Facilitating learning and change in health care institutions - sociological and educational perspectives

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- No quick fix
- 1. Public health nutrition
  - Different levels of intervention
- 2. Clinical nutrition
  - Need for research, education and collaboration

Intervention!

- (Often) on an individual, moral and pedagogical level
  - And with medicine...

No quick fix

- I would suggest reflections – and interventions at these levels
  - From macro to meso and micro:

Who dominates values of health and food?
Middle-class values

Inequality in health

- In 2010, whichever indicator of socioeconomic status is considered — education, income or material deprivation — reporting of poor or very poor general health and long-standing health problems tends to be infrequent in the most advantaged group and increasingly common as disadvantage worsens.

(Marmot et al. Health inequalities in the EU, 2010)

- In 2018 the same goes within diet and malnutrition related to elderly persons — in Denmark — privileged patients/users with resources (economic, cultural, social) to support them are better of, than those with no own resources or with bad professional (healthcare professions) or poor institutional (hospital/elderly home) support..

-MY knowledge from review of studies (Kristian Larsen)

1. Public health nutrition

- Different levels of intervention
  - Transnational, national, community, organisation...

- Transnational intervention
  - How is “Eating, wellbeing, and nutrition” differently distributed among social groups? And how are “socioeconomic positions and related values” inherited and ‘handed over’ between generations?

Large scale – (transnational) - Interventions (policy):
  - Aim to distribute (equal) possibilities
    - ecosystem, labourmarket, education, knowledge transfer, poverty reduction, economic development...

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• **State intervention**
  • How is ‘Eating, wellbeing and nutrition’ organized and what is prioritized politically (ministry, boards, research institutions)? What kind of struggles take place about health, diet?

  **National scale interventions (policy)** e.g. on taxes and access on distribution related to “Eating, wellbeing and nutrition”

  Make healthy food cheap

• **Community based intervention**
  • How can we reduce vulnerability in relation to Eating, wellbeing, and nutrition?

  **Community based or local interventions** - Support vulnerable elderly patients, relatives, neighborhoods

  Elderly homes
  Hospitals
  kindergardens

• **Organisational intervention**
  • How does the organization (elderly home/hospital) motivate in relation to Eating, wellbeing and nutrition – what is ‘de facto’ practiced as valued, seen as attractive?

  Denmark: Highest patient turnover in Western world - reduced dramatically and is currently estimated to 5.5 days (OECD 2017a) AND; increased ‘user-involvement’ and ‘demands’ for health services

  **Organisational interventions** - What can be done to give priority to nutrition? Hospital nutritional excellence?

  Does ‘economic benefits’, ‘research-activities’ (www.CET.rn.dk), ‘evidence based standards’ (ESPEN guidelines) stimulate nutrition on an organizational level?

• **Cultural intervention (lived experiences)**
  • Which ‘culture’ are present among patients or professions in relation to Eating, wellbeing and nutrition? Are there discrepancies between eating habits, lifestyles? What does the cook like? The dietist? The patient - patients.

  **Intervention of cultural level** – development of cultural norms and values e.g. via practice; ‘accept of individual’, ‘share values’, ‘making food and eat together’.
• Nudging – Intervention via materiality
  • Do the physical, material surrounding – ‘serving’, ‘room’, ‘interior’ (noise, esthetics) support nutrition?

Intervention via materiality
  • “Is it easy to choose healthy lifestyles?
  • Staircase/escalator
  • Bikes/Cars?

Malnutrition and older people
  • Malnutrition is frequent in older people and a precursor for morbidity and hospitalisation, furthermore low intake and weight loss during and after hospitalisation is well described.
  (Lindhardt & Nielsen 2016)

• 2. Clinical nutrition
  • Need for research, education and collaboration

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Food and nutrition skills</th>
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<tbody>
<tr>
<td>Women</td>
<td>At the very High</td>
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<tr>
<td>Men</td>
<td>At the very High</td>
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<tr>
<td>Nutritional nurses</td>
<td>High</td>
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<td>Other assistants</td>
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<td>TOTALS</td>
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<td>Chefs</td>
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<td>Cooking and kitchen</td>
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<td>Internally</td>
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• Intervention on Healthcare professions
  • How is diet related to elderly people practiced among professions?
  • Which professions are there?
  • How do different professions react to this kind of change
  • What are their competencies in relation to food
  • What role does food play in care?
  • How do we improve a “new nutrition consciousness”
Healthcare professions

- Nurse in Norway: “The treatment the patient get is not worse [than before New Public Management changes], but they get less comfort and less mental treatment – like empathy” (Brand & Larsen, 2017, p 2)

Intervention on professional level

- research, development and evaluation
- monitoring/screening nutritional status (DiMS), risk/vulnerable/ malnutrition elderly, energy/protein
- clinical guidelines, dietary plans - apps/devices
- patientsafety
- collaboration doctor, nurses, cooks, dieticians..

Educational intervention

- Learning - Pedagogy; education and didactics
  - Is eating, wellbeing and nutrition an object of education? — how is it dealt with? Which educations deal with eating, wellbeing and nutrition and how?

Intervention

- development of educational programs, teaching models, curriculum, didactics and evaluation
- choice of methods 'school', 'simulation', 'bed-side', - IT-learning, APPs...

Involving the user

- What are the different types of elderly
  - In hospitals or nursing homes
- User needs and the professional environment the 2 places are very different
- How can we create a comfortable "foodscape" in the 2 places
- How do we provide quality workforce around those

New burdens on relatives

- Chris after husband admitted to nursing home:
  - I find it hard to get an overview of what to do.... All the time there is something I have to do: medicine, documents, pension, economy, I have to pay all sort of things.....Even at the Nursing Home I have to take care of all sorts of things. The supply of washing powder, a vacuum cleaner, shampoo. Things like that. ??

  — Helle Rønn Schmidt Ph.d. student (in proces 2018)
Agenda

- Food for the elderly
- Come a long way in DK:
- A new "food for the elderly wave"?
- But food for the elderly its complex
- Diversity: users, professions, institutions...
- Different professions involved
- How do they react to and adopt the change?
- Conclusion: what is needed?
  - Transdisciplinary research
  - Researchers education
  - Education and training of practitioners
- AAU; UCN and SOSU Nord are ready

Thank you for your time