COMMUNAL DINING

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A patient's apathy toward feeding himself is frequently seen and follows a pattern. This indifference is more pronounced where the resident eats in his own bed, or alone at the bedside, off a tray, without social interaction. The resident begins to toy with food, eating less and less. When this persists the nurse gives help in order to get a sufficient caloric intake. This of course does not improve the situation; the resident hasn't the appetite, is too weak, or enjoys the attention of the nurse too much to make the effort. He now finds himself in the downward spiral toward total dependency -- that of being fed.

Since this indifference to eating is so time-consuming, the nurse resorts to minced food and fina lly to osterized food. The resident has now reached a low ebb with the loss of dignity and worth. This usually completes the picture of total regression.

The road back to self-feeding is a difficult one because pride and self-esteem must first be restored. This must be handled delicately and with tact. A habit has to be broken. You begin by setting small goals which can be reached, so as not to discourage a person who already is extremely apathetic. Once this patient starts accepting the change in routine, you can begin introducing him to fellow diners and the dining room.

This indifference pertains to other activities of daily living as well as eating. You can't divorce eating from these because the whole picture has to improve. We know of one resident who was extremely reluctant to leave her room and refused to eat in the dining room. Tactfully and with patience, she was introduced to crafts. One day, 6 months later, after a busy afternoon of work and socializing, she demanded her rights to eat at the table with the rest of the ladies.

If possible, two or three subdivisions should be considered in the dining area; this can be achieved by shoulder high moveable screens or larger separation between tables. Reason: The eating habits or ability of the patients vary and cause some patients to be ill at ease in the presence of less able eaters.

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It is well to precede mealtime with brief entertainment, so as to set the mood for sociability. Grace is said by a resident and a short lesson is read. Low background music is also conducive to improve the atmosphere. In spite of this careful handling you will find some residents are confused with this change, but they do adjust under the guidance of a helpful nurse.

The first attempts at feeding can be just as painful as they were long ago, but just as rewarding. The residents slowly graduate to a higher level, step by step. Plates are introduced with minced, then solid food, which is eaten with knife and fork. Patience is required during the relearning stage. Here mealtime is a special event. Tables are attractively set, and a gracious dining room atmosphere prevails. Much has been gained in this interval, mentally and, of course, physically as well.

Results speak for themselves, as evidenced in our extended care hospital: - In August 1967, 30% were completely fed by staff, in May 1968, 14%, and in July 1968, 11%.