The Meaning of Everyday Meals in Living Units for Older People

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Abstract
Even when frail older people become unable to live on their own and manage everyday activities, they can still experience a variety of meanings within meal-related activities that contribute to quality of life. This article reports research findings that focused on the meal, from preparation to cleaning up. Data were collected through participant observation and by interviewing residents in a residential living unit in Denmark, and analysed using a comparative, interpretive approach. Living units are a new way of organising nursing homes. In each unit, 6-8 elderly people stay in individual flats, adjacent to which is a shared dining room and kitchen. If the residents choose to, and are capable, they are involved in everyday activities of the unit and eat together with staff. This way of organising meals seems to influence most of the everyday life in the unit by shaping a homely place. It also enables a living community that acts in and enlivens everyday existence. Meals themselves also make it possible to be somebody and be yourself in ordinary life and to make a place for valued occupations, things that give substance to everyday life. In sum, the study found that as an occupation, meals give time and space for daily life and seem to be the heart of life in the unit.

Key Words
Meanings
Meals
Residential care
Everyday life
Elderly
Qualitative methods

Meals are an important part of everyday life and are an occupation we engage in throughout our lifetime. For older people, meals comprise one of the few remaining occupations around which the day is organised (Elvbakken, 1993; Kofoed, 2000). In institutions in particular, meals become either the highlight or the disappointment of the day and an important topic of conversation (Elvbakken). Accordingly, this study focuses on the meaning of meals to elderly people in care settings in Denmark.

Meals can be analysed in different ways. From a health science perspective, their nutritional function is to give energy and renew the body (Bælum, 1995; Schroll & Hölund, 1999). Food may also be seen as language, articulating identity or social differences, and differences between sexes (Fürst, 1995). Alternatively, meals can be seen as eating: a cultural and social event (Haarstrup, 1990; Hansen, 1985; Holm, 1995; Kofoed, 2000).

The perspective of this study is occupational. Meals are seen as events embedded within other occupations, including preparation, shopping, cooking, serving and cleaning up. In this sense, occupations are understood to be the ordinary and familiar things we do every day (Christiansen, Clark, Kielhofner & Rogers, 1995). They have performance dimensions, the observable actions; a contextual dimension, as these activities involve actions in defined settings (Christiansen, 1994; Hasselkus & Rosa, 1997; Nelson, 1988; Rogers, 1987); and a personal-meaning dimension that is not observable (Hasselkus & Rosa).

In older age, as individuals’ capacities and life circumstances change, all these meanings may alter. This may be particularly so for those who enter care settings. In Denmark, most elderly people remain in their homes caring for themselves or receiving home care. Some, however, need the care provided within a nursing home. Similar to other...
Western nations, care provision in Denmark progressively became a public and institutional responsibility over the course of the 19th century (Savinshinsky, 1991).

Like everything else in society, the care provided to older people has developed within a particular cultural, political and economic context. This context influences professional knowledge and theories on ageing which, in turn, affect the way housing and care are organised for older people. In Denmark, housing has changed from “sick homes” to “old people’s homes”, then to “nursing homes”, and now into “nursing centres” or living units (Hjorth-Hansen & Nielsen, 2002). By 2001, there were about 774 nursing homes and centres in Denmark (Danmarks Statistik, 2002). In these places, older people have their own rooms, often with a small kitchen section, and their own bathroom or a bathroom in the corridor. Their rooms are usually placed along this corridor which leads to a shared living and dining room. They live in units with about 20-25 other elderly people. Meals are prepared by kitchen staff or delivered by a central kitchen and are served on plates in the dining room or in residents’ own rooms, depending on the staffing situation and the wishes and capacities of older people.

In 1998, Danish legislation changed the basis of housing for older people from institutional to rental accommodation, and introduced a policy emphasising flexibility of care (Socialministeriet, 1998). This law change enabled the establishment of living units. In these units, the physical environment differs from previous arrangements: 6-8 residents live in their own flats and have a shared living and dining room, and a shared kitchen. In addition, the organisation of care was changed so that routines are not determined by the requirements of the institution or the staff’s time schedule but take account of the routines and needs of older people themselves. The structure of the organisation also changed (Christensen & Olsen, 2001). In living units, the intention is that residents are involved in everyday activities like shopping, cooking, watering the plants and making the beds, and residents and staff members are expected to eat together. Staff members have reported positive results (Christensen & Olsen; Fyns Stiftstidende, 2001).

The small units were expected to be more peaceful and make it easier for both residents and staff to see what is going on. It was also expected that they would facilitate contact between residents and staff members, and create environments that are more homelike for the residents (Christensen & Olsen, 2001; Fyns Stiftstidende, 2001; ECO, nd). It was also intended that residents and staff in the living units would have more autonomy than in traditional nursing homes to make financial decisions and to control the content and course of the day (Christensen & Olsen; ECO).

A number of research studies about life and quality of life in nursing homes have been conducted from different perspectives (Anke de veer, 2000; Duncan-Myers & Huebner, 2000; Hasselkus & Rosa, 1997) and so have studies concerning occupations in nursing homes (Green & Cooper, 2000; Leve & Jonsson, 2002). However, research into meals in nursing homes are few and focus mainly on nutrition (Gastman, 1998; Tallis, Ng, Feireira, Tan & Griffith, 1999) and ethical and cultural issues (Gastman; Fødevaredirektoratet, 2002; Kofoed, 2000; Sidenvall, Fjellström & Ek, 1996). Overall, this body of literature shows that issues such as table manners, being content and not complaining, eating with someone you do not know, being incorporated in a group, foot traffic and noise in the dining room, and malnutrition can be problematic.

The value residents place on meals in older people’s living units has not previously been researched. While staff report positive results, and the intention was to improve care and housing, how meals contribute to this improvement is not known. What is so positive about the living units, and how do the older residents themselves see them? This study focuses on what people do in living units, their everyday life, and the activities that fill the days, weeks and years. Everyday life is characterised by repetition and stability but it does change over a lifespan (Ramian & Dyhrholm, 1997). Occupational scientists are interested in these everyday tasks. The aim of this exploratory study, therefore, was to identify and interpret the significance of meals among a small number of older people resident in one of the new living units.

**Methods**

The methods section describes the context of the study, its participants, and the methods used for data collection and analysis. The Scientific Committee for the County of Vejle and Funen was contacted to seek ethical approval for the study, but due to the nature of the study formal approval was not considered necessary.

**The context of the study**

The setting was one living unit out of five, selected by the head of the specific unit, in a nursing centre built in 2001. The residents living in the unit were of mixed gender and age, had health problems including dementia, and had been randomly assigned to live in the unit. Between one and four regular staff members, all home-helpers, worked in the unit at any one time. There was no staff room. Most of the staff and residents were, in 2001, moved from a traditional nursing home to living units in this nursing centre.

The unit had its own kitchen and dining room of about 50 m² with the kitchen on one side, a dining table with flowers on it in the middle of the room, and some easy chairs on the other side. The kitchen and dining room were located in the centre of the unit and the room opened on two sides to corridors where the residents had their own two-roomed flats with bathrooms. The residents’ room were close enough to the kitchen to smell the food and to hear what was going on there.

Everyday activities were organised and carried out in collaboration between staff and residents. The residents
who were willing and capable, helped by peeling potatoes, making coffee and laying the table. They did not feel responsible for the activities but most of the staff encouraged them to participate. The residents and staff sat together, sitting intermingled at the dining table. They passed around the food and planned the next day’s and the following days’ meals. Mealtimes were flexible, depending on the wishes of both the staff and the residents, who could either eat in the dining room or in their own rooms.

Participants
The participants comprised all residents in the unit who participated in the meals (see Table 1). Five of the seven residents took part: three women and two men aged between 75 and 100. They had different physical, cognitive and mental impairments. The other two residents had their meals in their flats. Due to her psychiatric problems, one of them had not been out of her room in the two months of her stay and the other remained in her room because of disability.

Of the five residents participating, one needed help for all everyday activities, one did not want to (and had limited capacities to) participate in the activities related to the meal and one was diagnosed with dementia. The first of these three was not interviewed; the second elected not to be interviewed; and, for the third, it is questionable if he would have known what he was consenting to even if written information had been available and visible in the unit. Nonetheless, because he took part in the meals, he could not be left out even though he was not interviewed. Two residents were physically involved in preparations and were willing to be (and capable of being) interviewed. Four out of the five, including the two persons being interviewed, had been moved from a traditional nursing home where meals were organised differently.

Table 1. Characteristics of the Informants

<table>
<thead>
<tr>
<th>Informant (Gender)</th>
<th>Age</th>
<th>Psychosocial, Cognitive &amp; Physical Status</th>
<th>Former Living</th>
<th>Data From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodil (f)</td>
<td>100</td>
<td>Hearing problems and limited communication Needs help for all everyday activities</td>
<td>Traditional nursing home</td>
<td>Observation</td>
</tr>
<tr>
<td>Lilly (f)</td>
<td>85</td>
<td>Osteoarthritis and overweight Mobile in a wheelchair</td>
<td>Traditional nursing home</td>
<td>Observation &amp; some comments at the table and in her flat</td>
</tr>
<tr>
<td>Alfred (m)</td>
<td>75</td>
<td>Dementia Talkative but content not always relevant Mobile</td>
<td>Own home</td>
<td>Observation &amp; some comments at the table</td>
</tr>
<tr>
<td>Alma (f)</td>
<td>85</td>
<td>Psychological problems e.g., afraid of being alone Mobile in and outdoors</td>
<td>Traditional nursing home</td>
<td>Observation &amp; interview</td>
</tr>
<tr>
<td>Carl (m)</td>
<td>75</td>
<td>Psychological problems, previous alcohol problems Mobile in and outdoors</td>
<td>Traditional nursing home</td>
<td>Observation &amp; interview</td>
</tr>
</tbody>
</table>

Data collection
The method used for collecting data was not classic ethnography, where the purpose is to understand the underlying patterns of behaviours and meanings of the culture (DePoy & Gitlin, 1998; Jones, Blair, Hartery & Jones, 1998). Rather, it was contemporary and focused ethnography where the purpose is to represent the respondents’ own perspective and their ways of explaining their lives (DePoy & Gitlin). In ethnographic studies of this type, fieldwork is shortened, research questions are more established and there is less emphasis on participant observation (Savage, 2000). Like classic ethnography, however, the perspectives of both the researcher and the researched are represented (DePoy & Gitlin).

The observations were open and participatory (Bogdan & Taylor, 1975; Spradley, 1980). Their purpose was to familiarise the researcher with the setting and the residents, to identify informants for further interviewing and conversation, to find out what might be feasible to do next (Bogdan & Biklen, 1992) and to get data by watching, listening and recording (Bogdan & Taylor). Data gathering and data analysing were dynamic, starting with broad, ongoing investigations and becoming more focused as the process went along (Bogdan & Biklen). The researcher spent time with the residents in their own territory having meals with them, as a person who had come to visit, to learn, and to know what it is like to be them (Bogdan & Biklen; Kristiansen & Krogstrup, 1999). Observations were conducted during and between mealtimes on six days over a six-week period. They occurred at different times between 9 am and 7 pm. In all, there were 30 hours of observations in the unit and 60 pages of hand-written field-notes were taken during and immediately after the event to document observations, impressions and conversations (Bogdan & Biklen).

Semi-structured interviews (Kvale, 1996; McCracken, 1988) were conducted in the residents’ own flats immediately after
observations so as to keep focus and to follow up specific incidents and comments observed at the table. The two residents who were capable and willing to express their experiences were interviewed twice, for 35-45 minutes each time. An interview guide containing themes and probes was used. The guide contained questions and requests such as: “I saw you peeling the potatoes; do you always do that?”; “How was dinner arranged in the traditional homes?”; or “Tell me about a good meal”. The interviews were flexible and the questions formulated differently depending on the informant and the situation. The subjects of interest were residents’ feelings, thoughts, desires, experiences, expectations, motives and attitudes, in relation to living in both a traditional nursing home and in the living unit.

Analysis of Data
The interviews were taped and transcribed verbatim by the author. A constant comparative analytic method was used (Bogdan & Biklen, 1992), augmented by both interpretation inspired by hermeneutic methods and legitimate plurality of interpretation (Kvale, 1996). Initially, the first interview and the field-notes were read several times to obtain an overall understanding of the participants and to see the data as a whole. Then, the first interview was analysed, units were identified, and the descriptions and meanings of the meals were coded. The findings were used to stimulate further reflection and improve the analytical process as it proceeded. In this way, analysis was ongoing. Subsequent interviews and field-notes were coded in the same way. The researcher looked for regularities, patterns and topics; words and phrases were categorised to represent these findings (Bogdan & Biklen).

During the analysis, categories were constantly compared with the original data and overall themes representing the categories were identified. To understand the themes and the relationship between them a dialectical approach to data interpretation was taken, varying between being close to the participants’ experiences and being more distant. This ensured that interpretation of actions, statements and meanings went beyond the perspective of the informants (Gustavsson, 2000). The most poignant and complex quotations and observations selected to illustrate the themes (Kvale, 1996).

To increase the credibility of the data, both interviewing and an observation technique called “triangulation” (Holstein, 1995; Jones et al., 1998) were used repeatedly, along with peer debriefing (Lincoln & Guba, 1985; Josephsson, 1994) by fellow students who coded randomly selected parts of the data. Codes were compared and found to be compatible. The interpretation was further validated by discussions with the author’s supervisor and ensuring that the overall interpretation was coherent (Gustavsson, 2000).

Findings
Analysing and interpreting the values, experiences and meanings that meals in the unit hold for residents suggested four major themes: 1. Shaping a homely place; 2. Enabling a living community; 3. Making it possible to be somebody and to be yourself; and 4. Providing a place for valued occupations. Different aspects of the themes were identified and are recorded as sub-themes.

Theme 1: Shaping a homely place
One of the major themes identified in the data was that the meals shaped a homely place. In this environment food preparation, clearing up and the meals themselves filled a lot of both time and space. Meals created a good atmosphere for interaction and conversation, and both residents and staff seemed to find the area a pleasant place to spend time. Four sub-themes were evident, relating to having a shared place to be with others; having things to talk about and arrange; providing a relaxed and flexible timetable; and receiving attention and affection. 

Shared places to go to, to be in with others and to do things in
One of the aspects of experiencing a homely place was the fact of having a nice place to go to, to be in and to do things in. The kitchen with the dining table was such a place. Alma said this about it: “I call it our living room, it is a nice room. I don’t know if we have the best one, it might be, they say so.” The room gave the impression of being a home with everyday life rather than an institution. Alma said about the kitchen/dining room: “This is our home, yes, in the nursing home I lived in before it (the dining room) was the main thoroughfare.” Alfred, the man with dementia, sat there most of the day, watching and commenting on what was happening. It was the place people went to before meals, perhaps helping the staff with preparation, e.g., laying the table. Alma said: “Sometimes I go out there and if something needs to be put in the machine or something like that...” It was the place they stayed in after meals to continue talking or just to watch and listen to life in the unit. It was also a place of action and a place for a working community where the residents had different jobs to help to keep the place running. Something was always going on in the kitchen/dining room: food was prepared, appointments were made, staff sorted out their affairs, and residents and staff sat and talked.

Shared everyday life events to talk about and to arrange
The shared meals also provided a topic for conversation besides diseases and the past. The talk involved not only statements about the past and the present, but also decisions about the future. Conversation concerned what they previously had for dinner, who made the dinner and how good she was at cooking. The conversations ranged from how the food was that day and what they wanted tomorrow, to what they would have for Christmas dinner. The meals connected the past, present and future mealtimes in the home. There was also talk about how to prepare a specific dish and, on one occasion, how disastrous the bread
and beer soup had been the previous day. Lily said: “It was too thin.” Alma responded that “she did not know how to make it and the recipe she had was no good.” The conversation was not only the food, but also the preparation and arrangement of the meals.

**Shaping relaxed and flexible times, days and weeks**
The relaxed atmosphere of the unit was remarked upon by participants and experienced by the researcher. The same staff members were involved in all activities and therefore knew the lives and personalities of the residents well. These circumstances made it possible to create a manageable day for both residents and staff members. The days were not scheduled only by the arrangements in the living unit but also by the people living in it. The plan for each day was negotiated between staff and residents, sometimes creating power struggles. It was possible for the residents to see when the staff members were short of time and some of them helped with the everyday activities like laying the table and emptying the dishwasher to make the day run more smoothly. Mealtimes and menus were planned and changed from day to day in the unit, depending on the daily routines and activities and on the staffing situation. This mostly made for less stress and more flexibility, but sometimes caused distress for those who preferred, or needed, routine.

**Feeling alive and attentive to life**
Another significant finding was that living close to, and staying in, the kitchen stimulated the senses. From their flats, the residents could hear the rattling of china and could smell the food, which told them what was going on in the kitchen. They liked it when something was happening. Carl said: “I think it is cosier here, the food was OK at the other place (the nursing home he was living in earlier) but the fact that they are walking around up there (in the kitchen) gives a certain cosiness.” Also, the fact that food was served and not just “handed in” to them in their flats was experienced as stimulating. Humour was another issue expressed as, and observed to be, important. One of the residents even saw it as his job to cheer up the rest of the residents and they mostly responded positively. The staff also helped to keep spirits up by having fun with each other and the residents. Being stimulated made the residents feel more part of life, more alive.

**Theme 2: Enabling a living community**
Another key theme was the sense of belonging to a community, in contrast to being on your own. This sense of community was created by familiarity, communication and proximity. Residents had somebody in the same life situation and from the same generation to share their lives and everyday experiences with. The meals gave content to the community and something to share. This sense of a living community created a feeling of both solidarity and understanding. Four sub-themes were identified. These were familiarity and proximity; communicating in a familiar manner about everyday matters; interacting, caring and showing empathy to each other; and using the word “we” to consolidate them as a community.

**Familiarity and proximity**
One of the aspects of community identified was a feeling of family: there was a close connection between residents. Spending all this time together during mealtimes meant that they came to know each other’s past, present and future well and become personally involved in each other’s lives. This level of familiarity promoted a feeling of commonality. They knew each other’s family matters from visits in the unit and from conversation at the table. In addition, former life events were shared knowledge. Privacy, understood as keeping your life to yourself, was difficult if attending the meals. They knew each other’s activities well, because practical arrangements were made at the table and the days were organised accordingly. Problems and diseases were well known and were discussed at mealtimes. Knowing each other’s personal history and future plans promoted familiarity and closeness.

**Communicating in a familiar manner about everyday matters**
The tenor of communication between residents, and between residents and staff members in the unit was familiar. Conversation included teasing remarks, snarling and correction of each other. Alma said: “We are like siblings; we chat and tease each other.” Sometimes the tone was rather rough and residents were told off by others or by staff members. For example, Lily was told off for not eating a varied and healthy diet; and, at times, the lively discussions were disturbing for Alfred. The staff members facilitated familiar conversation by asking about a birthday party a resident had attended, by warding off possible controversies and by talking about their own everyday lives. One staff member talked about a handball match that she had been playing and the conversation continued about handball in general. Everyday conversation was carried out during and after the meals, giving life to the place.

**Interacting, caring and showing understanding of each other**
Listening to the conversations at the table, it became clear that the residents mostly acted considerately towards each other and worried about each other’s problems. Lily said to staff members: “It is important to let Alma sleep because of her eye (she had an infection and had been to the doctor).” They also knew each other’s moods and personalities well. Carl explained that:

> Yes, they are all sweet and nice, now Alma she is usually involved (in activities) but things are going downhill with her, what a pity, and Lily, you know her and her moods, but she is sweet and Alfred, I would like to do something for him, he does not remember anything and sometimes has a breakdown but the staff say I can’t do anything and that it can’t get better.

Spending so much time with the staff and being able to hear and see what they were doing, gave the residents a better understanding of the staff’s working conditions and therefore there was less discontent with the staff. Alma
said: “I would rather have the hot meal at dinnertime, but the time between breakfast and dinnertime is short and they don’t have the time to make it.” This clarity shaped understanding both between residents and between residents and staff.

**Using “we” to consolidate as a community**
Several residents used the word “we” when talking about life in the unit. They did not express themselves just as “I” but also as part of a “we”. In this way they defined themselves as a group, and distinguished themselves from “others”, the residents living in the other units. Informants felt solidarity with the group, suggesting that newcomers might find it hard to be accepted in the unit. For example, they did not want to eat Christmas dinner with the residents from the other units staying in the centre for Christmas even though the staff suggested it. They also liked gossiping about the neighbours. Carl said: “The ones downstairs are not like us. They are so boring.”

**Theme 3: Making it possible to be somebody and to be yourself**
While the social aspect of the meals showed residents to be part of a living community, the information from the residents was also interpreted as revealing individualistic values. The way meals were arranged seemed to facilitate the fulfilment of individual needs, the expression of individuality and the ability to have a say in the formation of fellowship. The extent to which this happened was apparently more than in traditional nursing homes but possibly less than in the informants’ own homes. Three sub-themes were identified: having the freedom of choice which expresses the “I”; having a say in the routines and actions in the community; and connecting the self to former life activities. All together, these were issues that seemed important for being somebody, a person who means something to the community, and for being yourself, showing your identity.

**Having the freedom of choice which expresses the “I”**
The possibility of being yourself and expressing the “I” was shaped by the possibility of choosing for yourself. Being able to make coffee when they felt like it, getting a special drink out of the refrigerator, and selecting different foods at the table allowed the possibility of deciding and choosing for themselves, and of having individual needs and wishes considered. The participants could get what they wished for, depending on how hungry they were and their food preferences. For example, Lily had four slices of bread with cold meat simply because she liked it, even though the staff tried to tell her that she should eat a more varied diet. In addition, special preferences and requests were taken into consideration when the shopping list was written, and former habits and routines concerning mealtimes were maintained to some extent. Alfred said: “I wake up at six then I... then I go to the kitchen and make coffee and I take the coffee and some bread with cheese down here (his flat) and enjoy it here.” Residents could have a lie-in and have breakfast in bed if they liked or join the others for breakfast.

**Having a say in the routines and actions in the community**
Participating in making a group decision was also expressed as an issue of importance. The residents seemed proud of, and felt important through, having the opportunity to be involved in planning what to have, what to buy, how to cook it, and how and when to serve it. They felt they were part of the household decisions even if they did not always have their own way. Alma said: “I would rather have the hot meal at midday but Carl, he likes it in the evening. I really have to talk to him about that.” Sometimes the residents’ influence was restricted by staff attitudes. Nursing attitudes, possibly remaining from working in the traditional nursing home, in particular became obvious. Alma explained that “it depends on who is on duty. With one of them we are not (part of decision making), she decides and sometimes she gets it from the cafeteria.” The condition for having a say was that the staff created that possibility.

**Connecting the self to former life activities**
Maintaining some of their former activities connected residents to their former life. The importance of being able to keep former roles was also identified. Alma liked maintaining her household identity. She had had that role in her family and, as she explained, “It is an old habit (filling up the dishwasher). I have never had another job other than cleaning and going out cooking.” She often, therefore, offered her help to the staff. Doing activities together with the staff also provided an opportunity to talk about former lives and activities, connecting the present and the past. Residents liked their competencies and the knowledge gained during a long life to be used, although this did not always happen to the extent they might have preferred. For example, some residents would have liked to go shopping with the staff, or to do the shopping more often. As Lily said: “She could just have asked one of us what to do.”

**Theme 4: Making a place for valued occupations**
Both meal-related occupations and participation in the meals were identified as valuable for the residents. The residents experienced making the coffee, choosing between things on the table and asking for them, as meaningful. They participated by themselves, the other residents or staff asked them to participate, or they realised that staff or other residents needed or wanted their help. The four sub-themes were: making meals pleasant and health-giving; giving one a reason to move and keep fit; filling the day with meaningful occupations; and feeling valuable and pleasing another person.

**Making meals pleasant and health-giving**
One of the meanings ascribed to the way meals were arranged was related to health and pleasure. Both the fact of having good food and the fact of eating well created a healthy everyday life and improved the participants’ sense of well-being. Being involved in decision making and being able to choose what to eat meant that the residents mostly got what they liked. That is, their habits and preferences were taken into consideration. According to Alma “If something we like is missing, then we just tell them and
they will buy it,” and staff told the researcher that they never served peas as no one liked them. Eating together and liking the food also meant the residents ate more. Carl said: “Sometimes I say to myself at lunchtimes, damn, now you are going to lunch and you are not hungry but by sitting in their company the food goes down, three or four slices.” Some of the residents were putting on weight, which was good for some and not so good for others.

Giving one something to move for and to keep fit
Keeping fit and feeling physically and mentally well were expressed to be some of the purpose of participating in the activities around the meals. It gave the informants a reason to move, e.g., going to the dining room for breakfast or going to the kitchen to peel potatoes or to make coffee. Alfred liked going shopping. He felt both healthy and good when he had been out shopping for the staff, and he knew that he would put on weight if he remained sedentary. He said: “It is the feeling afterwards, when going shopping, I did it, I do it to keep me going.” He knew it was healthy and he convinced himself, and was persuaded by staff, to do it as an alternative to staying in his chair.

Filling in the day with meaningful occupations
Some residents liked being occupied in everyday activities as an alternative to sitting doing nothing. Participating in the activities around the meals filled in a lot of time and made the day pass pleasantly. It created routines during the day and a certain amount of stability and structure. Both Carl and Alma expressed a liking for being occupied and said that laziness was not their style. Often the residents stayed at the table after it was cleared and played a game of dice or talked about the past, for example, about different restaurants they had been to, or about the future, for instance what was going on outside the unit tomorrow. When they were not occupied in the kitchen/dining room, they were mostly sitting in their flats listening to the radio or watching television.

Feeling valuable and pleasing another person
The idea of being useful and doing favours was highlighted as valuable by some of the residents. They enjoyed helping when they could see something needed to be done or when the staff asked them for help if they were short of time. Alma liked using her knowledge and skills in cooking. She looked at the activities as a job, things that had to be done, and as things she was good at. She said: “We have no more beetroot and you know we pickle them ourselves. I have always made a lot of pickled beetroot.”

Carl, on the other hand, was not used to or happy about doing household work but he liked doing favours for the other residents, for example, inviting Alma for morning coffee and going shopping for Lily. He also found it rewarding doing favours for the staff and he liked being begged for favours. He told a story of when “Lene came down here [saying] ‘Oh Carl, there is something I have forgotten from the grocery’ and I said ‘No Lene, I have just been down there.’ Then she got down onto her knees then I said ‘Ok’ and went for it.” Alfred also liked being useful.

For instance, when lunch was over, he started clearing the table with shaking hands that made the other residents nervous but he did it with a satisfied smile on his face. He was also doing his part.

A Tentative Theory
The analysis and interpretation of the data identified themes that relate to the concepts of everyday life and reflect truisms of life. Comparing and interrelating the themes indicated that the meals can not be understood as only a part of everyday life or as only one of the everyday activities. The way that meals were arranged gave a shape to most of everyday life in the units. Meals gave room for life and substance to normal life for the residents in the unit (see Figure 1).

Figure 1. The Identified Meanings Related to Everyday Life

<table>
<thead>
<tr>
<th>Meaning</th>
<th>Everyday Life Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>Homely place that create the atmosphere for everyday life</td>
</tr>
<tr>
<td>give</td>
<td>Living community that act in and give life to everyday life</td>
</tr>
<tr>
<td>time</td>
<td>Being yourself &amp; being somebody in everyday life</td>
</tr>
<tr>
<td>&amp; space</td>
<td>Being somebody in homely place</td>
</tr>
<tr>
<td>for</td>
<td>Valued occupations that give healthy substance to everyday life</td>
</tr>
</tbody>
</table>

Discussion
The study explored the meanings, values and experiences of the meals in the living units that constitute one of the future concepts for nursing homes in Denmark. This new way of organising one aspect of elderly care, providing accommodation in small units that encourage involvement in everyday occupations, shapes the possibilities for experiencing a homely place and for being part of everyday life. The way meals were organised influenced the meanings of meals for the residents. The physical environment and having their own kitchen and dining room made it possible to prepare meals in the unit and for the residents to participate in normal, everyday activities. The organisation of the staff, where only a few staff members were involved in all activities in the unit, created intimacy, flexibility and ease of management. The philosophy of the unit, where older people are intended to participate in everyday activities, facilitated valued actions and a living community.

The fact that meals created a homely place by involving the elderly residents in talking about and arranging everyday life was found to contribute to the goals of the community. These goals included changing nursing homes into living units. There were intentions involving manageability, facilitation of contact (ECO) and the creation of homelike environments (Fyns Stiftstidende, 2001).

The present study has generated insights into the meaning of meals at this kind of living unit while also revealing aspects of meals as human occupations. The way meals were organised in the unit was found to have a major influence on the unit making it a homely place. Similar but
different “places” have been identified in other studies (Hasselkus, 1998; Josephsson, 1994; Rowles, 1999; Steward, 2000). Hasselkus uses the concept “occupational places”, places that are created during engagement in occupations, promoted by the meeting of minds and the promotion of well-being. Another concept used is being in place (Rowles) where the themes are time-space rhythms of taken-for-granted behaviour, the significance of the surveillance zone and environment as a component of self. In this study, the place was shaped by the social interaction, shared everyday events and a homely atmosphere. Staff members did not create the place as in the study by Hasselkus nor was it created by having elderly people in the same place over a long time (Rowles). Rather the everyday occupations of preparing and consuming meals according to the philosophy of the unit created a shared place.

In the place created there is a dialectic between the self and the others. It is a place that creates the possibility for the individual to be somebody and to be oneself by being able to make choices and have a say, and by retaining former roles. These findings relate to theoretical concepts like autonomy, which is identified as having three features relating to being able to make choices: autonomy of thoughts, which means thinking for oneself, having preferences and making decisions; autonomy of wills, which means having the freedom to decide to do or not to do something; and autonomy of actions, which means having the capacity to act when wanting to and deciding to (Creek, 1998).

The way meals were arranged in the units mostly enabled the first two features. In general, the residents had autonomy of thoughts and will and could either participate or not. However, in some cases the staff members did not involve them in decision making. This was due to staff attitudes or to a lack of time. Autonomy of actions was limited by residents’ frailty but the environment and most of the staff members encouraged it. Being able to make choices gives individuals a sense of control in life, which seems to partially determine quality of life (Creek, 1998).

Further support for some of the results comes from studies from other countries that have examined different aspects of the meal for elderly people living in their own homes. Participation in meal-centred occupations is addressed in two other studies (Bundgaard & Christensen, 1999; Sidenvall, Nydahl & Fjellström, 2001) which found they had value in providing physical exercise and giving older people something to do.

Being involved in and doing these activities in a specific way, as mentioned by Alma, has previously been identified to be part of women’s identity (Bundgaard & Christensen, 1999; Hocking, Wright-St Clair & Bunnrayong, 2002). This study shows that frail older people living in nursing homes experience many similar meanings to older people living at home. As they are not living “at home”, one of the most important results of this study is that the meals contribute to a feeling of being in a comfortable place where they feel at home. In the sense in which it is used here, home is understood not just as housing or a dwelling but as a feeling and a relationship, a lived experience of “being in the world” (Dovey, 1985).

Home can be seen as a place and a setting or as housing or a living space (Dovey, 1985), but it can also be presented in a more cultural and phenomenological framework where home is associated with self-expression, physical and psychological security and control, social status, permanence and continuity and cultural meaning (Dovey; Steward, 2000). Home is also a mode of being whereby we are oriented within a spatial, a temporal and a socio-cultural order that we understand (Dovey). In this study, the spatial order is represented by the homely space where the lived sense of community and valued occupations are made possible. The temporal order is represented by the routines in the unit and the socio-cultural order is represented by the feeling of solidarity between the residents and the residents and the staff, the living community, and by connecting past and present activities.

Cooking and shopping, together with eating, are some of the dimensions in many assessments used in health care. However, meals as occupations, from preparation to cleaning up, are not obvious in either research literature or clinical practice. Meals including breakfast, lunch, afternoon coffee and dinner are demonstrated to be an unexpectedly dominant scenario of everyday life in the unit, where everyday life is taken to be the life we recreate and reproduce every day (Bech-Jørgensen, 1994; Ramhoj, 1996; Ramian & Dyrholm, 1997) and the unperceived, unreflecting and taken-for-granted activities, relations and processes in life (Bech-Jørgensen; Ramian & Dyrholm). In this study, meals proved to be a major feature of both time and space.

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Limitations and Implications for Further Research

Obtaining sufficient rich data by interviewing the residents of the living unit proved to be difficult because of their frailty. Only a few could be interviewed, they answered in short sentences and it was difficult to keep them on track. Observation, however, was efficient in getting information about residents who had difficulties expressing themselves.

The predominantly positive findings might have been biased by the positive views the author holds about this way of organising care in nursing homes and by the small number of respondents. These factors and the fact that only one unit was observed limits the number and diversity of findings as well as the consistency of the meanings identified (Bogdan & Biklen, 1992). Nonetheless, the findings indicate some meanings that might be replicated in similar situations or contexts. To confirm the findings, more studies are needed in other units, with other residents and by other researchers. Another potential research direction suggested by this study is the constraints and facilitators of being involved in occupations, especially
meals, and what makes meals a space in which everyday life unfolds. Studies of this kind might generate understandings of where and how such places could be created. In addition, exploration of the meanings of meals in general, in the way that running and needlework have been explored (Primeau, 1996; Pendleton, 1996), would make a significant contribution to occupational science.

**Conclusion**

This study focused on the actual meal as an occupation and as one of the truisms of life: meals are always there and are always going on. The findings demonstrate that meals in living units are not just about the food with its symbolic and nutritional functions, but are also about eating as a social and cultural event as described in theory and empirical studies (Bælum, 1995; Elvbakken, 1995; Först, 1995; Hastrup, 1990; Hansen, 1985; Holm, 1995; Kofoed, 2000; Schroll & Hølund, 1999). Meals, both mealtimes and the activities around the meals, were found to be spaces and times for everyday life (Figure 1) and to be at the heart of life in the unit. The findings elucidate that the meanings of the meals are multiple, like the meanings of other occupations (Bonder & Martin, 2000; Hasselkus & Rosa, 1997; Jackson, 1996; Primeau, 1996; Rudman, Cook & Polataiko, 1997). This study suggests that meals in living units can be seen as an occupation that gives meaning to life for the eldest in the community.

Past focus on practice, theory and research for older people living in nursing homes has been limited. This study, hopefully, illuminates some of the possibilities for creating healthy climates and enabling older people to enhance their health and well-being through participation in occupation, whilst adding meaning and enjoyment to life.

**Acknowledgements**

The author thanks all participants, staff and the management of the nursing centre for their willingness to share their everyday life with me. The study was financially supported by the School of Occupational Therapy in Odense, Denmark.

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