

POSTER SESSION 3

Shared Dining as a powerful tool to promote independent life in nursing homes

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Purpose We have developed a new collection of food experiences named Shared Dining, which consists of specially designed dining space and various component technologies to stimulate collaboration in a community. A ten-day trial in a supermarket community space revealed that Shared Dining promoted the sharing of information, utensils, food, and emotions among participants (Kusaka et al., 2019). As the next step of our research, in this paper, we discuss the application of Shared Dining to nursing homes in order to explore a person-centred and community-based approach as an effective means through which to support. **Method** Our company runs over 320 nursing homes. Data on good caregiving practices, especially food-related practices, such as cooking, eating, and harvesting, were collected from our nursing homes. Their success criteria were considered based on informal behavioural observation and interviews with residents and professional caregivers, and unstructured interviews with professional caregivers during routine visits made to the nursing homes by our research team. **Results and Discussion** Residents, prior to moving in to nursing homes, were not able to cook due to physical and/or cognitive decline. In some cases, their families were concerned about accidents in the kitchen and prohibited them from cooking in their own homes. At nursing homes, in contrast, professional caregivers assisted residents as appropriate, such that they enjoyed and became more active through cooking. In fact, many residents remembered recipes and cooking methods well and experienced no difficulties, even with cooking requiring the use of knives. It was frequently observed that residents assisted each other with cooking tasks, such that each resident did what they were good at. Successful cooking and hosting brought satisfaction to the residents. The residents were frequently more expressive of emotion whilst cooking and sharing meals, as these activities elicited food-related memories in the residents. In some cases, negative emotions were also observed. For example, residents would have heated discussions if they disagreed with one another about recipes and/or cooking methods. Such effects seemed to be stronger in a group rather than one-on-one relationships. Conventionally, professional caregivers in Japanese nursing homes provide as much assistance to the residents as possible to ensure their safety and security. However, this degree of aid can lead to the physical and/or cognitive decline of residents. Behavioural observation and interviews indicated the importance of understanding residents' individual wants, needs, and activities of daily living (ADLs), as well as supporting their independent daily lives. Supporting and enabling residents to perform their daily tasks, rather than completing these for them, achieved these aims more effectively. Nursing homes serve as safe environments, supporting residents' independent social and community engagement so that their quality of life is improved. Residents' cooking what they want to eat and enjoy discussing, as well as serving meals to other residents, assists them to lead "normal" lives, even in nursing homes. As a consequence of our observations with regard to cooking activities, we believe that Shared Dining demonstrates the potential to promote social interaction among older adults to enable their independent living. This effect is also anticipated for residents of nursing homes. Appealingly constructed Shared Dining gathers residents who then gather other residents. This is likely to promote social interaction among residents, possibly reducing the support required from professional caregivers. However, we intend to verify the effect of Shared Dining in nursing homes further.

References

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