

# FOOD, NUTRITIONAL CARE AND THE INFLUENCE OF ORGANISATIONAL CULTURE

A COLLABORATIVE ACTION RESEARCH  
PROJECT



EXECUTIVE SUMMARY / JULY 2022

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# INTRODUCTION

The provision of optimal nutritional care is fundamental to patient recovery and reduces complications associated with the negative effects of malnutrition (undernutrition).

Malnutrition can affect anyone, but older people are more at risk due to factors including the high prevalence of one or more long term conditions.

Approximately 34% of individuals aged 65 and over who are admitted to hospital are at risk or are already suffering from malnutrition.

Diverse problems with malnutrition have been widely recognised in hospitals throughout the United Kingdom. Although there are considerable research efforts, guidance and policy initiatives to address and manage complex nutritional problems, malnutrition continues to be a prominent health concern with costly economic implications.

Regarding staff time and commitment, mealtimes should be considered a critical aspect of care and systems within the hospital organisation should reflect this. However, good hydration and enjoyable mealtimes with appropriate support for the patients who need it are not often prioritised.

The organisational culture within healthcare institutions significantly impacts staff actions, behaviours, and the quality of patient care. Despite this, very few studies have investigated how organisational culture may influence optimal food and nutritional care.

This research project is part of a PhD studentship match funded by Bournemouth University and the Royal Bournemouth and Christchurch NHS Foundation, University Hospitals Dorset, designed to respond directly to this pressing need.



## WHAT WAS THE PURPOSE OF THE STUDY?

*The purpose of this study was to explore the influence of organisational culture in the provision of food and nutritional care for older adult inpatients in collaboration with a multidisciplinary team to influence change and improve practice.*

Findings from a recent scoping review conducted by Yinusa et al. (2021) on providing food and nutritional care showed that a multidisciplinary approach is needed to optimise nutritional outcomes.

Additionally, the review highlighted the importance of involving service users (patients and relatives), volunteers and staff members from various disciplines in participatory research to improve ward practices.

## WHERE WAS THE STUDY CONDUCTED?

The study was conducted in two participating acute wards based in an acute NHS hospital in the Southwest of England. One provided a longer-stay and the other shorter-stay services to older acute in-patients (>65 years) living with related malnutrition concerns.

# WHO WAS INVOLVED IN THE STUDY?

The study was undertaken through the collaborative efforts of an 18-member multidisciplinary action research team responsible for providing food and nutritional care to inpatients (clinical and non-clinical members as co-researchers).



The action research project team included:

- Registered Nurse
- Doctor
- Registered Dietitian
- Dietetic Assistant
- Dietetic Manager
- Catering Manager
- Facility Manager
- Mealtime Companion
- Healthcare Assistant
- Ward Host
- Occupational Therapist
- Speech and Language Therapist
- Operation Management & Adult Safeguarding Representative
- Hospital Governor Representatives and
- Project Researcher



Service users' perspectives and experiences of food and nutritional care in the form of stories fed into the project team meetings.

The stories were collected from recently discharged patients and their relatives.

The patient participants all experienced and received food and nutritional care while in hospital, and the relative participant had experienced caring for the patient during their hospital stay.

# HOW WAS THE STUDY UNDERTAKEN?

Qualitative data was gathered throughout the research process from the action research team meetings, service users' stories and research journal kept by the action researcher. Additionally, the research employed existing quantitative audit data from the hospital.

The action research team meetings were carried out over a period of 11 months, with spirals of activities performed by three action groups on the two acute wards.

The multidisciplinary action research team engaged and reflected on the stories provided by the service users. They reflected on how the patients' experiences linked to current practice.

Thematic analysis was performed to analyse the data concurrently with co-researchers as the study progressed and retrospectively by the researcher.



# WHAT WERE THE KEY FINDINGS?

Concurrent analysis with the action research team revealed five key facilitators to nutritional care namely: effective teamwork, communication, specific staff and volunteer job roles (in particular the ward host and mealtime companion), organisational resources, monitoring and inspection in practice.

A key barrier identified in the two participating wards showed that although mealtime companions were recognised to play a significant role supporting patients during mealtimes, wards were not utilizing this volunteer service to its full benefit.

This led to prioritising changes in ward practices during mealtimes.

The change actions focused on embedding mealtime companions as part of the ward team and implementing a colour-coded system to identify patients who need assistance with feeding.

Additionally, there were apparent differences between the two participating wards, with a more successful implementation of changes in the longer stay than the shorter stay ward.

In terms of the retrospective analysis which further explored organisational culture, five key themes were identified as the most significant influences on food and nutritional care. These are:

- Communication between staff groups
- Appropriate staff knowledge and training
- Multidisciplinary collaboration
- Accountability for nutritional care
- Organisational support for nutritional care. These include the influence of nursing leadership and constraints posed by the hospital organisational system, which impact the successful translation of Trust policies to practice.

***Mealtime companions were an untapped resource.***



## WHAT IS THE KEY MESSAGE?

- This study offers exploratory evidence and valuable insights into the influence of organisational culture on food and nutritional care. The study highlights the role of organisational culture in promoting or constraining the provision of this fundamental aspect of care.
  - Effective communication between staff groups, appropriate knowledge and training, and constraints posed by hospital organisational systems demonstrated significant manifestations of organisational culture in food and nutritional care.
  - If nutritional outcomes are to be optimised, a multidisciplinary approach with effective teamwork and collaborative working is required.
  - The findings of this study also strengthens the case that nursing leadership in hospitals have a significant role in supporting nutritional care, especially at the ward level.
- Mealtime companions are a valuable resource. This study indicates the importance of embedding them as part of the ward team.
- The action research approach was valuable as it allowed the team members with a shared interest to study their own practice problems and facilitate improvements. The approach provided a communicative space which enabled shared learning and a better understanding of each other's roles. Thus, action research holds immense value if embedded in practice for change and improvement efforts.
- Improvements in practice also benefit from evidence gathered through involving and engaging service users (patients, relatives), volunteers, governor representatives and different staff groups who are the people within the care area.



# SUMMARY RECOMMENDATIONS

## **Recommendations for Practice**

**Nursing leadership:** Clinical nurse leaders should recognise the significance of their role in supporting nutritional care at the ward level. Senior management support for clinical nurse leaders regarding nutritional care is also vital, given their competing clinical tasks. Training tailored to the leadership role should be provided with support for continuing reflective practice on their own values and assumptions about food and nutritional care.

**Mealtime companions:** Hospitals should effectively utilise the mealtime companion role as a vital resource for acute inpatient wards. Mealtime companions should be embedded as part of the ward team.

**Collaborative working:** Collaborative working and multidisciplinary teamwork is vital and should be supported in organising food and nutritional care around the needs of patients.

**Patients and relatives' voices:** The perspectives of patients and their relatives should be placed at the centre of decision-making in practice as they provide valuable contributions in assessing food and nutritional care service quality to inform improvements.

## **Recommendations for Education**

Educational institutions have a significant role to play in strengthening and embedding a collaborative working culture. Early educational exposure through interprofessional education experiences for students should be facilitated to lay a solid foundation for shared values in optimum food and nutritional care practices in the future workforce.

# CONTACT AND CONTRIBUTIONS

## WRITTEN BY

**Dr Gladys Yinusa**, BSc, MBA, PhD  
Post-Doctoral Research Fellow  
Ageing and Dementia Research Centre  
Department of Rehabilitation and Sport Sciences  
Faculty of Health and Social Sciences,  
Bournemouth University.  
[yinusagg@bournemouth.ac.uk](mailto:yinusagg@bournemouth.ac.uk)

## SUPERVISION TEAM

**Dr Janet Scammell**,  
Associate Professor of Nursing,  
Department For Nursing Sciences,  
Faculty of Health and Social Sciences,  
Bournemouth University.  
[scammellj@bournemouth.ac.uk](mailto:scammellj@bournemouth.ac.uk)

**Prof. Jane Murphy**,  
Professor of Nutrition and Deputy  
Dean for Research,  
Faculty of Health and Social Sciences,  
Bournemouth University.  
[jmurphy@bournemouth.ac.uk](mailto:jmurphy@bournemouth.ac.uk)

**Ms Gráinne Ford**,  
University Hospital Dorset  
UHD Therapy lead for Dietetics,  
Bournemouth, Dorset.  
[Grainne.Ford@uhd.nhs.uk](mailto:Grainne.Ford@uhd.nhs.uk)

**Dr Sue Baron**,  
Senior Lecturer, Programme Lead for  
Adult Nursing,  
Faculty of Health and Social Sciences,  
Bournemouth University.  
[sbaron@bournemouth.ac.uk](mailto:sbaron@bournemouth.ac.uk)

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