

## **The workplace meal: A migrant workers' perspective**

## **Abstract**

### Purpose

Employees eat at least one meal per day in the workplace on a regular basis, carrying implications for their physical and emotional wellbeing. For migrants, this can be challenging, owing to food culture differences. This study explores migrant workers perceptions' of the food eaten in the hospitality workplace.

### Design/methodology/approach

Eleven in-depth, face-to-face, semi-structured interviews were carried out with migrant workers in three and four stars hotels in the South West of England.

### Findings

The findings show that the food eaten in the workplace is perceived as unhealthy and fattening, and therefore unappealing. This partly informs a decision to eat home country food away from work.

### Research limitations/implications

Further research is needed across many more organisations to investigate whether this would actually have the positive impact on employee well-being (migrant or home national) and employer reputation.

### Practical implications

Providing additional 'off-menu' meals for migrant employees is recognised. However, staff turnover within the hotel environment may mean that dishes acceptable to one nationality may not be acceptable to another. Alternatively, it may be that attention to such detail and the provision of a food offering that is seen as fit for purpose by staff may reduce turnover and demonstrate 'care' on the part of the employer. An annual staff survey could be conducted to gauge employee opinion.

### Social implications

This study helps to show the significance of food for migrant wellbeing. It highlights that in increasingly globalised workplaces, food provision is important for both emotional and physical health. The study's findings have relevance to other multicultural workplaces where the food provided to staff may have consequences for employee wellbeing.

### Originality/value

Little research has focused on the link between the food consumed in the hospitality workplace and migrant worker wellbeing. This study therefore makes an important contribution to knowledge by exploring feelings about the food eaten at work from the perspective of migrant workers themselves.

**Key words**

Workplace eating wellbeing migrant workers unhealthy fattening ethnic cuisine

## **INTRODUCTION**

Due to globalisation, technological improvements, enhancements in immigration policies, a person's wish desire for a better life, and fast and affordable transportation links, there are now more than 200 million migrant workers across the globe (McDowell, 2013; Rydzik *et al.*, 2017). According to the Office for National Statistics (ONS) (2019), the number of European Union migrant workers stands at 2.38 million compared to the number of non-UK nationals from outside the EU of 1.32 million.

There is a high presence of migrant workers in the global hospitality industry, including in the United Kingdom (Partington, 2017). Between 2011 and 2015, 24% of the total hospitality labour force was made up of migrant workers, 45% coming from the EU (People 1<sup>st</sup>, 2016). According to the report, chefs, restaurant managers and proprietors, housekeepers and related occupations continue to represent a major skill shortage facing the sector in the UK, and many businesses have long employed large numbers of migrant workers in order to fill vacancies. Thus, migrant workers predominantly occupy operational roles (People 1<sup>st</sup>, 2016).

Research on hospitality migrant workers is increasing, and there is a focus on challenges and opportunities, working conditions, and policy barriers (Baum *et al.*, 2007; Morgan and Finniear, 2009; Dyer *et al.*, 2010; Janta *et al.*, 2011; Partington, 2017; Rydzik *et al.*, 2012; Rydzik *et al.*, 2017). More recently, studies have shown that the food eaten in the workplace impacts on health, morale, performance and productivity (Quintiliani *et al.*, 2010; Symonds *et al.*, 2013; Dickson-Swift *et al.*, 2014; Rucker, 2017). However, no study has addressed the effect of the food consumed in the workplace on migrant workers' wellbeing in the hospitality industry.

This study will address this knowledge gap by exploring the perceptions of the food consumed at work by migrant workers. The focus is on the mid-range hotel sector in the UK.

## **LITERATURE REVIEW**

### **Migrant employment in the UK hospitality industry**

Cultural diversity in the hospitality workforce is a marked phenomenon (Choi *et al.*, 2000; Baum *et al.*, 2007; Irimia's and Michalkó, 2016; Kalargyrou and Costen, 2017). Connell and Burgess (2009) point out the broad flow of migrants is from Eastern to Western Europe, from South East Asia to the Middle East, and from South America to the USA. Within Europe, following the accession of the EU-

8 countries in 2004 (Czech Republic, Poland, Hungary, Estonia, Latvia, Lithuania, Slovakia and Slovenia), almost 750,000 migrant workers from those 8 countries entered Britain's labour force between May 2004 and September 2007. The vast majority came from Poland (66% of all applications), followed by Lithuania (10%), Slovakia (10%) and Latvia (5%). The hospitality industry is the second largest employer of migrants in the UK, after the administration, business and management sector (Dobson, 2009). Besides the EU, the source countries for other migrant workers include India (9%), Pakistan (5.9%) and Nigeria (2.3%) (Rienzo and Vargas-Silva, 2017). Although it is difficult to estimate the exact number of women employed in the tourism and hospitality industry, female employment stands between 60 and 70 percent at global level (ILO, 2010), and female migrant workers represent a large source of labour for the sector, mostly in less-skilled and semi-skilled jobs such as front-line, house-keeping, catering assistant, bar staff and waiter/waitress (Adib and Guerrier, 2003; Dyer *et al.*, 2010).

It has been argued that migrant employment brings considerable benefit to hospitality organisations in terms of accessing new customer markets and competing in a global market (Malik *et al.*, 2017), and notably decreasing labour shortages and minimising labour costs (Devine *et al.*, 2007; Forde and MacKenzie, 2009; Gröschl, 2011; Kalargyrou and Costen, 2017). In turn, the migrant is able to earn more money than they might at home, to improve their language skills and to gain new cultural experiences to further their career (Janta *et al.*, 2011; O'Reilly, 2007; Ryan, 2007).

However, migrant labour also carries challenges for the hospitality industry, including communication difficulties, training challenges and discrimination (Baum, 2006; Devine *et al.*, 2007; Hearn *et al.*, 2007; Janta *et al.*, 2011). To mitigate employees' discomfort and stress over communication problems, managers may need to offer support, which can be costly (Malik *et al.*, 2017). Training migrant workers and enabling their integration into the working environment is also necessary and expensive in terms of time and resources, especially given the high turnover within the industry (Hearn *et al.*, 2007; Jiang *et al.*, 2016). The same can be said for the implementation of a management system in order to increase retention and productivity that militates against discrimination, especially within the context of cultural diversity that characterises hospitality (Devine *et al.*, 2007).

### **Wellbeing in the workplace**

Wellbeing in the workplace refers to enabling safe working areas, managing stress at work, and reducing absenteeism from ill-health (Guerrier, 2013). It includes physical and mental health issues that arise within the modern work environment and those work-related psychosocial issues that arise from the interactions between the organisation, its management, the job role and organisational conditions (Leka and Jain, 2010). It also covers workplace eating strategies which help to ensure a

healthy physical and psychosocial work environment (WHO, 2010). Organisations depend heavily on their human resources for their success; therefore staff health and wellbeing are crucial considerations in sustained organisational achievement (Huong *et al.*, 2016). A healthy workplace is defined by the World Health Organisation (WHO) (2010, p.6), as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace.” The terms wellbeing and health are commonly used together or interchangeably. However, whilst health could be considered physical, emotional and psychological, wellbeing covers life and work-related contentedness and social satisfaction as a holistic concept (Perry *et al.*, 2017). Among the many considerations to be made for employee wellbeing are what the WHO (2010) refers to as *personal health resources*, which include opportunities for physical activity and a healthy food menu.

Most employed working-age people spend an extensive proportion of their waking hours, nearly 60%, at work (Knox *et al.*, 2017) and thus what they consume while they are working is significant (Price *et al.*, 2017). Globally, the workplace is increasingly being recognised as an important platform for employees’ health and wellbeing (Dickson-Swift *et al.*, 2014; Davenport *et al.*, 2016; Rucker, 2017). In recent years, there has been an increase in the amount of research on wellbeing in the workplace (Quintiliani *et al.*, 2010; Symonds *et al.*, 2013; Dickson-Swift *et al.*, 2014; Davenport *et al.*, 2016; Devonish, 2016; Mellor *et al.*, 2016; Bertotti *et al.*, 2017; Rucker, 2017).

### **Work-based eating strategies and physical and psychological wellbeing**

Nutrition directly affects an individual’s health and wellbeing (WHO, 2015) which in turn impacts on productivity in the workplace (WHO and Burton, 2010). The workplace represents a venue for influencing staff dietary choices (Bertotti *et al.*, 2017), and workplace health promotion programmes (WHPPs) have been created to improve the overall health and wellbeing of employees to benefit both the individual, the employer and the wider community (Engbers, 2008; Street *et al.*, 2017). The WHO (2018) describes WHPPs as initiatives to improve the health and wellbeing of people at work, focusing on reducing illness and risk factors (e.g. heart diseases, Type 2 diabetes) and on changing individual behaviours and habits (e.g. smoking, diet).

In the UK, the Workplace Wellbeing Charter (2018) is an organisation that offers national accreditation, embedding the consideration of healthy eating and wellbeing into every aspect of an organisation. For example, many organisations provide their staff with information about healthy lifestyles and balanced diets by means of booklets or leaflets, magazines and seminars (Symonds *et al.*, 2013). Some companies serve fruit and vegetables and healthy snacks options in the canteen in

order to support healthy lifestyles in the workplace and to enhance employees' dietary habits (Quintiliani *et al.*, 2010; Symonds *et al.*, 2013).

There is a growing consensus that there is a relationship between physical wellbeing and eating habits in the workplace (Jørgensen *et al.*, 2010). Despite this knowledge there is also evidence that eating strategies in the workplace are closely linked to cardiovascular, metabolic and chronic diseases (e.g. heart diseases, diabetes, obesity, hypertension, high blood cholesterol and asthma) (WHO and Burton, 2010). Indeed, many workplaces have been described as obesogenic environments that do not promote healthy food consumed and active living (Sharma *et al.*, 2016) with food provision often tending to be high in calories, fat, sugar and sodium (Gorgulho *et al.*, 2012). Meanwhile, Vinholes *et al.*, (2018) found the type of food eaten in the workplace staff canteen to be associated with low or high blood pressure. Bandoni *et al.*, (2010) pointed out that the availability of fruits and vegetables in the workplace can promote a healthy eating environment as does the provision of healthy snacks in vending machines (Rucker, 2017), but these are not widespread.

The inclusion of at least one workplace meal is a key part of many hospitality job roles. It is usual that the staff food offering comprises elements of the available menu. Thus they differ from many other businesses where foodservice in the workplace is offered by the employer (or a contracted foodservice provider) as part of 'workplace culture' but the food offering is paid for by the employee.

In hotels the nature of work is dictated by customer service needs and may often be emotionally and/ or physically demanding (Zhao and Ghiselli, 2016). Thus the provision of meals by employers ensures that staff have sufficient energy to carry out their duties and to be able to respond positively to customers. As hotels and restaurants have integral food and beverage operations the staff food offering is often dictated by what is offered to guests. From the business perspective this approach to staff meal provision is much simpler, indeed many businesses see this as a way of reducing waste and staff across the hotel industry are regularly offered foods that may otherwise go to waste.

Although food intake is driven by the need to replenish vital nutrients such as protein, carbohydrates, vitamins and minerals, eating can also influence and be influenced by mood (Gibson, 2006). Organisational factors such as work-related stress, workload, working hours, depression, anxiety, emotional burnout and exhaustion can impact on staff eating habits in the work place (Quintiliani *et al.*, 2010; Devonish, 2016). Work-related stress and depression in particular can alter overall food choices. Gibson (2006) argues that there is a clear correlation between food and mood before and after

eating a meal. This is an under-researched topic that is touched on in this study, without being its sole focus, which is on the perceptions of the food eaten in the workplace among migrant workers. Research on migrants and food habits have focused on the negative physical health consequences of following a westernised diet (for example Saleh *et al.*, 2002; Burns, 2004; Kedia, 2004; McDonald and Kennedy, 2005; Rabikowska, 2010) and on the emotional gains to be made from eating home country food (Locher *et al.*, 2005; Verbeke and López, 2005; Brown and Paskiewicz, 2017). However, no study has addressed the impact of the workplace meal on migrant workers' wellbeing.

### **The role of food in the migration journey**

Given the importance of food consumption experiences and nutrition issues facing migrants in new cultural environments, there has been a growth of research on the role of food in the migrant journey. Brown and Holloway (2008) explain that to move a new cultural setting is one of the most traumatic events a person can experience ensuing in some degree of culture shock. Oberg (1960, p.177) defined culture shock as the anxiety that results from losing the familiar signs and symbols of social intercourse. It can provoke feelings of discomfort, homesickness, fear and helplessness (Oberg, 1960; Ruetzler *et al.*, 2012), and is influenced by many factors including personality, cultural distance and purpose of visit (Hofstede, 2001).

Preoccupation with home country food is cast as a symptom of culture shock in research by McLachlan and Justice (2009) and Brown (2009). Food habits are an expression of group identity (Koc and Welsh, 2002; Toussaint-Samat, 2008; Wandel *et al.*, 2008), and permit a sense of home in a new culture (Tookes, 2015). Indeed, culture is a major influence on food choice and cuisine (Johnston and Longhurst, 2012). Food represents a connection with the past, offering belonging and familiarity (Henderson, 2014; Bailey, 2017), and stimulating feelings of nostalgia (Schermuly and Forbes-Mewett, 2016). Studies on international students (McLachlan and Justice, 2009; Brown *et al.*, 2010) show that eating home country food brings both emotional comfort and physical health when in a new culture.

Indeed, researchers have noted a tendency to avoid adapting diet on the move to a new country. This has been attributed to many factors, including: cultural or religious demands (Counihan and Van Esterik, 1999); a lack of comfort (Locher *et al.*, 2005; Rabikowska, 2010); food neophobia, that is the avoidance of eating new foods (Dovey *et al.*, 2008); a lack of familiarity with flavours (Rozin, 2007). Ill health is a further motivator for sticking with or reverting to a home food diet. Research has shown a link between obesity in migrants and the adoption of a western diet (Gordon-Larsen *et al.*, 2003;

Burns, 2004; Ayala *et al.*, 2008; Rabikowska, 2010; Balasubramaniam, 2015; Brown and Paszkiewicz, 2017). This has also been observed in the international student population (Pan *et al.*, 1999; Brown *et al.*, 2010; Edwards *et al.*, 2010). There are exceptions however. To illustrate, Martínez-Ruiz (2015) revealed that the Spanish Mediterranean diet was deemed to be good for their health by international students.

A consequence of the reluctance to change their eating habits is the increased transportation of foodstuffs from home (Hall and Mitchel, 2002; Rabikowska, 2010; Brown and Paszkiewicz, 2017). These may not be available in the new country, or they may be cheaper and/or of better quality. This allows migrants to recreate the traditional dishes that they associate with home. Thus far, this element of the literature review has explored the link between food and identity, between migration and the adoption of new food habits or the retention of old habits. This paper adds to the literature on food and migration by addressing the role of the food consumed in the workplace on the migrant experience.

## **METHODOLOGY**

An interpretivist world view that recognises the existence of multiple realities and prizes the role of subjectivity (Jones *et al.*, 2013) influenced the adoption of a qualitative approach. Qualitative research emphasises meaning-making, context sensitivity and depth (Miles *et al.*, 2014) and was therefore the most suitable approach to achieve an in-depth and inductive exploration of migrant workers' thoughts and feelings about the food they ate at work. A semi-structured interview format was used which included some pre-planned open-ended questions that were designed to elicit maximum input from the participant and to minimise interviewer bias (McGehee, 2012). The interview guide focused on participants' daily eating habits and their perceptions of the food consumed in the workplace.

The research setting was the South West of England, which offered access to participants given its reputation on a national and international scale as a tourism destination and its culturally diverse hospitality workforce. With access granted by manager of three- and four-star hotels, 11 interviews were conducted in April 2018 with migrant workers working in hospitality. Purposive sampling was used and the following inclusion criteria were set: participants should be female and male; originate from different countries; have varying levels of education; work in different departments and positions in the hotel. A participant profile is indicated below:

**Angelika:** Female, 33, Romanian, has worked in the UK for 4 years, works as a guest service assistant, has a university degree, used to work as a sale person in her home country.

**Alida:** Female, 24, Hungarian, has worked in the UK for 3.5 years, works as a receptionist, has a High school degree, used to be a student in her home country.

**Celestyna:** Female, 33, Polish, has worked in the UK for 7 years, works as a guest service manager, has a Masters degree, used to work as an office clerk in her home country.

**Alexandra:** Female, 25, Greek, has worked in the UK for 6 years, works as a receptionist, has a Bachelors degree, used to be a student in her home country.

**Dores:** Female, 23, Portuguese, has worked in the UK for 4 years, works as a receptionist, has a High school degree, used to be a student in her home country.

**Gizella:** Female, 28, Hungarian, has worked in the UK for 3 years, works as a general manager, has a Bachelors degree, used to work as an office clerk in her home country.

**Evelinka:** Female, 37, Czech, has worked in the UK for 3 years, works as a housekeeper, has a High school degree, used to work as a factory worker in her home country.

**Carlos:** Male, 25, Spanish, has worked in the UK for 2 years, works as a night auditor, has a High school degree, used to work as an office clerk in his home country.

**Marco:** Male, 20, Italian, has worked in the UK for 2 years, works as a barman, has a Secondary school degree, used to work as a barista in his home country.

**Tiago:** Male, 26, Portuguese, has worked in the UK for 3 years, works as a F&B manager, has a Bachelors degree, used to work as a bar manager in his home country.

**Ivan:** Male, 23, Bulgarian, has worked in the UK for 2.5 years, works as a waiter, has a Vocational school degree, used to be a student in his home country.

As the above profile indicates, participants were from different parts of Europe: Romania, Bulgaria, Hungary, Poland, Greece, Portugal, Czech Republic, Spain and Italy. There were seven female and four male participants. The age of participants ranged from 20 to 37. Their education level varied from secondary school level to Masters degree obtained either in participants' home country or in the UK. Their length of stay in the UK varied in duration from 2 to 7 years. Before arrival in the UK, except for Alida (from Hungary), Alexandra (from Greece), Dores (from Portugal) and Ivan (from Bulgaria), who were students, worked in a range of sectors. Their role in the UK hotel sector ranged from Front Office, Housekeeping and Night Auditor, to Food & Beverage and from low-level to managerial positions.

Interviews took place in the workplace. English was the lingua franca for both participants and interviewer, although it was the second language for all parties. Interviews lasted approximately 30 minutes, and a digital voice recorder was used to record the interviews.

As Silverman (2014) observes, there are a number of ethical safeguards that researchers should follow including informed consent, voluntary participation, confidentiality and anonymity, and protecting participants from harm. Ethical approval to conduct this research was granted by the authors' university's Research Ethics Committee before the data collection. Access was obtained through the hotel manager but informed consent was gained from the participants directly. Participation in the study was voluntary; they were not coerced by the manager who had nothing to gain from them telling their story. Additionally, participants were informed of the purpose of the research and of their right to withdraw from the project at any time. Before the voice recording, participants gave their permission for being involved in the study and for being recorded. Promises of anonymity and confidentiality were made at the beginning, and pseudonyms are used to maintain identity and confidentiality as well. With regard to data protection, all data (oral and written) are stored safely in a password-protected location (Jones *et al.*, 2013).

Thematic analysis was used to analyse data. This is an accepted approach to qualitative data analysis (Jones *et al.*, 2013). This consisted of six main phases: organising and storing the data; transcribing the interviews; listening to and reading the raw data repeatedly; coding and categorising; identifying themes; offering interpretations (Marshall and Rossman, 2006; Miles *et al.*, 2014). Three key themes were identified, as reflected in the structure of the findings section.

## **FINDINGS**

### ***The employer's food offer***

Participants were employed in a variety of three- and four star-hotels, but all indicated that their employer provided staff with at least one meal each day although the number of meals provided varied by hotel (Table 1). This was felt to be important to staff productivity; a view shared by all participants regardless of position in the hotel. Employees of the four-star hotels included in this study were all offered breakfast, lunch and dinner. There was no standard meal offering to employees of three-star hotels. Some provided all meals, others two meals, usually breakfast and lunch, others just breakfast. Participants expressed some resentment towards those hotels for only offering breakfast:

*"The previous hotel that I used to work, they provided us two meals in a day but in this hotel we have just breakfast option that is full English and continental, that is all!"*

Dores (Portugal)

Staff employed such hotels were required to provide their own food during the rest of their shift. Participants such as Dores and Gizella brought food from home or ordered a takeaway from outside,

mostly fast food restaurants selling burgers, pizza, and other world cuisine restaurants: Mediterranean, Mexican, Asian and Middle Eastern food.

**Table 1: Meals provided for staff in the workplace**

<b>Name</b>	<b>Country</b>	<b>Meal(s) provided</b>
<i>Angelika</i>	Romania	Breakfast Lunch
<i>Alida</i>	Hungary	Breakfast & Lunch
<i>Celestyna</i>	Poland	Breakfast & Lunch
<i>Alexandra</i>	Greece	Breakfast, Lunch & Dinner
<i>Dores</i>	Portugal	Breakfast
<i>Gizella</i>	Hungary	Breakfast
<i>Evelinka</i>	Czech Republic	Breakfast, Lunch & Dinner
<i>Carlos</i>	Spain	Breakfast, Lunch & Dinner
<i>Marco</i>	Italy	Breakfast, Lunch & Dinner
<i>Tiago</i>	Portugal	Breakfast, Lunch & Dinner
<i>Ivan</i>	Bulgaria	Breakfast, Lunch & Dinner

All participants had access to a full English breakfast, usually served buffet style and to a continental breakfast. The buffet offering usually included bacon, sausages, eggs, beans; croissant, jam, butter, muesli, cereals, fruit juice, coffee and tea, and was the same menu served to guests for breakfast. Where lunch was served, this was usually soup and sandwiches, also available to guests, sometimes with salad provided for staff. Dinner offerings varied more. Participants ate either from the restaurant's buffet served to guests for dinner (comprised of meat, fish, chips, potato, pasta, rice, beans, salad, vegetable, fruit, dessert), or from a restricted evening bar menu offering a small selection of starters, mains and desserts, also available to guests. Alida indicated: *"we are eating the same breakfast as customers but we are not allowed to eat free meals from the bar menu for afternoon. We have lunch everyday including sandwiches, soup and sometimes salad"*. Ivan commented that: *"every six hours we have to eat something, this is the rule. During the day, whatever cooked by the chef for the guests, we are eating"*.

At first sight it appears the food offering from each of the hotels in this study is adequate, providing a range of foods that provide both choice and healthy options. It is recognised though that the food

offerings in restaurants often have a higher calorie, fat and salt content than similar meals produced domestically. Furthermore, the issues of overconsumption of such foods are further exacerbated by the tendency of staff to buy commercially produced foods from other restaurants / take-aways rather than bringing home prepared meals where employers are only providing breakfast. It was not clear why employees complained about the 'unhealthy' nature of the foods provided when they acknowledged that they purchased equally unhealthy foodstuffs rather than bringing their own.

### **The health consequences of the workplace meal**

Participants were highly negative about the food they ate at work, as Angelika notes: *"there is a lot of processed food here which I do not agree with. Most of us come from Mediterranean countries and we like fresh products. We do fear everything processed and full of sugar."* Carlos also commented that *"I cannot eat everyday a full of fat and sugary English breakfast when I am working. It is so heavy and unhealthy for every day. Because of this I bring my own food."* Evelinka also drew a link between the 'English food' she ate at work and negative health consequences: *"You would like to eat your own food because much better If you know what it made from and what you eat."*

Furthermore, most participants attributed weight gain to eating meals outside of the home. This is a finding echoed in previous research on food and migration (Brown *et al.*, 2010; Brown and Paszkiewicz, 2017). Carlos linked his weight gain to the processed food eaten at work: *"I eat same portion here and at home. At home, I do my food in the right way, for example; I do my own gravy coming from meat and vegetables, not the powder one. But here, in the buffet, almost all food and food ingredients is processed. It is all powder; the gravy sauces, the tartare sauces, the apple sauce, the radish sauce...all of them not natural, full of fat."* Alida commented similarly on the physical effect of eating the workplace meal: *"I am trying to live healthy. I want to eat healthy foods. You know it is not easy when you are working. You have to eat here. Then, after a while, you are aware of putting on weight even you eat smaller than at home but they are more salty, more sugary, more fatty."*

Participants clearly have a dilemma. The workplace meal was vital for physical energy, a phrase recurrently used about eating at work, but it was at the cost of emotional well-being because of negative health associations: *"we are working here at least 8 hours every day and have to eat something. But whenever I eat a meal, I always feel guilty. I am really worried about after a couple of years I would be a fat man."* (Tiago) Regret was commonly expressed over eating poor quality food with a high sugar and fat content. The World Health Organisation (2010) recommends healthy, balanced and nutritious eating strategies in the workplace, but this study indicates that this may be an

ideal rather than reality. Implementing healthy eating strategies represents an important driver for workplace wellbeing (Quintiliani *et al.*, 2010), yet hotel working environments are not routinely driven by healthy eating provision for their staff, rather they offer menu choices driven by guests who are often looking for a treat. The additional costs of providing different and 'healthy' foods may also be a deterrent: food high in fat, sugar and sodium tends to be cheaper (Gorgulho *et al.*, 2012). Some participants indicated that they often brought food to work for health reasons, in acknowledgement of its positive contribution to their physical wellbeing. However, time was a significant constraint, and this was not always possible.

### ***The food eaten away from work***

A key finding of this study was the importance of traditional cuisine and homemade food to all participants, regardless of nationality. Away from the workplace, participants recreated home country dishes, as Alida commented: *"I am really keen on my food culture that I'm so used to. So, I do like homecooked food and I usually cook traditional food from Hungary."* Tiago also recorded that: *"I cook every day, Portuguese dishes, actually my mum's food. Mostly I eat my traditional food."* The two main reasons given for their attachment to home cuisine included physical health and a happy reminder of home. Locher *et al.*, (2005) describes food as 'nostalgic objects' for migrants, having the power to manipulate emotions. Foods clearly carry important emotional labels and can support happy memories of times past, a view shared by Verbeke and López (2005).

The link between the maintenance of home-country food habits among migrants and happiness, cultural identity and an improved sense of health and well-being is echoed in previous research (Edles, 2004). In her ethnographic study of Polish migrants in London, Rabikowska (2010) notes that the act of preparing and consuming Polish food bolsters a sense of collective identity at the same time denoting a distinction and a distance from the host culture. Food, according to Rabikowska, allows a migrant to feel they still belong to the culture they left behind.

All participants stated that they maintained their traditional eating habits by using authentic ingredients either bought from local shops or sent from home. As Marco noted, *"I tried Italian food using English ingredients, and it was horrible. How could Italian recipe feel so awful with English products?!"* Does echoed this sentiment: *"even if the recipe and cooking style is the same, the taste is not the same not proper without original stuff."* The use of specific ingredients to achieve a better and more authentic taste is noted in other research on food and migration (Möhring, 2014; Verbeke and López, 2005), and carries implications for food supply in the host country (Rabikowska, 2010).

## **CONCLUSION**

Though some studies have investigated the effects of workplace eating on employees' health, no research has focused on the link between the food consumed in the hospitality workplace and migrant worker wellbeing. This research therefore makes an important contribution to knowledge by examining the perceptions of the food eaten at work among migrant workers in hospitality. Migrant labour makes up a significant proportion of the British hospitality workforce (Markova *et al.*, 2016; People 1<sup>st</sup>, 2016), therefore a consideration of their wellbeing is important.

This study shows that at least one meal was offered to staff by their employer. Although this was considered necessary by participants for energy and productivity reasons, the study raises questions about the health properties of the food offered. The food offering provided consisting of foods prepared for and aimed at guests rather than being from a menu devised and provided for staff who clearly have different needs and wants. This disconnect clearly has consequences for staff well-being when dishes higher in fat, sugar and overall calories are consumed regularly rather than occasionally as perhaps originally intended. As such hotels need to rethink their staff food provision. Study participants clearly indicated that the food offerings were deemed to be unhealthy, unappetising and fattening. There was a powerful negative emotional response to eating meals at work, mostly associated with guilt and worry. These concerns were mainly focused on the negative impacts the food offering had on well-being.

The emotional response to food at work further informed participants' decision to consume dishes from their home country away from the workplace. These afforded both physical health benefits and positive reminders of home; enhancing perceived well-being. Such findings are echoed in other studies on the food eaten by migrants in a new culture (McDonald and Kennedy, 2005; Brown and Paskiewicz, 2017), but the focus on the workplace meal in this study is unique. Given the importance of employee wellbeing to both societal and organisational health, it is hoped that this study might prompt debate about the quality of the food offered to staff in the hospitality workplace, and beyond.

### **Further research**

Although this study offers a previously unreported insight into workplace eating amongst migrant workers, there are some limitations to the study that can be addressed in further research. Given that the food offering provided does not offer appropriate healthy choices, further work needs to be undertaken to assess whether the views expressed in this study are shared by migrant employees more broadly as well as with those migrants from outside Europe and those native to the UK. There is

currently no evidence to suggest that native UK employees are satisfied/happy with the food provision on offer. Only by understanding the views across all employees can hotels better understand the needs and wants of their employees and only with this knowledge will they be able to devise an offering appropriate for everyone. To this end a large scale quantitative data collection tool would be useful although further explorative interviews might further help by unpicking the issues identified in this small-scale qualitative study. Furthermore, it would be useful to explore the management perspective on the food offering provided by their business. This would allow for more balanced and realistic recommendations to be made regarding the provision of workplace meals.

There are also some contradictions in the findings that suggest further research is required. Participants reported not eating food provided by their employers because it was seen as high in fat, and unhealthy yet they were prepared to replace this 'free food' with equally unhealthy fast food also likely to be high in fat and salt. These contradictions suggest the unwillingness to eat what is provided and reported desire to consume more healthily may reveal more general dissatisfaction with the job role rather than with the food itself.

### **Implications for practice**

It is clear from this study that at least in part the current approach to staff food provision is not fit for purpose. Whilst all of the hotels in this study offered staff breakfast, there were inconsistencies across the remainder of the working day. It is also clear that the offering is always linked to what is available to guests and does not consider the needs and wants of staff. The perceived 'use' of the staff food offering more as a waste reduction measure rather than a genuine desire on the part of the employer to provide staff with healthy nutritious foods may affect the response of staff to it. Coupled with the unfamiliarity of the foods on offer to migrants and it is easy to see that a more general negativity could develop amongst employees.

Staff turnover within the hotel environment may mean that dishes acceptable to one nationality may not be acceptable to another further adding to this complexity. On the other hand, it may be that attention to such detail and the provision of a food offering that is seen a fit for purpose by staff may reduce turnover and demonstrate 'care' on the part of the employer. An annual staff survey could be conducted to gauge employee opinion. This could be used to amend the dishes offered to staff within a particular business and could, with appropriate (food) innovation and (management) support offer a novel solution to many of the issues being faced by the industry.

## **Implications for society**

As an initial scoping study this work raises many further questions for our increasingly globalised societies. How is national and international food culture currently reflected in workplace eating provision and what are the perceived impacts on employee well-being? In hospitality businesses with the specific challenges of a high pressure workplace, high numbers of migrant workers, high turnover, recognition of the links between food and mood could be key to developing a more positive workplace culture that recognises and celebrates diversity through food (WHO, 2018; Devonish, 2016).

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