

With poor nutrition all too common, the involvement of mealtime volunteers on a ward caring for older people has led to positive outcomes for patients, staff and volunteers

Benefit of using volunteers for mealtime assistance

In this article...

- › **The role of mealtime volunteers on hospital wards**
- › **How volunteers can relieve pressure on nursing staff**
- › **How the volunteer role is received by patients and staff**

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Abstract Rossiter F, Roberts H (2015) Benefit of using volunteers for mealtime assistance. *Nursing Times*; 111: 12, 22-23.

Background Poor nutrition is common among older inpatients and giving them enough help to eat and drink is challenging for time-pressured nurses.

Aim To compare the use of trained volunteer mealtime assistants (MTAs) with usual care on female medicine for older people wards.

Method A total of 29 MTAs helped 3,911 patients on the intervention ward on 229 weekday lunchtimes.

Results Interviews and focus groups with patients, relatives, nurses and volunteers confirmed that MTAs improved the quality of mealtime care. Staff and MTAs recognised they were able to give extra time to patients who struggled to eat, which relieved pressure on nursing staff.

Conclusion Trained volunteers can help older female patients at mealtimes, including helping them to eat, in a manner that is safe, sustainable and well received.

Malnutrition is a common problem in hospitals, with 34% of those on medicine for older people wards estimated to be at risk of it (Russell and Elia, 2012). It is associated with an increased risk of pressure ulcers (Banks et al, 2010), infections and longer hospital stays (Edington et al, 2000), as well as increased mortality rates (Kagansky et al, 2005).

Poor food intake in hospital can be due to poor appetite, nausea or vomiting and the effects of acute illness and medication. However, national reports have shown that some older patients are not given enough help to eat and drink (Francis, 2013; Care Quality Commission, 2011).

Initiatives to improve mealtime care, such as red trays and protected mealtimes, do not address the issue that nursing staff often have to manage competing priorities at mealtimes, limiting their opportunity to provide adequate mealtime assistance (Ross et al, 2011; Kowanko et al, 1999). The use of volunteers to assist at mealtimes has been reported in several UK hospitals (Gilbert et al, 2013; Sneddon, 2011) but not formally evaluated. However, a few small studies (Manning et al, 2012; Wright et al, 2008) have reported limited evidence that mealtime volunteers can improve patients' nutritional intake.

Aim

The Southampton Mealtime Assistance Study is the first large study to specifically evaluate the impact of trained volunteer mealtime assistants (MTAs). Including the views and experiences of patients, relatives, staff and volunteers, it aims to ascertain whether volunteers are able to improve the quality of mealtime care when compared with usual care.

Method

The Southampton Mealtime Assistance Study evaluated the use of trained MTAs in a large teaching hospital. The study ran for two years on two female medicine for older people wards. Usual mealtime care was given by ward staff on both wards during the first year. In the second year the

5 key points

1 34% of patients on medicine for older people wards are at risk of malnutrition

2 Malnutrition is associated with pressure ulcers, infections and longer stays in hospital

3 The Southampton Mealtime Assistance Study showed improvements in mealtime care

4 Volunteers bring social interaction as well as direct feeding assistance

5 The Southampton study is now being rolled out to more inpatient settings



Volunteers who help out at mealtimes can improve patients' nutritional intake

BOX 1. ROLE OF THE MEALTIME ASSISTANT

- Report to nurse in charge on arrival for allocation of patients
- Identify with nurse any patients who are unsafe for volunteer feeding
- Prepare patients for their meal – clean tables and offering to wipe patients' hands
- Identify patients who need repositioning and ask nurses for assistance
- Wake patients before food arrives
- Help patients according to their individual needs, including opening packets and removing lids of food containers, cutting up food, feeding patients as required
- Complete food and fluid charts for any patients assisted with feeding
- Hand over information to nurse in charge before leaving the ward

control ward continued with usual practice while MTAs were introduced to the intervention ward.

The impact of volunteers was assessed through interviews and focus groups with patients, relatives, nursing staff and the volunteers themselves (Robison et al, 2014). In year one the questions focused on:

- » Nutritional care in hospital;
- » Appetite;
- » Managing at mealtimes;
- » Food and fluid intake in hospital.

In year two, these topics were revisited with the addition of questions about any direct experience of mealtime assistants.

Volunteers were recruited by the hospital voluntary services department. Their role is outlined in Box 1; they did not assist patients who:

- » Had dysphagia;
- » Could not sit up;
- » Were drowsy;
- » Were nursed in side rooms.

Two volunteers attended the study ward every weekday lunchtime to assist patients.

Each volunteer completed a half-day classroom training session, which had been designed by a dietician and a speech and language therapist. The contents of the training session are outlined in Box 2. Volunteers were then observed at one mealtime by a researcher to confirm their competency in performing their role before they were allowed to work independently. Volunteer training sessions were provided throughout the year.

Results

On the intervention ward during year two, 29 volunteers provided mealtime assistance to 3,911 female inpatients over 229 lunchtimes (Roberts et al, 2014). Twenty-eight volunteers were women. The median age band was 61-70 years and 55% had previous healthcare experience. Of the volunteers, 22 helped weekly once per week, but seven volunteered for two lunchtimes each week.

During a typical lunchtime, volunteers would prepare tables and wipe hands for nine patients, encourage or assist seven

with their food, and feed two patients out of 24 on the ward. Most volunteers (62%) were confident in their role and did not require ongoing assistance, but some needed further supervision and guidance, and a minority (10%) needed reminding of the limits of their role. There were no safety concerns with regard to volunteer feeding and no adverse events were reported.

In year one, staff identified that mealtimes could be challenging, with multiple competing priorities and insufficient time to provide the level of assistance they wanted to. Patients and relatives felt nurses tried to give as much help as they could, but that extra help would be of benefit.

In the intervention year, interviews and focus groups showed that volunteers had been well received by everyone. Patients appreciated that they were giving their own time and grateful to have a new face on the ward. Staff and volunteers recognised they could give extra time to patients who struggled to eat, which relieved pressure on nurses. The social interaction volunteers had with patients was valued. Volunteers were soon regarded as members of the ward team and were missed at weekends. Patients, relatives, staff and volunteers reported that mealtime care had improved.

Conclusion

As a result of its success, the volunteer MTA role has continued on the ward since

BOX 2. CONTENT OF VOLUNTEER TRAINING

- Overview of good nutrition and its importance
- Malnutrition and its effects
- Nutritional supplements
- The hospital menu and the food service system
- Special diets, modified-texture food
- Identification and causes of dysphagia
- Safe feeding techniques (including a practical session)
- Food and fluid charts
- Role of the volunteer

the study ended in February 2012. Funding from the National Institute for Health Research is supporting the Southampton Mealtime Assistance Roll-out Trial, which will evaluate the extension of MTAs to the male medicine for older people wards, the acute medical unit, trauma and orthopaedics, adult medicine and general surgery.

The Southampton Mealtime Assistance Study has demonstrated that trained volunteer MTAs can help older female patients at mealtimes in a way that is safe, sustainable and well received by patients, relatives, staff and volunteers. **NT**

- This is a summary of Roberts HC et al (2014) The feasibility and acceptability of training volunteer mealtime assistants to help older acute hospital inpatients: the Southampton Mealtime Assistance Study. *Journal of Clinical Nursing*; 23: 3240-3249.

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