

## Qualitative Investigation of Assisted Living Residents' Foodservice Experience

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### ABSTRACT

The purpose of the study was to investigate assisted living residents' perception of foodservice experience using a qualitative approach. A total of 14 residents who lived in assisted living units of a continuing care retirement community participated in interview sessions. The interviews were semi-structured with open-ended questions. The interviews were transcribed and coded to identify themes from the responses. The residents perceived the availability of choices, variety of foods, and service positively, but expressed concerns about food preparation, food quality, and repetitive menus. They were particularly concerned with tough and dry meats. The foodservice department should consider the older residents' ability to chew and their changing taste buds when determining quality of food purchased and preparation methods. The residents considered the service pleasing and described it as satisfactory. They stated that the service staff was friendly but needed more training in proper service techniques. Communication between the foodservice department and the residents was an area to be improved. The foodservice department should increase the residents' involvement in the menu planning and evaluation of the foodservice on a routine basis. Foodservice managers and dietitians working for the older adults can utilize the findings of the study to identify strategies to improve foodservice at their facilities. (*J Community Nutrition* 6(1) : 42~47, 2004)

**KEY WORDS** : older adults · foodservice · assisted living · interviews.

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### Introduction

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In the United States (US), the population segment 65 years of age or older was estimated to be 35 million in 2000 or 13% of the total population (Administration on Aging [AOA] 2000). The older population is expected to double in the next 30 years, composing 20% of the total population as the baby boom cohorts reach the age of 65. The growth of the older population has provided both opportunities and challenges for policy makers, families, businesses, and health-care providers. Issues concerning the elderly population include an increase in the number of persons requiring special services, such as healthcare, nutrition, recreation, and housing. The impacts of the increasing number of the elderly on social

institutions such as education and family, business, and government must be addressed (National Aging Information Center 1996).

The American older population is getting diverse in terms of ethnic composition, health and economic status, and education levels. Many older adults have more economic security and greater opportunities for leisure, second careers, and community service than the previous generations. As life expectancy is increasing, the oldest old, defined as those aged 85 and over, are the most rapidly growing age group. Most older adults are independent. However, they may need different levels of care during their lives since they live longer (Economics and Statistics Administration 1995). Over the next 50 years, programs and services targeting older adults are expected to become flexible to meet the diverse demands of the population (AOA 2000). Older Americans and their caregivers want choices in living situations and health-related services to optimize independence, productivity, and quality of life (American Dietetic Association [ADA] 2000).

Long-term care service in the US includes not only foster

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care, assisted living, retirement communities, and nursing homes, but also home health care, adult day care, and transportation services for older adults (National Institute of Aging 1996). Federal and state agencies have encouraged home- and community-based options due to the high costs of health and nursing facilities. Moreover, the elderly want to maintain their independence and stay actively involved within the communities (ADA 2000). Private residences, assisted living facilities, adult day care, continuing care retirement communities, and group housing are the services that enable older people to stay active and connected with family, friends, and neighbors (ADA 2000 ; NIA 1996). Assisted living facilities are becoming a popular long-term care option for the elderly. The number of the assisted living properties increased by 49.9% from 1991 to 1999. At the same time period the number of skilled nursing facilities increased by 22.2% (National Investment Center 2000).

Typical services provided by assisted living facilities include meals, assistance with medications and daily living activities such as bathing and dressing, housekeeping, laundry, transportation, and shopping. The philosophy of assisted living care is "to maximize residents' dignity, autonomy, privacy, independence, choice" and provide a homelike environment so that they can remain as independent as possible and age in place with a high quality of life (Mihalko et al. 2003 ; Wright 2001).

Foodservice at the assisted living facilities is one of the fastest growing segments in the foodservice industry (Sullivan 1999). Food plays an important role in improving quality of life of the older adults due to its social, psychological, and nutritional effects (ADA 2000 ; Kerschner, Pegues 1998 ; Peters, Rappoport 1988). Older adults' food intake and nutrition in institutions are influenced by various factors such as menu design, production and delivery of food, nutritional and sensory quality, and service in a favorable dining environment (Paquet et al. 2003). In addition to good nutrition, foodservice at the assisted living facilities provides social interaction opportunities for the residents. Mealtime is viewed as a social focus for the residents ("Exclusive FSD interview" 1999 ; Fitzgerald 1999 ; Sheridan 2002 ; Sullivan 1999). From the administrator's perspective, foodservice has been considered as a driver of satisfaction and competitive marketing tool in the industry (Riell 2000 ; Watkins 1998).

Despite the importance of foodservice both for the residents' quality of life and for marketing, limited information

on foodservice at assisted living facilities is available. Most research on the foodservice at the long-term care facilities employed indirect approaches such as plate waste measurement and employee surveys (Giampaoli, Khanna 2000 ; Gilmore, Russell 1991). The purpose of the project was to investigate assisted living residents' perception of foodservice and dining experience using a qualitative approach.

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## Subjects and Methods

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Considering physical conditions of the assisted living residents, an individual interview technique, one of the qualitative research methods, was selected for the study. Interviews are defined as "planned interaction in which one person systematically obtains information from one or more other people via questioning and discussion" (Shepherd, Achterberg 2003, p.130). Individual interviews have been used in various dietetics research projects.

A continuing care retirement community that offered independent living, assisted living, and skilled nursing options on one campus agreed to participate in the project. The community was located in a Midwestern state in the US. The assisted living facility has its own kitchen and dining room. However, limited food preparation was done on premises ; most foods were prepared at a central kitchen of the community and delivered to the kitchen of the assisted living facility prior to mealtimes.

Staff at the assisted living facility recruited participants and scheduled interviews with the residents. A total of 15 assisted living residents agreed to participate in the interviews. Interviews were semi-structured with open-ended questions. The interview questions included residents' foodservice experience at the facility, quality of foods served, food preference and menu planning, concerns related to meals and health, service quality and staff, and meal service time and service environment.

An interviewer visited each resident's apartment and conducted an interview. Each interview took approximately 40 – 50 minutes. During the introduction of the interview sessions, the residents were informed of the purpose of the study and their rights as participants. The residents signed two copies of an informed consent form ; the residents and the research team retained one copy each. The approval for the project was obtained from the Institutional Review Board of Kansas State University and the management of

the facility.

With participants' consents, interviewers recorded the discussion and other information that would help interpreting the discussion such as the time interviews were conducted, demographic information, and diet restrictions. The interview contents were typed and coded to identify themes from the participants' responses.

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## Results and Discussion

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### 1. Participants' characteristics

A total of 15 residents participated in the interviews. Since one resident did not want to continue the interview due to her health conditions, 14 interviews were completed. More female residents (12) participated than males (2). The residents' ages ranged from 78 to 100 years, with an average of 87.9. They had resided at the assisted living units for an average of 19 months (Range : 8 – 36 months). Seven residents had lived in the independent living units in the same continuing care retirement community prior to moving into the assisted living units. Three residents indicated they had some kinds of diet restrictions.

### 2. Positive experiences with foodservice

All the residents except one liked some aspects of the meal service provided at the facility. One resident was extremely negative about the food and service. When asked about positive aspects of foodservice, the residents identified the dining room environment and some specific menu items they liked. The residents also mentioned the availability of choices as one of the best parts of the foodservice. They liked being offered choices, especially, for entrees, beverages, ice creams, and portion sizes. For example, when BBQ chicken was served, the residents could select between dark and white meats. One resident said she liked being able to let wait staff know the portion size for her salad.

The residents considered service pleasing and described it as satisfactory. They stated that the service staff was friendly. The residents liked the fact that "they [staff] are all trying hard with what they have to do." Some residents enjoyed fellowship around the table. Since the residents could change their seats, mealtimes provided a good opportunity for them to socialize with other residents. One resident indicated that even though she liked socializing with others in the dining room, her ability to do so was limited because she used a

wheelchair and it was hard to move to different tables.

### 3. Evaluation of foods

Overall the residents thought that they had a good variety of foods. However, they wanted better variety of some vegetables, potatoes, and fresh fruits. While four residents considered the quality of foods as fair, the other residents expressed concerns about it. The residents mentioned frequent uses of "low-grade" margarine and frozen green beans. They also expressed concerns about the quality of meat. The residents said meats were too tough and dry to cut with a knife or chew. One resident said, "Some don't have good teeth. They need to take care of that." The residents thought that the foodservice department was purchasing poor quality meats and/or overcooking the meats. It was suggested that administration should monitor the quality of meat purchased and preparation methods and evaluate the quality of meat served.

Another concern was related to food preparation. Some of the examples were overcooked vegetables and potatoes, lack of variety of lettuce in green salads, overcooked/burnt pastries, tough pancakes, thin cream of wheat, tough toast, and over-done BBQ. Seasoning was another problem. The residents stated that sometimes foods were too salty, especially soups, while at other times foods had no seasoning at all. Vegetables that were not seasoned properly were mentioned frequently. For example, one said, "...Vegetables are not seasoned, so I have to add butter to add taste... [I] don't understand why they don't season vegetables..." The residents wanted to season vegetables at the table with table salt and pepper.

Six residents indicated a need for more consistent portion control and food quality. One said, "Some day it [food quality] is pretty good. Some days it's almost inedible." The residents thought the menus were too repetitive. The residents recognized the availability of choices, but did not like the same choices repeated too frequently. For example, one resident commented, "We have a lot of rice. Rice is all right, but a little bit over done..." The residents with diet restrictions did not believe that they had enough choices. While cold foods were served cold, hot foods were not always served at appropriate temperatures. Presentation of foods was evaluated very positively.

The residents did not like unfamiliar menu names, such as Scandinavian vegetables, Swiss Sandwich, or Almandine.

They wanted the foodservice department to use more simple terms that they could understand and that were more descriptive of the items. The residents expressed a concern that it took too much time for servers to explain the menu items at each table since some of them had hearing problems. It also slowed service time. Others expected the servers to be knowledgeable about what the items contained.

#### 4. Residents' food preferences

The residents were requested to identify their favorite foods, items that they would like to be served more often, and items that they would like to be removed from the menu. Results of the food preferences are summarized in Table 1. Since food preference varied significantly, only a few items were identified by multiple individuals. Vegetables, fruits, chicken, shrimp, and salad were the most popular items. Vegetables and fruits also were the items that the residents wanted to have more often on menus. Some residents liked fried items such as fried potatoes and fried chicken, but they also recognized they should limit fried foods. Two residents indicated that they would like to have more bread items made "from scratch" rather than commercially prepared bakery items.

The residents were less interested in what was on the menu, but were more interested in the quality of food served and how it was prepared. They also wanted to have what was on menu to be served. The foodservice department provided a one-week menu for the residents. However, some menu items were replaced with others without notice. The foodservice department should follow the menus since the residents sometimes invite guests depending on the menus. There should be sufficient quantity of all menu items so that the last table served can have their choices of menu items.

The foods the residents suggested be removed from the menu are listed in Table 2. The residents did not like those items mostly because they were served too frequently (chicken and broccoli) or were not prepared properly (tough meat, mashed potatoes with gravy, slaw, brownie, etc.). Seven residents were interested in low fat options, but four thought it was unnecessary. Two residents wanted to have low sodium options.

#### 5. Evaluation of service

Overall, the residents were satisfied with service and service staff. The residents perceived that the servers were friendly, polite, and attentive. The residents considered the servers'

**Table 1.** Residents' food preferences (n = 14)

Menu items	Favorite items (Frequency)	Items to serve more often (Frequency)
Entree		
Chicken (including BBQ)	5	1
Shrimp	3	2
Meat	2 <sup>a</sup>	2 <sup>b</sup>
Pork	2	1 <sup>c</sup>
Beef	1	1 <sup>d</sup>
Ham	1	2 <sup>b</sup>
Steak	1	1
Fish	1	1
Scampi	1	
Pizza	1	
Lasagna	1	1
Grill cheese sandwich	1	
Hot cereal	1	
Bacon and toast	1	
Chicken noodles		1
Meat loaf		1
Vegetables/ Salad/Fruits		
Vegetables	6	3 <sup>f</sup>
Fruits	5	4
Salad/Green salad	3	
Broccoli salad		1
Shrimp salad		1
Mashed potato and gravy	1	
Fresh fried potatoes		1
Soup	1	1
Bread/Desserts		
Bread		1 <sup>g</sup>
Ice cream	2	1
Coconut cream pie	1	
Pecan pie	1	

Note: The residents could select more than one choice.

<sup>a</sup>Meat without coating (1)

<sup>b</sup>Well prepared meat (1)/ground meat (1)

<sup>c</sup>Baked pork

<sup>d</sup>BBQ beef

<sup>e</sup>Hams are easy to cut (1)

<sup>f</sup>Well prepared (1), good seasoned (1), not overcooked (1)

<sup>g</sup>Fresh baked bread

uniform clean and neat. Some residents liked that the servers used gloves and wore nametags on their uniforms. However, they thought the service staff needed more training in proper service techniques (e.g., not reaching over customers, setting tables, not holding glasses). The service staff at the assisted

**Table 2.** Items the residents do not want to have on menu (n=14)

Menu items	Frequency
Meats	4 <sup>a</sup>
Frog eye salad	3
Brownie	2
Fish	2
Chicken	1 <sup>b</sup>
Spaghetti and macaroni	1
Chinese food	1
Slaw	1 <sup>c</sup>
Mashed potato and gravy	1 <sup>d</sup>
Soup with tomato	1
Cooked tomatoes	1
Bread	1 <sup>e</sup>
Guacamole	1
Apple salad	1

Note : The residents could select more than one choice.

<sup>a</sup>Tough meats/meat balls

<sup>b</sup>Too frequently/1 – 2 times a week would be fine.

<sup>c</sup>Not tasty

<sup>d</sup>Not cooked well

<sup>e</sup>Purchased/not baked on premise

living facility were responsible for multiple tasks including foodservice and assistance with medication and other daily activities.

Slow service was a problem in the dining room. The residents experienced slow and delayed service. Sometimes, the service staff did not bring what they were supposed to from the main kitchen, which contributed to service delay, or food delivery was delayed from the kitchen. Service speed depended on the servers-how efficient each server was. For example, one day dinner service began at 6 : 00 pm and entrees were served at 6 : 20 pm. Another day, entrees were served at 7 : 10 pm. It was suggested that placing silverware and water on table before mealtimes could reduce the service time. The residents believed that slow service was due to poor staffing. The dining room was not staffed with enough servers.

One resident suggested that the servers should rotate service order around the tables since the last table always had cold food or choices were not available since they ran out. Personalized service was perceived positively. One resident appreciated that the service staff brought food to her apartment when she could not go to the dining room. The residents liked the fact that the servers accommodated the residents who had appointments after mealtimes. Setting one table for residents with early meetings or appointments was suggested

so that the residents and servers would not have to rush.

### 6. Meal service time

The residents liked the current mealtimes : breakfast at 8 : 00 am, lunch at 12 : 00 pm, and supper at 6 : 00 pm. Many residents usually went to the dining room 10–15 minutes early. The residents were more concerned that meals were not always served on time than the mealtime schedules. They wanted the servers to explain why foods were late when they had to wait too long for the food to be served.

### 7. Dining room environment

Most residents perceived that the dining room was clean and convenient. However, the biggest concern was the amount of space. Since many residents used walkers or wheelchairs, it was not easy for the residents to move around in the dining room. Although they understood the space problem could not be solved overnight, they requested more space for walkers and residents who used wheelchairs.

### 8. Dietary/Kitchen's responses to residents' requests

Overall, most residents were satisfied with dietary/kitchen's response to their requests. Even though all of their complaints were not reflected, the residents liked that the foodservice department and staff tried to correct them. They thought that for the most part the staff took suggestions into consideration and tried to correct/improve foodservice. The foodservice department corrected problems quickly by taking plates back or bringing something or another choice to the residents. However, a few residents did not believe the foodservice or administrators were really interested in learning about their concerns because nothing had changed even after they complained. One resident said, "...I told a nurse. She said she would put it on the list, but I don't know she had a list or not..."

## Summary and Conclusions

The purpose of this project was to investigate the assisted living residents' perception of foodservice by employing a semi-structured interview technique. Overall, the residents had positive perceptions of the foodservice. They perceived availability of choices, variety of foods, and service positively, but indicated improvements were needed in maintaining consistency of meals and food quality. Food quality and preparation methods were the residents' greatest concerns. The

residents were particularly concerned with tough and dry meats. The foodservice department should consider the older residents' ability to chew meats and their changing taste buds when determining the quality of meat purchased and preparation methods. The residents identified their favorite foods. Many residents liked most of the foods on menus, but did not like too repetitive menus. The foodservice department should increase the residents' involvement in the menu planning and evaluation of the foodservice on a routine basis.

The residents perceived the service as pleasant and satisfactory. They enjoyed the interaction with the service staff and other residents in the dining room. However, the service staff has limited training and skills in foodservice since they are in charge of multiple tasks. Slow and delayed service was another concern. The residents perceived that the dining room was clean and neat, but not easy to move around due to residents' walkers and wheelchairs.

Communication between the foodservice department and the residents could be improved. Most residents noted that the foodservice department was responsive to their requests and was trying to improve the foodservice. However, the residents wanted to know what the foodservice department had done with their requests. Many expressed desires for foodservice managers and administrator to use the results of these interviews to make improvements.

The interviews revealed challenges in serving older adults at assisted living facilities and provided ideas on solving specific problems. Understanding residents' expectations for food and service will be essential to meet the challenges of designing and managing foodservice for the assisted living residents. Foodservice managers and dietitians working for the older adults also should focus their efforts on service improvement and staff training for future success ("Exclusive FSD interview" 1999 ; Friedland 2000).

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