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MASTER'S THESIS

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TITLE:
Meal execution at nursing homes
A case study: Fazer Foodservices.

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Abstract

This thesis focuses on meal execution in the context of two nursing homes in Sola municipal connected to Fazer Foodservices. The main objective is to provide some insight into the meal situation in the nursing homes in order to provide Fazer Foodservices with information so they can further develop their product in order to become a better provider of institutional foods. The meal is approached trough a Five Aspect Meal Model that consist of; the room, the meeting, the product, the atmosphere, and the management control system. The main goal is to discover common issues and challenges surrounding the meal execution. The main empirical data is provided by a semi structured interview at the two nursing homes, as well as two observations at nursing home number 2. The thesis is a qualitative study based on the grounded theory approach, with a focus on coding. The study offers a broader understanding of challenges and issues that nurses meet in meal execution at nursing homes that are currently using the cooking and cooling technique provided by Fazer Foodservices. Lastl it may provide some new ideas for Fazer Foodservices to implement in their strategy to develop their product in this market.

Keywords: Institutional food, nursing homes, cooking and cooling, the five aspects meal model, grounded theory approach.

Foreword

This thesis is the final product of a two-year master's degree in hospitality and service management at the University of Stavanger. The process has been challenging and time consuming, yet informative. During this thesis I found it challenging to start, it was a topic that is hard and complex, and I spent a lot of time navigating the literature to arrive at my decision for how I wanted to approach this topic. However as the months passed by, I found the topic challenged me in a way that gave me insights into the world I participate in, as well as it taught me to be grateful.

Furthermore, I am thankful to the following people, for whom I would not have been able to complete this journey without, to my advisor Kai Victor Hansen; thank you for giving me constructive guidance and valuable insights through this prosses. Thank you to the municipal for letting me observe and interview the nursing home staff. Thank you to Fazer Foodservices for letting me take on the challenge, and to "VRI student for loan" for funding the study. To Audhild Bergsagel for proofreading my work, for all the discussions, and for making it fun to come to the library when I got discouraged. Finally, to my family for encouraging me to finish.

Thank you!

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1. Introduction

Hospitality consist of three core services that include; food, drink, and accommodation (Kinton, Ceserani, & Foskett, 1984, p. 4), thus making hospitality studies applicable to a wider range of industries, such as industrial catering, the health industry, and welfare services to name a few. Thereby discrediting the general misconception that hospitality only implies to tourism (Kinton et al., 1984). The fundamental difference between catering in the welfare sector and the hotel and restaurant sector are that the hotel and restaurants aims to make a profit according to, whereas welfare-catering aims to minimize cost and achieve maximum efficiency (Kinton et al., 1984). With a rising number of elderly, the composition of the population is changing (Government.no, 2017), forcing the government to act accordingly, by improving the way resources are utilized and the efficiency in which they are being handled.

The increase in life expectancy combined with the health issues associated with ageing creates unique challenges and opportunities for development and innovation (Lorini, Porchia, Pieralli, & Bonaccorsi, 2018, p. 1). The Norwegian Government has issued several policies, guidelines, rapports, and strategies on how to implement best practises (Bøhn, Medbøen, Langballe, & Totland, 2017). Nevertheless, there appears to be a big gap between the government recommended practice and actual practices at the institutions (Bøhn et al., 2017). One reason for this might be that regulations, monitoring, and institutional funding impacts the municipalities differently. By giving the municipal more of the responsibility of how to deal with the resources, it may be left up to each individual municipal on how they utilise the resources, save money, and streamline. This may be why we are seeing more of the public sector being outsourced to the private sector (Halvorsen, 2016, p. 10), consequently creating differences in quality and practises in the different municipals. A sector that may experience some of these challenges are the healthcare support services, such as nursing home catering

systems. In order to be competitive and cost efficient the catering system has undergone changes the last decade. This has sparked a debate both in the media and in the scientific community (Bergslien; Bøhn et al., 2017; Government.no, 2017; Johannessen, Tretteteig, Molvik, & Langballe, 2017; Sandvik, 2018).

One example of this, is the outsourcing of the food services provided in nursing homes in Sola Municipal. In order to cut cost, the Municipal removed their in-house kitchen. After a competitive bidding round, Fazer Foodservices (FF) won the contract and took over the preparation and delivery of food to the nursing homes within Sola Municipal. Causing the Municipal a lot of media scrutiny; because Fazer Foodservices operates from a centralized kitchen in Bergen, where the food is prepared before being shipped to Stavanger. Consequently having a long supply chain with many stops on the way, before the food is eventually redistributed to satellite kitchens on site, for the nurses to reheat, and serve to the residents at the nursing homes. This thesis will examine some of the challenges that occurs in the process of transitioning from freshly cooked food directly the in-house kitchen to the cook-chill method provided by Fazer Foodservices.

1.1 Problem statement

The main purpose of this thesis is to develop insight into meal execution at two different nursing homes in Sola municipal. When exploring the challenges surrounding meal execution at nursing homes, this study focuses on the human aspects of the activities surrounding the meal situation. The main investigation will be centred around the bottom up approach to give the employees a platform to develop insights into meal execution, and to reflect upon issues they may encounter. When going through massive changes in the preparation and serving of food, there may occur some problems or challenges that is hard to predict in the early phases of the collaboration. In order to ensure that the food served is the best it possible can be for

the residents, the current routines around meal execution, employees' attitudes, and level of training will be examined. Rather than compare the two nursing homes, find common issues and challenges surrounding the meal execution.

The main research question is;

How may Fazer Foodservices customize their services to provide a high-quality standard, when providing food service in the sector of elderly care?

In order to answer this question, additional research questions will be supplemented to give a broader picture of the situation as it is today.

RQ1: How are meals organized at the nursing homes in the study?

RQ2: How can the Five Aspects Meal Model identify the main challenges facing the meal service.

1.2 Cooperation

This thesis is developed in cooperation with FF, as they wanted some insight into how to best execute the meal service in a way that promotes health and wellbeing. When FF implemented their menus in September of 2017, they had big ambitions of delivering an extravagant menu stretching over 6 weeks, and they were surprised over the amount of complaints they received within the first couple of months. They also found that they had little or no control over the meal preparation or delivery after the food was distributed to the nursing homes. Therefore, they wanted to investigate how the meal is served in the nursing homes, and how they can help contribute to making it easier for the nurses, while at the same time giving the residents a good meal experience. FF's focal point and main goal is to ensure that they deliver the best food possible to ensure high service delivery for the residents, and that they can learn something from cooperating with the nursing homes to elevate their approach when operating

within the sector of elderly care. FF are well-established in other private sectors, catering to big corporate businesses, however they are new to institutional foods in the segment of elderly care. Consequently, their main focus is to develop insight in to how they can improve, and what kind of issues they may face in future endeavours with similar actors.

1.3 Limitations

The main research will be centred around two different institutions within Sola Municipal, limiting the scope of investigations to what is occurring in the meal situation in the two nursing homes. By observing the meal situation and interviewing the nurses involved in the meal execution, the researcher hopes to identify areas that needs attention. In order to gain a better perspective this thesis will examine the theoretical aspects surrounding institutional foods, with a focus on food production systems. Moreover the main model will be the five aspects meal model (FAMM). This model is utilized as a starting point to help guide the researcher through the meal execution with a framework that is well established and tested numerous times in the past (Edwards & Gustafsson, 2008; Gustafsson, 2004; Gustafsson, Öström, Johansson, & Mossberg, 2006; Hansen, Jensen, & Gustafsson, 2005). The following investigation will adopt a grounded theory approach due to the nature of the study, in order to develop a better understanding of institutional foods and how it may develop in the future.

2. Theoretical context

People today live longer than previous generations, thus requiring more medical attention than earlier generations (Kamp & Hvid, 2012). Consequently this creates greater demand on the institutions ability to handle the medical aspects. However, the medical function must also be balanced against providing a “home” for the resident. According to Gutvik (2016) a conflict emerges when the demands of the service aspects and the medical aspects collides, with a balancing act between giving excellent care and medical attention, but at the same time providing a homely environment. Gutvik (2016) emphasises the importance of the residents having the opportunities and space to have a say in what happens to them. In order to mitigate both sides of the spectrum, the nurses spend a lot of time documenting medical procedures and logging personal preferences to improve the health and wellbeing of the residents (Gutvik, 2016). Understanding that a nursing home is both a medical institution and a home for the residents is important when looking at the meal situation.

Edwards and Gustafsson (2008) argue that the physical environment in which a meal is served, may impact the appetite in the setting of nursing homes. In general elderly struggle with appetite and weight loss. By changing the ambiance and physical environment, they found a significant increase in body weight. This is supported by Bøhn et al. (2017, p. 16) that found the social aspects around the meal had a positive impact on appetite. For example, Bøhn et al. (2017) argued that elderly living alone at home should eat with the radio or tv on to fulfil social needs during the meal. This is also supported by Stroebele and de Castro (2006), they found that music had a positive impact on food intake and meal duration. Moreover, Bøhn et al. (2017) also found that the staff in nursing homes plays a central role in contributing to a good social meal environment, arguing that elderly residents are not able to create this themselves, due to deteriorating health (Bøhn et al., 2017, p. 18). Considering the

atmosphere and the layout of the dining rooms in nursing homes, it may be important to look at where the food is served as well as how it is served.

In many nursing homes in Norway, the food chain consists of several units or production links. The food may be prepared in centralized kitchens, leaving the assembling of the food for the satellite kitchens on site (Evensen & Hansen, 2016, p. 2389). Due to the way satellite kitchens are designed, the line between on-stage and off-stage may be blurred. Consequently forcing backstage to become onstage. This may provide challenges such as noisy dishwasher, visible dirty dishes, or other loud disturbances that may cause the residents to lose their appetite. Other disturbances may also come in the form of nurses attitudes towards the food, conversations between staff may be audible for the residents causing the ambiance in the room to change (Edwards & Gustafsson, 2008). This may however only be true for some of the units within the institutions where the dining room and the satellite kitchen is combined. The units that are experiencing a visible management control system must be aware of the possible service implications (Edwards & Gustafsson, 2008, p. 10).

Research has shown that patients are experiencing weight loss during their stay at nursing homes and hospitals (Evensen & Hansen, 2016; Hansen, 2016; Justesen, Gyimóthy, & Mikkelsen, 2014, 2016; Lerdahl, 2017; Lorini et al., 2018; Lund, 2012; Tsui, Deutsch, Patinella, & Freudenberg, 2013). According to Lorini et al. (2018) weight loss may be avoided if the nursing homes have established policies related to nutritional risk assessment. Moreover, Bøhn et al. (2017) explains that there must be specific guidelines that target mapping, assessment and documentation of the residents' nutritional status, along with assessment of food intake according to needs, implementation of targeted nutritional measures, as well as follow-up and evaluation in order to assess nutritional risk (Bøhn et al., 2017, p. 4). Furthermore, there are multiple factors that may influence nutritional care. Lund

(2012) found that meal hosts had a positive impact on eating habits, overall meal experience, and general appetite. A meal host is a staff member that is assigned to oversee the meal service and may be in charge of preparing and serving the food. The meal host may also have formal training as a chef or waiter. However, the institutions examined in this thesis does not have a meal host. The last aspect to consider is that care is a subjective construct. Wærness (1984, cited by Kamp & Hvid, 2012, p. 16) explained that “good care builds on personal knowledge and the ability to understand what help is needed in the situation”.

Considering these statements regarding physical environment, social meal environment and general service it is obvious that the field of institutional foods are very complex and multi layered. One may approach this field of study in many different ways and still not get the full picture.

2.1 Institutional foods

According to Tsui et al. (2013) the conventional way of determining institutional foods is by a top down approach, where the regulations, monitoring, and institutional funding determines the nutrient based standardization. This is also the case for Fazer Foodservices (FF), where they must comply with the contracted stipulations presented by the client, which is the municipal, not the institution itself. Figure 1 on page 9 illustrates the dynamics between the actors in the transaction with FF, based on the conceptual model of nutrition in institutional settings from Tsui et al. (2013, p. 15) This figure demonstrates the food settings, the different actors, and which settings they are responsible for. For example, FF is contractually bound to serve a specific amount of the different components of the meal to ensure the correct number of calories per person.

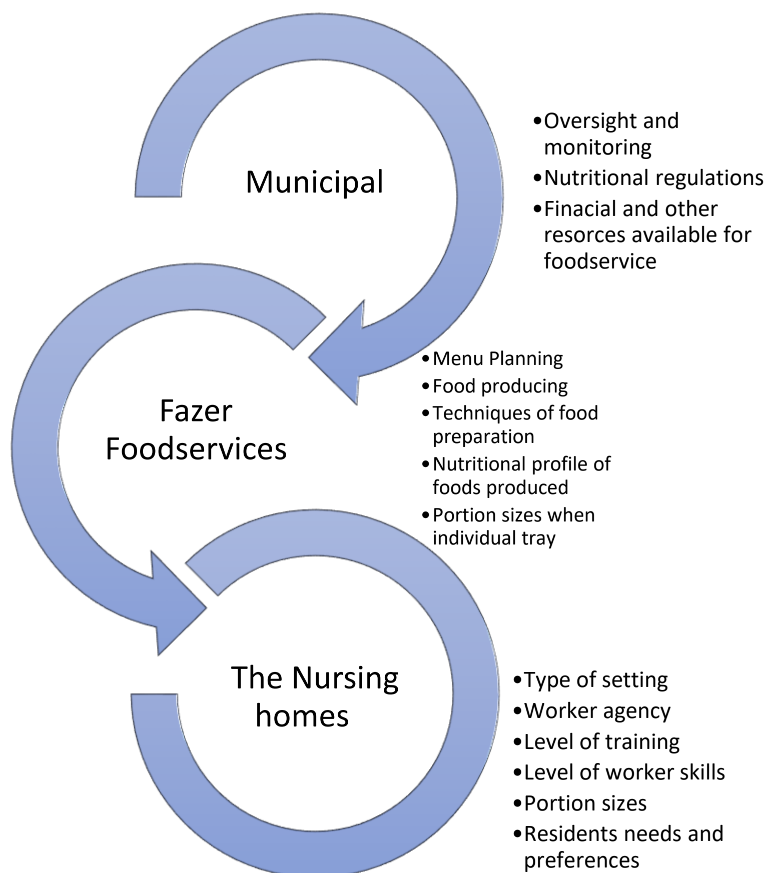

FIGURE 1: CONCEPTUAL MODEL OF NUTRITION IN INSTITUTIONAL SETTINGS. ADAPTED FROM TSUI ET AL. (2013)

If they provide more, they will lose revenue. This takes away from the resident's freedom to choose, as well as the nursing homes ability to cater to individual needs and preferences. An attempt to remedy this problem is to provide different menu options. Another issue according to Kamp and Hvid (2012, p. 19), is the challenges concerning standardisation when dealing with service. In service the underlying premise is that "service is based on the idea that the customer is in charge and has options" (Kamp & Hvid, 2012, p. 19). However, in the case of institutional foods the residence of the nursing homes is not in charge of what is being served (Jones, 1988, p. 99). The municipal is considered the costumer; therefore they are in charge of providing the standardizations and the framework that the nurses ultimately needs to conform to. According to Kamp and Hvid (2012) this paradox may ultimately lead to a fragile system

for the care workers, who needs to resolve who needs customized meals and who can get by with standardized meals, all within the parameters of what is possible based on what is available of resources in the satellite kitchens. This is the biggest challenge FF face in the context of nursing homes; that they have no or little control over what the final product served may be. The nurses may have a lot of co creation, and there may occur instances where the nurses make alterations of the food in order to comply with the preferences of the residents. As such alterations of the nutritional value or the appearances of the food may occur on a regular basis.

2.1.1 Food-production Systems

In the 1980s a trend emerged within the government that lead to a change in the legislations, that made it compulsory to open up for competitive actors, to bid on contracts within the welfare catering segment (Jones, 1988). This prompted the development of new technology for food preparation that had an emphasis on cost cutting. According to Li-Jen Hwang, Desombre, Eves, and Kipps (1999) the major methods are; cook-chill, cook-freeze and batch cooking. In the context of Sola municipal and FF, Sola started out with a conventional food-production system, similar to the system that is illustrated in figure 2.

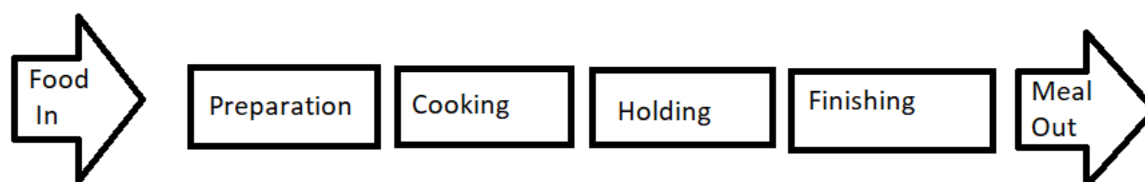

FIGURE 2 THE CONVENTIONAL SYSTEM ADAPTED FROM JONES (1988)

In the conventional system the food is prepared on site in the kitchen with staff employed by the municipal. According to Jones (1988) this method is closely related to the way food is prepared in hotels and restaurants. The only difference may be that institutions are prone to

utilize pre-packaged meats and frozen vegetables in order to reduce cost (Jones, 1988, p. 4). Sola decided that the conventional system was too expensive and decided to opt for a more cost-efficient way of serving food in their nursing homes, opening up for a competitive bidding round for actors using a commissary system, as illustrated in Figure 3;

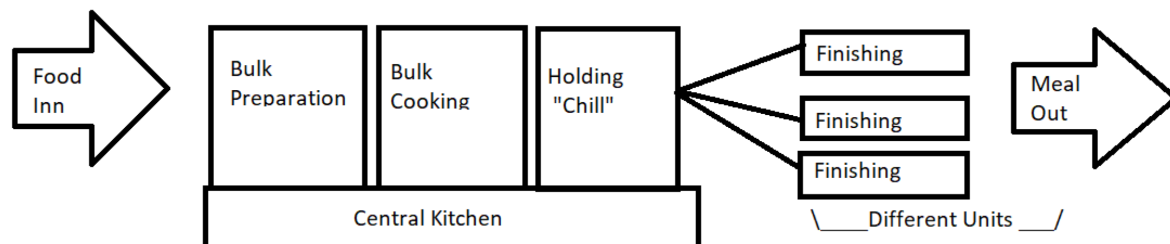

FIGURE 3 THE COMMISSARY (COOK CHILL), ADAPTED FORM JONES (1988)

As shown in the figure, the food is prepared in bulk in a central kitchen and shipped out to several different units where the food is reheated and served. It is in the last leg of this model that nurses, or other personnel handles the food, here alterations to the food may occur before it is served this issue will be addressed later on. There are three different alternatives when opting for this system concerning the preserving of the food; freezing, chilling or vacuum-pacing. Sola municipal opted for the chill method. According to Jones (1988) there are advantages and disadvantages when dealing with this way of serving and preparing food. Advantages may be that cook chill can be applied to almost all food items, however special care must be taken with some sauces. The method can be utilized on both individual-meal and bulk-meal production. Using this method the food is still easy to plate and there is no significant loss in nutritional value within the expiration date (Jones, 1988). Disadvantages may be temperature control, changes in regulation and legislations, and information flow. There is a narrow range of temperatures involved, which demands a high level of management in order to mitigate food waste. There are also increasing regulations and government legislations concerning this method of preparing foods, which may cause new

standards to be set and give the producer higher cost in additional investments in new technology (Jones, 1988). There are other aspects to consider as well when dealing with central kitchens and satellite kitchens. Evensen and Hansen (2016) found that issues in the information flow deteriorated when the distance between the stages in the production chain becomes greater, consequently making cooperation harder for the employees serving the food. Alterations in the menus or the ability to cater to different allergies for new incoming residents may also be a problem when there are big distances between the central kitchen and the satellite kitchen. This will be discussed further later on.

2.2 The Five Aspects Meal Model (FAMM)

Meal service may be approached in a structured manner by breaking each perspective of the meal into manageable sections. The five aspects meal model (FAMM) introduced by Gustafsson (2004) and Gustafsson et al. (2006) provides such a structure and is used to explain what makes up the total meal experience. As illustrated in figure 4, the FAMM model consist of five producer perspectives; the room, the meeting, the product, the management control system and the atmosphere.

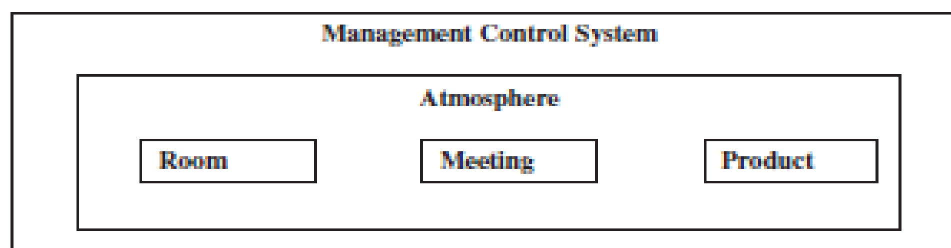

FIGURE 4 THE FIVE ASPECTS MEAL MODEL (GUSTAFSSON ET AL., 2006)

Recognising that the meal consists of more parts than the food items that is being consumed, the FAMM aims to achieve the highest level of satisfaction in various settings and for different groups of guest, diners or residents (Gustafsson, 2004). By focusing on all the

aspects of the model one may identify problems or potential areas that needs adjusting in order to promote customer satisfaction. FAMM has been used for several years as a teaching tool for the arts and science of foodservice, with great success (Edwards & Gustafsson, 2008). The driving force behind the development of the FAMM was the Micheline guide's evaluation of hotels and restaurants (Gustafsson, 2004). According to Gustafsson (2004) the model may enhance the restaurant business performance, at the same time providing a foundation for research, promoting reflection and scientific thinking, while still being able to create creative and aesthetic meals. It all starts with the first impression, which usually starts when the guest enters the room.

2.2.1 The room

The room may be described as the environment in which the food is served. The room can be many different things, from a rooftop terrace, restaurant setting, dining table at home, an institution, or a hospital room to name a few. Gustafsson (2004) describes the room as the setting of the meal, explaining that how the room is used and how it connects to other rooms is just as important for the meal experience as the meal itself (Gustafsson, 2004). Gustafsson et al. (2006) demonstrate that working professionally with the room requires knowledge beyond only the aspect of food. Considering aspects like lighting, sounds, colours, textiles, and hygiene, the professional needs to manage these aspects to create the right atmosphere or setting that speaks to the consumer they cater to. These aspects are crucial to what type of impact the meal may make on a consumer. Another important factor is how the room tells the story of the meal (Gustafsson, 2004). If there is no accordance with the overall style of the restaurant and the food that is being served, there may be a disconnect and the customer satisfaction may suffer, because the expectations the room provides is not mirrored in the food being served. This is supported by Meiselman (2008) in his description of how a designers

creative interior might give the customer expectations of very creative foods, or how the American diner almost never strive away from the traditional comfort foods that the customer has come to expect from these locations. There have been studies done where the same meal is served in several different settings or environments, with the outcome being different in level of satisfaction based on the room the meal is served in (Edwards, Meiselman, Edwards, & Lesher, 2003; Meiselman, Johnson, Reeve, & Crouch, 2000). Generally institutional settings are rated lower than commercial settings. According to Meiselman et al. (2000) this may be due to the customers expectation of the food. In other words the customer expects the food to be better in a restaurant therefore the customer has a bias that is a powerful influence on the eating environment, regardless off the food. Thus, the person serving the food becomes an important figure of fulfilling the diners needs within the eating situation. In an attempt to remedy the context of the meal the staff needs to be aware of potential biases that the customer may have in regard to the physical room and the effects this may have.

2.2.2 The meeting

The meeting revolves around interpersonal relations. This includes the interaction between staff and guest, staff and staff, as well as the interaction between guest and guest. The main contact between the restaurant and the customer is the waiting staff, who play a crucial part in the overall satisfaction of the dining experience (Edwards & Gustafsson, 2008). Arguably the waiting staff need to understand the importance of the meeting aspect so they can manage this aspect in a manner that is based on knowledge. The waiting staff need to have a basic understanding of social psychology, rules of etiquette, theory of emotions and social interaction to name a few (Edwards & Gustafsson, 2008). They also need to have an understanding of the menu and which food goes well together. This is also true for drinks and deserts. In order to guide the diner through a successful dining experience they need to

identify the diner's personality and pick up on the diners' social cues. This may be difficult if the waiter lacks experience or education. As explained by Pratten (2003, cited by Gustafsson et al., 2006), while the performance of the waiter is critical for the profitability of a restaurant, the training of the waiters are often minimal. According to Gustafsson (2004) the importance of the meeting in different meal settings outside of the restaurant is vastly underestimated and under explored. Thus, the impact the staff has on the meal experience may make or break the level of satisfaction the diner experiences.

2.2.3 The product

Meiselman (2008) refers to a meal as both an event and a product. The product includes both the food components and the drink component. The main driving force behind the product is the chefs. The chefs transform ordinary food items into appetizing diches, which if combined with the right combination of beverages, other food items, the right time of day and in the right social setting, constitutes a meal (Gustafsson et al., 2006; Meiselman, 2008). The product is important for the overall meal experience, as described by Hansen et al. (2005); The overall visual experience of the product and the total experience of the food combinations, and the taste sensation at time of consumption, as well as the composition of the menu, had an impact on the overall impression of the product (Hansen et al., 2005). If the taste or the visual aspect of the product does not meet the customers' expectations the meal experience may suffer, and the level of satisfaction may decrease. This may be a consequent of a broken link in either the production and/or the serving chain. For example if a waiter recommends a drink item that does not interact well with the overall course chosen by the guest, the overall meal experience would be impacted negatively by the lack of knowledge of the waiter. This demonstrate the importance of education in the service staff.

2.2.4 The management control system

The management control system consists of the administrative component, including economics, rules and regulations, leadership and strategy implementation, and provides a means to influence behaviour (Gustafsson et al., 2006; Jönsson & Knutsson, 2009). The management control system looks different in different eating and preparation locations. According to Gustafsson et al. (2006) meals served in canteens have a different set of requirements than meals served in a restaurant. Thus, there will be different strategies to deal with the different locations. In a canteen the management needs to make sure that they have enough staff for peak periods of day. Because a large number of meals needs to be served in a short amount of time. In a restaurant however there are more pressure on the chefs, as they need to make sure that several different dishes are delivered at the same time to the correct table (Edwards & Gustafsson, 2008). However, management must make sure the right amount of staff is available to serve and great the guest, to make sure that the food is hot at delivery and the bill is provided in time, so the logistics needs to work in a way that provides customer satisfaction. According to Jönsson and Knutsson (2009) the aspect of the management control system may be the most important aspect in order to increase the practical impact of the model. They argue that the management control system may be viewed as a means to influence all the other aspects, by looking at decision making and behavioural control (Jönsson & Knutsson, 2009). Gustafsson (2004) describes the management control aspect as a backstage aspect. However, Jönsson and Knutsson (2009) debate that it is both a backstage and an onstage aspect, demonstrating that if there are dysfunction in the management control aspect that it may become apparent for the customers that there is a problem backstage. They therefore argue that the management control aspect consists of the components; scorekeeping, attention-directing and problem solving. Thus, staff needs to know the score, they need to have their priorities and they need to know what to do in a given situation. In other words, the

waiter needs to know how to priorities, how to keep score of customers, and the restaurants economic goals, and they need to be able to solve problems as they arise. The management control aspect provides a frame in which managers are able to assess what is working and what is not working. Thereby providing the managers with information that informs the choice of strategy going forward.

2.2.5 The Atmosphere

Finally, the atmosphere consists of the intangible factors that transform the meal from just food items on a plate, to a memorable experience that provides feelings of comfort (Edwards & Gustafsson, 2008). As described by Hansen et al. (2005) the atmosphere "was the individual emotional total experience throughout the entire meal, including social experience, comfort and intimacy" (Hansen et al., 2005, p. 145), demonstrating that senses and environment had an impact on the overall atmosphere. According to Gustafsson et al. (2006) the overall atmosphere is most likely created by all the other aspects combined. The atmosphere is co-created and experienced by the guest and the staff, whit the room and product also being a big part of the overall experience. Therefore it is very important that the service encounters contribute to a comfortable environment. It is also important that sound and smell is experienced as pleasant. For example; if the music is too loud and it is not possible to talk during the meal, or there is an unpleasant smell in the room, the overall satisfaction may suffer.

3. Methodical framework

As mentioned, this thesis is a cooperation with Fazer Foodservices (FF). FF were interested in finding out what happens during a meal service at the nursing homes they cater to in Sola Municipal. After taking over production and food delivery in September of 2017. FF have experienced a lot off challenges and complaints. Therefor they are interested in the routines surrounding the meal, as well as how the nurses feel about and experience the meal situation. Due to the nature of this collaboration a qualitative descriptive case study based on the grounded theory approach was deemed to be appropriate. This would arguably be the best way to find the core problems and present a layered picture of the situation as it is today (Neuman, 2014b, p. 15). This chapter will present the strategy, design process and data collection utilised to explore the meal from the perspective of the nurses in the context of institutional foods.

3.1 Design and process

According to Marshall (1996) "the qualitative approach are becoming increasingly recognized by both academics and clinicians" (p.522). This may be due to the way qualitative methods operates within a natural setting, interact with people, observe dynamics in social groups, and how it gives insight and deeper understanding to perspectives and behaviours (Mello & Flint, 2009). Considering the nature of this study and the benefits of a qualitative approach to health care research (Marshall, 1996, p. 522), the qualitative approach was preferred. Furthermore, this study does not intend to generalize from the case study findings; therefore, a quantitative approach was discarded (Neuman, 2014b). According to Marshall (1996) the research method is determined by the questions the researcher choses to ask. In this thesis the research question is centred around "How" and "Who", trying to provide details about something known, hopefully contributing FF with factual details about the meal and descriptions of the process.

Figure 5 governed the way this study proceeded in finding the answers to the research questions. Going back and forth between all aspects to revaluate the best way to cope with such a complex topic. Yin (2009, p. 12) describes this as; “a linear but iterative process”. Secondary data was also continuously consulted through the whole process as different issues emerged along the way. Data collection will be discussed further and in more depth later on in this chapter. When starting the writing process the researcher had a hard time coming up with research questions derived from the theories available on the subject of institutional foods. Therefore the decision was made to integrate a grounded theory approach to this thesis.

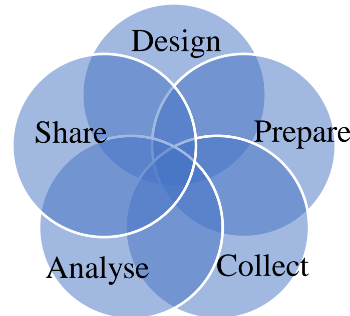

FIGURE 5 THE PLAN ADAPTED FROM YIN (2009,P.12)

3.2 Grounded theory approach

With the grounded theory approach as the basis of this investigation, it allows the researcher to abandon the theoretically derived hypothesis and it allows the problem statement to be firmly grounded in the empirical data (Brytting, 1990, p. 48). The research questions have therefore been modified several times during the writing process, depending on where the data collection and coding has taken the researcher. According to Neuman (2014a) the flexibility and how the data and theory interacts helps the researcher to be open to the unexpected, arguing that “when we intersperse data collection and theorizing, new theoretical questions may arise that suggest future observations” (p.177). This could be both positive and negative in regard to the amount of pressure it puts on the researcher, thus providing a more

time-consuming and demanding data analysis. Hansen and Jensen (2005) argues "that grounded theory is an inductive scientific method that achieves the requirements of good science if done properly" (p.31). Due to lack of experience with this scientific method the researcher of this thesis has based the majority of the data analysis on the coding technique presented in Corbin and Strauss (1990) and further depicted by Hansen and Jensen (2005). A breakdown of the technique will be presented under the heading; The coding.

3.3 Sample

During a discussion with the advisor from FF it was decided that the main focus would be the employees, not the residents, due to the deteriorating health of the residents. It was believed that the employees would be able to convey a broader picture of the situation. The population of this study is therefore the employees of the nursing homes that have a connection to Fazer Foodservices in Sola municipal, while the sample was the nurses from two different nursing homes. Due to low staff, time constraints and accessibility to the subjects participating in the study a convenience sample was adapted. Four employees were able to attend at institution number one (I1) and six were able to attend from institution number two (I2). This made a sample size of ten participants. Due to anonymity demographics like age, gender and ethnicity was not recorded for this study. No personal data was saved or accessible for the researcher, the only question asked was job percentage and title. Considering that the sector of elderly care may be prone to several part-time positions, title was asked to differentiate between volunteers, assistants and nurses. However, most of the participants where nurses in this instant, except for one assistant. Although archived sample size in this thesis is relatively small. Marshall (1996, p. 523) explain that "An appropriate sample size for a qualitative study is one that adequately answers the research question". This however requires a flexible research design which this thesis has. Thus, the small sample size did not become a huge

problem going forward. Nonetheless, there was a hope that there would be provided 2 more participants at I1 in order to create equilibrium between the sample size from I1 and I2. However this did not come to pass. Data saturation was achieved; however a convenience sample did provide the researcher with some limiting options. It was desirable to have a bigger differentiation in the participants that was made available as well as more participants in general. This will be discussed further in limitations.

3.4 Data Collection

In the process of gathering data for this thesis, secondary data was consulted in order to navigate the scientific landscape that already was established on institutional foods. The breakdown of primary and secondary data is presented in figure 6.

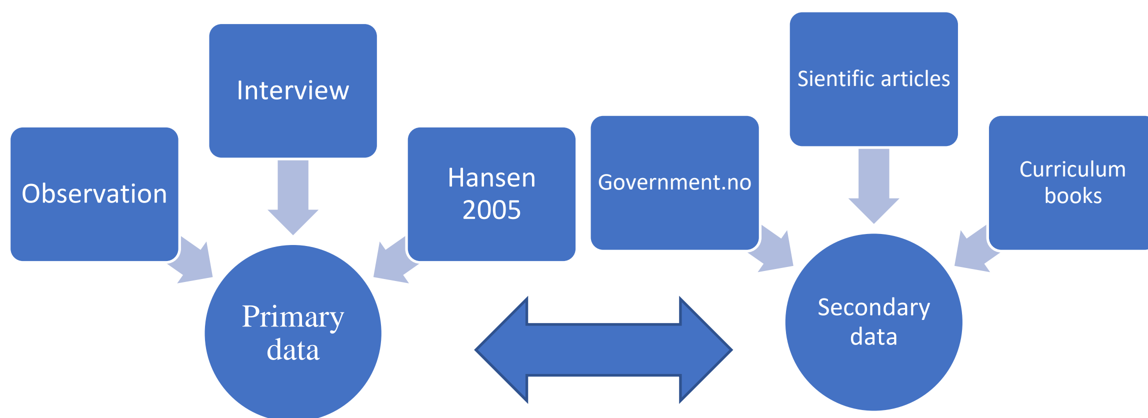

FIGURE 6 A VISUAL MODEL OF PRIMARY AND SECONDARY DATA

As different challenges started to emerge through the process of writing, there was a lot of going back and forth between the primary and secondary data. The theoretical framework was the biggest challenge in the beginning. A literature review was originally developed as the main theoretical framework for this study. The researcher had a hard time determining the

final research questions due to the nature of the topic. Therefore, the literature review became a means to an end, in order to develop more insightful working questions about this topic. Nonetheless determining that the five aspects meal model would become the backbone of this thesis, made it easier to navigate the scientific literature, and the literature review developed into the theoretical context. There has been a lot of articles consulted and discarded through this process, and by utilizing the tools of Google Scholar and Oria has led to a substantial number of articles. The snowball effect occurred when reference-lists of relevant articles started generating good source material to build further on.

The main sources for the theoretical foundation of this thesis is Edwards and Gustafsson (2008); Gustafsson (2004); Gustafsson et al. (2006) and as mentioned earlier the data analysis is heavily based on Hansen (2005). His research and breakdown of the coding technique associated with the grounded theory approach from the perspective of both Glaser (1978), and Strauss & Corbin (1990) allowed this thesis to make an educated decision to proceed with the technique of Strauss & Corbin (1990) as described by Hansen (2005). Thus providing a map navigating the vast amount of information within the time constraint this thesis has to adhere to. The time constraint is also the reason why the researcher has not been focusing on the media coverage of institutional food. There have been quite a few negative articles surrounding the changes in Sola municipal and from talking to the nurses it was decided that this would not be relevant for the scientific perspective this thesis hopes to achieve, as the nurses did not feel they were fairly represented by the media.

Ethical considerations were made through the whole process. According to Neuman (2014a) the relationship between the researcher and the research participants is based on a great level of power and trust. NSD was consulted on several occasions. Although the privacy laws in Norway changed during the writing process of this thesis (NSD.no), the data collection and

the taped interviews were both completed before the summer of 2018, the new privacy law did not apply to this study as the audio collection was already transcribed and deleted before the new privacy law concerning taped interview did toc effect. However, great care was taken to make sure that the anonymity of the participants was taken care of in a proper manner. Neuman (2014a) emphasis that there are few ethical absolutes but that there is many “agreed upon principles”. However, he further states that these may conflict in practice (Neuman, 2014a, p. 145). The two conflicting principles may be the pursuit of scientific knowledge and the rights of those being studied (Neuman, 2014a). Thus, a balancing act between the two values may occur.

3.4.1 Observation

Fazer Foodservices made arrangements for the researcher to take part in two observations and one collaborator meeting. Therefore, the first step in the data collection was to attend a cooperation meeting with FF and I2. In this meeting both parties were given the opportunity to discuss what was working and what had to be assessed and changed. The author sat in the back of the room during this meeting and took extensive notes during the discussions and noted the formal dialog between the two parties. Furthermore, on the 17th of January 2018 the author had the opportunity to observe a serving of dinner by an FF Chef at one of the departments of I2. The author was placed quietly in a corner of the dining room with a good overview. The dinner lasted for an hour, and direct observation notes were made 10 minutes after the dinner service was finished. While observing, no attempts were made to ask questions or measure the invisible forces (i.e. Emotions, thoughts, and attitudes). To minimize the errors in the notes the author tried to be as exact as possible when recalling the events of the meal execution. Moreover, the researcher did not talk to anyone between observing and finishing the notes. This process was repeated the following Thursday the 24th of January

2018 however this time the dinner service was done by a nurse. It was in the same department in I2 as the previous observation. No observation was done at I1.

3.4.2 Interview

When starting the process of gathering participant for this study, the adviser from Fazer Foodservices was contacted. The adviser provided contact information to the municipal representative, who further put the researcher in contact with representatives from the nursing homes. The first contact was through email to the heads of the three nursing homes. The author presented the study and asked for volunteers to participate in the study. In the email it was enclosed an invitation in Norwegian to participate in the study. This invitation was constructed from the template provided by NSD.no, to ensure that all the legal requirements for a scientific invitation was safeguarded. The invitation (in Norwegian) is enclosed in appendix number 1. The interview guide was also attached so the representatives could get a picture of the line of questioning. The interview guide was adapted from the principles recommended by grounded theory, with semi structured open-ended questions. The interview was provided in Norwegian as well, however an English version can be found in appendix number 2. A disclaimer was added with the assurance that the participants would remain anonymous, this was also repeated orally before the interview started. After three weeks, due dates for interviews for two of the institutions were established. The third institution never responded to any attempts of contact. The interviews were held from the 16th of April 2018 to the 19th of April 2018, at two institutions in the same municipal. As mentioned earlier, four employees were interviewed at institution number one (I1) and six were interviewed from institution number two (I2). All the interviews were recorded and then transcribed. The recordings where then deleted after a transcribed version was produced. Then the transcribed interview was labelled; I2, P1, Nurse, 100% to ensure that the interview could not be

backtracked to the participant. The interview aimed to stay within 30 minutes, however a few lasted for 45 minutes.

3.5 The Coding

In this thesis the main data analysis is done by utilizing the analytical process that is described as coding by Corbin and Strauss (1990). They present three types of coding; open, axial and selective. The first step is open coding; that consist of an interpretive process that is meant to help the researcher approach the data in a way that compares similarities and differences between different events, actions or interactions that is reflected in the data. By utilizing conceptual labels and categorizing, the data may be broken down into different properties. Furthermore giving the researcher a tool to build generative and comparative questions that may provide theoretical sensitivity towards the empirical implications connected to the phenomena. According to Corbin and Strauss (1990), fracturing the data in this way forces preconceived notions and ideas to be examined against the data themselves. Thereby causing the researcher to break through biases and subjectivities that may have occurred in the data collection. The next step in the process is axial coding; this allows the researcher to further develop categories on a higher abstraction level, derived from the ground work that is provided by the open coding (Hansen, 2005). Categories are related to their subcategories and the relationship is tested against the data, and new patterns may be identified, and the density of the data may eventually develop sufficient categories/relationships/causal conditions grounded in the empirical data to develop a theory that describes/explain the phenomena. Axal coding is also the foundation for further analysis in the next step; selective coding. Selective coding occurs in the last stages of the data analysis and is used to provide the highest level of abstraction of the data. In other words Selective coding provides the “core” categories. It is in this phase that the central phenomenon of the study is revealed. This

process may be very challenging for the researcher with little experience, due to the choices the researcher needs to make during this step. According to Hansen (2005) this step may lead the researcher to encounter two or more salient problems when dealing with the integration between categories. Which may make it hard to find the story line in the categories, and it may be hard to justify the choice for the core categories. Hansen (2005) also suggest that it may be challenging to demonstrate how categories from lower abstraction levels are connected to the core categories. Jensen (1998) describes this integration process as “climbing the ladder of abstraction”, where the movement upwards keeps the integrity of the essential properties of the phenomenon, while at the same time keeping the logical degree of coherence with regards to the theoretical form of conceptual labels. While climbing the ladder of abstraction poorly developed categories or over coding are most lightly to be identified during the process of selective coding (Corbin & Strauss, 1990). If it turns out the data does not have conceptual density the researcher needs to return to the field and gather new data that will fill the gaps in the theory.

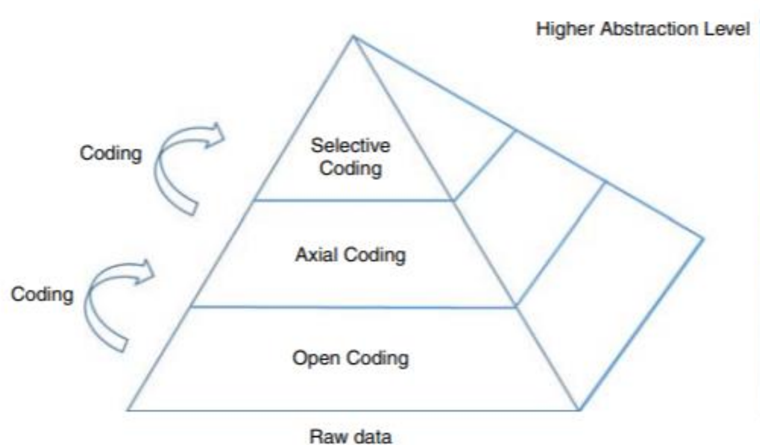

FIGURE 7 CODING MODEL AND ABSTRACTION LEVELS IN GROUNDED THEORY (HANSEN ET AL. 2018)

4. Findings

Building on figure 7 the findings that are presented here are based on B-level and A-level categories. C-level categories will be talked about but not identified. Moreover, the A-level represents selective coding and the categories derived from this level represents the highest abstraction, thus representing the main findings. Furthermore, the B-level categories represents the axial coding which is a lover level of abstraction. In figure 8 the A-level and B-level categories are illustrated to provide a visual representation of the findings. The analyses are broken up into interview and observation, and then discussed in combination with the main findings. Coding was done for both data collections.

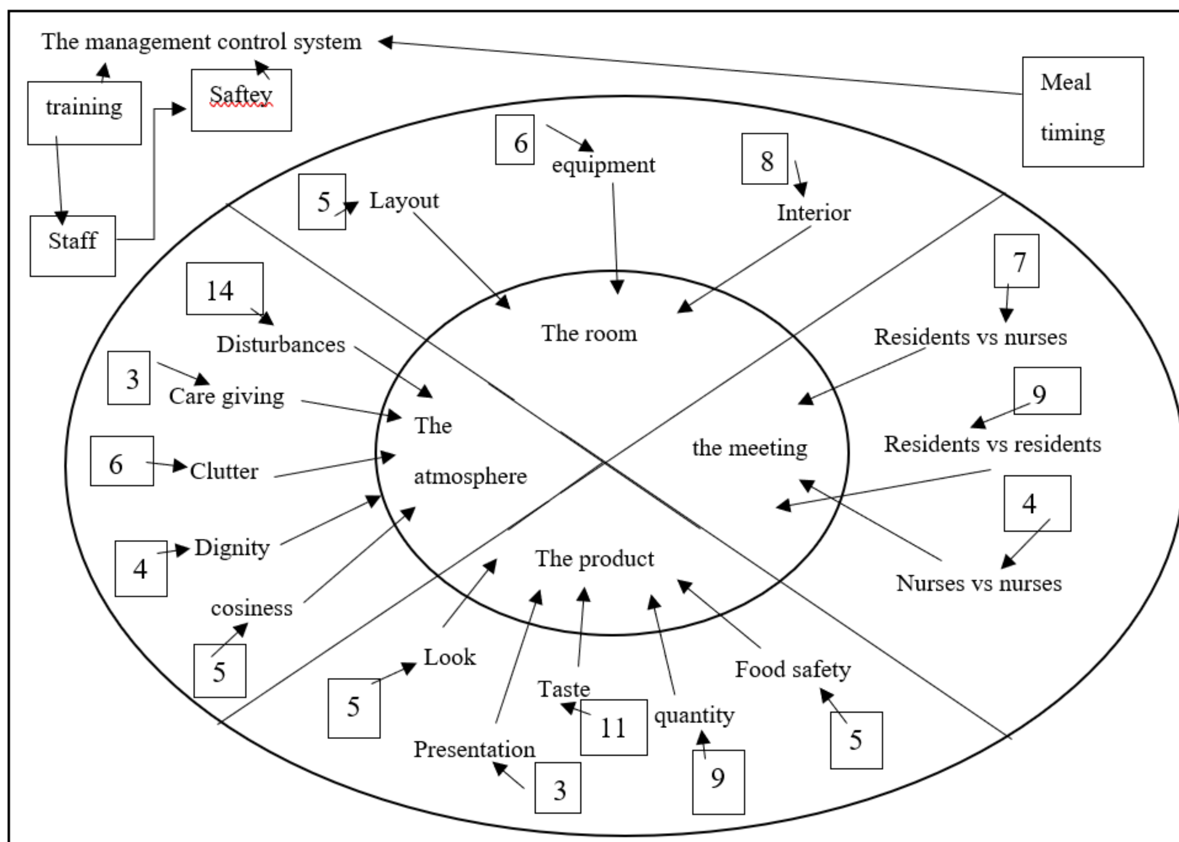

FIGURE 8 A VISUAL REPRESENTATION OF THE CODING

4.1 Findings from interview and observation

Presented here are the main findings, thus the A-level categories. The main A-level categories are; 1. The room. 2. The meeting. 3. The product. 4. The atmosphere 5. The management control system. The collected interviews were thoroughly coded, and the main B-level categories that were found is presented here, under the correct A-level categories. Findings from the observation session provided the researcher with additional information that showed the practical challenges that the nurses face. The observation was done two times; once with a nurse serving the food, and once with a chef serving the food. It is however important to note that observations were only made at I2. Seven B-level categories where identified during the observation session and it will be specified which B-level categories comes from the observation.

4.1.1. The room

The room consists of the physical environment. In the room we find the satellite kitchen and the dining area. B-level categories for the room are; the room layout, the equipment and interior. Several of the nurses experienced challenges when dealing with the physical environment. The functionality of the physical environment may have a positive or negative impact om the meal situation. A functional space may promote a calm and relaxed atmosphere, that in turn promotes appetite and social interactions. It is important to examine how the room interacts with the meal experience in order to understand what issues may exist that may need to be addressed.

4.1.1.1 The layout

The nurses describe different layouts for the two nursing homes. In general all the floors and all the different departments have a small satellite kitchen. However I1, has a prep-kitchen on the first floor separate from the dining rooms on the ward. The nurses described the satellite

kitchens as small, and with little counter space, with some of the departments using metal trollies to combat the lack of counter space, making it difficult for several people to navigate within the space due to the open concept kitchen/dining/living area.

> "This building is very old and the dining areas where small in the first place, and when they assembled a small kitchen on one wall, and added the new ovens and then realised they needed a dishwasher as well, there was barley any space left for a table... just yesterday I said to another nurse I wish we had a separate kitchen so we would have some space" (I2)

All the satellite kitchens are not the same size, generally the size varies depending on the size of the department. If there are 15 residents, they will have a bigger dining area than a department with only 5 residents. However, many of the nurses in I2 commented that the kitchens were not big enough to serve and plate for 15 people. This was not addressed as a problem for I1 due to the availability of the prep kitchen at the first floor.

> "The main challenge we have with the space is to fit everybody around one table, we have several wheelchair users and they need some room to navigate the space, this leads to random chairs standing in curious places, sometimes we need to have two dining tables in order to fit all the residents in the dining area" (I1).

The room layout must be functional in order to inspire a calm and relaxing and inviting space for consuming food. Having to overcome the seating arrangements or a feeling of cramped small space may lead the residents to choose isolation in their rooms instead of seeking the company from fellow residents.

4.1.1.2 Equipment

Equipment concerns all the different machines and tools the nurses have available for meal execution. These include the steam ovens, dishwasher, sinks, stoves, microwaves, plates, cutlery etc. The main issue the nurses presented as problematic was the size of the ovens. Many associated extra work and extra time spent with the small ovens.

> "The steam oven is too small, we mostly get the food in big containers with only potatoes and another container with only meat and one for vegetables, sometimes all the food does not fit in the ovens and then we have to prioritize which dish can get cold, and don't get me started on soup" (I2)

The issue of the small ovens is twofold; on the one hand there is double work involved which steals time, and one the other hand there is the issue of cold food.

4.1.1.3 Interior

The interior is an important factor within the facility of the eating environment. It sets the stage for the food being served. From interviewing the nurses it was clear that there is a focus on a homely environment. They do have art on the walls that are made available by the municipal and therefor the art changes from time to time. However interior and/or upgrades to the room does not happen often. Remote objects like lights and furniture that don't have a direct role in the meal delivery system may be a disturbance in the meal situation.

"We have one resident that always want to sit on the sofa while eating his meal, he prefers looking at the tv instead of socializing with the other residents, this causes unrest in the dining room, therefor we try to encourage this resident to stay in his room while eating if he wants to watch the TV, so he is not a disturbance" (i1).

4.1.1.4 Interior from observation

From observing the room the food is being served in, it is obvious that the room serves several purposes. The open plan concepts lead to a lot of unnecessary remote objects that is a disturbance and/or a direct obstacle for the nurses and residents navigating the room, causing the meal environment to appear less inviting. The furniture represents the past and are comfortable. The colours are not overpowering.

4.2.1 The meeting

As mentioned earlier, the meeting is all about the interpersonal relations between the people in the meal setting. Interaction is in the centre of the meeting and this includes the interaction between nurse and resident, residents and residents, as well as the social interactions from the observation. The overall meeting happens within the meal situation consisting of meal timing, the effects the nurses/chef have when serving the food, and the overall social interaction in the room.

4.2.1.1 Interactions R vs N

When talking about the interactions between the nurses (N) and the residents (R) there is a common theme addressed by all the nurses in the study. There is little time for deep and meaningful conversation. The main focus is to provide the residents with basic needs and then attend to a heavy workload.

> "We are drowning in practical tasks and documentation, so there is little or no time to socialize in the way we may wish to. The main focus often becomes giving everyone something to eat and making sure that they get their medicines" (I1).

4.2.1.2 Interactions R vs R

According to the nurses they sometimes succeed in helping the residents to socialise, however they also state that it often depends on the residents themselves how social they are, and that is often dependent on the health situation of the residents and on staff availability.

> "Social approaches and relationship building are something we wish we had the time to facilitate. However we do see that the more the health deteriorate the more enclosed they become. A different challenge is also that dementia sufferers become very suspicious and this may lead to negative social interactions during the meal" (I2).

4.2.1.3 Meal timing

Meal timing in the department observed was breakfast 0900, dinner 1300, coffee and cakes at 1600, supper at 1900. This differs from a regular household due to meal service being situated around number of staff available execute a dinner service.

4.2.1.4 Social setting from observation

The residents were sat around two tables and for both services there was little conversations around the table. The residents responded when spoken to, but in general they were more observing in their manner. One resident fell asleep in his wheelchair during the chef's meal service. A plate of food was set aside for this resident so he could eat later. The nurses did not make an effort to read or facilitate a social interaction with the residents during this meal. They were busy giving out medicines, bringing residents to and from the toilet and managing the alarms.

The main issues that surface as challenging during the meeting was; the meeting between the nurses and the residents are often superficial, there is little time to have conversations that are deeper than polite conversations. Overall the residents health may make it hard for the residents to make social approaches and the nurses do not have time to facilitate relationship

building. This may however not be true for all the residents in nursing homes but are a common theme especially with dementia sufferers. This makes the nursing staff responsibility in the meeting greater. They need to approach the meeting in a manner that is based on knowledge and they have to take charge of the social setting in the room to create a calm and relaxed environment in which to enjoy the food.

4.2.3 The product

In some aspect the product is the most important factor in if a meal is good or not. For many of the residents the meals at the nursing homes are the highlight of their day, the main event. It is therefore very important that the product is of good quality both in taste but also in nutrition. B-level categories for the product are; the look of the food, the taste of the food, the quantity of food, meal presentation, food safety and meal preparation from observation.

4.2.3.1 The look of the food

Food on the plate is the core product and the nurses encounter several issues with the core product. Firstly the look of the food was described in several negative ways.

> "We eat with our eyes, and unfortunately there is a lot of ugly food that is being served in these halls" (I1).

One nurse even compared a Hungarian stew with dog food. A different issue is that some of the items on the plates are foreign for the residents

> "It is important that the residents recognize the food they are being served, like cuscus for example, an 80 years old man has never been served cuscus before, therefor he is unlikely to eat that part of the meal" (I2).

A different issue is that the variety is lacking, several of the same ingredients are used over and over again, which leads to little variety and may end up being dull in the long run. One

nurse emphasised that they try to do a little bit more on Sundays. They sometimes bake on site or bring baked goods from home to give the residents something extra on the plates.

4.2.3.2 The taste of the food

A different component to the core product is the taste. There are several factors that come in to play when dealing with the sensory aspect of the meal. First the consistency is important especially for the elderly. Chewy meats are hard to eat therefor they are often excluded from the menus. Vegetables has to be overcooked to be served in a nursing home in order for the residents to be able to eat them. A sensory experience when eating food that transport the elderly back to their childhoods are also an important component of the taste. Traditional recognizable diches that spark nostalgia is important for the meal and how well the residents enjoy the food. Lastly spices have been discussed as a problem several times. The food is often too spicy, and the use of fresh herbs are not favoured by the generation that currently resides in the nursing homes today.

> “The food is often very spicy, this may be due to the amount of days the spices gets to flavour the food, the food that is served here may be up to 8-9 days old and if you put the right amount of spice in 9 days earlier, as the flavour develops it feels like you dumped the whole seasoning shaker in” (I2).

4.2.3.3 Quantity of food

In some of the departments the residents are supposed to serve themselves, in the sense that all the food is placed on the tables for a family style dinner. However the nurses find that this is not a good idea after FF took over the food delivery. They find that the quantity of food is limited to small portion sizes. So if the residents serve themselves, they find that there is not enough food left for the last resident. This is often the case for potatoes and sauce. Sauce is

often the cause of frustration due to the fact that the sauce often evaporates in the ovens if the packaging breaks during steaming.

4.2.3.4 Meal preparation

When dealing with meal preparation there are several concerns voiced by the nurses. As mentioned, space, noise and time are suggested several times. For I1, this is remedied during the week when they have kitchen assistants available, that assemble the food for the whole nursing home.

> "The prep kitchen is a luxury during the week, the assistants prepare all the breakfast and supper plates, removes the crust from the sandwiches, heats all the dinners for all the floors, and prepares the food trollies for the nurses, with good looking plates" (I1).

Institution number 2 does not have this option, the nurses describe a hectic kitchen environment. With a lot of moving parts and disturbances, and they find themselves doing several tings at the same time, for example helping a resident to her seat while trying to organise the table.

A second concern that is addressed several times are the cooking technique. The nurses explain that residents often complain about always getting served steamed food. There is little or no variety when it comes to how the meal is prepared. If the department has a regular stove, they are able to offer the option of fried fish instead of steamed fish. However most of the departments do not have this option. Furthermore, even if they had the option, they may not have enough staff to facilitate that.

4.2.3.5 The food preparation from observation

The food was prepared efficiently by the chef, he had laid out all the equipment he needed in order to handle the food before putting the food containers in the steam ovens. He laid out the

right amount of plates and continued to set the table. The chef had an issue with one of the containers with fish, the seal broke in the oven and steam evaporated the sauce. He then proceeded to make a new sauce with some cream he found in the fridge. He preceded with plating the food with the greens first, then potatoes and fish then sauce. He plated all the plates at the same time, ensuring that the portion size was the same, before serving the food. The food had a nice appearance and looked appetizing. While the residents ate, the chef prepared the dessert, and all the residents were done eating before dessert was served.

The nurse was more disorganised when preparing the food. First, she put the food in the steam ovens. Then she helped a resident into the dining area before proceeding to stack a pile of plates on the metal trollies. When the food was done, she plated one plate with the whole meal and served before going back and preparing the next plate. When she handed out the last plate the first resident was done eating. The last plate that left the kitchen was also smaller in size than the first one. The food looked appetising and was plated in a nice way. The other nurses helped clear the table while some where still eating. The dessert was also prepared and served to residents as they finished their dinner. The dinner service came across as rushed.

4.2.3.6 Food safety

Food safety is an important factor when dealing with sick and elderly people. Extra care is often a necessity when thinking of hygiene.

> "I find that running between morning care and meal prep is unhygienic, we do of course wash our hands after every task, but we do not change our clothes. And now they are cutting the budget for sanitary personnel as well, so we have to start washing the toilets too, in between all the food we are making and serving. It is a lot and not ideal" (I2)

As mentioned earlier this is not the only example where hygiene is an issue, the space of the satellite kitchen also limits the clean and dirty zones which may make it harder to have a hygienic food environment. Secondly the biggest issue concerning food safety is meal labels. The labels that currently is provided by Fazer Foodservices may often fade and becomes impossible to read. The ink evaporates in the steam while in the ovens. This provides a challenge when special meals such as low fat, no gluten or lactose are steamed in the ovens with regular food. Often the packaging is the same, but the labels differentiate the meals. This is especially an issue when one nurse puts the food in the ovens and another nurse takes the food out. This may lead to a gluten intolerant resident eating gluten. Which is not an ideal or safe situation for the residents or the nurses. A third issue is temperature control, if the shipment of food does not get taken in and distributed to the fridges in the department strait away, the food may get spoiled.

4.2.3.7 Hygiene from observation

There is usual a good practice of having a clean zone and a dirty zone when dealing with food. Due to the layout of the satellite kitchen and the size of the room, the zones presented a challenge for both the chef and the nurse. The chef assigned one of the metal trollies for the dirty zone and the kitchen bench for the clean zone. Moreover, the chef organized the dirty trollies in a manner where the plates was emptied for leftovers and neatly stacked on top of each other. Providing an organized and separate space for the used cutlery. Before the chef started his food service, he prepped his space. This included emptying the garbage and clearing off some of the dishes that was meant for the dishwasher left over from the breakfast service.

The nurse on the other hand had the metal trollies as the clean zone and the kitchen bench for the dirty zone. The space on the kitchen bench became an issue when dirty dinner plates came

in return and dessert plates was going out, creating a cluttered atmosphere with diches stack randomly with leftover food everywhere on the kitchen bench and kitchen sink. During the nurses service the garbage was also overflowing because the nurse did not prep the space before starting on the food.

In looking at all the issues pointed on by the nurses it is clear that there are changes FF can make to elevate their product. Such as getting better labels and containers, using less spices and putting together menus that are traditional and even a little old fashioned. The consistency of the food is also an important aspect because the elderly may suffer from bad teeth or problems with chewing. And most of all the quantity of food is important. However it is not only the chefs at FF that makes the product good. The nurses also have a responsibility to plate nice looking diches. Thus, the problem here is lack of knowledge and the lack of common guidelines. So the plating of the food is different from person to person dependent on if they have the interest or experience to recognize and develop a beautiful plated dish.

4.2.4 The atmosphere

The Atmosphere is an emotional connection that is created in cocreation. All the other aspects have an impact on the overall atmosphere, and every persons and objects in the space are participating and creating the overall ambiance. The B-level categories for the atmosphere are; Disturbances, noise from observing, clutter from observation, cosiness, appetite, dignity and care giving.

4.2.4.1 Disturbances

Disturbances consist of all unwanted noise that contributes negatively to the overall atmosphere in the dining area. Examples of such disturbances found are; running dishwasher, noisy fan on the steam oven, nurses navigating the room to and from dining areas, alarms from residents waiting in their rooms wanting food, rattling metal trays and clattering cutlery.

> “The ovens cause a lot of disturbance due to the fans that takes forever to turn off. Some of the residents believe they are onboard of a boat or an airplane due to the type of noise the ovens make, they occasional complain of sea sickness” (I2).

Disturbances also come in the form of residents being suspicious of how the nurses are preparing the food, this is especially an issue with dementia sufferers. Comments may be uttered about how the food is supposed to be prepared and the residents may get into discussions with each other on how it uses to be. One nurse pointed out that;

> “The prep kitchen eliminates disturbances in the dining area, and it lowers the stress levels, and the nurses can concentrate on serving the food in a calm manner”.

4.2.4.2 Noise from observation

Observations for both services was that there was a lot of noise overall; from the ovens, the residence impatient, residents arriving to the meal after the other residents had started to eat, the nurse running around giving medicines, and a constant beep from an alarm indicating that someone needed assistance elsewhere. Moreover, the TV was left on by the chef but was turned off during the nurse’s service.

4.2.4.3 Clutter from observing

The department that was observed had a regular dishwasher instead of an industrial dishwasher. This presented a problem with overflow of dirty dishes. Due to the amount of time it takes before each load of dishes is done the next meal service is underway, especially in between breakfast and dinner this was an issue. This was true for both observations.

4.2.4.4 Cosiness/ "hygge"

Many of the nurses commented that the joy has left the nursing homes. They emphasise that after FF took over the food delivery system there are no more cakes or baked goods. And if there is the cake is highly processed and frozen.

> "Many nursing homes are programmed to save everywhere, therefore we almost never get fruits anymore for instant. Which is sad because we see that if we cut up an apple in 8 pieces the residents fingers moves up for the plate, they don't need a whole apple but just to be able to get one piece of apple and one piece of orange may bring a lot of joy to the resident, it would be nice to give that joy to them every day not just on special occasions" (I2).

If there is a birthday it is often up to the relatives to bring a birthday cake or to make sure that the resident gets some kind of extra attention on the day. According to the nurses there is no budget or time to make a big deal out of all the birthdays, which is sad.

4.2.4.5 Appetite

According to the nurses, the resident's appetite depends on several factors. Firstly the health of the individual dictates the general appetite. While we age, our appetite decreases as the body needs fewer calories overall. However they do find that appetite is influenced by noise, disturbances and stress levels of the nurses serving the food.

> "We do try to lover the stress levels while serving the food, I do however feel that we do serve the food with arms and legs all over the place sometimes, especially if there are special circumstances in the department, then we do serve food and pour water or coffee at the same time" (i1).

Appetite is closely monitored by documenting how much the residents are eating and they do weigh the residents to make sure they keep a healthy weight during their stay in the nursing homes. The general appetite is also influenced by food smells and how the food looks and how they are presented the food.

> "It is important for us if a resident wants to be served in the room, to cut up the food in front of the resident. I have seen that sometime when nurses due to time constraints, cut up the food in the kitchen before serving the food, and without the resident seeing the food before it is cut up. Leads to a loss of appetite for the resident. This may be due to the resident thinking he/she got leftovers or that someone already ate of the plate. We try to avoid this scenario" (i2).

Loss of appetite may also be due to medicines and side effects of these.

4.2.4.6 Dignity

The meal should be a highlight for the residents. However from talking to the nurses, there are instances where the residents experience a decrease in dignity.

> "We run a lot, because many of the residents wish to eat in their rooms. This has consequences for the residents that needs to be spoon fed. They often fall asleep during feeding… if we are two nurses during the meal one gives medicines and the other one serves the rooms and spoon feed in between" (I1)

This decrease in dignity may be due to low staff during the meals. The nurses do not do this on purpose and in a perfect world no resident should fall asleep during a dinner service.

4.2.4.7 Care giving

Care giving is an essential part of the nurses' job. They do their very best to be calm and collected and they try to give each resident some time. They try to sit with the residents at the

table, as they describe that a good day at the nursing home is when they can sit by the table reading the newspaper out load for the residents. This leads to a calmer atmosphere and they see that when they manage to do this that the residents sit longer by the table and that they eat more.

As described over the b-level categories the issues that are disrupting a good atmosphere the most may be the high stress levels that are described by the nurses. Giving medicines while pouring coffee at the same time does not inspire a calm environment. Solutions for these issues may be more staff, a structured routine of how the meal is set up. Who gets served first? The residents that wants to eat in their room or the residents that are together in the dining are? There needs to be a routine in place to combat the stress. There also may need to be a separation between onstage and offstage with concern to clutter and unnecessary noise, in order to get a calmer energy in the dining are. A different thing to address is also if there should be a bigger focus around relationship building and that the nurses should have a bigger focus on facilitating positive social interactions between the residents to promote joy and appetite in the setting of the meal. Moreover, there should also be a bigger variety of foods and highly processed cakes may need to be revaluated to promote an atmosphere that sparks cosiness and joy.

4.2.5 The management control system (MCS)

As mentioned, the management control system is all about the administrative component. This includes strategy implementation, leadership, rules and regulations, funding, and it is often used to influence behaviour. This aspect consists of all the B-level categories, however not to repeat all the categories one more time, the B-level categories presented here are; training, and staff.

4.2.5.1 Training

When asked about training and competence elevation all the nurses said that there is little or no effort or offer of increasing competence around meal service. They all had the similar answers;

> "No more training beyond common sense when it comes to food, maybe once in a blue moon one gets offered a seminar, however it is then that person's job to teach all the nurses the content of the seminar, due to scheduling that person will not be able to teach everybody" (I2).

Training is a key part of serving food in a proper manner and the nurses all made it clear that if offered training or education in the field of food several of them would love to attend.

4.2.5.2 Staff

According to the nurses, staff is often an issue, especially if someone calls in sick.

> "Due to budget cuts we are lucky if we get a replacement if and when someone is sick. We then have to borrow nurses from other departments if something happens. Or we have to make do with what we have. Sometimes there is no time for us to go to the bathroom. This does not occur often, but we really feel it when it does, and I do feel that the meal situation suffers when we are understaffed, because our stress levels are higher than usual" (i2).

The size of the department differs from floor to floor and the number of residents per department depends on what type of composition and or challenges the unit has. Often there are three nurses on 13-14 residents. Sometimes there are 5 nurses divided over two departments with 16 residents total. And in end of care units there might be 3 nurses on 6 to 8 residents.

When seeing the issues that the nurses struggle with every day, it is apparent that some of the issues are related to how the MCS is set up. A lack of staff and meal timing that promotes undereating, are the main areas that are identified. This may in turn be related to funding. In the setting of nursing home the MCS is influenced by three mayor actors. The first being the government, the second being the municipal that runs the nursing home, and third Fazer Foodservices that delivers the food. Having to many actors involved in the leadership and strategy implementation may lead to confusion and action paralysis. Where the government implement new rules and regulations but the municipal cuts the budget in such a way that the nursing homes aren’t able to follow up. To implement god strategies around meal execution there may need to be a change in routines, as well as offering more training and information to the nurses serving the food so they can become better equipped to solve problems as they arise without stress and burn out. In addition they need to have a frame in place in order to know what challenges to prioritize and delegate in any given situation. The whole point of MCS is to provide a frame to be able to implement good strategies and to identify what is working and what needs to change in order to elevate the overall satisfaction.

5. Discussion

Meal execution at nursing homes is a complex topic, with challenges such as different routines and practises within the different departments and between the different nursing homes. The complexity in itself provides a challenge when looking at the routines surrounding meal service. It may also be hard to compare meal service in a nursing home to a meal service in a restaurant. This is also not the aim of this study. However, this study hopes to start a conversation that focuses on elevating the meal service at nursing homes to a higher level than what its status currently may be. For simplicity the discussion is structured in a manner that looks at each challenge individually in order to best weigh the pros and cons of

different aspects surrounding the situation and to try to tie it up to scientific research currently surrounding this topic.

5.1 RQ1: How are meals organized at the nursing homes studied?

In order to understand and be able to enhance customer satisfaction it is important to look at the service delivery systems current situation. In the two different nursing homes there are different but similar approaches to dealing with meal execution. Firstly how the nursing homes structure their meal timing is up to each nursing home, sometimes even each department. However government recommends that dinner is served at 4pm. From interviewing the nurses it is clear that what dictates meal timing is staff availability and the health of the residents. Institution number 1 has the following meal timing; breakfast 0900, dinner 1230, Coffee and cakes 1530, supper 1730. And there is an offer of oat-soup at 2000 if the residents are still awake. This makes the night-fast very long for some residents, which in turn may lead to weight loss. Institution number 2 has a schedule that serves breakfast at 0900, coffee and cakes at 1300, dinner at 1600, supper at 1900. According to Johannessen et al. (2017) the night-fast should ideally not be longer than 11 hours. Arguing that breakfast should be served before 09.00, and the last meal no earlier than 21.00. Johannessen et al. (2017) explain that if dinner is served at 1300, two additional meals should be added before bed in order to make sure the residents hit their daily total amount of calories. Thus, four main meals and two snack meals. “Nursing homes that has implemented this strategy reports weight gain in their residents and they report that residents eat longer and the atmosphere is calmer” (Johannessen et al., 2017, p. 110). From interviewing the nurses the meal timing sometimes shifts, if a resident sleep to long or takes a long time getting ready. A consequence of this is that the meals are served too close together. And this individual may be done eating breakfast at 1130, and dinner is served at 1300. This is also supported by other researchers

(Hansen et al., 2005; Murray, 2006). When meal timing is too close together I causes the resident to eat less due to little time passing since the last meal (Murray, 2006).

The meal situation is also a factor when looking at how these nursing homes have set up their routines. According to the nurses the meal situations tend to be chaotic. This may be due to an overall lack of structure, no clear guidelines of who does what, low staff availability, and an overall lower priority of food and good meal experiences. According to Kamp and Hvid (2012), negative trends has appeared in this sector. They argue that work in elderly care has suffered a loss of meaning after transitioning to having a bigger emphasis on medical care rather than just giving care to the elderly people. This has of course also meant that the level of knowledge is grater and that overall pressures are greater on the staff in nursing homes than before. Arguably food should be viewed as medicine, in a way the right nutrition and enough nutrition would have health benefits, "food should in many ways be a tool in strengthening the residence remaining potential" (Kamp & Hvid, 2012, p. 13). Moreover, there is a consensus that "adequate diet is just as much a part of the patient's treatment as careful nursing and skilled medical attention" (Kinton et al., 1984, p. 13). The importance of nutrition, and the health benefits it is generating, has in recent years gained more recognition, and there is a growing need for healthcare services (Bøhn et al., 2017, p. 4; Government.no, 2017). Furthermore, the dining room in a nursing home should feel more like a restaurant, where you can come to enjoy food, to create a platform for social differentiation and interaction. Not merely a place to cover the needs of the body (Gustafsson et al., 2006, p. 85).

A structural issue overall is the big distance between the central kitchen that makes the food and the satellite kitchens that serves the food. This makes the turnaround if something is wrong challenging and difficult to solve. According to Evensen and Hansen (2016) the bigger the distance between stages the greater the loss of communication. The allocation of tasks

may also be a factor when looking at the structure of the centralised kitchens and the satellite kitchens. Explained by Evensen and Hansen (2016) the randomness off task allocation in the nursing homes lead to low differentiation and high service variability. In the nursing homes studied there are different nurses doing different tasks during the weekdays and during the weekends. During the mornings on weekdays there are specific people doing specific tasks. For example the assistant makes the trollies ready and plates the food. However during the weekends the nurses have to do this in addition to the primary task in the departments. It also varies who does the ordering and the organization of special meals dependent on who is on duty. Service variability is according to Evensen and Hansen (2016) dependent on the food providing staff. Different employees offer different level of service dependent on their knowledge and experience. This indicates that there may be a high level of personal initiative done by the nurses to improve food delivery in the last leg of the food delivery chain. Thus, indicating that nurses may participate in optimizing behaviours and altering the food by adding ingredients as they see fit. Moreover, this is the stage that makes it difficult for Fazer Foodservices to guarantee a quality product served, due to the lack of control over what is actually served on the plate by the nurses in the last leg of production or delivery.

5.2 RQ2: How can the Five Aspects Meal Model identify the main challenges that face the meal service.

The Five Aspect Meal Model (FAMM) is a framework that provides a specific list of aspects to examine. It gives the researcher or manager a structure that divides the task of understanding the total meal experience into manageable sections, thus making it easier to identify which areas and problems are in need of adjusting. The main goal of the model is to promote or stimulate customer satisfaction and enhance the staff performance. For example identifying that having a separate prep kitchen eliminates the noise and disturbances in the

dining area, thus creating a calmer environment that in turn increase residents appetite is very important for the managers to understand. This not only enhances residents wellbeing but it may also increase satisfaction. A different perspective is that by having a prep kitchen, the nurses get the opportunity to plate and prepare the food in an offstage setting, which may alleviate stress from having to be polite and professional while rushing to serve dinner to residents that may be rude or suspicious due to dementia.

According to Hansen (2017), guest in a restaurant has the choice of where to eat, residents at the nursing home does not have this choice. From this perspective the nursing home dining room is the most visited restaurant in the area. Therefore it is important to understand that it is crucial to treat the guest/resident with the same degree of dignity that one would expect to receive in a restaurant (Hansen, 2017). Nurses have expressed low levels of training in regards to food delivery, and Li-Jen Hwang et al. (1999) found that nurses had problems with performing adequate delivery of food due to little training and/or lack of interest. This indicates that a bigger focus on training and attitudes should be given attention by the management control system.

The room in which the food is served is described by Gustafsson (2004) as the setting of the meal. The setting is important being as the room sets the tone for which type of atmosphere is created. Research (Bowen and Morris, 1995,Meiselman et al., 2000) has shown that the meal needs to be in accordance with the overall style of the restaurant, and that the interior is important for the experience of the meal. Arguably, the interior in a nursing home is very similar to a hospital and the lack of a homely atmosphere may influence the appetite in a negative way (Kamp & Hvid, 2012). It is important to try to invoke feelings of nostalgia or feelings of joy and calm to transport the resident away from the mundane setting of the nursing home, by providing a setting around the meal that is enjoyable and inspires appetite.

Understanding issues like stereotyping is important for a manager on the grounds that stereotyping may be a force that has great influence on the experience of food. Research has shown that identical food served in different settings found that institutional foods are rated lower than non-institutional foods (Meiselman et al., 2000). In other words there is a bias in peoples mind that institutional foods are less desirable than non-institutional food. This is important for FF and the nursing home to understand in order for them to develop strategies to combat this phenomenon.

This is arguably a social phenomenon that ties into the meeting aspect of the model. Interpersonal relations are important when producing high service meal experiences. Therefore it is important that the residents feel comfortable and safe in the interactions with the nurses. The nurses must work hard to create a social environment that feels homely and comfortable in order for the resident to forget the institutional setting. Thus, promoting a setting where interactions are enjoyable, and food is excellent. As mentioned, Meiselman (2008) describes the meal as both an event and a product. First the product needs to be well produced and issues around packaging and evaporating sauce needs to be addresses and eliminated, before focus can shift over to making the meal an event. An event encompasses all the elements of the meal experience; how the table is set, how the plates look, how the food smells, a clean linen cloth, nice napkins, drinks that complement the food, good company, nice and attentive service personnel that are knowledgeable and professional, are all elements of what makes a meal an event. Arguably the nurses have so many tasks at the departments that having a big focus on making the meal into an event may be hard. According to the nurses the main focus is to provide a calm atmosphere for the residents. The issue is that the satellite kitchens provide a lot of disturbances and loud noises as well as equipment that does work efficiently and cause friction, all these elements disturbs a calm atmosphere.

Johannessen et al. (2017) suggest that not all elderly have their basic needs met when it comes to nutrition, food, and good meal experiences in nursing homes today. This may be true for the residents at the nursing homes in this study as well.

Looking at the pros and cons of the cook-chill method Li-Jen Hwang et al. (1999) points at the temperature control as a main disadvantage. Having the food stored in the right temperature through the whole delivery chain is very important in regard to keeping the foods nutritional value and taste under control (Li-Jen Hwang et al., 1999). If the temperature in the package drop the food will easily be spoiled, thus becoming hazardous for the residents. The main pro of this method is the low cost and high level of efficiency. However, nurses have discovered that it gives little diversity and freedom of choice. Due to the long distance between production and serving the nurses struggle with accommodating short time residents with special dietary requirements because they may suddenly be in need of a dairy free meal for a resident that just arrived from the hospital, however it will take the central kitchen at least two days to deliver. Therefor it becomes very important to systematically follow up every possible scenario that they may encounter regarding food requirements for residents currently in the nursing home but also potential residents that may be brought in due to an emergency. Ineffective routines and random task allocation may cause the nurses to enter a situation where there are no dairy free options available at the nursing home at the time, they need it. This is a mayor challenge with this type of delivery chain.

The management control systems have to identify these types of issues and create strategies and routines in place to make sure that the delivery chain works as it should. Gustafsson et al. (2006) explain that different eating establishments have to adapt different strategies to meet the different set of requirements that exist in different locations. Thus a restaurant will have different challenges than a meal service in a nursing home. For example in the nursing homes

the managers need to make sure that there is enough staff available for meal service to go smoothly. According to Li-Jen Hwang et al. (1999) it is just as important to clearly define the nursing role during the meal, to ensure that residents eat and drink what they are supposed to. However it is imperative that communication and co-operation between staff is a co-ordinated effort of a multi-disciplinary team, in order to meet the residents nutritional needs (Li-Jen Hwang et al., 1999). This does not only apply to making and serving the food. It is also understanding that elderly may suffer from poor nutritional statuses, and they may have difficulty eating or a poor feeling of hunger. According to Johannessen et al. (2017) chewing and swallowing challenges due to disease, dry mouth, missing teeth and poor dental health, loneliness, grief and mental impairment may be of importance for food intake, appetite and meal joy. Knowing all this there are several things that can be done to develop strategies to remedy some of the issues. For example the issue of loneliness can be managed by having a nurse sit with the resident during the meal. Or even as little as turning on the radio or the tv if the resident lives alone has according to Stroebele and de Castro (2006) had a positive impact on eating duration and food intake. A part of care giving is going the extra mile, not only providing basic needs, but taking the time to holding a hand. Having the time to spoon feed a resident without having to leave is very important for the quality of life that is offered in the nursing homes. The bar needs to be raised in order for the joy of food to return, meals should be more than adequate nutrition. The social setting and the physical environment need more attention in the nursing homes that was studied.

5.3 How may Fazer Foodservices adapt their services to provide a high-quality standard, when delivering food service in the sector of nursing homes?

The main issues addressed by the nurses were the breakage that keeps happening in the ovens, where the plastic covering the food comes undone and steam evaporates the sauce. This is a major issue for the nurses, it causes extra stress and many of them does not have the knowledge required to fix the sauce or to make a new sauce without a prepacked alternative available. These are issues that FF needs to take seriously. They may need to change the packaging supplier for a different one. On the other hand, too spicy food is also a major issue for the resident. The spice develops a lot during the 9 to 10 days before the food expires. This may lead residents to lose their appetite and to eat less. This is serious for elderly that may suffer from malnutrition. This may be remedied by using less spices in the production of food, and it may be an option to offer table spices or herbs that the residents or nurses can add taste at the point of delivery. Menus that are traditional and recognisable is also mentioned as a suggestion on how to improve. The quantity of food when the food is delivered in big containers rather than individual portions tend to be too little to serve everybody. It is especially potatoes and sauce that runs out too fast. This is an issue that is related to the contract between FF and the municipal. A renegotiation may be an idea to remedy this issue.

Moreover a general issue that the nurses pointed out is little or no training when it comes to food preparation and service. It is currently not FF’s responsibility to train the nursing home staff. However it may be an interesting opportunity to develop their product to extend to courses or seminars to offer the municipal the option to outsource training of the nurses to them. A different option is to acknowledge that competence in this area is a weakness for the nurses, thus offering the option of a meal host or a ward hostess to ensure that FF is

responsible from point of production to point of delivery to the end user, this would give FF the opportunity to control the whole delivery chain.

The study showed that the nurses altered the food due to various reasons. One suggestion to further develop FF product delivery is to implement a dimension to the menu with approved alterations the nurses can do to improve the nutritional value of the dish. For example; if the nurses find that a resident needs more fat in the diet. The additional briefing in the menu will suggest that adding an avocado enhances this meal in a positive way, or a handful of nuts and seeds ads an extra dimension to this soup. A different scenario is if someone does not like asparagus the nurses may change that for something with similar nutritional value, so the resident does not lose nutrients due to not eating asparagus. This gives FF back some of the control of what is being served to the end user and gives the residents better nutritional consistency.

5.4 Bias and limitations

There are several potential biases and limitations in this study. The first potential biases may be that people explain their actions differently to each other, and may alter their explanation to the interviewer, as a result of social norms, or pressure to please, giving the interviewer what they think you want (Charmaz, 2014). Furthermore, trust may also be an issue. The participants may distrust the stated purpose of the research, the sponsoring institution or FF intends to use the findings. This may all colour the way a participant chooses to answer the questions. This study encountered one such participant. It came across as obvious that this participant was not telling the full truth. During the interview the participant was clearly withholding information and was afraid of saying anything negative about the company the individual was working for. Moreover, the participant was very contradictory and hesitant when answering questions. The participant had signed the participant form and had handed

that to the researcher. However, the researcher felt that the participant had a change of heart. Therefore, the researcher asked if the participant wanted to be a part of this study, and the participant answered no. Therefore, the interviewer decided to dismiss the participant and disregard the answers calling in to question the validity and reliability of the answers given.

The researcher worked hard to gather as many subjects to participate in the research as possible. A variety of professionals and sizes of positions was preferred but not achieved. As proposed by Kuhn (1970, cited by Koberg, Detienne, & Heppard, 2003, p. 29), this study aimed at including individuals with small job percentage due to;

> Individuals that are less invested in the status quo are more likely to see that the current state of routines does not necessarily work and are more likely to see other ways to solve the issues at hand more effectively, than employees who are involved in the activities on a daily basis" (Koberg et al., 2003, p. 29).

Arguably employees who are young, or new in a field are more likely to discover discrepancies or flaws in a process because these individuals are not bound by the traditional way of doing things or governed by existing social norms within the institution (Koberg et al., 2003). They may also be fresh out of school, and thus full of new knowledge and ideas. However, no such employees were made available/accessible for this study. A different bias was that the overall sample size was small, and unevenly distributed between the institutions. This made it difficult to compare the nursing homes, and as such a comparison was discarded. Moreover, the observations that took place was done by an inexperienced researcher which may have led to important information going unnoticed, or not valued enough. Marshall (1996, p. 523) states that "It is well recognized by sociologists that people are not equally good at observing, understanding and interpreting their own and other people's behaviour". This may also be true for this study. The findings from this study cannot be generalized,

although it can give indicators for further studies or inspire Fazer Foodservices to make changes to their product or offer additional services in the form of training or seminars on how to eliminate current issues concerning food execution at nursing homes.

5.5 Further studies

Further studies should be done by taking the food served in nursing home and serving it in different settings, looking at the food acceptability in a restaurant setting or a school. Seeing if the food served in nursing homes are as bad as they are perceived to be. By testing the food on different people in a different setting, one may have interesting findings.

Further studies should also be centred around the impact that different medicines have on different food items. To ensure that the changes the food experience undergoes as combination of food and medicines may change the taste experience. Side-effects of different medicines may change the taste buds in such a way that it may impact the appetite, thus altering the sensory experience of the meal served.

Further studies should also be done in a nursing home setting with professional waitresses serving the food. This may be interesting in regard to the level of training the nurses may need to elevate their serving skills. It would also be interesting to see if the food intake would increase if a higher level of service was provided during the meal execution.

6. Conclusion

Meal execution is so much more than giving someone a plate of food. Adequate nutrition is so important when it comes to having a healthy life and when recovering from illness. Undereating and malnutrition are a growing problem in the sector of elderly care and there may be various reasons for this. Municipalities are responsible to develop and facilitate good meal experiences, the main issues that has to be addressed by the Municipalities are; small spaces that are hard to navigate, and it is hard to plate food due to little counter space, and unfunctional equipment needs to be upgraded. A bigger focus on interior and overall eating facilities needs too be updated if it is not functioning as it could be. Training the nurses should be of high priority and elevating the meal experience. They also need to prioritize looking at the budgets and evaluate if there are enough staff on hand, and if it is responsible to continuing putting a big amount of pressure on the nurses. Fazer Foodservices needs to understand the market they have entered, they need to develop the product to fit the consumer in a way that makes it more appealing. They need to update the menus with an understanding that the nurses may alter the dishes. Meal execution that lead to a high level of meal satisfaction are dependent on several actors working together to achieve the same goals, understanding that the issue is complex and hard, yet knowing that it is possible to achieve if co-creation and cooperation is elevated. The complexity of the topic makes it difficult for all actors, and more research is needed to develop insight into meal execution to be able to develop a better future in the sector of elderly care.

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Appendix

1. Invitation in Norwegian

Vil du delta i forskningsprosjektet:

"Meal execution at nursing homes and the service implication of standardisation versus customisation A case study: Fazer Foodservices"?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å få en bedre forståelse om måltidsituasjonen og mat på sykehjem. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Formålet med prosjektet er å få en forståelse for rutiner rundt middags måltidet på sykehjem, for å gi Fazer Foodservices en bedre forståelse for hva som skal til for at måltidet blir bra. Master oppgaven min skal undersøke personalets perspektiv på måltids-service. Nærmere bestemt hvordan de opplever overgangen til kok-kjøl konseptet og hvilken forbedrings potensiale som finnes for denne formen for mat leveranser. Denne oppgaven tar for seg perspektivet til de ansatte som jobber med mat og ikke de som skal spise maten. Formatet er en Case studie hvor innsikt i møtet, rommet, produktet, atmosfæren og management kontroll systemet vil bli analysert. Intervjuene vil bli gjort anonyme og funnene vil bli knyttet opp mot relevant forskning rundt temaet. Foreløpig problemstilling er; Hva trenger sykepleiere for og skape/påvirke måltidet, slik at det blir en god service opplevelse.

Opplysningene vil ikke bli brukt til andre formål.

Hvem er ansvarlig for forskningsprosjektet?

Universitetet i Stavanger ved Norsk Hotell Høyskole er ansvarlig for prosjektet.

Fazer Foodservices og Student til låns er samarbeidspartnere i dette prosjektet

Hvorfor får du spørsmål om å delta?

Du får spørsmål om og delta fordi du er knyttet til en institusjon som er med på et forskningsprosjekt tilknyttet Fazer Foodservices. Denne informasjonen blir distribuert til alle ansatte gjennom epost som er sent ut av arbeidsgiver. Slik at ingen navn eller kontakt informasjon er tilgjengelig for forsker.

Hva innebærer det for deg å delta?

Hvis du velger å delta i prosjektet, innebærer det at du sitter for et intervju. Det vil ta deg ca. 30-45 minutter. Intervjuet inneholder åpne spørsmål om måltidsituasjonen og hvordan du opplever endringene som har pågått den siste tiden. Dine svar fra intervjuet blir registrert gjennom lydopptak. Disse lydopptakene er bare for intervjuers ører. De vil bli slettet etter at et transkribert dokument blir laget.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg vil da bli anonymisert. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Tilgang til lydopptak vil bare studenten som skriver oppgaven ha tilgang til. Transkriberte intervju vil student og veileder ha tilgang til.
- Tiltak iverksatt for å beskytte din identitet er følgende: Ingen navn, alder, kjønn, eller etnisitet vil bli notert. Stillings % og yrkestittel vil bli notert, men rekkefølgen vil ikke følge intervju rekkefølgen. Lydopptak vil bli transkribert umiddelbart etter intervju dagen er over. Deretter blir disse slettet på pc og opptaker. Lokasjon på intervju vil bli erstattet med kode i1 eller i2.

Deltakeren vil ikke kunne gjenkjennes i publikasjonen, da sitater vil bli merket med deltaker nummer og koder knyttet til institusjon.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?

Prosjektet skal etter planen avsluttes 15.07.2018. Lydopptakene blir slettet umiddelbart etter transkribering. Alle lydopptakene vil være slettet innen utgangen av Mai 2018. Kodet og transkriberte intervju vil bli slettet etter at karakter foreligger.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:
- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,

- få utlevert en kopi av dine personopplysninger (dataportabilitet), og
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke.

På oppdrag fra Universitetet i Stavanger har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?
Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- *Universitetet i Stavanger* ved Håvar Hansen. På epost havard.hansen@uis.no
- NSD – Norsk senter for forskningsdata AS, på epost (personverntjenester@nsd.no) eller telefon: 55 58 21 17.

Med vennlig hilsen

Prosjektansvarlig (Forsker/veileder) *Eventuelt student*

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet; Meal execution at nursing homes and the service implications A case study: Fazer foodservices, og har fått anledning til å stille spørsmål. Jeg samtykker til:

☐ å delta på intervju
☐ at intervjuet blir tatt opp

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. mai 2018

(Signert av prosjektdeltaker, dato)

2. Interview guide in English

Start by asking their position at the nursing home. Note down their gender and which sequence they will appear on the tape recorder. – Remember to ask if it is ok that the conversation is being taped. Disclaimer; just for my ears, anonymous and for research purposes only.

Part 1. Collective practises

1. Can you tell me a little bit about how meals are executed?
2. Can you talk a little bit about the routines in place today?
3. Who is responsible for making the routines?
4. How do you agree upon who does what?
5. Can you talk a little about what the conditions / goals/ vision are around meal execution?
6. Are you given special training in order to execute meals?
7. Do you have any nutritional risk assessment in place?

Part 2. Individual experiences

1. Can you tell me how a typical day looks like for you?
2. What makes a good day?
3. What makes a bad day?
4. How do you think the meal execution is influenced by a bad/good day?
5. In your experience; do you find that something is working very well? If so can you tell me about it?
6. Have you ever experienced situations during the meal, that has changed the way you act during the meal now?
7. Do you feel that your input is heard if and when you voice your opinion?

Part 3. The individuals view

1. Which (if any) stressors do you encounter during meal execution?
2. What coping techniques do you use to handle these stressors?
3. What is being done collectively to cope with these stressors?
4. What do you feel needs to improve?
5. What would you do differently if you could decide?
6. What is your goal during meal execution?
7. Has your vision of nutrition changed in any way through the experiences you have had in working in a nursing home?
8. Is there anything else you think I should know to understand better?
9. Is there anything you would like to ask me?