Emergency Medicine Australasia

SHORT REPORT

Food as a Component of Patient-Centred Care in Emergency Departments: Preliminary Findings

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ABSTRACT

Objective: To explore the role of food in patient-centred care for culturally diverse communities within Emergency Departments (ED).

Methods: The 'Not Just a Meal' project conducted four focus groups with 28 Culturally and Linguistically Diverse (CALD) participants, examining ED food experiences and preferences.

Results: ED food was perceived as cold, unappealing, and culturally inappropriate, heightening vulnerability and leaving dietary needs unmet for patients and carers.

Conclusions: ED food provision must improve to enhance care equity and outcomes. Practice innovation, policy reform, and multi-site studies are needed to scale these preliminary findings.

1 | Introduction

The Australasian College for Emergency Medicine (ACEM) Quality Standards [1] mandate that Emergency Department (ED) teams ensure adequate nutrition and hydration, including feeding assistance and culturally appropriate meals. However, food provision is often overlooked during the ED journey from waiting room to ED bed and short-stay admission. Limited research highlights barriers to adequate nutrition in EDs, where poor nutrition increases physiological stress and may worsen nutritional outcomes [2–4].

ED patients may receive sandwiches, jelly, and juice at staff discretion before short-stay admission. However, limited supplies often run out due to high demand, and theft has discouraged food provision in waiting rooms. Short-stay patients receive meals at designated times, but direct delivery is hindered by a lack of bed cards. This report examines food's role in patient-centred care at Western Health, Melbourne. It presents the experiences of 28 former inpatients and carers. The study received ethics approval and collected informed consent.

2 | Methods

All members of the research team are of Western European ethnicity and acknowledge that our positionality may have influenced our data interpretation. We are clinician researchers in dietetics (VB, VC), occupational therapy (DH), and medicine (AT), with extensive clinical experience with CALD communities.

Former inpatients and caregivers were purposefully recruited from Western Health's consumer advisory panel to ensure diverse cultural and linguistic backgrounds. They were invited via a monthly group email and had no prior relationships with the researchers. Participants discussed food experiences in culture-specific focus groups for Asian ($n = 8$), Mediterranean ($n = 8$), Arabic ($n = 6$) and Indian ($n = 6$) communities in western Melbourne, facilitated by a dietetics researcher (VC).

Six semi-structured prompts addressed barriers to meals satisfaction, traditional and comfort foods (see Data S1). Cultural appropriateness was not directly enquired about but emerged

TABLE 1 | Participant quotes.

Theme	Description	Participant quotes
Importance of Food Presentation and Comfort	Patients and families value visually appealing, culturally familiar, and comforting food to improve mood and reduce disappointment, especially when feeling unwell or vulnerable.	• 'It's good to have colour, like your vegetables, colour might brighten up your mood'. • 'It is important the presentation, and then it resembles to what I'm expecting. Because then, if I'm already vulnerable and I order my comfort food, and then it gets there, and it's not what, yeah, exactly, so I'll be disappointed, and so that's not gonna help'. • 'In emergency... food was cold and hard, not presentable... I didn't even know what they were being served'. • 'She was in Emergency for 6 days... what she was presented with didn't make the grade in any sense and her vulnerability at that time'. • 'It looked like dog food was cold and it had gone hard... just in this one big lump'. • 'Cold, unappetising food' (in short stay). • 'They didn't ask whether I was halal or not'.
Limited Food Access and Options in the ED	Food availability in the ED is restricted, with limited options and long wait times exacerbating hunger for patients and families.	• 'They didn't have a bed, so they kept me an emergency, but they were feeding the emergency food so it didn't have options'. • 'Family members sitting there for 15 hours might need comfort foods too'. • 'The whole day all she got was a piece of bread... weren't presented with a menu'. • 'I'll never forget that hobbling it took me so long to get to the cafeteria... it's a long way from the emergency or something'.
Impact of ED Environment on Food Provision	The high-pressure ED environment and logistical challenges hinder adequate food delivery, affecting patient and family experiences.	• 'It's just to help the nurses and the doctors, because we can see that as well. I can see if they're under a lot of pressure, yeah, that's right'. • 'It's unfortunately, years ago, before the pandemic, the volunteers would go around, God bless the volunteers, if we remember them, would go around and just ask if you needed a tea or coffee, because most of the time you're nurturing the family member and all you want is a sandwich'.

during all focus group discussions. Discussions were audio-recorded, transcribed verbatim, and thematically analysed using Braun and Clarke's framework. All researchers (DH, VC and VB) coded data individually, then met twice to reflexively discuss assumptions and potential biases while refining themes.

3 | Results

Dietary needs in ED and short-stay admissions were often unmet due to limited access or poor presentation. Cold, unappealing, or unrecognisable food deterred intake. Carers struggled to access food without leaving loved ones, making long ED waits even more stressful. Food quality issues (such as meals left undelivered for long periods or cultural inappropriateness) hindered comfort and increased distress, especially for patients awaiting ward transfer. Participants valued volunteer assistance for tea or sandwiches in ED beds but noted they were less available since the COVID-19 pandemic. The findings (see Table 1) show how inadequate food options heighten patients' vulnerability, neglect cultural needs and increase the burden on families and carers. All these outcomes undermine the role of food in patient-centred care.

4 | Discussion

Inadequate food provision in EDs compromises patient and carer well-being, which deters intake and may increase the risk of poor clinical outcomes. These findings affirm calls for adequate nutrition and hydration in the ACEM Standards [1], and ED staff cannot assume patients or carers arrive at hospital with these needs met, noting average prehospital fasting has been reported to be up to 9 h [2]. Culturally appropriate food authentically reflects and respects the dietary preferences, cooking practices, and traditions of diverse communities. The lack of such options contributes to the health inequities experienced by CALD patients and carers; however, inadequate food offering affects every service user, undermining all patient-centred care. Poor food presentation and availability hinder comfort and recovery, consistent with research linking poor nutrition to increased stress and worse outcomes [2, 3].

Logistical barriers can also leave patients and carers inadequately nourished and reliant on suboptimal offerings such as biscuits or bread for long periods. The limited presence of volunteers post-COVID-19 further reduced access to supportive measures like sandwiches or a hot drink, highlighting a systemic gap in ED food delivery. A United Kingdom study [5] showed

volunteers improved ED food access, suggesting a feasible strategy. Service improvements should prioritise identification of local ED population's food access and fasting periods as well as culturally inclusive, appealing, accessible meals, requiring policy changes and staff training.

5 | Conclusion

Food is a critical yet neglected aspect of patient-centred ED care, and the findings presented here reveal how limited access to food with diminished power of choice including inadequate and culturally inappropriate food can heighten vulnerability and burden for patients and carers. The incidental findings of this single-site study may limit their generalisability to other services and settings; multi-site research is needed to scale these preliminary findings and inform policy.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** emm70126-sup-0001-Supinfo1.docx.