Received: 5 July 2019 | Revised: 15 February 2020 | Accepted: 21 March 2020

DOI: 10.1111/jjns.12341

JAPAN JOURNAL OF NURSING SCIENCE WILEY

ORIGINAL ARTICLE

"Tailoring homely meals": Family members' motivations underlying nursing home visits during residents' meals

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Funding information
Chang Gung Memorial Hospital, Linkou, Grant/Award Number: BMRP849; Ministry of Science and Technology, Grant/Award Number: MOST 104-2314-B-182-034-MY3

Abstract

Aim: Elderly nursing home residents are often malnourished or at risk of malnutrition. Family members often visit residents during mealtimes, which might be an ideal opportunity for interventions targeted at improving the nutritional status of older residents. Therefore, this study aimed to explore motivations behind family member visits with nursing home residents during mealtime in Taiwan.

Methods: This phenomenological study was conducted with family members of residents from four nursing homes in Taiwan. Participants were purposively sampled. Data were collected with individual face-to-face interviews from 18 family members. Data from transcribed audio-recorded interviews were analyzed using the approach of van Manen.

Results: Analysis of the interview data identified the essence of motivations underlying family members' visits to nursing home residents during mealtimes, which we termed "tailoring homely meals." This referred to providing food tailored to residents' needs, providing a comforting family atmosphere, assisting residents during mealtime, and monitoring food consumption.

Conclusions: The motivations of family members to visit during mealtime could guide healthcare professionals working with East Asian populations in developing interventions to reduce the possibility of malnutrition, while also improving their quality of life. We recommend providing the following for nursing home residents: a nutritious and balanced diet, supporting their independence and ability to feed themselves, and encouraging involvement of family members during mealtimes.

KEYWORDS

family, mealtime experience, nursing home, qualitative descriptive design, van Manen's interpretive phenomenology

1 | INTRODUCTION

Older nursing home (NH) residents are frequently malnourished with estimates of those affected ranging from 19% (Verbrugghe et al., 2013) to over 50% (Keller et al., 2014). In Western countries the risk of malnutrition is as high as 39% (Russell & Elia, 2011; Verbrugghe et al., 2013). One study reported 41% of NH residents in Taiwan were considered malnourished (Wu, Wang, Chen, & Yeh, 2011). Therefore, the prevalence of malnutrition in NH residents underscores the need to improve the nutrition of older residents in long-term care facilities.

Approaches to improve the nutrition of older NH residents include nutritional interventions, provided as snacks or liquid nutritional supplements, which are not practical if residents are not interested in eating or need assistance (Reimer & Keller, 2009). However, studies suggest interventions that promote social interactions are effective (Charras & Frémontier, 2010; Reimer & Keller, 2009). A meta-analysis of studies on mealtime interventions for improving nutrition found results from qualitative studies were inconsistent, whereas observational studies showed changing mealtime routines and the environment to be effective (Abbott et al., 2013). Curle and Keller (2010) reported NH residents responded positively to mealtime interventions and many residents identified mealtime as the "highlight of the day".

Other studies have shown that increasing social interactions between elderly NH residents and staff improves food intake and nutrition (Simmons et al., 2013b; Simmons, Durkin, Shotwell, Erwin, & Schnelle, 2013a). However, many NH meals are eaten at tables with other residents with the mealtime experience characterized by the length of the meal, table allocation, and the food served (Palacios-Ceña et al., 2013). Thus, most mealtime interventions have focused on increasing social interactions between residents or residents and staff. In Taiwan, social interactions are limited by NH regulations, the environment, group activities, and the physical or sensory disabilities of other residents (Tsai & Tsai, 2008). Similar to other countries, NHs in Taiwan are frequently short-staffed (Schnelle et al., 2004); thus, NH caregivers' workload is heavy and most of their time is focused on direct care such as medication and wound care (Liu, 1998). Thus, one possible method of increasing social interactions for residents during mealtimes in Taiwan is through the support of family members.

Involving family members in the care of older institutionalized adults benefits residents, families, and staff (Maas et al., 2004; Natan, 2009). It can also reduce the incidence of malnutrition (Charras & Frémontier, 2010) and enhance well-being (Pearson, Fitzgerald, & Nay, 2003). This involvement may be particularly beneficial in Chinese cultures, where family mealtimes are valued (Newman, 2004). A Canadian study found Chinese immigrant families also benefited, confirming the importance of mealtime experiences for family members in Asian cultures (Lam & Keller, 2015).

Research on the role of family members in residential long-term care is conducted in diverse settings, across various disciplines, and the quality and description of the methodology are often poor, which has produced findings that are inconsistent (Green, Martin, Roberts, & Sayer, 2011). In addition, few qualitative studies have examined the motivations behind family members' visits during residents' meals. Although a qualitative study by Tsai and Tsai (2012) demonstrated family member visits to NH residents in Taiwan were beneficial, nutritional motivations were not explored. Therefore, there is a gap in the literature regarding family members' motivations for visiting NH residents during mealtime in Taiwan. Understanding what motivates family members to regularly visit NH residents during mealtimes could fill this gap in the literature and also enhance mealtime interactions with NH residents. However, empirical data are lacking as it pertains to Asian countries, particularly for families in Taiwan. Qualitative studies can allow researchers to explore family members' motivations for visiting NH residents during mealtime. These motivations could guide the development of interventions and social support in order to improve family interactions.

2 | BACKGROUND

Eating with others can increase the amount of food consumed by community-dwelling adults, such that they eat approximately 76% more than when eating alone (de Castro & Brewer, 1992). Furthermore, residents with Alzheimer-type dementia who shared mealtimes with NH staff had significant increases in body weight and improvements in quality of interactions with staff (Charras & Frémontier, 2010). However, sharing mealtimes with other NH residents is uncommon in Taiwan (Tsai & Tsai, 2008) owing to the residents' physical, mental challenges and social culture. Therefore, promoting social interactions during mealtimes in Taiwan, especially through family member support, could improve NH residents' nutrition (Reimer & Keller, 2009).

Family members in Taiwan frequently visit NH residents. Previous research has indicated these visits are motivated by hope for recovery, honoring filial/karmic responsibility, ensuring care quality, maintaining family relationships, and making up for guilt (Tsai & Tsai, 2012). However, family members often intentionally visit when meals are served and, based on the aforementioned research, the social interactions during mealtimes could be an ideal opportunity for improving the nutritional status of these residents. Therefore, this study aimed to explore motivations behind family member visits with NH residents during mealtime in Taiwan, which could facilitate development of interventions to reduce malnutrition in older NH residents.

3 | METHODS

3.1 | Aim

This study aimed to explore the motivations behind family members' mealtime visits to NH residents in Taiwan.

3.2 | Design

A qualitative descriptive phenomenological design was used to explore the motivations of family members who visited NH residents during mealtime. We used the hermeneutic phenomenological approach of van Manen in order to describe the essence of the participants' experiences (van Manen, 1990).

3.3 | Setting and participants

Family members of NH residents were recruited by purposive sampling. This study selected four private NHs from the 487 NHs registered with the Taiwan Ministry of Health and Welfare because of their proximity to the researchers. Private NHs are self-paid and open to all people needing long-term care in Taiwan. Two of the four selected NHs were hospital-based (i.e., affiliated with a hospital, but not within its buildings), while the other two were independent. All four NHs were in a rural setting. Residents are encouraged to eat together; family members are welcome to visit any time between 9 a.m. and 6 p.m., based on the daily schedule of the residents. These four facilities employ a nutritionist to provide residents with food that is not only healthy, but also palatable for most residents. Family members were eligible to participate if they met the following inclusion criteria: (a) having a relative who resided in one of the four NHs included in the study; (b) had been the primary caregiver prior to the resident being relocated to the NH; (c) had visited the NH resident at least once a week during mealtimes during the previous 6 months; and (d) was able to communicate fluently in either Mandarin or Taiwanese. Family members who met the inclusion criteria were contacted by the NH staff either by a mailed letter or in person, inviting them to participate in the study. The letter included a description of the study and the study purpose as well as a consent form; family members who were contacted in person received a verbal and written description of the study and purpose, and were given the informed consent form in person. Family members who agreed to participate and provided written informed consent were contacted by a researcher or trained research assistant and an interview was arranged at a location where the participant would feel most at ease.

3.4 | Data collection

Data were collected using in-depth face-to-face semi-structured interviews. All interviews were conducted by the first author, a doctoral student in nursing with a specialty in geriatric nursing and extensive experience in qualitative research methods. Initial questions were designed to be broad enough to encourage participants' recollections of their NH mealtime experiences with their relatives (Holloway & Wheeler, 2002). All interviews began with two open-ended questions: "Why do you visit the nursing home at mealtime?" and "What were your experiences with the nursing home resident while he/she was having his/her meals?" In phenomenological research, asking two general, yet broad questions allows the researcher to gain an understanding of the common experiences of all participants (Cresswell, 2013). Additional questions were asked to elicit more details: "What impressed you the most?"; "What is the difference between mealtimes at the nursing home and in your own home?"; and "Can you suggest ways to improve mealtime experiences in the nursing home?" Phenomenological reduction (epoché or bracketing) is required prior to analysis in order to objectively study the essence of the experience and its meaning (Erasti-Ibarrondo, Jordan, Diez-Del-Corral, & Aratzamendi, 2018). Therefore, the authors maintained field notes as reflective journals of prejudices and assumptions that might influence their points of view. Interviews lasted approximately 1 hr and were audio-recorded, as recommended by van Manen (1990), with participants' permission. MP3 recordings were then transcribed verbatim in Mandarin/Taiwanese.

Data were collected and analyzed simultaneously until saturation was reached; that is, no new categories or themes were found, which occurred after 18 participants (Sandelowski, 1995). Recording the interviews enabled the researchers to check for consistency in the wording of their responses. During interviews, the research assistant took notes to record participants' nonverbal behaviors such as facial expressions and gestures (Holloway & Wheeler, 2002). Repeat interviews were conducted with participants to clarify any statements that were not clearly expressed and to fulfill member checking in terms of validation of the findings (Lincoln & Guba, 1985).

3.5 | Ethical considerations

Prior to data collection, the study was approved by the institutional review board (IRB) of the university (IRB #103-7450B). The authors also obtained permission to conduct this study from the directors of each NH facility, as there is no IRB for NHs in Taiwan. After permission was granted, eligible family members met a research assistant who explained the purpose and process of the study, its potential risks, participants' right to withdraw at any time and right to refuse answering questions, as well as the strategies to protect confidentiality. Family

members who agreed to participate signed the consent form prior to the interviews.

3.6 | Data analysis

Audiotapes were transcribed as soon as possible after the interviews by the first author. Transcripts were analyzed by the first and second authors; both have extensive experience in qualitative research, with over 12 years devoted to studies about NH residents. Analysis of the data used the approach of van Manen (1990), which provides researchers with an understanding of the phenomenon by gathering descriptions and the meanings ascribed to participants' everyday lived experiences (Erasti-Ibarrondo et al., 2018). First, each transcript was read independently by the authors several times to gain insights into the participants' experience of sharing mealtimes with residents. This was followed by meetings to discuss interpretations of emerging themes. Analysis of transcripts iterated between holistic, selective, and detailed processes. Transcripts were read in their entirety to gain a sense of the whole; passages that provided an understanding of the phenomenon were identified, and within these passages words, sentences, and phrases were highlighted and compared across the transcripts to identify recurrent ideas and themes. After every transcript was read, common emerging themes were identified and divided into subthemes and main themes. Emergent themes and subthemes demonstrate and reveal differences, contradictions, and tensions that characterize participants' experiences (Erasti-Ibarrondo et al., 2018). To deepen the understanding of the transcribed text, both authors re-read not only the original transcripts, but also relevant literature on family members' mealtime experiences with NH residents. Any differences between the two authors in the identification and description of the themes were resolved through discussions with both authors as well as outside experts with more than 20 years of experience in qualitative research and phenomenology until consensus was reached.

3.7 | Trustworthiness

Trustworthiness of the findings was enhanced using the criteria of Lincoln and Guba (1985): credibility, transferability, dependability, and confirmability. Credibility of the data was enhanced by purposive sampling of participants and data saturation, which provided a range of knowledge regarding the phenomenon and completeness of the data (Sandelowski, 1995). Credibility was further strengthened by the years of experience in qualitative research of both authors (> 12 years). Prolonged engagement was achieved by the years of working with NH residents, which enabled the first author to build considerable trust with family members prior to the interview process. Dependability and confirmability were enhanced through peer debriefing, and maintaining an audit trail. During peer debriefing, analysis of the data was discussed with the experts in qualitative research and phenomenology. Member checking by three participants was also used to increase the credibility of the data, which ensured transcriptions of the interviews, as well as interpretations and conclusions, were accurate. Confirmability was ensured by keeping memos and reflective journals on the researchers' decisions and thoughts about the data; bracketing increased the researchers' self-awareness and reduced bias toward the experiences of the participants. Although data were analyzed in Mandarin/Taiwanese Chinese, only selected transcripts were translated into English by the first author and back-translated to Chinese by a bilingual (Chinese-English) medical student. Translation into English was not literal, but retained the semantic equivalence (the meaning and essence) of the participants' experiences.

4 | RESULTS

4.1 | Characteristics of participants and nursing home residents

A total of 18 family members participated in this study; all were native-born Taiwanese as were the NH residents. Characteristics of participants and NH residents are shown in Table 1. Mean age of participants was 62.72 years (SD = 14.27; range: 36–91); 56% were female (n = 10); most were married (n = 12, 67%). Most family members were the child or in-law of the resident (n = 12, 67%). The mean age of the NH residents was 86.27 years (SD = 9.92; range: 65–100); over half were women (n = 11, 61.1%); only 33% of residents had completed high school. The mean length of residency was 22.12 months (SD = 24.36; range: 0–103). Half the residents had health complications that interfered with eating: dementia (n = 2), stroke (n = 5) and dysphagia with a nasogastric tube (n = 2). Demographic characteristics of participants did not differ from a similar study conducted in Taiwan (Tsai & Tsai, 2012).

The frequencies of family member visits during mealtime are also shown in Table 1. Half visited daily; only one visited less than 1–2 times per week. Breakfast was served to NH residents early in the morning at 6 a.m., therefore family member visits were primarily at lunch time; however some visited residents twice a day at both lunch and dinner.

TABLE 1 Demographic characteristics of the participating family members (N = 18) and the nursing home residents

Characteristic	n	%	Mean	*SD*
Family member				
Age, years			62.72	14.27
<60	6	33.3		
60–70	7	38.9		
71–80	3	16.7		
>80	2	11.1		
Gender				
Male	8	44.4		
Female	10	55.6		
Marital status				
Single	5	27.8		
Married	12	66.7		
Widow/widower	1	5.5		
Education				
Primary	1	5.5		
Junior high school	3	16.7		
Senior high school	3	16.7		
≥ College	11	61.1		
Relationship to nursing home resident				
Child or son/daughter in-law	12	66.7		
Spouse	6	33.3		
Occupation				
Unemployed or retired	11	61.1		
Self-employed	3	16.7		
Employed	4	22.2		
Frequency of meal time visits (meals/week)				
Occasional	1	5.5		
1–2	3	16.7		
3–6	5	27.8		
7–14	9	50		
Nursing home resident				
Age, years			86.27	9.92
65–75	3	16.7		
75–85	2	11.1		
> 85	13	72.2		
			22.12	24.36
Length of residency, months				
< 12	7	38.9		
12–24	5	27.8		
> 24	6	33.3		
Gender				
Male	7	38.9		
Female	11	61.1		
Education				
Illiterate/primary	12	66.7		
Junior high school	2	11.1		
≥ Senior high school	4	22.2		
Health complications				
Dementia	2	11.1		
Stroke	5	27.8		
Dysphagia, with nasogastric tube	2	11.1		

Abbreviations: *SD*, standard deviation.

4.2 | Motivations for visiting residents at mealtimes

Analysis of the interview data revealed the essence of the family members' motivations for visiting residents at mealtimes was "tailoring homely meals." The group living environment of the four NHs encouraged residents to eat all meals together. As a result, family members visited residents at meal time to try to provide an individualized, home-like meal experience, similar to when the residents were living with their family. Four themes described the core essence: *Provide food tailored to the resident's needs* ($n = 17$); *Provide a comforting family atmosphere* ($n = 3$); *Assist with meals* ($n = 4$); and *Monitor food consumption* ($n = 18$).

4.3 | Theme 1: Provide food tailored to the resident's needs

This theme describes the desire of family members to provide food tailored to the specific needs of the resident, rather than the general NH population. Three subthemes described unmet needs of the residents that motivated participants: health needs, preferences/habits, and exposure to a greater variety of foods. There was some overlap

with the theme of monitoring the resident's food consumption during mealtime visits (Theme 4) as this allowed them to subsequently provide food that was tailored to the resident's need during the next mealtime visit.

4.3.1 | Health needs

Most family members ($n = 17$) reported that providing tailored food for the residents was a reason for visiting during mealtimes. Participants understood the NH could not cater to the needs of an individual resident, but rather needed to provide food that could meet common needs. However, family members with residents recently discharged from the hospital, or those with health problems, such as difficulty swallowing or requiring softer foods, had nutritional requirements that were met with the meals provided by the NH. One example is provided by a quote from a participant describing the nutritional needs of her mother who had difficulty chewing and swallowing, and was recovering from a urinary tract infection:

The food here is cooked via steaming or blanching. However, some foods such as vegetables or meat, need to be softened for the elderly by stewing, which takes time. Thus, I stew the food at home so that my Mom can chew and swallow meat easily... She also has a urinary tract infection and needs to drink a lot of water, which needs to be flavored to entice her to drink. If flavor is not added, they [residents] are reluctant to drink it, especially female residents. This will cause their urine to become dark yellow. Though nurses here encourage the residents to drink water, they cannot keep an eye on them all the time. If the water is flavored, they would simply drink the water by themselves. (Participant #11).

Another participant identified nutritional preferences of her father who had experienced changes in taste due to chronic health problems:

My father had a brain operation 30 years ago. Since then, he refuses to eat bland food, which is what they serve here. I know such food is beneficial to the elderly, especially since the food here is designed by a dietician. But if he refuses to eat this bland food, he will not be able to recover from cancer. So, I bring him food that he likes, such as red braised pork, which is tastier and stimulates his appetite. I want him to recover before eating the food here. (Participant #8).

Some participants realized their parent lacked certain nutrients as reflected by Participant #4 who said, "My Mom has low potassium, so she needs food high in potassium, such as bananas. This is a more natural way to increase potassium."

4.3.2 | Preferences/habits

Participants described the need to provide food tailored to the NH residents' preferences and habits to ensure that meals were consistent with their lifestyle at home. As one participant (#10) mentioned, "He [father] used to have a lot of fruits and cereals for breakfast when he lived in America. Fruits are great for health, so I like to maintain this eating habit for him."

These preferences sometimes reflected the residents' religious requirements. A son-in-law (Participant #13) described wanting food that met his mother-in-law's religious needs as a Buddhist: "My mom is a vegetarian. She is used to having congee with some pickles for her breakfast at home. So, I bring along pickles for my mother's breakfast when I visit her at mealtimes."

4.3.3 | Desire for a variety of food

The NH provided a bland diet and limited variety of food, which motivated several family members to visit at mealtime. They felt that long-time residents might be tired of eating the same NH foods and cost was one factor that limited variety. For example, Chinese herbal food is expensive, thus it was not provided. Participants suggested that NHs could improve mealtimes by increasing the variety of food. One 63-year-old woman (Participant #2) said:

The food in the nursing home is bland. You may get tired of the food after living here for a long time. So, I bring well-cooked fried fish for my mom. She's a gourmet, so delicious, well-prepared food is important to her. She likes food that smells good and is tasty. This is especially true since there are many cooking styles for Taiwanese food. However, nursing homes do not use all cooking styles. The food here is designed by nutritionists; hence, most of the food is bland and healthy, with little variety. Put yourself in their [the residents'] shoes! You would like to have tasty and delicious food if you have been eating almost the same food every week for a long time.

Similarly, a 43-year-old participant (#3) said, "Nursing homes prepare a limited variety of food. They seldom provide fruits or fish for residents. Thus, I come here to provide some fruits or bring vitamins from the pharmacy for my mom."

4.4 | Theme 2: Provide a comforting family atmosphere

Participants mentioned that they visited residents during mealtimes to provide comfort in an atmosphere that simulated family meals at home, which could increase their food consumption. Participants believed that residents might feel sad when seeing other residents having meals

with their families, which might reduce their appetite. As one 36-year-old participant said (#8):

My father depends on us. If no one is with him at mealtimes, he eats less. A few days ago, he told me that he finished all his food because I was here. He said, "I feel more comfortable and, hence, eat more food." Although the staff here encourages him to eat when we [family members] aren't here, they are outsiders [not family members]. He will not listen to them, but he listens to me because I'm his son ... Furthermore, when he feels at ease, I do too. I care about his health. You know, whenever I get a phone call at night, I'm very worried about my father having an emergency. It's very stressful. That's the reason I come here —to comfort my mind.

Similarly, a 63-year-old participant (#2) said, "It's human nature. If you see other residents with their families here during mealtimes, you'll feel sad and lonely. Once you're sad, you'll lose your appetite in the long run."

4.5 | Theme 3: Assist with meals

Participants were motivated to help residents at mealtimes because they believed that NHs were understaffed and worried the staff might be too busy to provide individual assistance during meals, or help with post-meal activities, such as oral hygiene. As one 43-year-old participant (#3) described, "My mom has severe periodontal disease, and she needs to brush her teeth after meals. I don't think the staff have enough time to do this for her. Thus, I come here to help her clean her mouth after meals." Similarly, a 36-year-old participant (#8) said:

My father had a stroke. He can eat by himself, but only with a lot of effort. This may be why he always closes his eyes during mealtimes, hoping others will feed him. I have seen them [the staff] feed other residents. Each staff member has to feed 2 to 3 residents at a time. It's not possible for them to provide individual care. I can lighten their load if I feed my dad. I try to put myself in their shoes.

4.6 | Theme 4: Monitor food consumption

All family members cited monitoring the residents' food consumption as one reason for visiting during mealtimes. They focused on two main factors: the quantity of food and the type of food.

4.6.1 | Quantity of food

Some participants visited because they were concerned the resident would over-eat or under-eat. Residents with dementia often forgot they had already eaten, so they ate whenever food was offered. Undereating occurred in residents with a poor appetite, or eating was too difficult. One 49-year-old son of a resident with dementia said, "A person with dementia doesn't know what a full stomach is. He'll eat all the food given to him. Dementia patients often eat about one and half times more than others" (Participant #6). Other residents consumed more food to prevent waste; not wasting food is an important Chinese cultural value. For example, Participant #4, the 57-year-old son of a resident, said:

Although my mom is full, she'll finish all the food on the table, as she does not want to waste any food. That's her nature. She's had this habit since childhood, when she was very poor. ... She also believes that it's a blessing to have food to eat. So, when Ku-Mom [another resident at the same table] does not have a good appetite and does not finish her food, my mom finishes Ku-Mom's leftover food.... she gained 12 k since she moved into the nursing home. If I do not monitor how much food she eats, she'll get really fat.

Some participants also believed in the importance of eating to maintain health. They felt that residents would have more energy if they ate regularly. Thus, the participants hoped that by monitoring the residents during mealtime, they would know how much food was consumed. Participant #16 said:

We visit during mealtimes to observe her food consumption and the kind of food provided by the nursing home. That way, we'll know how much she actually eats. It's unhealthy if she does not eat regularly.

4.6.2 | Type of food

Family members monitored the type and preparation of food that was offered to the residents during visits, and assessed whether the food met the residents' health needs, preferences/habits, and desires for a variety of foods. Participant 11 (Theme 1) reflected the importance of preparation stating, "However, some foods such as vegetables or meat need to be softened for the elderly by stewing, which takes time." When the food or the preparation was not compatible with the needs of the resident, the family member intervened and Theme 1 was initiated.

5 | DISCUSSION

The findings indicated the essence of the motivation for family members visiting NHs during mealtimes was to tailor homely meals for the residents, which may be a

reflection of the role family members play and the social expectations in a traditional Chinese culture. It is the responsibility of children to provide personal care to their parents due to the concept of filial piety, which continues to influence moral and social values (Tsai, 1999; Yang, 1991). The tradition of families caring for frail older people in Taiwan continues, which is based on the cultural expectations of filial piety (Yeh, Yi, Tsao, & Wan, 2013). Tailoring homely meals for NH residents describes how these expectations of filial piety were met when a family member lived in a residential NH. It is difficult to compare the motivations of the family members in our study with those in Western cultures due to the paucity of qualitative research on why family members visit NH residents; most research is quantitative and measures the number of times a family member visits (Gaugler, 2005). However, a critical interpretive synthesis of studies conducted in the United States and Canada between 2006 and 2012 demonstrated that family members in these Western countries provide instrumental, emotional, and personal care support after their relative moves into a NH facility (Puurveen, Baumbusch, & Gandhi, 2018).

Family members achieved this social expectation of fulfilling the role of family caregiver by converting the residential environment of the nursing facility to an atmosphere that was comforting, similar to eating with their family; they provided food designed to meet the individual needs of the resident; assisted with meals, and monitored food consumption. Participants wanted to support the health of the residents. These findings are similar to a study of family members of NH residents in Taiwan (Tsai & Tsai, 2012); family members believed bringing nutritious food and engaging in rehabilitation exercises when they visited increased the likelihood of a resident's return to health. These findings differ from a study conducted with family members of NH residents in the United States (Durkin, Shotwell, & Simmons, 2014); family members were more likely to request nursing staff provide nutritional supplements rather than being present at mealtimes to personally encourage an increase in food intake.

The theme of tailoring food to residents' needs reflects the concern of participants that the food provided by the NH facilities was substandard. This is in line with previous reports indicating that improvements in nutritional quality are needed in long-term care institutions (Simmons, Durkin, et al., 2013a; Simmons, Sims, et al., 2013b). We found that tailoring food to residents' needs fell into three categories: health needs, preferences/habits, and desire for a variety of foods. Balancing residents' health needs and food preferences as well as satisfying their appetite requires NH administrators to use both nutritional science and culinary support to foster a comforting mealtime environment. Healthy food alone will not ensure that residents are well nourished, and residents and their family members want food and an environment that stimulates residents' appetites. Our results support a previous review on NH mealtimes that found that providing choices and preferences to residents created person-centered care during meals (Reimer & Keller, 2009).

Participants hoped that by preparing foods that were easier to eat, the residents' health would improve, which may indicate these relatives were transferred to a NH due to poor health. In Taiwan, the primary motivation for moving a relative to a NH is to nurture their health (Tsai & Tsai, 2008) and the motivation for visiting, particularly at mealtime, is the belief that the health and activity level of the resident will improve (Tsai & Tsai, 2012).

Food preparation by the participants was based on the residents' preferences, such as food that was home-cooked or conformed to religious beliefs. Studies in Norwegian and South African NHs have shown that for residents with dementia, traditional foods with familiar tastes and smells create joy, improve appetite, enhance nutritional intake, and promote quality of life (Hanssen & Kuven, 2016). Participants offered residents a variety of foods because they wanted to not only improve the NH diet, but also to create meals that were more similar to what residents ate at home. This finding is especially relevant for NH residents in the context of Taiwanese culture. The preparation of Chinese cuisine is comprised of a variety of flavors requiring multiple cooking methods, which participants recognized was not feasible in NHs owing to the varying health requirements, as well as the cost. Similarly, Chinese elders in American NHs did not like the food served, but accepted that the institutions could not provide special meals for Chinese residents (Wu & Barker, 2008). One way to avoid a significant cost increase would be to offer "homely meals" on special occasions or specific days of the week or month for residents who are not required to eat a prescribed therapeutic diet. On such occasions, the residents could order whatever food they liked or have tastier food to stimulate their appetite and ensure a balanced nutritional diet. However, the advantages and challenges of such an intervention should be empirically investigated.

Another reason for family members' mealtime visits was to provide a mealtime atmosphere that was both comforting and similar to family meals when the resident lived at home. Residents may feel lonely (Tsai & Tsai, 2011; Tsai, Tsai, Wang, Chang, & Chu, 2010), thus eating with family members with whom they have a close personal relationship not only reduces feelings of isolation, but has also been shown to improve NH residents'

appetites (Simmons, Durkin, et al., 2013a; Simmons, Sims, et al., 2013b). None of the participants reported a reluctance to visit during mealtimes. Frequency was the result of time available, which was the reason given by 22% of family members who were only present for meals 0–2 times per week. Honoring filial/karmic responsibility is prevalent in Taiwan and contributes to the regular visits to NH residents by family members (Tsai & Tsai, 2012). For those family members trying to meet this responsibility and lacking time to maintain contact during mealtimes, we suggest the use of a smartphone/tablet-based application (App) such as FaceTime, Line, or Skype. Family members could make an appointment with staff in advance and have a "smartphone lunch" with residents based on the workload of the NH staff. Such an approach would be feasible as smartphones and tablets are widely used in Taiwan. However, only 33% of residents completed high school, which reflects not only the limited education of most older people in Taiwan (Ministry of Health and Welfare, 2017), but also indicates additional instruction and support might be required in order for the residents to use the technology. Therefore, further research is needed to understand the efficacy of such a smartphone-based mealtime interaction program.

Four of our participants were motivated to visit during mealtimes because they wanted to assist with the resident's meals. This finding is consistent with a previous study in the United States indicating that the quality of the meal experience is better for NH residents when family members are present (Durkin et al., 2014). For one family member, providing post-meal oral hygiene was an additional motivation for mealtime visits. Two participants stated that they visited to physically assist the resident during meals because most other residents could eat independently. Participants recognized that nursing staff did not have the time to assist residents at a level that would allow even a small degree of independence in feeding themselves. Residents in Spain who ate their meals independently reported they felt as if their NH lifestyle was more normal (Palacios-Ceña et al., 2013). Shared mealtimes in France for residents with cognitive impairment and their caregivers resulted in improved nutrition (Charras & Frémontie, 2010) and malnutrition was twice as low for residents who received family-supplied meals and assistance (Verbrugghe et al., 2013). Therefore, for those residents who have difficulty eating independently, nursing staff should encourage family members to supplement meals and eat with residents whenever possible.

All 18 family members were motivated to visit during mealtimes because it was the ideal time to monitor food consumption, which ensured the quantities and types of food were adequate for the needs of the resident. Some NH residents ate too little, whereas others overate. Overeating may be due to the traditional Chinese belief that food should be treasured because having food is considered a blessing (Newman, 2004). This belief is especially strong among the elderly in Taiwan, who were born before 1945 and lived in poverty when they were young (Kim, 2009). Most of the residents in our study (83%) were born before 1945; 72% were born before 1935. Undereating may be due to the loss of appetite or eating difficulties caused by problems swallowing, chewing, or self-feeding (Lindroos et al., 2014). The use of the mealtime App described above could allow family members to remotely monitor residents' food consumption. For residents with dementia, there are additional challenges of forgetting to eat or forgetting they have eaten, resulting in undereating or overeating, respectively. Our findings underscore the importance of staff taking into consideration the NH resident's physical health and dementia status when assigning tables for mealtimes. Table assignments that result in a heterogenous mix of residents could reduce the burden for staff members who are trying to attend to multiple eating difficulties at one table.

Although family members in Taiwan remain the primary caregivers, as the country becomes more industrialized, more educated, and more Westernized, values are shifting and children and spouses are less likely to be able to fulfill their role as caregivers (Yeh et al., 2013). A recent study by Lien and Huang (2017) conducted a qualitative study with 12 intergenerational families in Taiwan, which included 32 individuals. Rather than caregiving responsibilities being restricted to parent–child or spousal dyads, there was a trend to share these responsibilities with other family members as well as relying on health services and NHs. Therefore, although the primary caregivers in our study relied on NH staff to fill the caregiver role, family members continued to care for the residents by taking control over meals in order to ensure their health.

Research conducted by Durkin et al. (2014) with family members of NH residents in the United States differed from our findings. Their study found family members' involvement with meals was persuading NH staff to provide residents with additional nutritional supplements to counteract low food intake at mealtime. In contrast, in our study Taiwanese family members were motivated to be present at mealtimes to personally encourage the resident to eat in order to improve nutrition. They accompanied the residents at mealtime, monitored food intake, assisted with meals, and encouraged them to eat in order to improve nutrition. However, because family members cannot accompany residents every day, they should be encouraged to share their concerns with the NH caregivers. Sharing methods they know help NH residents reduce eating problems during mealtime could not only

improve nutrition, but also improve residents' physical and mental health.

5.1 | Limitations

Although the findings of this study provide insight into the motivations of Taiwanese family members for mealtime visits with NH residents, our results are limited by the fact that we excluded family members who did not visit during meals. Our sample also did not include unconscious residents. We did invite one family member of a resident who could not communicate or move, but she refused to participate, as the resident had only recently been admitted to the NH. Further research is needed to compare mealtime visit frequency by family members of residents who are fully conscious as well as unconscious. Our study did not evaluate the presence of geriatric syndromes, a decline in activities of daily living, or a loss of vision in the NH residents, which can affect the ability to eat. Future studies should consider the impact of physical function on the motivation of family members to be present during meals. Finally, interactions between nursing staffs and family members during mealtimes could have an influence on their motivations to visit during mealtimes. Although this was not a focus of this study, further research is suggested to understand the phenomenon or the effect of family members' visits on the interactions between family, residents and staffs.

6 | CONCLUSIONS

Family members were motivated to visit NH residents during meals because they wanted to provide food tailored to the individual resident's needs, build an atmosphere that was comforting and home-like, assist with meals, and monitor food consumption. These findings could help NH managers and nurses understand how to improve meals for residents. We suggest NHs offer selected food choices on special occasions for residents who have no dietary restrictions to promote a healthy appetite and a balanced diet. However, further research is needed on how a more varied diet can be achieved on a regular basis at a cost that is not prohibitive, which could result in more person-centered care. In addition, studies on the feasibility of incorporating smartphone- or tablet-based Apps into the mealtime routine should also be conducted. This might be a strategy that allows family members and residents to socially interact during meals as if they were at home, while also providing family members with a means of remotely monitoring food consumption. Taiwan preserves most Chinese cultural traditions. However, the population includes a diversity of ethnic groups, religions, and countries of origin. These groups may have different mealtime practices, which could influence their mealtime experiences with NH residents. Therefore, we suggest future studies explore the impact of ethnic, religious, and immigrant backgrounds on the motivations of family members to visit NH residents in Taiwan.

DISCLOSURE

No conflict of interest has been declared by the authors.

AUTHOR CONTRIBUTIONS

MRT, HHT, YFT, FYL conceived and designed the study, as well as collected data; MRT and HHT analyzed the data, MRT and HHT drafted the manuscript; YFT critically revised the manuscript for important intellectual content. All authors read and approved the final manuscript.

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How to cite this article: Tsai M-R, Tsai H-H, Tsai Y-F, Liao F-Y. "Tailoring homely meals": Family members' motivations underlying nursing home visits during residents' meals. *Jpn J Nurs Sci*. 2020;17:e12341. https://doi.org/10.1111/jjns.12341