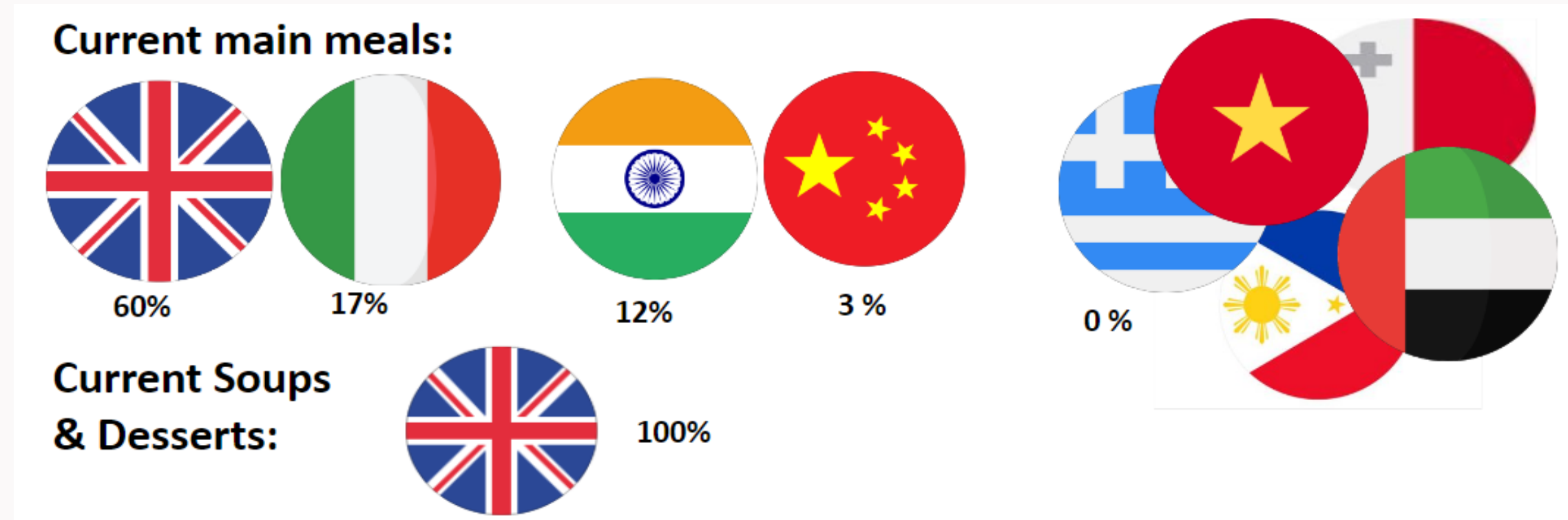


## Background

•Western Health (WH) provides care to patients from over 150 linguistic and cultural backgrounds with >40% of inpatients identifying as belonging to a culturally & linguistically diverse (CALD) community.  
•However, 77% of the current hospital menu reflects an Anglo-European palate, with a spoken and written menu only in English.

Fig 1: Cultural Distribution of Current Menu items



## Aim

To explore the meal experiences and preferences of CALD patients at WH to inform culturally relevant menu development.

## Method

A mixed methods convergent parallel design was employed to explore meal satisfaction and food preferences among consumers from Western Health's four largest CALD groups: Asian, Mediterranean, Indian & Indian Subcontinent, African and Arabic backgrounds.

### Quantitative Component

Structured patient meal experience surveys, adapted from two validated tools<sup>1,2</sup>, were used to assess:

- Meal quality
- Variety
- Menu Access
- Nutritional factors
- Overall satisfaction

The survey comprised 12 Likert-scale questions (rating 1 = very dissatisfied to 5 = very satisfied). All questionnaire data from Likert scales are presented using frequencies.<sup>3</sup> Descriptive statistical analysis was conducted using IBM SPSS Statistics (Version 27.0).

### Qualitative Component

Consumers (former inpatients or their carers), aged >18 years, who self-identified as being from one of WH's top 4 CALD backgrounds, participated in semi-structured focus groups to explore:

- Traditional and comfort food preferences
- Barriers to meal satisfaction
- Access to culturally preferred meals
- Recommendations for improving hospital food services

Focus groups were approximately 60-minute sessions, audio-recorded, and transcribed verbatim. Bruan and Clarke<sup>4</sup> thematic analysis was used to identify key themes from the data.

### Data Integration

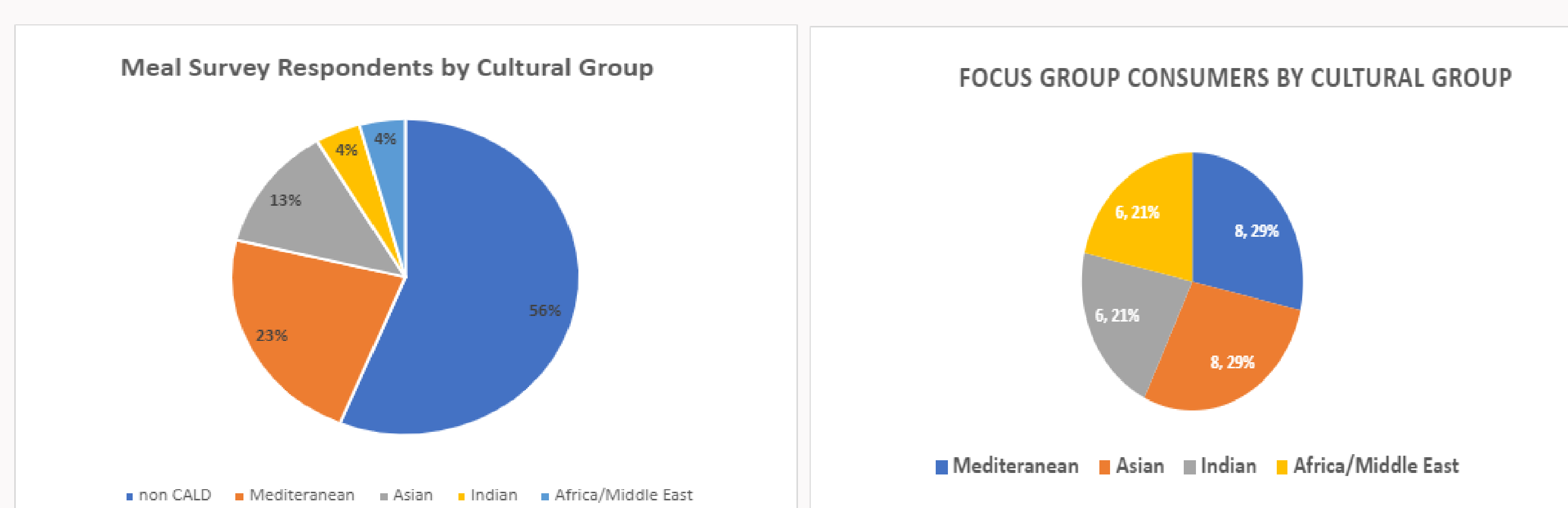
Quantitative and qualitative data were collected and analysed separately, then integrated during interpretation to identify areas of convergence and divergence in consumer meal satisfaction and cultural food preferences.



## Results

Structured patient meal experience surveys were collected from 212 patients (n=119 non-CALD and n=93 CALD patients). There were 28 Focus group consumer from 12 different countries. See Fig 1 for cultural background of patient and consumer respondents.

Fig 1: Cultural Background of participants



## Results:



## Key Findings

### Patient Meal Experience Survey: Percent Positive Responses to Survey questions

Satisfaction rating for CALD and non-CALD patients were similar for many items, with both groups highly satisfied with receiving enough food, having enough time to eat their meal and the temperature of their food (data not shown). However, CALD patients reported a lower positive response than non-CALD patients for variety, taste, menu access (wanting the food ordered) and the food provided meeting their expectations.

•**Mediterranean**-less satisfied with variety (9% lower)\*, taste (15% lower), wanting the food ordered (>20% lower) and food received meeting their expectations (14% lower).

•**Asian**-less satisfied with the variety (19% lower), taste of meals (26% lower), however scored comparably for menu access, whilst hospital food meeting their expectations was 17% lower.

•**Indian** similar experiences to non-CALD patients in their satisfaction of meal variety, taste and wanting the food ordered\*, however their satisfaction dropped with the food meeting their expectations. Some comparable results may be reflective of pre project menu improvements focussed on this cultural group.

•**Africa/Middle East** consistently lower satisfaction for all variables, likely reflective of menu not meeting their cultural needs.

\*Smaller variations in satisfaction for some variables for Mediterranean and Indian groups may be reflective of existing culturally relevant dishes.

### Consumer Focus Groups: Four key themes emerged:

•**Importance of cultural food:** importance of hospital food reflecting cultural identities and religious beliefs, viewing it as a vital element of their hospital experience that extended beyond nutritional sustenance. *"First of all, the food is very bland, so no spices, nothing much, and there is no variety as well"* (African).

•**Gratitude** regarding the health service and food provided. Participants across cultural groups expressed a deep sense of gratitude for the current food options available and appreciated the service's efforts to improve the menu. They generally perceived themselves to be in relatively fortunate circumstances compared to less resourced healthcare systems. *We lucky country, isn't it? We will even ask to what food do we eat in with the hospital, you go to the third world country, [you have to bring it in as a family member ... you don't get a bed or a meal]* (Asian).

•**Accessible menus and the power of choice** participants across all cultural groups emphasized the potential value of visual and multilingual menus in enhancing accessibility to hospital food options. *"Photos are helpful... sometimes you don't have enough words to read the menu"* (Mediterranean)

•**The role of food in health and wellbeing.** Food as a source of healing and comfort, particularly during illness was identified in all cultural groups, highlighting the importance of the historical role food has had in preventative health and healing. *"Food was such a comfort... even presentation and similar taste can be an emotional boost"* (Mediterranean).

## Outcomes

- **Culturally inclusive foods, drinks and celebration days** have begun to be incorporated into the hospital menu to improve cultural relevance, promote diversity and inclusivity and improve patient meal experience..
- **Consumer-led co-production of meals** is underway, with authenticity enhanced through consumer-suggested recipes and collaborative cooking sessions with the Central Production Kitchen (CPK) chef.
- **A cultural recipe bank has been** developed to support ongoing menu innovation and preserve authentic meal preparation techniques.
- **A consumer-informed blueprint for authentic recipe development** and co production is under development to guide future food service improvements.
- Further work will be undertaken to explore the application of a **visual menu** to improve meal **accessibility, choice, and understanding** for all consumers.

## Conclusions

These findings indicate the complex interplay of factors influencing meal perceptions for both CALD and non-CALD patients alike.

Food is more than just a meal it's a vital part of patient care and can play a significant role in providing comfort and support when patients are unwell, consumer led change takes longer and is more costly however it offers the depth and relevance with the potential to improve connectedness, healing and hospital experience.

## References

1. Capra S, Wright O, Sardie M, Bauer J, Askew D (2005) The Acute Hospital Foodservice patient satisfaction questionnaire: The development of a valid and reliable tool to measure patient satisfaction with acute care hospital food services. *Foodservice Research International* 16 (1-2):1-14.
2. Naithani S, Thomas JE, Whelan K, Morgan M, Gulliford MC (2009) Experiences of food access in hospital. A new questionnaire measure. *Clinical Nutrition* 28 (6):625-630.
3. Sullivan GM, Artino Jr AR (2013) Analyzing and interpreting data from Likert-type scales. *Journal of graduate medical education* 5 (4):541.
4. Clarke V, Braun V (2013) Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The psychologist* 26 (2):120-123.

## Contact & Acknowledgements

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