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HOSPITAL MEALS

Inpatient's experiences about having meals in hospital

Thesis

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## ABSTRACT

KEMI-TORNIO UNIVERSITY OF APPLIED SCIENCES

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### HOSPITAL MEALS

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Keywords: Inpatient, meal amount, eating time, assistance, eating environment

Having meals in hospital is a vital part of nursing care for hospitalized patients besides other medical treatments. The inpatient's opinions about having meal in hospital should be put into consideration.

The purpose of our research was to find out and present inpatients' points of view about having meals in the hospital during their stay. The main goal of this research was to help nurses and other hospital staff to be aware of how the inpatients feel while eating food, during mealtimes and the results can help improve their services if needed to make inpatients feel better when eating in hospital.

Questionnaire was used as our data collection method for this research. The questionnaires were sent to sixty inpatients in medical, surgical and gynecological units of Kemi City Central Hospital and fifty copies were collected back. Microsoft Excel and SPSS programme were used as a descriptive statistics technique to analyse the data, which are presented in charts.

Our research study shows that majority of the inpatients were satisfied about eating meals in hospital. Quite a few patients complained that breakfast and lunch were delivered too late. Majority of the patients did not need feeding assistance, but some patients from surgical unit needed assistance. On the other hand, environmental factors, such as smell of feces and loud sound from televisions affected patients' mood while eating. Nurses delivering tablets, IV medications and taken blood samples during meals time interrupted the patients most often.

Conclusively the inpatients' expectation about meal amount, time to deliver meal, assistance from nurses and environment for eating are generally satisfied, however interruption from nursing staff could be avoided to create a clean and peaceful environment for them to eat.

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## 1 INTRODUCTION

A great many of previous articles and literatures relating to hospital food and patients have been carried out by researchers and we as nursing students are extremely influenced by the results from former researchers. Dickinson, Welch and Ager (2008) pointed out that mortality, morbidity and risk of infection increase and moreover patient's quality of life decrease due to poor nutrition in hospital. Additionally, some patients did not have a pleasant mealtime because unpleasant eating environment negatively affect their appetites which made them experienced starving during hospitalization. That is why we were motivated to do this research and decided to find out what are inpatient's opinions about having meals in hospital. The term 'inpatient' in our research work refers to hospitalized people aged above eighteen years old from medical, surgical and gynecological wards. Meals in our thesis work means the food patients consumed during the day, which includes breakfast, lunch and dinner.

Since 1859 Nightingale had already highlighted that diet plays an essential role in patient's recovery from illness (Nightingale 1859, 36-44). As far as we concerned that having meals in hospital is a vital part of nursing care for hospitalized patients besides other medical treatments. And we believe that good nutrition helps to speed up inpatient's ailment recovery. However, eating is not just a necessity, it becomes more crucial and provides a significant element of comfort during patients' hospitalization, because once people become sick, their organs can not work as well as before.

Having meals in hospital setting is different from any other places for instance home and restaurant. Inpatients may not have enough portion or types of dishes as they wish, they may not take food at the same time as usual; they may not sit in their favorite chair and familiar environment when eating in hospital setting. These changes can probably affect people's appetite.

The purpose of our research was to find out and present inpatients' points of view about having meals in the hospital during their stay. The main goal of this research was to help nurses and other hospital staff to be aware of how the inpatients experience and feel while eating food during mealtimes and when they know the result, they can improve their services if needed to make inpatients feel better when eating in hospital.

We were hoping that we could make patients' voices and opinions to be heard so that nurses and other hospital staff could realise and know how to improve any lacking aspects that needed immediate adjustment because meals are one of the important aspects needed for patient's recovery.

## 2 NUTRITION IN HOSPITAL

### 2.1 Nutrition

Nutrition according to Janet Sass (2003) was defined as the science of food, the nutrients in foods and how the body uses those nutrients. Ingestion, digestion, absorption, metabolism, transport, storage and excretion of those nutrients are the process. More so, the environmental, psychological and behavioral aspects of food and eating are included in the process. The six classes of nutrients which the body needs to stay healthy are carbohydrates, fats, protein, vitamins, minerals and water.

A balanced diet basically contains sufficient proportions of carbohydrates, fat which are main sources of energy and protein which is a structural component of all body cells, along with other essential nutrients such as a variety of amino acid, fatty acid, vitamins and minerals which are all health-promoting substance recommended for daily meals in order to achieve or maintain a good state of health. In addition to that, nonessential food components are also important and necessary for maintenance of health for instance dietary fiber and

photochemical.

Eating well is especially important during illness to help the body recover and regain health. When people are ill, their need for certain nutrients is even greater to help them keep alive, fight infections and replace the nutrients lost through illness. Usually the immune system of human body plays an important role in protecting body from diseases and sickness, however once people become sick, it is an indication that there is some deficient in their diet and nutrition plan. Therefore the diet and nutrition should be planned and taken in a way that it boosts the immune system and at the same time provides people with energy. (Kavita, 2010). For example the best food for people after surgery should contain sufficient vitamins protein and minerals, which can decrease the risk of infection and accelerate healing. Patients with muscle problem are supposed to have more carbohydrate since it is the main source of energy for human's brain and it prevents muscle from being broken down. Fiber in whole grains, beans, vegetable and fruit is beneficial for people who suffer constipation. (Fong, 2011)

In Finland, there are national hospital meal recommendations, which are strictly adhered to and suitable to speed up the recovery of inpatients in every different situation and ward (Keski-Suomen Sairanhoitopiiri 2011). According to Finnish nutrition recommendations (2005), the nutrition recommendations were aimed to improve the diet of Finnish people and public health. Therefore the recommendations (2005) stated that there should be balanced nutrients intake, fatty food, salty and sugary foods should be moderately consumed, and vegetables fruit, whole grain cereal products can be increased in the daily meals. More so, the Finnish national recommendations about hospital meals recommended that bread, margarine, cheese, vegetables, porridge, dairy products (milk, buttermilk or yoghurt), juice, coffee or tea must be included in the breakfast, the lunch meals must include salad, bread and butter, drinks and dessert, dinner must include soups and casseroles, bread and butter, drinks, dessert.

Nevertheless, snacks must be served after lunch, which must include coffee or tea for adult, pastry for children, and / or various grain products, fruit, vegetables, dairy products, however it

was recommended that cold evening meals should also be served after dinner, which must include bread, butter or margarine, cheese or cold meat cuts, vegetables or fruit, tea. However, patients on special diets may have different meals from the other normally served meals, for instance diabetic and heart patients. (Keski- Suomen Sairanhoitopiiri 2011.)

## 2.2 Malnutrition

Malnutrition is a common problem among patients in hospitals all over the world, and there is still a high percentage of current hospitalized patients who are either malnourished or at risk of malnutrition (Braga & Hunt & Pope & Molaison 2006, 281). Malnutrition can be described as a consequence of an imbalance between nutritional needs and nutrition intake, and it can be caused by many aspects including medical, social and environmental factors (Bachrach-Lindstrom & Jensen & Lundin & Christensson 2007, 2008). Malnutrition without detection and treatment is found to be harmful to the quality of people's life (Visvannathan 2003) and can contribute to other bad consequences such as longer hospital stays, increased complication rates, mortality as well as increased costs. Therefore it is extremely important and vital for the patients to have enough food and enough nutrients from the food. In order to diminish malnutrition among patients, detection of the patient at risk and the implementation of sufficient preventive strategies by nursing staff become very essential (Bachrach-Lindstrom et. al. 2007, 2008).

The elderly people are more vulnerable and at high risk to experience or develop malnutrition because of aging process and a variety of factors, including swallowing and chewing difficulties, comorbidities and polypharmacy (Pauly & Stehle & Volkert 2007). Additionally, pregnant women are prone to malnutrition and this is usually developed as a result of poor pregnancy consequences. A pregnant woman can be malnourished due to their strange and huge appetite and severe morning sickness which could affect their appetite and eating habits. Pregnant women are more susceptible to have digestive tract dysfunction, and this may become

severe and caused them to be malnourished due to problems with the absorption of nutrients into the body. A pregnant woman has to eat a well balanced diet in order to support the growth of the fetus as well as her own health. (Roth 2011.)

Having meals is important in everyday life as it provide people the nutrients which body needs in order to keep it function well. From our point of view, if the early assessment or recognition of malnutrition can be done by nursing staff in hospital, the possibility of developing malnutrition could be reduced. There are a variety of measurements which can be applied to assess patient's nutrition status. Malnutrition Screening Tool (MST) was launched in Britain 2003. The advantage of this tool is its university, which means it can be used to many client groups and in lots of health care setting by different care givers (Goldfrey, 2004). Subjective Global Assessment (SGA) is an easy and well-validated tool for malnutrition screening which is determined by medical history on seven items and clinical findings on four items (Mohandas & Shirodkar 2005, 246-250). Mini Nutrition Assessment (MNA), which is one of the best tools used to assess nutritional status for older adults by asking 18 questions from anthropometric, general, dietary and subjective perspective (Isenring et al. 2009, Adams et al. 2008). In Finland nowadays, its own malnutrition risk screening form NRS 2002-menetelmä is used to assess inpatients' condition on admission day. (Attachment 1)

All health care providers or professionals are supposed to be aware of the nutrition needs of patients and also know the importance of nutrition in maintaining optimum health, especially ward nurses as they are mostly contact close with patients and have opportunity to apply measures to screen for and prevent malnutrition( O'Regan 2009, 35-41). However some researchers found that the health care professionals do not have much knowledge concerning nutrition and weight management and they can be unsure about how to give advice (Hankey & Eley & Leslie & Hunter & Lean 2004, 337-343).



### 2.3 Factors that affect eating in hospital

In previous research, most patients were satisfied with the quality of the meals from a general point of view, which basically met their expectations ( Naithani , Whelan , Thomas , Gulliford & Morgan 2008. 294-303). The results showed that patients who considered hospital food fine and alright were more concerned about their treatment so they did not have high expectations. However, those who were dissatisfied regarded food as unhealthy for instance fried food, not cooked to their personal taste, not served attractively or not smelling appetizing. However some problems still existed, which brings uncomfortable feeling during their hospitalization.

The amount or the portion size of the meal consumed has a significant impact on nutrients intake, and overall energy intake (Rolls & Roe & Meengs 2007, 1535-1543). A few patients in hospital are experiencing starving because they may dislike the food or they may not be given enough food to eat (Burke, 1997). Certain amount of patients reported feeling hungry during their stay, which makes it difficult for them to rest, however elderly people regarded even the standard meal size as too large particularly during the time of inactivity (Naithani et.al 2008. 294-303). Small portion of the food does not adequately meet some patients' need, which causes patients go hungry, whereas too much food on the plate can cause unnecessary waste. This problem can be solved by allowing patients to choose the size of portion they want (Burke, 1997).

Sometimes patients have eating disorder or feel physical discomfort. In this kind of situation, different interventions can be done in order to improve their appetite, for instance offering small portion so as to encourage the anorexic patient or serving familiar food that the patient likes (Berman & Snyder 2011, 1281).

Having meals in hospital setting is different from any other places for instance home and restaurant. There are certain rules for hospital food services system so that patients may not choose at what time they would like to have meals. More than 33% of patients had statement that breakfast and dinner were served too early which were not consistent with their normal habits, especially the evening meal, because most patients regard the evening meal as the main meal. A few patients experienced hunger before going sleep due to the early service of meal in the evening (Naithani et. al. 2008, 294-303). There are many benefits when choosing the best time to eat meals but the meal schedule for people may vary. The breakfast is good around 8 o'clock, 12 pm and 6 pm could be the suitable time for lunch and dinner respectively (Chang 2008). However, O'Regan (2009, 35-41) has stated that the meals in hospital are supposed to be served at the times of the day that reflect the normal eating times of majority of patients.

Nurse plays an important role during the eating time of inpatients. From our point of view, patients admitted in hospital may probably do not feel like eating for some reasons, for instance bad physical condition, feeling homesick, lacking of appetite, etc. In this case what nurses may do to motivate patients is to assist the patient as required for example removing the food cover, buttering the bread, pouring the tea and cutting the meat (Berman & Snyder 2011. 1281). Additionally, nursing staff can place the food tray within their reach, encourage patient to consume food by explaining and educating the benefit of diet and try to help them sit in a comfortable position since sitting in a proper way can help patients to manipulate, eat and swallow food more easily (Schenker 2003, 87-120).

Feeding patient is not just a routine task, because when feeding patient during mealtime, nurses have opportunity to assess patients' physical as well as psychological condition by observation and monitoring (O'Regan 2009, 35-41). Nurses should also try to appear unhurried and convey they have sufficient time even though feeding patient is a time consuming job (Berman & Snyder 2.11, 1282). In the previous literature we found out the nurses agreed that assisting patients to eat is an important nursing activity but several nurses did not enjoy the task

(Kowanko & Simon & Wood 1999, 217-224). Additionally, inadequate staffing, pressure of time and urgency of other tasks such as documentation and medication were regarded as barriers to providing appropriate mealtime help (McCutcheon & Xia 2006, 1221-1227).

A high percentage of patients required assistance with feeding at meals and in most cases it is surgical patients, elderly patients and those with physical disabilities need help (Tsang 2008, 222-228, Naithani et.al. 2008, 294-308). Moreover patients were aware that there is limited number of staff available to provide help at mealtimes (Dickinson & Welch & Ager 2008, 1492-1502). The breakfast and lunch time are not that busy, but there were fewer nursing staff on duty that can assist totally dependent patient with a high percentage, namely 15% (Tsang 2008, 222-228). There is such situation that if the patient does not eat or is on a special diet, the amount of food eaten needs to be recorded so that some changes can be made, such as rescheduling the meals, providing smaller, more frequent meals (Berman & Snyder 2011, 1281).

It is true that nurses have a key role in assessing patients' nutritional status and needs, and assistance at mealtimes. In addition to that, providing a comfortable environment for patients to eat is also one important duty by nursing staff (O'Regan 2009, 35-41). Hospital Carters Association from UK illustrates that one key points of the Protecting Mealtimes Policy is *to create a quiet and relaxed atmosphere in which patients/clients are afforded time to enjoy meals, limiting unwanted traffic through the ward during mealtimes, e.g. estates work and linen deliveries*. (Hospital Caterers Association: Protecting Mealtimes Policy 2004).

Moreover, providing a tidy, clean environment without unpleasant sights and odors can absolutely improve patient's appetite and in contrast a soiled dressing, a used bedpan, an uncovered irrigation set, or even used dishes can affect the appetite in a negative way (Berman & Snyder 2011, 1281). In order to promote optimum nutrition intake for patients, nurses have to observe and make sure the ward environment is suitable to enhance comfort eating, because wards might be hot and dry, noisy and have nasty smell, none of which are conducive to eating

(O'Regan 2009. 35-41).

Patients considered mealtimes are often the favorite aspect of the day in hospital, but they did not received due respect from hospital staff as medical rounds and routine nursing observations are often performed during meals (Holmes 1998, 23-27, Audit Commission 2001). Patients are interrupted frequently and mostly by nurses, relatives, doctors, etc (Davidson & Scholefield. 2005). The main reasons for the interruptions are drug round, visiting time, medical review, procedure, observations, changing bed linen (Davidson & Scholefield. 2005).

It has already been demonstrated that interruptions also have a negative effect on the nutritional status of patients (Pennington 2001, 149-164). Due to different kinds of interruptions from nurses and other staff members some patients still finished their meals, but some just ate partial and some did not eat at all (Davidson & Scholefield. 2005).

### 3 IMPLEMENTATION OF THESIS

#### 3.1 Purpose, goal and problems of thesis

The purpose of our research was to find out and present inpatients' points of view about having meals in the hospital during their stay. Firstly we intended to know how inpatients feel when having meals in hospital. Furthermore, inpatient's opinions concerning the quantity of the food, the time to eat, the assistance for eating and eating environment would be discovered.

Nowadays having meal is not regarded as one routine of people's daily life. The role of food itself is more than that as it is closed related to people's health and well-being. In our opinions balanced and sufficient food with enough nutrients helps to speed up inpatients' aliment

recovery. Apart from that some necessary assistance for inpatients during mealtimes may improve their food intake. Additionally, we also considered that accessing meals at time inpatients prefer and in the wards where they are satisfied with may facilitate their appetite.

The main goal of this research was to help nurses and other hospital staff to be aware of how the inpatients experience and feel while eating food during mealtimes and when they know the result, they can improve their services if needed to make inpatients feel better when eating in hospital. If the inpatients' voices could be heard and some of their wishes and requirements could be met, we believed that they would more enjoy having meals in hospital.

We were motivated to do this research work in order to know the attitude of inpatients' access to meals served during their admittance at the hospital. Our research questions would be:

- What kind of experiences do inpatients have about having meals in hospital?
  - 1) Amount of food
  - 2) Meal delivery time
  - 3) Assistance during mealtime
  - 4) Eating environment

### 3.2 Research method

This is a quantitative research that attempted to explore inpatient's point of view about having meals during their stay in hospital. Quantitative research is referred to as one kind of research approaches which is applied to generate numerical data by means of using statistics (Moule & Goodman 2009, 177). To avoid language barrier and to let the patients understand our purpose as well as questions easily, we finally decided to use questionnaire (Attachment 2) as our method to collect data. Questionnaire is used as a data collection tool in research study to measure participants' beliefs, attitudes, opinion and knowledge (Moule & Goodman 2009, 299), which is in line with our topic and purpose.

A good questionnaire must be objective, simple and in clear format, the questions have to be in order and logical sequence (Hunt 2011). We were strictly adhered to the information we found about research questionnaire such as, avoiding emotionally and morally charged questions, we made the questions to be not too formal or informal and we considered the question of anonymity as well (Gould 2011). A patient satisfaction survey usually demonstrates that a practice is interested in quality and in doing things better and three points should be kept in mind when choosing a survey questionnaire, which are brevity, clarity and consistency. Survey questions should be brief and easy to understand. Many experts recommended that use a product that's already been developed because the product has likely been tested and validated (White 1999, 40-44). The surveys typically cover the following areas: access, communication between patient and office, staff, and the interaction with the doctors (Walpert 2000).

The questionnaire was finally ready in Finnish language with the help of Maija Körkkö one Finnish inhabitant. We used closed questions in which patients' opinions at first sight can be seen. However closed questions have their limitations and cannot help us gain enough information for further analysing. We therefore also used open-ended questions which are used to know more about the participant's views (Moule & Goodman 2009, 302). The patients therefore broadly expressed themselves so that we as researchers got more concrete answers in details.

Questionnaires were sent to sixty patients in gynecological unit 2C, medical units 2A and 4A and surgical units 3B and 4B of Kemi Central Hospital, and the participants were patients who were not in critical condition, and those who had strength to read, write and share their views. 2C is the unit where women are hospitalized due to gynecological disease and women who are pregnant or have delivered baby. 2A is mainly for patients who have pulmonary disease or other diseases about skin and ear. 4A is a Cardiac unit for people who suffer from different type of heart illness. 3B is an orthopedic unit for example where patients have Total Endoprosthesis (TEP) surgery. Then 4B is the unit in which patients are hospitalized because of other kinds of

operations for instance abdominal and stomach operations. We went to hospital in one afternoon and delivered 43 copies to patients by ourselves and then collected them back in a closed box that we had with us after one hour time. We left 17 copies to the head nurses in 2A (Medical unit) and 4B (Surgical unit) to help us find more inpatients who were able to participate in this research. We left 17 questionnaires only in 2A and 4B because there were enough answers from other units but quite few from these two. After four days we went to these two units again to collect the remaining questionnaires, unfortunately only 7 copies were filled and kept for us in a closed box that we left in the unit and the 10 copies from 2A were not filled.

We chose to send questionnaires to these wards because patients in these wards usually have long stay period on admission. In the previous literature we found, there were no opinions from inpatients in gynaecological ward. However, we believed that medical and surgical wards usually have patients in different conditions such as diabetes, cardiovascular, asthma, hip fractures, stomach and abdominal surgery etc. In which their opinions could help in our research work. We did not send questionnaire forms to Children's ward, Intensive care unit nor may emergency unit because we thought children were too young to fully understand the questions, people in ICU might be too weak to give any answers, and patients in emergency unit did not usually have a longer stay at the hospital, whereby their opinion could be assessed and as a result we might not get what we wanted.

### 3.3 Analyzing method

Statistical methods are generally classified as descriptive or inferential (Moule & Goodman 2009, 324). Since we are using a questionnaire to collect our data, therefore a descriptive statistics technique were used to analyse our data and the data would be shown by using a graphical methods such as charts (pie chart and histogram). Then charts such as pie, bar and histogram can give a visual representation at first sight of the relative size of figure (Moule & Goodman 2009, 330). We believe that a descriptive statistical data analysis is suitable to

describe the information that we would find in a concrete and explicable way. Additionally we will attempt to use computer software, to be precise Microsoft Excel and SPSS, to conduct analyses of our data because we have studied how to use that and besides we consider Microsoft Excel and SPSS more versatile compared with other computer software.

#### 4 RESULT AND CONCLUSION

In this section the different outcomes of the research will be presented. Firstly, we shall be highlighting the grouping according to gender, age, and number of days patients have spent on admission, then we shall be discussing about the factors and the opinions of inpatients about the topic.

##### 4.1 Background information of the patients

We sent 60 copies of questionnaires to five units in Kemi Central Hospital (Which were gynecological unit 2C, medical units 2A and 4A, and surgical units 3B and 4B). Finally, we got 50 questionnaires back, 14 from medical units, 22 from surgical units and 14 from gynecological unit.

Thirty-four female patients and 16 male patients filled the questionnaires, 34 patients out of 50 patients had spent 1-5 days on admission, 9/50 patients had been on admission for about 10 days, and 02/50 patients had been on admission for about 14 days, while 3 patients had been on admission for more than 15 days and two patients did not specify the exact days they have been admitted. (See figure 1)



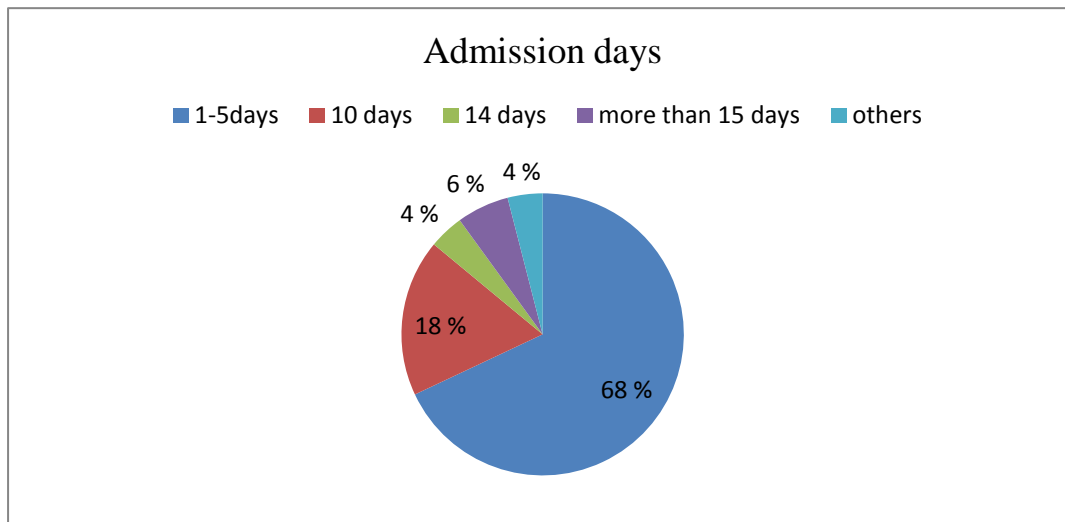


Figure 1. The admission days of the inpatients

The age range of the patients that filled the questionnaire was between 20-85years. There were 13 inpatients age between 20-40years, 9 inpatients were between 41-55years, 18 inpatients were in age group 56-70years and 10 inpatients were in age group 71-85years. (See figure 2)

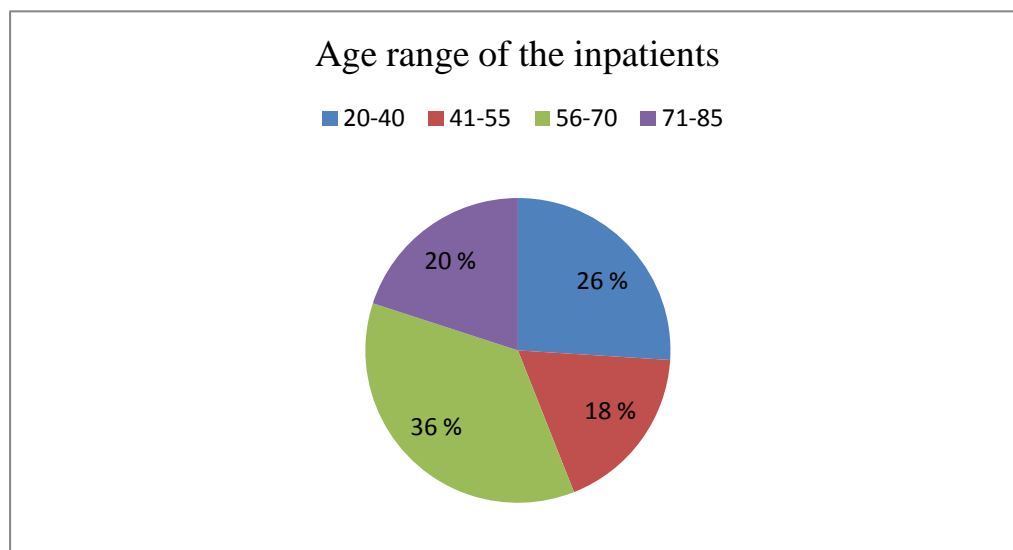


Figure 2. The age group of the inpatients

#### 4.2 Patient's general opinion about eating meals in hospital

13/50 patients were very satisfied about eating meals in hospital, over half (29/50) patients were satisfied according to them *'the hospital meals were nutritious, tasteful, and free of germs'*

One patient in medical ward who was in her mid-sixties and had stayed over two months on admission referred to the hospital meals as the best, she stated that *she got recovered so fast and regained her weight due to the nutritious food she eats at the hospital*. More so, most of the patients gave the same opinion that they felt the need and have the appetite to eat while they are in the hospital than being at home.

Three patients were very dissatisfied, two patients were also dissatisfied, they expressed their opinions by saying eating in hospital was not a good experience for them, *they stated the food were tasteless, and too small to satisfy their appetites and hunger*. Three patients did not express their opinions. (See figure 3)

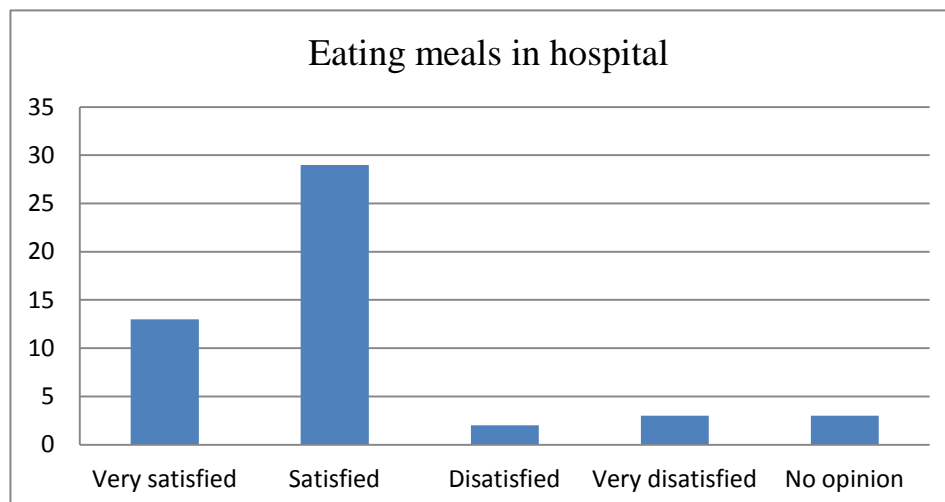


Figure 3. The inpatients' opinion about eating meals in hospital

#### 4.3 Patient's opinion about food amount in hospital

47/50 were satisfied with the amount of food, but one patient in surgical ward complained that dinner was too small and not enough for him. On the other hand, 10 patients sometimes had feeling that they still needed more food after eating, and 38 patients stated that they never had any feeling of consuming more food after they had eaten. Only one patient in gynecology ward stated that she felt hungry quite often after eating, but this might be due to her pregnancy condition or breastfeeding, because pregnant women tend to consume food more when they are

either in pre or post-delivery state. However, one patient did not give any opinion about the food amount.

#### 4.4 Patient's opinion about eating times in hospital

Over 40 patients thought the meals come neither too early nor too late. However, three patients complained that dinner is delivered too early, Few patients (4/50) complained that breakfast come too late while only 2 patients had the same complain about launch. Over half of the patients (39/50) preferred to have breakfast between 7:00am and 8:00am, and 4 patients suggested that breakfast between 8:30am and 9:00am is the best time for them. Less than half of the patients (17/50) preferred to eat launch at 11:00am, while 10 patients suggested that 11:30am was the best time launch should be delivered and 11patients suggested 12pm. Some (19/50) patients preferred to have dinner at 4pm, 7 patients preferred to eat dinner at 4:30pm, while 14 patients suggested that dinner should be delivered at 5pm, and some patients did not give any opinion about meal's time.

#### 4.5 Patient's opinion about the assistance during mealtimes

We attempted to ask what kinds of help the patients need and the satisfaction with the help got from nursing staff. According to the data we have got, the majority patients did not need any help while eating, and they have ability to manage and eat by themselves. Ten patients required little help from nursing staff during the meal time, five from 3B and five from 4B, and they are both surgical wards. As we can see that those patients who needed assistance were all above sixty years old. Four out of the ten patients required assistance from nursing staff in order to sit up from the bed and be ready in a good position for consuming the food, which was the most primary help they needed. Apart from that, other helps were like opening the food; arrange the dish on the tray in front of the patients and one patient needed her own vomiting bag for personal use.

The data shows that nobody was dissatisfied or complained about the nurse's help. They were all satisfied with the assistance they had got. Two patients stated their reasons that they were satisfied because they received the necessary assistance they needed, but one patient mentioned that the staff member could be sometimes a little bit happier when helping the patients.

#### 4.6 Patient's opinion about eating environment during mealtimes

The participants were asked the factors that may affect their mood while having meals (See figure 4). Among the fifty patients from five different wards, there were totally thirty-nine patients gave their opinions and the other eleven had no opinion. Over half of the patients (28/50) thought that the unpleasant smell from other patients' feces or secretion could affect their mood, and some patients (12/50) considered the loud voice from other patients or their relatives as the factor. In addition to that, undesired sound from the television became another factor that affect patient's mood during meal time, which was reported by three patients. What is more, one patient from gynecological ward wrote that baby's unpleasant smell could bring her unhappy mood while consuming food.

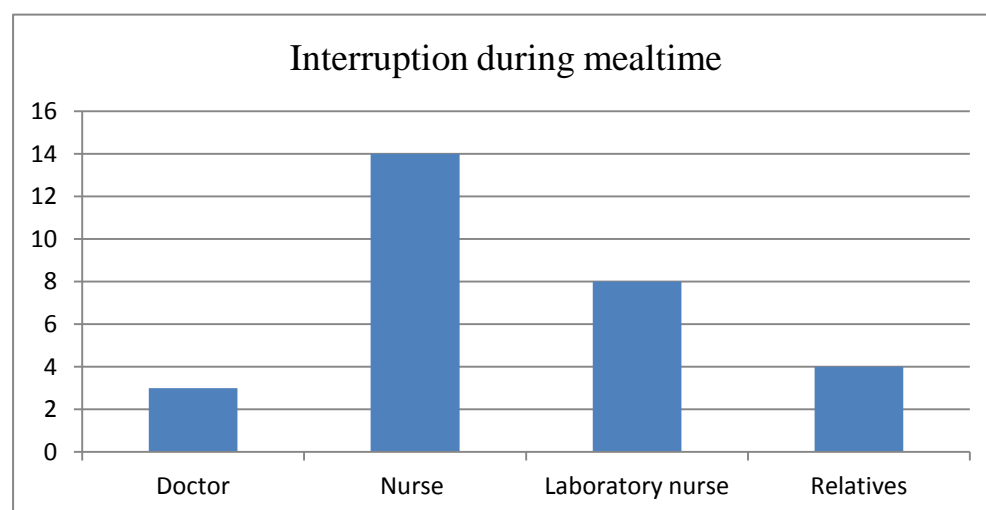


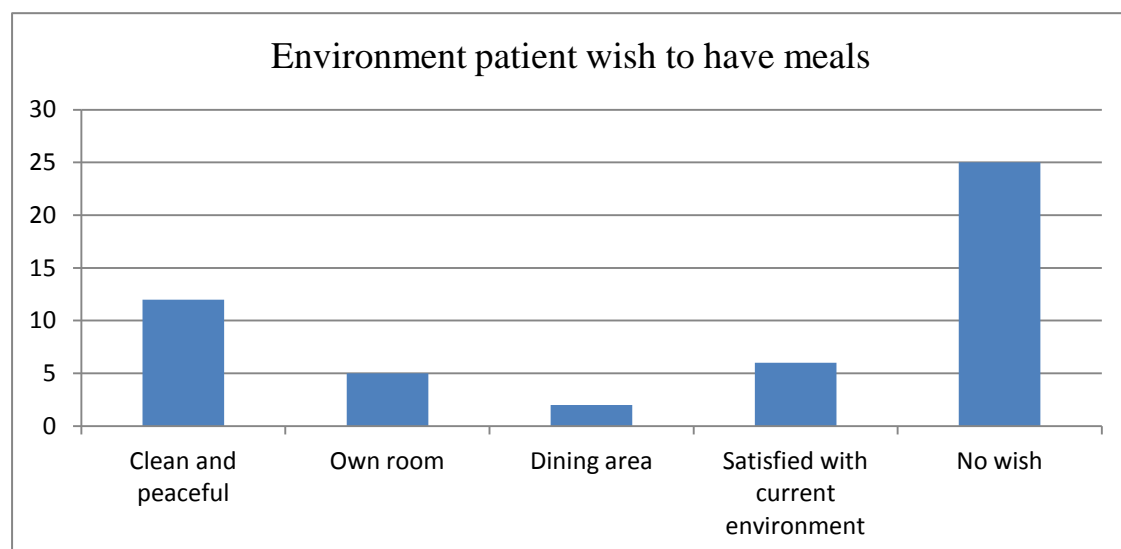
Figure 4. The people who interrupted the inpatients during mealtime

There were thirty patients experiencing being interrupted by people during their mealtime. Three people (6%) had a doctor's visit while having meal. And four (8%) were interrupted by

other people's relatives who were in the room but not assisting with eating. However nursing staff from the department and laboratory accounted for the most interruptions, with the percentage of 28% and 16% respectively. Additionally, one patient stated that sometimes the outsider who does not belong to hospital staff or relative interrupted her. Then the other twenty patients were not interrupted by anybody during their mealtime.

The most common thing happened during the patients' mealtime was tablet delivery, which happened to twenty patients. Other things, such as giving medication by injection or I.V, taking blood sample, measuring patient's weight and performing ECG, also happened during food time. Moreover breast-feeding a baby and medical rotation happened to two ladies in 2C, which is gynecological department.

It is inevitable for patients to be interrupted by someone while having meals in public health care settings, for instance hospital, some patients may absolutely mind being disturbed, but based on our research, none of the patients consider the interruption they got by other people disturbing them.



*Figure 5. The environment inpatients wish to have meals*

Finally patients were asked to describe the environment in which they wish to have meal in the ward (See figure 5). Half of the patients (25/50) wrote down their wishes. Among these 25

people, patients account for 48% (12/25) wish to have meal in a peaceful, quiet and clean environment without disturbance. Other patient felt like eating in their personal own room or in a dining area, which occupied 20% and 8% respectively. Apart from that, six patients stated that they were satisfied with the current eating environment for consuming the meal in hospital, which was why they did not have more wish at this moment.

#### 4.7 Validity and reliability

Validity is a measure of whether a data collection tool measures what it is expected to. In general there are three validity measures are available, which includes content validity, criterion-related and construct validity. (Moule & Goodman 2009, 184.) In nursing practice various tools have to be not only valid in that they measure, but also reliable. Reliability in nursing research is the consistency with which a tool measures what it is intended to. Three main measures of reliability are basically used, which are stability of a measure, its internal consistency, and equivalence. (Moule & Goodman 2009, 186.)

To establish validity, we found and read many articles as well as the questionnaires carried out by earlier researchers, which gave us clues on how to make our own questions. Then we submitted the questionnaires to our thesis supervisors before administering them to participants to review all the questions and we have checked and made sure that all the questions are related to our topic so that our questionnaire could measure what it is intended to measure. However we could not do test-retest method before questionnaire delivering.

#### 4.8 Conclusion

The inpatients' expectation about food amount, time to deliver meal, assistance from nurse and eating environment were basically satisfied. The meals were delivered neither too early nor too late, which were consistent with most patients' habit. For a few of patients who prefer breakfast

to be delivered after 8.30 am, we supposed that they might not like to get up from bed so early. Additionally, some probably did not mind the time that the meals are delivered. Some patients pointed out that they still wanted more food owing to inadequate amount of the meals. We thought that if the patients could choose the size of food, for instance small, middle and large portion size, patients' appetite could be easily satisfied. Burke (1997) agreed with this ideal that patients can choose the food size they want to avoid experiencing hunger and unnecessary waste. Some interruptions from nursing staff still occurred during patient's mealtime. The inpatients do not consider those interruptions as disturbing and we think this maybe because the hospital units are always busy and what nursing staff do during mealtime is normal routine. According to the result, patients considered clean and peaceful environment a comfortable setting for them to eat, therefore these interruptions could be avoided by nurses and medical staff. O'Regan (2009, 35-41) in the previous research had the same opinion that nurse has a key role in providing a comfortable environment for patients to eat.

## 5 DISCUSSION

Our thesis topic was chosen because we have had several practices at the hospital, where we noticed that the routine of eating in hospital is quite different from private homes or outside hospital settings. Therefore, we decided to have full insight about the opinions of the inpatients towards the factors that affect them while having meals in hospital. We found out that people have different likes and dislikes for a certain thing, time, situation and places, but we realized that the routine of eating in hospital is mostly the same, they serve meals at the same time to all the patients in each ward, and it is not possible for every patient to feel comfortable to eat at that specific time or to be satisfied with the environment where they eat, or about the food amount.

We chose to research deeply about this topic, and found out more about the factors that could satisfy the patients when having meals in hospital. So we decided to write our thesis about 'inpatient's experience about having meals in hospital'. Our research plan was written in spring

2011, in which we felt that questionnaire was the best method to collect out data. In February 2012, we delivered the questionnaire to medical, surgical and gynecology units of Kemi Central hospital in persons, by which we got over half of the questionnaires back by ourselves in a closed box same day and left the unfilled questionnaires in the wards, and went to pick them up after one week. We completed our thesis in autumn, 2012.

The basic principles of research ethics were absolutely followed by us at every stage of the research. Permission for carrying on this research and collecting data was obtained from school, related department and people in charge (Attachment 4, 5). The head nurses in each unit informed the inpatients about the purpose of our questionnaire in advance and that participation or refusal would not affect anything, apart from that, inpatients' participation were voluntary and anonymous. The data were treated strictly in a confidential way, since we delivered 86% (43/50) of the questionnaires by ourselves which were returned to us in closed boxes and inpatients information and answer sheets were not disclosed to third party.

It was definitely a precious and valuable experience for us from the beginning till the end of our research. There were problems during the whole process and we successfully managed those difficulties with the support from supervisors and cooperation from patients. Finally we got data back with enough information that we needed for the thesis. We have found out the inpatient's experience about having meals in hospital and how do they think of the food amount, the time to deliver food, the help from the nursing staff and the environment for eating in hospital. All in all the research questions were properly answered and solved.

We thought that the questions on the questionnaire paper were good because they included all the aspects which we intended to find out. And the question started by asking general opinions about eating in hospital from inpatient's perspective, in which patients expressed their overall thoughts and then it went deeper by asking the patients more about food amount, time to deliver food, assistance from nursing staff and eating environment. In additions different types of questions, for instance open-ended questions, closed questions and multiple choices questions, were used in order to get detailed information. It was good that our supervisors



taught us a new programme to analyze the data which was SPSS and that was a new learning experience for us and it enhanced our statistical knowledge. The thesis would have been more reliable if an observation method of data collection was as well used. However, we did not use this method because it was so challenging for us to observe all the patients. We realized that complete answer to our questionnaires would not be able to obtain by observation method only, but could be possible through the questionnaires only.

In our research, besides the patients from medical and surgical, patients in gynaecological unit also participated in answering the questionnaire and gave their opinions. Therefore it is very interesting to find out what pregnant women's point of view concerning consuming meals in hospital setting, which was not done in previous researches. However, the questionnaires were sent to only one hospital, which was Kemi City Central Hospital. More hospitals or health centres maybe included if possible in future research. We could not find foreign patients to take part in our questionnaire, all the results we got were based on Finnish people's opinions. If patients with other nationalities participated in our research, the result might be different. The researchers who are interested in this area may probably continue and go deeper on this study.

This research discussed about the feelings and opinions in relation to having meals in hospital from the inpatient's perspective. The result of this study can be used in hospitals, health centres and other health care settings to improve the food services, and also to help nurses and other hospital staff to be aware of how the inpatients feel so that some changes can be done in order to create a better eating environment for inpatients to eat. From our point of view, the patients' opinions concerning eating should be taken into consideration, because accessing meals at a time that inpatients prefer and in the wards where they are satisfied with may aid their appetite and speed up their recovery. If the inpatients' voices could be heard and some of their wishes and requirements could be met, we believed that they would more enjoy having meals in hospital.

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**NRS 2002 -menetelmä  
vajaaravitsemuksen riskin seulonnassa<sup>1</sup>**

Liite 1

Päiväys \_\_\_\_\_

**POTILAAN PERUSTIEDOT**

Potilaan nimi		Henkilötunnus	
Pituus (cm)	Nykypaino (kg)	Painoindeksi BMI (kg/m <sup>2</sup> )	Paino 3 kk sitten (kg)
	<input type="checkbox"/> punnitus <input type="checkbox"/> ilmoitus		

**1 ARVIO RAVITSEMUSTILASTA**

BMI	Laihtuminen edeltävän 3 kuukauden aikana	Ruuan määrä edeltävällä viikolla
<input type="checkbox"/> Yli 20,5 = 0 p.	<input type="checkbox"/> Ei ole laihtunut = 0 p.	<input type="checkbox"/> Syönyt normaalin määrän = 0 p.
	<input type="checkbox"/> 5–10 % = 1 p.	<input type="checkbox"/> Syönyt yli puolet = 1 p.
<input type="checkbox"/> 18,5–20,5 = 2 p.	<input type="checkbox"/> 10–15 % (yli 5 % / 2 kk) = 2 p.	<input type="checkbox"/> Syönyt noin puolet tai alle = 2 p.
<input type="checkbox"/> Alle 18,5 = 3 p.	<input type="checkbox"/> Yli 15 % (yli 5 % / 1 kk) = 3 p.	<input type="checkbox"/> Syönyt erittäin vähän = 3 p.
Merkitse tähän suurin pistemäärä kohdista BMI, laihtuminen ja ruuan määrä		

**2 SAIRAUDEN VAIKEUSASTE RAVITSEMUSTILANTEEN KANNALTA**

Vaikeusaste	0 pistettä	1 piste	2 pistettä	3 pistettä	Pisteet
	Normaali tilanne	Lievä	Kohtalainen	Vakava	
		<ul style="list-style-type: none"> <li>heikentyneestä yleiskunnosta huolimatta jalkeilla oleva potilas</li> <li>kroonisesti sairas potilas, joka on sairaalassa liittämissairauden vuoksi</li> <li>krooninen haava alle 25 cm<sup>2</sup></li> <li>paikallinen syöpä</li> <li>alkoholi- tai huumeongelma</li> </ul>	<ul style="list-style-type: none"> <li>vuodepotilas</li> <li>liikkuva potilas, jolla esim. levinnyt syöpä, vaikea suoliston tulehdus-sairaus, äskettäinen suuri vatsan alueen leikkaukset, toistuvat leikkaukset, äskettäinen aivohalvaus, vaikea tulehdus, palovamma, painehaava, laaja krooninen haava, lonkkamurtuma, monivamma</li> </ul>	<ul style="list-style-type: none"> <li>tehohoito</li> <li>pään alueen vammat</li> <li>kantasolusiirto</li> <li>laihuushäiriö</li> </ul>	

**3 JOS IKÄ ON 70 VUOTTA TAI YLI LISÄÄ 1 PISTE**

--

**SEULONTAPISTEET YHTEENSÄ (laske yhteen pisteet kohdista 1, 2 ja 3)**

--

**SEULONNAN TULOS JA TOIMENPITEET ERI RISKILUOKISSA**

<input type="checkbox"/>	<b>0 pistettä: Ei vajaaravitsemuksen riskiä</b>
	<ul style="list-style-type: none"> <li>Kirjaa seulontatulokset.</li> <li>Tee uusi seulonta viikon välein tai sovitusti.</li> </ul>
<input type="checkbox"/>	<b>1–2 pistettä: Vähäinen vajaaravitsemuksen riski</b>
	<ul style="list-style-type: none"> <li>Kirjaa seulontatulokset.</li> <li>Motivoi potilasta hyvään ravitsemukseen.</li> <li>Tee uusi seulonta viikon välein tai sovitusti.</li> </ul>
<input type="checkbox"/>	<b>3–4 pistettä: Kohtalainen vajaaravitsemuksen riski</b>
	<ul style="list-style-type: none"> <li>Kirjaa seulontatulokset.</li> <li>Tee tarkempi ravitsemustilan arviointi ja ravitsemushoitosuunnitelma sekä tehosta ja seuraa ravitsemushoitoa moniammatillisesti (lääkäri, hoitaja, tarvittaessa ravitsemusterapeutti).</li> <li>Tee uusi seulonta viikon välein tai sovitusti.</li> </ul>
<input type="checkbox"/>	<b>Yli 4 pistettä: Vakava vajaaravitsemuksen riski</b>
	<ul style="list-style-type: none"> <li>Kirjaa seulontatulokset.</li> <li>Tee tarkempi ravitsemustilan arviointi ja ravitsemushoitosuunnitelma sekä tehosta ja seuraa ravitsemushoitoa moniammatillisesti (lääkäri, hoitaja, aina ravitsemusterapeutti).</li> <li>Tee uusi seulonta viikon välein tai sovitusti.</li> </ul>

<sup>1</sup> Mukailtu Kondrupin ym.(2003) julkaisusta sekä Tampereen yliopistollisen sairaalan (2007) lomakkeesta.



Hyvät kyselyyn osallistujat:

Me olemme sairaanhoidonopiskelijoita Kemi-Tornion ammattikorkeakoulusta. Kyselymme tavoitteena on selvittää potilaiden mielipiteitä sairaalaruoasta. Kyselyn tarkoituksena on auttaa sairaalahenkilökuntaa, jotta he voisivat parantaa palvelujen laatua, jolloin potilaiden ruokailuhetket olisivat mielisempia.

Osallistuminen tähän kyselyyn on täysin vapaaehtoista, mutta me arvostaisimme suuresti jos sinä voisit käyttää muutaman minuutin ajastasi ja ottaisit osaa tähän kyselyyn. Kaikki saatu tieto tulee olemaan luottamusellista ja tullaan analysoimaan nimettömästi. Tietoja käytetään ainoastaan opinnäytetyöhön. Kyselyssä henkilökohtaista tietoa on vain ikä ja sukupuoli.

Kun olet vastannut kyselyyn, pyydämme sinua laittamaan lomakkeen kirjekuoreen ja sulkemaan sen. Anna tämän jälkeen kirjekuori hoitohenkilökunnalle. Hoitohenkilökunta laittaa kirjeen suljettuun laatikkoon kansliaan, joten kukaan ei voi nähdä lomakkeen sisältöä. Me keräämme lomakkeet myöhemmin.

Kiitos ajastasi, jonka käytit lomakkeen täyttämiseen.

Sairanhoidonopiskelijat :

Mengting Jiang & Omolara Abiola







10. Onko sinusta koskaan tuntunut, että ateria tulee liian myöhään?

- kyllä, mikä ateria? \_\_\_\_\_
- Ei

11. Oletko koskaan tarvinnut apua hoitohenkilökunnalta ruokailun yhteydessä?  
Millaista apua olet tarvinnut?

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---

12. Mikä on mielipiteesi hoitohenkilökunnan avustamisesta ruokailun yhteydessä?

- Erittäin tyytyväinen
- Tyytyväinen
- En osaa sanoa
- Tyytymätön
- Todella tyytymätön

Kerro perustelusi \_\_\_\_\_

13. Mitkä asiat mahdollisesti vaikuttavat mielialaasi ruokailun aikana?

- Epämiellyttävät hajut, jotka tulevat toisten potilaiden ulosteista tai eritteistä
- Toisten potilaiden tai heidän sukulaistensa kovaäänisyys
- Epämiellyttävät äänet televisiosta

Muita epämiellyttäviä tekijöitä? \_\_\_\_\_

14. Millaisia tapahtumia ruokailusi aikana tapahtuu?

- Lääkkeiden jakaminen
- Lääkkeiden antaminen pistämällä tai suoneen
- Vuodevaatteiden vaihtaminen
- Verinäytteiden ottaminen
- Sydänfilmin (EKG) ottaminen
- Painon punnitseminen

Mitä muuta ruokailusi aikana tapahtui? \_\_\_\_\_

Ovatko ruokailun aikana tapahtuneet hoitotoimet häirinneet ruokailuasi?

- Ei
- kyllä, Kerro perustelusi \_\_\_\_\_

15. Keskeyttikö joku ruokailusi?

- Lääkäri
- Sairaanhoidtaja
- Laboratorion hoitaja
- Ambulanssin hoitohenkilökunta
- Sukulainen (joka ei auttanut aterioinnissa)

Muut henkilöt \_\_\_\_\_

Häiritsikö keskeytys sinua?

- Ei
- kyllä, Kerro perustelusi \_\_\_\_\_

16. Kuvailisitko ympäristön, millaisessa toivoisit aterioinnin tapahtuvan osastolla?

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## Attachment 3

## Figures

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KEMI-TORNION AMMATTIKORKEAKOULU  
Sosiaali- ja terveysala

OPINNÄYTETYÖN AINEISTON KERUUN LUPA-ANOMUS

Läsi - Pohjan keskussairaala

Ylihoitaja operatiivinen maritta Rissanen & Ylihoitaja konservatiivinen  
Sirkka Tuunainen

1. Luvan anoja	Kemi-Tornion ammattikorkeakoulun terveysalan koulutusyksikön opiskelijat <u>Abiola Omolara and Jiang Mengting</u>
2. Opinnäytetyön aihe	<u>Inpatients' opinions about having meals in hospital</u>
3. Opinnäytetyön tarkoitus	<u>The purpose is to find out and describe inpatients opinion about having meals in hospital. And the main goal is to help nurses and hospital staff improve services to make inpatients feel better while eating.</u>
4. Opinnäytetyössä tarvittava aineisto	<u>The data will be collected from sixty patients from osasto 2A, 4A, 3B, 4B and 2C</u>
5. Aineiston keruumenetelmät	<u>We will deliver the questionnaires to the patients by our own, and the patients will return the questionnaire into a closed box that we have with us.</u>
6. Aineiston keruun suunniteltu ajankohta	<u>The end of February</u>
7. Opinnäytetyön arvioitu valmistumisaika	<u>Autumn, 2012</u>
8. Opinnäytetyön suunnitelma on hyväksytty	KEMI-TORNION AMMATTIKORKEAKOULU, terveysalan koulutusyksikkö <u>31 päivänä tammi kuuta 2012</u>
9. Allekirjoitukset	Opinnäytetyön ohjaaja <u>Vaija Pönnä Anne Luoma</u> Opinnäytetyön tekijä/tekijät, osoite ja puhelinnumero <u>Abiola Omolara ja Jiang Mengting, Sammonkatu 4 D3, 94600, kemi</u> <u>044 077 1737 044 211 0515</u>

Lupa tutkimustyöhön

myönnetty hakemuksen mukaisena   
myönnetty korjauksin   
hakemus hylätty

päiväys

3/12 2012

allekirjoitukset

Juha Kumpu

Juha Kumpu  
Johtaja, lääkäri  
LPSHP

LPSHP  
Juha Kumpu  
Johtaja  
LPSHP

Valmiin työn pyydämme  
Saada käyttööme.

KEMI-TORNION AMMATTIKORKEAKOULU  
Sosiaali- ja terveysala

OPINNÄYTETYÖN AINEISTON KERUUN LUPA-ANOMUS  
Läsi - Pohjan Keskussairaala

Ylihoitaja, Operatiivinen Maritta Rissanen & Ylihoitaja Konservatiivinen Sirka Tuunainen

1. Luvan anoja	Kemi-Tornion ammattikorkeakoulun terveysalan koulutusyksikön opiskelija/t <u>Abiola Omolara and Jiang Mengting</u>
2. Opinnäytetyön aihe	<u>Inpatients' opinions about having meals in hospital</u>
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7. Opinnäytetyön arvioitu valmistumisaika	<u>Autumn 2012</u>
8. Opinnäytetyön suunnitelma on hyväksytty	KEMI-TORNION AMMATTIKORKEAKOULU, terveysalan koulutusyksikkö <u>31 päivänä tammi kuuta 2012</u>
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Lupa tutkimustyöhön

myönnetty hakemuksen mukaisena   
myönnetty korjauksin   
hakemus hylätty

päiväys

31.2.2012

allekirjoitukset

Julia Kurki

Julia Kurki  
LPSHP

Valmiin työn pyydämme saada käyttöömmme.