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## **Appetite, senses and joy of life – a nutrition project**

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# Appetite-senses and joy of life

A nutrition project

## Introduction

This project aimed to generate knowledge about nutrition to the admitted child under treatment for leukaemia or brain cancer. The project was undertaken for the duration of 2011 in the paediatric oncology ward, at Aalborg University Hospital.

## Background

It is our experience that children in chemotherapy often suffer from malnutrition and it is necessary for alternative nutrition methods including tube feeding and TPN (parenteral nutrition). This affects the child's quality of life and we think alternative nutrition methods should always be the second choice to natural nutrition. The nursing staff observed that the children did not feel like eating the food from the hospital kitchen. When the child did have an appetite, the food was predominately brought in from outside of the hospital, either from home (family prepared) or takeaway food.

We realised that a greater effort was required to encourage the children to eat and the nursing staff needed to be more focused on nutrition.

It is well known, that the experience of eating food is an essential and basic human factor, which creates an increased quality of life. This experience contributes to a good life, where joy, satisfaction and social relations are formed around the meal. With the focus on natural senses we will attempt to create a complete meal experience for the child.

## Purpose

With this project we hoped to change the admitted child's opinion of food and create a positive and enjoyable experience. At the same time, we wanted to generate knowledge and create a framework for how meals would be coordinated for the children with cancer, in a hospital ward.

We aimed to treat the child as a "whole person" and attempt to let food and meals play the natural part in life as it should, and as a consequence, encourage the children to eat more and better. The results and experience could be used in the future, for example in the creation of new children wards.

## Method

The single points in the project were completed parallel and knowledge that was collected underway was implemented, adjusted and new practices were developed. The project group held regular meetings

where new experiences, attitudes and knowledge was discussed and evaluated. With the regular meetings the new knowledge was quickly shared and there was the possibility to put into real practice with the cooperation of the participants in the project.

## Completion and results

### 1) Interviews with the children and parents in regards to their requests, habits and needs

15 children diagnosed with leukaemia and brain cancer and their parents received a questionnaire and a follow up interview.

It was highlighted that the offer of food in the ward did not match the child's requests or needs. The parents resorted to getting food from outside of the hospital and attempted other options. It appeared that the ward was lacking the opportunity for the family, to make their own food that the child was accustomed to, neither the possibility to cook, when the child actually felt the need for food.

### 2) Different events conducted by the company Unisans

Fortnightly there was a food workshop with our partners in the project, Unisans. Unisans provided a chef and a sense coach. This gave a great atmosphere from the kitchen and spread happiness throughout the ward. There were moments where the children forgot about their sickness and felt like eating again.

Unisans also conducted excursions with the children to the hospital kitchen. The children could see where the food came from and they were given the opportunity to make food for themselves and others. This was a shining light in a difficult time.

### 3) Rebuild of Kitchen and dining area

### 4) New food concept

There are different types of cold meats and condiments in the fridge and different breads, so there is always food available, just like home, if the children are hungry.

There is the option of partly prepared food; this has especially become a big success. The children and parents bake and cook when they feel like it and it is easy and convenient.

The children and their parents created the menus from the answers in the questionnaire that was completed. They had expressed different wishes in regards to the food on the menu.

Every day they can choose between 2 buffet menus. The children have the chance to create the meal as they wish.

### 5) New food pamphlet

### 6) Journal evaluation

The project included a medical evaluation of journals of patients treated in the paediatric ward in the period 2001- 2008. The evaluation of journals was used to clarify in which phase of treatment children had the greatest weight loss and if the weight loss had long-term consequences. The evaluation can be used in the future as a foundation of comparison.

## Conclusion

When we look back in perspective to the project and what it meant for the ward. One of the highlights was the food workshop. The smell, the laughs and the good atmosphere spread throughout the ward. The children were excited and forgot about the pain for a little while as they put chocolate pieces on a pizza.

The original food workshops were conducted by outside partners. This was too expensive when the donations and funding finished. We have continued with the food workshop by the play therapists in the ward.

We can see a continued increase in families making their own food and this done throughout the day and night when the children feel hungry.

## Discussion

There is still an issue regarding the parents to the seriously ill children. They do not have the energy or capacity to prepare food for the child. The hospital kitchen still does not cater for the patient's special wishes all day and night. The medical reports have not yet been calculated, but the success of the food project should not only be measured by how much the children eat, but also the joy and pleasure from eating, being together and living life.

## Perspective

Cooking is now implemented as an activity every fourteenth day by the two play therapists. It is always associated with great joy, humor and of course togetherness. The menu is aimed to stimulate curiosity – for example how do we make butter, Ketchup or Chocolate butter?

We have experienced the children participate in the kitchen, despite pain and discomfort. Some times the child just make food without eating it. The adolescents prefer tasting and they greatly appreciate the food.

