



Hospital Food Services; Dealing with Cultural Influences

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Abstract

Diet and nutrition play an important role in promoting recovery from different illnesses. Besides health reasons and hospital environment, food habits and preferences are one of the important factors affecting food intake of hospitalized patients. Food habits are the main aspect of many cultures, and cannot therefore be easily changed, or else it will affect food intake and meals pattern. Saudi people from different distinct regions eat different foods and have different food habits. The food ingredients, type, cooking methods and preservation techniques vary among these regions. Hospitalized patients often find it difficult to adjust, from their traditional food, to a standard hospital menu. This may result in reducing intake of food and increasing risk of malnutrition. One major step in promoting good nutritional care in hospitals is to ensure that hospital menus take into consideration patients' needs and preferences. Moreover, patients should be involved in planning their meals and choosing their food items in order to customize their dietary plan to accelerate recovery from illness and reduce the length of hospital stay. The present review discussed the difficulties that some patients admitted to one of the major hospitals in Riyadh may face with food presented to them. The process of dealing with patients to fulfill their dietary requirements and preparing meals in accordance with their tradition and preference will also be discussed.

Keywords: Food Services; Food Preferences; Malnutrition; Hospital; Saudi Arabia

Introduction

Saudi Arabia, officially called as the Kingdom of Saudi Arabia (KSA), is one of the largest and leading countries in Asia. With the land area of 2,251,000 square kilometres, the KSA covers almost 82% of the Arabian Peninsula [1]. Formerly, Saudi Arabia was divided into four main regions, namely, Eastern Arabia (which consisted Al-Ehsa), Southern Arabia (Asir), Najd, and Hejaz. In 1932, King Abdulaziz ibn Abdul Rahman Saud formed the KSA by uniting these 4 regions into a single independent state. Despite the unification, all four regions have preserved their own distinct culture;

especially in terms of food [2]. Due to the cosmopolitan characteristic of Hejaz region, the food in this area is very rich and varied. In Hejaz province, dishes such as ful mudammas (cooked beans), ruz Bukhari (a rice dish with roasted chicken), Al Silee (meat broth), Samak (fish), sayyadiyyah (shrimp or fish and rice), man-too (dumpling) and jubniyyah (sweet dish) are very popular [3-5]. On the other hand, traditional foods such as Tharid (vegetable and meat broth), Haris (meat dish), kuzi (a roasted lamb dish), Khoubez Yemeni (wheat bread), Hunayni (a rice dish made with dates), and qursan (a dish with meat and vegetables) are mostly preferred in the region of Najd [3,4,6]. Furthermore, people living in the east-

ern region prefer dishes such as Mashkhul (a rice dish cooked with seafood or meat), Fi quaatuh (spiced meat or sea food), pitta (Arab bread), Hubul (fried fish with salad or rice), muhashsha (rice and fish), and muhammar (rice cooked in date sauce) [3], whereas dishes such as Khoubez Al-Dokhn (millet bread), Khamir (a bread made from ground corn grains), Haneeth (a meat dish), Samen/Bur (a sweet dish), Kabsa (a dish mixed with meat, chicken, and rice), Mathlotha (a dish mixed with Kabsa, barbeque chicken, vegetables, and rice) are widely preferred in the southern region [4,5,7].

King Abdulaziz Medical City (KAMC) under National Guard Health Affairs provides healthcare facilities to Saudi Arabian National Guard (SANG) soldiers, other SANG members, their families, and other eligible patients. With the bed capacity over 1500, the KAMC in Riyadh is the largest and the major medical city in the Kingdom [8]. The Emergency Care Center of the KAMC, Riyadh, is the optimum intensive care center in the country. With the lowest morbidity and mortality rates of patients, the KAMC in Riyadh ranks 4th in internationally recognised healthcare centres in the world [8]. Due to its high reputation, patients from other National Guard hospitals are often shifted to the KAMC, Riyadh in critical cases [8]. At the KAMC, Clinical Nutrition Service department's dietitians and nutritionists are responsible for preparing 7-day menu for four weeks for the patients. This menu is revised after every six months [9]. However, it is found that this menu has been set without even considering the cultural background of the patients, which affects the patients' overall dietary intake and their health status.

The purpose of this report is to analyse the issue of flawed dietary service at the KAMC in Riyadh and highlight the importance of adequate nutrition intake in patient's health quality. Furthermore, based on the collected data and research, the report recommends potential measures to deal with cultural influences on food consumption.

The effect of the cultural background on food consumption was clear during a routinely dietary assessment by the diet technicians at the Clinical Nutrition Service Department for hospitalized patients at the KAMC in Riyadh. Some patients were asked about their experience with hospital food. They were also asked to rate their satisfaction in the scale of 1 to 5 (where 1 indicated extremely unhappy and 5 signified extremely satisfied). Many patients re-

ported that the food provided at the hospital was completely different from the food they used to. Then subjects who gave low ratings were again asked to know their food preferences. Based on their choices, Clinical Nutrition Service department was asked to make necessary changes in the menu. On the next day, it was found that all participants were happy with the changes made in the menu, rated their satisfaction with the menu as 5 and consumed their dishes.

Various studies have found that the treatment and prevention of hospital malnutrition provides a great opportunity to enhance the overall healthcare quality, lower the healthcare costs, and improve clinical results [10-12]. However, malnutrition is often neglected in many hospitals. It is found that almost 35% of patients in developed countries are diagnosed with malnutrition while admitted to the hospital. If it is not treated in time, then almost 70% of patients will have further deterioration of health during their inpatient stay [10]. The research data of various studies shows that malnutrition is responsible for many adverse effects, including an elevated risk of impaired wound healing, pressure ulcers, higher complication and infection rates, immune suppression, functional loss, and muscle wasting [10,13,14]. Consequently, it results in prolonged hospital stay, increased treatment costs, higher rates of readmission, and increased morbidity and mortality. According to the study of Barker, *et al.* [13], malnutrition increases the hospital stay by an average of 5 days. The study of Lim, *et al.* [15] found that malnourished patients had longer inpatient status (6.9 to 7.5 days) compared to well-nourished patients. Also, almost 95% of malnourished patients were required to readmit to hospital within 15 days [15]. Also, it is found that malnutrition leads to almost 33% additional healthcare costs. In Europe, hospitals have to bear the excessive burden of almost 40 million Euros to 1.25 billion Euros due to malnourished patients [16].

Considering the importance of adequate nutrition intake for fast recovery and improving overall health quality of patient, it is necessary to adopt balanced 7-day menu in hospitals. The present report emphasized the fact that hospitalized patients coming from different cultural backgrounds might be highly vulnerable to malnutrition as they are not satisfied with the food provided in the hospital. Hospitals in Saudi Arabia failed to consider the culture factor while designing the menu for patients. However, when the menu was designed as per patients' regional and cultural background, patients

consumed the food without any complaint. Hence, it is recommended to design a 7-day menu with 4 variants of dishes. These dishes should be based on food preferences of 4 major regions, i.e., Hejaz, Najd, Eastern province, and Southern province, so that patients from any of these regions will be able to customise their own meal. The designing of the menu can be done by means of comprehensive, validated patient feedback system and survey system of assessing foodservice needs and satisfaction levels of patients. Also, it is necessary to train the staff and develop advanced, but cost-effective systems for ensuring well-nourishment of patients.

Summary

In Summary, Cultural background may highly influence one's food preferences. At KAMC in Riyadh patients may skip their hospital meals because they were not used to it, making them highly vulnerable to malnutrition. Various studies and reports have regularly highlighted adverse negative health effects of malnutrition, resulting into increased hospital stays, additional healthcare costs, and high risk of mortality. Therefore, this report recommends to design the hospital menu according to the patient's cultural and regional background. With such measure, it is expected to achieve fast patient recovery, minimum food wastage, improved health status, and lower healthcare costs.

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Conflict of Interest

Author declares that there is no financial interest or any conflict of interest exists.

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