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Hospitality through negotiations: The performing of everyday meal activities among nursing staff and meal hosts. A qualitative study

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ABSTRACT

Mealtimes are an important part of the hospital stay for patients and have significance for the patients' recovery and treatment as well as for their overall experience of their hospital stay. However, more knowledge is needed to understand the activities performed for the benefit of the patients and what the staff experience and describe to be meaningful or challenging when serving patients their meals. This study investigates the notion of hospitality in understanding the everyday activity of serving meals to older adult patients. The study is based on 20 semi-structured interviews with assistant nurses, registered nurses, and meal hosts at two hospitals in Sweden. Through thematic analysis, four themes were identified that capture the everyday activities of serving meals to older adult patients from the staff's perspectives: *Managing the patient's best interest*, *Managing time*, *Managing the food service frame* and *Managing the meal environment*. The findings suggest that hospitality is performed when these are managed, and that hospitality therefore is performed in negotiation with and within the given organisational frames in the hospitals. When these frames are stretched, the staff do more than is expected and carry out a caring and knowing performance that complements the already person-centred care approach in place. Essentially, the staff find that when having time, but also when taking time with the patients during the mealtime, they are able to increase the patients' food intake and create positive mealtime moments, hence emphasising the need for studying welcoming organisational structures that can enable the staff to perform hospitable mealtimes for the older adult patients.

1. Introduction

Patients' energy intake is of vital importance during the hospital stay to facilitate the recovery process as well as the treatment. This is especially significant for older adult patients over 65 years of age, since they have a higher risk of developing malnutrition-related disorders. Being affected by malnutrition has been shown to affect the patient's length of hospital stay as well as quality of life (Agarwal et al., 2013; Lim et al., 2012). However, some studies indicate that when the older adult patients receive their meals, they are not given adequate assistance with, for example, opening packages, or even reaching the tray (Heaven et al., 2013; Naughton et al., 2021). The understanding of how everyday meal activities are performed for this age group is thereby argued to be of importance.

1.1. Meal activities in hospital

Previous research has found that staff often view nutritional care as secondary to other activities conducted during the day at the hospital wards (Bonetti et al., 2013) and serving meals as a mundane task to perform (Heaven et al., 2013). The roles during mealtimes have also been discussed (Xia and McCutcheon, 2006), emphasising that nursing staff should be more involved during mealtimes, both to strengthen the overall care of the patient and to legitimise mealtime tasks as skilled work. Nevertheless, studies have also presented that staff of different categories do value nutritional care and serving meals to patients but at the same time recognise several barriers to performing meal-related tasks (Eide et al., 2015; Jong et al., 2021; Ottrey et al., 2018 a, 2018b , Ottrey et al., 2019). Identified barriers include restrictive organisational time and room frames as well as lack of knowledge concerning nutritional care (Holst et al., 2009). To come to terms with this matter, studies have been conducted using volunteers during mealtime (Howson

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et al., 2018; Roberts, 2018; Tassone et al., 2015), and protected mealtimes (Porter et al., 2017; Young et al., 2013), as well as action research to change the organisational culture surrounding the meals (Dickinson et al., 2008). In addition, studies have explored how the dining room environment might promote the mealtime (Jonsson et al., 2021) and how the staff experience serving meals to patients in communal dining rooms (Jong et al., 2021). These findings also suggest that mealtime assistance is beneficial for the patients and facilitated by communal dining and that overall meal culture and organisation around the meal can create positive meal experiences for patients as well as for staff.

1.2. Person-centred meals

An approach within healthcare that includes viewing the patients as active participants rather than as passive recipients of care is a person-centred approach (Ekman et al., 2011). In this article, person-centred care is seen as a policy that governs the way the healthcare staff are expected to perform in relation to the overall care of the patients, thus presenting a frame that the staff are expected to perform according to as well as within in their everyday encounters with the patients, including during the mealtimes.

Meals are usually served to the patients by nursing staff who work most closely with the patients. Previous studies have emphasised the importance of the staff's performances during mealtime in relation to patients' meal experiences as well as their overall food intake (Beck et al., 2019; Dickinson et al., 2008; Larsen et al., 2021). As a way to promote the mealtime, the role of a meal host has been introduced in Sweden (Swedish Food Agency, 2020) as well as in Denmark (Justesen, 2014), aiming to focus specifically on the hospitality aspect of the meal, providing the patients with a welcoming atmosphere during mealtimes. However, no previous study has been identified, in a Swedish context, that has included the views and perspectives of the meal hosts together with the nursing staff in serving meals to patients, perspectives that are also important to recognise, not least as the meal hosts have been positively acknowledged in the Swedish guidelines regarding hospital meals (Swedish Food Agency, 2020).

1.3. Hospitality in hospitals

The use of hospitality in hospitals is called for in the nursing literature (Gilje, 2004; Patten, 1994) and discussed as a way to enhance the patients' well-being during hospital stay (Pizam, 2007). Some studies have used the notion of hospitality to understand patients' experiences in general during hospital stay as well as specifically patients' mealtime experience and what the staff can do to enhance the patients' experiences during hospital stay (Hepple et al., 1990; Justesen and Overgaard, 2017; Patten, 1994). Showing promise in the use of the concept as a way to understand hospital meals. However, few studies have been identified that include the staff's perspectives regarding serving older adult patients their meals through the lens of hospitality. Through the use of hospitality, the practical doings by the staff as well as the organisation surrounding the hospital meal can be illuminated.

Several ways of understanding hospitality exist in the literature (Brotherton, 1999; King, 1995; Lashley, 2017). Brotherton (1999, p. 168) presents a definition of hospitality as

> A contemporaneous human exchange, which is voluntarily entered into, and designed to enhance the mutual wellbeing of the parties concerned through the provision of accommodation and food or drink.

It is a definition that highlight the mutuality aspect of providing hospitality as well as enhancing the parties' wellbeing and thus share common grounds with a person-centred approach. According to Lashley (2000), hospitality is a social phenomenon expressing a relationship between a host and a guest which includes the study of hospitality as an experience (Hemmington, 2007). The relationship between the host and the guest is in turn grounded in a perspective of acknowledging the other as well as wanting to please the guest through acts of hospitableness (Telfer, 2000). The acts of hospitableness are seen in the host's motives of wanting to provide "the extra" for the guest and differ in relation to the objective of a person-centred care that rather emphasize the persons participation in their decisions regarding their care. In this study we apply this understanding of hospitableness to the staff's everyday meal activities, understood as symbolic interactions inspired by in particular Blumer (1986) between the staff and the patients, together with an understanding of the performances, both of the staff and the patients, as framed due the scenery of the activities being understood as part of a total institution (Goffman, 1990 [1959], 1991). Symbolic interactionism is bound, according to Blumer (1986, p.2) to three premises: '1) human beings act toward things on the meanings that they have for them, 2) the meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows, and 3) these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters'. In addition, Goffman (1990 [1959]) presents an understanding of the enacting and presenting of a self that accords with the expectations of others in one's immediate surroundings through a dramaturgical lens, borrowing the language from the theatre. Premises and a language that in this study are understood and used to understand the staffs' descriptions and experiences of *how* they perform and *why* they perform the way they do in different sceneries when serving meals to older adult patients.

The hospital as an institution that restrains mealtimes and how meal activities can be performed by the staff at the wards has also been acknowledged in previous studies (Harnett and Jönson, 2017; Krogh et al., 2019). The lens of hospitality is then applied and used to discuss the findings in the light of viewing interactions as understood in relation to the specific context in which the meal activities by the staff are performed. We have therefore also included hospitality as a metaphor for welcome (Lynch, 2017), to explore the staff's performances and experiences in relation to the organisational and institutional frames that a hospital encloses, frames that have been discussed as being not very hospitable (Renzenbrink, 2011).

2. Aim

Through the lens of hospitality, this study aimed to explore the performances and experiences of everyday meal activities by nursing staff and meal hosts, in relation to older adult patients.

3. Method

The study is grounded in an interpretive perspective viewing social reality as constructed and experienced in relation to how one interacts with other subjects as well as objects (Blumer, 1986). This methodology emphasises that the researcher needs to address whom the phenomenon of interest concerns. The paper is thereby based on qualitative data using semi-structured interviews (Silverman, 2020) of staff members who serve the meals to the patients.

3.1. Study context and participants

The study was performed in two Swedish public hospitals (herein referred to as hospital A and hospital B) belonging to the same regional county care but located in different cities. The interviews were conducted with assistant nurses, registered nurses and meal hosts employed across three wards that cared for adult medical, orthopaedic, and geriatric patients. The wards enclosed different dining room environments, either dining rooms (hospital B) or dayrooms (hospital A), and they had all implemented the function of a meal host to facilitate the serving during the mealtimes. Within the dining rooms the meal host served the patients their meals on demand, while the meal hosts at the wards with

dayrooms did not have patient contact but rather heated all the pre-ordered meals in the ward kitchen, which were thereafter served by the nursing staff. The food service system in place thus comprised prepared meal boxes that were stored at each ward, and the menu consisted of a choice of several different options.

3.2. Data collection

An interview guide was constructed to capture the everyday activities of serving meals at the wards, specifically to older adult patients. The interview guide was based on the Five Aspect Meal Model, FAMM (Gustafsson et al., 2006), which encloses the following aspects: the room, the meeting, the product, the management control system and the overall atmosphere. The FAMM includes a view of the meal as an entirety that needs to be planned in relation to the aspects so as to create the best possible meal experience for the guest (Edwards and Gustafsson, 2008). The interview guide contained questions that reflect the aspects in the FAMM in relation to the staff's everyday meal activities, including how they served the meals in different rooms setting, and how they described serving meals to older adult patients, including both challenges and positive mealtime moments together with the patients.

The study participants were informed about the study during staff meetings as well as through emails from the heads of the wards. Suitable times for interviews were arranged with the participants, and the interviews were conducted face-to face by the first author at the participants' workplaces. A total of 20 semi-structured interviews with registered nurses (n = 8), assistant nurses (n = 8) and meal hosts (n = 4) were conducted, ranging between 22 and 48 min.

3.3. Ethical considerations

The declaration of Helsinki (World Medical Association, 2001) was followed in each step of the study. All participants were informed both in writing and verbally by the first author and provided written consent to be included in the study. All participants were ensured confidentiality in the reporting of the results.

The study was approved by the Regional Ethical Review Board of Uppsala, Sweden (DNR 2018/145).

3.4. Data analyses

All interviews were audio recorded and anonymised during the transcription process and imported into the qualitative analysis programme MAXQDA 2020 (VERBI Software, 2019). The interviews were analysed in accordance with thematic analysis (Braun and Clarke, 2006). The analytical process started with the authors familiarising themselves with the data and thereafter having a joint discussion about possible interpretations and themes gained from reading the interviews. The first author then re-read the material and inductively coded all interviews in a systematic manner, using mind maps to facilitate the coding process and collating the codes into potential themes. As described by Braun and Clarke, in a final step, the initial themes were discussed and refined, which ultimately resulted in four themes and eight subthemes (Table 1). The findings are presented in relation to the identified themes, using quotes from the interviews, and further discussed in relation to the notion of hospitality in section 5 (Discussion). Throughout the findings and in the discussion section, assistant nurses and registered nurses are referred to as *nursing staff*, and the term *staff* is used when referring to both nursing staff and meal hosts.

4. Findings

The analytical process identified how everyday meal activities enacted for older adult patients were performed and experienced by the staff, showing how different aspects needed to be managed before and during the mealtime: *Managing the patients' best interests, Managing time, Managing the food service frame* and *Managing the meal environment*. All themes and subthemes are to be understood as connected, showing the complex character of serving meals within a hospital context.

Table 1
Outline of the themes and subthemes.

Theme	Managing the patients' best interests	
Subtheme	Finding ways	Providing the unexpected
Descriptor	Finding the solutions Finding the reason behind the "no" Do they have everything they need/want? Informing about the potential drawbacks	Listen to the patient Wanting to please everyone Having empathy Creating the little "extra"
Theme	**Managing time**	
Subtheme	**Not enough time**	**Taking time**
Descriptor	Finding the time to check on the patients Wanting to have time to sit with the patients A person dedicated for meals would help Manage all patients at once Juggling several duties at once	Taking time to sit with the patients When assisting someone with eating you need to take your time Acknowledge the patients' needs Socialize in the dining room
Theme	**Managing the food service frame**	
Subtheme	**Handling the meal orders**	**Handling the meal organisation**
Descriptor	Helping with food choices Manipulating the portion size Knowledge about the food Knowing what the patients want How you take the orders	Communication with the meal hosts/nurses Importance of staff consistency Keeping the time schedules Wishes that meals would be more valued
Theme	**Managing the meal environment**	
Subtheme	**Preparing for mealtime**	**Wanting more functional mealtime rooms**
Descriptor	Assure a good seating position Assure that the alarm button is in reach Tidying up the meal space in the patient room Promote eating out in the dining room environments	Manage a crowded feeling in the dayroom Experiencing a noisy environment from the microwaves Wanting a cosier atmosphere in the dining room environments You need to have an overview of the room

4.1. Managing the patients' best interests

The staff described the overall importance of always focussing on the patients' best interests during the meals, including listening to their needs, wishes and desires. This theme encompasses the staff's performances of caring for the patient's well-being and the importance of seeing the person behind the patient role as well as being able to read between the lines. For the staff, reading between the lines meant empathy and an ability to know what the patient needed but perhaps did not voice. This theme consists of the two subthemes "Finding ways" and "Providing the unexpected", which capture the staff's efforts in trying to manage the patients' best interests and creating positive mealtime moments.

4.1.1. Finding ways

The nursing staff faced the challenge of finding ways to get the patients to increase their intake of food, or to eat anything at all. This was identified to be a delicate matter of involving the patients in their care and respecting their wishes, with the nursing staff's professional knowledge of what would be beneficial based upon the patients' health status. The performances enclosed negotiations with the patients, involving them in the decisions and informing them about the benefits

or drawbacks of not eating their meals, as well as giving suggestions on alternative menu options. By acknowledging the patient and trying to find the reasons for the patient's food rejections, the staff could find ways to get the patient to eat. This effort also created a good feeling for the nurse, to have helped the patient to be able to consume a meal.

> And, like, not be satisfied stopping at "no, but I don't want to have"; she had sort of not wanted to, she didn't want to complain and be a bother. (Code 11, Registered nurse)

Since the mealtimes also included the need to be mobilised, the nursing staff could face some challenges and a need for negotiation when trying to get the patients out of bed to eat, whether sitting at a table in the patient's own room or eating in the communal dining area. The nursing staff reported that these negotiations with the patients most often resulted in positive outcomes for the patients as well as a positive feeling for the nursing staff. Overall, the staff expressed a good feeling of being part of creating a positive mealtime moment for the patient.

4.1.2. Providing the unexpected

Both nursing staff and meal hosts talked about how they wanted to provide pleasant mealtimes for the patients. This included being able to recognise and to see beyond what was asked for and to see the different needs of the patients during mealtimes.

> It's important for me that you see the patient, and consider their needs. Regardless if it's about serving food, there are some that have the need for something else while they are eating and talking. For me, that's like the whole thing, not just preparing a plate and serving and saying here you go. (Code 15, meal host)

The meal hosts described how their presence could enhance the patients' mealtimes through acknowledging aspects other than only serving food. The staff talked about the necessity of "reading between the lines" in meeting with the patients, to be able to provide that "extra" that could enhance the overall experience and even increase food intake. This was exemplified by inviting a spouse to eat in the room with the patient or acknowledging that a patient needed peace and quiet, even though this was not asked for. It also entailed the art of making the patients smile and laugh, and thus creating positive moments through the meal.

4.2. Managing time

This theme relates to the need to manage time in different ways to be able to perform everyday meal activities. This was expressed partly in terms of not *having* enough time, and therefore, time needing to be constantly managed and elaborated. Time was also expressed in terms of the need for more time, and therefore the need to *take* time. Having time to socialize with the patients during meals was experienced to be beneficial for the patients, both in terms of promoting a higher food intake and for breaking social isolation.

4.2.1. Not enough time

Serving meals within a hospital setting was often experienced by the nursing staff to be stressful, leading to not prioritising the mealtime as much as they would like.

> Yes, but you, often enough, you just dash in and focus on the food and say "here you go, what would you like to drink?" and chop-chop, it will go quickly, like. Because everyone wants hot food, and the last one will get cold food if you stop and make small talk with everyone. (Code 5, assistant nurse)

Overall, the staff faced different challenges related to managing time, to be able to accommodate the patients' needs and wishes regarding the meal and in providing them a nice mealtime moment. The nursing staff at the hospital that did not have a meal host assisting during the meals expressed that it would have been beneficial to have someone who could focus entirely on the mealtime. The nursing staff working at the wards without a meal host needed to manage the mealtime in relation to set time frames regarding when the food was ready on the trolley and when to collect the trays and return them to the kitchen. In contrast, the meal hosts stationed in the dining rooms experienced that they could have more time for socialising with the patients and thereby create positive encounters with the patients. Still, challenges of providing a timely meal for the patients eating in the dining room environments at the same time as preparing meals for patients having their meals in their own rooms were also raised by the staff.

Not enough time was experienced also regarding the number of staff available during the mealtime in relation to the number of patients at the ward, especially if the patients needed assistance during their meals. Here, the nursing staff experienced how they needed to manage the time frame and find ways to *take* time.

4.2.2. Taking time

Even though time was often perceived as lacking during mealtimes, the staff expressed a desire to try to find time, and take time, to ensure that they had time with the patient. Time during meals was expressed as important and of value to acknowledge the patient's needs and showed itself in the staff's caring and knowing performances.

> During a meal, if there is a lot that the patient cannot manage by themselves, to have the time to sit with the patient and perhaps ask. To have some knowledge about what side is best for me to sit at, to have some background information if the vision is impaired or perhaps [the patient] can't hear on the other, then perhaps I should sit on the other side. (Code 11, Registered nurse)

Taking the time to check on the patients during the meals, in their rooms as well as in the dining room environments, was described to be of great value for the staff in terms of acknowledging the patients, but it was also perceived to be valuable for the patients if the staff had time to "mingle" with the patients in the dining room environments. In particular, the meal hosts experienced that their function in the dining room could create a moment when the care discourse was not that evident. Here the staff also talked about how the patients were addressed and how they, through asking the patients about their meals, could open up the opportunity for a discussion about the meal instead of just clearing the tray.

> When you ask, instead of "have you finished eating?" you take away the tray. So you're "there, did it taste good?" (Code 20, assistant nurse)

By being asked if the meal tasted good or if they would like anything else, whether they were in the patient's room or in the dining room, the patients were given an opportunity to accept more food instead of having to actively asking for it. Hence, despite feelings of not having time, both nursing staff and meal hosts expressed how they tried to take time, as they knew how important this was for the patients. Taking time was exemplified through "fika" (a Swedish expression for a break including beverage and/or a snack) with patients on the staff's own breaks, prioritising the patients instead of doing the dishes and taking time when helping with the food choices.

4.3. Managing the given food service frame

Serving meals at hospitals takes place within a given food service frame, including the specific food served as well as the menu provided. This theme displays that, to be able to perform the everyday meal activities for the patients, the staff needed to navigate with and within the overall food service frames at the hospital wards. This included the need not only to handle the meal orders, including the menu options and portion size, but also to communicate with each other – nursing staff and

the meal host – to be able to provide the patients their meals.

4.3.1. Handling the meal orders

The menu was identified by the staff to be a facilitator in offering several food and meal options. On the one hand, the menu facilitated the patients finding suitable options, while on the other hand, the menu was described as inhibiting to some patients, since the number of choices could be difficult to grasp. Instead, the staff needed to ask probing questions to try to limit the choices and find out what the patients would like to eat. Helping the patients with food choices was often part of the everyday meal activities, which for the staff was intertwined with their feeling of not having enough time. In addition, the fixed portion sizes were often perceived to be too large for some of the patients and observed by the staff to reduce the patient's appetite. This challenge was identified by the staff, and they described how they often attempted to find ways to accommodate the patients' wishes for smaller portions, for example, by reducing the amount of food on the plate.

Handling the meal orders also involved knowing the menu options and being able to provide suggestions, as well as knowing how the patients wanted their meals, especially if the patients needed assistance with ordering the food. This was exemplified through knowledge and care about what they served the patients and *how* it was served.

> [The patient] would like to have porridge with applesauce, milk. Please put the milk on the side so then one can pour the milk now and then, so it doesn't become cool all at once. (Code 14, assistant nurse)

This exemplified the staff's knowledge about the food choices as well as caring about the patients and the food through its preparation and serving on the plate.

4.3.2. Handling the meal organisation

The staff expressed the importance of good communication between each other (meal hosts and nursing staff) to be able to create a positive mealtime for the patients. The nursing staff expressed that a consistency of meal hosts in the kitchen/dining room environment facilitated and enabled good teamwork around, for example, specific routines. It was also recognised by the meal hosts that good communication with the nursing staff was beneficial when the orders for the patients who ate in their own rooms were to be handled, so that time could be managed and directed towards the patients who were in the dining room.

Communication about the meals in general was also highlighted by the nursing staff, and how it would be preferable to have the meals more intertwined with the overall care work, for example, by including the mealtimes among the regular topics addressed during staff meetings.

4.4. Managing the meal environment

In the study, the patients' meals took place in one of the common meal environments at the wards, the dining rooms and the dayrooms, or in the patients' own rooms. These were rooms that differed in size and materiality within, as well as regarding the function of the meal host. Therefore, managing the meal environments was part of the daily routines at the wards but was nevertheless highlighted in the interviews as having importance for them to be able to create positive mealtimes for the patients. During the interviews, the staff related what they experienced as lacking within these rooms, both to be able to create a positive meal atmosphere for the patients and for their own ability to provide the patients with their meals.

4.4.1. Preparing for mealtime

When the staff talked about their everyday activities related to the meal, the routinised nature of the meals became evident. Preparing for the mealtime was part of the routines embedded in their everyday activities and were in the analysis interpreted as significant acts for promoting the patients' mealtimes. One of the first decisions concerned the setting where the patient was to eat. There was an overall ambition among the nursing staff to try to encourage the patients to eat in the dining room environment, as it was thought to promote a higher food intake, but also because it could break social isolation for the patients. However, if a patient chose to eat in their own room, the nursing staff expressed the importance of tidying up the room and the place for the tray before serving the meal, as a desire to serve the meals in a nice setting. Even though this was not always expressed by the patients as necessary, the staff stated how they wanted to make sure that the patients were ready before the meals were served, for example, with a good seating position and clear bedside table.

4.4.2. Wanting more functional mealtime rooms

The room environments for the meals were described by the staff as essential to providing a positive mealtime experience for the patients. In relation to this, the need for rooms that enabled this was urgent and described by the staff in terms of the need for more functional mealtime rooms. This entails the wish to be able to serve meals in a room environment that could co-create a positive atmosphere as well as being easy to serve in. This was especially apparent in the dayrooms, since many patients needed a wheelchair at the tables.

> The dayrooms could look a bit different, but that is another issue. It can become a bit crowded in there when trying to create a nicer atmosphere of not having the feeling of being trapped or in the way. That can cause a bit of stress maybe in the mealtime. 'Cause how it is furnished, it's a bit tricky. (Code 1, assistant nurse)

In turn, the dining room was experienced by some of the nursing staff as a bit noisy, and the preparation of the food within the dining room created a stressful atmosphere, with microwaves beeping and orders being taken for the patients who were eating in their own rooms. Hence, the staff expressed a wish that the room could be more welcoming and adjusted to enhance the overall mealtime for the patients.

5. Discussion

This study, grounded in an interpreted perspective, explored the everyday activities of serving meals to older adult patients from the perspectives of the ones serving the meals, a perspective that could unveil the negotiated mealtime within an institutionalised framed context (Goffman, 1990 [1959]). The findings thus represent the participants shared understanding of their everyday reality of serving meals constructed within institutional and organisational restrains.

The analysis showed that the staff experienced the mealtime for older adult patients through a constant need to manage the meal environment, the time available and the food service in place as well as the patients themselves. In relation to this, the staff performed according to and in negotiation with and within given organisational frames. These are findings in line with previous research (Beck et al., 2016; Eide et al., 2015; Khalaf et al., 2009; Ottrey et al., 2018b) and highlight the routinised nature of the mealtime within a hospital context. These negotiations were performed in a caring and knowledgeable way to be able to enhance the patients' mealtimes as well as food intake corresponding to a person-centred care (Ekman et al., 2011). Yet, the staff were identified as performing a *hospitable* mealtime when going outside these frames and thereby acknowledging the patients' needs and desires. Going outside the frames meant *doing more than expected*, for example, manipulating the portion sizes to be smaller and more appealing or presenting a "smiley faced sandwich", to enhance the patient's appetite.

5.1. Hospitality as part of a person-centred care

The study brought to light the symbolic value of the mealtime and how serving a meal could bring joy and break isolation for the older adult patients. These findings are in line with previous research that has

identified how social interactions and assistance during mealtimes promotes a higher food intake (Paquet et al., 2008; Tassone et al., 2015), as well as with patients' accounts of positive experiences of commensality during mealtimes (Jonsson et al., 2020) and how the mealtime is an important part of the day during the hospital stay (Beck et al., 2019; Holst et al., 2017; Johns et al., 2010).

As Ottrey et al. (2018b) also have demonstrated, mealtime is a time when staff, to a higher degree, want to have more time with the patients to perform person-centred care but feel restrained by the organisational frames. Since person centred care in this study is argued to be part of a policy intended to be performed by the health care staff, it is a significant finding of this study that hospitable behaviour often is performed when operating outside given organisational frames. Hospitable behaviour was performed not only through negotiations with and within organisational frames but also as a constant negotiation between the staff's professional knowledge about what would be best for the patient from a nutritional or health perspective and efforts to accommodate the patient's wishes and desires. Hence, as was experienced in this study, performing hospitality was not always facilitated by the organisation. These findings further demonstrate, in accordance to Goffman (1990 [1959]), the need to consider as well as handle, organisational restraints in relation to meal provision to promote patients' food intake. The findings also contribute to the understanding of needing to create a welcoming atmosphere for the staff to work within (King, 1995), especially as the findings also recognised the mutuality aspect of hospitableness through the staff expressions of feeling good when creating positive moments for the patients.

According to Bell (2011) and Lynch (2017), an organisation can be understood as a carrier of hospitality and can create an organisational welcome. The organisational welcome is in this line of argumentation imperative for staff to be able to have the space and place to perform hospitality during the mealtime (King, 1995; Lugosi, 2008). This is of importance, since the findings show that it is when the staff found the reasons behind the patients "no" and taking time, that the staff observed that the patients ate more of their offered meal options. When the patients were asked if they would like anything else or whether everything was satisfactory, the staff opened a door for the patients to answer, instead of having to actively ask for more, thus performing meal care that prevented the patients from enacting the role of the uncomplaining, conforming patient (Sidenvall, 1996).

However, as Khalaf et al. (2009) found, the nursing staff experienced an ethical dilemma when wanting to care for the patients, as the patients might not want to accept the care provided. Through knowing and caring about the individual patients' well-being, the staff were interpreted as showing empathy for the patients' situation, and thereby could find different ways and solutions to enhance the patients' meal experiences as well as their food intake. To offer hospitality to patients with the motive of acting in the patients' best interests is argued to be "other regarding" when going outside the given frames to show compassion for the patients (Telfer, 2000). This exemplifies a deeper argumentation of hospitality as a moral duty to take care of and aid strangers in need (Telfer, 2000). When the staff negotiate, possibilities arise to perform hospitable behaviour and provide the patients with more than a tray of food. The offering of food and drinks becomes, in the light of Blumer (1986) a symbolic act of caring between the host and the guest. Fulfilling the patient's basic needs becomes a powerful metaphor of "I see you." Being hospitable can thus be regarded as a part of, as well as expanding a person-centred care in its enactments towards and with the patient during the mealtime. Serving meals in a hospital setting is thus a complex performance that centres the patients through a listening and including approach as well as the need for welcoming frames that can support the staff to create moments of the unexpected.

5.2. Strength and limitations

This study reflects the perspectives and experiences of staff from three wards across two hospitals in Sweden, gained through a qualitative approach (Silverman, 2020) that included the voices of those it concerned. Even though the dining room environments differed, as did the roles of meal hosts, the experiences of serving meals to older adult inpatients were identified to be similar. The number of meal hosts interviewed was limited, and their voices were not as visible in the findings as intended; nevertheless, their perspectives are important to include, since, to the best of our knowledge, no other study has in the Swedish context included the perspectives of the meal hosts. These perspectives further add to the understanding of how meal hosts can enhance the overall meal experience for older adult patients as well as how they can be an additional team member to the nursing staff during mealtimes.

The authors had no previous experience working within the hospital arena and no connection to the wards participating in the study, thus permitting the authors an open mind towards the field and the derived results. However, no study can be conducted in a vacuum, and the preunderstandings as well as the theoretical perspectives will always be present (Tracy, 2010). The first author has a background in public health, which most likely has shaped the understanding of the mealtime as a possible health-enhancing moment; the second author has studied the meal in relation to the aging population in different contexts through a sociological viewpoint. Our different backgrounds are seen as a strength when analysing and disseminating the findings (Carter et al., 2014).

This study contributes to the understanding of the performances needed to be conducted daily by the staff when providing older adult patients their meals and adds to the discussion that serving a meal is not a mundane, low-skilled task to perform (Heaven et al., 2013). However, the study was conducted in a Swedish context and in hospital settings where meal hosts were used to support the meal provision at the wards, and thereby present restrictions in transferability of the findings to other contexts that might have different hospital systems. Still, the study explores how the staff experience and perform everyday activities of serving meals to older adult inpatients, and by doing so, demonstrates the struggles, challenges and opportunities in serving meals in hospitals. Furthermore, the everyday activities is explored through applying conceptual and theoretical lenses, which in accordance to Tracy (2010) further strengthens the theoretical value and contribution of a study.

6. Conclusion

The findings from this study have highlighted the everyday activities of providing meals to older adult patients as a continuous and everyday process of managing aspects related to time, the food service and the place for consuming meals, and at the same time having the patients' best interests in mind. Both nursing staff and meal hosts were found to be caring and knowing in their meal performances to accommodate to the patient's needs and desires during the mealtime. The everyday meal activities were performed within the organisational frames of the hospital; however, these frames needed to be continuously managed and negotiated to be able to perform hospitality during mealtimes. These findings further point to the need to study *hospitality in hospitals* and how to create welcoming hospitable frames for performing hospitable mealtimes for the older adult patients, which, according to the participants in this study, also increased the patients' food intake.

7. Implications for gastronomy

This study contributes with knowledge concerning the applicability of the notion of hospitality in exploring everyday meal activities within a hospital frame. The findings highlight the staff's performances towards older adult patients to be able to promote the patient's meal experiences as well as their food intakes. By applying different ways of understanding hospitality, this study could unveil the need from the staff to have a welcoming organisational host to facilitate their mealtime work.

By acknowledging the organisational frames needing to be negotiated with by the staff, the study further the discussion about the mealtime as part of the overall care for the patients. The study also contributes with more knowledge concerning how staff experience their everyday meal activities and how they perform when providing meal to older adult patients. Understandings that can be used to discuss the significance of knowledge in hospitality in hospitals as well as hospitality in health care educations to be able to implement hospitality as part of a person-centred approach.

Author statement

Ann-Sofie Jonsson. Conceptualization, Methodology, Investigation, Formal analysis, Writing original draft, Writing – review and editing. Maria Nyberg. Conceptualization, Formal analysis, Writing – review and editing. Supervision.

Declaration of competing interest

None.

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