the mouth shut, spillage of food from the mouth, pooling food in the mouth, delayed swallowing, and turning his/her head away while being fed and about 50% of patients lose their self-feeding ability within eight years after the onset of dementia. Feeding difficulty of dementia patients was related to the food intake (Watson, 1993) and failure to eat may be associated with weight loss in long-term care facilities (Castellanos et al., 2003; Watson, 1997) .According to the previous studies, dehydration and malnutrition are two of the leading causes of death among dementia patients (Hall, 1994) . Dementia is often associated with feeding problems (Backstrom et al., 1987) and requires close supervision in the early stage to the end of the disease (Hall, 1994) . Feeding difficulties among dementia patients has been identified in western society (Watson, 1993; Watson, 2002); however, this is still an unknown area in Taiwan. This study explored eating problems among elderly with dementia by using an observational method.

## 2. Methods

An exploratory descriptive study design was used to investigate social, cultural, clinical, and environment factors that were related to eating behaviors of elderly with dementia in nursing homes. The research was conducted in the congregate dining room of a 70-bed Taiwanese nursing home which specializes in dementia care. The nursing home is located in a northern urban area of Taiwan and belongs to the Catholic Church. Financial support is provided by the Church foundation, residents' families, and Taiwanese government. This was the first and is still the largest nursing home in the north of Taiwan specializing in dementia care. The modern, four-story, long-term care facility accepts both skilled and intermediate-care dementia patients. Male and female residents live in separate rooms but are mixed on the same floor.

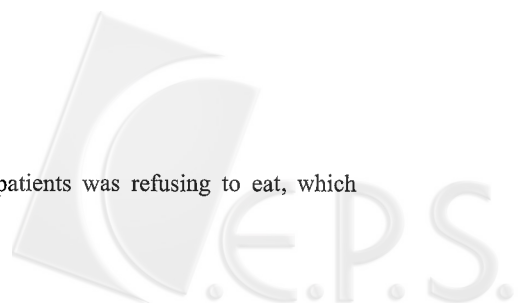
Permission to conduct the study was given by the administration of the nursing home. In addition, the first author obtained consent from nursing assistants and legal guardians of elderly with dementia to be observed during mealtimes. The study was approved by the Institutional Review Board at Case Western Reserve University, U.S.A.

Data were collected using participant observation during 3 months at mealtimes. The observation began when the trays were distributed to residents and ended when the dining car left. Observations were made in a natural setting and there were no deliberate changes in routines and no control over who was being assisted or who was assisting the resident to eat. The researchers took field notes while observing the eating behaviors of the residents, the dining environment, and interactions between the feeders and the residents.

## 3. Results

### 3.1 Eating problems among dementia patients

The major eating problem observed among these dementia patients was refusing to eat, which



included refusing to open the mouth, refusing to swallow, verbally refusing, spitting out food, pushing away the caregiver or tray, being unable to sit still, hitting the tray or caregiver, letting food drop out of the mouths, turning the heads, protruding the lips, and refusing to chew food. Some patients were usually too drowsy to wake up, while others were easily angry or distracted while they ate. Also, some patients had choking and swallowing difficulties or they consciously refused to eat, expressed suicidal thoughts or experienced delusions. These eating problems of dementia patients are consistent with those noted in previous studies (Watson, 1997; Castellanos et al., 2003). Clearly, eating problems in dementia patients are universal.

Eating assistance for dementia patients varied. Most nursing assistants had their own way of dealing with eating problems among dementia patients. Sometimes the assistants stopped feeding patients for a while, then fed them again a little later. They would use verbal encouragement or change feeders to feed the same dementia patient. Also, they would try to change the food and give dementia patients food choices. In addition, they sometimes sought help from nurses. They also suggested positive reinforcements such as taking patients for a walk after they finished a meal. Few nursing assistants tried to force dementia patients to eat with threats of restraints or using a nasogastric tube. And few mentioned the suggestion of using syringe-type feeding of patients continued to refuse to eat. One nursing assistant stated that changing a dementia patient's position or encouraging him or her to use proper utensils could help with eating. Assistants said a few patients might only need someone to sit beside them, and then they could feed themselves.

### **3.2 The mealtime environment:**

Nursing homes in Taiwan usually have limited space with many residents. The residents do not have enough private space. Additionally, the dining room is always crowded and the residents have only a small space in which to eat their meal. In this nursing home, the caregivers did not ever have room to sit with eye contact while they fed the residents. In dementia care nursing homes, residents' rooms and a kitchen are always locked. The residents thus do not have a choice about where they eat their meals and they cannot get water anytime they want it.

The mealtime environment has been described in several studies as a chaotic and noisy place (Pierson, 1999; Van Ort, 1992; Wasson, 2001). In addition, mealtimes involve a number of interruptions and trays are often placed far away from the residents (Van Ort, 1992). The dining environment is a key factor in the success of feeding (Brush, 2002; Van Ort, 1992). Dementia patients should be fed in a quiet and relaxed atmosphere. The characteristics of a pleasant dining room include comfortable ventilation, proper tables, appropriate lighting, and enough space for both caregivers and residents. The residents should get enough food and water to meet nutritional needs and they should have a good dining experience.

### **3.3 Interaction between caregivers and residents:**

The interaction between caregivers and residents is the major issue during mealtime. In Taiwanese nursing homes, because of inadequate staff and lack of time, caregivers always feel it is easier and faster to feed residents than to support residents' independence. Moreover, the elderly who are admitted to institutions expect to be dependent, coming from a Chinese cultural perspective. Thus, failure to support

independence arises not only from the view point of caregivers in nursing homes, but also from the residents. As a result, dementia patients are deprived of the ability to self-feed. In this nursing home, nursing assistants wanted to finish the job as soon as possible. They did not give the dementia patients enough time to eat, or they gave them bites that were too large. They mixed all of the food together, sometimes including medicine. Sometimes nursing assistants discontinued feeding without finishing the patient's meal. In addition, the nursing assistants seldom had any interaction with the dementia patients even when the patients wanted to talk to them; the nursing assistants either gave no response or told the patient to be quiet while eating. The dementia patients usually did not have adequate selections of foods, and their personal tastes were not considered. The nursing assistants fed dementia patients the foods they believed to be most important for the patients, and they tried to feed them the most nutritious foods first and in one bite.

In a previous study, 94% of the residents in a long-term care facility were finished with their meals in 20 minutes (Backstrom, 1987). Mixing of foods and lack of interactions during mealtimes has also been identified as problems in this other studies in long-term care facilities (Van Ort, 1992). Medications should not be taken with meals because it might affect drug absorption and nutrient absorption. Furthermore, it can affect residents' food intake, because they might refuse to eat due to the medication.

#### 4. Conclusion

In Taiwan, there are no dementia-specific training programs for nursing assistants, nor any feeding skills training programs for assisting dementia patients with eating. Yet the nursing assistants observed in this study clearly lacked knowledge and skill in feeding dementia patients. Lack of knowledge, poor practices, insufficient assistance, and inappropriate attitudes are major problems in promoting good eating outcomes for dementia patients (Bonnel, 1993; Simmons et al., 2001; Simmons et al., 2002). In long-term care facilities, nursing assistants reform nearly all direct patient care, but they receive the least training (Crogan, 2000; Hartig, 1998). Feeding residents in long-term care facilities is a primary task for nursing assistants (Crogan, 2000; Crogan, 2001; Hartig, 1998, Pierson, 1999), but they often lack the knowledge and skills to feed residents safely and with dignity (Kayser-Jones and Schell, 1997; Pierson, 1999). Caregivers even have trouble calculating and recording residents' food intake correctly (Pierson, 1999). Also, residents do not have adequate choices of food and this is no consideration of personal tastes (Wasson, 2001). Nursing assistants need education to see their residents as human beings with social needs, and not view eating simply as an isolated task such as "a bath". Sufficient numbers of well trained nursing assistants who work under knowledgeable licensed nurses' supervision are needed to assure high quality food service. However, manpower and limited working hours are major concerns for care in nursing homes. In Taiwanese nursing homes, the nursing assistants are paid a minimum wage and are among the lowest paid of all health care workers though they take most responsibility for caregiving. Often they have low education, are members of a minority group, and are foreign-born, especially in nursing homes in rural areas. Most of the time, they use their common sense to take care of residents and sometimes just follow their own beliefs. Therefore, a comprehensive feeding skills training

program is needed to resolve this issues.

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