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7-26-2020

## Older Adults—Their Focus on Food and Future Living: A Grounded Theory Approach

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### Recommended APA Citation

Hansen, K. V. (2020). Older Adults—Their Focus on Food and Future Living: A Grounded Theory Approach. *The Qualitative Report*, 25(7), 1981-1995. <https://doi.org/10.46743/2160-3715/2020.3678>

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## Older Adults—Their Focus on Food and Future Living: A Grounded Theory Approach

### Abstract

Older adults, also known as the silver generation, are the new healthy generation. This generation has for many decades formed the basis for the prosperity found in Norway. The ageing population is growing rapidly in many countries around the world. The aim of this paper is to understand healthy active older adults' interpretations of food and meals and their focus on food and future living. Nine CurroCus® group interviews, or fast focus groups, were conducted, lasting 37 to 56 minutes with an average of 45 minutes. Altogether, 76 persons from both genders participated, with an age span of 60 to 87 years, although participants were predominantly female (80%). The main findings indicated that older adults expect good overall experiences at nursing homes, including food and drink with good standards adapted to the individual's needs and smaller apartments with common rooms for activities; they also actively use technology in their everyday lives. Future research should focus on areas such as user interaction strains around food in nursing homes and home residents, various measures for enabling the elderly to stay at home longer, and the mapping of combinations of food and medicines. In addition, different types of housing units should be better investigated.

### Keywords

CurroCus®, Dignity, Future Living, Grounded Theory, Housing Units, Meal Experiences, Older Adults

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### Acknowledgements

I would like to thank the staff at Skipper Worse, including the general manager and former manager, for their assistance with the organization of the interviews. Thank you very much to all the respondents who used their free time to participate in the group interviews.

## **Older Adults—Their Focus on Food and Future Living: A Grounded Theory Approach**

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The number of people living beyond 60 years of age is increasing around the world (Manasatchakun et al., 2016) especially in Norway (SSB, Tønnessen, Leknes, & Syse, 2016). A review of people over 65 years old in a number of countries shows that they account for just under 20% of the population (Bank, 2019), which will most likely influence the entire society. Older adults are living longer and being more active than ever before. In Norway, and in many comparable countries, the ageing population want their needs addressed with respect to many circumstances, such as food and meals. They have already travelled the world, seeing myriad places and tasting what there is to be tasted; as such, understanding their behaviours and future perspectives will be essential for providing services that suit their needs. This paper focuses on older adults and their relationships to food and meals, their behaviours, and their future (Hansen, 2016).

### **Literature Review**

In the coming decades, a growing number of older adults will be part of the community and participate in many areas according to their wishes and abilities. In many cases, such engagement will relate to their good health and activities while cultivating their interests. This engagement is facilitated in part because many ageing adults will be better positioned financially than the generation before them.

Deierlein, Morland, Scanlin, Wong, and Spark (2014) found that few studies have evaluated dietary intake and quality of diet among healthy older adults. This gap between dietary intake and official recommendations warrants more attention. Malnutrition among older adults is unfortunately common, with research estimating 10%–60% of the population

experiences this (Hansen, 2019; Hansen, Frøiland, & Testad, 2018). The suggested minimum calorie intake per day per adult person is 1500 kcal (Deierlein et al., 2014) and many older adults fail to meet this standard.

Experts have increasingly found that all people, including older adults, should eat more fruits and vegetables every day to benefit from their health benefits. Lara et al. (2014) found that the most effective way to increase intake was through more frequent contact with participants in the intervention study. Participants increased their intake of fruits and vegetables during this period and changed their behaviours based on dietary recommendations, which resulted in both health gains and savings for society in terms of reducing age-related diseases (Lara et al., 2014).

Intervention attempts carried out in restaurants and local food stores affect consumers in terms of promoting healthier food behaviours. This was part of the conclusion of Martinez-Donate et al. (2015) based on their intervention studies. Research conducted in Thailand about healthy ageing found that perceived meaningfulness (i.e., considered meaningful in life) was positively correlated to health (Manasatchakun et al., 2016).

Awareness of older adults' sedentary time is important both to ensure longer healthy living and to prevent health issues by keeping the older adults active longer. Bellettiere et al. (2015) illuminated in their study that researchers' enhanced awareness about sedentary time would help them target and identify different types of health risks among older adults. They also found differences in the way different genders use and accumulate their sedentary time. Health authorities in Norway promote a more active lifestyle and less sedentary time among all ages.

Different surveys estimate that between 10% and 60% of older adults are malnourished. (Helse\_og\_Omsorgsdepartementet, 2015). Older adults have trouble estimating their own body weight. A study of their perceptions about weight indicated a low correlation between perceived and measured body weight (Monteagudo, Dijkstra, & Visser, 2015). This study concluded that it is important to improve body weight perception among older people (Monteagudo et al., 2015). Nyberg et al. (2015) stated that the risk for malnutrition increases with ageing, which can result in poorer health and a higher risk of contracting different diseases.

Critical illness can increase the risk of difficulties with food intake due to, for example, stroke which can lead to food ingestion and swallowing problems (Nyberg et al., 2015). For the elderly living at home who are provided with food, trust will also be an important aspect. Other important aspects for food providers are that the food items should have an informative label, relevant cooking methods, and ingredients lists that are easy to read. The different food items need to be easy and visible to spot as well as delicate to eat, although ultimately the issue is still all about people eating the meals (Rothenberg, Bosaeus, & Steen, 1994).

Based on this review of existing literature it is clear that the focus on healthy older adults has been inadequately researched and recommendations given by authorities suggest inconsistent understanding. Thus, the aim of this paper is to disclose healthy older adults' attitude towards food and meal behaviour and their perspective on the future.

The author has a special interest in food, meals, and older adults based on the fact that all people, regardless of age, should always have good meal experiences, every day, every time. Many people are not aware of the need for a good diet or that nutritional needs change with increasing age. A meal is more than just food; it also includes the interior, service, company, and atmosphere (Edwards & Gustafsson, 2008; Gustafsson, Öström, Johansson, & Mossberg, 2005; Hansen, Jensen, & Gustafsson, 2005).

The author has been involved in work focusing on food and meal experiences in the health sector, including experiences from the restaurant and service sector, over the past eight years (Hansen, 2014, 2016b, 2017, 2019a; Hansen et al., 2018). One example of an important

finding in the research is that coloured porcelain as opposed to white porcelain has a positive effect on food intake among people with dementia. Most people have relationships with food and also with elderly people, so this is perceived as a sensible combination for exploring the best for all people. An important scientific purpose of this research has been to better understand the future of the elderly and their focus on food and meals, so that more people can manage themselves longer with a proper diet.

The author will soon have 20 years of research expertise and teaching related to meal experiences, qualitative method development, and service. These topics are important in this article. The author has invested his research time in the areas of good meal experiences and his interest in food for older people.

## **Method and Data Collection**

### **Participants**

The 76 participants in this research came from nine CurroCus® group interviews (Hansen & Kraggerud, 2011); 80% were women, and the rest were men. The CurroCus® group interviews lasted 37 to 56 minutes, with an average of 45 minutes. CurroCus® group interviews are fast focused group interviews, which follow a carefully prepared question template as the moderator asks questions of the various participants. All interviews were recorded on a digital tape recorder.

Skipper Worse AS (SW) is owned by the National Association for Public Health, and offers older people activities, care, knowledge and travel. SW currently has four such centers in the Stavanger municipality, and many older people use them as a permanent meeting point. All individuals can attend these centres once they have passed 60 years old or are retired. Participation in a physical activity at three out of four centers was one selection criterion for inclusion in this study. The two other selection criteria were that they shopped for their own food and cooked in the home. The collected data were not affected by the group interviews conducted at the various centres, which were conducted in safe environments as well as the centre where they trained most often.

Managers at all centres posted information about the study. An enrolment list for adding their name to it was available to anyone at the centre interested in participating in the study. Interested individuals were then contacted and, upon participation, signed a confirmation letter that they were participating of their own free will and would attend the SW where they had signed up to participate. CurroCus® group interviews were conducted at the agreed time and place. No demographic or other data were requested from those who did not participate.

### **CurroCus® Group Interviews**

The CurroCus® group interview method was originally developed as an alternative to traditional focus groups (Breen, 2006; Greenbaum, 1998; Krueger & Casey, 2000; Morgan & Krueger, 1998). It aims to provide a quicker method for collecting empirical data without tiring out the participants while efficiently grasping the essential part of participants' interpretation of the topic (Hansen & Kraggerud, 2011).

### **Data Collecting Information**

CurroCus® group interviews include several important steps. A thoroughly prepared interview template is made in advance, and the data collection focuses on four areas. At the start of the CurroCus® group interviews, all participants were welcomed into the interview

room and given practical instructions for the group interview. Participants were given, for example, four questions about the topic so that they would quickly enter the team and offer their gut reactions on the subject. At least one observer took notes, as did the moderator; the main data sources were audio and/or video recordings. All forms were given to the moderator before the group interview started, which lasted for the intended time.

Advantages of CurroCus® group interviews include the length of the interviews, ability to kickstart the interviews, quick insertion of participants into topics discussed, more focused questioning of the participants, the possibility of conducting many interviews in a short time, and achieving saturation faster depending on the number of interviews conducted.

### **Interview Facilities**

SW is owned by the National Association of Public Health, Stavanger chapter, and has four centres located in Stavanger city. The parts of town are named: Ledaal, Madla, Tasta, and Ågesentunet. The three first locations were interview sites for the current study. The National Association for Public Health is a voluntary organisation that works to address dementia and cardiovascular disease through local efforts, political influence, and research support. The general manager of SW was contacted, and information about the fieldwork was given to her along with examples of limitations.

The respondents were offered coffee and water during the interviews. Everyone who participated was automatically entered into a lottery in which they could win a book about the 100-year anniversary of the Norwegian School of Hotel Management. It was not possible to connect the participants in the project with the contact details of the lottery, because there were separate lists. Each respondent filled out and signed the consent letter informing them about the details of the research project. The project was registered in the NSD, the Norwegian centre for research data, under the following number: Ref. no: 47014 food and meals 60+.

### **Data Analysis**

The processing of the results started with the coding of raw data. A grounded theory approach similar to what Brytting (1990) developed and has been used in several other articles (Hansen et al., 2005; Hansen & Kraggerud, 2011) was employed. This is an easier version than the original developed by Glaser and Strauss (1967/1999) and divides the coding into three levels: A-, B-, and C-level categories (see Figure 1). The coding process in our study resulted in 55 C-level codes and categories that were integrated into 13 B-level categories on a higher abstraction level. The B-level categories were carefully compared and then integrated into four A-level categories.

An exploratory design was chosen to reveal in the best possible way the topics presented by the participants in the groups where they were discussed. All interviews were revised, coded, and categorized so that alternative content was integrated at an ever-higher level. New codes and categories were formed at ever higher levels further up the pyramid (see Figure 1). The results are organized so that all categories that clearly emerged through the analyses were numbered, and each had its concept clarified to be understandable to the content. This approach helped shape the various categories that ultimately formed the basis for the findings.

The A-level findings rely on selective coding and are the highest abstraction level incorporating the B-level categories. The B-level categories equal the middle abstraction level and are known as axial coding in grounded theory (GT). The C-level is not mentioned in this paper, but equals the open coding in GT.

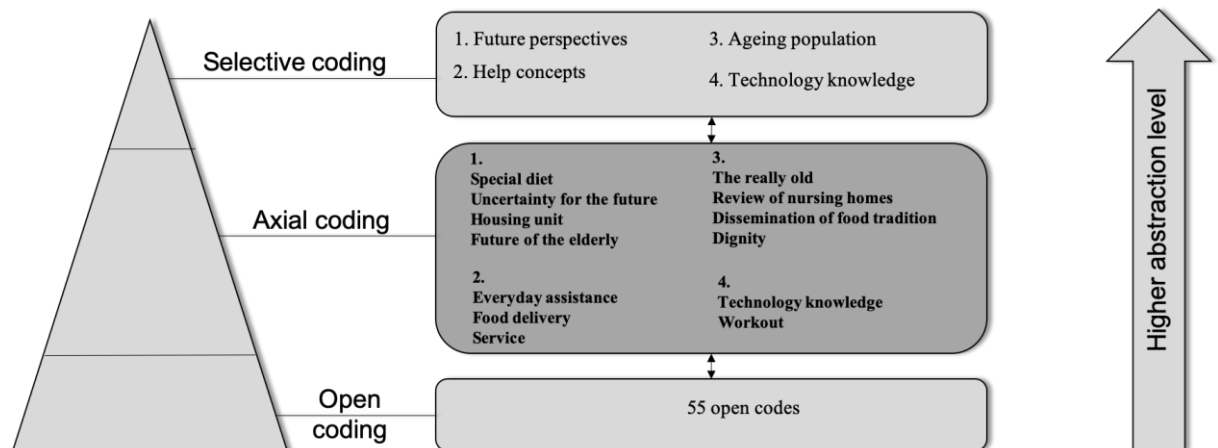


Figure 1. Conceptual model of the respondents' (i.e., adults above 60 years old) interpretations of behaviours and future perspectives regarding food and meals.

## Results

Qualitative findings made were based on categories and codes from the CurroCus® group interviews, and two other sources of the empirical data collection, consisting of observer and moderator notes, described in the method section of this article. The presentation of the results will be based on the A- and B-level categories, which are numbered using Arabic numerals. The underlying C-level categories are not included, but function as a basic level equal to open coding in grounded theory.

### Future Perspectives

Future perspectives consist of four B-level categories: special diet, uncertainty for the future, housing unit, and future for the elderly. All these are important areas for the elderly, who have clear assumptions about their preferences for each area. Public service providers must collaborate with other private service providers to provide optimal, personalized meals. This may be in relation to an individual's different diagnoses. The personalization of food can help prevent illnesses that often occur in old age. The uncertainties they experience are connected to their future challenges and how they will be handled by either the public or private services as well as how volunteers will be used in their future care.

The housing unit represents an important area that will influence people's ability to live together, but not in the same apartment—namely, giving the elderly room to eat and do things with others while still having their own area where they can retreat for the evening. The elderly's concerns about the future relate to being left alone and not being heard when their demands and needs are on the table.

**Special diet.** A special diet refers to the food that must be adapted for the resident due to swallowing problems (dysphagia), reduced consumption, different allergies, and/or intolerance to certain types of food.

It must be for those who have trouble eating but it must be different. It is safe and difficult to get that diet on, but it is certainly hard to organize it. I think it should be a variation for all. (Female 30029)

Food should be colourful and look delicate; this can help promote a good appetite among older adults. There is different consistency adapted to food and drinks. Food ranges from liquidised to regular, whereas drinks range from thin to extremely thick (IDDSI, 2020).

**Uncertainty about the future.** The respondents divide uncertainty for the future into two areas. First, there are thoughts about future help needs and the knowledge the older adults have about the current situation in elderly care. Respondents focus on staying healthy as long as possible. Second, there is concern about having serious illnesses that leave them in nursing homes.

I can hardly think about it. My sister is there and she has become demented now. She is my eldest sister, and it is terrible how fast it goes, so I really hope I will not end up there, but I hope they think about how to get the food. (Female 30029)

There is uncertainty about the quality delivered as it varies among different nursing homes. The uncertainty extends to the kinds of help available from public health care services and what volunteers can contribute to their situation. In addition, relatives' experiences with elderly care as well as stories shared about such care keep them worrying about the future. Another concern is the minimum staffing of different nursing homes, which means they may not have enough time to meet individuals' needs.

**Housing unit.** Housing unit includes different types of future housing in which respondents may want to live. They may desire smaller housing units than they currently have, such as detached houses or large apartments. There must be an opportunity to rent a room when visiting friends or relatives in the same building. Such housing units will provide security, company, and the opportunity to get together before returning to their own homes, when needed. These factors were mentioned as some of the advantages of living in smaller housing units.

I think that is becoming more and more common for my generation—and I'm not so many years past 60—to get a living community so we can cook together. Get together and do something, but not just socializing around a meal. (Female 30029)

The elderly are constantly active and are more in need of moving into a living community than nursing homes. According to the respondents, smaller housing units could help the elderly live longer at home before coming to different institutions, which would lead to better quality of life for the elderly and possible savings for society. Being able to make dinner and interact together is important for the social gathering for people living on the premises. Such places may like to offer their own canteen and opportunity for various activities for residents. Several respondents pointed out the importance of couples still being able to live together, such as at nursing homes. Some of the respondents had a clear idea that, when they were unable to cook at home, there would also be no need for home help because they would have become so ill that they most likely would have to go to a nursing home.

**Future of the elderly.** The future of the elderly focuses on the idea that they are living longer, healthier lives.

It's going to be a much more demanding older generation. Moreover, in the first wave that comes, we are fresher and live longer. In addition, we are more demanding about what we want to eat, how we want to live—how we want it. In the future... (Female 30032)



According to the participants, they will demand more from the community and other public services in terms of what they want to eat and how they want to live their lives. They see it as their legitimate right to demand.

### Help Concepts

Three B-level categories emerged related to the help concept: everyday assistance, food delivery, and service. Everyday assistance includes how the family provides a helping hand for the elderly and how local stores can gain an advantage by offering help in receiving, picking up, and delivering shopping items at home for the older adults. Food delivery refers to how shops and local restaurants can get an advantage in delivering great food and goods from the local grocery shop to increase the market. Service here refers not to health care, but how the older adults are met in eating establishments and whether they feel treated like they are silver generation. As the group is very healthy, they are more likely to be seen as an asset for the municipality in helping others.

**Everyday assistance.** Those who required help engaged their children and grandchildren. Others took advantage of neighbourhood grocery stores' offer to deliver home goods from grocery stores to their homes. "There are shops today that bring the food, yes." (Male 30032). Everyday assistance was an important topic among several of the respondents, but the interviewed groups were very active. In particular, several of the female participants walked to the store or took advantage of public transport.

**Food delivery.** Food delivery relates to how food is delivered in different ways. It includes delivering the food directly, in the form of hot food, ready-made food, food boxes, and goods from the store. Farmers also come in some cases with products they sell at the door (e.g., eggs). "... the Joker stores, they run food" (Female 30030). The respondents prefer locally grown food because they believe it is poison-free and not treated with pesticides. Many had knowledge of different kinds of food boxes and looked at them as one possibility when they could no longer go shopping at the store.

**Service.** Service refers to how staff, especially in restaurants, follow up with their guests and takes care of them when they enter the premises. Interviewees indicated that they were treated equally in various types of service premises, such as grocery shops. "I agree with her that they come over and ask how the food tasted ..." (Female 30027). The service experience of the various participants was that they were usually treated like any other guest without any noticeable discrimination in relation to their age.

### Ageing Population

Ageing population has four different B-level categories: the really old, review of nursing homes, dissemination of food tradition, and dignity. Surprisingly, the respondents considered those older than themselves to be the really old. One reason offered by some of the female respondents was they tended to have much younger friends and have good relationships with their grandchildren. The dissemination of tradition was rooted in their ability to transfer old food knowledge to their children and grandchildren. There was an uncertainty, when nursing homes were mentioned, about whether they would get a room if they really needed it, and how public hospitals could be able to take care of the ageing population. Dignity was important for the elderly in all situations, and the respondents clearly stated that it should be provided in all phases of life, especially if they were under public care.

**The really old.** The really old is that generation older than the interviewees (i.e., 90 years of age and older). The respondents considered this age group to be livelier and more

active than before and living longer. “You will be old with us. Being smart and getting girlfriends 20 years younger, you get old, so now they start to grow old for me” (Female 30033).

The oldest generation invests in new equipment and buys new cars—something that did not happen before. Different strategies for feeling younger include making new friends who are 20 years younger than they are and inviting children and grandchildren to dinner. Interviewees indicated that they did this out of a fear of not being able to do things themselves, especially being unable to cook for themselves. For example, if vegetables are made al dente, then some older people with bad teeth and mouth conditions cannot eat them. Chefs must take into account such special conditions among the elderly when they prepare food. In addition, the older generation is considered better with the household economy because they had to think about economics when they were younger.

**Review of nursing homes.** The review of nursing homes focused on the local cuisine, admission to nursing homes, and whether the nursing homes were able to meet their meal needs. “That it is very individual from person to person in a nursing home. Some may chew and some do not manage it, etc. So it must be laid according to the individual, I feel” (Female 30032).

In this review of nursing homes, several respondents agreed that not only big steps need to be taken to boost the offer of theirs. Several had concerns about how admission to nursing homes occurs and what the quality of food and beverages will be in the future. A majority of the elderly believe that the kitchen in the nursing home will be crucial for meeting their meal needs.

**Dissemination of food tradition.** Dissemination of food tradition includes such knowledge of food and meals transferred from generation to generation. “Now it’s nice to watch when children and grandchildren have got themselves and they have got to sit down and together on Sunday. Because they do, it is fine” (Female 30032). “Grandmother’s food” is an explanation children or grandchildren give when they want a specific kind of food. Old food recipes are transmitted between generations, a trail of food memories after them.

**Dignity.** Dignity in this context is how older people are treated by others who will provide assistance in many different contexts at all times. “I made a few slices of bread for the residents so they could provide for themselves after I left” (Female 30032). Many of the participants in the study had relatives or partners who had been in contact with health professionals. They noticed whether the treatment was done with more or less dignity. This has given them experiences with the nursing homes in which they will live should it become necessary in the future.

## **Technological Knowledge**

Technological knowledge had only two B-level categories: welfare technology and maintenance. Ultimately, welfare knowledge related to electronic sensors and hardware that will become part of all people’s lives. The knowledge of welfare technology was a harder concept to understand, but knowledge of electronic devices used in daily life was common among the participants and easily understandable. Their use of communication devices was almost impressive. Meanwhile, maintenance (i.e., workouts) focused mostly on keeping their bodies in shape and healthy. In addition, their focus on good food and meals was also a way to gratify and reward themselves—even more so if they could include family and friends in their daily meals.

**Welfare knowledge.** In terms of welfare knowledge, most respondents said that they had little knowledge about it, but they used several types of technology to communicate with relatives and friends. The most common were iPads and smartphones with their built-in technology for communication. This knowledge made it easier to communicate with relatives

and feel less concerned. In particular, contact with a few distant relatives was considered important to counteract loneliness. “I have actually heard of two old brothers who are in Denmark who sit on Skype and then sit on Jutland and then they sat and ate together” (Female 30029). There was little knowledge of the concept of welfare technology among respondents, but it utilized various technological aids in addition to mobile phones and tablets. More people used Skype to connect while with seeing family and friends. This made them so happy to live at home as long as they could manage themselves.

**Workout.** Workout is what is being done to keep the body in shape and the resulting rewards of this. Most respondents exercise in some way every single day, and the most active work out up to five times a week. “We workout between 11 am and 12 pm so we are starting to get hungry” (Female 30026). This group of seniors was particularly active, which increased their appetites. In addition, they enjoy life with good food and reward themselves with it. They are very keen to maintain good health, both through the intake of health-appropriate food and by physical activity, whether by training in a fitness centre or participating in outdoor activities.

## Discussion

While the findings in this article are based on analysis and interpretation of the empirical data gathered via participant interviews, in this section, these findings are considered in a broader context. The main findings revealed four main areas from the empirical data: future perspectives, help concepts, ageing population, and technology knowledge.

The projection of the population composition suggests that the number of older adults will increase in the future in Norway (Omsorgsdepartementet, 2015). The need for nursing homes will increase in the future, but the number of open places in nursing homes is not showing the same increase (Helsedirektoratet, 2012). The respondents in this study were concerned about the prospect of being placed in nursing homes. Several of the participants have or have had relatives at different nursing homes in the Stavanger municipality, and they pointed out the variation observed in the quality of the services. They are concerned about low staffing at some nursing homes in the municipality. Several respondents indicated that their relatives in nursing homes are “forgotten” and that the employees work under great pressure. The hospitals vary in quality in terms of the meals and other services they provide, pointed out by the respondents. Such concerns were partly confirmed by a study by the Norwegian Consumer Council, in which user interaction from residents of nursing homes was very low (Forbrukerrådet & ernæringsforbundet, 2015). The older adults highlighted that, if they were admitted to a nursing home, staff would have to understand their needs in terms of their background and history (e.g., food preferences). Many residents have good knowledge of good dinners they have experienced in the past and what the dinners included. This in accordance with holistic meal experiences (Hansen, 2005).

Currently, there are few information offices in Norway, and they provide information about meat, dairy products, eggs and poultry, and fruit/vegetables. Those offices are controlled by the “regulation on the sales council’s authority regarding market regulation for agricultural commodities” (Lovdata, 2017). The Norwegian Directorate of Health provides advice to the population, but it mostly focuses on nutrition in the health and care services (Norwegian\_Directorate\_of\_Health, 2017). These results found that the older adults expressed a need for an a neutral state information office, focused on food and meals which can give out good advice for the right food for them. This information office might additionally take on the task of labeling the food with correct information. This office would be able to give out guidelines and information about what types of food and meals are best to consume depending on age, medicine intake, diagnoses, etc. The information from the Norwegian\_Directorate\_of\_Health (2017) is good, but the respondents in this paper require

dietary information directed towards healthy elderly people with the intention to stay healthy longer and increase quality of life.

The respondents emphasised that the presentation of food and meals needs to be equally attractive as in good restaurants. This is similar to findings by Hansen, Jensen, and Gustafsson (2005), who researched à la carte restaurant customers and found that presentation in the core product category is important for the entire meal experience. Many people follow special diets, which is something the participants in this study noted as they might need them in the future (Forbrukerrådet & ernæringsforbundet, 2015). They noted issues such as dysphagia, allergies, intolerance, and the presentation of the food. Authorities should focus on these areas and incorporate measures to reduce malnutrition, which is a major challenge for many older adults (Helsedirektoratet, 2013).

Food and meals are part of social activities and the highlight of the day, as described by Fjellström, Sidenvall, and Nydahl (2001). Ageing individuals may desire smaller housing units than they currently have, such as detached houses or large apartments (Sørvoll, Sandlie, Nordvik, & Guldbransen, 2016). In the house units' category, the respondents emphasised the importance of security and company for both eating together and having someone with whom to go out and socialize. Participants in the study wanted smaller apartments and larger common areas that can be used for activities such as cooking with others. By planning buildings that meet such wishes, perhaps more people may want to live at home longer. Through social settings, the elderly can be stimulated to ensure a higher food intake. For elderly living at home, it will be important to eat meals that are identifiable from their childhood, thereby showing respect, dignity, and quality of life for the receivers of food at home (Bergh, 2005).

The Norwegian Consumer Council published a report in 2015 identifying several challenges facing nursing homes, such as low involvement among residents, few choices, and a focus on dinner (Forbrukerrådet & ernæringsforbundet, 2015). The service level that older adults can expect is based on articles about personal service at home or in nursing homes (Rantz et al., 2011). Today's offerings are one to two dishes a day delivered to elderly residents at home or at nursing homes. One investigation found that only 15% of nursing homes offered two or more dishes for dinner every day (Aagaard, 2010). The results from this study show that many older adults are concerned that food supply is not satisfactory, which is consistent with previous research. Respondents expected to have much more varied food and meal offers when they entered nursing homes than what is offered today. Menus and a varied selection of dishes throughout the days may be requirements that are wanted by older adults to fulfil their expectations. A natural explanation is that the elderly have gained good knowledge of what they like and what they want from the public in terms of food and meals. After all, many current older adults have good experience about food and drink from work and holiday travels around the world.

The respondents have been influenced by the media and the treatment of the very old (WHO, 2016), who are 10 to 30 years older than participants in this study. Some stories are related to food and meals in nursing homes or the elderly dying at home (Bruvik, Drageset, & Abrahamsen, 2017). Dignity is seen as an important category which several respondents mentioned as a primary issue in their way of life, influencing several aspects of life (Jakobsen & Sørli, 2010). Findings in this study show that negative stories about other meal experiences in nursing homes and from at-home care worried the respondents (Forbrukerrådet, 2017). Their worries included their self-experience as the next of kin, including the variation in types of activities, care, and food given to their relatives during their stay at different nursing homes (Nåden & Lohne, 2015).

In this paper, hard-core technology is considered as the welfare technology, but the respondents were not familiar with that wording; some had limited knowledge, but for most it was an unclear term. At the same time, respondents talked about different technological

solutions they use in their daily lives, including iPads, mobile phones, hearing aids, and various software-based solutions like Skype, Facebook, and Instagram. They used this technology to keep in touch with family, friends, and siblings, and as well as to find new food recipes. Some still used traditional cookbooks, but they search online for food recipes on a daily basis. A few papers have investigated areas of technology in hospitals (Engelund, Lassen, & Mikkelsen, 2007).

The importance of family involvement increased the likelihood for the elderly to live a healthier lifestyle, as illustrated by Ramirez et al. (2013). The participants in this study spent time searching for different ways to keep their bodies healthy longer. The older adults were very keen to stay in shape by exercising from one to five times a week. Such efforts gave the elderly a chance to keep in touch with friends and have someone be their training companion. The elderly adults continued to focus on nutrition advice given long ago by Norwegian health authorities.

The category of everyday assistance found in Rothenberg et al. (1994) may be similar to findings that the respondents reported—namely, that the supermarket chain Joker is already offering to deliver groceries directly to their homes, which is a good deal for them. As a result, the chain is likely to gain more loyal customers among the 60 years and older segment. This can be a factor that allows older adults to stay at home longer.

### **Limitations of the Study**

There are always limitations with any research. In this study, the choice of healthy older adults who exercise almost daily could provide an inequitable distribution of respondents. The choice of the respondent group was based on previous literature (Hansen, 2016b). The healthy and active elderly represent a group who has gathered much dietary advice and live according to many recommendations from the authorities. The findings in this study among this group can help identify good living rules for older adults in the same situation as the investigated group. Another limitation is the large proportion of women involved (80%). This is related to the number who wanted to participate in the group interviews. Attempts were made to recruit more men, but they did not produce results within the given investigation period. Men were more sceptical about participating in group interviews; therefore, only one group interview was conducted with men only. However, men were represented in some of the other groups. Finally, the different categories developed by coding group interviews can fit into several of the other categories. This may be related to interviews conducted in Norwegian that have subsequently been translated into English, but the services of a professional language editor have been used to prevent this.

### **Conclusion**

The conclusions from this study are based on a detailed analysis of the collected empirical data sources. It is important to keep in mind that this survey was based on participants' responses in the CurroCus® group interviews to understand their behaviours and prospects for food and meals.

According to the findings, older adults expect food and meals to be up to their own households' standards. The vast majority of respondents require food, meals, service, and nutrition to be of a good standard. They are unsure whether all nursing homes will be able to meet these requirements in the future. Their experiences as relatives or spouses of the elderly have been quite variable. Some nursing homes offer a quality and variety of foods that are well above what is common today. The elderly will be very aware of which nursing homes to pursue if they have options. They have big expectations for the future, even though they might be sick,

if they can express themselves. The elderly will inform their next of kin regarding how they would like to be treated. These are the challenges that nursing homes and hospitals will have to address in the near future.

The focus on housing forms should trigger a greater interest from both private and public sectors when new housing plans are being investigated. Smaller housing units with space for larger public areas are desirable, and there should be opportunities for a variety of activities. This may be initiated by both the residents themselves or from other organizations and public health services.

Help concepts have some interesting findings. A clear finding was that the elderly wish for more food stores to offer different kinds of home delivery options for food. This can be a good way to get new customers. Participants emphasized service and how clearly the manufacturers label different food products. The respondents were probably the healthiest part of the elderly population, so they need less help from families and friends to cope with food and meals. However, they would like to invite their family and friends to their homes to enjoy a better meal. They do not expect people of their age to receive poorer service, but to be treated like all other customers in stores and restaurants. Regarding restaurant visits, they made it clear that the food experienced must be significantly better than they can make themselves.

Being treated with dignity in all contexts is important, especially in relation to food and meals. Therefore, they regard the kitchen as a very important factor in their old age. Several respondents have had relatives or spouses who have lived in different nursing homes, and the wide variety of services, foods, activities, and attention was something they were worried about. A higher standard in all nursing homes and home services on average is something they expect in the near future.

The respondents had no particular relation to the term welfare technology, but it turns out that they are using a lot of technology anyway. Virtually everyone uses different tablets and smart mobile phones. They are used to keeping in touch with family to find food recipes online. When they talked about technology, they included new cars with different sensors that help them manoeuvre in traffic, making them more mobile and secure.

Future research should focus on areas such as user interaction strains around food in nursing homes and home residents, various measures that will lead to the elderly staying at home longer, and the mapping of combinations of food and medicines. In addition, different types of housing units should be better investigated.

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**Acknowledgement:** I would like to thank the staff at Skipper Worse, including the general manager and former manager, for their assistance with the organization of the interviews. Thank you very much to all the respondents who used their free time to participate in the group interviews.

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### Article Citation

Hanse, K. V. (2020). Older adults—Their focus on food and future living: A grounded theory approach. *The Qualitative Report*, 25(7), 1981-1995.  
<https://nsuworks.nova.edu/tqr/vol25/iss7/15>

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