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# Factors Influencing Mealtime participation Among Institutionalized Elderly (A Scoping Review Protocol)

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**ADMINISTRATIVE INFORMATION**

**Support -** FHS, University of Ottawa.

**Review Stage at time of this submission -** Data extraction.

**Conflicts of interest -** None declared.

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**Amendments -** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 July 2026 and was last updated on 14 July 2026.

## INTRODUCTION

**Review question / Objective** Research Questions
This scoping review aims to answer the following primary research question:
- What factors (e.g., environmental, social engagement, physical state, etc.) influence mealtime participation (and range of associated activities) among institutionalized elderly individuals?
Secondary research questions include:
1. How do swallowing difficulties impact mealtime participation for elderly individuals in institutionalized settings?
2. What specific feeding practices either hinder or enhance mealtime participation among the institutionalized elderly?
3. In what ways do socio-environmental factors act as facilitators in improving mealtime participation for elderly residents in nursing homes and long-term care facilities?

**Background** Mealtime participation is a key aspect of daily functioning for older adults, involving activities such as eating, drinking, and social interaction (Juckett et al., 2024). Because meals occur multiple times a day, they provide regular opportunities to support physical health and psychosocial well-being. The ability to choose food, maintain proper positioning, and eat independently is associated with better health outcomes, particularly among community-dwelling older adults at higher risk of illness and disability (Grøndahl & Aagaard, 2016). Mealtimes can also support person-centered care and provide moments of comfort in hospital and long-term care settings (Beck et al., 2019).

In institutional settings, however, mealtimes are often challenging for both residents and staff (Ross et al., 2011a). Competing demands on staff may limit the support available for tasks such as positioning or feeding, which can reduce resident engagement and communication. At the same time, mealtimes remain essential for meeting nutritional needs, and inadequate intake has been linked to adverse outcomes, including malnutrition and increased mortality (Agarwal et al., 2013; Hiesmayr et al., 2009).

Various interventions have been introduced to improve mealtime experiences, including additional staffing or volunteers, protected mealtimes, and changes to the dining environment (Latif et al., 2021; Tassone et al., 2015). However, their impact has been limited, and evidence specific to older adults remains sparse (Latif et al., 2021; McLaren-Hedwards et al., 2022; Porter & Hanna, 2020).

Research also highlights ongoing barriers, such as insufficient staffing, limited caregiver training, and lack of support for residents during meals, even when adequate food is available (Manthorpe & Watson, 2003; Merrell et al., 2012; Commission & Commons, 2010). These challenges indicate that mealtime participation is influenced by a range of interacting factors that extend beyond food provision alone.

**Rationale** Despite the recognized importance of mealtime participation, existing interventions have shown only modest improvements in nutritional intake and care processes among older adults in institutional settings (Latif et al., 2021; Tassone et al., 2015). In addition, there is limited evidence specifically examining how these interventions affect older populations, highlighting a gap in the literature (Latif et al., 2021; McLaren-Hedwards et al., 2022; Porter & Hanna, 2020).

Mealtime experience is shaped by multiple interacting factors, including individual abilities, caregiver support, environmental conditions, and institutional policies. However, these factors are often studied in isolation, and there is a lack of comprehensive synthesis identifying key barriers and facilitators across different levels (Liu et al., 2020).

A structured framework, such as the Social Ecological Model (Bronfenbrenner, 1977) and the International Classification of Functioning, Disability and Health (ICF), can help organize and better understand these influences by capturing intrapersonal, interpersonal, environmental, and policy-level factors (Liu et al., 2020).

Therefore, a scoping review is needed to systematically map the existing evidence on factors influencing mealtime participation among institutionalized older adults. This will help identify modifiable barriers, inform future research, and guide the development of more effective interventions and care strategies to improve participation and overall well-being.

## METHODS

**Strategy of data synthesis** W e searched the following databases: CINAHL, Embase, Medline, AgeLine, APA PsycInfo, Cochrane Library (trials and systematic reviews), Health Source: Nursing/ Academic Edition, ProQuest Nursing &Allied Health Databases, and Scopus from the first date of their online availability. Search terms included Medical Subject Headings (MeSH) and context-dependent terms (e.g., title, abstract, and keywords) related to the concepts of this study. The search strategy for Medline is provided in Table 1. We applied corresponding search terms to the other six databases.

Table 1

Ovid MEDLINE-1946 to June 14, 2024

#

Query

Results from 30 Mar 2025

1

exp Eating/

82,987

2

exp Meals/

9,881

3

exp Deglutition/

12,441

4

(deglut* or swallow* or eat*or drink*).ti,ab,kf.

43,410

5

(snack* or meal* or dinner* or supper* or lunch* or breakfast*).ti,ab,kf.

113,881

6

1 or 2 or 3 or 4 or 5

229,862

7

exp Nursing Homes/

46,350

8

exp Long-Term Care/

29,484

9

exp Homes for the Aged/

15,338

10

exp Hospitals, Rehabilitation/

155

11

Institutionalization/

5,581

12

Hospitalization/

146,566

13

(("LTC" or "acute care" or (in-patient adj2 rehabilitation)) adj2 (setting or facility)).ti,ab,kf.

4,572

14

(nursing home* or (long-term adj1 (care or home or setting or facility))).ti,ab,kf.

64,462

15

7 or 8 or 9 or 10 or 11 or 12 or 13 or 14

251,388

16

"Activities of Daily Living"/

76,505

17

("activities of daily living" or ADL).ti,ab,kf.

44,913

18

((participat* or activit* or impair* or deficit*) adj3 ("in life" or "living" or "daily liv* Or ADL")).ti,ab,kf.

50,356

19

((participat* or activit* or impair* or deficit*) adj3 ("in life" or living or "daily liv*" or ADL)).ti,ab,kf.

50,960

20

((dinner* or meal* or lunch* or eating or breakfast* or snack*) adj3 (experien* or activit* or participat* or engag*)).ti,ab,kf.

8,276

21

16 or 17 or 18 or 19 or 20

113,782

22

6 and 15 and 21

340

In addition to databases, we also searched grey literature (Table 2). For all accepted studies, we reviewed reference lists and citations through Google Scholar using a process of forward and backward chaining(Booth, 2008).

Table 2

List of search sources including databases, conference proceedings, and gray literature

Literature type

Sources

Databases

CINHAL

Embase

MEDLINE

Scopus

AgeLine

APA PsycInfo

Cochrane Library (trials)

Health Source: Nursing/Academic Edition

ProQuest

Nursing &Allied Health Databases

Gray literature

Open Grey

Grey Matters

Networked Digital Library of Theses and Dissertations

Open Access Theses and Dissertations ProQuest Dissertations and Theses Global Ontario Public Health Libraries Association.

**Eligibility criteria** To address these research questions, we will include studies based on the Participants – Concept – Context (PCC) mnemonic recommended by the Joanna Briggs Institute (JBI) for scoping reviews (Peters et al., 2020).
Participants: Studies will include adults over 65 years in their samples. The adults must reside in institutionalized settings such as LTC, retirement homes, or various levels of the continuum of care in hospitals. This review will not exclude individuals based on functional abilities and, thus, will consider individuals with physical (e.g., swallowing difficulties), mental health, and cognitive disorders, as these factors may influence mealtime participation.
Concept: The core concept of this review is mealtime participation, operationally defined as the frequency, duration, and nature of an elderly individual's involvement in eating and related social activities during meals. We will explore how a range of components from the ICF model, such as swallowing difficulties, feeding practices, and socio-environmental factors, impact mealtime participation. This includes identifying barriers (e.g., physical impairments, cognitive challenges) and facilitators (e.g., social engagement, environmental adaptations).
Context: As mentioned, the context includes institutionalized settings where adults (often elderly) reside, such as nursing homes and long-term care facilities. Studies considered may involve various mealtime setting descriptions, use of evaluation tools, interventions or strategies and caregiver involvement (volunteers, family members, and/or different healthcare workers) without restriction to ensure a comprehensive understanding of the factors influencing mealtime participation.
We will exclude studies that don't involve any residents in institutionalized settings. Studies that do not address mealtime participation factors (according to our operational definition) or that take place outside of nursing homes and long-term care facilities will also be excluded.
Within our definition of mealtime participation, we will take interest in the frequency, duration, and nature of residents' active involvement in eating/drinking, social interactions, and related environmental set-up during meals. Following this, we will identify and synthesize various existing definitions and concepts related to mealtime participation in the literature. Our review will examine the barriers and facilitators influencing mealtime participation, describe study design and resident characteristics, and report themes relating to mealtime participation in some predefined categories (such as the activities in the operational definition), whether they contribute to enhancing or detracting from participation (i.e. facilitators and barriers). We acknowledge that revisions to our pre-stated themes or proposed categories of inquiry may be necessary as we engage in an iterative process to gain a comprehensive understanding of mealtime participation throughout the course of our review.

**Source of evidence screening and selection** Source of Evidence Screening and Selection:
All citations will be managed using Covidence and Microsoft Excel. After duplicates and records without abstracts are removed, a two-step review process will be conducted:

Abstract Screening: Two independent reviewers will code abstracts for potential inclusion or exclusion using open-ended criteria designed to capture all relevant studies. Codes are hierarchical;

if an abstract is excluded at one level, further codes are not applied.

Full-Text Review: Two reviewers will independently assess full articles for eligibility using more stringent hierarchical criteria. Articles in languages not understood by reviewers will be translated if feasible.

Resolving Disagreements:
Discrepancies between reviewers at either stage will first be discussed to reach consensus. If unresolved, a third reviewer will participate to make the final decision. All coding decisions and final inclusion/exclusion outcomes will be documented in Excel. Articles requiring translation will undergo a second review to ensure accuracy.

**Data management** All citations and full-text articles will be stored and managed using Covidence and Microsoft Excel to ensure organization, traceability, and reproducibility. After duplicate removal and initial screening, data from included studies will be extracted systematically using a predefined data extraction table. Extracted information will include publication characteristics (year, location), study design, setting, population demographics and health status, and outcomes related to mealtime participation, barriers, facilitators, interventions, and assessment tools.

One author will perform the initial data extraction, while a second author will verify all entries for accuracy and completeness. Any discrepancies will be discussed and resolved through consensus, with a third reviewer consulted if necessary. Data will be maintained in formats that allow sorting and filtering by variables of interest to facilitate analysis and synthesis.

For studies requiring translation, data extraction will follow the same verification process to ensure fidelity of information. All decisions regarding inclusion, exclusion, and extracted data will be documented in Excel, providing an audit trail of the review process.

Charted data will be summarized in tabular and graphic forms, and qualitative information (e.g., themes related to barriers and facilitators) will be synthesized narratively.

**Reporting results / Analysis of the evidence** Data from the included studies will be collated, summarized, and presented in both tabular and graphical formats to provide a clear overview of trends, study characteristics, and outcomes. Extracted information will include publication details, study design, population characteristics, setting, and factors influencing mealtime participation, including barriers and facilitators.

Analysis will focus on identifying patterns, themes, and gaps in the literature. Quantitative data (e.g., frequency of barriers or interventions) will be summarized descriptively, while qualitative data will undergo narrative synthesis to explore concepts, definitions, and multi-level factors affecting mealtime participation. Emerging themes will be mapped according to predefined categories based on the ICF model and operational definitions of mealtime activities.

Where feasible, results will also highlight relationships between intrapersonal, interpersonal, environmental, and policy-level factors, demonstrating how they enhance or detract from participation. The analysis will be iterative, allowing for refinement of themes as insights emerge.

Findings will be reported transparently to address the primary and secondary research questions, with special attention to interventions, assessment tools, and socio-environmental factors that influence participation. The final report will identify knowledge gaps and inform recommendations for policies, practices, and future research in institutionalized elder care.

**Presentation of the results** The results of the scoping review will be presented using a combination of tables, charts, and narrative summaries to clearly convey trends, patterns, and themes related to mealtime participation among institutionalized elderly individuals.
Tabular presentation will include a data extraction table summarizing key study characteristics such as publication year, country, study design, population demographics, setting, and relevant outcomes (barriers, facilitators, interventions, and assessment tools). Additional tables will categorize factors influencing mealtime participation according to the ICF framework and operationally defined mealtime activities (e.g., preparation, seated positioning, eating, drinking, social interaction).
Graphical presentation may include bar charts, pie charts, or flow diagrams to illustrate the distribution of study characteristics (e.g., setting, country, study design) and the frequency of identified barriers or facilitators. Conceptual maps may also be used to depict relationships between intrapersonal, interpersonal, environmental, and policy-level factors influencing mealtime participation.

Narrative synthesis will complement tables and figures, providing a descriptive account of themes, trends, and gaps identified in the literature. This will highlight how various factors enhance or impede mealtime participation and will contextualize findings within the broader institutional and socio-environmental context.
Finally, the presentation plan will be iterative; emerging themes or new categories identified during data extraction may be added to tables or figures to ensure comprehensive representation of the evidence. This multi-modal approach will facilitate clear communication of findings to stakeholders, including caregivers, healthcare providers, and policymakers, and will support knowledge translation for improving mealtime participation in institutional settings.

**Language restriction** Yes. Studies will be included if published in "English, French, German, Portuguese, Spanish, or Persian" to ensure comprehensive coverage while considering reviewer language proficiency.

**Country(ies) involved** The scoping review is being conducted in "Canada", with potential articles from multi-national sources through literature in multiple languages and stakeholder consultation.

**Other relevant information** This scoping review follows the Arksey and O'Malley framework and JBI guidance. It includes stakeholder consultation, iterative theme refinement, and dissemination plans targeting caregivers, healthcare providers, and policymakers.

**Keywords** Mealtime participation; institutionalized elderly; long-term care; barriers; facilitators; ICF model; feeding practices; social engagement.

**Dissemination plans** Upon completion of all stages of the scoping review, we will disseminate our findings through presentations at both local and international conferences and by submitting to a peer-reviewed journal. To facilitate knowledge translation, we will develop accessible materials aimed at stakeholders such as institutional caregivers, healthcare providers, and policymakers. These materials will help them understand and address the barriers and facilitators to mealtime participation among institutionalized elderly individuals.
We will also share our findings with relevant organizations and stakeholders, including those involved in elder care and institutional settings, to support informed decision-making and improve practices related to mealtime participation. Potential organizations for dissemination include local and national elder care networks and policy-making bodies.

**Contributions of each author**

Author 1 - Saba Sadeghi - Developed the study concept and design, conducted the literature search strategy, prepared data extraction and analysis plans, and will draft the manuscript.
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Author 2 - Asefeh Memarian - Assisted with study selection and data extraction, and will contribute to drafting and reviewing the manuscript.
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Author 3 - Heather Flowers - Contributed to the development of study selection criteria, guided methodological decisions, and will provide input on data extraction, analysis strategy, and manuscript revisions.
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