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Paper of Merit

Organizational and Health Care Policy Barriers to Providing Mealtime Assistance to Nursing Home Residents With Dementia

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ABSTRACT

The Problem: Long-term care residents with dementia are at risk for weight loss, which can increase costs of care and reduce quality of life. Barriers exist that can preclude certified nursing assistants (CNAs) from providing optimal mealtime assistance, which negatively influences residents' nutritional status.

The Resolution: Administrators should solicit CNAs' input regarding residents' needs. Interdisciplinary communication between CNAs and food service staff could also enhance the dining process. The input of CNAs on menu choices would be beneficial for residents who are unable to speak for themselves, such as those with dementia. To optimize care, administrators should distribute the care of residents evenly across CNAs to help reduce caregiver burden.

Tips for Success: Addressing barriers can enhance CNAs' ability to assist residents, and it is a low-cost strategy to address weight loss and improve quality of life among residents with dementia.

Keywords: Nursing, mealtime assistance, dementia, dining, interdisciplinary

INTRODUCTION

Unplanned weight loss is common among nursing home residents with dementia, leading to increased costs of care, morbidity, and mortality (Simmons et al., 2008). In fact, studies indicate that as many as 86% of adults with advanced dementia have eating difficulties, which often result in weight loss (Hanson, Ersek, Lin, & Carey, 2013; Mitchell et al., 2009). Weight loss is of importance to nursing home administrators and managers because state and federal regulations require facilities to maintain the nutritional status of residents, and unplanned weight loss is a metric used to evaluate the quality of care in nursing homes (Centers for Medicare & Medicaid Services [CMS], 2016, 2017, 2020). Federal regulations require that facilities provide adequate mealtime assistance to those who need help with meals (CMS, 2016).

In long-term care facilities in the United States, certified nursing assistants (CNAs) typically provide mealtime assistance to residents with dementia (Alzheimer's Association, 2019). Current guidelines call for careful hand-feeding of these individuals, and research indicates that the time and attention required to provide adequate mealtime assistance to these individuals substantially increases caregiver burden (Edward & David, 2015; Simmons et al., 2008; Volkert et al., 2015). This is also concerning to nursing home administrators and managers, as CNAs are prone to burnout and frequent turnover, leading to poorer quality of care and greater regulatory deficiencies (Donohue & Castle, 2006; Lerner, Johantgen, Trinkoff, Storr, & Han, 2014; Molero Jurado, Perez-Fuentes, Gazquez Linares, Simon Marquez, & Martos Martinez, 2018). Therefore, it is imperative for administrators to understand the factors that contribute to caregiver burden among CNAs. Unfortunately, limited research has been conducted regarding the factors that affect a CNA's ability to feed and assist residents with dementia during mealtimes. This lack of understanding of the mealtime experiences of CNAs is an important gap in the literature. Therefore, the purpose of this study was to explore organizational and health care policy factors that impact the ability of CNAs to assist nursing home residents with dementia during meals.

METHODS

Participants and Facilities

The research team contacted nursing home administrators in Alabama to request permission to conduct focus groups at their facility with CNAs regarding their experiences in feeding and assisting residents with dementia during meals. With the administrator's approval, recruitment flyers were posted at five facilities in areas where they would be visible to CNAs (e.g., near the time clock, on staff bulletin boards). Administrators also notified CNAs of the upcoming focus groups. Inclusion criteria specified that participants (1) must be a CNA in a long-term care facility, (2) must have experience feeding residents with dementia, and (3) usually feed residents during their work shifts. We excluded CNAs who primarily work night shifts because they generally are not involved in providing mealtime assistance.

Data Collection and Analyses

Nursing home administrators at five long-term care facilities in Alabama allowed the research team to hold focus groups. We scheduled the focus groups at times convenient for participants to attend, usually at the end of a day shift or just prior to the start of an evening shift. The researchers conducted nine focus groups, and a total of 53 CNAs participated in this study.

The primary researcher led each focus group session. At least one member of the study team recorded observational notes during each session, primarily documenting nonverbal responses to the questions. To enable participants to speak freely about their experiences without fear of reprimand, we invited participants to reflect on experiences both in their current workplace and in other facilities in which they had provided mealtime assistance to residents with dementia. No facility administrators or supervisors were present in the room during the focus groups.

All sessions were audio recorded, transcribed verbatim by a professional transcriptionist, and checked for accuracy by the research team. To protect privacy, no participant information was tied to the audio or written transcripts. Participants' demographic survey forms were anonymous. Transcripts were coded using NVivo 12 software (QSR International, Melbourne, Australia) and

analyzed independently by two members of the research team. The research team analyzed the data to look for repeated patterns or themes, which were later confirmed by participants. The study protocol was approved by each facility's administration in addition to The University of Alabama's Institutional Review Board.

Focus Group Guide

The research team developed open-ended questions to provide participants with flexibility to describe their experiences, to learn from their diverse perspectives, and to reduce bias (**Table 1**) (Creswell & Poth, 2018; Drummond & Murphy-Reyes, 2018). We specifically asked participants about factors related to the nursing home facility/organizational characteristics and health care policy factors that impact their ability to provide mealtime assistance. For example, "What are some things within the facility that make it easier to feed residents with dementia? What are some things that make it difficult?"

Table 1. Focus Group Questions

Organizational factors	<p>What are some things within the facility/environment that make it easier to feed residents with dementia?</p> <p>What are some things that make it difficult?</p>
Health care policy factors	<p>What are some policy factors that make it easier to feed residents with dementia?</p> <p>What are some things that make it difficult?</p> <p>Policy factors could include regulations, funding, training programs</p> <p>Probing questions:</p> <ul style="list-style-type: none"> • How do state and federal regulations impact mealtimes and your ability to feed residents with dementia? • How does federal funding impact mealtimes for residents with dementia? Does the budget make it easier or more difficult to feed your residents with dementia?

RESULTS

Of the 53 CNAs who participated, 52 (98.1%) were female, and 50 (94.3%) were employed full-time as a CNA at the facility (**Table 2**). Most study participants

were Black/African American (66.0%), 28.3% were White/Caucasian, and 1.9% were Hispanic/Latino. Participants' ages ranged from 20 to 66 years, and their mean (*SD*) age was 38.7 (11.6) years. Participants' work experience ranged from 1 to 30 years, with a mean (*SD*) tenure of 12.2 (8.4) years as a CNA.

Table 2. CNA Participant Characteristics

Demographic Characteristics (<i>n</i> = 53)	<i>n</i>	%	
Sex			
Male	1	1.9	
Female	52	98.1	
Racial background			
Black/African American	35	66.0	
White/Caucasian	15	28.3	
Hispanic or Latino	1	1.9	
Prefer not to disclose	2	3.8	
Educational level (<i>n</i> = 52)			
Did not graduate from high school	3	5.8	
High school graduate	16	30.8	
Some college or technical school	24	46.1	
College graduate	9	17.3	
Employment status			
Full-time	50	94.3	
Part-time	1	1.9	
Per diem or as needed	2	3.8	
	<i>n</i>	<i>M (SD)</i>	Range
Age, years	52	38.7 (11.6)	20–66
Years of experience as a CNA	53	12.2 (8.4)	1–30

The key themes that emerged from analyzing the transcripts are presented in **Table 3**, along with selected supporting quotes from participants. At the organizational level, CNAs identified several themes that affect their ability to feed and assist nursing home residents with dementia, including having the appropriate equipment to individualize resident care, offering a variety of appetizing food choices, having adequate staffing, and including CNAs on the interdisciplinary team. At the health care policy level, CNAs described how they struggle to comply with regulations.

Equipped to Meet Residents' Needs

CNAs reported that the facility needs to equip them to meet residents' needs, as this is a key factor that determines success during mealtimes. Being equipped involved two distinct areas: (1) having the necessary equipment and materials in the dining room and (2) offering a menu that meets residents' preferences. The lack of appropriate dining room equipment and/or menu options are barriers in providing mealtime assistance to residents with dementia.

Appropriate equipment and materials. CNAs shared that having the appropriate equipment and materials in the dining area facilitated their ability to feed residents with dementia. One CNA stated that the facility should "have tables that wheelchairs could actually fit under." Other items identified by CNAs were clothing protectors, special silverware, and personalized equipment such as divided plates. One CNA referred to the "personal equipment that certain [residents] need to make it easier for them to eat. Yeah, all that plays a big part."

Conversely, the absence of necessary dining materials hindered their ability to provide mealtime assistance. One CNA remarked, "We need to have everything we need at one time." "And not bring it up piece by piece," added another CNA.

Menu choices to meet residents' preferences. CNAs also discussed the impact of the facility's menu on their ability to assist residents during mealtimes. Based on participants' verbal responses and a review of nonverbal activity from field notes, we found that CNAs felt their capacity to perform their job duties was enhanced or hindered by the variety and palatability of menu items. One CNA stated,

You don't get the variety. You don't get the ambiance of the restaurant. You don't get the service. It's okay, here's your drink. If you don't want it, let me get you some soup. Let me get you a sandwich. It's what they've got on hand, it's not what you want.

Furthermore, providing food items that residents prefer would likely increase their consumption, which might ease the need for assistance by CNAs in addition to mitigating weight loss. A participant remarked, "You're giving them what you know how to cook, but you're not getting insight on what they like to eat. If they're eating stuff that they like, I guarantee you, the weight will pick back up."

Table 3. Themes Affecting the CNA's Ability to Feed Residents With Dementia

Theme	Sample Quotation
Being equipped to meet residents' needs <ul style="list-style-type: none"> • Appropriate equipment and materials • Menu choices to meet residents' preferences 	<p>"Have tables that could actually fit their wheelchairs under."</p> <p>"You're giving them what you know how to cook, but you're not getting insight on what they like to eat. If they're eating stuff that they like, I guarantee you, the weight will pick back up."</p>
Adequate staffing	"I just feel like we should all be hands on at any facility when it's time to feed people who can't feed themselves."
Inclusion on the interdisciplinary team	"I think they should ask for our opinions. I think they should ask us, the ones who are feeding them ... they should say, 'Are there any adjustments that we need?' "
Struggling to comply with regulations	"One minute they tell you gloves are okay . . . and then the next minute they're saying that you can't have gloves on."

Adequate Staffing

CNAs described how staffing can directly impact the quality of assistance that can be provided to residents during mealtimes. Their concerns about the lack of staff during mealtimes were shared in comments such as, "There's not enough people, there's not enough CNAs." This sentiment also was expressed in the following statement:

Even when there's two of us, we've got one on the hall and one in the dining room at all times, and we've been reprimanded for that and it's impossible. It takes you an hour plus to feed just two people. Sometimes, it's an hour plus just to feed one. They're [the residents] still sitting there and everybody else is finished and they still haven't had their food.

Another participant stated:

When census is low, we don't have a full staff. So they think it's making it easy, but it's not. And they're making it harder, because you still have difficult residents, you still have residents who need to be fed and residents who have to be showered. But we don't

have the staff, everything doesn't get done, and we get blamed.

Another CNA added, "Yeah, you've got eight full assists. It's bad. It's a challenge." Another CNA said,

I've had experience in places where you feed your residents and I feed mine. I do not think that's okay because usually with a dementia patient, it can take longer to feed. So, we need all hands on deck when the trays come out.

Across the focus groups, field notes supported these comments, and many participants nodded and verbalized agreement with them.

In contrast, CNAs reported that teamwork during mealtimes improves their ability to assist each resident. One CNA noted, "But when we work together, eight [residents] seems like three." Another CNA added, "You get done a lot quicker." A third CNA chimed in, "You're able to talk to your residents." Another CNA remarked, "I just feel like we should all be hands on at any facility when it's time to feed people who can't feed themselves."

Inclusion on the Interdisciplinary Team

CNAs discussed how being excluded from interdisciplinary team meetings and communications can be a barrier in performing their daily tasks as well as providing quality care. For example, one CNA said, "I think they should ask for our opinions. I think they should ask us, the ones who are feeding them. They should say, 'Are there any adjustments that we need?'" CNAs work closely with residents, and thus they are aware of specific needs and preferences that may not always appear in the medical record. For example, one CNA remarked,

A lot of stuff doesn't get documented. We can tell. Oh, this person is not eating like this or something doesn't seem right about this person, and it doesn't get documented. Okay, and then when they go to weight loss, you all come up. [I'm] like, I told you, I already told you all that he's doing in there.

Struggling to Comply With Regulations

CNAs shared how government regulations may not provide realistic guidelines for feeding and assisting residents with dementia. Multiple CNAs commented that state regulations may not align with residents' wants, which can impede the CNA's ability to individualize

resident care. One CNA described violating facility guidelines by mixing sugar into the food so her resident would eat it:

It makes it hard to do because there are a lot of residents who won't eat food unless they have, like, a mixture of ice cream. Something sweet or something to go with this food. We've one resident, I don't care what he's eating, you serve sugar all over his food. He said it makes it easy to go down.

Additionally, in an attempt to meet Recommended Dietary Allowances for older adults, the facility may add items to residents' trays to meet nutritional guidelines rather than because the resident requested them. For example, a CNA described how the facility meets calcium recommendations by serving milk at every meal:

I'm sorry, milk is good for you, but milk with every meal—milk with toast and milk with a pork chop and milk with chicken. None of us wants to drink milk with chicken or when we eat meatloaf.

Nonetheless, CNAs knew that offering milk at all meals and avoiding mixing sugar into the food were related to state and federal regulations.

The CNAs also reported on how visits from state and federal inspectors can put undue pressure on them. "They hover over you ... to see if you're doing stuff right." Another individual commented on how the regulations seem to change from year to year and from inspector to inspector: "One minute they tell you, gloves are okay... and then the next minute they're saying that you can't have gloves on."

DISCUSSION

Findings from this study provide insight into multiple organizational and health care policy-related factors that affect the mealtime experience among CNAs. Not surprisingly, several of these barriers are experienced at the organizational level, but influenced by overarching health care policy. For example, staffing levels and meal budgets are heavily influenced by health care policy, yet the effects of these policies trickle down to the CNAs who provide direct care. While administrators may not be able to change health care policy to reduce barriers to providing adequate mealtime assistance to residents with dementia, they can make changes at the organizational level that can improve burdensome care

tasks, such as feeding. Optimizing CNAs' job duties could improve residents' quality of life and nutritional status by attenuating unintentional weight loss. Similar organizational-level modifications have also been suggested as a strategy to address other difficult care tasks, such as bathing residents with dementia (Gaspard, 2012).

The themes that emerged from the focus groups in this study highlight the integral role of CNAs in providing direct patient care and indicate the need to include them in planning for the daily functions of the nursing home. Strategies to address the barriers identified by the study participants are presented in **Table 4**.

Table 4. Implications for Practice and Strategies for Administrators

Equipping CNAs to meet the needs of residents:
<ul style="list-style-type: none">• Request input from CNAs when purchasing dining room furniture and equipment• Encourage communication between the food service department and CNAs to optimize meal service• Seek input from residents and CNAs on menu choices
Optimizing staffing:
<ul style="list-style-type: none">• Carefully distribute the most dependent residents across staff members• Recruit all facility staff members to assist during mealtimes
Including on the interdisciplinary team:
<ul style="list-style-type: none">• Establish open communication between CNAs and other members of the interdisciplinary team• Incorporate input from CNAs when designing plans of care for residents with dementia
Complying with regulations:
<ul style="list-style-type: none">• Advocate for staff and provide input on regulations to regulatory bodies• Provide up-to-date training

Equipped to Meet Residents' Needs

Study participants conveyed the need to be equipped to meet the needs of the residents in their care. However, ensuring that CNAs have what they need during mealtimes requires collaboration with the food service staff. The food service department and administration

should consider the CNAs' input regarding the dining environment, such as the layout, design, and furniture choices, which may improve the dining experience (Douglas & Lawrence, 2015). For example, participants discussed the need to have dining tables with adjustable heights to accommodate residents in wheelchairs by allowing them to sit closer to the table. This enhances the CNAs' ability to assist residents and enables the residents to have more social interaction at the table. Without the CNAs' input, the person responsible for purchasing dining room furniture may not understand this need. Additionally, the food service staff needs to communicate with CNAs to provide the personal equipment needed for each resident during mealtimes, such as divided plates, weighted utensils, and cups with handles and lids. CNAs should also provide input regarding the menu, especially on behalf of residents who are unable to speak for themselves. Further, empowering CNAs in the workplace and seeking their input can improve their work-related satisfaction and reduce turnover (Berridge, Tyler, & Miller, 2018).

Adequate Staffing

Staffing is another important area where administrators can work to reduce caregiver burden. Participants in this study commented that it can take a long time to assist a resident with dementia during mealtimes. Additionally, they explained the misperception that a lower facility census equates to a need for fewer CNAs and an easier workload for staff members. However, managers need to carefully consider the care requirements and acuity of each resident so that each CNA has a manageable mix of residents, even when overall census is lower than usual.

Study participants also reported that when they have a large number of residents to care for, they feel defeated because it is not possible to complete all of their job requirements. Nursing assistants in other studies have reported similar concerns regarding the need for enough staff to assist all of the residents who require help during mealtimes (Liu, Tripp-Reimer, Williams, & Shaw, 2018). Alternatively, CNAs reported that effective collaboration among staff members can improve the process of feeding and otherwise assisting residents as well as performing other tasks. Adopting a policy to require all staff members to provide assistance during mealtimes has been supported in the literature (Ullrich, McCutcheon, & Parker, 2011; Young, Mudge, Banks,

Ross, & Daniels, 2013). Furthermore, in one recent study in which nonnursing staff members were trained to provide between-meal snacks to nutritionally at-risk nursing home residents, overall intake by residents improved (Simmons et al., 2017). These study findings show that simple collaborative efforts may help to ease the burden of providing mealtime assistance while promoting adequate food intake among residents.

Inclusion on the Interdisciplinary Team

Overall, CNAs felt that their opinions were not valued by facility administrators or other interdisciplinary team members. However, they believed that they could provide valuable input to improve individualized care for residents, a concept that CMS supports. CMS guidelines (2016) require that CNAs be included in interdisciplinary resident care planning. Doing so provides an ideal opportunity for collaboration across departments, as the physician, nursing staff, and food service staff are also required to participate in the care planning process.

Struggling to Comply With Regulations

The CNAs in this study shared how it can be difficult to meet the nutritional needs of residents with dementia while also complying with CMS regulations. They described instances in which residents' preferences did not align with regulatory guidelines. At the health care policy level, regulatory guidelines should allow for individualized care to meet the preferences of residents, including those with dementia, in the long-term care setting. Administrators need to seek CNAs' input and voice their concerns to regulatory agencies, as CMS regularly updates guidelines to better meet residents' needs.

CNAs also reported feeling pressured by the presence of state surveyors at mealtimes, particularly when they receive conflicting interpretations of regulatory guidelines. This situation represents an opportunity for additional training. Because surveyors are required to observe meals during regulatory surveys, providing updated training on the regulations and on how to respond when being observed by an inspector may ease the pressure experienced by CNAs.

Study Limitations

While the findings from this study provide important insights, they should be considered in light of some

limitations. Because the focus groups took place in Alabama, it is possible that these findings are not generalizable to all CNAs across the United States. However, some findings from this study overlap those of a recent study conducted in Iowa in which CNAs identified food preparation and inadequate staffing as facility-level barriers (Liu et al., 2018).

CONCLUSION

Overall, the barriers identified by participants in this study resulted from a combination of organizational-level and health care policy-level challenges. Some barriers were unique to the organization and its culture, while others trickled down to the facility as a result of long-term care policies set at the state and federal levels. However, CNAs reported that some organizational barriers could be modified to improve their ability to feed and assist residents with dementia. For example, allowing CNAs to provide input regarding dining room furniture purchases, menu options, and resident care planning could be helpful, as they have a unique understanding of the residents in their care. Communication between CNAs and other members of the interdisciplinary team is needed to optimize care. While policy-level issues may be more difficult to modify, administrators can still provide feedback to regulatory agencies as appropriate and ensure that staff members are adequately trained on existing policies.

These findings are important for long-term care administrators because they provide first-hand insight into the barriers experienced by CNAs who feed residents with dementia. To identify facility-specific barriers, administrators should encourage open discussion with their CNAs. Because unplanned weight loss is an indicator of the quality of care in nursing homes, it is important to identify mealtime interventions that maximize food intake among vulnerable residents, such as those with dementia. These results provide direction to administrators on ways they can support CNAs in providing mealtime assistance to these residents.

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