

CAUSES AND PREVENTION OF MALNUTRITION AMONG ELDERLY

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<p>Abstract</p> <p>Nowadays, an important issue among the aging people has become the malnutrition. Especially, the residents who are in institutional care. Poor nutrition is the major concern among the elderly who are under the institutionalised care resulting from various health problems. Nurses should have knowledge about how the malnutrition can be prevented in the service home as well as in the health sector. This helps to maintain awareness and prevent malnutrition among the elderly people.</p> <p>The bachelor thesis is aimed at providing a Power Point presentation about the causes and prevention of malnutrition to the professionals who are providing nursing care at the residential homes. The purpose of this thesis is to prevent malnutrition among elderly living in residential homes.</p> <p>The practice-based method was followed using the evidence-based materials while writing this thesis. It is written according to the LAB thesis guidelines. The knowledge based included the topic: introduction, malnutrition among elderly, risk factors, prevention of malnutrition at residential home and nutrition counselling. While conducting thesis, the PDSA model (Plan, Do, Study and Act) was followed for the development of the final product along with the cooperation of Yrjo and Hanna homes. The evaluation of the product was made via the structured questionnaire with the professionals using the paper form after the PowerPoint presentation was performed.</p> <p>The product was useful in the prevention of the malnutrition among the elderly who are living at the residential homes.</p>		
<p>Keywords: Elderly people, Nutrition, Prevention, Health</p>		

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<p>Tiivistelmä</p> <p>Nykyään ikääntyvien ihmisten keskuudessa tärkeäksi ongelmaksi on tullut vajaaravitsemus. Varsinkin laitoshoidossa olevat asukkaat. Huono ravitsemus on useiden terveysongelmien vuoksi laitoshoidossa olevien vanhusten suurin huolenaihe. Sairaanhoitajilla tulee olla tietoa siitä, miten vajaaravitsemusta voidaan ehkäistä niin palvelukodissa kuin terveysalalla. Tämä auttaa ylläpitämään tietosuutta ja ehkäisemään vanhusten vajaaravitsemusta.</p> <p>Opinnäytetyön tavoitteena on tarjota PowerPoint esitys vajaaravitsemuksen syistä ja ehkäisystä asuinkodeissa hoitotyötä tarjoaville ammattilaisille. Tämän opinnäytetyön tarkoituksena on ehkäistä asuinkodissa asuvien vanhusten vajaaravitsemusta.</p> <p>Tämä opinnäytetyötä tehtäessä noudatettiin käytäntöön perustuvaa menetelmää näyttöön perustuvien materiaalien avulla. Se on kirjoitettu LAB-tutkielmaohjeiden mukaisesti. Tietopohjainen aihe oli: johdatus, vanhusten vajaaravitsemus, riskitekijät, vajaaravitsemuksen ehkäisy asuinkodissa ja ravitsemusneuvonta. Opinnäytetyötä tehtäessä noudatettiin PDSA-mallia (Plan, Do, Study and Act) lopputuotteen kehittämisessä Yrjön ja Hannan kotien yhteistyössä. Tuotteen arviointi tehtiin strukturoidulla kyselylomakkeella ammattilaisten kanssa paperilomakkeella PowerPoint esitys jälkeen.</p> <p>Tuote oli hyödyllinen asuinkodeissa asuvien ikäihmisten vajaaravitsemuksen ehkäisyssä.</p>		
Avainsanat Ennaltaehkäisy, Ikä ihmisiä, Terveys, Ravitsemus		

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APPENDICES

Appendix 1. PowerPoint presentation

Appendix 2. Questionnaire

List of abbreviations

CCK: Cholecystokinin

MUST: Malnutrition Universal Screen Tool

NHS: National Health Scheme

OECD: Organisation for Economic Cooperation and Development

WHO: World Health Organization

1 INTRODUCTION

Malnutrition has been standing as a major problem in the public instead its high prevalence in the health care settings. The awareness among health professionals seems to be still in the low level. According to the statistics of adults across the world, it shows that 462 million are underweight. Hence, malnutrition is one of the serious problems in the future if not dealt properly. (WHO 2018.) The interest towards regular food intake alters with the increase in age due to change in the taste, mental health status, lifestyle, behaviour as well as diseases that tends to affect the craving and motivation towards healthy eating resulting to less intake of foods. Hence, it results in the lack of nutrients that are required by the body for the normal functioning. (Burton et al 2018.) Nutrition refers to the combination of various compounds which are necessary for the healthy functioning of the body such as proteins, fats, carbohydrates, and minerals. These are the main components for the survival, promote growth and development of the whole body. (Malavolta & Mocheiano 2016.)

There are variety of foods containing different nutrients that are necessary for the body's repair and maintenance. Basically, they are carbohydrates, vitamins, fats, proteins, minerals, and water in which some are produced within body itself and some are supplemented via food. (Lutz et al 2014.) If the body lacks the nutrients or if the body is receiving over nutrients this can create a condition called malnutrition. Malnutrition occurs in the body when the diet does not provide right amount of the nutrients that are required by the body. Malnutrition in an elderly occurs due to physiological ageing which creates a situation where there will be lack of constancy between the nutritional needs and the nutritional intake. (Lahmann et al. 2015.)

The Finnish food authority explains that the nutrition and the food requirements for the elderly plays an essential part in health promotion, well-functioning abilities, and the quality of livelihood among elderly. Furthermore, it also focuses that the healthy nutrition has the great role in the overall health of ageing people and increases the immunity to fight against various diseases. In addition, it strengthens the body for speed recovery when they fall sick. With increase in age, there will be loss of appetite. So, diet containing plate needs to be colourful and tasty with protein rich foods to maintain strength of the muscles. (Ruokavirasto 2019.) With the increase in institutionalised care malnutrition is becoming one of the main reason leading deformities in the elderly's lives. It has affected the health of the aging people hindering the progress of health. Lack of protein and calorie intake is one of the risks for the infections and deaths in the aging inhabitants mostly those who are in elderly establishments. With the change in the procedures and the rules of the care at the institution makes

further prone to the under nutrition. As the cross-sectional report performed in Europe reveals that above 60% of the aging population is under the poor health status with the reason of malnourishments. This problem is higher among the people who are at residential homes due to poor cognitive function, depression, and dysphagia. They need assistance in the performance of their daily routine. Therefore, it is extremely important to follow proper nutritional assessment and plan the appropriate nursing interventions to prevent malnutrition among the elderly. (Damo et al. 2018.)

Hence, the aim of the thesis is the prevention of malnutrition in the later stages of life in the service home by developing the PowerPoint presentation. In addition, the definition of malnutrition and ageing along with the prevention following the practice-based method. This concrete product of the thesis PowerPoint presentation which aims to help in the prevention of malnutrition of elderly under the institutionalized care.

Description of commissioning partner

This thesis will be written with the co-operation of Yrjo and Hanna homes. The Yrjo and Hanna foundation is publicly leading, open benefit and nationalised operator that offers versatile housing solutions. This was founded 25 years ago. The nursing homes are intended for the senior and others who needs the twenty-four hours support. Nursing homes are the group homes. Everyone has their own room and the bathroom. There will be provision to receive help and the care leading to a safe life. The guided activities help bringing a variety to the day and helps in maintain the functional capacity. (Yrjo and Hanna homes 2022.)

The group homes of the leppasuo service building which lies in the centre of Helsinki offers 24 hours services for the elderly. There are altogether 15 residents currently residing over there. (Yrjo and Hanna homes 2022.)

While discussing with the Yrjo and Hanna homes, the topic that the writer has chosen is much important focusing on the prevention of malnutrition of the residents. As, it is elderly home and people with variety of health-related problems are residing there including both dependent and fully dependent in the daily care basis.

2 MALNUTRITION AMONG ELDERLY

2.1 Malnutrition and aging

The malnutrition is a state where there is insufficient nutritional status, starvation characterised by lack of dietary intake, poor appetite, muscle wasting and weight loss. In another term, it is resulted as a condition from the diet in which one or more unequal nutrients either too much or too low for the body. Malnutrition among elderly is one of the ongoing issues in the world and has many negative impacts deteriorating the health of aging people. It is accepted as the major problem among the senior groups who are living with the institutional care. (World Health Organization 2018.) Aging is defined as the process that takes place in every living organism leading to loss of adjustment to the environment, impairment in the functional abilities and ultimately death at the end stage. The aging process refers to the clinical symptoms and physical weakness due to the environmental impacts. The aging process is not harmful but gradually body function gets decline. (Pasco & Pinellas 2013.) There may be various disease conditions such as cancer and the liver diseases, this reduces the food intake and the drink. Different sickness leads to interruption with the nutrient absorption in the body. In addition, if the people are separated from their loved ones or the relatives, then feeling of separation arises which makes them lonely. This neither makes them to eat something nor being happy. Increase with the age adds the different physiological changes for instance loss of taste, loss of hearing, sight and so on. This makes the people feel that they are no more independent. So, they feel sad comparing their previous adult life and the present situation. (Stuart 2018.)

Anorexia is one of the common disorders among elderly as it reduces the interest towards food and decrease the appetite. This is caused due to the presence of the factors such as problems with swallowing, depression, medications, infections, and the poor health condition. For instance, people having dementia may forget to eat or eat too much as they do not concern whether they have already eaten or not. This may lead to the obese condition and the one with poor feeding may lead to sarcopenia, a condition resulting to the muscle mass. Therefore, it is important that health care professionals need to timely monitor the weight as well as nutritional screening must be done to prevent malnutrition. (Stuart 2018.)

2.2 Risk factors of malnutrition

Malnutrition related to aging should not be ignored instead we need to be aware of that. Malnutrition's primary cause in the service home is due to lack of stability between the nutritional requirement and the nutritional intake. As the age increases, the human body is unable to produce different vitamins and minerals like in the beginning. Malnutrition occurs

relating to various factors such as physical, psychologic and as well as social causes. Hence, the aging body needs additional vitamins and minerals. Aging is a process in which body face multidimensional changes in physiological, psychological, and sociological aspects. (Mariscalco et al. 2017.)

Physiological factors

Along with the increase in age, there will be decrease in the desire for food through which there is high risk for the malnutrition as nutrients are unable to be fulfilled. The term anorexia refers loss of appetite. Elderly weight loss is seen but intake of food is not sufficient to maintain the normal weight. Physiological factors which is responsible for the decrease in food desire is sensory function impairment, changes in the gastrointestinal tract, body hormones and the oral health. For instance, cholecystokinin (CCK) hormone which is also known as satiety hormone liable to perform satiety. It helps in temporary regulation of food. The hormones activate the brain cell neurons causing meal frequency drop and in addition slows emptying of gastrointestinal. Moreover, it prevents the production of the hormone called ghrelin which acts increasing the appetite. So, in elderly this hormone is found more than the adults. This is the cause that the food intake decreases with increase in age. (Boer et al. 2013.)

As the age increases there will be decline in the taste and smell sensation, this reduces the satisfaction of the food after consumption. Further, in aging there will be dry mouth as the salivary gland reduces the production of the enzyme and secretion of saliva which results elderly decrease appetite. The visual sense is also decreased in which it prevents them from recognizing and selecting the foods they prefer as well as exclusion of the food which they don't like at all. Apart from the physiological factor, there are psychological and social changes which reduces the food intake in the elderly. (Kaur et al. 2019.)

Psychological factors

Among elderly people, depression is the common mental health issue that is resulted due to the loss in appetite as a regular symptom and that is characterised with no interest towards life as it is the fact that obviously affect the food consumption. Moods in the depression can be clearly visible triggering the negative vibes and the moods which is the common characteristic in the ageing population accompanies to the loss in the appetite while happy mood enhances the appetite. The important tool can be the reward system which helps in fighting the mood related to the problem with nutrition despite the change in structural and

functional capacity due to ageing. As dopamine is the chemical messenger responsible for the persons feeling for pleasure. The factors for the manipulation of the mood can be used to produce positive feelings, some special products can be given which the elderly wants and develop them a feeling of the rewarding. Thus, it can boost the mood and increase the food desire. (Boer et al. 2013.)

With the increase in ages people become more selective in their food choices. Due to the anxiety and the inability of eating foods with sensory issues by the chewing and the swallowing difficulties. So, it is important to know the risk factor of anorexia in advance. (Dent et al. 2018.)

Depression in the other hand can be caused due to high alcohol consumption because of impact with poor food intake. Depression resulting high alcohol intake leads anorexia as it limits the food regulating centre hypothalamus of the brain functioning properly. Although, alcohol is high in calorie, but it lacks nutrients, this makes person full and loss of appetite leading to weight loss. (Boer et al. 2013.) Loneliness is also the additional cause which makes elderly feel alone and forget self-care. The comparison of will of food intake between the elderly living with the families and living alone has high difference. It has found that people living with families have good appetite and people living alone have low BMI resulting from less consumption of the nutrients. In the elderly phase, the common cause of loneliness is losing the loved ones. People facing widowhood are at high risk of malnutrition and as well as loss of social relationships. Losing husband or wife have great impact in one's life due to arousal of negative feelings and impacts on the livelihood. (Ramic et al. 2011.)

Socio-economic factors

Another problem faced by the elderly is the poverty. This increases the situation where there will be lack of food. The poor economic condition restricts the elderly from affording nutritious diet. So, they hardly manage the different meals. (Boer et al. 2013.) The situation in which elderly people must be admitted to the service home with or without the wish creates the modification with their daily habits, food, social and the physical environments. (Divert et al 2015.) Adjustment from environment to another would make the people's life somehow difficult and takes time for the adaptation. It affects the regular habits like sleeping and eating. The new schedule, new social environment and elderly's own personal preferences is quite challenging for the adjustment. However, ensuring quality of care automatically reflects the positive environment. (Boer et al. 2013.)

In the following figure, the writer tried to summarise that how the risk factors of the malnutrition among the elderly are related with each other. It also resembles that the different elements arising as a factor in various perspectives with the result and has become the major reason for the malnutrition in the aging people.

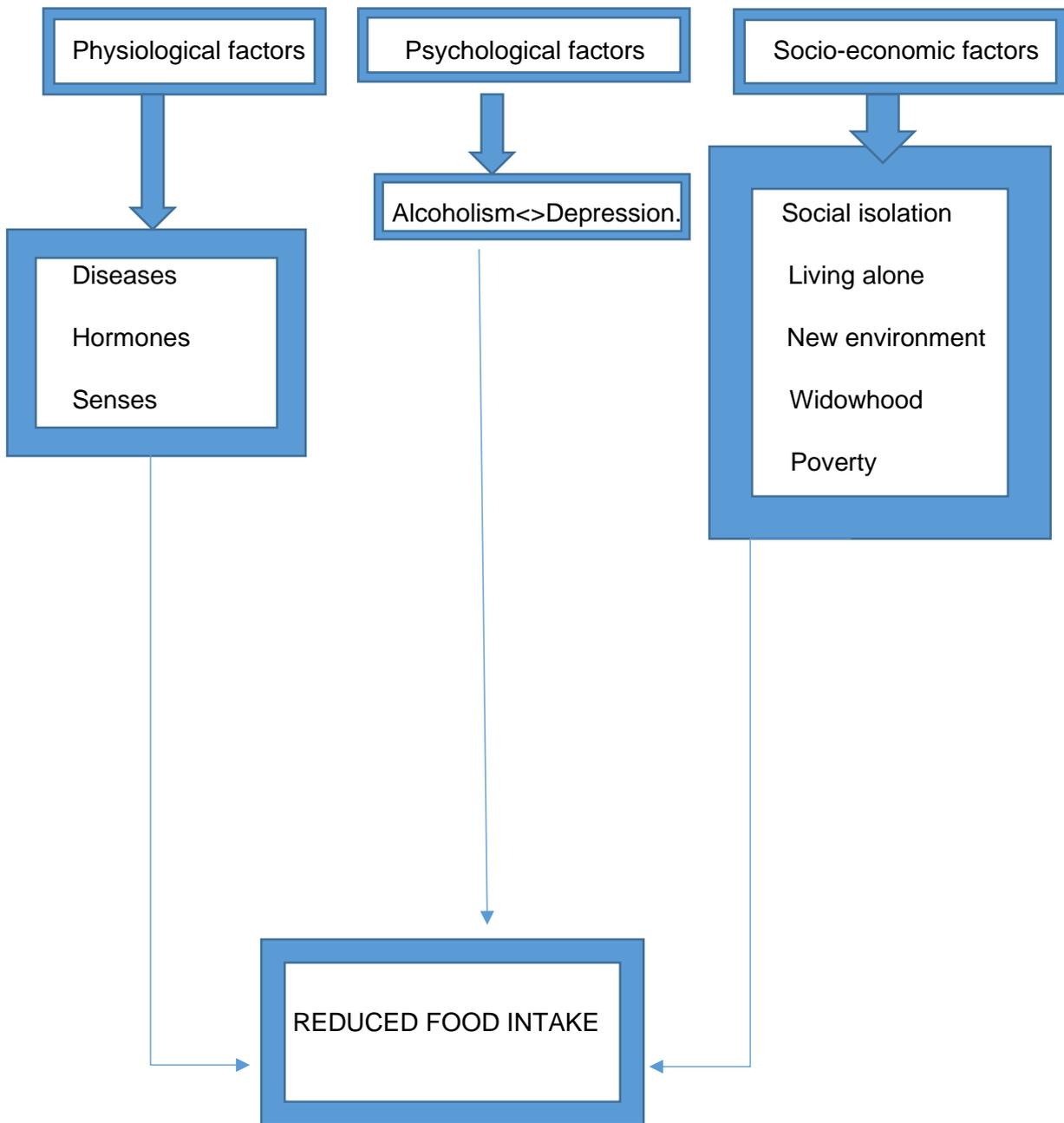


Figure 1. Summary of risk factors of Malnutrition

3 PREVENTION OF MALNUTRITION IN RESIDENTIAL HOME

3.1 Residential homes in Finland

Finland has organised many programmes and services to the elderly people to make their life easier and enabling them to find the homely environment in the later stage of life. It is run by municipalities of Finland and if you are entitled to receive this and the Finnish municipality grants the offer. (Info Finland 2021.)

The residential homes provide trained nursing facilities with the broad range of personal care services in the friendly and responsible environment. In addition, it also provides 24-hour services with guidance in all the different shifts. It includes the meal at different timetable and the assist in daily behavioural activities. Furthermore, physical, occupational and as well as speech therapy is also accessible. However, in some service home due to additional related physical and mental problem, they are permanently living over there. It helps if someone is living alone with the struggle and if one needs assistance in their daily activities then, residential home is the good option for them. (National Institute on aging 2017.) Likewise, the institutionalised care reduces the worry of your observation after health and care. This is also one of the reasons for the service home and the reason includes that if someone struggling living alone, one who needs assessment and the one with complicated medical condition. The nursing homes has become the best choice for the elderly where they can have all time observation, special attention during all time. So, service home offers special care but there would be qualified professionals to provide nursing care for them. (NHS 2019.)

3.2 Role of nurses in the prevention of malnutrition

There is a great role played by the nurses in the service home for the prevention of the malnutrition. It must be thoroughly assessed, and the proper supervision needs to be done timely. This action needs to be taken by the health care professionals to prevent the morbidity and the mortality rate among elderly. It includes the regular assessment of the food intake and knowing their motivation towards food consumption. The necessary procedures include the early screening of the signs, their historical background, allergies of food and daily dietary intake assessment needs to be considered. (Russell 2019.)

The term prevention refers the minimisation of the disabilities and its negative outcomes. Nurses working in the residential homes are skilled so that they can perform the precautions in the time and prevent the complications. The factor of the prevention includes the screening of proper diet requirement for the group and the body mass index. In addition, nutrition

risk assessment and the malnutrition screening tools can be introduced and consider in the timely basis. (WHO Eastern Mediterranean 2020.)

The elderly population and the increase in number of the long-term illnesses and people with various medical problems has been growing everyday. Hence, the different skills and services are essential needed for the promotion, prevention, and rehabilitation. Nurses have primary responsibility for caring and monitoring the condition of the residents. Beyond these there are many tasks what a professional do is resident's total care by concerning treatment and medicine. Furthermore, there are additional responsibilities to monitor overall condition of the residents and making sure that everyone gets proper care. Professionals needs to interact with the family and relatives of the residents about their health condition and the situation of living. (Assisted living 2021.)

The health care system, sufficient and the appropriate nutritional supports relate to the quality life. Prevention of the malnutrition needs to be focused whereby implementing correct techniques as there are high risks for the mortality and morbidity. There are different methods like early screening, Assessment through lab tests, anthropometric measurement, backgrounds, and regular diet assessment is done as early as possible. Improvement in the patient's health depends on the efforts by the nutritionists and the nurses. The term prevention refers to eradication, elimination and the minimization of the disease and the disabilities. Nurses perform evidence-based actions and recommendations by encouraging the people which motivates them to receive services such as early screening and counselling. There are different methods of prevention, primary, secondary, and tertiary. Primary prevention technique aims at providing sufficient knowledge to prevent beginning of those conditions. In this method, nurses play role of an educator providing information and the proper counselling to the groups that motivates towards the positive health habits. It is the most efficient way while taking care of the aging health. Secondary prevention makes early detection while the tertiary prevention focus on treatments. Nursing team plays an important role in making care plan and further behaviour changes to improve the condition of elderly health. (WHO Eastern Mediterranean 2020.)

Apart from all the preventive measures by the nurses preventing malnutrition consists of other screening tools such as mini nutrition assessment form, screening for nutrition risk, universal tools for malnutrition and risk index for malnutrition. Questionnaire methods can also be used to assess the risk of malnutrition. The screening must be performed correctly to get the good result as the screening plays vital function in the malnutrition prevention. The professionals working over there are responsible for the timely examine of the elderly's health. Regular weight and malnutrition universal screen tool (MUST) score aid to know the

nutritional status of the residents. If one seems to be falling under risk, then nurse can make further plan according to it. Malnourished people can be dealt with nurses individualized approach considering the way of living and health of the elderly. Nurses manage quality modified food, such as small and often meals as well as arrange the suitable meal schedule based on the need of individual to maintain proper nutritional status and organize the regular meal habits. (WHO Eastern Mediterranean 2020.)

Food preference varies from person to person while selecting their food menu options. If the nurses in the service home provides attention to the needs of the nutrients of the individuals and their eating habits, then it assists in minimization of the risk of malnutrition. There is the significant role of nurses in the diagnosis and the prevention of the cases of malnutrition with the cooperation of team members in the residential homes. Nurses are the one who primarily get the opportunity to be involved in the patient care process and thus it helps to notify the early signs and symptoms of the malnutrition. The nurse's responsibility in the nutritional care includes physical examinations, anthropometric measurements, laboratory tests, education about nutrition, implementing nutritional care and monitoring of the individual. Accurate action by the nurses makes easier for the other team members to diagnose in time and prevent the risk of malnutrition. By other side, it helps preventing complications. (Pierzak 2019.)

3.3 Nursing counselling

The activities carried by the nurses are so called nursing interventions. The nursing intervention comprises of four main stages. They are assessment, planning, implementation, and evaluation. In addition, during the planning process the nurses selects an intervention which enables the improvement in the nutrition of the elderly. Moreover, nurses are projected in the improvement of the elderly's nutrition by improving the feeding status and concerning that they are involved in the feeding process. (Potter & Perry 2011.)

In the nutritional counselling certain priorities are set for the supportive process. It can be done with the establishment of goals, creating individualized plan of action which helps in acknowledging and as well as fostering the individual care. Nutritional support as well as diet instructions are adjusted according to the individual preferences and the environments to create the meaningful habit from improper eating habit to nutritional behavior. It is also called individual or the tailored intervention. Hence, with application of this intervention malnutrition related to disease in the aging seems suitable. The anticipated goal is to change the elderly's nutritional consumption with micronutrients, protein, and energy. Apart from

this to promote nutritional education among the elderly is an important nursing intervention in the aging nutritional care. (Pedersen et al. 2016.)

The process by which the information records are stored is called documentation. In every specialty of care in nursing, documentation involves the accurate, proper documentation with extent of evidence and quality care of patient which the nurse provides, the result of care, treatment and the education received by the patient as well as what a patient understood and still needs to be done. Documentation plays vital role as a tool of communication in between the health care professionals. While making decisions, programs and the evaluations related to the planning of the patient's care, its highly based upon the documentation performed by the multidisciplinary team. (Stout 2019.)

4 THESIS METHOD

4.1 Practice based thesis

The work periods are tracked by one after another fitting to the plan of development. In the starting, the goal is defined, further involves the part of planning continuing the implementation period. The relevant information used during the thesis planning are gathered from Masto-Finna, PubMed, google scholar, CINAHL and WHO. In the final stage, it concluded the product stage and the entire thesis with the assessment and evaluation of the product. This model has somehow criticism lacking the concerns of various aspects that might change the outcome. For instance, this type of model avoids considering the human, social as well as cultural factors and seems to be simpler although it is not. (Salonen 2013.)

This practice-based thesis follows the PDSA model which defines the different working life phases, schematically and successively. This model creates a well organised structure in the development, trial, implementation, and the improvement of the product. PDSA methodology plays an essential role in the health care sector as it introduces the innovative ideas in the absence of sufficient testing. (NHS 2020.)

The thesis follows the practice-based method. The reason for following this method is to create the concrete product a PowerPoint presentation for the commissioning party. The purpose is to provide PowerPoint to the Yrjo and Hanna homes for the prevention of the malnutrition among elderly. This type of thesis implementation needs the involvement of different organization as a thesis commissioning party. It helps leading thesis in different stages towards its progression to achieve successful objectives. The thesis's main objectives and the goals are related to the commissioning party's requirement. So that it helps to gather more information concerning with the topic. While performing the thesis in the practice-based, the writer cooperated and interacted with the commissioning party via discussion, assessment, and evaluation, receiving feedbacks, gathering more information to flow the thesis towards the right direction. In the thesis, the main part of the implementation is the practice based where the author and the co-partner performed good interaction

At the final stage of the thesis, the PowerPoint is prepared which provides the clear directions on the topic malnutrition and its prevention among the aging residents who are under institutionalized care. The writer develops this product in collaboration with the commission partner. When the final product is handed to the institution then the product evaluation is performed conducting the feedback with the structured questionnaire.

4.2 Criteria for PowerPoint presentation

A PowerPoint presentation is created to provide information which is concrete, relatable, and easy to understand. Moreover, the product must be significant, concise, and designed properly. With the brief and simple design, use of the reliable and the evidence-based research sources helps in producing an effective PowerPoint presentation. (National library of medicine 2021.)

To focus the attention of the audience, a writer must remember some of the important matters about the group to whom it is prepared and their skills of knowledge. This assists to provide the meaningful information. The use of the slides should be consistent and simple along with the other elements such as colour, font, and the background. There should be good quality images and the important key phrases which consists of the important information. A slide is a single page which is projected on a screen, it is usually built based on a title, body and figures or the tables what is presented. High contrast colour and the simple backgrounds must be used. It helps to provide clear vision to the one who has visual impairment. With the use of short text, white space and the effective graphics or images, it helps to ease the cognitive processing further by considering choice of colour, font size and type. (National Library of Medicine 2021.)

4.3 PDSA as framework for the development

In this thesis developmental process is carried out through PDSA model where P represents plan, D as do, S as study and A as an act. This model offers the idea or the structure that is tested repetitively in improving the system's quality. This structure has been broadly used in the quality enhancement in the health care organization. (Conelly 2021.)

The PDSA standard focuses in developing, testing, and implementing the transformations in an organization. At first, it is used in the small scale for the test changes and later implemented among larger scale. This profits the health care professionals knowing whether the planned changes make productive changes or not in the future. This model is safer and has less damage for the health care professionals and the clients. (Katowa et al 2021.) The figure 2 provided below shows the PDSA model (Plan, Do, Study, Act) which represents the steps involved in the development of the PowerPoint presentation.

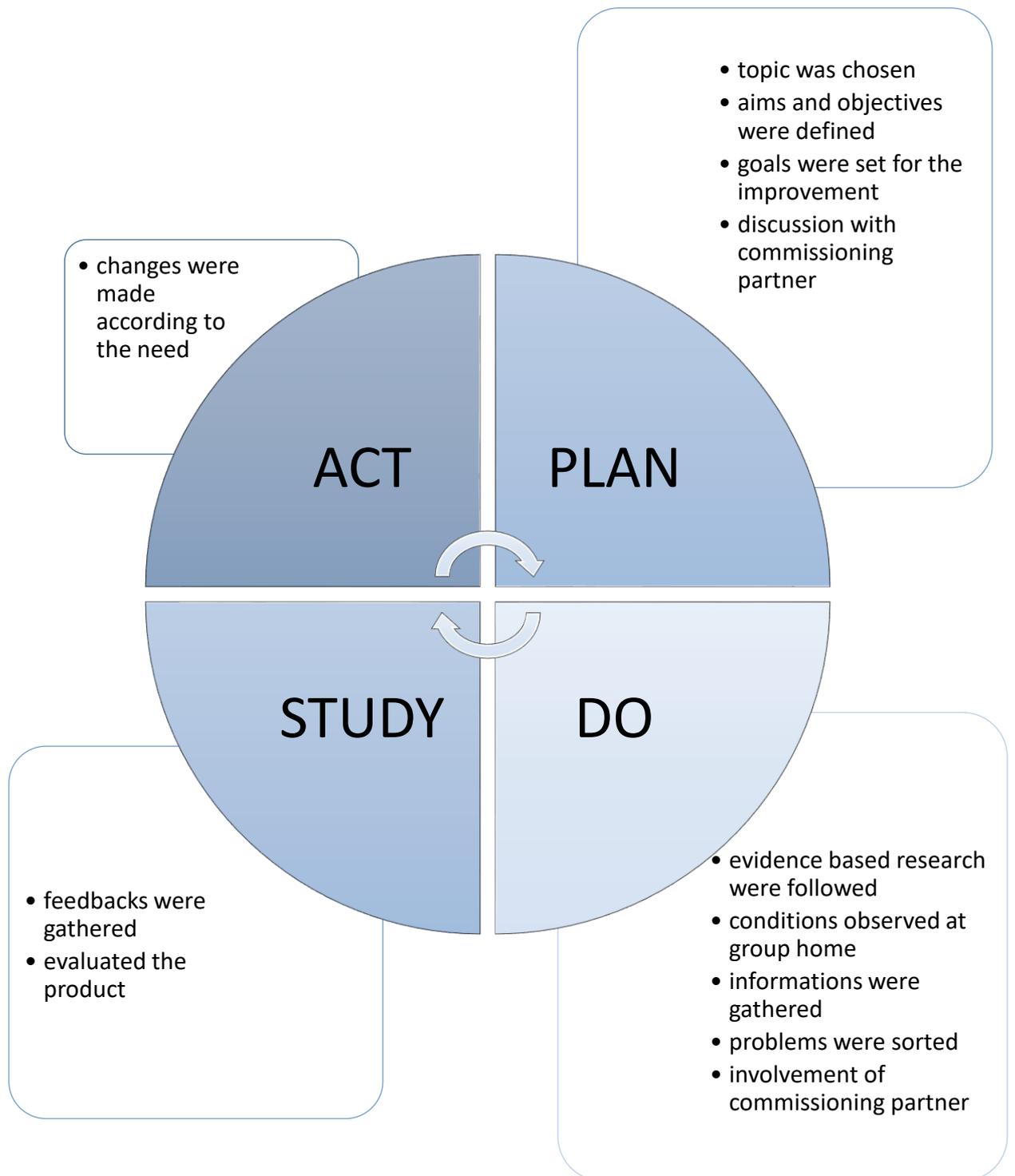


Figure 2. PDSA model reflecting the developmental process of the thesis product (Werry Workforce WHARAURAU 2018)

4.4 Development of the PowerPoint

Planning stage

In the planning stage, the process of implementation of the PowerPoint is planned. It is the first phase in the PDSA model. It discusses the contents of the PowerPoint, its product and the various methods carried out along the planning process. At the beginning before the planning, the aims and goal's definition take place. It also involves the research questions and plan that how the data are gathered. (Wharaurau 2018.)

In this stage, the author of the thesis begins by choosing the topic with the cooperation of the commissioning partner and planned to produce a PowerPoint in Finnish language for the professionals working over there. The PowerPoint would be used as informative material for the awareness and prevention of malnutrition among elderly. The cooperating partner of this thesis was Yrjo and Hanna homes. While conducting this thesis, the writer collected the evidence-based materials from different sources, for instance terveystieto, PubMed, Cinahl, Medic, duodecim and so on. Additionally, online searches were also made through different websites. The key word malnutrition among elderly, its prevention, nurse's role was used for the search. In the planning phase, the theoretical framework analysis was performed about the malnutrition among elderly. The materials were used producing a PowerPoint at the end of thesis.

Implementation stage

The implementation stage is the do stage of the PDSA model where the observations are made, and the data is collected (WHARAURAU 2018). In this stage, the product is being created utilising the ideas and the data that are gathered during the planning phase (Mcgowan & Reid 2018).

It consists of creating the PowerPoint slides and the contents. Reliable sources were used to create those slides. As, it was supposed to be in Finnish, the author tried to make it as simple as possible. Different evidence-based sources were utilised. The thesis commissioning partner was involved by providing suggestions and opinions for creating good PowerPoint. In this stage PowerPoint slides were created with the face-to-face discussion. The information and opinions were gathered from the commissioning partner that how a knowledgeable PowerPoint can be made. The author was able to receive suggestions and feedbacks about the content and the slide's properties.

This helped the author to make suitable changes on it making it more concise and clearer. Good font size was used, font colour and proper content to grab the attention of the participants. According to the plan, firstly the writer asked the suitable timetable for the presentation via email. So, it was suitable them to present during the daytime where both the evening and morning shifts meet each other. The writer arranged for the PowerPoint presentation. Participants were gathered from morning and the evening shift. They were interested to the presentation. At the beginning, the writer explained the purpose of the PowerPoint presentation. Slides were described one by one. At the end, summary was made with the discussion. List of references was provided for the further search to those who are interested with.

Assessment and action

The assessment phase so called Study phase of the PDSA model, the various data were explored and competed to make the changes to create the awesome product. In action stage so called the Act process in the PDSA model, the decision made either moves forward or possible of rejection made in the implementation. There might be recurrence cycle in the act phase if necessary. (Katowa et al 2021.) The product is evaluated and studied in this study phase as well as feedbacks are gathered. PDSA model is such model which is possible to repeat until the planned product is produced. (Mcgowan& Reid 2018.)

In this stage feedbacks from the commissioning partner and the professionals working over there were collected. The feedback was gathered using quantitative method where data is collected in numerical method. It helps the writer to understand and know about the selected group. The data was innately quantitative in some instances while being imposed in others. Inherently intended for an individual's salary, for instance, and imposed for an example of assessing pain on a scale of one to ten. In quantitative research, there are many different approaches to gather data, including surveys, observations, and questionnaires. (University of Texas Arlington Libraries 2021.) A five-point Likert scale was used to create a quantitative evaluation questionnaire. The evaluation received from the participants were mainly in the five points: strongly agree 5, agree 4, neutral 3, disagree 2 and strongly disagree 1. There were altogether five questions. One was open ended while the other four were multiple choice questions. The questions were based upon the criteria of the good PowerPoint presentation. The PowerPoint was presented to the six nurses working from morning and the evening shifts. After the PowerPoint presentations, the feedback questions were provided in the paper form. The feedback was then evaluated using the comments received. The comments from the six nurses are displayed in the table below.

Table 1. Questionnaire for the PowerPoint feedback

Evaluate the following statements related to the guiding scale 1-5.

	Strongly agree 5	Agree 4	Disagree 2	Strongly disagree 1	Neutral 3
PowerPoint was understandable	2	3			1
The content was boring			2	4	
Useful for prevention of malnutrition	3	2			1
Based on aim and purpose	3	3			

Any suggestions: _____

Thank you for the participation!

The table 1 represents the questionnaire for the evaluation of the PowerPoint presentation on the topic causes and prevention of malnutrition among elderly. There were overall six participants able to participate in the feedback questionnaire. Despite from their busy time schedule they participated. In the open questionnaire, most of the participants commented that it was useful and knowledgeable. They were able to understand. Some of the participants commented the heading font colour as it was difficult to visible. So, the author changed the font colour from yellow to black. While summarising the feedback, the commissioning partner and the professionals working over there gave the positive and motivating feedback as the content was useful in their daily basis. The participants answered the open-ended questions suggesting that to improve little, bigger font size and as well as addition of the topic causes of malnutrition. In addition, they also replied that the PowerPoint was interesting and informative. It would be helpful for them in their working life.

5 DISCUSSION

5.1 Assessment of PowerPoint presentation

Nurses play an important role in the prevention and management of malnutrition in older adults through variety of nursing interventions, including staff training and awareness programs on the importance of nutrition and essential nutrients needed by the body. Older people suffer from a variety of ailments such as dementia, which tend to affect their willingness to eat, including some that they do not remember, leading to unwanted weight changes, falls, confusion, and increased wound healing time. Therefore, this leads to continuous professional training related to importance of dietary nutrients for body and health, and on the improvement of different feeding methods and nutrient intake. (Divert et al. 2015.)

The multiprofessional team working at Yrjo and Hanna homes will be able to utilize this PowerPoint presentation at any time for the elderly care. It will provide the knowledge about the causes and the prevention of malnutrition among elderly. Prevention of malnutrition is a goal to all the multidisciplinary team while caring the aging people. In addition, the printed PowerPoint copies also help the new nurses to gather some ideas on how to prevent and know the causes of malnutrition among elderly. The writer believes that as the population ages, more emphasis should be placed on considering the well-being and functioning of older people. The author's aim was accomplished which was to provide a PowerPoint presentation. The cooperation partner's wish to receive a PowerPoint presentation was fulfilled. The final product of thesis work, a PowerPoint presentation, provided professionals working at Yrjo and Hanna homes with information on how to know causes and prevent malnutrition. Based on the good PowerPoint presentation criteria, PowerPoint creation was successful. While preparing the content of the PowerPoint presentation the author succeeds going through various articles and the topics related to the malnutrition among elderly. From the beginning of the thesis to the end, communication with the cooperative partner worked out effectively and the final product is produced successfully. After the PowerPoint presentation gathering of face-to-face feedback was successful.

While creating the PowerPoint presentation, the author faced different challenges such as choosing font colour and size, various PowerPoint slides were tested to produce a clear and the easily readable slide. Furthermore, to create the PowerPoint presentation in suitable Finnish language was challenging because the author was not Finnish native. To make PowerPoint concise and clear the writer included only the main topics instead of leaving key issues. Materials were carefully selected related to the causes and prevention of malnutrition among elderly, closely examined the details of the work, and took care to ensure that

the work proceeded systematically. The PowerPoint is being corrected by author according to the received feedbacks from the participants and handed to commissioning partner. The commissioning partner planned to save it as an informative material to the other nurses.

5.2 Ethical considerations and trustworthiness

Every research needs to follow the ethical aspects throughout the thesis process to ensure the ethical guidelines related to research. Thesis, that are done by the university of applied sciences also needs to follow all these guidelines to publish standard thesis. There are numerous guidelines that are based upon the Finnish legislation, usually if the research is performed by Finnish National Board on Research Integrity (TENK). It is a part of the ministry of education and culture. It focuses on the mission that prevents the research of misconduct and promotion of the discussion and as well as topic distribution. (Finnish Advisory board on Research Integrity 2012.) The whole process of the practice-based thesis needs to follow strictly all the laws and regulations with the proper guidelines that has been set up for the thesis.

While managing the responsible research and to avoid the misconduct, various guidelines and the principles are used. Reliability verifies the research quality, its design and method as well as it investigates the resources used. In this thesis, the sources such as PubMed, CINAHL, google scholar, Masto-Finna as reliable sources were used. During the process of the research the participants for the interview and the environment of the study including their ethical and the cultural aspects must be respected and make into consideration. All respondents are free to join, and no force is made. They are informed in advance about the purpose of the questionnaire. The channel of communication is done fairly and is unbiased.

Trustworthiness defines the level of assurance one has through the collected data and methods used and interpretations. This approves that the study done as the quality, reviewed by peer and possess scientific article. (Connelly 2016.) The criteria for the trustworthiness are usually aimed to evaluate the credibility, reliability, comfortability, and transferability of a qualitative study. Credibility deals with focusing research and confidence refers that how the data addressed intended to focus. Dependability of the trustworthiness refers the study that is consistent and could be repeated by other researchers for the further research. (Kääriäinen et al. 2014.)

In this thesis process, privacy and confidentiality were considered. The materials used for this thesis process were not misused. This project doesn't expect to harm none of the participants and the organization. The product helps the commissioning partner by concerning all the health care professionals towards the nutrition of the elderly.

5.3 Conclusion, Recommendations and Limitation

The elderly population in the world is increasing and has been a major concern in the health care area. As there are different changes with increase in the age which directly impact on the nutritional status of the body. So, it is very important for the health care professionals especially for those working at the service home. The managers to plan a reliable solution to the malnutrition. It has huge negative impact on the elderly's health. In this thesis, it has reflected that what are the roles and prevention of the nurses working with aging people. This study has presented the need of the nutrition among the elderly and how they are prone to the malnutrition. Not only this, but it also has discussed that how the nutrition plays vital role in the elderly in the maintenance of their good health despite the aging factor. Moreover, the different interventions can be carried out which helps to provide the proper nutritional status of the elderly who are under institutionalised care.

Firstly, the writer recommends the periodic assessment in the nutrition of the residents which would be the great reveal that whether they are getting enough nutrition or not. It prevents the elderly falling into the risk zones of the malnutrition. Secondly, the writer recommends the motivations for the physical exercises and its impacts for the nutrition among the elderly must be thoroughly performed.

The limitations during the performance of this thesis were the time management with the commissioning partner. It was somehow difficult to manage the proper time with the staffs for presentation of the PowerPoint and the discussion about the topic. In another way, while preparing the product in Finnish language was challenging as the writer is not native Finnish. Hopefully, with the efforts from both side the time was managed to carry out the different tasks for the completion until of the thesis. I would like to thank the commissioning partner giving me such an opportunity to perform the thesis cooperating with them and all the professionals working over there for creating familiar environment which helped me by providing the valuable feedbacks.

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YRJÖ JA HANNA
KODIT

**IKÄIHMISTEN
VAJAARAVITSEMUKSEN
SYITÄ JA EHKÄISY**



Vajaaravitsemus tarkoittaa tilanteeseen nähden riittämätöntä ravitsemusta eli energiaa, proteiineja tai muita ravintoaineita



Vajaaravitsemus voi vaikuttaa negatiivisesti kehon yleiseen koostumukseen, mikä vaikuttaa elämänlaatuun ja suorituskykyyn

VAJAARAVITSEMUS:



VAJAARAVITSEMUS JA IKÄ

Kuvien lähde :PowerPoint.com

Kehosi ei saa kaikkea hyvää, mitä se tarvitsee ollakseen terve.

Pitkäkestoisi a sairauksia esiintyy useammin

Ihmiset eivät liiku ja leiki niin paljon kuin ennen

Et ole niin nälkäinen kuin ennen.

Useammat ihmisst pyytävät apua

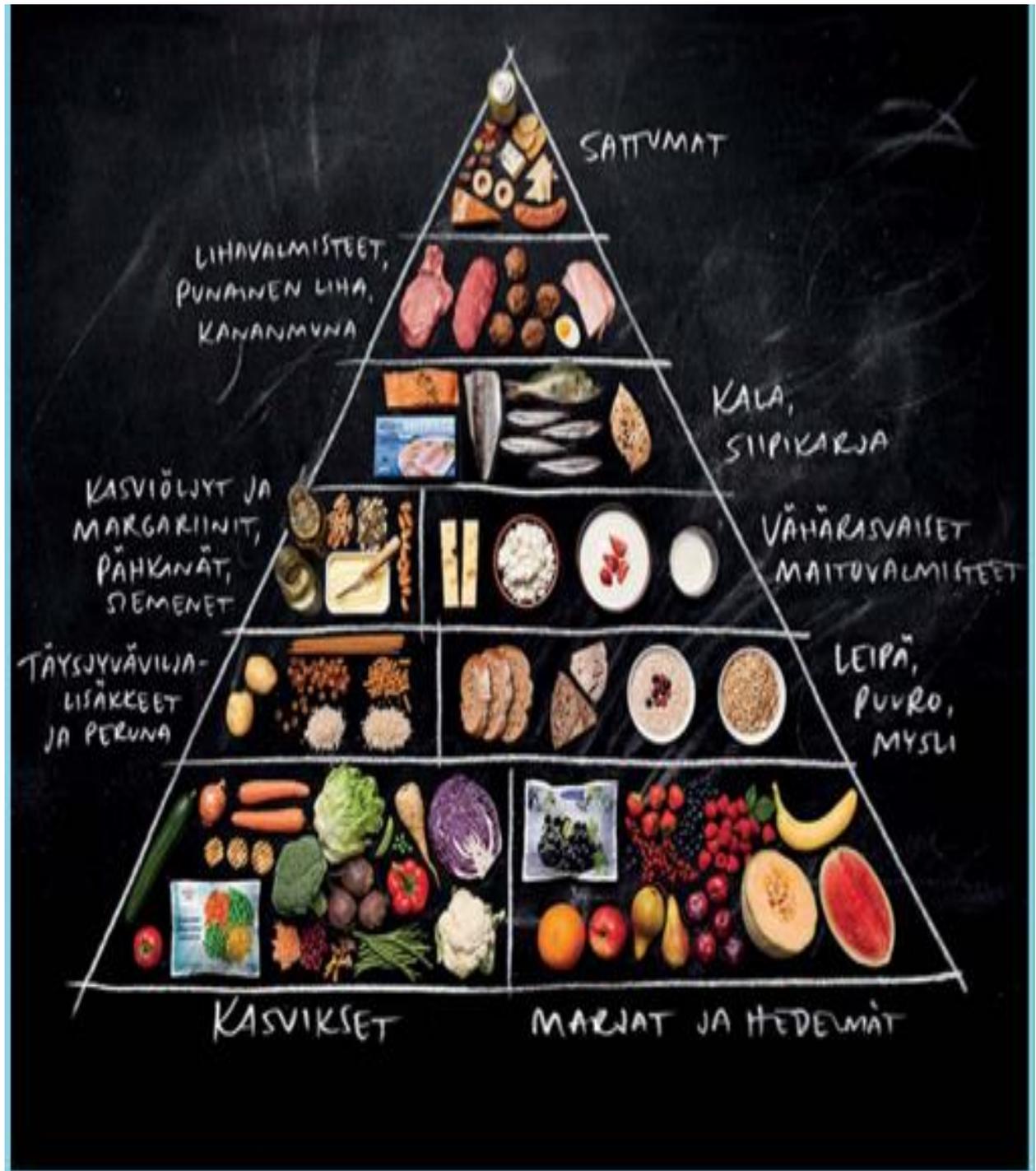
Kognitiivisesti sekä fyysisesti toimintakyky heikkenee

Sosiaali vaikeuksia lisäntyy



IKÄ IHMISTEN HYVÄ RAVITSEMUS

Kuvien lähde: Powerpoint.com



Kuvio 1, Ruokapyramidi (Evira, terveyttä ruoasta 2014)

VAJAARAVITSEMUKSEN SYITÄ

Ruokaan liittyvät käyttäytymisoireet

Huono syömisen laatu

Heikentynyt aisteja eli maku, haju, näkö

Lisäsairauksia esim muistisairauksia

Kyvyttömyys eli ruoka hankkimisessa,
valmistamisessa ja syömisessä

RAVITSEMUKSELLINEN HOIDON TOTEUTTAMINEN

Arvioidaan ravitsemustila

>Suunnittele yksilöllisesti ikä ihmisten ravitsemushoidon toteutus

>Vajaravitseminen ehkäisy

Diagnosointi

>Jos vajaravitseminen tai vakavan vajaravitsemuksen riski on suuri, aloitetaan ravitsemushoito välittömästi.

>selvittää vajaravitsemuksen syy

Hoito

>Hoito aliravitsemuksen syyn mukaan, väkevöidyt elintarvikkeet

>Kliiniset ravintolisät tarvittaessa tilantessa

>Ikäihmisten mielipiteiden ja toiveiden huomioiminen

Tarkastus

Ravitsemushoidon toteuttaminen sekä seuranta

>Punnitus säännöllisesti

MITEN ARVIOIDAAN?

>Painon seuranta

>MNA (Mini Nutritional Assessment): ravitsemustilan arviointi

>Lyhyt kysely, joka on tarkastettu perusteellisesti.

>Voit esimerkiksi kysyä painonpudotuksestasi, nälästäsi, kognitiostasi, painoindeksistäsi, lääkkeitäsi, aterioistasi, proteiinilähteistä, vihanneksista, nesteen saannista ja yleisestä olostasi.

>Toteaa, että ravitsemusterapia on tehokkain ihmisille, joilla on aliravitsemuksen riski.

>Hyvä merkki aliravitsemuksesta on painon seurannan ja mahdollisten laboratoriotestien, kuten C-reaktiivisen proteiinin (CRP), yhdistelmä. Lääkäri arvioi laboratoriotutkimustulosten merkityksen.

>Tutkitaan ihon kuntoa.

>Sekä ruokavalion kaliiperi että määrä arvioidaan.

Jos ruokahaluttomuus on ongelma

Pieniä annoksia, tarjoillaan usein pienenä välipalana

Proteiinipitoinen ruokavalio

Lisää energiatiheyttä rasvoilla, jos painonpudotus on haaste.

Lisärasva on pehmeää ja laadukasta, kuten pehmeää margariinia tai öljyä.

YHTEENVETO

län myötä kroonisten sairauksien aiheuttama aliravitsemuksen, vähentyneen liikunnan, huonon ruokahalun ja huonon ravitsemuksellisen laadun riski kasvaa.

Vajaaravitsemus on yleisempää, varsinkin kun fyysinen ja kognitiivinen toiminta on heikentynyt, ja muistihäiriöillä on erityinen vajaaravitsemuksen riski. •

Vajaavitsemuksen ennaltaehkäisy ja varhainen havaitseminen terveydenhuollossa on tärkeää.

• Vajaaravitsemuksen oikea-aikaiset toimenpiteet:
Tarjoa parempaa ravintoa, oikeanlaisia välipaloja ja lisäravinteita sekä suosikkiruokia. Vältä tarpeettomia ruokavalion rajoituksia.

• Vajaaravitsemusriskissä olevilla yöpaasto ei saisi olla yli 11 h

• Ikääntyneen hyvän ravitsemuksen toteuttamisessa moniammatillinen yhteistyö on tosi tärkeää .

• Huomiota on kiinnitettävä hoitajien kykyihin ja heidän hoitamiensa vanhusten ruokavalioon

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KIITOS PALJON!

Appendix 2:

Palautekysely PowerPoint esityksiin

1. Arvioi PowerPoint esitys liittyviä väittämiä asteikoilla 1–5

Täysin eri mieltä:1. Eri mieltä:2

Sama mieltä: 4 Täysin sama mieltä:5

Neutraali:3

	Täysin sama mieltä 5	Sama mieltä 4	Eri mieltä 2	Täysin eri mieltä 1	Neutraali 3
Powerpoint esitys oli ymmärrettävää	2	3			1
Sisältö oli tylsää			2	4	
Hyödyllinen vajaanavitsemuksen ehkäisyssä	3	2			1
Päämäärän ja tarkoituksen perusteella	3	3			

5. Ehdotuksia.....

Kiitos paljon osallistumisesta!