

# Food Service in Hospital Technical in Singa (Sudan)

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**Abstract:** *The study aimed to determine the nutrition services provided at Senga Teaching Hospital in Sudan. The selection of food service personnel consisted of 6 nutrition experts, 4 cooks and 2 workers. Method of the study: A questionnaire was prepared with information on the evaluation of the state of the food services provided at the hospital. The results of the study showed that the food service is supported by the Zakat office in the city of Sana'a. Simple monthly financial support is not enough for all hospital departments. The catering service is reduced in the children's room only. The number of beneficiaries has reached 50 children per day, depending on the food cooked, which consists of vegetables, beans, lentils, meats, rice, salads and fruits that do not serve. The menu includes three meals a day for children in the common dormitory. The kitchen is described as traditional and lacks health controls and low educational level of cooking, which affects the safety of the food provided. In the hospital, there is a shortage of food, a large number of patients visiting the children's wing, lack of facilities in the hospital. The study produced recommendations that decision makers can use to plan future nutrition services in the hospital, including the generalization of nutrition services to all clinics in the hospital, the allocation of a portion of the budget to support food services, and the need for educational and educational institutions to improve food services at Sanga Hospital. It is important to conduct regular reviews to identify gaps in food services in hospitals.*

**Keywords:** Food services, patients, Teaching Hospital, Singa ( Sudan)

## 1. Introduction

Patient meals are an integral part of hospital treatment and the consumption of a balanced diet, crucial to aid recovery. Even so, it is well established that up to 40% of patients may be undernourished on admittance to hospital; a situation which is not always rectified during their stay [1] The importance of hospital food service and the use of food as treatment are not new and can be traced back to one of the earliest medical works The relevance and importance of patient meal service, when compared with many clinical activities, is not always appreciated and is often seen as an area where budgetary cuts will have least impact. The provision of a food service system which optimizes patient food and nutrient intake in the most cost effective manner is therefore seen as essential. The budget for hospital food varies between National Health Service The goals of hospital foodservice are to provide in-patients with nutritious meals for their recovery and health and to present them with a nutritional model with meals tailored to their specific health conditions. When meals are carefully planned and served and when patients consume what they are served, the goals can be achieved [1,2]. Hong, Kirk [3] stated that meal consumption of in-patients was a good indicator of dietary status and satisfaction with meal service. Furthermore, foodservice quality is known to influence patients' satisfaction with hospital stays [4,5]. added Themes centered on 'patients', 'food service' and 'meal times' and results show that food quality, particularly temperature and texture, are important factors impinging on patient satisfaction, and the trolley system of delivery is an acceptable style of service. Service predisposition demonstrates little relevance to patient satisfaction towards the overall meal enjoyment. A theoretical model has been developed that identifies hospital food service in a cyclic relationship with the community Primary Health Care team. Hospital food service can present especially complex features and is often considered to be the most complicated process in the hospitality sector with many interrelated factors impinging upon the whole[5]. The siting of hospital

wards, often at considerable distances from the kitchen, adds an additional logistics burden and in consequence, a long stream of possible delays between production, service, delivery and consumption [9]. This stretched, continuous and staggered food cycle has potential negative effects on the safety and quality of food (Barrie, 1996( and presents a challenge to any hospital food service manager[5] Access to a safe and healthy variety of food is a fundamental human right. Proper food service and nutritional care in hospitals has beneficial effects on the recovery of patients and their quality of life [10],

The number of undernourished hospital patients is unacceptable and leads to extended hospital stays, prolonged rehabilitation and unnecessary costs to health care [11] Hence, patient satisfaction is a complex phenomenon that is influenced by many factors but is an essential component in successful food service management in this environment. Advancements in technology are enabling patients to participate in their health care through self-monitoring and self management of diet, exercise and chronic disease. Technologies allowing patients to participate in hospital care are still emerging but show promise. Our team is developing a program by which hospitalized patients can participate in their nutrition care. This study explores hospital staffs' perceptions of using this technology to engage patients in their care. : Nineteen staff participated in interviews. Overall, they expressed positive views of the EFS program and wanted it to be implemented in practice. Their responses formed three themes, each with a number of subthemes [1] Enacting patient participation in practice; 2) Optimising nutrition care; and 3) Considerations for implementing an EFS program in practice. Staff thought the program would improve various aspects of nutrition care and enable patient participation in care. Whilst they raised some concerns, they focused on overcoming barriers and facilitating implementation if the program were to be adopted into practice [6 ]what is the best way to empower food service directors to make these changes? A new study from the Cornell Center for Behavioral Economics in Child Nutrition

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Programs (BEN Center), the home of SLM, finds that a key component in adoption is whether food service directors have opportunities for career development [9] A study was conducted in the UK identifies the methods used by day care providers to evaluate their food services and identifies elements of their service that would benefit from adopting a benchmarking system. In-depth interviews were conducted with 26 food services providers and key informants in day-care settings in Surrey. Few providers formally evaluated their service provision and most had not considered benchmarking their services against other food service providers. Factors such as food variety, food quality, cost and environment have been identified as issues that could be benchmarked and may benefit from the adoption of this process. The benchmarking model that has been developed by the authors needs to be applied in a food service setting to establish its usefulness to food service managers. A model has been developed from the outcome of this research, which could aid evaluation processes for food service providers to identify aspects of the service in need of improvement.[4] This study aimed to measure food safety knowledge among food service staff in hospitals in Jordan. The overall food safety knowledge of food service staff is fair with a mean score of 56.3 out of 90 points (62.5%). Respondents had sufficient knowledge on "cross contamination prevention and sanitation" aspect, while they had very poor to good knowledge on "food borne pathogens and related symptoms and illnesses", "safe storage, thawing, cooking, holding and reheating of the foods", "health problems that would affect food safety" and "personal hygiene" aspects[2] A number of previous studies have reported on the aspects of hospital food service that patients value, but usually as a secondary finding, and not generally based upon patient-centered approaches. This study employed questionnaire produced *abs initio* from interviews with patients and hospital staff, the data from which were subjected to factor and cluster analysis, in order to identify and priorities the factors that contribute to the meal experience empirically. The most important factors, food and service were as identified by other authors. In decreasing order of importance were social, personal and situational factors. The results confirm that improving the quality of the food and the efficiency with which it reaches the patients remain the most important objectives of hospital food service[7] An abstract of a study by Henroid et al determining the impact of an on-demand patient meal service on nursing satisfaction with hospital food is presented. Results show that ratings for each meal program aspect increased between 0.30 to 1.12 between the pre and post periods. Results showed improvements in all ratings including overall satisfaction with the food and nutrition department with ratings from 2.40 to 3.52. This study suggests implementing an on-demand room service program can increase nursing satisfaction with food and nutrition departments[8]. ester in the New England Journal of Medicine in November 1996 summarized research conducted into the nutritional value of menus at 57 teaching hospitals in the US. The recipes from the menus were analyzed and compared with guidelines set down by the US Public Health Service as national nutritional objectives for 2000. Only 4 of the 57 hospitals' menus met all 7 guidelines. There is no more appropriate place for people to expect to receive healthful food. Hospital foodservice directors need

to learn where their operations fall short of meeting healthful guidelines[2] Many area hospitals are echoing a national trend of hiring gourmet chefs, using locally grown and fresher ingredients, implementing room service, offering menu-style choices and other improvements to make patients' food delicious and appealing. Menu items at Strong now include basic comfort food, such as meat loaf, along with more high-end items, such as chicken French and prime rib, Calderon says[1] Parkview Hospital in Fort Wayne, Indiana, worked to serve patients better by improving its food and nutrition services.[9] It started its efforts by participating in benchmarking studies and visiting other hospitals with successful programs. In the end, the staff decided on a "spoken menu" program. Instead of asking patients to fill out the traditional day-before menu checklist, hospitality associates talk to patients about their food choices 15 minutes before the meals are served. For its in-house spoken-menu program, Parkview receives this year's Sodexo Marriott service award in the category of values integration[3]

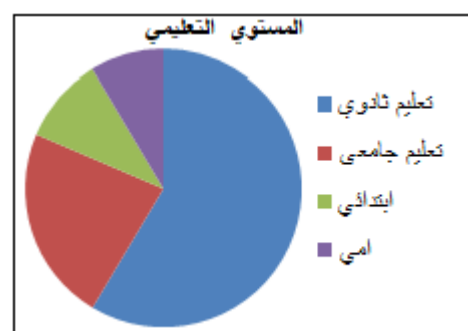
## 2. Materials and Methods

The sample consists of 12 women working in the Food Services Department at Sanga Hospital. They are 8 food officers and 3 nurses and 2 workers. A questionnaire was designed that included a number of questions about diet, type of meals provided and menu, identification of problems with food service in the hospital and suggestions for improvement of in-hospital dining services. Data were analyzed and percentages were created and observed

## 3. Results and Discussion

The study indicated that the food service in Sanga Hospital is limited to all patients in the hospital due to the lack of sufficient financial support as it relies on outside support from community organizations, which is not enough for only 50% of the children and their companions in the ward. The university education and above were 50%, while secondary education was 25%. The average level of experience is 25.33%, while the average level of expertise is 33.33%, while 41.12% lack experience, which affects the quality of the food services provided. Graph (2) This result agrees [2],[6].

Figure 1 shows the educational level of food service workers within Singa Hospital



The study found that the food services within Sangea Educational Hospital are insufficient, as there is no budget

for food services and they rely on the financial support provided by the Zakat Bureau in the city and some charitable organizations. The support is not sufficient due to the economic conditions experienced by the country. The results show that the service covers approximately 90 children per day, noting that the number of children entering the amber is increasing day after day, and the number of meals served during the day was only two meals, limited to breakfast and lunch (3)

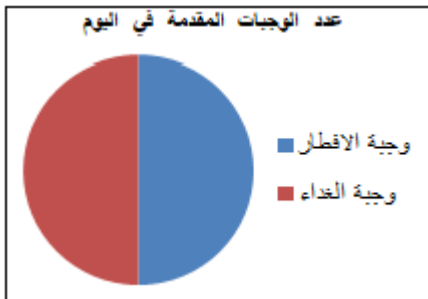


Figure 2 shows the years of experience of food service workers at Singa Hospital

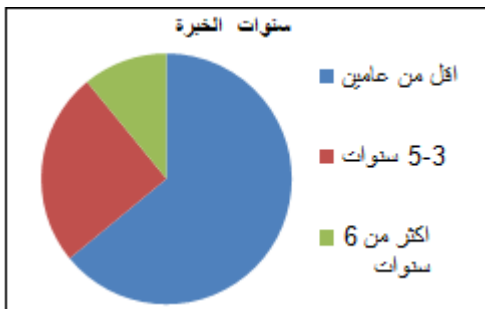


Figure 3 shows the number of meals served per day for children and their companions in the children's ward at Sanga Hospital.

The daily menu consists of two meals a day, namely, the omelet, which consists mostly of beans, cooked lentils, bread, eggs and yoghurt. Lunch is the main meal and consists of vegetables cooked with meat such as pumpkin, okra, potatoes, sweet potatoes and vegetable salad and sometimes served chicken soup and custard With milk and observing the method of cooking, the meat cooker with vegetables, known locally as Eidam, is cooked in large quantities and less quantities of meat and vegetables, leading to lack of nutritional value to meet the needs of sick children. Or provided to patients, and can be judged on the menu provided for sick children in hospital Singa as poor in terms of nutritional value needs better planning in the future, Table 1 shows the menu. This result agrees[10]

A table (1) Shows the menu for children in the dormitories at Sanga Hospital

Weekdays	breakfast	Lunch
Saturday	Cooked Bean bread eggs	Edam Pumpkin bread Vegetable salad
Sunday	Lentils cooked bread yoghurt	Idem Potatoes bread rice
Monday	Lentils cooked bread yoghurt	Idem Aljergala bread Castrated with milk

Tuesday	Cooked Bean bread yoghurt	Idem Potato bread rice
Wednesday	Cooked Bean bread eggs	Edam Okra bread rice
Thursday	Lentils cooked bread yoghurt	Cooking lentils bread Yogurt
Friday	Cooked Bean Bread eggs	Edam Pumpkin bread Vegetable salad

he study proved that the observation of the kitchen found that it is small and is not equipped with modern equipment and workers and the cooking process lack training and nutritional knowledge and lacks many of the modern This result agrees[8],[11].

#### 4. Conclusion

The study found that the food service at Sanga Teaching Hospital is not satisfactory and is not sufficient for all hospital rooms. The hospital is large and frequented by patients from the surrounding area. The kitchen is not equipped with modern equipment. The workers lack expertise and training in food services.


#### 5. Recommendation

The study produced a number of recommendations that can help decision-makers in sound planning, including::

- 1) Providing part of the general budget of the hospital to support food services
- 2) Providing the kitchen with modern health food equipment.
- 3) Expanding the food services to include all patients in the hospital
- 4) There should be food systems for people with different diseases such as diabetes and pressure
- 5) Training and rehabilitation of workers in food services for improved service provided

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## Author Profile