

# Restoration of normal eating behaviour:

Nursing interventions during meals for adolescents with anorexia nervosa, a video analysis.

<b>Naam:</b>	L. Beukers
<b>Student nummer:</b>	3043339
<b>Status:</b>	Definitief onderzoeksverslag
<b>Datum:</b>	01-07-2013
<b>Opleiding:</b>	Universiteit Utrecht, Masteropleiding Klinische Gezondheidswetenschappen, Masterprogramma Verplegingswetenschap, UMC-Utrecht
<b>Begeleiders:</b>	Dr. Berno van Meijel Dr. Janneke de Man
<b>Instelling:</b>	Rintveld centrum voor eetstoornissen, Altrecht, Zeist
<b>Tijdschrift:</b>	International Journal of Mental Health Nursing
<b>Eisen tijdschrift:</b>	Harvard referentie systeem, maximaal 5000 woorden
<b>Aantal woorden:</b>	3483
<b>Ned. Samenvatting:</b>	288
<b>Engelstalig Abstract:</b>	291

## Introduction

Anorexia nervosa is an increasing problem, mainly affecting girls and young women. The disorder has a lifetime prevalence of 2-4% in women (Keski-Rahkonen *et al.* 2007, Smink *et al.* 2012) and has a high mortality rate of 5.1 (deaths per 1000 person-years) (Arcelus *et al.*, 2011). It is therefore recommended that patients with severe symptoms of anorexia nervosa are treated in specialist clinics (Dutch Committee for the Development of Multidisciplinary Guidelines in Mental Health Care, 2006).

In inpatient treatment programs the central aim is for the patient to regain normal body weight because this is considered a prerequisite for a patient's full personal and social recovery. To accomplish this a number of treatment programs have patients follow a strict phase program, in which the first phase focusses on restoring normal eating behaviour. In these phase programs nutritional advice is the base for the objective to regain normal body weight. By properly following this nutritional advice it is thought that patients can decrease their anorectic eating behaviour and replace it with normal eating behaviour. However, patients need to be supported while breaking through their anorectic eating patterns and at the same time learn how to restore their normal eating pattern. Teaching patients with anorexia nervosa a normal eating pattern is therefore considered an essential intervention in the first phase of treatment by patients and specialist nurses (Bakker *et al.*, 2011; van Ommen *et al.*, 2009; Zandian *et al.*, 2007).

Nurses fulfil an important role in inpatient treatment programs, and thereby in supporting patients restoring their eating behaviour, because of the 24-hour care they provide to the patients. They give support, encouragement and guidance to the patients through the establishment of a trusting therapeutic relationship (Ramjan, 2012; Ryan *et al.*, 2006). Nurses need to give attention to the physical aspects of recovery, but also to the psychosocial and emotional needs of the patients (Button & Warren, 2001; Colton & Pistrang, 2004; Tierney, 2008). Furthermore, it is important for patients that they receive care from experienced professionals who recognise and explain behaviour that is a result of the eating disorder (Tierney, 2008).

In relation to the recovery of body weight, patients and specialist nurses have indicated that patients profited from directional and structured-based nursing interventions during meals and for nurses to take over responsibility regarding to eating. The physical presence of nurses, the presence of a peer group and a constant flow of information about anorexia nervosa are also mentioned by patients and specialist nurses as helpful in recovery of body weight. (Bakker *et al.*, 2011; van Ommen *et al.*, 2009).

## Problem statement, Aim and Research question

Although different research has been done into the elements of nursing care that contribute to the recovery of patients with anorexia nervosa, and specifically to recovery of body weight, to our knowledge there has been little research published on nursing interventions that support adolescents with anorexia nervosa in restoring their eating behaviour. It is important to gain more insight in these nursing interventions so we can understand how nurses support adolescents with anorexia nervosa while breaking through their anorectic eating pattern and replacing this with a

normal eating pattern. In this study we have examined these nursing interventions during meals in detail in a best-practice setting. This paper describes how nurses support adolescents with anorexia nervosa in restoring their eating behaviour. This knowledge may be used in existing inpatient treatment plans for adolescents with anorexia nervosa, nursing guidelines and nursing education programs.

The main question in the present study was:

Which interventions, with the goal to restore normal eating behaviour, do nurses in a specialised eating disorders centre provide during meals to adolescents diagnosed with anorexia nervosa and in the first phase of their treatment?

## **Method**

### **Research design**

In this study a descriptive qualitative design was used to analyse and describe the nursing interventions during meals towards adolescents with anorexia nervosa. This was done by way of video recordings. This made it possible for the researchers to analyse the data in great detail through direct observation of the nursing interventions and the interactions between nurses and patients. Within the context of this descriptive design, a choice was made to apply thematic analysis (Joffe & Yardley, 2004) for the analysis of the data.

### **Setting**

The study was conducted in an inpatient unit of a specialised eating disorder centre. This unit has a quality mark of the Foundation of Top Clinical Health Care (Foundation of Top Clinical Health Care 2013). In this unit young people in the age group 12-18 are treated. This best-practice setting has been purposefully chosen to profit from the expert knowledge of the nurses. In this way highly specialised nursing care is examined and described in this study.

### **Population**

The participants were selected on the basis of a convenience sample, i.e. healthcare professionals who worked at the centre during data collection and patients who were hospitalised at that moment.

Healthcare professionals, eligible patients and their parents were informed about the study by the researcher (LB), both orally and by information letter. Having obtained consent from the healthcare professionals, they were included in the study. Patients were included after informed consent was obtained from both patient and parent(s).

Eight healthcare professionals were included in the study and videotaped during meals. They all had a degree in nursing or social work and at least one year of clinical experience with anorexia nervosa patients in the age group 12-18. Furthermore they were employed at the eating disorder centre for at least 24 hours a week. For ease of reading, we will refer to the group of healthcare professionals as nurses throughout.

Nine patients provided informed consent and were videotaped during meals. They were all between 12-18 years of age and diagnosed with anorexia nervosa according to DSM-IV-TR criteria (APA, 2002). Two patients were in the first phase of treatment and were therefore the primary focus of attention in our study. A third patient was also in the first phase of treatment, but did not provide informed consent and was therefore excluded from video recordings. Individual material of this patient was not used in the study, however, nursing interventions provided to this patient were used for data analysis. The remaining six patients were partly recovered patients who were not in the first phase of treatment anymore. Individual material of these patients was only used when interaction with the patients in the first phase of treatment occurred.

The study was approved by the Dutch Medical Ethical Committee (protocol number 08-017).

### **Data Collection and Analysis**

Data were collected through video recordings. During five days, recordings were made of the principal meals during the day; breakfast, lunch and dinner. This yielded a total of eight hours of video data. The camera was placed beside the dinner table. Nurses and patients in the first phase of treatment were asked to take a seat facing the camera. In this way the researchers strived for optimal data for analysis, because every aspect of the patients' and nurses' behaviour was in sight.

The video recordings were analysed using Transana, a software program for qualitative analysis of video and audio data (Woods & Fassnacht, 2012). Clips were selected from the video data in which the nurse interacted with the patient. The clips were transcribed verbatim and non-verbal behaviour was described and then attached to these transcriptions. From the first video recording a list of code words was created that reflected nurse-patient interactions that were related to the patients eating behaviour. With each analysis of subsequent video recordings new code words were added to the original code tree. From this code tree nursing interventions were deducted and categories were made.

The analysis of the data was done by the primary researcher (LB). The quality of the research was assured through peer debriefing: both content related and methodological aspects of the research were discussed periodically within the research group on the basis of memos resulting from data analysis (LB, BvM, TB). In addition the results and conclusions were submitted for review to an expert group of professionals who were connected to the specialised centre but were not directly involved in the research project.

### **Results**

The nursing interventions provided to patients with anorexia nervosa to restore normal eating behaviour can be divided into four main categories: (1) Monitoring and Instructing, (2) Encouraging and Motivating, (3) Supporting and Understanding and (4) Educating. In the following sections these categories will be further explained. At last the attitude of the nurses while providing these interventions is described.

### **Monitoring and Instructing**

The nurses used the meals for structured observation of the patient. By sitting next to the patient the nurses were able to monitor every detail of the patients eating pattern during the entire meal. Nurses did their observations mostly inconspicuous, but, when needed, they also conspicuously checked if patients followed their nutritional advice and the strict eating rules. Nurses kept track of time and let patients know regularly how much time they had left before the meal was over.

*Did you take a quarter? May I see, please? (Clip 674, Nurse nr. 5)*

Along with monitoring the patients eating habits the nurses continuously gave patients instructions regarding normal eating habits. These instructions were given in great detail and on various aspects of eating. Different instructions were given in succession and were repeated until they were succeeded by the patient. Nurses gave instructions to the patient the entire meal and explained to the patients the reasons behind their instructions.

Nurses started their instructions by telling the patients how to sit at the table and when to take their fork and knife. When the bites were prepared the nurses prompted the patients to bring their fork to their mouth to start eating, or when patients already made a start, to continue eating. Nurses also instructed patients to increase their tempo of eating by telling them to chew faster and to prepare new bites while chewing. Many instructions of the nurses concerned quantities of food: more butter or toppings on a sandwich or bigger bites. Furthermore, they told patients when to vary between sorts of food.

*You may sit closer to the table [...] yes [...] you may open the butter [...] you may pull of the top completely [...] yes [...] and then you may divide the butter in two and spread one part on your sandwich. (Clip 165, Nurse nr. 1)*

Nurses also openly named and discussed anorectic eating habits of the patients during meals and urged patients to stop with this behaviour. This was done, for example, when the patients crumbled their food to minimise intake, took very small bites, sliced their food excessively, played with their food, did not eat all sorts of food or just stared at their food. When nurses had instructed the patients to stop these anorectic eating habits, this was immediately followed by an instruction in normal eating habits. When patients did not seem to understand the instructions of the nurse, nurses demonstrated it to the patients.

*You don't need to cut that in half, than you will make your bites to small [...] just put it in your mouth in whole. (Clip 541, Nurse nr. 3)*

### ***Encouraging and Motivating***

Nurses constantly encouraged patients to start, or continue, eating. They did this by giving short messages, like 'come on' or 'keep going', for example when the patients decreased their eating pace or stopped eating completely. Nurses also encouraged the patients to fight the eating disorder and to take back control. These encouragements were given throughout the entire meal.

Besides these encouragements, nurses also used more extensive ways to motivate patients. Frequently nurses described the consequences of the eating behaviour of the patient: they appointed the positive consequences in case of a normal eating pattern or when the patients followed the nurses' instructions; they also named the negative consequences when patients showed anorectic eating habits or when they did not follow the nurses' instructions. For example, when they reminded the patients that there would be no, or less, replacement nutrition when patients followed instructions and thereby ate according to the nutritional advice.

Furthermore, nurses supported the motivation of the patients by setting small and attainable goals during the meal and by reminding patients about future prospects when they persisted in healthy eating behaviour. They also told patients to try for family and friends to support the patients extrinsic motivation.

*I thought you were motivated for school, weren't you? [...] Try to think of that...those are things that come within your reach when you have a normal eating pattern again [...] (Clip 539, Nurse nr. 2)*

### ***Supporting and Understanding***

Nurses supported the patients during meals, mainly by giving compliments when the patients followed instructions and thereby followed their nutritional advice. Nurses also sympathised with the patients and asked patients about their feelings and thoughts when they saw the patients struggling with their obsessive habits. The nurses were understanding of the patients stress and anxiety when confronted with their nutritional advice and with the instructions and prompting of the nurses. Nurses also invited the patients to make contact with them or their environment and told them what thoughts they should keep in mind that could help them.

*I can see your struggle and understand that this is very difficult for you, but we are fighting it together [...] (Clip 691, Nurse nr. 6)*

Furthermore, nurses mobilised the support of other, partly recovered, patients who were at the same meal. These fellow patients were used as role models who were able to share their previous experiences and difficulties when restoring a normal eating pattern during the first phase of treatment. These partly recovered patients supported the new patients by telling them their experiences and encouraging them to eat.

*You are encouraged by your fellow patients, who all know how difficult this is (Clip 532, Nurse nr. 5)*

### **Educating**

During meals nurses provided information to the patients about the eating disorder. They educated patients on the specific characteristics of anorexia nervosa and its effect on the patient's eating habits. In this way they contributed to the patient's understanding of the disorder and its manifestations and consequences. Nurses also educated patients on normal eating habits and the nutritional advice so patients understood what it meant to have a normal eating pattern. In addition nurses gave patients tips on how to make the process of adopting a normal eating pattern easier, for example by increasing the size of the bites so patients had to take less hurdles.

*Shall I show you what a normal bite is? [...] Can you see the difference? This is a normal bite [...] When you slice your pizza in these little parts you can imagine how many times you need to take the hurdle of taking a bite [...] If you take these normal bites, you are done faster and with less struggle [...] (Clip 543, Nurse nr. 2)*

### **Attitude**

The attitude of the nurses was directional and controlling. Nurses were insistent and focussed on a change in eating behaviour. Their expectations of the patients' eating behaviour were clear, and the nurses did not deviate from these strict eating rules. They took over control and exerted well dosed pressure to move the patient in the right direction.

However, this directional and controlling approach was always brought with empathy and with understanding for the struggle of the patient. Nurses were at the same time supportive, motivating and emotionally available. They tried to stand next to the patients by telling them that they were fighting with the patients against their eating disorder. They explained their actions to the patients and informed them on the process they were in. Furthermore, the nurses were role models for the patients by showing normal eating habits.

Remarkably almost all of the contact between the nurses and the patients was eating related, because anxiety and stress of the patients gave little room for anything else but the struggle for eating. This resulted in nurses initiating almost all of the contact.

### **Discussion**

Through qualitative analysis four categories of interventions emerged from the data: (1) Monitoring and Instructing, (2) Encouraging and Motivating, (3) Supporting and Understanding and (4) Educating. Furthermore the data showed a nursing attitude of direction and control, but always brought with empathy and understanding.

With a substantial part of the interventions provided to the patients during meals, nurses focussed on patients' behavioural change concerning their eating pattern. Patients needed the

directional and controlling interventions and attitude from the nurses to be able to break through their anorectic eating habits and to adopt a normal eating pattern. This concurs with the findings in the studies of Bakker *et al.* (2011) and van Ommen *et al.* (2009) who describe this as 'taking over all eating related responsibilities' and the role of the nurses as 'substitute decision makers'. Colton and Pistrang (2004) also described this as the necessity of taking control. Furthermore, patients also needed the nurses to be insistent and firm, to focus on every detail of the patients' eating behaviour and continuously repeat instructions during the entire meal, because they had lost all sense of normal eating habits. Because of this they needed nurses that were experienced, so they could recognise, intervene on and explain behaviour that was a result of the eating disorder. The importance of experienced nurses is also described by Tierney (2008) and Westwood & Kendal (2012).

Patients experienced a lot of anxiety and stress during meals. The directional and controlling interventions of the nurses seemed to cause a rise of these anxiety and stress levels, although they also seemed to provide clarity and with that a sense of security. The study of Westwood & Kendal (2012) showed however, that with hindsight patients appear to acknowledge the importance of nurses initially having control over their treatment. The fact that nurses brought their directional and controlling interventions with empathy and understanding and that they were supportive and motivating, and educated patients on the process they were in, helped the patients. With this, nurses also addressed the psychosocial aspects of the patients struggle to restore their eating behaviour. The study of Bakker *et al.* (2011) refers to this as 'bringing empathy and safety'. The importance of patients experiencing the care they receive as supporting and encouraging is also described by Colton & Pistrang (2004), for patients are then more able to co-operate in their treatment.

For nurses who work with adolescents with anorexia nervosa it is a challenge to merge these two contrasts in one approach. This, in addition to the experience and knowledge they need to have about anorexia nervosa, indicates that nurses should be specialised to provide this highly complex care to adolescent patients with anorexia nervosa.

The findings of this study must be considered in the light of a number of methodological issues. In this study video recordings were used because of the possibility to capture detailed nursing-patient interactions and to review the same situation multiple times. The main limitation of video based research was the change in behaviour of the participants in the study. However, this effect diminished over time as participants became used to the camera (Latvala, 2000; Haidet, 2009). A limitation was also that the data was analysed by a single researcher (LB). We applied peer debriefing and a review from an expert group of professionals to ensure credibility of our findings. The study was carried out in the age group 12-18, therefore the results can not be generalised to other age groups. Furthermore, the sample size was quite limited since it was a descriptive study, therefore saturation of data could not be achieved. As a result of this study being carried out in a best-practice setting, the results of this study do reflect high specialised care. The results of this study may be used to improve nursing education programs and nursing guidelines in

existing treatments so quality of nursing care of adolescents with anorexia nervosa can be improved.

## **Conclusion**

In conclusion, the findings of this study give a detailed description of the interventions nurses provide to patients with anorexia nervosa. The categories that emerged from the data are: (1) Monitoring and Instructing, (2) Encouraging and Motivating, (3) Supporting and Understanding and (4) Educating. This in combination with an attitude of direction and control, but at the same time empathic and understanding. Nurses are on the one hand focussed on patients' behavioural change concerning their eating pattern, but they also address the psychosocial care of the patients and their struggle to restore their eating behaviour. Furthermore, supporting adolescent patients with anorexia nervosa in restoring their eating pattern is part of highly complex care and requires specialist nursing skills.

## **Recommendations**

We recommend that the findings in this research are used to improve nursing guidelines and nursing education programs. We also recommend that a similar study is conducted among other age groups, to compare the results with the results from this study.

## Reference List

American Psychiatric Association. (2002). *Diagnostic criteria from DSM-IV-TR*. Washington, DC: Author.

Arcelus, J., Mitchell, A.J., Wales, J., Nielsen, S. (2011). Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*, 68(7), 724-731.

Bakker, R., van Meijel, B., Beukers, L., van Ommen, J., Meerwijk, E.L., & van Elburg, A.A. (2011). Recovery of normal body weight in adolescents with anorexia nervosa: The nurses' perspective on effective interventions. *Journal of Child and Adolescent Psychiatric Nursing*, 24, 16-22.

Button, E.J. & Warren, R.L. (2001). Living with anorexia nervosa: The experience of a cohort of sufferers from anorexia nervosa 7,5 years after initial presentation to a specialized eating disorder service. *European Eating Disorders Review*, 9, 74-96.

Colton, A. & Pistrang, N. (2004). Adolescents' experiences of inpatient treatment for anorexia nervosa. *European Eating Disorders Review*, 12, 307-316.

Dutch Committee for the Development of Multidisciplinary Guidelines in Mental Health Care. (2006). *Multidisciplinary guideline eating disorders*. Utrecht, The Netherlands: Trimbos Institute.

Foundation of Top Clinical Health Care 2013, Amersfoort, accessed 23 April 2013, <[www.topggz.nl](http://www.topggz.nl)>.

Haidet, K.K., Tate, J., Divirgilio-Thomas, D., Kolanowski, A., & Happ, M.B. (2009). Methods to improve reliability of video-recorded behavioural data. *Research in Nursing & Health*, 32, 465-474.

Joffe, H. & Yardley, L. (2004). Content and thematic analysis. In: D. Marks & L. Yardley (Eds.), *Research methods for health and clinical psychology* (pp. 56-68). London: Sage.

Keski-Rahkonen, A. Hoek, H.W., Susser, E.S. Linna, M.S., Sihvola, E., Raevuori, A., Bulik, C.M., Kaprio, J., Rissanen, A. (2007). Epidemiology and course of anorexia nervosa in the community. *The American Journal of Psychiatry*, 164(8), 1259-1265.

Latvala, E., Vuokila-Oikkonen, P., & Janhonen, S. (2000). Videotaped recording as a method of participant observation in psychiatric nursing research. *Journal of Advanced Nursing*, 31(5), 1252-1257.

van Ommen, J., van Meijel, B., van Elburg, A.A., Meerwijk, E.L., & Kars, M. (2009). Effective nursing care for adolescents diagnosed with anorexia nervosa: The patients' perspective. *Journal of Clinical Nursing*, 18, 2801-2809.

Ramjan, L.M. (2004). Nurses and the 'therapeutic relationship': Caring for adolescents with anorexia nervosa. *Journal of Advanced Nursing*, 45(5), 495-503.

Ramjan, L.M. & Gill, B.I. (2012). Original research: an inpatient program for adolescents with anorexia experienced as a metaphoric prison. *The American Journal of Nursing*, 112(8), 24-33.

Ryan V., Malson, H., Clarke, S., Anderson, G., & Kohn, M (2006). Discursive constructions of 'eating disorders nursing': an analysis of nurses' accounts of nursing eating disorder patients. *European Eating Disorder Review*, 14, 125-135.

Smink, F.R., van Hoeken, D., Hoek, H.W. (2012). Epidemiology of eating disorders: incidence, prevalence and mortality rates. *Current Psychiatric Reports*, 14(4), 406-414.

Tierney, S. (2008). The individual within a condition: a qualitative study of young people's reflections on being treated for anorexia nervosa. *Journal of the American Psychiatric Nurses Association*, 13, 368-375.

Westwood, L.M., Kendal, S.E. (2012). Adolescent client views towards the treatment of anorexia nervosa: a review of the literature. *Journal of Psychiatric Mental Health Nursing*, 19(6), 500-508.

Woods, D. & Fassnacht, C. (2010). Transana v242-b. <http://www.transana.org>. Madison, WI: The Board of Regents of the University of Wisconsin System.

Zandian, M., Ioakimidis, I., Bergh, C. & Södersten, P. (2007). Cause and treatment of anorexia nervosa. *Physiology & Behaviour*, 92, 283-290.

## Dutch summary

**Titel** Herstellen van het eetgedrag: Verpleegkundige interventies aan jongeren met anorexia nervosa tijdens de maaltijden in de klinische setting, een video analyse.

**Inleiding** Een belangrijk onderdeel van een klinische behandeling van jongeren met anorexia nervosa is het herstellen van een normaal eetpatroon met als doel het herstellen van een normaal gewicht. Verpleegkundigen spelen hierin een belangrijke rol, omdat zij de jongeren met anorexia nervosa begeleiden bij het opnieuw leren eten. Er is echter weinig bekend over de interventies die verpleegkundigen aan deze jongeren bieden tijdens de maaltijden om dit doel te bereiken.

**Doel en onderzoeksvraag** Het doel van deze studie is om een beschrijving te geven van de verpleegkundige interventies die geboden worden tijdens de maaltijden aan jongeren met anorexia nervosa. De onderzoeksvraag luidt: Welke interventies bieden verpleegkundigen, tijdens de maaltijden, aan jongeren met anorexia nervosa in de eerste fase van de behandeling om normaal eetgedrag te herstellen?

**Methode** Een kwalitatief descriptief design is gebruikt voor deze studie. Hierbij zijn video-opnames gemaakt van de hoofdmaaltijden. Er is gebruik gemaakt van thematische analyse.

**Resultaten** Uit de data zijn vier categorieën naar voren gekomen: (1) Monitoren en Instructies geven, (2) Aanmoedigen en Motiveren, (3) Steunen en Begrijpen, (4) Voorlichting. Er is een directieve en controlerende attitude gezien, maar tegelijkertijd ook een empathische en begripvolle attitude.

**Conclusie** Verpleegkundigen werken met de jongeren met anorexia nervosa aan het doel om het eetgedrag te herstellen en zorgen tegelijkertijd voor psychosociale begeleiding van de patiënt tijdens het proces van het herstellen van het eetgedrag. Verder is het begeleiden van jongeren bij het herstellen van het eetgedrag onderdeel van complexe zorg en vereist daarom gespecialiseerde verpleegkundige vaardigheden.

**Aanbevelingen** Wij adviseren dat de bevindingen uit deze studie worden gebruikt voor het verbeteren van verpleegkundige richtlijnen en scholing. Verder adviseren wij vergelijkend onderzoek in andere leeftijdscategorieën, zodat die resultaten met de resultaten uit dit onderzoek vergeleken kunnen worden.

**Trefwoorden** anorexia nervosa, verpleegkundige interventies, adolescenten, eetgedrag, video-analyse

## English abstract

**Title** Restoration of normal eating behaviour: Nursing interventions during meals for adolescents with anorexia nervosa, a video analysis.

**Background** Restoration of normal eating behaviour is an important part of inpatient treatment for adolescents with anorexia nervosa, who are trying to regain normal body weight. Nurses play a significant role in teaching adolescents with anorexia how to eat again, because of their care and guidance during meals. However, little is known about the interventions that nurses provide during meals to adolescents with anorexia nervosa.

**Aim and research question** The purpose of this study was to describe the nursing interventions in order to restore normal eating behaviour. The research question was: Which interventions, with the goal to restore normal eating behaviour, do nurses in a specialised eating disorders centre provide during meals to adolescents diagnosed with anorexia nervosa and in the first phase of their treatment?

**Method** A qualitative descriptive design was applied with video recordings made of the principle meals during the day. Thematic analysis was used to analyse the data.

**Results** Four categories of interventions emerged from the data: (1) Monitoring and Instructing, (2) Encouraging and Motivating, (3) Supporting and Understanding and (4) Educating. Furthermore the data showed a nursing attitude of direction and control, but always brought with empathy and understanding.

**Conclusion** Nurses are on the one hand focussed on patients' behavioural change concerning their eating pattern, but they also address the psychosocial care of the patients and their struggle to restore their eating behaviour. Furthermore, supporting adolescents with anorexia in restoring normal eating behaviour, is part of high complex care and requires specialist nursing skills.

**Recommendations** We recommend that the findings in this research are used to improve nursing guidelines and nursing education programs. We also recommend that a similar study is conducted among other age groups, to compare those results with the results from this study.

**Keywords** anorexia nervosa, nursing interventions, adolescents, eating behaviour, video-analysis.