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UNIVERSITY OF SAN DIEGO
Hahn School of Nursing and Health Science
DOCTOR OF PHILOSOPHY IN NURSING

TRANSITIONING EATING PRACTICES OF OLDER ADULTS

by

Michelle L. Jackson

A dissertation presented to the
FACULTY OF THE HAHN SCHOOL OF NURSING AND HEALTH SCIENCE
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In partial fulfillment of the
requirements for the degree
DOCTOR OF PHILOSOPHY IN NURSING

May 2022

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UNIVERSITY OF SAN DIEGO

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DOCTOR OF PHILOSOPHY IN NURSING

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Transitioning Eating Practices of Older Adults

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Abstract

Purpose: The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult's eating practices over a lifespan and the impact participants perceived those factors currently had upon their nutritional health in older adulthood.

Background: The older adult population is recognized as one of the fastest growing populations in the United States. One of many growing concerns for this population is the impact of dietary practices on the morbidity and mortality of this aging population. There is limited research to date that has explored the transitioning of appetite and eating practices across the lifespan of the older adult.

Method: This study was informed by the method of qualitative description. Extensive semi-structured interviews were conducted via telephone and transcribed. All data collected were analyzed utilizing the process of constant comparative analysis in the identification of similar phrases, patterns, and relationships, ultimately leading to thematic and categorical construct.

Findings: Ten participants were recruited and participated in individual telephone interviews. There were three major themes that emerged from the data analysis: (a) Great Beginnings, (b) Developing Independence, and (c) Inverse Relationship (age and appetite); and three corresponding categories emerged within each of the three major themes. Moreover, these themes and categories emphasized personal life altering events (i.e., moving out of the childhood home, marriage, pregnancy, bereavement, and the COVID-19 pandemic), often leading to changes noted in eating practices of several participants. Additionally, the three major themes and their relative categories also support the perception that advancing physiological age, diagnoses of chronic disease,

and occurrence of certain life-altering events have significant influence on many of the transitional eating practices observed in older adults.

Implications for Research: The results of this study may help in the design of future individualized interventions to promote healthy eating habits observed in older adulthood. However, it is important to continue to study how unique life experiences contribute to changing eating practices throughout the lifespan.

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DEDICATION

This dissertation is dedicated to my grandma, Martha “Mot” Jewell Jackson. I grew up knowing that you were a nurse, but as a child, I had not the slightest idea that I would follow along your path and beyond. I miss you immensely!

Love you always, “Chelle”

Martha Jewell Jackson

February 13, 1932 – December 16, 2011

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Last, but far from least, my success in completing this dissertation would not have been possible without God...because of You I am here. A journey that seemed endless with interruptions along the way, You gave me the strength to push through even when I felt like giving up. I will forever acknowledge Your loving kindness and tender mercies bestowed upon me. You show me that through You I have greater work to do. You will not allow my fears or insecurities get in the way of Your plan for my life...I will continue to acknowledge, listen, and follow (Proverbs 3:5-6).

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Chapter 1

Introduction

Background

The older adult population continues to be recognized as one of the fastest growing populations in the United States. Moreover, by the year 2050, those age 65 and older are projected to double in size, while those age 85 and older are expected to nearly triple in number (Federal Interagency Forum on Aging-Related Statistics, 2020). While these numbers are astonishing, this forthcoming demographic surge is expected to bring a myriad of healthcare concerns. One of many growing concerns is the impact of nutrition on the morbidity and mortality of this aging population. It is generally understood and accepted that both acute and chronic disease and illness can impact an individual's nutritional intake; however, research has recently taken a shift to examine how nutrition-related diseases impact healthy aging and activity level of older adults (Shlisky et al., 2017).

Appreciating the significance of healthy eating is important across the lifespan; however, as nutritional needs change with aging, it is even more paramount to highlight the need for proper nutrients with aging. The “anorexia of ageing” is a contemporary term and is often used to illustrate the physiological diminishing of appetite and food consumption in the older adult (Visvanathan, 2003). Moreover, age is a risk factor for malnutrition and there are several factors, physiological and psychological, that contribute and may impact one's overall health and quality of life (Clegg & Williams, 2018; Maseda et al., 2018; National Academies of Sciences Engineering and Medicine, 2016). As older adults often experience a myriad of bodily changes with age that include

perceptual (e.g., hearing, smell, taste), physiological (e.g., function, energy), cognitive and others, undernutrition as a result of any bodily change or cause places them at increased risk of poor medical outcomes, including death (Clegg & Williams, 2018; Maseda et al., 2018; National Academies of Sciences Engineering and Medicine, 2016; Schilp, Wijnhoven, Deeg, & Visser, 2011; Shlisky et al., 2017). Additionally, because there are countless contributory reasons as to why the appetite of older adults is expected to change with age, the precise mechanisms are not entirely understood and often happens “in illness-free adults and in the presence of adequate food supply” (Wysokiński et. al., 2015, p. 1).

In the United States, there has been a recent shift toward the focus on nutrition and understanding the national trends and patterns of aging, as well as the varying factors related to healthy aging (National Academies of Sciences Engineering and Medicine, 2016). Moreover, research is revealing that the quality of Americans’ diets are poor and older adults are not following the suggested physical activity levels (National Academies of Sciences Engineering and Medicine, 2016). Researchers have studied numerous biomarkers and indicators at the molecular level of healthy aging. Some previous quantitative research studies have illustrated a strong connection between in utero nutrition and outcomes later in life, as well as the importance of being exposed to nutritious eating during childhood (Cooke, 2007; Gluckman, Hanson, Cooper, & Thornburg, 2008; National Academies of Sciences Engineering and Medicine, 2016; Tarry-Adkins & Ozanne, 2017). However, given the growing high levels of both obesity and malnutrition among older adults, researchers should begin to think about including nutrition history (i.e., years before one reaches older adulthood) in older adult nutritional

research (Cooke, 2007; National Academies of Sciences Engineering and Medicine, 2016; Shlisky et al., 2017).

In addition, according to Maseda et al. (2018), “Comprehensive gerontological assessments should incorporate nutritional status or nutritional risk screening to identify the main determinants of malnutrition in older adult communities” (p. 993). However, despite the potential benefit of conducting such assessments and screenings, there is limited research to date that has specifically evaluated the transitioning of appetite and eating across the lifespan of the older adult at the individual level. Additionally, before one can appreciate the effects of eating and nutrition on the older adult, it may be beneficial to explore, at the individual level, how eating and nutrition may have had an impact on the older adult throughout the years (i.e., childhood, adolescence, young, middle, and older adulthood).

Study Purpose and Lines of Inquiry

The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult’s eating practices over a lifespan and the impact participants perceived those factors currently had upon their nutritional health in older adulthood. Lines of inquiry included:

- 1) To *describe* former childhood, adolescence, and young adult appetite and eating practices.
- 2) To *describe* how older adult eating practices and changes in appetite have been influenced by childhood, adolescence, and young adulthood factors.

3) To *describe* how specific biopsychosocial factors (e.g., medical diagnoses, conditions, and/or life experiences) have influenced changes in appetite and eating practices across the lifespan.

Existing research and literature on the topic of appetite in older adults and the multitude of changes that occur relative to eating and nutrition are immense. However, there is a clear lack of exploration on this topic as it relates to exploring the effect that varying stages in life may have on the overall influence of one's appetite in older adulthood. Both quantitative and qualitative studies have been conducted on the overarching topic of aging and appetite, with concentration on several areas to include: (a) the assessment of instruments and questionnaires to ascertain older adults perception of their eating practices; (b) the older adults' perception of what it means to age well and eat healthy; (c) the food choices and eating practices of older adults; (d) the willingness and importance of eating in older adults; and (e) the influence of psychological and psychosocial issues on the appetite of older adults.

The ability to describe the affects and effects of appetite in any age group is of tremendous significance, especially in consideration of older adults as they encounter both the expected and unexpected chronological changes with aging. Moreover, the practice of using screening instruments or surveys to ascertain older adults' awareness of how nutrition impacts the physical, mental, and social aspects of their aging process carries considerable value in the domain of healthcare (Burge, 1999; De Morais et al., 2013). Additionally, existing research that has sought to provide insight on the food choices of older adults, specifically in the setting of good or poor appetite, allows for

healthcare providers and other clinical disciplines to derive more tailored and fitting care for the older adult population (De Morais et al., 2013; van der Meij et al., 2015).

Oftentimes many individuals have a preoccupation with health and wellness across the lifespan. Moreover, attempting to understand how the perception of health and wellness translates in older adulthood is revealing into their perception of what it means to holistically (i.e., physically and mentally) age well, revealing that it is reliant for several areas to including active lifestyles, mental engagement, and healthy eating (Halaweh et al., 2018). In addition to understanding the role that eating and nutrition has in the setting of healthy aging is also accepting the central role that food choices and practices contribute. Human food choice significantly influences and impacts nutrition across the lifespan and some research studies have identified that some older adults put a firm value on making sure they eat well as they get older, but some groups also determine their food choices and eating practices based upon their faith and family (Chen and Shao, 2011; Sobal et. al., 2006; Winter et al., 2016). Additionally, understanding that the concept of what it means to eat healthy will considerably vary from person to person, and knowing that each individual's meaning of healthy eating will be based upon intricate beliefs and feelings shaped by personal experiences throughout their lives (Bisogni et. al., 2012).

The concept of appetite as it applies to older adults has been the topic of countless research studies and literature, therefore highlighting the importance of exploring what the desire to eat resembles in older adulthood. Moreover, one's desire or willingness to eat is influenced by a number of factors such as mood, personal values, wholesomeness, and eating environments (Wikby and Fägerskiöld, 2004). While there is currently no

standard instrument or assessment to evaluate appetite in the clinical setting, it still remains important in the clinical setting, to appreciate the fact that appetite most certainly changes with age and understand how it is important to recognize early signs that may indicate unsatisfactory appetite among older adults (Cox et. al., 2020).

Although there is a global understanding and acceptance of the ill effects of inadequate nutrition on the older adult population with regards to the physiological changes that often occur with aging, one area that requires further investigation is the effect that psychological and psychosocial issues and/or events have on the appetite and eating practices of older adults. Additionally, existing research studies have purposed their investigations to better understand how psychological illnesses such as depression and states of isolation or bereavement can affect appetite in a majorly adverse way (Kawaharada et. al., in press; Pilgrim et. al., 2015; Vesnavera et. al. 2015).

While the topic of aging and appetite is vast concerning the physiological, functional, and cognitive effect that nutrition has on older adults, there is limited qualitative research that directly addresses the eating practices of older adults. Presently, there is limited research in general that supports the notion of childhood influence having a particular effect on the perceptions and eating practices of older adults, along with having a direct influence on their eating practices across the lifespan (Cooke, 2007; Cumella & Harris, 2005). Additionally, at the time of this writing there have been no qualitative research studies conducted in the U.S. that examine the transitioning eating practices of older adults across the lifespan.

Researcher's Reason for Studying this Phenomena

In an effort to be as transparent and honest as possible, this particular area of study was selected due to the researcher's current professional role and former patient encounters and interactions while on the job. While working in both the home (community) and skilled nursing setting, the researcher encountered countless patients whose physical and psychological health likely were affected by poor nutrition; and more specifically, poor nutrition as it related to access to food. Interestingly, the researcher continued to meet and treat patients who were given a diagnosis of malnutrition in the setting of either being over or under weight. Upon further exploration, the researcher would learn through patient self-reporting or investigative social work and case management assessments performed by members of the interdisciplinary team, that many times there was limited access to healthy food, as well as limited financial ability to purchase healthy food. When these particular patients were identified and offered additional services, the assessment information that they had previously provided was either retracted or the patients would subsequently deny the previous statements they made about their limited access to food. The researcher quickly realized that there were many older adult community dwellers in the City and County of San Diego who had minimal access to food and the county lacked various supports in the form of financial and personal supports (Serving Seniors, n.d.). How older adults perceived how their current nutritional situation was influenced over the course of their lifespan was the focus of this study. And, specifically, what factors they believed to have been in play across their lifespan that contributed to their current nutritional situation were also included addressed in the study.

Researcher's Justification for Studying this Population

In January 2018, the United States Department of Health and Human Services published the federal poverty guidelines as \$1,012 per month or \$12,140 per year needed for a given individual to pay for housing, healthcare, transportation, and food.

According to data provided by Serving Seniors, a San Diego-based nonprofit agency that provides programs and services to older adults living in poverty, the financial index for San Diego is:

- \$1,974 per month or \$23,688 per year is the need calculated based on *renting* for a single senior to pay for housing, healthcare, transportation, and food
- \$1,385 per month or \$16,620 per year is the need calculated based on *home ownership without mortgage* for a single senior to pay for housing, healthcare, transportation, and food (Serving Seniors, n.d.)

In California, 48 percent of seniors do not have adequate income and two out of five seniors (41%) in San Diego, must choose between food and rent. Additionally, 16% of older Californians face the danger of hunger or are nearly food insecure, slightly over 9 percent are food insecure, and almost 4 percent are actually food insecure and are experiencing hunger (State of California California Commission on Aging (CCoA), 2016; Ziliak & Gundersen, 2013). Figures provided by Serving Seniors illustrate that greater than 85 percent of their users are trying to live on less than \$1,000 per month (\$12 below the Federal Poverty Level) and pay about \$750 per month in rent, ultimately leaving them with a minimal amount to purchase other needs such as healthcare, medications, transportation, and food (Serving Seniors, n.d.). The purpose of this qualitative study was to explore what factors may have influenced the transition of an

individual older adult's eating practices over a lifespan and the impact participants perceived those factors currently had upon their current nutritional situation

Summary

This chapter addressed the significance of examining the topic of aging and appetite, as well as provided a brief overview of existing research highlighting several subtopic areas to include older adults' perception of their eating practices and perception of healthy aging; the influence of food choices and eating practices of older adults and their perception of the importance of eating; and the impact of psychological and psychosocial issues on the appetite of older adults. Moreover, the significance of investigating the transitional eating practices of older adults was provided, along with the study purpose and lines of inquiry. The subsequent Chapter 2 will provide a more in-depth review of the literature; Chapter 3 will identify the methodology used for this study and additional detail on the study's design; Chapter 4 will provide the study results; and lastly, Chapter 5 will provide a discussion of the study results, including study strengths, limitations, and implications for nursing practice and future research.

Chapter 2

Literature Review

The research evidence that appetite changes with age has been largely accepted by the global community. Moreover, there are multiple factors and a variety of circumstances that may influence the eating practices and appetite of an individual across the life stages, specifically changes and influences noted in older adults (Cox et al., 2020). One of the most accepted changes is that appetite decreases as people enter old age. Furthermore, this reduction in appetite and food intake does not solely occur in the setting of medical or clinical conditions, but may also occur under additional considerations. The potential one has for acquiring certain nutritional risk factors across the lifespan may be influenced by food choices and eating practices, as well as the perception of what it means to eat healthy and age well. Due to the complex nature of examining what influences an individual's appetite, and despite the abundance of previous research on the subject, a need continues to exist for further exploration and additional research on the factors leading to the transformation of appetite in the older adult population. In a dedicated effort towards exploring the overarching subject of the eating practices of older adults, this chapter will review the literature on eating practices and food choice influences, healthy eating and aging well, and nutritional risk factors – demonstrating how each may have a possible contributory influence on the transformation of eating practices and appetite throughout the lifespan.

Food Choice and Eating Practices

Food choice and eating practices are known to affect the overall health of older adults. And while the literature on these topics is widespread across the various life

stages, in any effort that is made to improve the health and wellness of older adults, it is important to understand what specifically influences their food choice and eating practices, and this includes psychosocial factors as well.

Food Choice

In the book titled *The Psychology of Food Choice* (2006) several contributing authors bring together a subdiscipline approach to the topic of food choice and the effect that biological, social, and learned influences have on an individual's food choice across the lifespan. Sobal et al. (2006) present a conceptual model of food choices and changing dietary behavior over the lifespan derived from a combination of biopsychosocial perspectives, as well as from three primary qualitative research studies surrounding food choices (Falk et al., 1996; Furst et al., 1996; Connors et al., 2001). Sobal et al. highlight that in addition to the biological, behavioral, and social factors that influence food choice, people generally determine their food choices in other numerous ways (2006).

Additionally, attention is drawn to the notion that food choice, across the lifespan, is based on cognitive and social transactions in which individuals “exercise their personal agency in perceiving, defining, conceptualizing, managing, presenting and enacting food choices” (Sobal et al., 2006, p. 2). Furthermore, it is a complex and multifaceted subject that compels ongoing exploration and study for application in clinical, community, and policy settings.

Utilizing a constructivist paradigm (i.e., observation from the participant's point of view), as well as a qualitative method using in-depth semi-structured interviews, Falk et al. (1996) aimed to identify what older adults (age 65 and older) considered to be most significant when making food choices. This study was conducted with 16 participants

living independently in upstate New York to determine how they decided upon their food choices. Results from this research study identified that there were three major components contributing to food choices among this participant group: (a) life course; (b) influences; and (c) personal system.

According to Falk et al (1996), first, the experiences encountered throughout the life course were identified as events and experiences that occurred during childhood and later years that impacted their food choice decisions. Next, influences identified were inclusive of any prominent beliefs or attitudes formed from childhood and beyond concerning health, nutrition, weight maintenance, and eating to avoid major illness. Lastly, findings demonstrated that personal systems were comprised of two components, value negotiations and strategies/repertoires. Value components included any sensory, monetary and convenience considerations, social situations management, and physical well-being. Strategies/repertoires components were any strategies used to make simple the responsibility of deciding food choices (Falk et al.,1996). Furthermore, Falk et al. constructed a conceptual model of food choice for older adults incorporating the aforementioned influences, additionally supporting the need for greater understanding of the food choice process in older adults (1996).

With similar goals to Falk et al. (1996), Furst et al. (1996) conducted interviews with adults ranging in age from their twenties to their seventies in effort to examine the food choice process of how this group made their individual decisions about what types of foods to purchase at the grocery store, as well as what influences led to the choices they made while shopping. Using the qualitative methodology of a grounded theory approach, Furst et al. (1996) conducted 29 interviews in settings that included the

participant's homes ($n=7$), local grocery stores ($n=20$), and other non-resident sites other than the grocery store ($n=2$). Results from this qualitative study were similar to Falk et al. with the development of a similarly configured conceptual model highlighting people's life experiences, ideals, personal factors, resources and social circumstances having significant influence on food choices. Comparable to Falk et al. (1996), personal systems (i.e., value negotiations and strategies) influenced "the recurring experience of making food choices over the life course (Faust et al., 1996, p. 256). Furthermore, Furst et al. (1996) determined that value negotiations not only included sensory, monetary and convenience considerations, but also health/nutrition, and relationships management. Additionally, in this study strategies behind making certain food choices were based on typical routines that were influenced by conventional procedures and principles of what participants perceived as greater dominant societal norms (Furst et al., 1996). Moreover, these findings underscored the uniquely broad nature of how this particular group of participants conceptualized their uniquely inherent food choice.

Building upon the conceptual models of Falk et al. (1996) and Faust et al. (1996), Connors et al. (2001) aimed to "explore the personal food systems that people develop for managing their values in making food choices across different eating situations" (p. 191). Furthermore, Connors et al. desired to garner knowledge surrounding the thoughts and considerations in place when people from more diverse groups have to make food choices and apply strategies to make their food choices more easily in the setting of potential conflict. By means of grounded theory methodology, 86 Latino, Black, and White men and women, age 18 to 80 years, were recruited and participated in 30 – 60 minute interviews. Results from this study revealed that each individual utilized their

own unique personal food system comprised of food-related processes valuing taste, cost, time, health, and social relationships. Moreover, participants formed comfortable and individual food systems that met their unique standards into three main processes: (a) categorizing foods and eating situations; (b) prioritizing conflicting values for specific eating situations; and (c) balancing strategy prioritizations across defined eating situations (Connors et al., 2001).

Connors et al. (2001) findings identified the first main process as the categorization of foods and eating situations. These were based on the unique values and ideals of each individual and centered around elements of taste, cost, convenience, and food wholesomeness, in addition to relationships surrounding social eating (Connors et al., 2001). The second main process, the prioritizing of conflicting values for specific eating situations, occurred when the value of satisfying certain food choices would impede upon meeting another; for example, choosing to solely prioritize one's health at the expense of one's desired taste (Connors et al., 2001). The last main process, balancing strategy prioritizations across defined eating situations, occurred when values conflicted and the choice was made "by juggling selection of foods based on their positions on the value continuums"; for instance choosing to blend healthy foods with unhealthy foods (Connors et al., 2001, p. 197). Connors et al. suggest further exploratory research be conducted on the unique and multifaceted approach that each individual uses to manage and perform their food choice along with concerted efforts to develop theory on how people arrive at making their choices in food.

Eating Practices

Using a qualitative approach embedded in a primarily quantitative study, Chen and Shao (2011) explored the eating practices of older Taiwanese adults. According to Chen and Shao, the number of Taiwanese older adults with poor nutrition was noticeably on the rise. Motivation for the study was attributed to a gap in the literature showing no consideration towards uncovering the eating practices of this group in the process of aging. The study included one open-ended question that was asked of 58 randomly selected Taiwanese adults age 65 and older who resided independently in the community. Participants were asked ““Is there anything else you would like to tell me about your eating patterns?”” (2011, p. 3) and three major categories resulted: eating and old age, eating and faith, and eating and family harmony. Ultimately, this research concluded older Taiwanese adults decide upon their eating practices for reasons based upon their health, in addition to adhering to their faith and protecting family harmony (2011).

In Australia, Winter, McNaughton, and Nowson (2016) aimed to explore the factors that guide the food choices older adults make, in addition to identifying sources in which older adults solicit dietary advice that may influence their eating practices. Applying a qualitative research method that utilized one-on-one interviews with 12 community dwelling older adults (age 75 to 89), this group of participants was asked questions that specifically inquired about everyday food practices, appetite, shopping practices, and the possible significance of receiving nutritional assistance or advice. Content analysis revealed the following themes: dietary patterns, food choice influences, age related changes, and dietary advice. Furthermore, participants described dietary patterns as the usual number of meals consumed each day and the setting in which they consumed their meals (e.g., home, restaurant, etc.). Food choices were represented by the

participants' attitudes about maintaining independence in shopping and food preparation, as well as considerations of eating practices which may have been influenced by their childhood, as well as any present health conditions. Age related changes were viewed by participants as being inevitable and were associated with physiological changes, as well as social factors such as getting accustomed to living alone or cooking for one. Lastly, receiving dietary advice, generally from their primary healthcare provider or family and friends, was also discussed as being a source of influence surrounding any dietary concerns. Winter, McNaughton, and Nowson concluded that their study participants placed strong value on ensuring they were eating well as they aged. However, they also noted that many participants often placed self-imposed nutritional constraints without any clinical guidance (i.e., diets reduced in fat, lactose, fructose, and certain food additives) that could potentially jeopardize their nutritional status.

Appetite

Understanding the eating practices of older adults and how their food choices have been shaped across the lifespan is only one area of focus concerning the eating practices of this specific population. Additionally, it is meaningful to consider the contribution that appetite may also have on the older adults' perception of eating, their eating practices and the effect of certain psychosocial influences and considerations.

Attempting to understand the importance that older adults place on eating, as well as their willingness to eat was the subject of examination for Wikby and Fägerskiöld (2004). Moreover, Wikby and Fägerskiöld aimed to identify and explain factors of significance concerning the older adult appetite. Utilizing the qualitative method of grounded theory, Wikby and Fägerskiöld interviewed 15 people (3 men and 12 woman

ranging in age from 79 to 95) by asking two guidance questions: (1) *how do you view your appetite?* and (2) *what factors affect your appetite?*. Results illustrated that the participants' willingness to eat was effected by six categories (i.e., the internal factors of mood and personal values; and the external factors of wholesomeness, food, eating environment and meal fellowship). Furthermore, Wikby and Fägerskiöld concluded that the participants' willingness to eat was critical and relative to their overall appetite, food consumption, and in turn their quality of life and commitment to live.

Psychosocial effect. Acknowledging how the psychological and social aspects of the thoughts and behaviors of human beings and how these factors may also influence appetite over the lifespan is another area that requires examination. Pilgrim et al. (2015) provide an overview of declining appetite in older adults and highlight explanations for impaired appetite in this group. Moreover, this study underscores the impact of psychosocial effects on the appetite of older adults, highlighting that certain conditions, such as depression, as a recognized common contributory factor to the impairment of appetite amongst this population (Kawaharada et al., 2022; Pilgrim et al., 2015).

Depression in older adults can be a result of countless reasons including "loneliness, low self-esteem, intolerance for the environment, retirement from a job, loss of a relative or a pet, hospitalization, retirement in a nursing home" and oftentimes has a significant and negative effect on one's appetite (Donini et al., 2003, p. 76). Additionally, social situations such as living and eating alone can cause decreased appetite as "eating alone is less pleasurable and people living alone have fewer social cues to eat" (Pilgrim et al., 2015, p. 4). Kawaharada et al. (2022) studied a total of 259 community-dwelling older adults to examine both the direct and indirect effect of social activity on appetite through

depressive symptoms. Moreover, although the precise mechanism between the effect that depression and social activity is indeterminate on the decreasing appetite in older adults, the study results imply that participation in social activities may possibly have a favorable effect on good appetite.

Another influential consideration in the observation of a negative effect on appetite among older adults is the period of grief and mourning after the loss of a loved one, also referred to as bereavement. Moreover, “one of the most common and most important behavioral attributes of bereavement is loss of appetite” as dining and mealtimes are a reminder of loss of what may have been a shared common bond (Elsner, 2002, p. 28). Vesnavera et al. (2015) conducted a qualitative study utilizing grounded theory in effort to develop theoretical comprehension of the altering food practices that many older women may experience as part of their transformation to widowhood. Moreover, individual interviews were conducted among community-dwelling older adult women, aged 71 to 86 years, who lived alone and had been widowed from a minimum of six months to upwards of 15 years. Moreover, findings from this study highlighted the multifaceted ways in which bereavement effected the appetite of the participants in this group to include: the loss of eating together (i.e., commensality), the deprioritization of their own personal nutrition while caring for their ill spouses and/or shortly after the death of their spouse, the immense number of duties or new responsibilities to perform after the death of their spouse, subsequently removing eating as a priority; and the development of new eating practices due to depression or depressed mood (Vesnavera et al., 2015).

Appetite and Food Choice

For older adults and others, appetite and food choice are often intertwined. Additionally, some research studies have indicated that older adults who have been identified with having poor appetite often have different food choices and preferences for specific foods when compared to older adults with good appetites (van der Meij et al., 2015). Using forced-choice methodology and the validated Short Nutritional Assessment Questionnaire 65 + (SNAQ65+), van der Meij et al. conducted a quantitative study to investigate any differences between the food preferences of older adults with poor appetite compared to older adults with good appetite (2015). Prior to the administration of the forced-choice food test, participant data were collected on sex, age, educational level, dwelling/care setting, smoking status, BMI, diet and nutritional status (SNAQ65+) for a total of 349 older adults, ranging in age from 65 to 101 years. Results from this study, conversely to older adults with good appetites, indicated those individuals with poor appetite had distinct and noticeable food preferences, and this included a preference for variation in the type, texture, and color of foods, as well as a preference for non-dairy high-fiber foods (van der Meij et al., 2015). van der Meij et al. acknowledged some of their study limitations to include forced-choice methodology, as well as the exclusion of adults with poor cognitive function, indicating the non-generalizability of the results. Nevertheless, the study emphasized that the difference between older adults with poor appetite and older adults with good appetite require further and future study in effort to design appropriate strategies that may encourage food intake in those with poor appetite to help prevent malnutrition in older adults based on their propensity for certain food preferences.

Healthy Eating and Aging Well

Efforts have been made to quantify the research contributions of how people at various ages and stages in life understand and interpret their personal ideas of what it means to eat healthy and age well. For example, Bisogni et al. (2012) reviewed bibliographic databases of peer-reviewed journals between 1995 and 2012 from developed countries to understand how people from these countries understand and interpret healthy eating. The team initially identified 500 papers that appeared to meet the criteria for their review; however, this number was ultimately reduced to 195 after closer examination and appropriate elimination. Inclusion criteria for this review were met if the research was a substantiated qualitative study published in English, conducted in a developed nation, and was extensively focused on the ways in which people perceived and experienced health. Study participants described healthy eating in a variety of terms such as food; food components; food production methods; physical and psychosocial outcomes, and personal goals. Additionally, the results of this qualitative systematic review illustrate that an individual's definition about what constitutes healthy eating cannot be decided as good or bad based on historical discussions about healthy eating. However, people possess intricate and multidimensional ideals about healthy eating that are often linked to various areas of their lives based on their unique personal life experiences (Bisogni et al., 2012). Moreover, the use of qualitative research on the subject of interpreting how an individual experiences healthy eating contributes to the expanding knowledge and will continue to aid in understanding how to educate and encourage healthy nutrition among the greater population.

Qualitative studies such as the one by Halaweh, Dahlin-Ivanoff, Svantesson, and Willén (2018) seek to explore older adults' perceptions of what they believe it takes to age well in a comprehensive sense (e.g., physically, mentally, psychosocially, etc.). Exploring Palestinian older adults' perceptions about what it takes to age well, Halaweh et al. (2018) used focus groups to uncover three major themes regarding what it takes to age well: sense of well-being, having good physical health, and preserving good mental health. Moreover, this group of participants emphasized that healthy aging and well-being was dependent on the enhancement of a physically active lifestyle, social and leisure activities, mental engagement and stimulation, establishing a purpose in life, and healthy eating practices (2018). While this study in particular did not focus on eating practices alone, it helped to highlight the role that eating contributes to the older adults' perception of what aging well encompasses.

Clegg and Godfrey (2018) used a systematic review of cross-sectional and experimental studies to evaluate the existing literature on the concept of increasing physical activity as a means to increasing appetite in older adults. Moreover, given the wide acceptance that age-related decrease in appetite can be attributed to a variety of causes, including the uncompensated reduction of physical activity and the decreased metabolic rate of older adults, Clegg & Godfrey reviewed a total of 8 full-text articles meeting their inclusion criteria and determined "that there is no sufficient evidence currently available to support the advice that physical activity may attenuate the decrease in appetite and energy intake that occurs due to ageing" (p. 11). Clegg and Godfrey noted that many of the articles reviewed allude to the benefits that increased physical activity has on positively influencing appetite in older adults; however, the limited

amount of studies comparing the relationship of physical activity and food intake, in addition to the wide array of data collection methods and interventions, made the evidence difficult to support a definitive positive effect of increased physical activity as a means of increasing appetite and intake in older adults.

Nutritional Risk Factors

Having knowledge about the variety of factors that may influence the nutritional status of older adults, as well as how these factors may subsequently place them at risk for various dietary deficiencies, can also lead to understanding the transitioning eating practices of this population. In efforts to examine nutritional risk of community dwelling older adults, Burge and Gazibarich (1999) conducted a study utilizing the Australian Nutrition Screening Initiative (ANSI) checklist to identify the most common risk factors for poor nutrition among this group. Additionally, Burge and Gazibarich (1999) also wanted to uncover the percentage of the population at nutritional risk, as well as the connection between the perceived health status of the individual and their ANSI score. A total of 92 older adults, age 65 years and older, were included in the quantitative study results with statistical analysis indicating a direct correlation between increased nutritional risk (a higher ANSI score) and one's perception of their health. Moreover, individuals with higher ANSI scores were significantly more likely to perceive their health status as poor or fair; conversely, individuals with lower ANSI scores were more likely to perceive their health status as good, very good or excellent. Statistical analysis also indicated that marital status was significantly associated with increased nutritional risk for those individuals who were either widowed, divorced or separated. Moreover, gender or age, as well as factors such as education level, source of income, or recent

hospitalization were not independently associated with nutritional risk; however, more women reported to eating alone, which was one of four risks identified on the ANSI survey. In addition to eating alone as being a risk factor for nutritional risk, the group identified additional risk factors to include polypharmacy, change in eating practices due to recent illness or health condition, and unintentional weight change. Burge and Gazibarich (1999) acknowledge that although the ANSI cannot diagnose undernutrition in the older adult population, it certainly supports the importance of the need of early identification of nutritional risk in this population and the need to intervene considering the increased potential for serious health implications and poor clinical outcomes.

Similar to Burge and Gazibarich (1999), de Morais et al. (2013) took aim at identifying the nutritional risk factor of older adults, specifically in eight European countries (Denmark, Germany, Italy, Poland, Portugal, Spain, Sweden and the United Kingdom). Utilizing questionnaire data (a general demographic questionnaire, a food-related satisfaction scale, and the Short Form 36 Health Survey Questionnaire known as the SF-36) from a previous study conducted from 2003 to 2005 titled the European Project 'Food in later life', data collected from 644 community dwelling participants (ages 65 to 98 years) were analyzed with the goal to "identify the factors underlying poor nutritional status" (p. 1217). Logistic regression was performed to identify seven factors associated with nutritional risk that included increased BMI, the number of fruits and vegetables consumed per day, general health (i.e. lower scores indicating poorer health status and higher scores indicating better health status), ease of chewing, living circumstances (e.g., single, married, living alone or with another adult), self-identified changes in appetite (i.e., more likely to be associated with a decreased nutritional risk),

and self-identified changes in health status (i.e., more likely to be at nutritional risk). In addition to the aforementioned risk factors, de Morais et al. stressed the finding that “nutritional risk [was] almost three times higher for individuals living alone or single”, emphasizing the significance of life circumstances on the appetite status of older adults (p. 1218). Moreover, research studies that have utilized screening instruments or surveys/checklist in attempts to understand the eating perceptions of older adults and the nutritional risk factors that put this group at increased risk of nutritional and dietary deficiencies, support the importance of continued research in this domain (Burge & Gazibarich, 1999; de Morais et al., 2013).

A Gap in the Literature

At the time of this writing there had been no qualitative research study performed in the U.S. that explored the transitioning eating practices of older adults throughout the lifespan, supporting the need for additional research such as including the topic of the effect of childhood eating on eating practices in older adulthood. Moreover, it is important to acknowledge that a multidimensional approach is necessary in efforts to identify the diverse influences on appetite and the prospective possibility for aiding healthcare providers in proactively addressing the complexities of appetite and aging (Cox et al., 2020). Quantitative research in the area of diet and nutrition in older adults has been utilized by medical and clinical professionals, as well as individuals, to address the ever-changing nutritional needs of the older adult population given their increased risk of malnutrition and food insecurity (Hall & Brown, 2005; Lee & Frongillo Jr, 2001). But yet, there remains no universal standard for assessing this broadly. Additionally, the amount of qualitative research, for example, supporting the idea that childhood eating and

exposure to various foods may certainly have a primary effect on the eating perceptions and practices of older adults, extending over the course of the lifespan, is quite limited and inconsistent (Cooke, 2007; Cumella & Harris, 2005).

Summary

“As people develop and change over time they are shaped by their environments and personally construct an individual life course that involves past and current food and eating experiences” (Sobal et al., 2006, p. 2). Exploring the extensive topic of eating practices of the older adult population appears an insurmountable undertaking with limitless issues and considerations; however, it is evident from the existing literature that more inquiry and research is necessary. Preceding research addressing what influences the food choice and eating practices of older adults indicate the apparent biological, behavioral, and social elements that may lead to the perception of ones’ eating practices, as well as what may steer their subsequent food selections and consumption. An individual’s unique life experiences, their personal beliefs and ideals, in addition to the self-perception of their appetite, may also have a lasting impact on their overall eating practices and food choices. Additionally, the value placed on eating and the willingness to eat in the setting of depression, grief and loneliness, may also influence one’s food preferences and have a negative effect on appetite.

Understanding what it means to eat healthy and age well varies from person to person, subsequently leaving no unanimity across the older adult population on an accepted definition. Realizing that each older adult will have a perspective based on their unique life experience and the personal knowledge they acquired over the course of their lifespan, certainly effects the outcome of their eating practices, in addition to other

components they may believe contribute to their distinct understanding and practice of healthy aging. Furthermore, acknowledging that many older adults do consider a holistic view with respect to their physical, mental and psychosocial well-being and how it can both positively or negatively influence their definition of healthy eating and aging with a concomitant impact on their eating practices and appetite.

Nutritional risks must be acknowledged and explored when it comes to the physiological process of aging in older adulthood, irrespective of everyone's personal definition of what it means to eat and age healthy. Furthermore, while an individual may view their health status as being one way (e.g., healthy versus non-healthy, good appetite versus poor appetite, etc.), it does not always equate that way in consideration of nutritional risk factors which include considerations for chronic or acute disease, recent hospitalizations, weight loss/gain, dietary deficiencies, polypharmacy, etc.

Given the individualized nature of one's eating practices, food choices, effect of appetite on food choices, and sensitivity that varying psychosocial events have on eating, it is essential to apprehend as much as possible on how eating practices transition in efforts to effectuate a positive effect at both the personal and global levels concerning the overall health and nutrition of the aging population. Additionally, attempting to understand how aging influences older adult eating practices, as well as how eating effects the overall health and well-being of older adults is imperative for both individuals and the healthcare/medical community to understand, and this research study will make an attempt to address some of the previously stated gaps.

Chapter 3

Methods

This research study utilized the methodology of qualitative descriptive design and examined the topic of transitioning in the eating practices across the lifespan of older adults. Qualitative description is one of several approaches to qualitative research and has been used both widely and frequently across a variety of disciplines, especially in the field of nursing. The use of qualitative description in research “is typically directed toward discovering the who, what, and where of events or experiences, or their basic nature and shape” (Sandelowski, 2000, p. 338). Moreover, this qualitative approach is often seen as a naturally structured and flexible method in which the researcher focuses on each individual’s personal life experience explained in the context of the research topic (Doyle et al., 2020; Ormston et al., 2014; Sandelowski, 2000).

Similar to a variety of other qualitative methodologies, descriptive design is accepted as an iterative process that allows the researcher to investigate and uncover descriptive validity that is formed through the account of each participants’ narrative (Sandelowski, 2000). This study utilized qualitative description in effort to appreciate the uniqueness of each participants’ experience, as well as present the results in a thematically organized manner that remains accurate to the participants’ experience and the researcher’s interpretation of those collective experiences (Bradshaw et al., 2017).

Study Design

Study Participants and Setting

The population targeted in this research study were older adults, aged 70 and older, who dwelled in a southern California community at the time of the interviews. The

anticipated sample size for this study was initially approximated for 20 to 30 participants to be enrolled.

Recruitment

Beginning with purposeful sampling, a local senior center and a church in the San Diego, California region were identified as the two main sources for participant recruitment. The local senior center provided no-fee meal services to individuals age 60 and older, and the selected church oversaw a weekly food pantry that many older adults in the community accessed for their nutritional needs. Moreover, these locations were selected because of the researcher's ease of access to these settings, in addition to the increased likelihood of attaining rich, descriptive data on the topic. Inclusion criteria for this study were met if the participant was at least 70 years of age or older, currently lived independently in the community, and was primarily English speaking. Exclusion criteria were individuals with a known history or diagnosis of cognitive impairment.

Data Collection and Analysis

Using the expedited review process of the United States Department of Health and Human Services Office for Human Research Protections (1998), this study was reviewed for protection of human subjects by the University of San Diego's Institutional Review Board under regulatory Category 7.

Participants who agreed and gave consent took part in answering demographic and semi-structured interview questions developed by the researcher. The researcher collected demographic information at the beginning of each participant's interview that included obtaining the following: age, gender, ethnicity, marital status, years of education, and monthly income (see Appendix B). Additionally, the researcher asked

each participant a set of semi-structured interview questions inquiring about their eating practices throughout the lifespan, their perception of how their eating practices may have (or not) changed over the years and asked about their current living arrangements and food preparation abilities (see Appendix C). Moreover, these semi-structured questions were designed in such a way that allowed the researcher to ask follow-up and/or clarifying questions. Each interview conducted occurred in private between the researcher and participant and took place in the participant's personal dwelling (e.g., home, apartment) or at a meeting venue of their choice. Participant recruitment concluded when information provided by participants reached the point of data saturation and no additional new information was uncovered or revealed.

Data Analysis

The analysis of the data began with the audio transcription of the initial participant interview and occurred throughout the study. Additionally, while data was being collected and analyzed simultaneously, this led to data sorting and the iterative process of assigning codes to the data, which is also referred to as constant comparative analysis. Data from the transcribed audio were constantly examined for the identification of similar phrases, patterns, and relationships, ultimately leading to thematic and categorical construct. Despite what may appear on the surface as a linear process, the data analysis of qualitative descriptive design was constant and circular in nature, undergoing multiple iterations through the playback of the audio and continuous review of the audio transcription which permitted the data to be transparently analyzed for themes and subthemes (Bradshaw et al., 2017). Of note, this study will refer to subthemes as categories.

Impact of COVID-19

The cataclysmic impact of the COVID-19 pandemic has left unfathomable devastation and an incalculable impact worldwide. Unfortunately, the participant recruitment for this study occurred practically concurrent to the beginning of the public health orders and restrictions issued in the San Diego area in March of 2020 (Executive Order No. 2020-12, 2020).

The researcher was able to visit the local senior center one weekday during the month of February 2020 and give an in-person announcement to the older adults in attendance on that day, successfully obtained contact information for eight potential participants who agreed to being contacted about possible participation in the study and hand out and place flyers on the campus of the local church. By the end of the second week in March, majority of the San Diego region was under a regional stay home order by the public health department (Executive Order No. 2020-12, 2020). Given the original intended design for this study to conduct in-person interviews, all in-person research under the oversight of the University of San Diego's Institutional Review Board (IRB) was suspended immediately. To ensure that the study could still move forward, the researcher made one adaptation to obtain data via telephone and obtained IRB approval for this modification (see Table 1).

Table 1 Original Proposed Study Design (Pre-COVID-19) and Adapted/Modified Study Design (During COVID-19)

Original Study Design	Modified Study Design
<ul style="list-style-type: none"> ▪ Participant to read and sign consent form at time of in-person interview 	<ul style="list-style-type: none"> ▪ Consent form read aloud by researcher via telephone and verbal consent obtained
<ul style="list-style-type: none"> ▪ Interview conducted via telephone 	<ul style="list-style-type: none"> ▪ Interview conducted via telephone

Study Quality

This study demonstrated the quality and rigor of its qualitative descriptive design methodology using the four principles (i.e., credibility, confirmability, dependability, and transferability) established by Lincoln and Guba in their 1985 book titled *Naturalistic Inquiry*. Credibility is necessary to ensure final analysis is representative of the participants' narratives. Credibility in this study was demonstrated by the researcher's ability to build rapport from the start of each participant's agreement to consent their participation in the study. Moreover, the researcher developed trust with the participant through the verbal engaging and receipt of participant information. The researcher confirmed the accuracy of statements made from each participant during the interview by asking follow-up and/or clarifying questions.

Confirmability of a study ensures that the personal narratives of each participant are accurately described based on the participants' own words and accounts. The credibility of a study can also provide added security that the decisions made throughout the research process were made appropriately. In order to establish study credibility, the researcher tracked specific demographic data of each participant to secure and uphold the authenticity of the information shared by each participant, together with maintaining a

reflective journal that recorded personal notes, thoughts and observations throughout the process of data collection and analysis.

The dependability of qualitative research is significant in determining that any possible replication of the study would result in similar analysis and outcome. While given the situational nature of this particular study, an outside audit trail was unable to be maintained; however, the researcher ensured that the research process was explained in substantial detail in process notes. Any changes made to the research process were expressly detailed and justified for transparency.

The transferability of qualitative methodology is to illustrate the possibility of applicability to other similar groups. In efforts to demonstrate transferability in this study, the researcher utilized purposeful sampling, maintained a reflective journal as described above, and outlined critical study details in the event reproduction of the study should occur.

Study Limitations

This study has a number of limitations, including hampered participant recruitment efforts, challenges of conducting telephone interviews, and the researcher's reliance on participants' retrospective recall. These limitations will be discussed in Chapter 4.

Summary

The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult's eating practices over a lifespan and the impact participants perceived those factors currently had upon their nutritional health in older adulthood. The lines of inquiry included the following: 1) to

describe former childhood, adolescence, and young adult appetite and eating practices; 2) to describe how older adult eating practices and changes in appetite have been influenced by childhood, adolescence, and young adulthood factors; and 3) to describe how specific biopsychosocial factors (e.g., medical diagnoses, conditions, and/or life experiences) have influenced changes in appetite and eating practices across the lifespan. The study method utilized was qualitative descriptive design and data will be analyzed using constant comparative analysis.

Chapter 4

Results

The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult's eating practices over a lifespan and the impact they perceive those factors currently influence their nutritional health in older adulthood.

Lines of inquiry include:

- 1) To *describe* former childhood, adolescence, and young adult appetite and eating practices.
- 2) To *describe* how older adult eating practices and changes in appetite have been influenced by childhood, adolescence, and young adulthood factors.
- 3) To *describe* how specific biopsychosocial factors (e.g., medical diagnoses, conditions, and/or life experiences) have influenced changes in appetite and eating practices across the lifespan.

Constant comparative analysis, based on the responses of a total of ten interviewees (Table 2) occurred throughout this study and resulted in three themes and emerging categories relative to each theme upon the realization of reaching theoretical saturation from the participant data. Verbatim quotes from select interviewee responses were chosen in an effort to represent each of the categories and associated themes. Table 3 illustrates the three categories and their associated themes, in addition to identifying the corresponding lines of inquiry relative to each category. Some resulting themes reveal the complexity of the study's topic in that they fulfill addressing more than one study aim.

Table 2: Participant Characteristics

Participant ID	Age	Gender	Ethnicity	Marital Status	Years of Education	Income (monthly)
001	71	F	Black/African American	Married	Master's degree	\$3,000
002	70	M	Black/African American	Married	Bachelor's degree	\$3,500
003	81	F	White	Widowed	Master's degree	\$2,600
004	90	F	White	Married	Doctorate	Unknown
005	78	M	Black/African American	Married	Some college	\$4,000
006	80	M	Other (Indian)	Never married	Master's degree	\$4,100
007	81	M	White	Married	Some college	\$2,200
008	75	F	Black/African American	Widowed	Bachelor's degree	\$3,500
009	73	M	Black/African American	Separated/divorced	Some college	\$3,500
010	76	F	Black/African American	Separated/divorced	Some college	\$3,400

Table 3 Themes and Categories Identified that Pertain to the Transitioning Eating Practices of Older Adults

Themes	Categories (<i>corresponding lines of inquiry</i>)
Great Beginnings	- Homegrown and homemade meals (<i>line of inquiry 1</i>) - Socioeconomic status and eating (<i>line of inquiry 1</i>) - Chef Mom (<i>line of inquiry 1</i>)
Developing Independence	- Ready to move out (<i>lines of inquiry 1, 2</i>) - Early adulthood influences (<i>lines of inquiry 1, 2</i>) - Married life (gender roles, pregnancy/motherhood) (<i>lines of inquiry 2, 3</i>)
Inverse Relationship (age and appetite)	- Life gets in the way (<i>line of inquiry 3</i>) - Chronic disease (<i>line of inquiry 3</i>) - Healthy versus unhealthy (<i>lines of inquiry 2, 3</i>)

Theme: Great Beginnings

Each interview began with the interviewer asking the participant about their eating practices during their childhood years (ages 3 – 11). With the exception of one participant who was unable to recall their eating practices during this span, nearly all participants expressed that their eating practices during these years were guided by their parents, most often their mothers, who would ensure that consistent meals of substance were provided. Three categories emerged from this information: Homegrown food and homemade meals; Socioeconomic status and eating; Chef Mom.

Category: Homegrown Food and Homemade Meals

Participants often spoke about the memories of their childhood eating experiences which overwhelming included recollections and fond memories of nutritious homemade meals:

I ate everything my mother cooked it, or I wouldn't be able to eat at all. My mother was an excellent cook and she prepared full meals. At dinner time, we always had a vegetable, a starch and meat, and sometimes she made a dessert. (P1)

A lot of the food that we had availability to eat was, I guess in today's society it would be, I guess, related to as organic because my parents had a home garden and a lot of the produce was grown at home. And a lot of the food stuff that we did eat back then were, I guess, labeled as scratch cooking. It wasn't boxed food or processed food. So I guess it was pretty good during those days. (P2)

Usually for breakfast we would have like, they call it salt pork now but mom and them would make ground sausage. We have sausage and fried potatoes or grits...very seldom toast because of, they had made biscuits all the time. Then for lunch, we usually, we have left over from breakfast, we have like a peanut butter and jelly sandwich with some lemonade or water. And dinner was always, either was greens and fried chicken or corn bread and corn on the cob. (P10)

Category: Socioeconomic Status

Throughout the interviews, many participants would often indirectly disclose the socioeconomic circumstances of their childhood and the influence it had on their eating. Moreover, despite the abundance of food or lack of, participants recalled warm memories of parents who ensured all their nutritional needs were met:

Well, we were poor. It was mostly homemade bread and fresh berries and canned goods I mean, things my mother canned. A lot of oatmeal and no canned berries. My mother made sure that we were well. That's as best as they could do, my mom and dad could do. But my dad grew up on a farm and so we did have access to fresh meat and things like that too. (P3)

With some participants, there was no concern with access to the food supply or how often they ate during a given day. For example, participant two stated, “No, during my growing years, I guess, we always had basically three meals a day. We never had a problem with the food supply, so it was always there in our home.” Additionally, other participants were admittedly poor, but despite their socioeconomic situation, meals were available and no one expressed hunger from having a limited food supply. Participant three illustrated this by expressing, “I always had breakfast at home. We always had breakfast. I learned to pack my lunches. I didn't know, I guess poor girl didn't believe in eating out or buying out.” One participant also discussed a period during childhood when limited financial resources impacted the home, but did not impact the frequency of meals:

Well, there was a time when school was... My dad had surgery, was out of work for two or three years and we didn't have a lot of food, so we might've not had much, but we always had a breakfast and a dinner. If the dinner was nothing but beans and corn bread, we had the dinner. (P10)

Participant nine was asked about the environmental setting of their childhood in which they spoke about growing up in the south but not on a farm like many of their relatives who lived in the “country”. Moreover, the participant spoke candidly about their family requiring welfare assistance to purchase food from the grocery store;

however, this did not represent struggle or difficulty obtaining food, nor did it hold any bearing on the 3 – 4 meals their family consumed per day.

Category: Chef Mom

A recurrent theme throughout majority of the interviews was the reality of the participant's mother having a significant, if not obligatory role in the preparation of meals. Participant one recalled, "My mother was an excellent cook and she prepared full meals. At dinner time, we always had a vegetable, a starch and meat, and sometimes she made a dessert." Additionally, participants' expressed admiration and desire for their mother's cooking such as participant four stated, "And I've got my mother's cookbook. And so I look through that and see some of those and every once in a while, there were some things that she made that I just get really hungry for." Participant eight recounted being a picky eater, however, she remembered her mother making provisional meals specifically for her:

No, I was the oldest child and my mom would sort of make sure that if I didn't like what they had fixed to eat right then and there that she would find something that I really wanted to eat. Yeah. She kind of accommodated me.

To summarize the Great Beginnings theme, the mention of homemade meals was frequently discussed amongst nearly all participants and the memories were received as quite pleasant during the interviews. Moreover, the participants identified their mothers as the individuals to be credited for family meal preparation. It did not seem to matter the frequency of the type of foods that were available or consumed. Rather, participants spoke in adoration of their mothers' role in the meal preparation for the family and there was no disparaging or negative critique about the quality and taste of the foods that were

prepared. Participants spoke in a nostalgic-like way of the type of foods and meals they consumed during their childhood years. Regardless of the means on how the food was obtained (e.g., homegrown, government assistance, etc.), affectionate memories of family meals and eating alluded the sense of nurturing and togetherness.

Theme: Developing Independence

After speaking about eating practices during their childhood years, interviewees were asked to speak about their eating practices during their adolescent (age 12 – 21) and early adulthood (age 22 – 34) years. Admittedly, there was not much change from the childhood years until the point in time when each interviewee moved out of their childhood homes. For example, participant one said, “I would say as long as I was in high school, which was up until 17, I ate pretty much the same” and participant 10 related a similar sentiment, “I think from 12 to about 18, it was about the same as when I was younger.” Additionally, many interviewees only modified their eating practices when they moved out, such as participant five reporting “18 and above would change. I went in the military.” Moreover, participants moved out of their childhood homes for a variety of reasons such as to join the military, attend college, or to even get married.

Category: Ready to Move Out

Interviewees spoke candidly about moving from their childhood homes and being on their own for the first time in their lives, such as participant one recalled, “And then when I was on my own in college, I ate the dorm food, and not a lot of fast food, but I ate some junk food.” Furthermore, this newfound independence had a noticeable impact on their eating practices as they moved into the early adulthood stage of life:

I think it got a little worse during those years because of the opportunity of myself being able to purchase food basically junk food, cookies, ice cream, candy. So I guess during those years I began to consume more of processed foods and fast foods. (P2)

Category: Early Adulthood Influences

Some participants even reflected on how their work experiences influenced and exposed them to different types of foods:

I lived as a nanny of a lot of schools here when I was in high school. And so I learned more about varieties of food and I worked as I helped to cater. So I learned a lot about different kinds of food and different eating. (P3)

Additionally, participants discussed the structure of how and what they were used to eating during childhood was challenged, for example participant five recalled the differences in the foods consumed during childhood compared to the foods served in the military, “the food structure was a little different, the types of food that I ate, and because we had or could have beans for breakfast. Never had beans for breakfast.”

One participant discussed the imperative need to change from a culturally imposed vegetarian lifestyle in his native country, to now adopting a lifestyle of eating meat when immigrating to the United States and assimilating in pursuit of a college education:

I came here to Minnesota and at that time. That time I was still a vegetarian. I started here with hamburger and French fries and a milkshake....Not very easy to adapt, but I have to because I have to... An education. So I will prefer my own food, but I have to make a change. (P6)

Category: Married Life (gender roles, pregnancy/motherhood)

Another aspect of influence on the transitional eating practices of this group was noted during marriage, pregnancy and motherhood. Marriage reported had a direct impact on many of the female participants, such as participant one recalled, "I think that I probably ate more during that time. I was married at that time, so I was cooking and probably prepared more and ate more because I guess technically I was overweight."

Concerning getting married, another female participant said,

Yeah, I began to eat more because even when I got married, my husband was...

He was a big eater. He loved to eat and I was not then. But he said, 'I'm going to sit down and you're going to eat as long as I eat.' I said, "I don't think so." But I began to eat more. (P8)

In addition to marriage, many female participants spoke about how pregnancy influenced the way they not only cooked, but also how much food they consumed. For example, participant eight recounted, "But I began to eat more, and then (beep) pregnant. I really started eating quite a bit. Because I was eating, not just for me, I was eating for the baby too. So that made a difference."

Some of the female participants also recalled how nursing their children effected their eating practices, for example, participant three recalled, "Well, when I was nursing, I nursed the first two and then I nursed the sixth one. And so I really did watch what I was eating because it could affect them too." Participant four recounted her appetite being influenced by the postpartum period, "Well, the postpartum times you want to get rid of all that weight and so forth, and so you do cut back."

Most of the male participants expressed how their wives prepared their meals and influenced the types of food they ate, similar to the roles their mothers played in their lives during their childhood, but often inconsistent with the types of homemade meals prepared by their mothers. For example, participant seven recounted, “My mother cooked kind of like old fashioned type foods and my wife cooked the modern, such as, I don't know, fast food stuff...I think my wife would make hamburgers, yeah. Hamburgers and hot dogs.” Additionally, participant nine remarked, “Sometimes, my wife would fix some good meals, but normally we'd go to Mickey D's or Jack in the box sometime, or pizzas.”

To summarize the theme of Developing Independence, it is important to recognize that while there were not many changes in diet and eating practices before age 18, it was noted among these participants that departing from home to embark upon the independence of adulthood, had a direct impact on the formation of eating practices in young adulthood. Many participants were introduced to foods that were uncommon or unavailable to them during their childhood, while few participants continued to uphold the foundation of how and what they were used to eating during their formative childhood years. Nevertheless, influences across the board were noted in later adolescence and early adulthood that imprinted a lasting impact on the participants which would often extend into marriage and the unique roles they held as spouses (husbands/wives) and most specifically motherhood.

Theme: Inverse Relationship (age and appetite)

A discernible theme that materialized amongst many of the participants in this study is the relationship between age and appetite. When each participant was asked if

their older age had an effect on their current appetite and eating practices, the answer was unequivocally yes. Participant nine acknowledged a perceived relationship between age and appetite, “Not too much I can say, except my life, the older I got, I just didn’t have to eat as much. Maybe I’m not as active as I was at certain ages.” Similar to participant nine, other participants responded alike when asked if they believed their appetite was affected by their older age:

And then recently, like now in my late 60s, I just don't have much of an appetite, probably from 65 to 70 or whatever. I just eat very little. ...My parents, when they got older, just started cooking less and eating less. And I see myself doing the same thing. (P1)

I know I eat a little less and I guess normally the appetite is not there like it was when I was more active and, I guess, craved even more. ...The only difference I see is a reduction in the volume of intake. I don’t eat as much, but the types of foods basically has stayed the same, but the amount has lessened a great deal. (P2)

Referencing myself only, yes. They should change as you age. You’re unable to... your metabolism changes. And as your metabolism changes, your eating habits will change. As a youngster, I did no vitamins and any of that kind of stuff. And as I’ve gotten older, along with my eating habits, my intake of vitamins and minerals and things such as that has changed dramatically. (P5)

Aside from the expected physiological changes that occur with aging, there were a variety of potential reasons for why this inverse relationship between age and appetite

(i.e., the older one gets, the less they eat) were expressed through the emerging themes representing a variety of life experiences, as well as having to deal with the diagnosis of certain chronic disease and illness. Additionally, some of the participants acknowledged that the amount of food they eat has decreased, but not necessarily the types of foods.

Category: Life Gets in the Way

Some of the study participants reflected on past and present life events and circumstances that have certainly impacted their eating practices as well as their overall desire to eat. One life event that some participants recounted was surrounding the effect of grief and bereavement on appetite:

Yeah, he just died almost two years ago now. So when he was alive, I always had to try to cook meals, watched for him too to try to keep him healthy. So other than that, we were married for 62 years or so. It was like, Oh gosh. (P3)

That took me for a loop, that did something... I didn't eat for I don't know how long. Everybody trying to force me to eat, but I just couldn't, I had no appetite. And then when my husband passed away, that was major devastation right there. So that took away my appetite, but it all came back. I prayed and asked God to help me through this and he did, and I'm fine now. I can live with it. (P8)

In addition to experiencing the death of a loved one, another circumstance that participant six acknowledged was about how current feelings of anxiety, specifically attributed to the COVID-19 pandemic, had significant impact on appetite by declaring, "I had a problem of the, there's all this going my, I go to psychiatrist to get my pill for...some anxiety and all that....It just changed my appetite."

Category: Chronic Disease

When the topic of chronic disease and illness was addressed, many of the study participants were forthcoming about the different chronic diseases and health matters that they must be mindful of concerning their eating. Participant 10 stated, “certain things I can’t eat because of medical reasons. I’m a diabetic.” Additionally, and to be expected, many eating practices and foods that they enjoy eating required adjusting to the concept of eating in moderation or eliminating certain items from their diets:

And now, with the acid reflux, I just don’t want to eat a lot. I mean, my plates are so small. I may have a couple of tablespoons of something. I may have a tablespoon or maybe two tablespoons at the most of mashed potatoes, one tablespoon of vegetables, and just one small portion of meat. I can’t eat a lot of beef because I just can’t digest that. (P1)

as we get older we do develop the chronic conditions of hypertension, diabetes, cholesterol and I have been diagnosed with those conditions. And I guess combating them by taking oral medications and the doctor, my primary physicians, have educated me that my condition basically is a reflection on my relationship with food. (P2)

Category: Healthy versus Unhealthy

Inquiring about each participants’ own opinion about their present diet, and if they believed it to be healthy versus unhealthy, was something worth mentioning in the study analysis. Moreover, some participants believed their eating practices to be relatively healthy:

But, we're still limited to how much fried food we actually have. We have Ninja air fryers, set it and forget it, which cook the food. We sauté things and we sauté them more in olive oil. We got rid of the butter. There's little to no butter. Again, no sugar or manageable, if any at all. Not near as many sweets....I'll tell you what I tell folks when I talk to them, my 78 is the new 50. (P7)

Other participants believed that their eating practices were poor or necessary of improvements, for example, participant 8 mentioned, "Well, I'm a widow and my kids all grown up. So, my eating habits are not very good. They're poor." Participant one reflected on her current eating practices, stating:

I think I should be eating more. I've lost a lot of weight here within the last year or so after.... But I don't have a plan because I really don't want to eat a whole lot. I sometimes try to make myself eat, but that's not good. That doesn't feel comfortable.

Whether a participant believed their current eating practice to be healthy or not, some participants' sentiment was such as participant nine, "Just a basic, basic, basic adage is just: eat whatever I think I want to eat, but I try to eat healthy, but I don't."

In consideration of the theme Inverse Relationship, it is essential to note that in this group of participants there is an obvious relationship between ones' age and their appetite. Moreover, participants acknowledged that their appetite has most often changed with their physiological age, but also to be considered are the influence of psychiatric conditions or certain chronic diseases and illnesses that may have developed over the lifespan. Additionally, some participants acknowledged that major life-altering events, such as the death of a loved one, have negatively impacted their appetite, even if only for

the interim. Overall, the majority of the participants believed their eating practices were relatively healthy with some participants identifying that there are areas for improvement.

Summary

The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult's eating practices over a lifespan and the impact they perceive those factors have in currently influencing their nutritional health in older adulthood. Throughout the course of reaching theoretical saturation, continuous comparative analysis occurred, ultimately resulting in the identification of three major themes and three suitable categories within each theme.

One of the first factors mentioned in influencing the transition of eating practices in older adults included chronological age. Moreover, the study participants demonstrated their understanding and affirming of this reality relative to the physiological changes, with many participants stating that their metabolism and energy/activity levels no longer require consuming larger and/or more frequent amounts of food and eating. A second factor influencing the transitional eating practices of this group was the diagnosis of chronic disease. Furthermore, many participants spoke straightforwardly about the need to cut sodium or sugars or modify cooking methods once given a diagnosis (i.e. hypertension, diabetes, etc.). Lastly, a third factor that some of the participants spoke about as having an impact on their eating practices was the mention of certain life-altering events (i.e., pregnancy, postpartum activities, death of a loved one, etc.). Additionally, some participants discussed candidly that these life-changing events had such a profound impact on their appetite, enough to cause a noticeable change. Ultimately, these factors influencing eating practices and the

participants' perceptions often segued into the participants' subjective opinion about if they believed their current eating practices were healthy or unhealthy. While the vast majority of participants reflected on noticeable changes in their appetite, as well as the variety of changes to the type of foods consumed throughout their lifespan, most believed their current eating practices to be healthy.

Chapter 5

Discussion

The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult's eating practices over a lifespan and how they perceive those factors currently effecting their nutritional health in older adulthood. Lines of inquiry included the following: 1) to describe former childhood, adolescence, and young adult appetite and eating practices; 2) to describe how older adult eating practices and changes in appetite have been influenced by childhood, adolescence, and young adulthood factors; and 3) to describe how specific biopsychosocial factors (e.g., medical diagnoses, conditions, and/or life experiences) have influenced changes in appetite and eating practices across the lifespan.

One of the anticipated goals of this study was to possibly derive a theory or framework on how eating practices are expected to transition over the lifespan. Although no theory or framework emerged from this study, the demographic composition of the participants and the information collected, highlighted the significance of the study's purpose. There were three major themes that emerged from the data analysis: (a) Great Beginnings, (b) Developing Independence, and (c) Inverse Relationship (age and appetite). Additionally, three unique categories materialized within each of the three themes. These themes and categories were discussed in detail in Chapter IV. In this chapter, the themes and their associated categories will be presented in the context of current literature on the subject of eating practices throughout the lifespan, but in substantial consideration of the older adult population.

Study Findings

Great Beginnings

The theme of Great Beginnings contained three categories: (a) homegrown food and homemade meals, (b) socioeconomic status and eating, and (c) chef mom. In this theme, findings were reflective of the homemade meals that the participants' recalled from their childhood memories. Moreover, participants fondly described their recollections of the food and meals prepared, most often by their mothers, regardless of the frequency of the type of foods they consumed or the means in which the foods were obtained.

Some of the participants interviewed in this qualitative descriptive study admitted to having a diagnosis of chronic diseases such as hypertension or diabetes. However, there were no indications by any participant implying that the homegrown and home cooked meals they consumed in childhood could be attributed to these diagnoses later in life. Interestingly, there have been several studies that have examined if the consumption of home cooked meals was related to diet quality and cardio-metabolic health. For example, Mills et al. (2017) took a cross-sectional examination of specific dietary markers comparing them to the overall quality of one's diet. Mills et al. found that "increased frequency of consuming home cooked meals is associated cross-sectionally with markers of a healthier diet, and indicators of improved cardio-metabolic health, particularly in terms of adiposity, cholesterol and diabetes risk" (p. 8). Furthermore, it is important to highlight the significance of studies such as Mills et al. (2017) to further explore the causal linkages that home cooking has on diet, well-being, as well as other social components of preparing food at home, and to detect if there is any link or

relationship between home cooked meals consumed during childhood and the possible development of chronic diseases later in life.

Participants interviewed in this study were asked to recollect their eating practices from childhood. Study participants shared that there was a connection between the foods they consumed during their childhood and the types of foods they consider unhealthy, often relating it to what category of food (e.g., healthy or unhealthy) that the caregiver (e.g., mother and father) prepared or offered.

Some participants recounted a socioeconomic relationship to their eating, specifically during the childhood years. The current study participants' recollection of childhood eating expressed both family interconnectedness, as well as, difficulty in the setting of socioeconomic hardships. Many participants believed socioeconomic hardships contributed to the development of either healthy or unhealthy eating practices that were subsequently nurtured by their family. Other studies have also found socioeconomic connections to eating practices. For example, Neuman, Eli and Nowicka (2021) conducted semi-structured interviews with 49 adults across 16 families of which most were brought up in socioeconomically disadvantaged homes. The issue of socioeconomics and eating patterns is complex as Neuman, Eli and Nowicka found: "unhealthy eating cannot be reduced to a problem of knowledge, cost or access, but must also be understood as a form of caregiving, where nutrition may have to be weighed against other aspects of well-being" (p. 8). Neuman, Eli and Nowicka's study highlights the importance of not formulating the assumption that poor socioeconomic status naturally equates to unhealthy eating or poor well-being.

While a great deal of participants in this study described how their eating practices transitioned over the lifespan, some participants were able to articulate how their childhood eating practices, both directly and indirectly, influenced their early, middle, and late adulthood eating practices. This issue is also complex. One such study was conducted by Winter, McNaughton and Nowson (2016) demonstrated the complexity. For example, key themes identified by Winter et al. having an influence on food choice over time included maintaining independence; value of nutrition; childhood practices; and health factors. Several participants acknowledged many of the food choices they have maintained in older adulthood were influenced by what they consumed in their childhood years and “appeared to set the standard for dietary practices over the course of their adult life” (Winter et al., 2016, p. 116).

In this descriptive qualitative study, the theme of Great Beginnings, along with the three categories (homegrown food and homemade meals; socioeconomic status and eating; and chef mom) contributed to the majority of the participants perceiving positive childhood memories surrounding what they ate growing up. Furthermore, participants did not attach any degree of socioeconomic hardship to the concept of healthy versus unhealthy eating, and they would discuss in great sentiment about childhood meals irrespective of their socioeconomic status or how the food was acquired. Additionally, there was no mention of the consumption of home cooked meals directly leading and attributing to healthy or unhealthy eating practices throughout the lifespan.

Developing Independence

The theme of Developing Independence contained three categories: (a) ready to move out, (b) early adulthood influences, and (c) married life (gender roles,

pregnancy/motherhood). Additionally, participants expressed their introduction to foods that were uncommon or unavailable to them during their childhood, while some participants attempted to maintain the foundational upbringing of what they were used to consuming during their childhood years.

Analysis of this study's data illustrated that the transitions in eating practices typically took place in early adulthood, specifically when leaving the childhood home. Other studies have also studied the period of young adults leaving home. For example, Murray et al. (2016) conducted focus groups with 24 college-age students, living independently in New Jersey, to determine if they had the necessary cooking skills and abilities "to take personal control of their meal planning and production" (p. 143). Three major themes emerged from that qualitative study to include: Health Perceptions, Life influences, and Barriers to Cooking and Eating Healthy. Comparable to the results from this current study, Murray et al. (2016) illustrated that much of the student response implied that students had a general knowledge of a balanced diet; however, this did not always translate into making good food choices, with many of the students admitting a heavy reliance on prepared and processed foods, as well as decreased consumption of fruits and vegetables. It is recognized and commonly understood that the period of entrance into college or university has often negatively influenced the eating practices among young adults and represents an important period of time for the development of promoting health and wellness (Bernardo et al., 2017). Furthermore, this current study also highlighted that moving out of the childhood home and into an area of independent adulthood had a lasting impact on the eating practices of early adulthood.

Countless studies spanning across several decades have addressed the topic of traditional gender roles of women and men, specifically in co-habitation and/or marriage, most often emphasizing that wives prepare meals more frequently than husbands (Craig & Truswell, 1988; Blake et al., 2011). This study's results also highlighted the role that gender plays regarding the influence on eating practices across the lifespan. The majority of participants recalled memories, mostly of their mothers, preparing childhood meals. Additionally, several female participants recounted their primary responsibility for food preparation after marriage, while many men participants spoke about the types of meals their spouses or significant others prepared for them. Mills et al. (2017) conducted a systematic review of observational studies aiming to outline health, social determinants, and outcomes of home cooking. Furthermore, results of this systematic review resulted in a conceptual model that traced the determinants of home cooking to several influences, one of which contained female gender (Mills et al., 2017) that supported this current study's finding.

Many of the findings from this current study are consistent with the published literature in terms of illustrating the support for the theme of Developing Independence as well as the relative three categories (ready to move out; early adulthood influences; and married life). Moreover, although participants openly admitted that they did not encounter many changes to their eating practices before the age of 18, the vast majority of participants spoke about how their newfound independence (i.e., leaving their childhood home for college, marriage, military, etc.) had a direct impact on their eating practices, as well as how gender-based roles in the context of transitions influenced eating practices.

Inverse Relationship

The theme of Inverse Relationship contained three categories: life gets in the way; chronic disease; and healthy versus unhealthy. This theme emerged as the older adults in this study began discussing their appetite in relation to personal views of their eating practices, most often occurring from late adulthood to present. Explanations for life changes over time influencing eating practices can be found in the literature. For example, advancing physiological age and subsequent age-related changes that impact eating practices are often viewed as unavoidable (Winter et al., 2016).

In addition to the advancing physiological age, it is recognized that some older adults also associate transitions in their food intake with social factors, such as the loss of a partner and “commonly the adjustment to living alone and cooking for one” (Winter et al., 2016, p. 117). For example, many older adult males may have never had to prepare food for themselves after losing their spouse and they might not have a general understanding of nutritional knowledge (Wood, 2017). Additionally, because eating is such a communal experience for many individuals, and as one ages, they may realize that their circle of support is getting smaller, therefore finding themselves at times eating alone (Wood, 2017).

Participants in this current study highlighted a variety of factors and life altering events that have influenced their eating practices over the years, especially noted in older adulthood. For example, this study’s participants shared a variety of reasons for decreased nutritional intake such as grief experienced from the loss of a loved one, the existence of chronic diseases, or the overall impact of physiological aging. Supporting this study’s results is the work of Van der Pols-Vijlbrief et al., (2018) where it is was

found that participants attributed their undernutrition to numerous causes that were classified into two groups: modifiable causes (e.g., mental, social connectedness/loneliness, appetite relative to type of food, poor food quality, inability to get groceries, and mourning); and non-modifiable causes (e.g., forgetfulness, aging, surgery and hospitalization) (Van der Pols-Vijlbrief et al., 2018, p. 1206).

This current study's findings also illustrated chronic diseases as having an effect upon eating practices. Multiple participants spoke to chronic conditions they were living with and the impact they believed chronic conditions had on their eating practices. Participants admitted to being watchful concerning the type of things they would eat, often speaking about modifying their diet, either eating in moderation or removing specific items from their diets altogether. Supporting these findings, Tek and Karaçil-Ermumcu, who examined older adults' nutritional risk factors and determinants, highlighted that "physiological changes, psychological problems, acute and chronic diseases and polypharmacy" result in a negative impact on appetite in elderly (Tek & Karaçil-Ermumcu, 2018, p. 5). Other studies support that there are multiple chronic illnesses and diseases, especially prevalent in older adults (e.g., cardiac failure, renal failure pulmonary disease, liver disease, cognitive conditions, cancer, etc.), that can worsen and diminish appetite (Pilgrim et al., 2015).

Study Strengths

One strength of this qualitative study was that the data analysis corroborated and supported findings in the literature that indicate many older adults attribute changes in their eating practices to the following: their advancing physiological age; the diagnoses of chronic disease or mental illness; and the occurrence of certain life-altering events.

A second strength of this study was the qualitative methodology that allowed the researcher to compare how these study participants' eating practices changed over the lifespan. Additionally, while there are many quantitative studies that focus on the changing nutritional state in older adults, most qualitative studies concentrate on older adults' *current* perceptions of their dietary practices and nutrition. However, to the researcher's knowledge and at the time of this writing, there were no research studies to date that asked older adult study participants to discuss their childhood eating practices and the transitions that may have occurred across the lifespan.

Study Limitations

This study's results should be interpreted within some limitations. One of the limitations of this study was in the manner of participant recruitment. Moreover, the original plan for procuring participants was initially proposed through recruitment from a local senior center and a local church in southern California. However, participant recruitment simultaneously occurred at the beginning of the 2020 COVID-19 global pandemic, changing the researcher's initial plan for recruitment as city-wide mandates for quarantine were put in effect.

A second limitation of the study was the approach of conducting telephone interviews. The researcher initially planned for in-person interviews which may have added a stronger level of trust between the researcher and participant. While most participants were agreeable to speak over the telephone, this means of interviewing was not without issue. There were instances in which the interviewer had to repeat the questions. Another shortcoming was that some participants did not want to talk for an extended period of time. Participants were read the informed consent and were aware that

telephone interview would take up to 60 minutes; however, a number of interviews ended sooner than 60 minutes. Finally related to the use of the telephone to collect data, the researcher was unable to observe any subtle nuances in body language and/or facial expressions that may have contributed to the richness of the data obtained.

A third limitation to mention is the retrospective recall that the researcher heavily relied upon each participant to produce. Asking participants to accurately recall all the way back to their childhood could be seen as challenging. While the majority of participants were able to give meaningful detail about childhood memories surrounding their eating practices, it was not always with ease and frequently required probing from the researcher. Additionally, most participants had fond memories especially of their childhood and adolescence, and while at the surface this may seem unimportant, there may have been misrepresentation or repression of negative life events that the researcher was not made aware.

Implications for Nursing Practice and Research

Understanding the transitioning eating practices of older adults is a complex issue that initially needs to be considered at an individualistic level. While many of the physiological changes that come with advancing age can be expected to be widespread, it is important to acknowledge that no two persons are alike and that unique life experiences also contribute considerably to how eating practices change throughout the lifespan. Nursing, amongst other healthcare disciplines, needs to consider additional influences that impact older adults' eating practices and the seriousness of considering the nutritional needs of each individual. Moreover, improving the assessment of the nutritional status of older adults when measuring the health-related quality of life in older

adults may help lead to the prevention of malnutrition and malnutrition-related diseases (Wood, 2017; Tek & Karaçil-Ermumcu, 2018).

This study identified a clear gap in the research as there should be closer attention given to understanding, at the individual level, how eating practices and appetite may change over the various life stages of that individual. This qualitative research study desires to encourage additional research in the area of exploring how eating practices change over time as one reaches late adulthood. Additionally, healthcare professionals' understanding of "the risk of developing certain chronic diseases and conditions in the older adult population can be significantly reduced, and the overall quality of life can be improved, through adequate and timely nutritional intervention" (Corcoran et al., 2019, p. 179). While it can be stated that many healthcare professionals presumably understand the changes in eating practices that occur with advancing physiological age, it has not been consistent practice for many healthcare providers to inquire about an individual's life-experiences or the specific biopsychosocial factors that may also play a significant role in their changing eating practices and subsequent effect on their nutritional status. Furthermore, as the global population continues to age, awareness needs to be raised about the clinical significance of nutrition, as well as chronic disease prevention and management in efforts of achieving the goal of health promotion and quality care (Woo, 2018). As a final point, although this study did not explore the socioeconomic influence on the appetite of the participants' current eating practices in older adulthood, it is worth mentioning that there should also be considerations for potential financial barriers or constraints that may have certainly impacted their nutritional practices.

Summary

“‘From the moment we are born, the family food preferences ‘imprint’ themselves upon the child, creating emotional and cognitive associations that extend into our adult life’” (De Backer, 2013, p. 64, as cited in Farb & Armelagos, 1980). The purpose of this descriptive qualitative study was to explore what factors may have influenced the transition of an individual older adult’s eating practices over a lifespan and the impact they perceive those factors currently influence their nutritional health in older adulthood. Continuous comparative analysis, based on the responses of each interviewee, occurred throughout this study and three major themes were identified and within each theme emerged three pertinent categories.

In the first theme, Great Beginnings (*homegrown and homemade meals; socioeconomic status and eating; and chef mom*) participants frequently mentioned the fond memories surrounding homemade meals, most often cooked by their mothers. Additionally, participants who grew up poor did not recall any negative memories that impacted their experience with eating.

In the second theme, Developing Independence (*ready to move out; early adulthood influences; and married life*), participants did not recall many changes to their eating practices while they still resided in their childhood homes. However, upon moving out of their childhood homes, participants’ new independence of adulthood directly affected their eating practices in young adulthood as many were introduced to foods that were uncommon or unavailable to them during their childhood. Additionally, some participants maintained the foundation of what they were used to eating during their

childhood. Lastly, it was revealed by this participant group that married life and motherhood also influenced changes in their eating practices.

In the final theme, Inverse relationship (*life gets in the way; chronic disease; and healthy versus unhealthy*) participants acknowledge a relationship between ones' age and their appetite, but also discussed the influence of psychiatric conditions or certain chronic diseases and illnesses, and significant life-altering events (i.e. the death of a loved) that have also drastically impacted their appetite in a negative way. Overall, most of the participants considered their current eating practices to be reasonably healthy.

Conclusion

Considering the final analysis of this study and the existing literature on the topic, the study themes support the ideas of older adult advancing physiological age, the diagnoses of chronic disease or mental illness, and the occurrence of certain life-altering events as influencing many of the changes and transitions observed in the eating practices of older adults.

The findings from this research may help provide insight into the varying causes of an individual older adult's appetite changes over their lifespan. Moreover, findings from this study will contribute to the existing literature on the subject and may eventually aid in the development of future theory, as well as help to facilitate additional research leading to possible clinical and health promotional interventions.

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Appendix A

IRB Approval

From: irb@sandiego.edu 
Subject: IRB-2020-148 - Initial: Initial - Expedited
Date: January 13, 2020 at 9:29 AM
To: amayo@sandiego.edu amayo@SanDiego.edu, efybowers@sandiego.edu, michellejackson@sandiego.edu



Jan 13, 2020 9:29 AM PST

Michelle Jackson
Hahn School of Nursing & Health Science

Re: Expedited - Initial - IRB-2020-148, Transitioning Eating Habits of Older Adults

Dear Michelle Jackson:

The Institutional Review Board has rendered the decision below for IRB-2020-148, Transitioning Eating Habits of Older Adults.

Decision: Approved

Selected Category: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Findings: None

Research Notes:

Internal Notes:

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited or exempt review at any time.

Sincerely,

*Dr. Thomas R. Herrinton
Administrator, Institutional Review Board*

**Office of the Vice President and Provost
Hughes Administration Center, Room 214
5998 Alcalá Park, San Diego, CA 92110-2492
Phone (619) 260-4553 • Fax (619) 260-2210 • www.sandiego.edu**

Appendix B**Study Participant Demographic Questions**

Participant ID: _____

- 1) Age:
- 2) Gender:
 - a. Male
 - b. Female
 - c. Other
 - d. Do not wish to answer
- 3) Ethnicity:
 - a. American Indian Alaska Native
 - b. Asian
 - c. Black African American
 - d. Hispanic or Latino
 - e. Native Hawaiian Other Pacific Islander
 - f. White
 - g. Other:
 - h. Do not wish to answer
- 4) Marital Status:
 - a. Married
 - b. Separated/divorced
 - c. Widowed
 - d. Never married
 - e. Do not wish to answer
- 5) Years of Education:
- 6) Income (monthly):

Appendix C

Semi-Structured Interview Questions

- How were your eating habits during childhood years (age 3 – 11)
- How were your eating habits during adolescent years (age 12 – 21)
- How were your eating habits during early adulthood years (age 22 – 34)
- How were your eating habits during early and late middle age years (age 35 – 64)
- How are your eating habits (currently) during late adulthood (age 65 and older)

- At anytime in your life, have you experienced any medical diagnoses or conditions that have influenced changes in your appetite and eating habits through your life?
 - What age(s) did these occur?

- At anytime in your life, have you experienced any life experiences/situations that have influenced changes in your appetite and eating habits through your life?
 - What age(s) did these occur?

- Do you believe your eating habits have significantly changed over the years?
- How do you think eating habits change with age?
- Do you believe your current eating habits are healthy?

- What are your current living arrangements? (i.e. *where, alone, with spouse, with family*)

- Do you prepare your own meals or do you eat out?
 - If you do not prepare your meals, from whom do you receive any assistance with preparation?

Potential Probes

- Can you tell me more about that?
- Can you help me understand that better?