



# TRANSFORMING THE HOSPITAL FOOD EXPERIENCE INTO CARE

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# Transforming the Hospital Food Experience into Care

## *food and its purpose*

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### **Food's Other Purposes**

association with the senses  
using food to create and  
elicit memories (Sutton,  
2001)

system of communication  
using food for social  
gathering (Barthes, 1997)

semantics  
using food to convey  
personal, cultural, or  
religious meaning (DeVault,  
1991; Steinberg, 1998)

societal markers  
using food to demark social  
class and ideologies  
(Kaplan, 2000)

Food's primary purpose is to provide energy and nutrients for biological functions necessary for human existence. Yet, after thousands of years of human evolution, we have moved beyond the biological purpose to more complex purposes.



Research on food studies, which was once considered a trivial topic garnering little scholarly respect, has exploded within the past forty years to virtually every field imaginable (Counihan & Van Esterik, 2008). This explosion in interest not only suggests the diverse roles that food has, but it is also indicative of how interested we are in food.

# Transforming the Hospital Food Experience into Care

## *the power of food*

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*Families today are not cooking as much as they used to. Food writer Michael Pollan (2009) mentions an unusual phenomenon that is taking place. The rise in popularity of food shows and the Food Network is inversely related to time spent actually cooking in the kitchen. In other words, people are watching more food shows, but they are cooking less.*



Serving and eating food have the capacity to create **psychosocial and emotional well-being** (DeVault, 1991; Kaplan, 2000). It does so by providing **interactional** opportunities for bonding and solidarity. Only recently have anthropological studies on food investigated the **connection** between food and care, but people have always known this connection---moms serving chicken soup for their sick kids and people cooking meals as a form of gratitude. Kaplan's ethnography on middle schoolers shows that even kids are aware of the social and **symbolic** dimensions of food. Her study concludes that food can be a **metaphor for care**, especially in the **family dynamic**.

# Transforming the Hospital Food Experience into Care

## *the state of hospital food*

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*"The food is not very good."*

*"The food sucks."*

*What to change?  
Better food.*

*Universal discussion  
theme: food is most  
important.*

taken from Kaiser File

Because we care about food in complex ways, its biological purpose is no longer enough. This is the problem with many hospitals; they serve food for its biological purpose and fail to see that people are also seeking its other purposes of satisfying taste, providing entertainment, and meeting psychosocial needs.



<http://hospitalnotes.blogspot.com>

*"It's no accident that a punk-rock band from Salt Lake City, Utah, called itself Hospital Food. The typical fare at medical centers is ba-a-a-ad. 'When you say 'hospital food,' people laugh because it's so lousy,' ..."*

excerpt from *Time Magazine*

# Transforming the Hospital Food Experience into Care

## *the patient's perspective*

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“Food and eating are intimately connected with cultural conceptions of self” (Meigs as cited in Kaplan, 2000, p. 478).

### One patient's experience with hospital food (Notes from a Hospital Bed):

- ❑ “Chicken and leek roof-tile pie, monsoon beans and potato croquettes (you'd need a croquet mallet to prepare them for eating).”
- ❑ “This is minced lamb pie. And if that's lamb, I'm a toddler! Accompanied by mandatory mashed potato and broccoli that had been boiled to death... to the point where it could be mashed with the back of a fork. Yum!”
- ❑ “Be honest... why would you mince up lamb? It's a relatively expensive and tender meat that's not really suited for mincing unless it's gay or an old piece of clapped-out mutton. Incidentally, that pastry almost broke my fork.”



<http://hospitalnotes.blogspot.com>

# Transforming the Hospital Food Experience into Care

## *the patient's perspective*

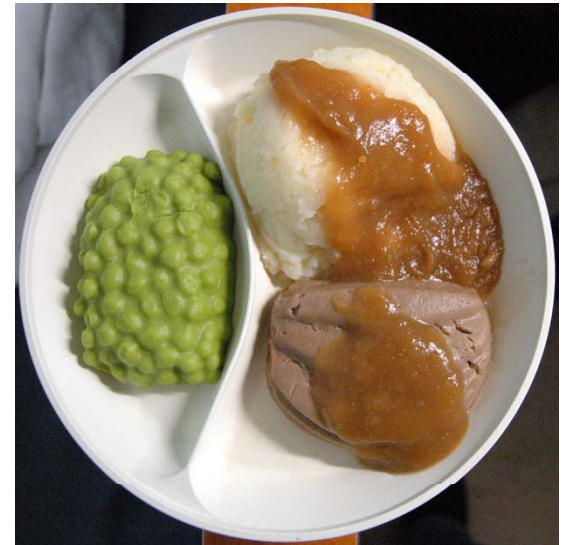
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“You know when you buy a turkey for Christmas or Thanksgiving...when every conceivable piece of meat has been picked off the carcass, you boil the thing up for stock. After a couple of hours...you haul the carcass out and then strain the stock through a sieve. But what do you do with those bits of tasteless, gristly and inedible pieces of meat left there in the sieve? That's right... you post it off in a Jiffy bag to the NHS so it can be turned into turkey and ham pie” (Notes from a Hospital Bed).

**Bottom Line** The food that patients receive often exude no reflection, no care on behalf of the preparer. It has no depth, character, or concept beyond its nutritional purpose.

“Tasty grub takes your mind off the pain and turns agony into ecstasy” (Notes from a Hospital Bed).

Care must be taken in preparing patient's food.



<http://brainporno.com/wp-content/uploads>

# Transforming the Hospital Food Experience into Care

## *food and family*

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“My family arrived today bearing gifts and, more importantly, food!” (Notes from a Hospital Bed).

### How family members see food in the context of caring:

- Food is a gift of service: kids saw cooking for their families as a way to repay them for their care (Kaplan, 2000).
  - *“Just last night I was hungry, and my sister, she kept on bugging me to cook some chicken or something like that and I did that for her, cause sometimes she does it for me. And if it’s Mother’s Day and I don’t have any money, I might make my mother breakfast in bed or something like that”* (p. 488).
- “Food sustains the social and emotional life, and also the physiological being, through the cultural rituals of serving and eating” (Kaplan, p. 479).
- Food is a connection:
  - *“Challah was our connection with our grandmother, and through her, to our ancestors”. It may have been their palates that defined the moments, but each time the grandchildren consumed grandmother’s challah, it was a ritual affirmation of a sense of “peoplehood and our place in history”* (Kaplan, p. 478).

# Transforming the Hospital Food Experience into Care

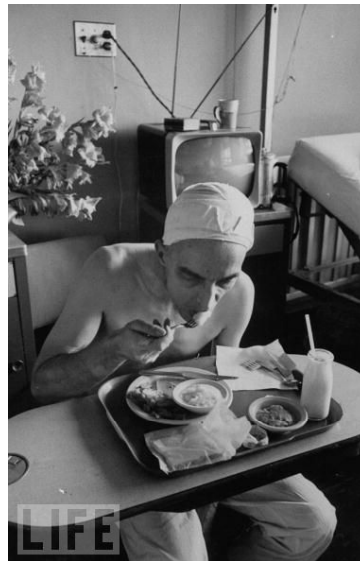
## *food and care*

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“Food, then is a real sign, perhaps the functional unit of a system of communications. By this I mean, not only the elements of display in food, such as foods involved in rites of hospitality, for all food services as a sign among the members of a given society” (Barthes as cited in Kaplan, p. 477).

“Food is a metaphor for care. It can be used to illuminate the social, psychological, and emotional well-being of the family...” (Kaplan, 2000, p. 477).

**Bottom Line** The familiarity of food made by family members is comforting to patients and the act of giving sustains the human desire to provide for one another.



[www.life.com/image/50400372](http://www.life.com/image/50400372)

vs.



[www.superstock.com/.../1612R-36023](http://www.superstock.com/.../1612R-36023)

# Transforming the Hospital Food Experience into Care

## *ideas from within*

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<http://thrivewithkp.org>

“Thrive” is a campaign to promote bettering the body, spirit, and mind.

The building blocks for an innovative solution to the hospital food experience already exist within Kaiser Permanente.

- 30 farmers markets are on site at Kaiser hospitals across 4 states where fresh ingredients can be purchased by patients, staff, and the community.
- Nutritionists are already involved in the development of recipes based on produce from the farmers market. These are available on Kaiser’s website.
- Food is a theme on Kaiser’s website. Images of food are incorporated as part of their “thrive” campaign for example.
- Kaiser utilizes various forms of media like TV, podcasts, and webcasts to share information with the public.
- Kaiser receives high, positive marks for patient care, but not for food, interaction, entertainment, escape, and comfort.



<http://www.pps.org>

# Transforming the Hospital Food Experience into Care *ideas from people's perspectives*

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**Kaiser file**  
+  
**hospital patient's food blog**  
+  
**"Food as a Metaphor for Care"**  
**ethnography**  
=  
**Understanding of the Desired Food Experience**

food	interaction	comfort	escape/entertainment
"able to order food - choices"	"The phone is not enough anymore."	"more homey"	"Just want to get out."
"The menu is chicken, chicken, chicken, turkey, and chicken, And no salt."	"when is someone going to help me?"		"My children do not know what to do."
Battling against hospital food and desperately trying not to become institutionalised	"My lengthy hospital stay has caused me to suffer a certain amount of social isolation."	"Tasty grub takes your mind off the pain and turns agony into ecstasy."	While I drink my bubbly I'm going to put two fingers up to the BMA and try to work out how on earth I'm going to escape from this puritanical hellhole.
I don't like frozen food.	"My dad really likes to cook, so sometimes he teaches me how to make things."	"Shasta used food as a way to show her mother she appreciated her care."	And me and my mother, we just like cooking a big meal. It's fun and I get to see all of my relatives.

# Transforming the Hospital Food Experience into Care *recommendation: choice*

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flickr.com/photos/wadehone/3617781440



## Issues that we are addressing:

- Lack of patient autonomy
- Lack of food variety
- Lack of control

**Patients and family should have the option of cooking their own meals at the hospital.**

As a result, patients and family can:

- Gain personal control and choice
- Develop a personalized meal schedule
- Participate in an activity together and bond through the interactive preparation of a family oriented meal
- Feel more at home by bringing elements of traditional home practices to the hospital

# Transforming the Hospital Food Experience into Care *recommendation: consultation*

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kc-pct.nhs.uk



## Issues that we are addressing:

- Lack of information and guidance
- Lack of inspiration and creativity
- Lack of personalized consultation

**Patients and family should work with a nutritionist to select an appropriate meal to cook.**

As a result, patients and family can:

- Simultaneously meet nutritional needs *and* food preferences
- Interact with a dietary expert who can provide guidance towards a long-term healthy lifestyle
- Avoid preparing inappropriate meals
- Be better informed about their health needs and have the opportunity to ask questions

# Transforming the Hospital Food Experience into Care

## *recommendation: shopping and prepping*

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**Family members should be able to buy fresh ingredients from the farmers market and prepare their meals in a warm kitchen.**

As a result, family members can:

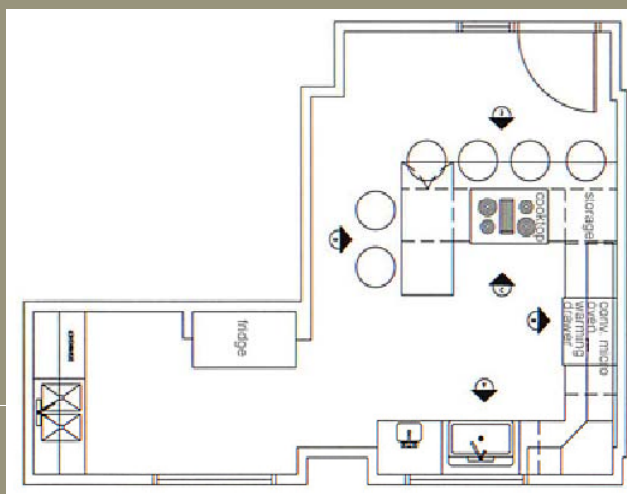
- ☐ Escape from the institutional environment
- ☐ Breathe fresh air and rejuvenate
- ☐ Interact with the community
- ☐ Stay near their loved one while prepping

### Issues that we are addressing:

- Boredom
- Isolation
- Lack of fresh ingredients

### To the Kitchen...

Communal kitchens should be provided on each floor equipped with cooking appliances and kitchenware. The kitchen design should capture the feeling of home and promote social interaction.



*This kitchen was specifically designed as a hospital demo kitchen. Its layout is ideal for interaction and show.*

# Transforming the Hospital Food Experience into Care

## *recommendation: cooking and entertaining*

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### Issues that we are addressing:

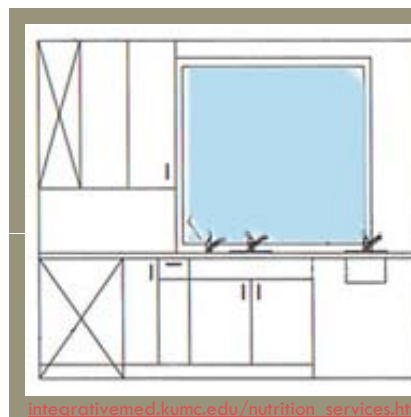
- Lack of activities in the hospital
- Lack of live entertainment
- Helpless waiting

**Non-ambulatory patients should be able to watch their family cook in the kitchen via webcam.**

**Ambulatory patients should be able to join their family cooking in the kitchen.**

### Benefits from an interactive kitchen:

- ☐ The webcam allows the patient to watch his/her family cook from the safety and comfort of his/her bed.
- ☐ Patients are entertained and family members are participating in a productive activity rather than waiting.
- ☐ We can bring back family cooking. Many families today are not involved in the kitchen.
- ☐ We can enable patients to interact with their families, express their needs, relive memories, and exercise control.



### Cooking Show

A kitchen window that faces the hallway should be included in the design. The window lets others see into the room. Patients, visitors, and staff can get a view of an activity not seen in most hospitals.

# Transforming the Hospital Food Experience into Care

## *recommendation: dining together*

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gccofalliance.org



### **Issues that we are addressing:**

- Lack of touching memories
- Lack of togetherness in dining
- Lack of family bonding

**Families should be able to share their culinary creations with their patient loved ones by dining together.**

Benefits from dining together:

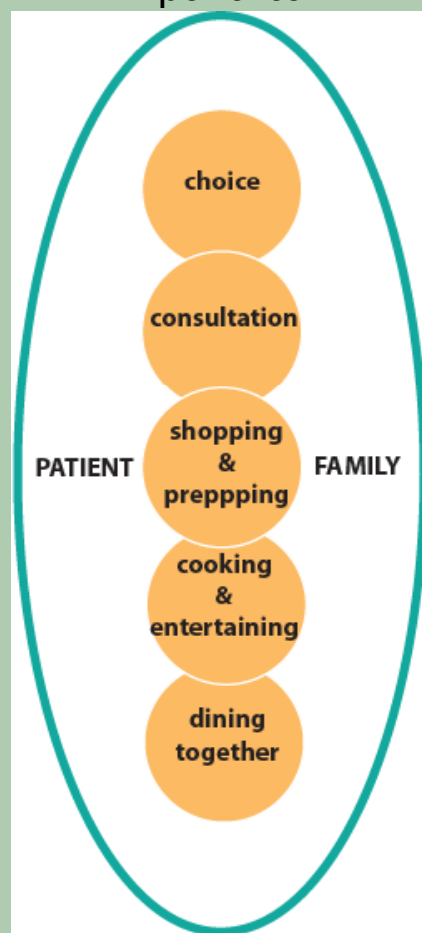
- ☐ Patient and family can sustain bonds and forge new ones during a difficult time.
- ☐ Patients can take comfort in that they get to eat with familiar faces.
- ☐ Families can assist their loved ones with eating instead of the nurses.
- ☐ Positive family memories can be created
- ☐ Consideration for what the patient wants and needs in his or her meal is an expression of the love and care families share.

# Transforming the Hospital Food Experience into Care

## *conclusion*

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### The New Hospital Food Experience



Incorporating some of the features that Kaiser already has along with patient perspectives on the hospital and hospital food, a new hospital food experience was developed. This new experience lets families care for their patient loved ones through the creation of food. It also satisfies the psychosocial needs of patients and family.

#### Limitations to the Recommendations

- Not all families and patients like to cook; the recommendations do not benefit these people. A food court implementing similar concepts would have to be created for them.
- Installing fully equipped kitchens on every floor is a costly investment; nonetheless, these kitchens can be used for other purposes such as staff gatherings and nutritional demonstrations.
- The success of this proposal highly depends on the family's ability to involve themselves.
- The hospital must consider due diligence and implement protocols to ensure the health and safety of patients.

Qualitative evidence was used to gain patient and family insights on the topic of food. Quantitative/statistical data were not used in this report because the exploration involved complex psychosocial aspects of food; no numerical value would be able to illuminate us as much as people's responses would. Their responses provided us with direct clues towards a remedy to the hospital food problem. Just like food, we sought research that had more depth and flavor.

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