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# INTERVIEW REPORT

MACA & SFIN - NOLLVISION COLLABORATION

# CONTENTS



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# INTERVIEWS: ELDERLY INDIVIDUALS

We conducted eleven individual interviews with older adults (six women and five men) aged 60 to 90. All of the informants were living at home without care service. Unfortunately we were not able to organize a focus group interview with nursing home residents, due to the current health restrictions.

It is important to notice that the elderly people we have interviewed are not the same elderly as the care givers referred to in their interviews, these are generally older and more fragile than our elderly interviewees.

Most interviews took place digitally. The following is a compilation of the main insights from the interviews, organized into themes.

# THEME 1: VIEWS ON OLD AGE, AGEING, AND HEALTH

The majority of the informants said that they did not feel old and felt they were not their age but younger, at least mentally. Some physical impediments (difficulty in walking, pains, loss of dexterity, etc.) made some informants feel older than before. Most informants neither placed themselves in an age category nor really liked the idea. They did not want to be considered or treated as old.

*I can't believe I am this old, it doesn't feel like it (female, age 84).*

*When you suffer and have pain because of arthritis and such, it affects your morale and then it's easy to start going down (male, age 77).*

*I don't want to be categorized as old, frail, etc. But the day I become frail, I wish to be respected and treated accordingly (female, age 60).*

*I feel as part of all age categories, I don't exclude myself from any of them, meaning I feel good in all groups (female, age 73).*

*One is old when not able to move, when not able to use her/ his own hands to eat and not able to go to the toilet by oneself. When the person needs help for that, losing autonomy, that is being old (female, age 73).*

*I'm quite certain that old age can last longer with a healthy diet and an active lifestyle, mentally and physically, one can gain a few years. This is my goal. It depends a lot on the mind. I want to do many things (male, age 76).*

*To become old is merely another achievement in life. I personally don't feel the weight of the years. I am 73 but don't feel old, no! I feel active, with strength, young internally. Mentality is the same. I feel like 50 internally. It's my body due to the accidents and operations that make me feel older but my mental state is fine. I've done so much in my life, I feel relieved and happy for all that I have achieved (female, age 73).*

## THEME 1 (CONTINUED)

To the interviewees (6), old age means:

*1. **Confinement**. Not being able to do what I would like to, not having all my freedoms.*
*2. **Decay**. Losing control of your mental and physical health. Losing autonomy. Suffering and thus losing hope in life. Disconnected from the world around*
*3. **Frailness**. Vulnerability. Disconnected from reality*
*4. **Not being able to do all I could do before.** My head wants to but my body marks the limit.*
*5. **Deterioration**.*
*6. **Limitations**. Loss of autonomy.*

Overall, old age is perceived rather negatively. It is seen as a stage in life one anticipates with fear or apprehension. However, if the older person is still feeling good and able to do what she or he desires, then ageing is not necessarily considered a bad thing.

*Old age means tranquility, calming down, inner peace, no more agitations (female, age 73).*

*Old age is not negative, it is positive even though there is evident decay (male, age 76).*

*Becoming old is to be privileged, to be lucky to have gotten that far (male, age 90).*

*I try not to think of the dark side of old age, but rather of the tranquility that comes with old age. Also the things I couldn't do before for lack of time, like reading (male, age 76).*

# THEME 2: AGEING CONSIDERATIONS IN SWEDEN

There was a shared view among the elderly interviewed that age is not valued in Sweden, or not valued any longer. Informants talked about a kind of cult of modernity and youth. Also, the idea came out that equality ideals tend to be taken to extremes where all, younger and older adults, should be treated the same way, without special respect to elderly.

*Sometimes it is like we (the elderly) don't exist. I don't think Sweden is so age-friendly really (female, age 84).*

*I still have this, what shall I say, feeling of age discrimination as a whole in Sweden. (…) We have very little respect in Sweden for old people. (…) I was told I was in my sixties almost, and they want to have young people. But I was the most qualified person in southwest Skåne, and I was put aside because I was old (female, age 80).*

*Here in Sweden everyone is treated the same way therefore there isn't much consideration to elderly. In South America where I'm from, elderly are respected and given preferences (…) It's important for me that people respect my age in the bus or in the supermarket, for example, by giving priority in the queue and things like that (female, age 73).*

There is a clear desire from most elderly to "do it themselves" as much as possible because they have been brought up with an autonomous/independent way of being. There is also a desire to stay home as long as possible, and not to go to a nursing home. The informants clearly stated that they do not want to be a burden for society; they do not want to appear as needy.

The current pandemic seems to have made older adults actually feel older than they are, due to being categorised as a vulnerable, "at risk" group. It was made clear that infantilisation comes as part of this categorisation.

## THEME 2 (CONTINUED)

*That was annoying, patronizing, exactly. From one day to the other, we were not worth anything. We were in a jail actually, it was horrible, and everybody accepted it. (…) I think that we should be more able to decide ourselves, and not giving us a bad conscience if we did decide ourselves (female, age 80).*

*This categorization is a bit absurd, we're all exposed to it whatever our age. I find it unfair, discriminatory (female, age 73).*

## THEME 3: FOOD AND EATING

Most informants linked healthy ageing to healthy food and stated that they were striving to take care of themselves by maintaining a healthy diet as far as possible.

*Food is health. That is my slogan. (…) And to prevent sickness, eat good food. (…) And enjoy cooking (female, age 80).*

*With age, I started to eat healthier and to take more care of myself. I started to adapt my diet to the medical results I was getting (male, age 77).*

*I gradually adapted my diet by getting older and getting to know myself, my body better (female, age 60).*

*A proper meal is a wholesome meal (male, age 90).*

*It all depends on my mood. Sometimes I want a little biscuit for fika, sometimes not (female, age 90).*

Many informants said that their appetite and their taste had changed over the years.

## THEME 3 (CONTINUED)

*I used to eat all kind of things, salty and sweet things, snacks, (…) but now not anymore, I don't feel like it, and my body can't really stand it, it's not good for me, some food affect me so I can't have it (female, age 73).*

There seems to be an awareness about eating more vegetables and more climate-friendly and local food. Many elderly people said that they ate less meat than before. There is a general perception that "healthy" means more vegetables and less meat.

*We used to eat meat every day but now it's mainly 2 to 3 times per week (male, age 90).*

The financial aspect of food is usually taken into account. Expensive food is considered to be a treat. Wine is now in general more accepted and not seen as a bad thing or something special; it has become part of the everyday. Many participants with a modest economic situation maintained that they weren't able to buy all the food they would like.

*Healthier food is more expensive, I can't always afford it, some things I'd like to have but that's too much for me (female, age 73).*

The older women we interviewed seem to wake up with less appetite than older men, and overall seem to feel less hungry/ less needy with food than older men. They said they were eating more by habit or necessity, than by hunger. Some days they had no desire to eat at all, and thus no motivation to prepare a meal for oneself. The social aspect of food is essential as it is hard to cook for oneself and eat by oneself. The company stimulates cooking and good food.

*I eat because I'm used to eat at those times of the day but I'm not always hungry. With the years, I'm getting tired and thus less hungry. I could easily skip breakfast or dinner some days. (…) Also, I've cooked for so many years that now I'm tired of it and don't want to anymore (female, age 90).*

## THEME 3 (CONTINUED)

*Eating is a matter of habit (female, age 60).*

There are preferences for home-cooked and fresh meals. The setting/atmosphere and the way the meal is presented also seem to matter to the informants.

For most of the informants, the pandemic only slightly affected their eating habits, mainly in relation to going shopping at different times, or going less often.

## THEME 4: FOOD AND EATING INFLUENCES

The main influence on the elderly interviewed seems to be from the family, mainly the mother's cooking, and also from friends, especially those friends considered as healthy. The informants with personal interest in food and nutrition also looked into books, nutritionists and other references as sources of knowledge.

*I get informed by reading newspapers and listening around, people of my age experimenting ageing and talking about that (male, age 77).*

"I know/my body knows what's good for me" was a typical answer, especially from women, when asked about who influenced their way of eating. These informants showed mistrust from external sources when considering general health.

*My guide is myself. I'm the one who feels my body and knows it. The doctor can give me advice but if it doesn't seem right to me I won't follow. I listen to my body, my organism. I'm the only one to decide (female, age 73).*

## THEME 4 (CONTINUED)

*The doctor gives me a medication to take but if I think I don't need it I won't take it (female, age 60).*

There seems to be a general opinion that the doctor does not provide nutritional advice but mainly prescribes pills. If the informant is experiencing pain, the doctor gives a painkiller but will not give advice on how to eat properly according to age or needs. Pills, according to the informants, make them sleepy and lose appetite, and also affect the digestive system. The doctor is not necessarily a source of knowledge for the elderly.

*The doctor prescribes the medicines and we prescribe the vitamins (female, age 90).*

There also seems to be a gap of knowledge between what elderly need according to their age, and what they actually eat; the latter is basically the same as when they were younger but in lesser quantity.

## THEME 5: PHYSICAL ACTIVITY

Most informants recognized the importance of being active while ageing, both socially and physically. For instance, being part of a social organisation created social interactions and responsibilities which was good for their wellbeing. Physical activity helps the ageing person in growing older in a healthier way. The informants that still feel - and also look - young are those who are regularly exercising.

The importance of associating with younger people and not only older was also mentioned as important for healthy ageing.

*I have always been active in organisations in my life, even as a senior. I think it is crucial to be active (female, age 84).*

## THEME 5 (CONTINUED)

*II exercise (gym, walking, cycling) everyday to better face old age (male, age 77).*

*Physical activity is as important as the diet. I've exercised all my life (gym, yoga, walking, cycling, etc.) and I still do every day (male, age 90).*

*I feel ashamed to have diabetes type 2, it limits my social life and it affects the quality of my life. Now I have to avoid white bread and alcohol. But sport made a difference and helped me and it still does. Now I'm starting to admit that I have diabetes (male, age 76).*

# INTERVIEWS: CAREGIVERS

We conducted three individual interviews with caregivers working directly with the elderly in Malmö. The interviewees were two women and one man, all in their 50's. We also conducted a focus group interview with three female caregivers (aged 20 to 50) working in Lund and Malmö. In total we had six healthcare workers informants. All interviews took place digitally.

The following is a compilation of notes, arranged in themes, from all of the caregivers' interviews.

# THEME 1: RESOURCES

One of the themes present in many of the caregivers' responses was the general ***lack of resources*** and particularly the ***lack of staff***. The health workers felt there was not enough staff to attend to the needs of the elderly in a proper way. They complained that by being too few they were often ***stressed*** and did not have the time to really care for, listen to or simply be with the elderly. It seemed to be a serious issue to most of them.

*"Having to give food to 8 individuals that don't really want to eat, we cannot sit with all and make them eat. A change in the system is needed. If the staff is overloaded with work and not helped, it's hard and they (the elderly) feel it."*

They also noted a certain ***lack of education***, especially among the new or substitute staff, concerning nutrition for older adults. They also mentioned a lack of knowledge of alternative food options, for example gluten-free or dairy-free in case of allergies. They witnessed elderly patients all being offered the same food, despite allergies or preferences, thus restricting variety.

In the case of hemtjänst/home care, the health workers complained about not having enough time allocated (in general only 20 minutes) to really be with the older person, to sit and talk with her/him while eating. They said they were just given the time to warm the food up and serve it, and could hardly witness if everything was eaten.

*"Some people (workers) just take the food out and then open the plastic containers and just leave it there. Then next meal when they come back only half of the food has been eaten up."*

Often the person receiving care complains that the food is either cold or not good, and thus not all the plate is eaten. It was said that the majority of elderly living at home and receiving hemtjänst do not eat the way they should in order to stay healthy, and hence often are in bad condition, sick and malnourished, when they are moved to nursing homes.

## THEME 1 (CONTINUED)

It seems that an older person is expected - and also often willing - to stay home and be independent for as long as possible, in order not to be a burden for society. This might be influenced by the early ingrained habit of "doing it yourself" and being autonomous that is typical in Sweden.

This expectation might be related to the financial situation of the older person. The health workers interviewed said that the economic aspect often played a part in the decision of whether or not to move to a nursing home. They also noted that many elderly people could not always choose the  food they would like due to pecuniary restrictions from the little pensions they received, especially women. The informants talked about “invisible poverty among the elderly in Sweden”.

The general message relating to resources was that a change in the system is needed, allocating more staff and more budget, if the elderly are to be healthy and well nourished.

## THEME 2: NUTRITION

An apparent concern when considering older individuals' eating is the nutritional aspect of food. It seems that most of the time, the food served in nursing homes is coming from outside, i.e. a company or food chain. However, how much is that food really adapted to an older adult’s nutritional needs? When the food is not brought from outside, as for breakfast, it is prepared by the staff and depends on their own knowledge, experience, level of stress, and also the budget. From the caregivers' point of view, the food served is not always optimal, either in the nutritive aspect or in the flavour aspect. The elderly often do not eat much and many times seem not to appreciate what they are served (basic/tasteless food).

# THEME 2 (CONTINUED)

Oral health (prosthesis, toothaches, infections, difficulty in chewing, swallowing, etc.) also seems to be one of the reasons why older persons sometimes do not eat or do not eat much.

An important aspect when talking about malnutrition is also dehydration. The health workers said that elderly people often simply forget to drink because they do not feel the thirst, usually due to little physical activity.

When asked about the doctor as a potential influencer in elderly people's eating habits, the impressions from informants were that ***doctors usually have no impact*** on their diet, and are mainly there to give pills/prescriptions. For the elderly that take a large quantity of medicine, their appetite is directly affected, as is their taste as well as lifestyle (stomach problems, sleepiness, etc.).

The informants said that they felt the elderly were often infantilised and treated as if they are not able to make decisions by themselves or to know what's good for them. Thus they are not always listened to, especially by the medical workers.

Overall, the informants stated that there should be more health professionals surrounding the elderly to see and understand why they do not eat or do not eat well, and that the food served should also be more adapted to individuals' needs and tastes.

## THEME 3: COMMUNITY AND WELL-BEING

The interviewees confirmed the well-known fact that ***isolation and loneliness*** are a central issue when talking about elderly people's well-being. Most of them are alone and have little or no family visits, which obviously affects their desire to eat. This is why it is even more important that the staff get involved with them on a personal/individual level. That can make a huge difference. The informants stated that if their state of being is fine, ***if they are happy and in a good mood, there is a positive repercussion on the way they eat.***

The health workers also noted the importance of ***continuity***, creating habits and being familiar with the staff around. Also, the inevitable importance of activity, if possible physical, but also simply having something to do, preferably an occupation or hobby (sewing, crosswords, painting, gardening, etc.). It is believed to be very beneficial for the individual's general well-being.

## THEME 4: CAREWORKERS' STRATEGIES

When asked about their strategies to make elderly individuals eat, the caregivers' answers were usually: "changing the food", "trying to make new preparations", "making it more sweet, more salty or more tasty" (note: many elderly individuals have diabetes, so it is not always possible to make it sweeter).

The health workers' strategies were mainly food-related (changing the food) and not very oriented toward other factors such as the context of the meal, the sociability around it, the elderly's physical impediments, their mental states, etc.

# THEME 4 (CONTINUED)

However, the health workers are aware that the problem often extends beyond food itself. Lack of resources seem to be an impediment in further strategies.

*"I think it is important to sit with elderly when they are eating. We try to eat with them at the same time, to be company. [...] But it is the one higher up in the hierarchy who decides if you have time to sit with every person."*

The informants also highlighted the importance of the ***visual aspect of food***, the importance of ***change, of using colors, decoration, details***. It is believed to make a change for those who receive the care. The food has to look appetizing, attractive and not all mixed up on the plate, otherwise the elderly hardly accept it.

The care receivers usually like new preparations and are eager to give their preferences, even though it seems that these practices are not common due to budget, time and resource restrictions. The caregivers mentioned that many of their elderly care receivers enjoy nice plate presentations, a pleasant eating atmosphere, as well as having time to eat and eating while being surrounded, with the staff that preferably help them.

*"We need to sit with the person to make sure the meal is eaten. Sometimes there's just no desire to eat and the only thing to do it to report to the nurse."*

# CONCLUDING REMARKS

Old age was seen as a phase in life appreciated by some of the interviewees as being a time to be able to do what wasn't always possible to do previously. "Being old", on the contrary, was mainly seen as more negative, linked to decay and suffering, loss of autonomy and freedom. The individual is not free to do all that she or he would like to, mainly due to physical impediments. There was quite a distinction between "growing older" and "being old". But this is also due to the fact that, as said previously, most of our elderly informants were quite healthy both physically and mentally, and also quite privileged, mainly in relation to class and education.

As we have seen, the elderly we have interviewed tend not to see themselves as old and usually feel younger than their age. This could be one of the reasons why some older individuals do not adapt their diet to their nutritional needs. By not feeling old, they may not think they need to eat in a way that gives them enough nutrients to stay healthy. Furthermore, elderly individuals often eat less due to the diminution of appetite that naturally comes with old age, and also due to the reduction of physical activity. This results in them eating the same way as before but in lesser quantity, thus often lacking important nutrients. Hence, the importance of being active as long as possible in order to keep a strong and healthy body and to generate appetite.

Obviously, the social and mental factors are equally important and if the older individual is in a good mental state and well surrounded by others, the appetite and relation to eating is usually more optimal. Other factors, like being in a pleasant atmosphere, having a well presented meal, having enough time to eat, and eating in company were also given importance by the elderly and the healthcare workers.