

HOSPITAL FOOD TRANSITION

a study on stakeholder theory at the Leiden University Medical Centre

Methods

Qualitative research

How can insights into the attitudes and influence of stakeholders groups lead to healthy policy change in a hospital's dietary policy?

Semi-structured interviews

with different stakeholders in the LUMC, namely doctors, nurses, dieticians, Board of Directors

Results

Past changes

- Increase healthy options & decrease unhealthy options -> slow change

Perceived influence

- Higher if previous attempted changes had positive effect
- Board of Directors & food service staff perceived to have high influence

Perception of food policies

- High importance: doctors, dieticians and catering staff -> connection between diet, health & planet
- BoD: broader approach to health
- Nurses: focussed on daily tasks

Perception planetary health diet

- Doctors and dieticians: only benefits
- Nurses and BoD: other priorities

Barriers against food transition

- Opposition of staff members (dangerous if power and legitimacy)
- Changes required to production and logistics (more fresh products)
- Budget
- Lack of prioritisation

Enablers of the food transition

- Governmental guidelines (Green Deal)
- Organisational support
- Staff knowledge & training
- Perceived benefits (strong value case)
- Nudging

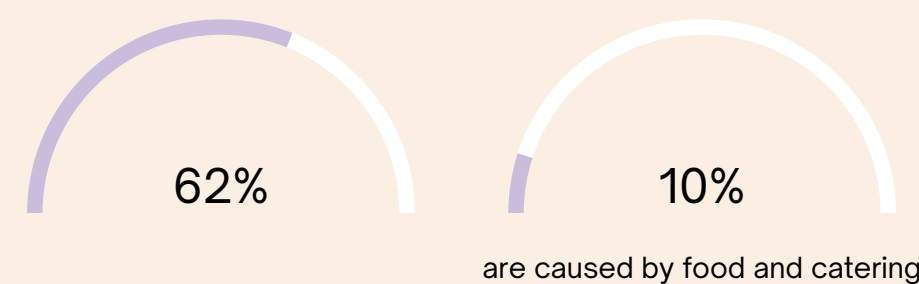
Problem

- LUMC faces barriers in healthy food transition
- Healthy diets are linked to both human and planetary health

Hospital CO2 emissions

Supply chain

out of that:



Recommendations

1

Implement planetary health diet in food services

2

Improve stakeholder management & enhance education initiatives

3

Collaboration with external stakeholders

4

Make resources available