



Retrieved from:
<http://www.newshub.co.nz/nznews/dunedin-hospital-patients-protest-foods-low-nutritional-value->

Hospital Food

What are the barriers to people not eating enough Hospital Food?

Research question: What barriers are preventing people from eating enough hospital food to promote their recovery?

-By Alice Walker

1000012132



Retrieved from:
<http://www.newshub.co.nz/nznews/dunedin-hospital-patients-protest-foods-low-nutritional-value->

Introduction

Malnutrition is a nutrient deficiency of vitamins and minerals, causing noticeable harm to the body composition, function and clinical outcome (Tidy, 2016). If a patient in hospital is given food and they are not eating it, it entails a considerable expense to the New Zealand Health Care System. My aim is to explore what barriers are in public hospitals that are causing people to not eat the hospital food served to them and how much it has an affect on their recovery. I will be addressing three barriers. The first barrier I have found through my research is the taste and presentation of the meals in hospitals. The second barrier is how food is packaged in hospital and lastly, when a patient is feeling too unwell wether this has an affect on them eating their meal.

Barriers

- Taste, presentation and smell are barriers preventing people from eating enough food whilst in hospital. Patients do not eat all of the food served to them, usually because they did not like the taste (Stanga, Zurflüh, Roselli, Sterchi & Tanner, 2003). Patient's satisfaction towards food served to them will lead to limited plate waste.
- Food packaging is another barrier to why people do not eat the adequate amounts of food whilst in hospital. Most food that patients are given comes with packaging. Because the packaging is so hard to open health care works or even family members have to be available to assist the patient in accessing their food. The numbers of nutritionally at-risk inpatients admitted to two Australian tertiary teaching hospitals who indicated they were not hungry actually had difficulty in opening their food packages (Vivanti, Banks, Aliakbari, Suter, Hannan-Jones & McBride, 2008).
- Feeling too unwell to eat the food served to you in hospital is another barrier preventing people from eating enough food whilst in hospital. Not only feeling nauseous but also the feeling of pain can prevent someone from not eating enough food whilst in hospital. 48% of all patients taken from a sample of 193 Canadian hospitals reported having eaten less than normal in the last week, with loss of appetite being the contributing factor (Kent-Smith, Eisenbraun & Wile 2016) 10.8% are not eating because of nausea and vomiting (Kent-Smith et al., 2016).

Recommendations

The literature shows that offering food that patients enjoy and listening to what they like and dislike is a strategy that needs to start happening. Dunedin hospital food is a clear example of something that needs to be changed. Having hospital food made locally is fresher and does not need as much preservatives to keep the food edible. Nutrition intake can be addressed if we as health professionals educate the patient about the importance of eating even if they do not like the food Hiesmayr et al., (2009). Although it is said that the hospital food is of nutritional value in Dunedin Hospital, it is not nutrition unless you eat it. If patients are not eating the meals, they are getting no nutritional intake therefore this is a relevant issue for which something needs to be done.

Conclusion

The literature provides evidence that, patients who are presented food they do not like the look of, taste of or smell of they will not eat the food. This then causes increased likelihood of complications like poor wound healing.

There is also evidence of the importance of well-designed meal packaging. Most patients do not ask for help as do not want to be seen as a nuisance, so if packaging is easier for the patients there will be less food wastage and more nutritional intake. Adequate food intake promotes faster healing in your body. To reduce the impact of malnutrition within hospitals health care workers need to understand why the patients do not eat and should be of prime concern to help them with that.

References

- Hiesmayr, M., Schindler, K., Pernicka, E., Schuh, C., Schoeniger-Hekele, A., & Bauer, P. et al. (2009). Decreased food intake is a risk for mortality in hospitalised patients: The NutritionDay survey 2006. *Clinical Nutrition*, 28(5), 484-491. <http://dx.doi.org/10.1016/j.clnu.2009.05.013>
- Kent-Smith, L., Eisenbraun, C., & Wile, H. (2016). Hospital Patients Are Not Eating Their Full Meal: Results of the Canadian 2010-2011 nutritionDay Survey. *Canadian Journal Of Dietetic Practice And Research*, 77 (1), 25-29. <http://dx.doi.org/10.3148/cjdpr-2015-028>
- Stanga, Z., Zurflüh, Y., Roselli, M., Sterchi, A., Tanner, B & Knecht, G. (2003). Hospital food: a survey of patients' perceptions. *Clinical Nutrition*, 22(3), 241-246. [http://dx.doi.org/10.1016/s0261-5614\(02\)00205-4](http://dx.doi.org/10.1016/s0261-5614(02)00205-4)
- Tidy, D. (2016). *Malnutrition | Doctor | Patient*. Retrieved 12th April 2016, from <http://patient.info/doctor/malnutrition>
- Vivanti, A., Banks, M., Aliakbari, J., Suter, M., Hannan-Jones, M., & McBride, E. (2008). Meal and food preferences of nutritionally at-risk inpatients admitted to two Australian tertiary teaching hospitals. *Nutrition & Dietetics*, 65I(1), 36-40. <http://dx.doi.org/10.1111/j.1747-0080.2007.00178.x>

PECOT category	Information relating to question	Explanation
Population	Patients between the ages of 19-44 years, in a public hospital	Paediatric patients and elderly patients have different nutritional needs so the population is refined to adults. People in private hospitals pay for better food and better services so their complaints will not be relevant as to that of public food and their services.
Intervention (exposure)	Adult patients receiving hospital food during their stay	Upon exploring articles and journals it became evident that there are many adult patients who have complained about the food they have received whilst staying in hospital. My research will then be looking at the barriers to adequate food intake whilst in hospital.
Comparison/Control	This is not applicable to my study	Evidence lacks in studies to be able to apply an accurate comparison on hospital food within private hospitals to that of public hospital food.
Outcome	Identifying what barriers exist that are preventing adult patients from eating enough food in the hospital during their stay	If these barriers are identified, practices can be put in place to prevent them from occurring.
Time	Inpatients in a hospital setting for over a week.	Patients who are in the hospital for a shorter amount of time than a week will likely not be affected by nutritional factors to their recovery.

Final research question: What barriers are preventing people from eating enough hospital food to promote their recovery?

Reference:

Whitehead, D. (2013). Searching and reviewing the literature. In Z. Schneider & D. Whitehead (4th ed), Nursing and Midwifery Research (p.44). Australia: Mosby Elsevier

Rationale for Chosen Media

When presenting any form of literature, the media of which is chosen to display such information is vitally important in order for the reception of the evidence. While conducting this evidence-based literature review, I knew that it was crucial to find the best possible media to transfer all of the knowledge that I had gained to another audience. I chose a poster presentation media, as I believe that it provides the best manner of knowledge transfer. My audience I want to target is not only health professionals but also the general public and providing this evidence through a poster I feel targets both of these audiences appropriately. I have been able to condense down my information from my literature review to a poster and it make more affect with my valid points and recommendations.