

**Participant 080 (Patient):** “In the past I have never had to have somebody cut up my food for me. Umm so the finger food is so nice, really is... You can actually be more independent.”

**Participant 083 (Staff nurse):** “I think that it is easier for them to eat sometimes. It encourages independence as well, so not needing a knife and fork so they can just pick away and eat at their own pace, but also don't feel pressured into eating quickly.”

# Making a meal of it: Patient and staff experiences of using finger foods on an acute stroke unit

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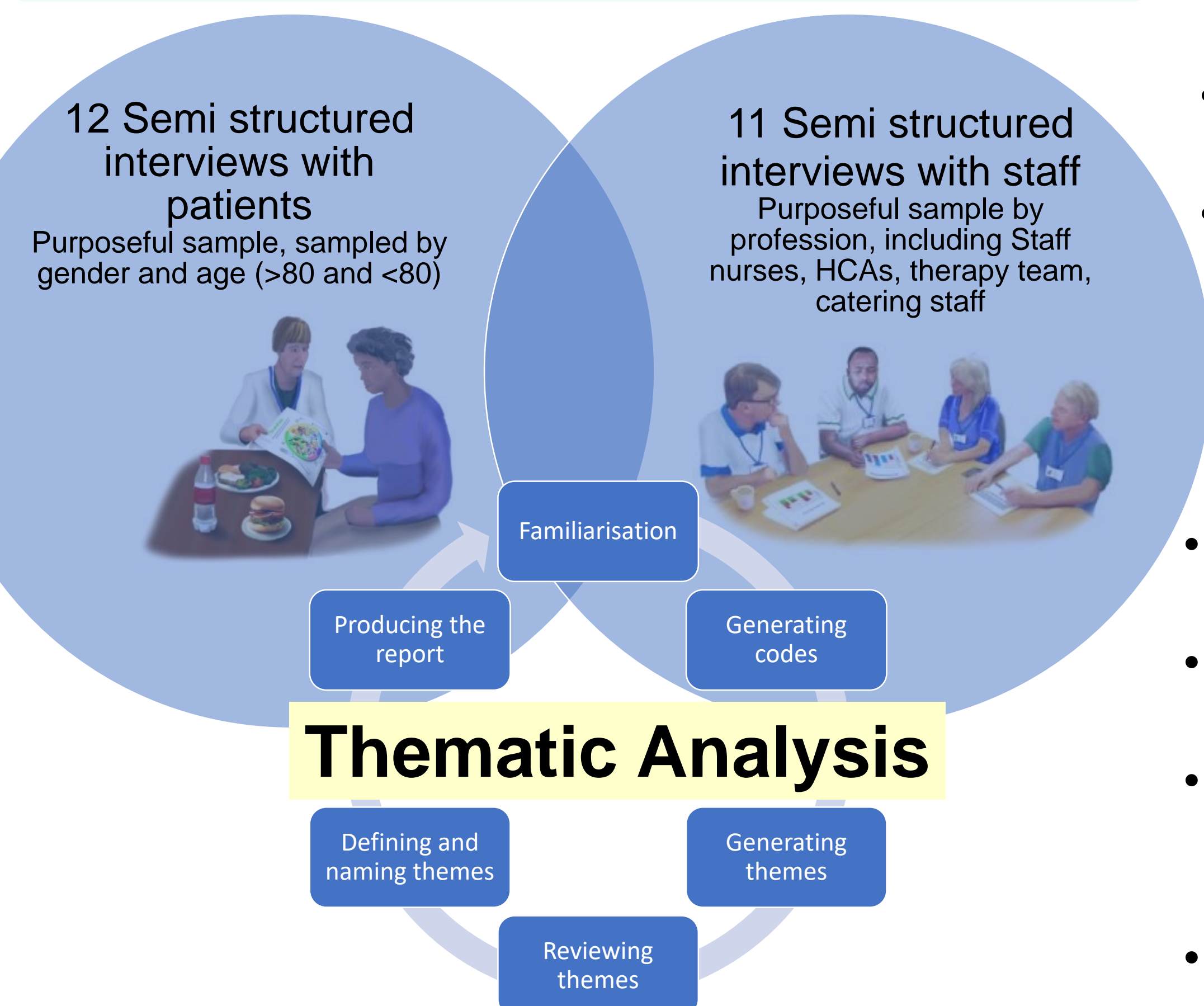
## Purpose

Eating is a complex activity involving both physical and cognitive demands. People after stroke can have physical or cognitive changes which make it difficult to eat a meal.

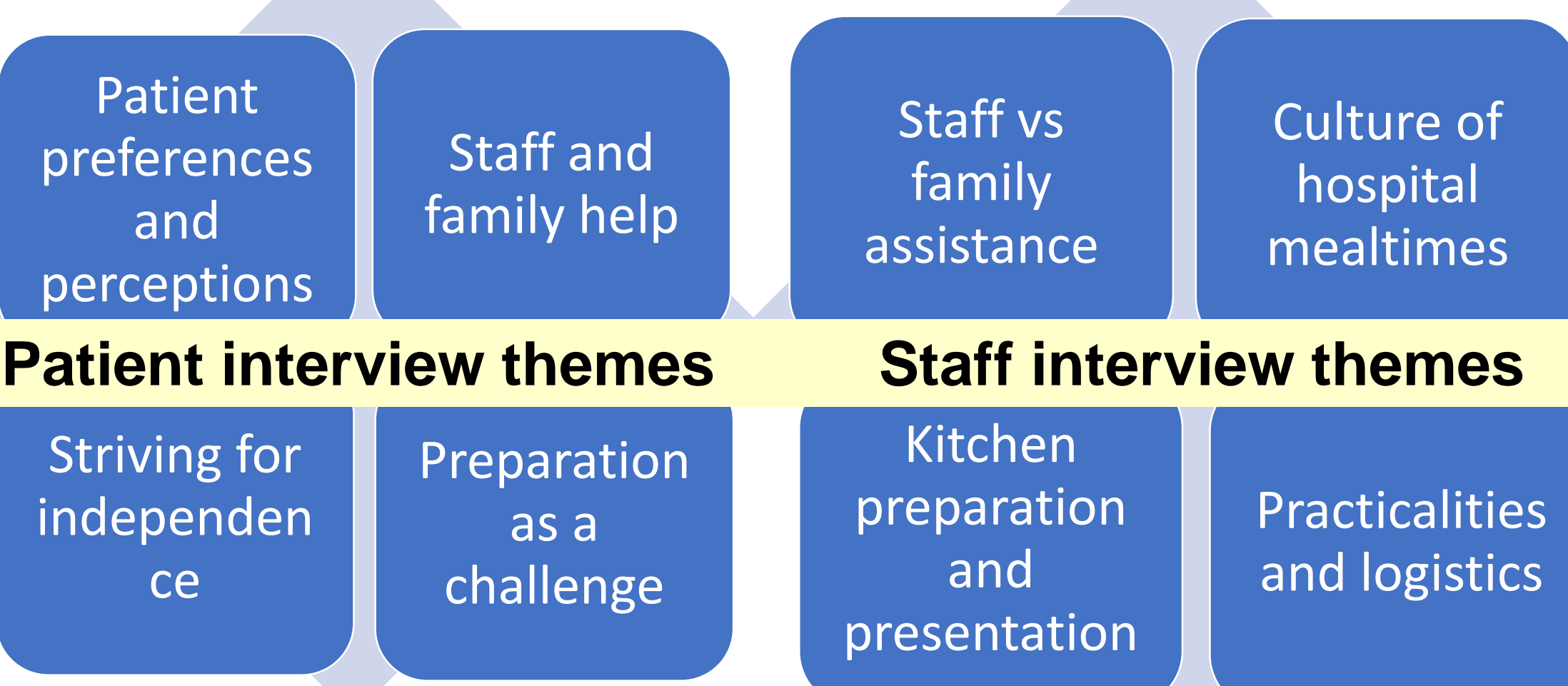
Finger foods (foods eaten without cutlery) have potential to increase food intake and support patients to have dignity and control over mealtimes. Currently there is limited evidence to justify the use and effectiveness of finger foods in hospitals for older adults and in particular for people after stroke.

A mixed methods study has been designed to evaluate the feasibility and acceptability of using finger foods on a stroke rehabilitation ward. As part of this, qualitative interviews were used to explore patient and staff experience and acceptability of using finger foods. This will provide information for future follow up study.

## Methods



## Key themes identified in staff and patient interviews



- Patients describe finger foods supporting them to eat independently when they had difficulties using cutlery.
- Patients describe increased time and effort preparing food. Some patients relied on family support. Where family support was provided, patients were less reliant on finger foods.
- Finger foods were most accepted by patients who were familiar with the type of food offered.
- Staff were aware of logistical considerations such as hand hygiene and options for finger foods for patients on modified diets.
- Staff were surprised to see finger foods deemed as 'modern food' enjoyed by different generations.
- Although finger foods supported independence at mealtimes, staff acknowledged need for ongoing assistance.

## Conclusions and implications

- Qualitative data highlights important implications for implementing a finger food menu on a wider scale.
- This data will be triangulated with quantitative data to establish considerations for future follow up study.
- The presentation and preparation of finger food needs to take into account preparation time and number of choices offered.
- There is a challenging balance between patient independence, staff time and support offered to patients.



**Participant 095 (Patient):** “If you can pick it up with your fingers that's fine, but you still need to open the wipe and if you have only got that one hand it's really difficult. And that goes the same with the vinegar and ketchup or any accompaniments.”

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