Dietitians and caterers: an uncertain but critical relationship

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Introduction

The impetus for this study came from issues within catering and dietetics that had stimulated, interested and perplexed me during a dietetics career spanning 30 years.

I wanted to capture what caterers and dietitians perceive as unique in their own worlds of work and to describe the apparent conflicts that documentation and experience display between these two groups. For, whatever their differences, caterers and dietitians share a common purpose and responsibility within health care, to feed patients to the best standard they can within the constraints of hospital meal services, ensuring that nutritionally adequate and appetising food is provided. Hence, their successful collaboration is essential for optimal patient feeding.

Two unrelated incidents brought the project into sharp focus. One, a remark made by a colleague referring to apparent difficulties "... well, of course, catering is an occupation and dietetics a profession ...". Second, reading the popular work, Men Are from Mars, and Women Are from Venus (Gray, 1992), the precept of which is that one cannot expect two distinctly different groups to behave in the same way.

The study

The aim of the research was not to undertake a representative study with a view to generalising findings, but to carry out a qualitative in-depth study which may contribute to mapping out some areas for further research. Steps to minimise bias and limitations were considered within the research methodology and built into the research process. Despite the limitations, the study raises important questions which could be more widely addressed with diverse population samples, at undergraduate, postgraduate and practitioner level.

Within the NHS the roles of catering officer/manager and dietitian have their origins within nursing. However, it appears that they have developed into two distinct groups, at variance with each other and their earlier shared value systems inherent within the nursing profession. Since the 1960s, dietitians have recorded working tensions between these two groups which have the potential to

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Abstract

Within health care, the occupations of catering officer and dietitian stem from the same root – nursing. However, despite this common base, dietitians have recorded working tensions between these two groups. As caterers and dietitians are both responsible for ensuring the provision of nutritionally adequate and appetising food, their successful collaboration is essential to successful patient feeding. A qualitative study was undertaken to account for the values, ideals and beliefs brought to their practice. A small purposive sample of caterers and dietitians were interviewed to elucidate their views on the importance of their chosen occupation to them. The interviews were recorded and verbatim transcripts made. The content was analysed manually using a grounded theory approach, so that key issues emerged from the interviews per se. These themes – qualification, motivation, reality, constraints and perceptions – provide the basis for describing differing value systems underpinning practice, and highlighting significant interprofessional issues for caterers and dietitians.

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adversely affect the quality of feeding hospital patients.

To account for the values, ideals and beliefs brought to practice by caterers and dietitians, the methodology of choice was qualitative, employing a grounded theory approach that gives credibility to qualitative data (Glaser and Strauss, 1967). As the study aimed to understand what motivates behaviour, it required an ethnographical approach to draw on the richness of experience expressed through the personal views of subjects (Hammersley, 1992). This was undertaken by individual interviews with a small purposive sample of caterers and dietitians to account for their views on the importance of their chosen occupation to them. Open, semi-structured interviews, guided by an interview schedule informed from a review of relevant literature, were held with informants at their chosen venue until the data were saturated. The interviews were recorded and verbatim transcripts made. The early interviews were scrutinised to test and refine the schedule. All interview content was analysed manually to identify emergent themes (confirmed by a secondary analyst and willing participants) using a grounded theory approach, so that key issues emerged from the interviews per se.

Profession or occupation?

Any occupation that can obtain a licence and mandate to practise has the makings to claim the title "profession". Academics have long struggled to agree a definition that articulates the differences between occupations and professions. Since the turn of this century, particularly through examining the profession of medicine as the "gold standard", sociologists have attempted to define the essence of professionalism. But what is it about "being professional" that makes occupational groups work hard to lay claim to that title?

Being considered professional confers on the title-holder a variety of attributes acclaimed by society. This is a motivator for a nucleus of workers to expend a deal of effort and energy to organise an occupational group so that it can claim that reward. Since medieval times, members of the three professions – medicine, the church and the law – have been revered as pinnacles of society, until the industrial revolution had an effect on the division of labour within society. Twentieth century sociologists’ attempts to label professionalism gave it an occupational standing to be aspired to by the middle classes.

The NHS still reflects old-time values and hierarchies and health-care workers bring both personal and professional values to practice which still appear to have role perceptions and hierarchies with an occupation/profession divide relevant to catering and dietetics. Some sociologists remain adamant that many occupations, including nurses and paramedics, will never aspire to the revered state of the ancient professions, remaining “semi-” or “aspirant-” professions (Etzioni, 1969). The organisation of NHS unions (Burrage et al., 1990) reflects the hierarchy of health-care professions – the semi-professions (which include dietetics) being sandwiched between medicine at the top, and skilled and manual trades (which include catering) at the bottom.

As there is no hard-and-fast definition of profession it is beholden of authors to define what they mean by the term professional. Thankfully, in her PhD thesis, Larson (1977) moved thinking forward to focus on the processes involved in occupations becoming accepted as professions – the "professional project" – with her concept of a continuum whereby an occupation works to gain acceptance within society as a profession.

The professional projects of catering and dietetics

By describing the histories of both catering and dietetics it was possible to capture the differing areas of professionalisation achieved by both groups in an unemotional and non-judgemental way. Both groups’ achievements on the path to professionalisation could be described objectively, celebrating successes and clarifying weaknesses and, importantly, the model also allows for consideration of the ideology of professional values. It demonstrates the different natures of both groups in terms of longevity, science-based education, market monopoly and respectability. The sheer numbers and variance between the single focus of dietetics and the diversity of the catering industry are
clearly reflected in the professional projects of the two associations. Both groups are clearly very different, but both demonstrate attributes of professionalisation. Although neither realises the label of “profession” akin to the “gold standard” of the medical profession, the professional projects illustrate that dietetics has achieved more success than catering in being considered “professional” by both peer and lay groups. Importantly, there is only the one regulated route for dietitians to qualify and practise for NHS employment. This is augmented by the science-based scholarship – linked to the practice of medicine – and the increasing academic research-base of knowledge.

Hospital catering falls within the umbrella of service industries, which are by their very nature fragmented, making their project more challenging and diverse than dietetics. The work of the HCIMA to unify the industry’s education base has been important to progress their project. The catering industry is advanced in areas such as international achievement, benchmarking, information technology and social strategies for engaging government.

The professional project has no defined end. Hence, both groups continue to work on their individual projects, gaining achievements and recognition on their paths to the goal of professionalisation, seeking the public, state and peer opinion that confers the label of “profession”.

Study findings

Qualifications for practice
Dietitians took for granted their uni-disciplinary degree and state registration, which potentially sets the scene for a narrow view of practice within health care. Caterers described diverse routes of training, which featured heavily in discussions; they can practise without a formal qualification but amass a wealth of practical and life experience through their career path:

. . . dietitian had a great amount of knowledge and the responsibility to get things right . . . particularly in attending to detail . . . (dietitian).
. . . catering was and still is perceived as a job for the less intelligent . . . (caterer).

Motivation to practice
For both parties, the goal is to achieve the best food service for patients, in their own terms – whether by operational, craft, nutritional or scientific means. Dietitians were particularly attracted by the combination of food, science and people, and some expressed strong emotion about their work:

. . . dietetics is a vocation for me. Best days work I ever did choosing to be a dietitian, never disappointed . . . (dietitian).

Reality of practice
Catering management is operational and demands responsibility 24 hours a day, 365 days a year, whereas dietetics is a clinical role practised within office hours:

. . . I chose the career carefully because I didn’t want to work weekends . . . (dietitian).

Both parties largely practise within different working environments, working with a divergent calibre of staff and colleagues, and having different status within health care. These bring their own constraints and barriers.

Perceptions within practice
Dietetics was perceived as clinical and catering as a facilities service. The nurse completes the patient feeding triad and both dietitian and caterers expressed reservations about their commitment to this role. The role of the doctor and nurse as customers of the caterer is unique.

Discussion
It is outside the scope of this paper to provide details of the study findings and of the recommendations for constructive working that emerged from the study. However, some of the observations of working together expressed by the dietitians and caterers in the study, provide food for thought:

. . . I think this is now a habit . . . the expectation that dietitians and caterers are not going to get on and therefore they fulfil that expectation . . . (dietitian).
. . . I do think we are poles apart I must admit . . . they [dietitians] come from an ideal world, 18g protein and all that. As a caterer, I think that, as long as the patient eats something, that’s important . . . (caterer).
Caterers and dietitians working together

There appear to be issues of communication. Dietitians plan patient interventions, pitching their delivery of both language and information at the assessed correct level for the patient, and evaluating patient understanding and compliance. They also allocate sufficient time for this. However, these skills do not appear to be transferred to interactions with catering colleagues:

... having kitchen staff do what you want done seems to be the main problem ... (dietitian).

There are solutions, however:

... I think its quite simple, a matter of sitting down, talking the same language asking what do you want? Being clear with each other about restrictions, especially budgets ... work together to come up with solutions ... (caterer).

Since dietitians left the diet kitchen in the 1980s to follow the clinical model, there have been issues around easily and informally getting together with their catering colleagues. However, these are not insurmountable:

... but now I think its a real bonus to be in close proximity and therefore easy to relate together ... (dietitian).

Dietitians and caterers tend to qualify for their roles in very different ways and this needs addressing. More thought to the implications of each other's backgrounds needs to be given, so that interactions are fruitful but not patronising. It is essential to understand and acknowledge the others' learning and experience in order to foster mutual respect:

... Why we never placed caterers, new assistants, supervisors, etc., to shadow dietitians in the same way as they did with catering, I'll never know. Of course, with dietitians as students, they have to do it and be assessed on it. But no damn reason why we shouldn't have done it unofficially ourselves. Perhaps at induction, two to three days (caterer).

Dietitians' written and verbal skills can be used to benefit and complement the caterers' knowledge and experience of personnel and financial issues can be offered to assist in preparing joint cases of need for food service improvements. Being seen to work together in a supportive manner at ward and board level strengthens others' perceptions of their mutual roles to provide good food services:

... [dietitians] invariably come from middle-class backgrounds, caterers probably working class ... they [dietitians] have to learn that people in catering haven't their privileges and background ... (caterer).

Identifying dietitians that not only have ability and interest in working within the catering arena, but also are knowledgeable about food on a plate and its cost and operational implications. And giving them the proper respect and authority within departmental hierarchies to fulfil their role:

... qualities in a dietitian? ... consistency, practicality, hands-on, not frightened of the kitchen or ward staff in terms of food services ... (caterer).

... good to have her [dietitian] as a single line of contact although her status wasn't as important as her being nominated and respected to have the authority as the liaison person between the departments ... (caterer).

Recent publications (Allison, 1999; Maryon Davis and Bristow, 1999) make reference to the appropriate management of food services to ensure that patient feeding obtains the profile it deserves within health care. Prior to the publication of these reports, this had been raised as a key issue by study informants:

... I want them [patients, menus] to be part of patient care ... (caterer).

However, if the apparent barriers to interprofessional working between these occupational groups continue to be maintained, the path to optimal patient feeding will be a difficult one:

... why should it be the caterer who has to get close to the dietitian? Why shouldn't the dietitian make the effort to get close to the caterer? They've both got their own roles to play ... (caterer).

Mutual aspirations to optimise patient feeding will only be realised if:

... everyone contributes equally in whatever way they can ... and they do it with good heart and good grace and [know that] whatever they do is equally important ... (caterer).

Because, as one informant observed:

... I came to see that ... regardless of nutritional value the fact that they ate it, enjoyed it and it may have made their experience of being in hospital a little bit better, that motivates me. I believe it is right for me to effect some form of change ... for improvements to help people enjoy a better eating experience ... (dietitian).

References

Allison, S. (Ed.) (1999), Hospital Food as Treatment (BAPEN report), BAPEN, Maidenhead.
Burrage, M., Jarrauch, K. and Siegrist, H. (1990), "An actor-based framework for the study of the

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