



ARTICLE



<https://doi.org/10.1057/s41599-023-01726-7>

OPEN

How can we foster *caring meals*? Findings from an ethnographic study in day care centers for older adults in Sápmi, Norway

Terhi Holster¹   & Mai Camilla Munkejord²

This study aims to advance our understanding of meals in Day Care Centers (DCCs) for older adults. By using a phenomenological approach, we aim to shed light on physical, sociocultural, and existential aspects of participants' bodily experiences of meal situations. Based on a thematic analysis of qualitative data from seven weeks of ethnographic fieldwork in two DCCs for older adults in Sápmi, Norway (2021-2022), we explore how we can foster nourishing, meaningful, and diversity-sensitive meals, adjusted to the bodies cared for. In our conclusion, we argue that food should be considered an important part of care in DCCs—not only as a means to feed older adults but as a way to nourish the whole person cared for.

¹Faculty of Nursing and Health Sciences, Nord University, Bodø, Norway. ²Intercultural Studies, NLA University College, Bergen, Norway.
email: terhi.holster@nord.no

Introduction

“It’s breakfast time. In the role of the fieldworker in a Day Care Center (DCC) for older adults in Norway, I observe how Sverre, 83, one of the older adults attending the DCC, is savoring every single spoonful of fermented cream (“rømmekolle”) he puts in his mouth. “It makes me so happy to eat this,” he explains to me. “So many memories from when I was a child!” He tells me that he used to eat rømmekolle when he was young, which brings him to memories of hard work with the horse on the farm but also to mischief and joyful moments. He smiles brightly as the memories pass through him, and I start to understand how certain foods may connect people to their past, while other foods—I’m thinking about the reheated, processed fish stew served for dinner the other day when no one seemed to enjoy either the taste or the texture—are experienced as meaningless, inedible even. (Narrative based on fieldnotes from a breakfast situation in a DCC for older adults in Sápmi).”

In Sápmi¹, in North Norway, where this study took place, as elsewhere in the Western world, many older adults are expected to continue to live in their own homes, even after becoming frail and in need of care. To be able to stay at home despite frailty, many older adults spend one or several days a week in DCCs for older adults. Socializing, engaging in activities, and particularly sharing meals are often cited by the older adults as the most important reasons for attending such DCCs (Pardasani, 2010; Rummelhoff et al., 2012; Sadarangani et al., 2018).

To date, the topic of food as a significant dimension of elderly care has primarily been studied from a nutritional perspective, typically exploring how a good meal should be constituted in terms of macronutrients and calories (Gaskill et al., 2008; Kenkmann et al., 2010; Khor et al., 2021; van der Pols-Vijlbrief et al., 2014). The reason for this focus is probably malnutrition, which is a considerable problem among frail older adults, whether living at home or in institutional care settings (Abbott et al., 2013; Landmark et al., 2014). Malnutrition may lead to various challenges and illnesses for the person in question, including prolonged hospital stays, and it is estimated that preventing malnutrition among frail older adults may reduce the costs of health- and care services by billions (Abizanda et al., 2016). Counteracting malnutrition among frail older adults is, however, a complex task that goes far beyond macronutrients and calories (Abbott et al., 2013). Thus, more recently, we have seen a growing interest in social aspects of food intake, highlighting, e.g., how eating together with others may increase one’s appetite (Björnwall et al., 2021) or how staff, e.g., through their choices of themes of conversation, may influence, in both positive and negative ways, the social atmosphere during mealtimes in institutional settings (Harnett and Jønson, 2017; Kofod, 2012; Pearson et al., 2003).

Food preferences vary, both culturally and *within* a culture, from person to person (Hayes-Conroy and Hayes-Conroy, 2008). Several studies, therefore, highlight the importance of being attentive to individual and cultural preferences for different kinds of food in various settings, including in DCCs, nursing homes, and kindergartens (Delormier et al., 2009; Kvitberg, 2019; Rytter et al., 2021). In this article, we approach the phenomenon of *meals in DCC*, not only as a physical, sociocultural phenomenon but also as an existential phenomenon. The study is inspired by the phenomenological way of understanding the body as a non-dualistic onto-epistemological phenomenon (Heidegger, 1962; Husserl, 1982; Merleau-Ponty, 2002). This means that we, as human beings, can only experience the world through our bodies, thus, through our lived experiences. This is consistent with the principles of lifeworld-oriented care, entailing an existential view

of human beings which assumes that—no matter the health condition—it is always possible for human beings to experience vitality (Dahlberg et al., 2008). Thus, vitality, or joy, may be experienced, e.g., through connecting with other living beings or with experiences of the past, or through different ways of movement, e.g., through music, dance, being outdoors around a campfire, or hugging trees (Eiby, 2020). Movement, however, refers not only to physical movement but entails a way of being in the world with integrity (Sheets-Johnstone, 2014) and with our bodily senses (Martinsen et al., 2018)—e.g., through tastes, smells, and textures of food, and through sensing the ambience around us.

Context of the study and research question

This study is a part of a larger project financed by the Research Council of Norway (grant number omitted) exploring how we can contribute to culturally safe healthcare services for older adults of Indigenous background. Thus, in this article, we will analyze experiences of Sámi users of DCCs. In fact, since the 1980s, the Sámi have been recognized as the Indigenous People of Norway (Vik, 2020). Traditionally, they lived across the Northern Peninsula, including northern parts of Norway, Sweden, Finland, and North-West Russia, as reindeer herders, small-scale farmers, and fishermen, and they, thus, used to hunt, fish, and gather food in their local surroundings (Vars, 2019). Today, the Sámi population in Norway is estimated to be 50–65,000 (ibid.).

Research indicates that, although the lifestyle of Sámi people today varies considerably, food preferences seem to remain the same as those in earlier generations. Hence, in a recent study on well-being among older South Sámi, the participants shared that eating reindeer meat, preferably a little bit everyday, was important for their well-being and for their sense of identity (Ness and Munkejord, 2021). Another recent study found that older Indigenous women in the Arctic North considered having access to local foods, such as berries, fresh fish, and reindeer meat from the lands of their ancestors, a key factor for experiencing health and well-being (Kvitberg, 2020). In other studies, the significance of eating whole foods is also highlighted (Crocker, 2010).

The aim of this article is to advance our understanding of how to provide care, through meals, in institutional settings with users of various cultural backgrounds, with an emphasis on older Sámi. Thus, drawing on qualitative data from ethnographic fieldwork, including participant observation during meal situations in two DCCs in Sápmi, and conversations with DCC participants about what constitutes a good meal for them, we will explore the following research question: *How can we foster nourishing, meaningful, and diversity-sensitive meals, adjusted for the bodies cared for in DCCs for older adults?*

Methods and methodological considerations

This article is based on qualitative data from total of seven weeks ethnographic fieldwork (LeCompte and Schensul, 2010; Spradley, 1980) in two DCCs for older adults located in Sápmi, Norway (autumn 2021–spring 2022). Ethnographic fieldwork is the most commonly used method for data gathering among, e.g., social

Table 1 Number of meals observed and participants that engaged in conversations about food.

Meals observed (breakfast or dinner)	48
Coffee’n cake breaks observed	28
Participants that engaged in informative conversations about food	19

anthropologists and is very useful when the aim is to observe interactions within a certain context. The limitation of seven weeks was for pragmatic reasons (comprehensive data being gathered at that time and a sense of data saturation) but also for economic reasons (the available budget being exceeded by the end of these seven weeks).

While the DCCs were led by registered nurses, other staff members comprised auxiliary nurses, social educators, and assistants. Meals constituted a substantial part of the program in these DCCs: A light breakfast was served in the morning, followed by coffee and cake at around 11 and an early dinner a couple of hours later. Participant observation included joining meal situations and sometimes also helping to serve food or assist participants (Table 1). Our aim was to capture “scenes” of meal situations (Emerson et al., 2011) in order to describe what seems to constitute a good meal situation. Thus, fieldnotes included notes from observations, as well as summaries and keywords from conversations that took place around the table—among older adults, between staff and older adults, and between the fieldworker and participants.

Using a phenomenological approach inspired by the principles of lifeworld-oriented care (Dahlberg et al., 2008) entails that we are interested in exploring not only what the participants *say* but also what they *communicate through their bodies*: “Meaning is grounded in the templates of bodily existence; they give meaning to the world’s textures, tastes, smells, sights and sounds” (Todres et al., 2007, p. 57). By focusing on the participants’ bodily communication, we strive toward a more in-depth, person-centered and holistic understanding of the phenomenon under scrutiny: mealtime experiences in DCCs.

Participants. The older adults who attended one of the DCCs were aged between 78 and 93. They lived at home, either alone (being single, divorced, or widowed) or with their spouse. A few of them had at least one adult child or other close relatives living close by. The participants’ level of cognitive decline ranged from no decline to moderate cognitive decline. The physical mobility of the older adults also varied; while some were able to walk outdoors even on uneven ground, others needed to be transported by wheelchair. We will include some quotations from the staff, noted during our participant observation of meals, but staff members as such are not included when we refer to “participants” in this article (only older adults).

Analysis. In line with our phenomenological-ethnographic approach, our findings emerge as a result of an interpretative analysis of the fieldnotes (Prentice, 2010; Van Manen, 2016). More specifically, we used an approach called collective qualitative analysis (Eggebo, 2022). In a way, however, the analysis had already started during fieldwork, through the writing of fieldnotes, where some observations were noted down, whereas others passed unnoticed. Preliminary findings were presented to, and discussed with, the second author on Zoom meetings during the fieldwork. Next, both authors read and re-read the data, while preparing for a three-day workshop in which we coded the entire data material. During this process, we discovered that apparently similar breakfast and dinner situations were experienced in very different ways by the participants attending the DCCs. Moreover, we discovered that mealtime experiences varied not only from one DCC to another but also from meal to meal within the same DCC. This discovery was central to our further analyses. Based on the preliminary codes, we actively constructed themes, in line with what Braun and Clarke (2019) call reflexive thematic analysis: when “...more than one researcher is involved in the analytic process, the coding approach is collaborative and reflexive,

designed to develop a richer more nuanced reading of the data...” (Braun and Clarke, 2019, p. 594). By constructing themes, our aim is not only to describe the data but to offer insight into patterns in participants’ experiences related to meals as a (potentially) caring practice. The researchers’ role in knowledge production is a key component of reflexive thematic analysis, and themes are therefore viewed as “creative and interpretive stories about the data, produced at the intersection of the researchers’ theoretical assumptions, their analytic resources and skill, and the data themselves” (Braun and Clarke, 2019, p. 594).

To give an example of how we worked in the early analysis phase, the codes ‘seeing the person’, ‘providing food choices’, ‘asking about past’, ‘being patient’, ‘knowing the habits’, ‘respecting habits’, ‘humor creates homelike meal’, ‘seasonal food’, ‘not being in a hurry’, ‘tuning into a new day’, ‘table set properly’, ‘serving with integrity’ are examples of codes that were put under the theme “staff shaping meal situations”. Finally, after continuing the analysis and rearranging the themes for the purpose of this article, we ended up with the following themes:

1. Food made a difference
 - 1.1 Familiar food generated liveliness
 - 1.2 Re-heated, processed food caused ambivalence
2. Ambience—meals used as a means to seeing the person
 - 2.1 Asking about the person’s past
 - 2.2 Respecting individual food preferences
 - 2.3 Creating a pleasant environment

Ethical considerations. The study was approved by the Norwegian Center for Research Data (NSD) (project number 472552). We also obtained Sámi collective consent from the Ethical Committee for Sámi Health Research (Grant number omitted). Generally, this study complies with research ethics guidelines for the social sciences, humanities, law, and theology (National Research Ethics Committee for the Social Sciences and Humanities, 2016).

The fieldwork was carried out upon agreement with the managers of the selected DCCs, who informed the staff and older adults attending DCCs about the study in advance. Then, the fieldworker presented herself and the study to the staff and older adults during the fieldwork. All identifiable information, such as the names of persons and places, was never included in fieldnotes, and the data were securely stored on personal computers in password-protected files. The names used in this article are pseudonyms.

Food made a difference

In DCCs included in this study, the meals varied greatly. Sometimes, they were prepared with fresh, local ingredients, and when the meal was being served, a delicious aroma would spread around the table, whereas, in other instances, re-heated half-processed meals with hardly any smell or taste were served.

Familiar food generated liveliness. When a delicious aroma of local fresh fish or of reindeer meat spread in the DCCs, expectant comments could be heard around the table, and, by observing participants’ body language, the fieldworker could sense the vital energy and satisfaction, as illustrated in the following narrative from one of the meals observed during our fieldwork:

Everyone is now served redfish with mashed potatoes, carrots, and homemade sauce. There’s a peaceful and joyful silence around the table. Some of the older adults lean their heads backwards and close their eyes for a while when tasting the food, others are smiling at each other,

commenting that the fish is delicious today. Staff members look content. I notice that Else is also relaxed and, contrary to many other occasions, does not repeatedly ask, “What’s happening next?” during this meal. She takes a long time to chew each piece of food, but no one hurries her, just gently reminding her to eat. “Oh, should I eat more? OK, it’s very tasty,” she then answers and continues eating, while stroking my hand. She leans her head very close to mine. Smiling, she starts humming a song, while moving legs and head rhythmically. Most of the older adults finish all the food on their plates today.

Also, when being served familiar food from their childhood, participants’ memories were awakened, and they enthusiastically shared stories about how, for instance, they used to catch fish or slaughter reindeer back in the day, or how they used to prepare traditional meals. This is further illustrated in the following extract from a dinner situation where redfish was served:

Sigvard sits just across the table from me. I noticed earlier that Sigvard is often silent, due to relatively advanced cognitive decline. Now, with the fish on his plate, he is smiling and looking around. One staff member notices this and asks him: “Sigvard, did you use to catch redfish yourself?”

“Yes,” Sigvard confirms, nodding, and adds: “And this is a good one.”

“Yes,” Arne confirms. A staff member asks if Arne used to go fishing as well, and Arne, in response, stands up and walks over to the window: “Yes, in a river. But we can’t see the river from here.”

Helge, also sitting by the table, comments to Arne still standing by the window: “I also used to go fishing in a river,” he says, as if he’s calling Arne back to the table. “And I used to hunt ptarmigans and rabbits with my father. It was a good time, and we used to enjoy good food prepared on the fire, with birds flying around us.”

The fieldworker noticed that participants often became emotional when sharing childhood memories around the table, as also illustrated in the narrative from our fieldnotes cited in the introduction, where Sverre, when eating fermented cream (*rømmekolle*) for breakfast, started talking about the farm where he grew up. Similar connections between food, emotions, memories, and interaction are also found in a study of older adults in Greenland, highlighting that access to food from childhood, such as berries, whale meat, and seagull eggs, was very significant for the participants’ well-being (Nørtoft et al., 2019).

Emotions awakened by eating familiar food could make participants forget about pain for a little while, as explicitly stated by Johannes, who, during one of the observed dinners, said, “This cod is so good, exactly like my wife used to prepare it...this taste...it makes me even forget the pain in my back”, a statement which made the authors of this article think about Crapanzano (2004) and his description of an “imagined hinterland”—a world from our past that we can access through odors and tastes.

Re-heated processed food caused ambivalence. In one of the DCCs in this study, the dinner was often reheated by the staff after being prepared in a central kitchen in the municipality, cooled down, and transported to the DCC. The fieldworker noticed that the reheated, processed food had very little aroma, which probably made it more difficult for the participants to

recognize what they were being served, as the following extract may illustrate:

The ambience during dinner today is one of slight bewilderment. From time to time, the older adults around the table stop chewing to try to taste what the food is. The older man on my side bows his head to get his nose closer to the food and starts cutting what was served today: a pink burger. I ask him if he knows what it is. “I think it’s fish... But I don’t think I have eaten fish shaped like this before,” he says, while blinking at me with a little smile on his lips.

“You think this burger has seen fish?” another man responds, adding: “Haha, I’m not so sure! But we just need to be thankful to get food at all,” he quickly adds, upon which one staff member loudly says: “Yes, if you were in Africa now, there might not have been food on your plate at all.”

Despite humorous comments, participants’ facial expressions and body language did not reveal joy. After dinner, it was time for dessert, as described in the researcher’s fieldnotes:

Yesterday, I thought that industrial vanilla pudding was a disappointing dessert, but now, looking around the table, I realize that hermetic fruit with industrial vanilla sauce is probably even less desirable to them. None of the staff members wants any dessert, but all the participants are served a portion of hermetic fruit, without even being asked. Disappointed body language is observed around the table.

In fact, most of the time, when reheated processed dinners and industrial desserts were served, the fieldworker noted that staff needed to remind participants to eat, and some of the participants would play with their forks around the food, rather than eating it, or they would look around to see what the others were doing.

Although none of the participants openly complained when reheated, processed food was served, double-edged comments such as “Did you get any fish?” or “Eat sweet and you maybe become sweet” revealed their attitude. In conversations with the fieldworker, the participants dared to be more direct. Elle, for instance, stated:

“I don’t want to complain, but they serve processed food here. The meals are often re-heated. That is not a meal with dignity. You know, those who are older than me and sick... they need energy! They don’t get energy out of re-heated processed food. Home-made blood sausages, on the other hand, would get you energized. And they taste good as well.” Elle lifted and tightened her upper arms to illustrate how real food makes you feel strong.

These findings are in line with previous studies concluding that many older Sámi people prefer to eat traditional food that they used to eat during their childhood (Kvitberg, 2020; Ness and Munkejord, 2021).

Ambience—meals used as a means to seeing the person

As the data presented so far illustrates, the ambience during the meals observed varied considerably. In addition to the food as such, the ambience seemed to depend on the interaction between the older adults and staff. While the relationship between a healthcare professional and a service user is always basically asymmetrical (Jensen et al., 2019), and institutional routines and norms often define a frame for meal situations (Harnett and Jønson, 2017), we noticed that humor was often successfully used to loosen up the staff-user relationship, as illustrated in the following extract:

“I have a talkative watch,” says Einar, showing his new watch to the staff. The watch “says” the time to the staff member, and Einar continues, smiling, “I can talk with him if I miss having someone to talk with. Then I don’t feel lonely.”

“That’s such a great idea!” the staff member responds, adding: “I have a stuffed dog that knows how to walk and bark. We used to bark at each other!” A joking conversation follows, with other older adults being invited to join in.

Sometimes, the fieldworker noticed that food was used as a means to see the participants in the DCCs in several ways, for instance by *asking about the person’s past, respecting individual food preferences and providing real choices*, and by *creating a pleasant environment*. This will be elaborated in the following.

Asking about the person’s past. While eating familiar food often awakened participants’ bodily memories, the fieldworker noticed that some of the staff members were particularly good at initiating engaging topics of conversation. Staff noticed that a participant’s body language changed when eating familiar food, as in the dinner situation presented above, where a staff member noticed that Sigvard, who often used to sit silently and in “his own world”, “awakened” when he was eating familiar fish and, thus, started to ask him about his experiences with fishing back in the day. Another staff member shared with the fieldworker her motivation for asking about the person’s past: “Many older adults attending this DCC live alone, and we may be the only social interaction they have. It’s important to see each of them. If I can contribute to meaning in their daily life, then I have done a good job.” An example of how this was done is illustrated in the following extract:

Ingrid is silent, as she often is during meals. A staff member asks what she used to like to do when she was younger.

“I didn’t do so much,” she answers in a low voice. After a little while, she continues, “I made goats’ cheese.”

“Really? I love goats’ cheese!” the staff member answers, enthusiastically. Energized by the response, Ingrid raises her voice and starts explaining in detail how she used to make the cheese, smiling. She looks pleased and proud.

Respecting individual food preferences. The possibility to maintain one’s habits and principles may often be confined in an institutional context and, thus, impair one’s integrity (Jacobsen, 2015). In a meal situation, where cod, carrots, potato, and butter were served, one man received his fish without carrots. “You don’t like carrots Arne, do you?” a staff member commented, while lightly touching him on his shoulder. “No, I made a deal with the rabbit; I don’t eat his food, and he doesn’t eat mine,” Arne answered, smiling. The staff, in other words, chose to respect the man’s preferences, instead of trying to convince him to eat carrots. Sara, an older woman in this study, revealed to the fieldworker that she appreciated being served seasonal food in the DCC, as she was used to it from her childhood. “In summertime, they have salmon and other fresh fish, and, in autumn, they serve reindeer meat and lamb. And berries... , cloudberries, blueberries, lingonberries. We used to eat lots of berries when I was a child.” With her eyes closed, Sara was recalling her memories.

Whether the participants were provided with real choices varied between the DCCs in this study. In one DCC, breakfast provided real choices, as illustrated in the following extract:

It is breakfast time at one DCC. Gerd takes a look at all the alternatives on the table—different kinds of cheese, slices of cold meats, boiled egg, herring, and homemade blueberry jam—before stretching her arm towards a glass jar of herring and smiling, “I used to make many kinds of herring, I love herring!”

In the other DCC in this study, the older adults were normally given no choice for breakfast. Rather, they were served whatever had been prepared, as illustrated in the following extract:

It’s breakfast time. Paul takes a long time to chew a piece of bread, which he finally swallows with some fruit juice. “At home, I used to eat oat porridge for breakfast. I’ve done that ever since I was a kid. Bread often gets stuck in my throat,” he later tells me.

The fieldworker found it strange that only bread, and no oat porridge, was served, even if some of the participants clearly stated their preference for porridge. It could be added that, in both DCCs, the older adults were not only served breakfast and an early dinner but also, in between, coffee and cake and “red syrup”—which is industrial syrup, with a lot of added sugar. The fieldworker noticed that often, when coffee, cake, and syrup were served, several participants said that they were not hungry or commented that they got too much sweet food in the DCC. When the fieldworker one day served slices of fresh fruit with the coffee and cake, the fruit was greatly appreciated, while the biscuits and cakes remained untouched on the plates of the older adults.

Creating a pleasant environment. The time frame and material context surrounding the meal were also important factors regarding whether the meal was used as a means to seeing the person. Many participants reported that they appreciated sharing a meal with others, and that they preferred not being in a hurry, because they easily became stressed if they felt that others were waiting for them to get done with the meal. In one of the DCCs, a staff member shared that breakfast was consciously used as a means of tuning into the new day, while providing all the time required for everyone to have a comfortable and good start to the day. Staff members were patient and allowed time for all the older adults to put butter and cheese or ham on the slices of bread by themselves, no matter how much time it took. Instead of the scheduled hour, they could easily sit for one and a half or sometimes even two hours, enjoying breakfast and the conversations coming and going.

Also, several participants shared with the fieldworker that they appreciated when the table was set properly, with candles and napkins, and when the food was arranged nicely on the plate and served with dignity. Solveig, a staff member, was conscious of this: “It’s very important that the table is properly set, and that everything looks nice,” she told me, while lighting the candles. She also made sure to serve the food nicely arranged on the plate: “Redfish with mashed potatoes and carrots, and homemade fish sauce for you, Inger; there you go.”

One day, some of the participants and staff from one of the DCCs where the fieldwork was carried out went on an excursion by bus to an old wooden building, to have dinner and enjoy an old-fashioned environment that several of them would recognize from their own childhood. The dinner was beef meat with fresh vegetables, prepared in the kitchen. The distinct smell of old timber, as well as the vintage furniture, old things, candles in glass pots, low roof, and small windows with mullions, stimulated many participants to tell stories from their childhood. “It smells and looks like the house of my grandmother. She loved candles; in her house, there were candles everywhere,” Borghild commented, laughing. The rays from the light of candles on the

table were dancing as a glad murmur filled the room. The timber walls also contributed to acoustic comfort in the room, unlike the kitchen and living areas of their DCC, where echo caused problems for some participants. As Ingebrigt commented to the fieldworker after the dinner: “Here, in this cozy building, I was able to hear what the others were saying. In the DCC, I have problems with my hearing; everything just feels like noise!” A staff member confirmed the challenge and added that some older adults in fact were in doubt as to whether they wished to attend the DCC because of their poor hearing, which was aggravated by the acoustic conditions of the DCC.

Discussion: How then should we adjust institutional meals to the bodies cared for?

In this study, we aimed to shed light on how we can foster nourishing, meaningful, and diversity-sensitive meals, adjusted for the bodies cared for, in DCCs for older adults. In the following, we will summarize, and discuss our main findings.

First, our analyses indicate that the food itself seemed to make a difference in meal situations. When the older adults were served familiar, whole food, such as boiled cod with potato, carrots, and melted butter, or fresh salmon or local lamb or reindeer meat, vital energy could be sensed around the table, and most of the older adults finished all the food on their plates. Previous studies also found that the appetite of older adults increased when the served food was fresh and familiar to them (Crogan et al., 2004; Wikby and Fägerskiöld, 2004).

The value of sensing is often underestimated in our modern society, where there is a tendency to focus on effectiveness and usefulness, and—in the case of meals—on nutrients and calories, rather than on how a meal is experienced by those eating it. However, sensing can be understood as a basic phenomenon in life (Løgstrup, 2013). Sensing, in fact, provides access to the world (Martinsen et al., 2018)—or, as this study indicates, access to appetite, being in the present, and enthusiastic conversations that link the past to the present for those involved. In line with Merleau-Ponty (2002)’s phenomenology of perception, this study indicates that eating familiar food from the past awakened the older adults’ bodily memories, which were shared around the table, for instance former experiences related to fishing, berry picking, goats’ cheese production, and how they used to prepare certain meals. This sharing of experiences also brought liveliness to the table.

Sometimes, memories that were awakened when eating familiar food seemed to allow participants to be fully present and even forget their pain—if only for a moment. Nørtoft et al. (2019)’s study of older adults in Greenland confirms that food is highly significant for experiencing well-being in old age. Having access to local food from childhood was about linking back to past memories in nature and to joyful community and togetherness with family and friends. Eating familiar food from the past contributes to maintaining one’s sense of continuity (Rytter et al., 2021; Vallianatos and Raine, 2008) and creating a connection with “land, history and people” that promotes the experience of well-being (Eggebo, 2019)—in line with central principles in existential lifeworld-care (Dahlberg et al., 2008).

On the contrary, when processed, reheated food was served, such as relatively taste- and smell-less fish puddings, meatballs, salmon burgers, and industrial desserts, participants’ body language revealed disappointment, and a lot of leftovers ended up in the trash can. However, many DCCs, including those in Sápmi in Northern Norway, where this study took place, continue to serve processed and reheated dinners, as well as industrial bread and jam, light diet yoghurt, and ultraprocessed biscuits and cakes for coffee breaks. This continues to happen, mainly to save money,

one assumes, despite the growing awareness that ultraprocessed food is associated with disturbance in biological signals, like hunger and satiety (Pollan and Moen, 2009), and a number of health issues, such as obesity, metabolic-syndromes, depression, cancer, and dementia (Lane et al., 2021; Li et al., 2022).

Second, we found that the ambience during meals varied considerably in DCCs in this study. In addition to the type of food being served, the ambience seemed to depend on aspects such as the interaction between older adults and staff, including the use of humor to balance the asymmetrical relationship between the staff and older adults. Meals could be used in several ways as a means to see the person, for instance by asking the older adults about their past, serving the food with dignity, creating a pleasant environment around the meal, and by respecting individual food preferences. Every person develops different preferences and habits during their life, and being able to maintain one’s habits—even if some of them are not necessarily so healthy—sustains one’s integrity (Bakken, 2020). This study identifies considerable variety in whether or not participants were given the opportunity to choose what to eat during meals: sometimes meals provided real choices, whereas, at other times, older adults were served what had been prepared. Breakfast, for instance, offered the older adults a range of choices in one of the DCCs in this study, whereas breakfast in another DCC normally did not offer choices and often left the participants disappointed, with difficulties swallowing and loss of appetite. The time frame for meals was also significant. For instance, some breakfast situations in one of the DCCs could last up to two hours, and the participants confirmed that they appreciated having plenty of time and not being in a hurry during meals. In line with these findings, Harnett and Jønson (2017) argue for the importance of striving toward home-like meal situations, in order to sharpen the appetite and create good meal situations, in various care institutions.

Our findings indicate that creating good mealtime experiences is a complex task that depends not only on what is served but also on sociocultural dimensions, such as individual and cultural preferences regarding what is considered *good food* (Halkier and Jensen, 2011; Kvitberg, 2015); the social ambience around the table; and esthetic dimensions such as how the table is set, e.g., white versus colorful or decorative dishware, candles, and napkins versus no effort made (Kofod, 2012; Mol, 2010). Also, existential aspects in meal situations, for instance when participants’ memories were awakened through bodily sensing when eating familiar food from the past, contributed to participants’ thriving and good mealtime experiences, which is a core value in lifeworld-oriented care (Dahlberg et al., 2008).

To conclude, we argue that food should be considered an important part of care in DCCs—not only as a means to feed the older adults but as a way to nourish the whole person cared for, physically, socioculturally, and existentially.

Policy suggestions and contributions to the practice field

While recent policy papers confirm the importance of serving good and nutritious meals to older people in different care settings to promote health and well-being (Ministry of Health and Care Services, 2018), official recommendations for meals are based on a reductionistic conception of nutrients (The Directorate of Health, 2017, 2021). However, as indicated in this article, people do not eat nutrients; people eat food, preferably food that they experience as tasty and meaningful and that revives memories from the past. Thus, in line with Abbott et al. (2013), we argue that counteracting malnutrition requires a wider understanding of meals than focusing solely on macronutrients and calories. Our key suggestion in this paper is that food should be considered an important part of care in DCCs and as a way to

nourish the whole person being cared for. This suggestion is in line with a lifeworld-oriented approach to care, which aims to “appeal to the human heart of care” (Todres et al., 2007, p. 60). Because, no matter what the health condition, there is always a possibility for any person to experience joy and liveliness through meals planned and prepared with care.

Hence, in order to increase the well-being of the older adults in their care, the DCCs should at least occasionally serve meals that revive bodily memories and make the older adults feel alive. Serving *caring meals* requires some flexibility and spontaneity but, at the same time, should be planned for, based on curiosity and knowledge about the participants’ lifeworlds. Intervention projects on how to make and serve caring meals to improve health and healthcare among older adults in DCCs are needed. Stakeholders should be involved, and the varying cultural backgrounds of the older adults themselves should be taken into consideration.

Strengths and limitations

In this study, as in all ethnographic research, the researcher has a central role in data production. Our aim was not to “minimize the researcher’s role” but, rather, to make conscious use of the researcher’s body as a tool in knowledge production, with regard to both observing and sensing the meal situations, but also in order to create trustful relationships with the participants. Carrying out fieldwork in natural settings allows real-life interactions to be studied (Burns, 2000) and can be a particularly suitable method when exploring the experiences of persons with cognitive decline who may have difficulties expressing themselves orally. Also, triangulation (e.g., observations made in two different DCCs, the combination of observations and conversations with participants, as well as data analysis performed by a Ph.D student and her co-author, who is an experienced researcher) strengthens what we may term ‘internal validity’ (Burns, 2000).

The main limitation of ethnographic research is related to what is often termed ‘external validity’ (Nurani, 2008). We have, therefore, aimed at being as transparent as possible during the whole research process, to enable the relevance of the quality of all steps taken to be assessed.

Data availability

Anonymized data material, including fieldnotes from participant observation, are stored in the database at Nord university. The data material is not included in this submission.

Received: 15 January 2023; Accepted: 26 April 2023;

Published online: 08 May 2023

Note

¹ Sápmi is the name of Sámi land that covers the northern parts of Norway, Sweden, Finland, and Russia. Sápmi was traditionally inhabited by the Sámi people (Vars, 2019).

References

Abbott RA, Whear R, Thompson-Coon J, Ukoumunne OC, Rogers M, Bethel A, Hemsley A, Stein K (2013) Effectiveness of mealtime interventions on nutritional outcomes for the elderly living in residential care: a systematic review and meta-analysis. *Ageing Res Rev* 12(4):967–981. <https://doi.org/10.1016/j.arr.2013.06.002>

Abizanda PMDP, Sinclair AMDF, Barcons NRDN, Lizán LMD, Rodríguez-Mañas LMDP (2016) Costs of malnutrition in institutionalized and community-dwelling older adults: a systematic review. *J Am Med Dir Assoc* 17(1):17–23. <https://doi.org/10.1016/j.jamda.2015.07.005>

Bakken R (2020) Alderisme: om å skjære alle over en kam. *Morgenbladet*. <https://www.morgenbladet.no/ideer/essay/2020/02/26/alderisme-om-a-skjaere-alle-over-en-kam/>

Björnwall A, Mattsson Sydner Y, Koochek A, Neuman N (2021) Eating alone or together among community-living older people—a scoping review. *Int J Environ Res Public Health*, 18(7). <https://doi.org/10.3390/ijerph18073495>

Braun V, Clarke V (2019) Reflecting on reflexive thematic analysis. *Qual Res Sport Exer Health* 11(4):589–597. <https://doi.org/10.1080/2159676X.2019.1628806>

Burns RB (2000) *Introduction to research methods* (4th ed.). Sage

Crapanzano V (2004) *Imaginative horizons: an essay in literary-philosophical anthropology*. University of Chicago Press

Crocker SHV (2010) Real food matters for health. *J Psychosoc Nurs Ment Health Serv* 48(10):48–54. <https://doi.org/10.3928/02793695-20100831-02>

Crogan NL, Evans B, Severtsen B, Shultz JA (2004) Improving nursing home food service: uncovering the meaning of food through residents’ stories. *J Gerontol Nurs* 30(2):29–36. <https://doi.org/10.3928/0098-9134-20040201-07>

Dahlberg K, Todres L, Galvin K (2008) Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. *Medicine Health Care and Philosophy* 12(3):265–271. <https://doi.org/10.1007/s11019-008-9174-7>

Delormier T, Frohlich KL, Potvin L (2009) Food and eating as social practice—understanding eating patterns as social phenomena and implications for public health. *Social Health Illn* 31(2):215–228. <https://doi.org/10.1111/j.1467-9566.2008.01128.x>

Eggebo H (2019) Tematisk analyse—metodeartikkelen som løyer alt. <http://helgaaeggebo.no/tematisk-analyse-metodeartikkelen-som-loyer-alt/>

Eggebo H (2022) Collective qualitative analysis (V. Szepessy, Trans.). *Norsk sosiologisk tidsskrift* 4:106–122

Eiby MB (2020) *Omsorgsmanifestet: hvordan vi skaber verdens bedste plejehjem*. Grønningen 1

Emerson RM, Fretz RI, Shaw LL (2011) *Writing ethnographic fieldnotes* (2nd edn.). University of Chicago Press

Gaskill D, Black LJ, Isenring EA, Hassall S, Sanders F, Bauer JD (2008) Malnutrition prevalence and nutrition issues in residential aged care facilities. *Australas J Ageing* 27(4):189–194. <https://doi.org/10.1111/j.1741-6612.2008.00324.x>

Halkier B, Jensen I (2011) Doing ‘healthier’ food in everyday life? A qualitative study of how Pakistani Danes handle nutritional communication. *Critical Public Health* 21(4):471–483. <https://doi.org/10.1080/09581596.2011.594873>

Harnett T, Jønson H (2017) Shaping nursing home mealtimes. *Ageing Soc* 37(4):823–844. <https://doi.org/10.1017/S0144686X1500152X>

Hayes-Conroy A, Hayes-Conroy J (2008) Taking back taste: feminism, food and visceral politics. *Gend Place Cult* 15(5):461–473. <https://doi.org/10.1080/09663690802300803>

Heidegger M (1962) *Being and time*. Basil Blackwell

Husserl E (1982) *Collected works: Vol. 2 Book 1: Ideas pertaining to a pure phenomenology and to a phenomenological philosophy General introduction to a pure phenomenology (Vol. 2)*. Nijhoff

Jacobsen FF (2015) De eldres integritet i en sykehjemskontekst. In M. S. Holm & S. Husebø (eds.). *En Verdig alderdom: omsorg ved livets slutt*. Fagbokforlag. pp. 267–276

Jensen P, Ulleberg I, Keeping D (2019) Mellom ordene: kommunikasjon i profesjonell praksis (2 edn.). Gyldendal

Kenkmann A, Price GM, Bolton J, Hooper L (2010) Health, wellbeing and nutritional status of older people living in UK care homes: an exploratory evaluation of changes in food and drink provision. *BMC Geriatr* 10(1):28–28. <https://doi.org/10.1186/1471-2318-10-28>

Khor PY, Vearing RM, Charlton KE (2021) The effectiveness of nutrition interventions in improving frailty and its associated constructs related to malnutrition and functional decline among community-dwelling older adults: a systematic review. *J Hum Nutr Diet*. <https://doi.org/10.1111/jhn.12943>

Kofod J (2012) Building community through meals in the care home setting: experience from Denmark. *Food Cult Soc* 15(4):665–678. <https://doi.org/10.2752/175174412X13450256411376>

Kvitberg T (2015) “Suffering in body and soul”: Lived life and experiences of local food change in the Russian Arctic. In: Miller BH (ed.), *Idioms of Sámi Health and Healing*. The University of Alberta Press. pp. 103–130

Kvitberg T (2019) “We Do Not Eat Luxury Food”: a story about food and health in an old sami woman’s everyday life in Norway. In: Naskali P, Harbison JR, Begum S (eds.) *New challenges to ageing in the rural north: a critical interdisciplinary perspective*. Springer International Publishing. pp. 225–238

Kvitberg T (2020) *Arctic food biographies. An ethnographic study of food and health in everyday life of elderly Arctic women*. UiT The Arctic University of Norway

Landmark BT, Gran SV, Grov EK (2014) Ernæringsstatus blant pasienter i sykehjem og i hjemmesykepleien kartlagt ved hjelp av Ernæringsjournalen. *Klinisk Sygepleje* 28(1):4–14. <https://doi.org/10.18261/ISSN1903-2285-2014-01-02>

Lane MM, Davis JA, Beattie S, Gómez-Donoso C, Loughman A, O’Neil A, Jacka F, Berk M, Page R, Marx W, Rocks T (2021) *Ultra-processed food and chronic*

- noncommunicable diseases: a systematic review and meta-analysis of 43 observational studies. *Obes Rev* 22(3):e13146–n/a. <https://doi.org/10.1111/obr.13146>
- LeCompte MD, Schensul JJ (2010) *Designing and conducting ethnographic research: an introduction* (Vol. 1). AltaMira Press, California
- Li H, Li S, Yang H, Zhang Y, Zhang S, Ma Y, Hou Y, Zhang X, Niu K, Borné Y, Wang Y (2022) Association of ultra-processed food consumption with risk of dementia. *Prospect Cohort Study* 99(10):e1056–e1066. <https://doi.org/10.1212/wnl.000000000000200871>
- Løgstrup KE (2013) *Ophav og omgivelse: Metafysik III: betragtninger over historie og natur* (3. udg. ed.). Klim
- Martinsen K, Kjær TA, Bøe H (2018) *Bevegelig berørt*. Fagbokforl
- Merleau-Ponty M (2002) *Phenomenology of perception*. Routledge
- Ministry of Health and Care Services (2018) Meld. St. 15 (2017–2018) *Leve hele livet-En kvalitetsreform for eldre*. Retrieved from <https://www.regjeringen.no/contentassets/196f99e63aa14f849c4e4b9b9906a3f8/no/pdfs/stm201720180015000dddpdfs.pdf>
- Mol A (2010) Care and its values. good food in the nursing home. In: Mol A, Moser I, Pols J (ed.) *Care in practice. On Tinkering in clinics, homes and farms*. Transcript Verlag, pp. 215–234
- National Research Ethics Committee for the Social Sciences and Humanities (2016) *Forskningsetiske retningslinjer for samfunnsvitenskap, humaniora, juss og teologi*. <https://www.forskningsetikk.no/retningslinjer/hum-sam/forskningsetiske-retningslinjer-for-samfunnsvitenskap-humaniora-juss-og-teologi/>
- Ness TM, Munkejord MC (2021) Being connected to nature, reindeer, and family: findings from a photovoice study on well-being among older South Sámi people. *Inte J Circumpolar Health* 80(1):1936971. <https://doi.org/10.1080/22423982.2021.1936971>
- Nurani LM (2008) Critical review of ethnographic approach. *Jurnal Sosiologi* 7(14):441–447
- Nørtoft K, Bjerregaard P, Hounsgaard L, Larsen CVL, Olesen I, Jensen T (2019) *Ældre menneskers liv og helbred i Grønland-En rapport fra forsknings- og udviklingsprojektet Arktisk Aldring (AgeArc)*
- Pardasani M (2010) Senior centers: characteristics of participants and non-participants. *Activ Adapt Aging* 34(1):48–70
- Pearson A, Fitzgerald M, Nay R (2003) Mealtimes in nursing homes. The role of nursing staff. *J Gerontol Nurs* 29(6):40–47. <https://doi.org/10.3928/0098-9134-20030601-09>
- Pollan M, Moen RR (2009) *Til matens forsvar*. Versal
- Prentice R (2010) *Ethnographic approaches to health and development research: the contributions of anthropology*. The Sage handbook of qualitative methods in health research. Sage Publications, pp. 157–173
- Rummelhoff GR, Nilsen SR, Brynhildsen S (2012) Dagsenter gir økt livskvalitet. *Tidsskriftet sykepleien* 100(14):68–71. <https://doi.org/10.4220/sykepleiens.2012.0152>
- Rytter M, Ismail AM, Sparre SL (2021) Food as care and friction in late life: marginalization of Muslim immigrant families in the Danish welfare state. *Food Cult Soc* 1–17. <https://doi.org/10.1080/15528014.2021.1963925>
- Sadarangani TR, Sadarangani TR, Murali KP, Murali KP (2018) Service use, participation, experiences, and outcomes among older adult immigrants in american adult day service centers: an integrative review of the literature. *Res Gerontol Nurs* 11(6):317–328. <https://doi.org/10.3928/19404921-20180629-01>
- Sheets-Johnstone M (2014). *Putting movement into your life—a beyond fitness primer*. CreateSpace Independent Publishing Platform
- Spradley JP (1980) *Participant observation*. Holt, Rinehart and Winston
- The Directorate of Health (2017) *National professional council for nutrition, diet and meals in the health- and care service*. Oslo, Norway Retrieved from <https://www.helsedirektoratet.no/faglige-rad/ernaering-kosthold-og-maltider-i-helse-og-omsorgstjenesten>
- The Directorate of Health (2021) *National professional guidelines for the prevention and treatment of malnutrition* [online document]. The Directorate of Health Retrieved from <https://www.helsedirektoratet.no/retningslinjer/forebygging-og-behandling-av-underernaering>
- Todres L, Galvin K, Dahlberg K (2007) Lifeworld-led healthcare: revisiting a humanising philosophy that integrates emerging trends. *Med Health Care Philos* 10(1):53–63. <https://doi.org/10.1007/s11019-006-9012-8>
- Vallianatos H, Raine K (2008) Consuming food and constructing identities among Arabic and South Asian immigrant women. *Food Cult Soc* 11(3):355–373. <https://doi.org/10.2752/175174408X347900>
- van der Pols-Vijlbrief R, Wijnhoven HAH, Schaap LA, Terwee CB, Visser M (2014) Determinants of protein-energy malnutrition in community-dwelling older adults: a systematic review of observational studies. *Ageing Res Rev* 18:112–131. <https://doi.org/10.1016/j.arr.2014.09.001>
- Van Manen M (2016) *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Routledge
- Vars LS (2019) Sápmi. In: Berger DN (Ed.) *The indigenous world 2019*. International work group for indigenous affairs, Copenhagen, Denmark, 52–63. <https://www.iwgia.org/en/documents-and-publications/documents/publications-pdfs/english-publications/4-the-indigenous-world-2019/file.html>
- Vik HH (2020) *Da samene ble Norges urfolk*. University in Oslo. <https://www.norgeshistorie.no/oljealder-og-overflod/1924-da-samene-ble-norges-urfolk.html>
- Wikby K, Fågerskiöld A (2004) The willingness to eat: an investigation of appetite among elderly people. *Scand J Caring Sci* 18(2):120–127. <https://doi.org/10.1111/j.1471-6712.2004.00259.x>

Acknowledgements

This work was partly financed by the Research Council of Norway through the project “Coming of age in indigenous communities (Samicare)” (Grant number 287301). We wholeheartedly thank all our participants, who shared their mealtimes and experiences with us and, thus, contributed to knowledge in this study. We also wish to express our gratitude to the leaders of the DCCs, who opened the doors and warmly welcomed us into the everyday life of the DCCs for some rewarding and touching weeks of fieldwork. We also appreciate the members of the research group, Comparative Services Research, at the University College of Applied Sciences, Bergen (HVL), and participants of the research group in Intercultural Studies at NLA University College in Bergen, who provided useful comments to an earlier version of this article.

Competing interests

The authors declare no competing interests.

Ethical approval

The study was approved by the Norwegian Center for Research Data (NSD) (project number 472552). Generally, this study complies with research ethics guidelines for the social sciences, humanities, law, and theology (National Research Ethics Committee for the Social Sciences and Humanities, 2016).

Informed consent

Sámi collective consent was obtained from the Ethical Committee for Sámi Health Research (Grant number SMT166-1087041). Data material contains only anonymous fieldnotes; all identifiable information, such as the names of persons and places, was never included in fieldnotes, and the names used in this article are pseudonyms. Thus, there was no ethical need to obtain informed consent from participants.

Additional information

Correspondence and requests for materials should be addressed to Terhi Holster.

Reprints and permission information is available at <http://www.nature.com/reprints>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

© The Author(s) 2023