

Mealtime Companions - An Untapped Resource in the Provision of Food and Nutritional Care to Hospitalised Adult Inpatients: Findings from an Action Research Study by G.

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Volunteers play a vital role in contributing to patients' clinical wellbeing, overall experience of care, and relieve pressure on healthcare staff to prioritise clinical care (1). At the same time, volunteers have reported the positive impact of volunteering in their own lives (2). There is increasing attention towards providing high impact volunteering opportunities without replacing paid healthcare staff to deliver the most significant difference to patients and carers and address key priority areas that matter to staff and the hospital. One of such roles is that of the mealtime companion (MC), recruited and trained to support patients requiring mealtime assistance particularly, older adult inpatients (>65 years) with or at risk of malnutrition (undernutrition). Mealtime assistance is not often prioritised in busy clinical settings (3), and inadequacies have been associated with ward staff's competing clinical tasks and time constraints (4). Given the potential of willing volunteers in the NHS, hospitals are challenged to effectively maximise volunteers' time to support patients.

This abstract draws on findings from an action research (AR) study. The aim was to identify and prioritise areas for improvement relating to food and nutritional care informed by exploring contextual challenges and service users' (patients, relatives) perspectives. Conducted in an acute NHS hospital in England, the study was undertaken through the collaborative efforts of an 18-member multidisciplinary AR team (clinical and non-clinical members as co-researchers). Data were gathered through AR team meetings (n=6, over 11 months), service users' narratives of care (n=8), the researcher's journal and existing hospital audit data. Data analysis occurred concurrently through dialogue as the AR process progressed which facilitated collective data interpretation, co-creation of knowledge and shared learning and informed the actions taken.

Findings revealed that although MCs are perceived as valuable, they were an untapped resource in the hospital. Interestingly, older adults' acute wards were not utilising this service to its full potential despite ongoing recruitment and training by the volunteer's department and the dietetic team. Mealtime companions were also not often embedded as part of the ward team, and the working relationship between ward staff and MCs needed to be strengthened. In response, the AR team decided that the change actions would prioritise facilitating patients' meal intake, and mealtime companions played a central role. For the next phase of the project, three action groups were set up with representative members from the AR team and staff from participating wards to lead the change initiative in two wards. One provides longer-stay and the other shorter-stay acute care for older adult inpatients. The action groups set out to work with clinical leads and ward staff to strategically embed mealtime companions as part of the ward teams. This study highlights the importance of maximising this existing service as a significant resource to support patients' nutritional care. However, as a way forward to inform practice, addressing the gap between recruitment, training and appropriately embedding mealtime companions as part of the ward team valued by all ward staff is crucial for sustaining their contribution to patient mealtime support.

References

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