



Research Article

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Food: A Challenging and Complex Fundamental Care

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Abstract

Food is permanently present in the daily life of the person, being much more than an act for the maintenance of life, dragging with it a multidimensional symbology and also being a way to obtain pleasure. In situations of health-illness and particularly in end-of-life situations, food may become a problem for the patient, family and for health professionals, in particular for nurses. This paper is a review of literature to present and justify the relevance of food as a basic but complex human need and to prospect its implications in the nursing care in this area, which constitutes a fundamental care. Bibliographic research was carried out at EBSCO (CINAHL and MEDLINE), academic Google and at the library of the Escola Superior de Enfermagem de Lisboa (Nursing College of Lisbon). This paper makes a critical and grounded analysis on the food phenomenon and the challenges it brings to the fundamental nursing care, and illustrates it with excerpts from an ongoing study of the first author on the food care process at end-of-life. In conclusion, nurse's role regarding the food field should be individualized, being necessary the nurse to interact and get to know the patient to meet their expectations. This individual intervention with the patient has positive consequences for all involved in the process.

Keywords: *Activities of daily living; drinking; eating; fundamental care; terminal ill*

1. Introduction

We know that food is permanently present in the everyday life of human beings, being necessary for the maintenance of life, creating a basic or fundamental human need. However, food is not just a biological phenomenon being much more complex, as well as involving social, spiritual and psychological aspects of primary importance for the health and well-being. Being a fundamental necessity, food requires permanent attention in view to satisfaction, by the person or others, sometimes the nurse. However, food, because of the referred multidimensionality and complexity, carries important challenges to nurses and the need to reflect on the practice of caring directed to

that basic need, that is, about fundamental care. This paper is a review of literature to present and justify the relevance of food as a basic but complex human need and to prospect its implications in the nursing care. It makes a critical and grounded analysis on the food phenomenon and the challenges it brings to the fundamental nursing care and illustrates it with excerpts from an ongoing study of the first author on the care process to end-of-life.

2. Methodology

Bibliographic research was carried out at EBSCO (CINAHL and MEDLINE), academic Google and at the library of the Escola Superior de Enfermagem de Lisboa. The following descriptors were used: nurs*, eating, feeding, drinking, nutrition, nutritional requirements, nutritional support, nutrition process, nutritional status, nutritional assessment, operationalized through Boolean expressions OR and AND. In addition to the selected articles, nursing theories relevant to the theme, were also used.

3. Food as Fundamental Care and the Challenges for the Nurse

Food is and always has been present in the daily routine of humankind because, effectively, and quoting Simmel (1994, 160), of all that human beings have in common, the most common is that they need to eat and drink. This takes us to the biological function of the food act as a way of satisfying a basic need, in order to satisfy hunger. However, according to Watson (1985), eating and drinking are not just two acts that meet the minimum daily food requirements and survival, as they can also be an opportunity for socialization (Abreu et al., 2011; Maciel & Castro, 2013), expressing meanings, symbolic forms, emotions, forms of sociability. It expresses a singular and collective identity in the choices of each individual and in the systems of belonging in each culture and, at the same time, founds the identity, while maintaining the person who nourishes in a system of meanings, through daily repetitions, schedules, table manners, etc. (Amon & Maldavsky, 2012). Effectively, there is a symbolic sense in the food act and each one chooses the food conditioned by several factors. Food is based on eating habits and patterns that depend on the availability of food, but also on the culture, religion and beliefs, resources and ideologies of the person, (Amon & Maldavsky, 2012). It is a fact that food has an enormous cultural, social, biological and psychological weight, being a central symbol within most cultures (Giddens, 2002).

Eating and drinking activities of life¹ (Roper, Logan and Tierney, 2001) play an important role in the daily living standard of all age groups and it is considered an essential and usually enjoyable activity. Balaías (2009) states that the desire to eat arises even in the absence of energetic and nutritional needs, existing a pleasure related to the act of eating and transcending the state of health or illness of the individual. Watson (1985) adds that the human need for food and drinks is associated with trust, love, caring, and security in human relationships, and food is a focus of emotional associations and a channel for interpersonal relationships. This author also refers that this need is directly related to past experiences, the conscious and unconscious meanings, the symbolic and the real attached to the food process. Effectively feeding is not only the act of ingesting food, it is also a moment of conviviality, sociability and pleasure, in which the nurse can intervene in a way that legitimates the individuality of the person.

In the nursing models and theories, it is consensual that eating is an important phenomenon in each one's life, and Roper et al (2001) argue that it is of great importance in the life of the individual and the family at any stage of the life cycle or in any health situation. According to Collière (1989), eating and body practices are the origin of all habits of life and of all beliefs, they constitute the oldest customs in the world and are always behind any form of expression of the health-disease process. Therefore, food is a complex phenomenon and of great importance in the nursing

¹ *Eating and drinking activities of life are one of the 12 Activities of Life (ALs) advocated by the Roper, Logan & Tierney life style. The ALs refer to all activities that are an integral part of life and that together contribute to the complex process of life, and which are influenced by biological, psychological, sociocultural, environmental and political-economic factors (Roper et al, 2001).*

intervention, in which new challenges have arisen for the professionals who want to provide an individualized and person-centered care.

One of the challenges nursing is facing is the globalization of food. Today, according to Martins (2011), while in developing countries there is a tendency to reproduce Western eating habits, the West has discovered ethnic food and imports Eastern food practices. Related to this, and since food is one of the health bases of the individual and the community, the demand of a multicultural society, which we are today, obliges nurses to care for individuals in very different ways of living their food. That is affected by the symbolism attributed to it and by other factors (such as taste, appearance, need to vary, aroma, color, texture, category, social prestige, advertising, cost, amongst others) (Martins, 2011).

The symbolism that people give to food, associating it with health, life and love (Holmdahl et al, 2014; Gillespie & Raftery, 2014) can also be a challenge for the nurse, when for instance, the family associates the fact that the health of the patient is deteriorating because he's not eating (O'Connor, 2007; Strasser et al, 2007). There is often a discrepancy between what the person wants and what the family understands, creating ethical dilemmas for the health professionals namely to the nurse.

In 2010, Kitson et al began a research project with the objective of mapping the elements of fundamentals of care, and to build scientific evidence about the most adequate way of providing such care, concluding, in a first phase, that there is strong agreement to the area of care related to nutrition as one of the fundamentals of care. These authors point out that eating and drinking are one of the activities² that constitute the fundamental of care, and the word *fundamental* reflects the centrality of these activities to reduce damages, optimize recovery and ensure positive experiences of people (Kitson et al, 2013). It means assisting people with dignity and respect in intimate care activities (Feo & Kitson, 2016). Eating and drinking are also activities which nurse-person interactions and social processes are built, being universal and essential to life, they are a part of our daily self-care activities, which are often undervalued and relegated to the unconscious or common-sense level of knowledge (Kitson et al, 2010). However, when people are confronted with any kind of health or lifestyle changes, these daily self-care activities are often the first to be compromised, and suddenly, this tacit knowledge about them becomes very important for the patient, the family and the nurse (Kitson et al, 2010). Satisfying the basic needs of people's care (such as eating and drinking) is, according to Feo & Kitson (2016), essential to a greater positive experience of the individual in any health setting, however, in the care system to acute patients there is a devaluation of the fundamental care. Feo & Kitson (2016) developed a series of propositions that outline the multiple ways in which care is made invisible in that care system, which are: dominance of the biomedical model on patient-centered biopsychosocial models, health systems do not value provision of basic care, and devaluation of basic care by nurses.

In this investigation we are developing about the nursing care process to the end-of-life person in the performance of AL eating and drinking, we are using the Grounded Theory method and collecting data in a palliative care unit of a Lisbon hospital. We have noticed that the modification of the proposals referred by Feo & Kitson (2016), make, in fact, a difference in the way they are assisted with the fundamental care by nurses, the and the positive results they have for the patient, family and the professionals. By studying the conditions, interactions/actions of the nurses in the context of eating and drinking AL of the end-of-life patients in a palliative care unit and its consequences we have found that the conditions in this context, namely the philosophy of care to these patients are palliative care (based on the direct care towards the person and not the illness, in which the intention of the team and in particular of the nurse, is to provide comfort and quality of life to the person and the family), and in which the institution's organization, unit, and technological sophistication serve this purpose and influence nurses' interactions/actions and make a big difference in the consequences for patients, families, and nurses. In this care unit, the consequence of the nursing action in the food area is, from the perspective of the end-of-life person and the family, a " Higher quality of life of the patient and the family", namely: a "More familiar environment",

² The activities that constitute the fundamental care are the activities required by each person, independently of their health condition or environment (Kitson et al, 2010).

the "Maintenance of the safeness of the person", the "Controlled discomfort", the "Maintenance of the autonomy of the person", "Positive perception of the situation by the person", "Family learning". Regarding the consequences of the nurses' perspective, a "Higher quality of the Nursing experience" emerges, through a "Professional satisfaction" and a "Personal and professional development". This makes us to agree with Kitson (2016) on meeting the fundamental needs of people's care as being essential for a positive experience of the person in any health setting, but also leads us to see positive results in personal and professional satisfaction of the nurse, an aspect that needs further investigation.

Since food is an important and complex fundamental need to be provided by the nurse in all health contexts, it is important for this professional to approach it in a comprehensive, individualized and person-centered way. In fact, the inherent complexity of food is huge throughout the whole food process, from choosing the food to its acquisition, its transport, its conservation and confection until the moment of ingestion, digestion and assimilation. This is a subject of a complex intervention, and it is necessary that health professionals, and the nurse, can understand human nutrition not only from the perspective of nutrients and physiological needs, but also can understand that the best food for man is the one that leads to a longer survival time and a better quality of life (Martins, 2011) and this is an art that the nurse must learn.

If it is true that the nurse should help the person to satisfy this fundamental care and promote awareness of the correct eating habits, becoming an educator of the person, family and community to choose and adopt healthy lifestyles, it is also true that this complexity of food makes this care challenging and the role of the nurse educator very complex, requiring a reflexive, professional and sensitive action (Martins, 2011). However, this author also argues that we are in a time where the educational discourse used by health professionals, and by the nurse, is easily based on the general norms related to the person's health-illness situation or disease prevention, not promoting motivation for food change and not reflecting the individuality of the situation. This leads us to the concept of medicalization of food which, according to Proença (2010), means the substitution in the relations between man and food of social, moral and gastronomic reasons for medical reasons, in which the horizons of the food act stand out first and then only sociability and pleasure, and may be contributing to a process of personalization of the person. If we add to this the context in which the person is inserted, it is often an acute care hospital where curative practices prevail and where food is provisional, where nutrients are organized as a medical prescription, opposed to culture, tradition, habits and cultural values of the food (Martins, 2011), we perceive the importance of demedicalizing food. This means that health professionals, and nurses, should articulate the knowledge of the nutritional sciences with the socio-cultural and spiritual dimensions of food, that is, we should consider food and nutritional education focused on its relationship with health, with the pleasure and with its social and symbolic dimensions and respecting the processes of socialization and identity construction (Proença, 2010). Finally, the nurse must individualize the intervention and contribute to the humanization of the food care.

We know that the nurse is a professional with skills that allows approaching the situation of each person in an individual and self-centered way. The multifactorial nature of the food must be permanently equated, and this professional has the possibility of accessing the person, analyzing the information that collects and decodes it, planning along the best way to satisfy the person in all dimensions of the food. About this, Martins (2011) tells us that the nurse has no excuse to adopt normative-type speech. The training, in addition to biomedical disciplines, includes others of human and social nature. In fact, nurses have no excuse for normative discourse, and we must add that they also have no excuse for normative interventions.

4. Conclusion

Food is a complex multidimensional phenomenon and a fundamental care that has to be valued by the nurse in order to delineate individualized interventions, with positive consequences for all those involved in the care process. Nurses must continue to develop responses to the technological sophistication of today's health services. They may continue to have excellent knowledge of anatomy-physiology and technical skills but if they don't interact with each other as a form of

access to their experience, their meanings, understanding what the individual needs and expects, and how nurses respond to their health-disease situation, as Kitson et al (2013) points out, helping them to experience something positive, their intervention will become insufficient against the expectation of the other. Therefore, health gains will fall short of expectations. From our perspective, this is the greater difference that nurses can make in their practice, which is, responding to the basic care needs of people, adapting to their individuality, synchronously with their experience and timings. In addition to these positive experiences for the person that can come from the satisfaction of the fundamental care, we have also equated in this article the positive professional and personal consequences that can also occur for the nurses, providing greater professional satisfaction, aspects that need to be deeply investigated.

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