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# Executive Summary: Social Interactions Among Mealtime Tablemates in Assisted Living

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## Study Overview and Purpose

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Older adults are at great risk for poor food intake. Although illness and declining health can explain some risk, social and psychological changes also occur with age and can affect dietary health. Formal care arrangements can lead to social isolation or feelings of loneliness, negatively influencing intake. However, they could provide more opportunity for interaction as a result of communal living. Previous research has shown that mealtime is a major social event of the day for older adults, holding social, cultural, behavioural, and symbolic meaning, as well as being a place to develop relationships, bonds, and support. However, what specifically happens at mealtime between tablemates has yet been investigated.

## Our Research Question:

This study sought to describe the social interactions that occur among tablemates, as well what influences resident-to-resident interaction to better understand what occurs socially and psychologically at mealtime.

## How the Study was Conducted

In January and February 2009, 14 lunch periods were observed at the retirement section of Riverside Glen. Two to three observers collected data in each period, with each observing two tables. A total of 63 individual table observations were made. Observations were described in detailed field notes. All residents attending lunch in the dining room were observed. Residents and staff were not told if they were specifically being observed to minimize obtrusiveness of the study. Data was analyzed into themes, using a constant comparison procedure to summarize and understand the data.

## Results

The social interactions that tablemates were involved in included: talking, assistance, sharing, humouring, non-verbal expressions, appreciation, affection, rebuffing, ignoring and excluding.

- **Talking.** Tablemates greeted each other, commented on the weather, how they were, and their daily activities. Food served was discussed on presentation, taste, and temperature. Negative comments were raised about the food by some. Residents spoke about others such as tablemates, other residents, staff, guests, kin, and external encounters. Tablemates complemented others' appearance, skills, and discussed what was currently going on in the dining room, out the windows and in the hall.
- **Assistance** included *physical assistance*, such as helping others sit or stand, moving obstructions (e.g. walkers), or passing items out of reach. Cognitive ability did not hinder one's ability to conduct this assistance. *Tangible assistance* included helping clean messes, open packages, cut food, encourage food intake, and repeating food choices to those hard of hearing. *Informational assistance* involved suggestions or advice such as who to get help from for health issues, what foods to eat for health benefits, locating canes or walkers, and suggesting the use of condiments and for easier swallowing. This type of assistance was given by those thought to have higher cognitive capacity.
- **Sharing.** Tablemates shared food, personal belongings, and self-disclosed activities or health concerns (e.g. pains, how they got help, times spent with family, and events outside the meal). Revealing ambitions, dreams, anxieties, and stresses occurred and differed from *talking* as *sharing* involved elaborations, disclosing and comparing emotions.
- **Joking/Humouring.** Witticisms or jokes were made about food served, specifically on its appearance, texture, or taste. Personal health conditions were also joked about, often light-heartedly. Sometimes joking was focused on other residents or staff which had a more malicious intent, involving their conditions or lack of capacity.

- **Smiling/Eye Contact/Nodding:** Much relating among tablemates was nonverbal using expressive gestures such as smiling, eye contact, laughing, and nodding. Residents who could communicate verbally applied these interactions, and those who could not talk much or at all relied on these non-verbal interactions to interact with their tablemates.
- **Appreciation** was expressed verbally and non-verbally, by smiling, giving thanks, or shaking hands, occurring often after assistance or support was provided by others. **Affection** was also exhibited but more sporadically and less frequent than appreciation and was observed mainly between spouses or those who appeared to be close confidants.
- **Rebuffing/Ignoring/Excluding:** Disagreements sometimes resulted in a clash among tablemates and its' effect would carry throughout the meal. Some tried to initiate interactions with others but would be rejected by those that chose to respond minimally or not at all. Residents who purposely rebuffed or ignored their tablemates typically did not ask for assistance from others during mealtime (e.g. reaching over the table rather than asking a tablemate to pass something). Some residents would lean in and talk to another and seemed to be sharing a secret, excluding another tablemate.

Interactions were influenced positively and negatively by residents, staff, and the environment.

- **Tablemate Roles:** Some tablemates acted as *supportive leaders*, upholding conversation, regarding others positively, asking questions and treating others equally through compliments, concern, appreciation and affection. *Dominant leaders* made an imbalance as they did not encourage positive responses, spoke of their own interests, and offered little attention to others. Sometimes they existed in pairs, controlling interaction by excluding or rebuffing others. *Active spectators* promoted table leaders and continued interactions by making and maintaining eye contact, nodding responsively, giving feedback and facial expressions. *Unengaged spectators* did not participate or express emotions, would not respond or ask questions. Sometimes they were the object of other interactions among tablemates, such as rebuffing, talking about, or making jokes about when they left the table.
- **Tablemate Characteristics:** *Similarities* among tablemates supported interactions, such as language, backgrounds, interests and personalities. Hearing, vision, cognitive, or respiratory problems had the potential to limit interactions, as well as physical challenges that influenced the task of eating. Even with limitations in physical or cognitive health, some residents continued to interact while others with these deficits needed to focus on eating.
- **Social Environment.** There was time before the first dish and between dishes for tablemates to interact. There was less verbal interaction once meals were served, however some residents still interacted while others were more concentrated on the task of eating. Although there was no limit to the time that residents could take to eat, the culture of staff needing to move on to other tasks (e.g. bringing next course, clearing tables) influenced interaction. Couples would sit together, but when with other residents, their interactions appeared less intimate. Guests and family removed residents from their tablemates by exclusive conversation, moving to another table, or leaving early to visit elsewhere. Some residents suffered from this loss of a tablemate as interactions were diminished.
- **Staff** influenced interactions by the way they engaged with residents. When they approached a table and interacted with only one resident, other tablemates were observed to sit in silence, look away or at their plates while this interaction occurred. However, when staff approached a table acknowledging all tablemates, engaged residents expressed interaction such as smiling, eye contact, and verbal responses. Also, when staff posed a general question or comment, it also acted as a stimulus for more interaction, typically in the form of table conversation after the staff left the table.
- **Physical Environment.** Some seating provided a better view to see other activities, persons, or objects, including things going on at other tables and with staff. Being able to see who was in the hall, entering the building, or what was going on outside either detracted tablemates from interactions or stimulated them. Noise influenced interactions as some residents could not hear others over other mealtime processes and background noise, including dinner music.

### **Key Findings:**

- Health status is not an absolute determinant as to whether social interactions occur at mealtime, but instead is influenced by psychological perspectives, attitudes and similarities among tablemates, the environment, how meals are provided, and the presence of others.
- Having a tablemate who can support positive interaction amongst other tablemates is an advantage when some are lacking in capacity, so long as they are willing to do so.

- Being able to identify the diversity in social interactions and the factors that influence them may be of benefit in the future for nursing, dietary, and other health care staff to identify how they can best support social interaction among tablemates.
- Positive interactions enabled residents to share, help, and connect with one another. Being able to make light of health conditions, reminisce happy times, encourage and support others is consistent with prior findings that positive interactions foster positive emotions, happiness, enable intimacy, and reduce self-scrutiny.
- Negative interactions can have stronger effects on well-being than positive interactions for older adults. Exclusion or rejection were evidenced, regardless of intent, which can add to an unsupportive environment and possibly lead to an increased risk for social isolation, self-scrutiny and decreased self-esteem.
- Monitoring interactions through resident's feedback, praises, complaints, or staff observation should be treated with high importance as it could contribute to decreased food intake and health decline.
- Some tablemates encouraged others to eat more, distinguished what was healthy to eat, and made sure others got what they wanted to eat. This can foster social interactions and improve food intake!
- Some residents value mealtime for a place to interact with their tablemates, while others do not.

### **Important Points to Practice at Riverside Glen:**

- All staff (dietary, nursing, administrative) should be aware of the value of mealtime for older adults.
- Fostering relationships and positive interactions at mealtime is a strategic way to ensure positive social and psychological stimulation.
- Observe who arrives late and leaves early and try to understand why they do not stay as long as others.
- Be aware of residents that act as supportive leaders for interactions and can be models when looking for ways to improve interactions among tablemates.
- Be aware of how all staff present themselves to tables and try to include all residents when chatting and to minimize perceptions of favouritism.
- Assigned seating could be used to promote interactions by placing supportive leaders with individuals who are primarily spectators, and also resolve known issues such as more dependent residents being given fewer opportunities to communicate or express themselves at mealtime, including making food choice requests.

### **Additional Notes**

We also observed two "Lunch Bunch" events in the activity room. We observed approximately 10-12 residents, those involved and not involved in many activities at Riverside Glen, as well as new residents. We found many residents were able to help prepare meals and be involved in the mealtime process. Residents were also able to meet others, share their past experiences, backgrounds, accomplishments, reflect on who they are, as well as come together to overcoming any challenges they may be facing (e.g. a new resident sharing why they came to Riverside Glen and others relating to their experience, offering advice, etc.). We encourage this event and believe it is a great way to incorporate more positive social interaction at mealtimes.

We look forward to conducting interviews to continue our understanding of what makes mealtime important and what mealtime. If any staff wish to follow up on this study, please contact:

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