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A STUDY ON FOOD IN HOSPITAL SPACE

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Abstract:
Food is a very important aspect of human life, having a nutritionally rich and balanced diet helps to have a healthy life. When talking about the food that is provided in and around the hospital space should be more hygienic as the hospital space is much contaminated, but that is the place where more importance should be given for health and hygiene, popular private hospitals and government hospitals occupy a large area in many cities, people from different states, cities and countries travel for getting treated in these hospitals, here food plays an important role. Hospital menus should be designed around health needs as well as patient tastes and other essential factors such as range, consistency, aesthetics, and taste. In the same way, the eateries and restaurants near the hospitals are set up predominantly for the patients and their relatives. This research revolves around the food that is provided inside the hospital and the hotels and restaurants around the hospital space and how the pandemic had changed the pattern and controlled the food availability in all these places. The purpose of this study is to find the kind of restaurants and food style found in the space and the adaptations undergone by all the food service area for the patients and their peers.

Introduction:

Foodservice in general:

More and more meals are being served outside of the home around the world. This tendency can be linked to the pursuit of satisfaction (e.g., in restaurants) or in situations where people would rather not be there if they had a choice (e.g., hospital). There is a similar difference between "domestic meal provision," where meals are given to meet primarily social needs, and "community meal provision," where meals are provided to meet primarily social needs. This latter category covers a diverse variety of food services that can be classified as institutional environments, including, in addition to hospitals, the following.

- Nursing home
- Schools
- Restaurants
- Canteen and camps
- Home delivered foods

Person living conditions in institutions have a huge impact on meal interactions, and it has also been proposed that the term "meal" may be inadequate for certain situations where food is delivered but the social and emotional contexts of feeding are absent (de Raeve 1994). Nonetheless, there are two priorities that can be seen in both of these environments that are shared by all other meal service settings: (a) satisfying consumer desires and needs (e.g., quality, taste, price, efficiency) and (b) ensuring physical sustenance (e.g., satiation and nourishment) (Williams 2009).

Foodservice is a broad term that refers to the supply of food and drinks to people who consume the bulk of their daily necessities, or to groups that are vulnerable or have special needs. The dietitian's position will differ based on the service delivery model and the consumer's and applicable legislation's criteria (Dall'Oglio et al. 2015).

It is more popular for institutions that offer all regular food for staff, customers, or users (e.g., hospitals, boarding schools) to provide three main meals a day (breakfast, lunch, and dinner), as well as a variety of mid-meal or snack choices. The latter may be served on trays or from a beer and snack cart that is wheeled around the wards. Mid-meals are less likely to be served at other establishments, but supplies may be required for self-service in common dining areas. There are "food as medicine" meals, which imply a medicinal provision, within the many forms of meals covered by food programmes. This style of meal is commonly seen in hospitals and nursing homes.

Foodservice in hospitals:

The role of hospital food service and the use of food as medication are not recent concepts; they can be traced back to the Hwang Ti Nei-chang Su Wen (The Yellow Emperor's Classic of Internal Medicine, 722–721 BC), one of the oldest medical texts. Florence Nightingale expressed her concern about the role of diet inpatient healing in her Notes on Nursing in 1859, writing, "The most significant office of the nurse, after she has taken charge of the patients' breath, is to take care to observe the effects of his food."Hospital food service has a unique set of challenges and is often regarded as the most difficult phase in the hospitality industry, with a plethora of interconnected influences affecting the overall outcome. The architecture of hospital wards, which are often located far from the kitchen, contributes to the logistical strain, resulting in a lengthy list of potential delays in manufacturing, service, supply, and use. Any hospital foodservice manager faces a problem with this stretched, constant, and phased food cycle, which may have detrimental impacts on food safety and quality (Williams 2009).The hospital's "food chain," which encompasses all of the procedures involved in providing meals to patients, including ordering raw materials/food to waste control, is a collaborative endeavour. From the point of the medical officer ordering the diet down to the level of the food providers, administrative personnel responsible for sourcing and quality management of raw materials, kitchen staff,

and ward staff, careful analysis of nutritional quality and protection of the meals will lead to patient comfort and achievement of the meal's objectives.

The distribution of hospital meals is handled by a variety of food service services. The differences are largely due to the techniques of meal planning and distribution/delivery. Traditional food delivery services rely on serving "freshly made meals" served in the hospital kitchen with locally grown ingredients. There are newer approaches, such as delivering pre-cooked, frozen, or chilled items that must be reheated at the point of use, or pre-assembled, microwaveable plated meals. Plated meal services and bulk meal services are the two most common types of food delivery.

The aims of hospital food service are to provide inpatients with balanced meals that will aid in their healing and wellbeing, as well as to set an example of healthier eating with menus customized to the patients' individual medical conditions. Both targets will be deemed met when meals are properly prepared and personalised to suit patients' individual needs, and when patients eat what they are served. Inpatient meal intake is linked to nutritional status and food service satisfaction, as well as other factors including fitness, medical conditions, appetite, feeding environment, and dentition. Furthermore, patient satisfaction with their hospital stay has been linked to food service consistency. Food and other facets of foodservice delivery are generally acknowledged as significant factors in patients' overall perceptions of their hospital experience, and healthcare teams make a constant effort to provide adequate food to patients. It is considered necessary for a professional service to have food that not only meets but also exceeds the patient's needs (Dall'Oglio et al. 2015).

In order to define the consistency of hospital food service, a variety of factors must be considered. Menus in hospitals should be dependent on both health requirements and patient expectations. Other essential aspects of food, such as variety, consistency, and flavour, should be considered as well. Furthermore, in a quality solution to the complicated issue of insufficient nutritional diets by many hospital patients, the hospital atmosphere and a good helpful attitude from the nursing and food service personnel are critical factors that should be considered. Food adoption and use are often influenced by personal and sociocultural factors. Customer interaction with hospital foodservice is therefore multifaceted and difficult to measure (Dall'Oglio et al. 2015).

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a good helpful attitude from the nursing and food service personnel are critical factors that should be considered. Personal and sociocultural factors have also been established as important factors in food acceptance and consumption prediction. Customer interaction with hospital foodservice is therefore multifaceted and difficult to measure (Dall'Oglio et al. 2015).

Hospital food service staff can be likened to factory mechanics. Engineers are constantly researching, planning, and managing manufacturing cycles in order to increase product consistency and performance. When a dietitian has established priorities and guidelines through meal preparation, they must oversee and monitor the procedures to ensure that the objectives are fulfilled. In hospital foodservice quality control, foodservice personnel should be educated and motivated as valuable team members. Dietitians should listen to patients' voices and help them understand their food needs by communicating with them in a bidirectional manner (Kim et al. 2010).

Food served to patients in hospitals should not be treated as just another hotel feature (like washing and laundry); it is an important aspect of the care, and having high-quality meals that fulfil the patients' unique dietary requirements is a must. While it is understood that medical considerations can overshadow usual culinary desires in certain situations, every attempt should be made to improve flavour and presentation in addition to nutrition. Consumer standards of hospitals have been that in tandem with issues about malnutrition, so diet and meal experiences are becoming particularly relevant within the continuum of medical and support services offered by hospitals (Hartwell et al. 2016b).

Literature review:

The meals served in a hospital cannot oblige all social and cultural variations in food propensities. However, meals can be individualized to guarantee that patients are given nourishments that are worthy to them, but still inside the limitations of their diet. A dinner, no matter how carefully arranged, serves its reason as it were in case it is eaten. Numerous components modify a patient's eating designs amid hospitalization. The significance of hospital foodservice and the utilize of food as medication are not unused concepts and can be followed back to one of the earliest therapeutic works, the Hwang Ti Nei-chang Su Wen (The Yellow Emperor's Classic of Internal Medicine, 722–721 BC). The concern with the part that food may play within the recovery of patients was moreover highlighted by Florence Songbird who composed in her Notes on Nursing in 1859 that "The most important office of the nurse after she has taken care of the patients' discuss, is to require care to watch the impacts of his food". Hospital foodservice can present especially complex highlights and is often considered the foremost complicated process within the neighborliness division with numerous interrelated components impinging upon the total. The format of clinic wards, regularly at significant separations from the kitchen, includes an extra coordination burden,

and as a result, a long stream of conceivable delays between generation, benefit, conveyance, and utilization.

As 'eating out' increases, consumers are getting to be more advanced and requesting, and their expectations of quality are high (Mintel, 2000). This can be reflected in all zones of open health food benefit counting hospitals. Food quality is risky to characterize because it is subordinate to the assessment of the buyer; it is both perceptually based and evaluative. Regardless, recognitions of a food item have been appeared to be influenced by numerous person components counting taste, smell, data from naming states of mind, and recollections of past encounters (Imram, 1999). Tangible characteristics such as appearance, enhancement, surface, and temperature are most vital to healing centre neighbourliness food service patients when judging food quality (Cardello, 1982; Clark, 1998). Catering systems can have a major effect on the wholesome admissions of hospitalized patients where the potential for ailing health is well perceived (McWhirter and Pennington, 1994; Mowe et al, 2006). A fundamental component in effective catering administration is client fulfillment; in any case, in a clinic setting, this can be a complicated marvel and affected by numerous components

The food that is produced inside the hospital premises follow certain precautionary measure, theta proper diet plan is assigned to the patients, and the food is supplied according to it, on taking account of the accommodated places near the hospitals the restaurants and the hotels, follow a specific menu that is mostly provided for the people in the hospital. It is chaos among people and there is difficulty found among the people to adopt for the available food, due to the migration of people from different areas the restaurants adapted food style from different geographic areas, which help the people to some extent.

Food systems have a direct and indirect impact on human health, and it is more important than ever that they become sustainable. The 17 Sustainable Development Goals (SDGs) were announced by the United Nations (UN) 2030 Agenda for Sustainable Development in 2015, and they are an ambitious call to action for developed and emerging countries to work together in global collaboration.

The pandemic fulfilment had to store food and supply for the people in the hospitals, as there was a complete lockdown in the country all the restaurants and eateries were shut down even after the relaxation of the lockdown, the covid patients were supplied or provided food only by the hospital, due to the pandemic patients belonging to all categories other than covid patients were also provided food by the food, the avoid the spread of covid and to avoid contamination of food. Hoarding is described as an attempt to "assemble vast private stocks of commodities as people foresee supply risks" (Sterman&Dogan, 2015), allowing the market to generate phantom demand. Due to the surge in demand, suppliers and supply

chains will be overburdened, and companies may be forced to expand production in the short term due to scarce manufacturing resources and passive labour. As the COVID-19 pandemic broke out, health goods and commodities were extremely scarce due to an unexpected surge in demand, while raw materials and labour were in short supply due to the supply chain system's inability to keep up with the disease's spread. Hoarding can be explained in two ways, according to previous research: operations and behaviour (Sterman & Dogan, 2015). (T.-M. Choi, Chiu, & Chan, 2016; Kisperska-Moro, 1989; T.-M. Choi, Chiu, & Chan, 2016; T.-M.Choi, Chiu, & Chan, 2016; T.-M.Choi, Chiu, & Chan, 2016; T.-M. Choi, Chiu, & Chan, 2016) concentrate on services to deal with supply and manpower constraints or the overload of distribution networks. Consumer hoarding is explained by behavioural experiments using prior experiences and sentiment judgments (e.g. Deng et al., 2017; Sterman&Dogan, 2015) and these judgments are often influenced by psychological considerations such as fears of depletion; shortages of goods; uncertainty about an individual's economic capacity to face a shortage problem when it arises; and a lack of information about the situation. As fear spreads, people stop thinking rationally and always try to buy more than they need. As a result, the stock of merchandise becomes unbalanced, and often people are unable to purchase due to the lack of products in stores. The more panicked they become, the more physically deprived the market becomes. As a result of the high cost of hoarding when civil tension occurs, everyone bears the financial responsibility.

Patient food experience

There is a growing recognition that patients need nutrient-dense, enticing food that tastes good to feed, restore health, and recover. There is also a growing understanding that nutritious eating can be delicious. Patients love food, want to be healthier, and want more power over their eating experience, according to key informants (fresher food, more choice, dietary preferences such as gluten-free, vegetarian, vegan, etc.).In hospitals, food will provide a sense of normalcy to a patient's everyday routine. Many primary informants agreed that basic hospital menus with tempting, nutritious options were a good idea. Interviewees shared appreciation for feeding patients meals that they will love, and that will contribute to patient healing and a good experience, depending on the form of patient and the duration of stay in the hospital. Any interviewees have shared an intention to reduce the amount of hospital diets and menus unless they are completely necessary. Number patients happiness and experience can be influenced by nutritious, tasty food, which can also add to a patient's general sense of well-being and hopefulness on the journey to rehabilitation. Patients are four times more likely to score their hospital as "10 out of 10 – best hospital possible" when the food quality (taste, temperature, variety) is outstanding, according to a study by the Saskatchewan Health Quality Council based on acute care patient experience survey results from 2009 to 2012. Both by proprietary, provincial, or geographic polls, hospitals routinely measure patient satisfaction with hospital food. Validated patient food satisfaction surveys that can be used across regions or the whole world, according to

interviewees, are needed to elicit patient reviews, assess best practices, and benchmark more generally. The level of patient satisfaction is a metric that measures how happy customers are with a product or service.

The standard of medical treatment they get in medical facilities The information gathered from patient satisfaction surveys in hospitals is critical for hospital management to make decisions. For continuous quality growth, identify organisational strengths and deficiencies. Furthermore, analysing customer satisfaction data is a helpful method for attracting market share and increasing profitability, as well as used as a roadmap for plan growth (Schirg, 2007). Patients' needs have risen in today's highly demanding healthcare environments, as they prefer better treatment than in the past. Hospital administrations need to improve their service level in order to satisfy the basic needs of their patients (Gaudagnino, 2003).

Food as medicine :

Medically tailored meals (also known as nutritional meals), medically tailored groceries (also known as diet "pharmacies" or balanced food prescriptions), and produce prescriptions are all examples of food as medical treatments. They are mostly guided by physicians across the healthcare system, are delivered at no cost or at a relatively low cost to the consumer, and are financed by healthcare, government, or philanthropy.

Referring patients to food as medication treatments may improve their ability to obey nutritional guidelines, overcoming a variety of obstacles to healthier eating, such as the failure to afford or obtain prescribed foods. Providing food or food-related financial aid will help patients overcome financial barriers that prohibit them from affording prescriptions and paying their bills. Some food as medicine therapies model proper portion size and ingredient selection, allowing participants to sustain healthier diets after the intervention period has ended.

Clinicians who refer patients to food-as-medicine treatments can have improved illness control and less hospital admissions. To stop an outbreak of hypoglycemia, a diabetic patient who usually runs out of food when monthly aid is expended should be offered anticipatory diet advice and vouchers for supplementary food.

Hospitals, as health-care organizations, should set an example by providing safe, nourishing meals and creating conditions that promote food intake to help patients recover and heal. The majority of main informants stated unequivocally that "food is medicine." Food service staff, including dietitians and nurses, prefers to be part of interdisciplinary patient care teams, according to some interviewees.

The significance of proper diet and food intake cannot be overstated, especially when

recovering from illness. Malnourished patients last 2-3 days longer in hospitals than nourished patients, and malnourished patients have a greater chance of readmission within 30 days, according to reports. Malnutrition not only harms patients' wellbeing, but it also adds to the healthcare system's expenses.A number of main informants expressed concern about the prevalence and risks of malnutrition in patients and expressed a deep desire to mitigate this risk by providing relevant, attractive, and nutritious food.

Nutrition requirement:

Hospital meals should be provided with some variety, and patients should be included in the operation. Despite the fact that ample volumes are given, many patients eat less than half of their average daily requirements.

Dietary reference values (DRVs) can be used to schedule food supply in hospitals, as well as nutritional screening protocols and specific nutritional control recommendations to help those who are categorized as "at-risk." A hospital menu must be able to meet nutritional requirements (energy on a daily basis, protein on a daily basis, and reference nutrient intake (RNI) for micronutrients on a weekly basis) as necessary for the patient community for which it is providing food service. This practical approach makes for more variety in meal planning. A free-living person at home is unable to achieve the RNI for all nutrients on a regular basis, with the most being met on average over the course of a week.

Appropriate foodservice supply is critical for hospitalized patients' dietary assistance. This is especially critical for long-stay older patients, who are rising in number at a time when malnutrition is a major concern and hospital patient demands are high . As the population ages, the problem of tackling hospital malnutrition and maintaining vigilance in constantly reviewing and strengthening foodservice programmes and feeding assistance becomes much more important.

The hospital mealtime situation and food supply are not prepared by the patients, and it is believed that more attention should be paid to food provision organisation. Individuality and preferences should be respected at mealtimes, and perceptual, social, and environmental influences on dietary intakes should be taken into account.

Patients may need full feeding assistance, while others may need assistance preparing themselves for a meal, gaining access to the tray table, and/or opening food and beverage items. Nurses have traditionally played this role, but there are a variety of reasons why they will not always be available to provide timely assistance to patients who need it, including competing duties such as medication rounds, a lack of skills and/or knowledge in screening and flagging patients at risk, meal breaks, and increased responsibilities and numbers of patients requiring suturing.

Aging is linked to a reduction in overall energy intake, as well as an elevated risk of micronutrient malnutrition. Despite all of the possible health problems that come with age, the prescribed dietary allowances for older adults remain the same. In a stable state, nutritional energy needs are reduced, and although the minimum dietary allowance for protein for older adults is the same in many countries (0.8 g/kg), new research suggests that a dietary consumption of 1.0 to 1.3 g/kg seems to improve physical activity, especially when resistance exercise guidelines are followed.Additionally, some micronutrients, such as calcium, vitamins D, and B6 , have improved dietary intake needs, while others, also with equal requirements, are critical for safe ageing and are correlated with lower intake in older adults, such as vitamin B2 (riboflavin), B9 (folic acid), and B12 .

Problem with hospital food:

While everybody is focused on the global obesity epidemic, it is important to note that the condition of those in hospitals is very different. Since, in comparison to the population as a whole (literally), the bulk of elderly hospital patients are possibly malnourished. If not when they go in, it'll most likely be when (and preferably when) they come out. According to one study, six out of ten elderly hospital patients are severely malnourished. One new study's findings are eye-opening.

Visual representation of food in hospitals:

There are a host of facets of the modern visual portrayal of the food served in hospitals that need immediate attention. Elements that could be greatly enhanced with even a basic understanding of the gastrophysics literature. When it comes to choosing the colour of the plate to serve those foods on to make them 'look their best,' making the colour contrast right is crucial. It's plain that much of what one sees at the high end of modernist cuisine can't be replicated in a hospital environment, such as each course (for example, on a tasting menu) arriving on its own specialised plateware (and does anyone want that?). Nonetheless, there are sure to be certain plate colours that perform well (or worse) with the traditional colour palette of hospital For those with impaired vision, the absence of visual contrast may be particularly troublesome.

For example, many Alzheimer's patients have low contrast sensitivity, making it impossible to tell the difference between the plate and the meal, or the drink from the bottle (think of milk served in a white beaker). As a result, demand could be decreased.

Eye appeal is really half the meal, as has been emphasised for decades. Obviously, hospital food will never come close to the incredible gastroporn that many modernist chefs are producing these days.

Nonetheless, a host of findings from the sector have direct consequences for how hospital food is prepared. Get the food more physically appealing, and customers would say nice things about it. And it seems that this is true of both high-end gastronomy and the far more common dishes that most of us would prepare at home, such as a simple garden salad or steak and chips, for example.

Modernist chefs who show their cuisine on just one half of the plate are one of the most perplexing trends in plating right now, which has certainly been on the rise lately. You would think that this kind of asymmetric presentation, or plating, was only used in high-end modernist restaurants. However, it seems that it isn't always the case, as cases can be seen in hospitals as well.But the real issue is what effect asymmetric plating has on a dish's perceived worth and enjoyment.

Food eaten by covidpatients:

Nutrition is essential for COVID-19 patients as well as those who are on the road to recovery. The body becomes weakened during COVID-19, and this weakness lasts for days after the effects have subsided. As a result, eating the right kind of food is critical for a fast and full recovery of the body.

Fruits and Vegetables:

Colorful fruits and vegetables contain vitamins, minerals, and antioxidants, which aid in recovery. At least 5-6 portions of fruits and vegetables from the swap party should be consumed each day. For example, you can eat 200 grammes of fruits raw every day or mix them into your milkshake/lassi, and 300 grammes of seasonal vegetables in any shape, including grilled, sautéed, steamed, boiled, raw salads, and snacks.

Protein -rich food:

During this time, a healthy adult male or female can consume at least 75 grammes of protein per day. Vegetarians should consume 2-3 servings of thick dal, milk and milk ingredients, nuts, and seeds every day. For them, the best choices are besan, sattu, lentils, peanut, paneer, cheese, mushrooms, and white sesame seeds; non-vegetarians should have all of these, as well as lean meat including eggs, chicken, and fish, in their diet.

Healthy fats:

Add fat and oils include ghee, milk, cheese, sour cream, homemade nutty butter, avocados, olive oil, almonds, and seeds to your foods to make them more energy rich. 30 to 35 grammes of fat a day is permissible.

Calcium diet: In an Indian diet, foods like lotus seeds (makhana), ragi, soybean, milk& milk products, calcium-fortified food items (flour, milk), figs, raisins, and almonds are all excellent calcium sources.

Zinc and Vitamin C: Both grains and cereals are high in zinc, and germination and fermentation increase the zinc content of these grains. This not only boosts zinc levels in the body, but it also avoids constipation and promotes regular bowel movements.Citrus fruits and vegetables, such as oranges, lemons, sweet limes, guava, broccoli, bell peppers, cabbage, and green leafy vegetables, are high in vitamin C and help to boost our immune system and combat inflammation in the body.

Eating small portions but often is much recommended by the doctors.Including 6-7 small meals a day. Eating small, daily meals helps you meet your food needs while also preventing GI issues like gastritis, bloating, heaviness, and acidity.

Methodology:

The quantitative analysis approach was chosen for this analysis because it emphasised demonstrating correlations between variables, necessitating hypothesis testing.

Since there was no test group of respondents, this analysis was non-experimental and relied on a sample questionnaire. Furthermore, no independent variables were manipulated in order to show an association between an independent and dependent variable in this analysis.

The current research relies upon the fundamental data which is accumulated from the eateries near a private hospital and the canteen and restaurant located inside a private hospital in Vellore city of Tamil Nadu a detailed data and evaluations of the respondents will be assembled through a pre-tried composed gathering plan which incorporates pre-coded and open – completed requests as for focuses of the assessment. The basic data will be assembled using a meeting plan directly from the respondents and the discretionary data were accumulated from books, journals and sites related to the topic and meal structure that is followed by the patients. The data groupings are dealt with proficiently. As this fills in as ethnographic research I went to the hospital space and made a note of the occurrence in the hotels and canteens. The data are adjusted for checking the satisfaction and exactness. The data will be masterminded and dealt with in the table by using a PC. Some interviews were taken by phone and recorded for further use, and a close examination was done by comparing the interviews and the practices that took place in the hospital space.

Due to the pandemic the restaurants and the eateries present around the hospital was not functioning properly there were only a countable number of restaurants and hotels that were open which made to track the hospital meal structure, a detailed study was done by

tracking the meal provided by the hospital, due to the pandemic the functioning of the hospital has differed there were many restrictions, as there was no permission to interview the patients, my interview relayed on the staffs, nurses and discharged patients. Which gave a detailed and clear understanding of the practice of providing food? Due to the sudden breakdown of covid, the hospital sector was not able to provide food for everyone, so a contract was signed with a famous hotel in the city, there is a systematic diet that should be provided for the covid patients. And the same meal is repeated for days which makes the patients feel uncomfortable and frustrated. interviews and documenting are the important methods that are used to collect data.

Observation in the space studied:

When discussing about the hospital space that is been studied in particular it is located in the centre of the city, as it is famous hospital people from different state and countries move here for treatment. When talking about the food provided in the hospital, it as canteens, and small eateries inside the premises, food that is supplied to the patients are distributed from the canteens the food is prepared for patients the process of cooking and the ingredients used will have limitations, it won't tasty and appetising, the same food is served or the visitors in the canteen. When observing the hotels and restaurants outside the hospital there is a large difference from what is seen inside the hospital premises, the space around the hospitals is crowded with eateries and restaurants, there are many dhabas, juice shops, bakery, ice cream parlour, non-veg tandoor restaurants, more north Indian hotels is seen in this area, the visitors from the hospitals, usually dine in these places, as outside food is not allowed in the hospital, the patients cannot be provided with the food that is available in the restaurants. As people travel from different places and stay here for treatment there are many PG's and hotels are available with food and without food, accommodations are provided, in the PG's there is a well-constructed menu set up for the whole week and only food will be provided according to that. The study was done during the pandemic which had a lot of difference in the food system all the hotels around the hospitals were closed, visitors were also accommodated inside the hospital premises, there was a strict restriction in food providing as it may be get contaminated easily, due to increase in patient number the food requirement raised rapidly with was challenging to prepare inside the hospital premises, so orders were given the hotels outside the hospital, under a strict set of rules and precautionary measures, though the food was from outside, the hospital provided menus, and method of cooking as the food id served for patients, if not it may lead to complications. 3 meals were provided for the patients, when talking about the patients in the corona ward, high protein and nutritious food was provided to build strength and immunity, as the same food was repeated patients felt it unappetizing after some three or four days, as there is no means to get food from outside due to isolation. Which brought a commotion among the patients?

Theoretical framework:

The research deals with the humans belonging to a particular sector and space and they are the ones who served as the subject of the research so to understand the peer groups " The Social theory " was used to do the research. Ideas, arguments, observations, thought experiments, and explanatory speculations on how and why human societies—or aspects or mechanisms of those societies—form, evolve, and grow over time or vanish are referred to as a social theory. It revolves around how the hospital food services is adapted and accepted by the patients and peers, and how it has become a practice and a routine that as are followed in the hospital sector.

Conclusion:

Hospital foodservice is a difficult method to manage, since it involves a variety of aspects ranging from administrative tasks to highly complex medical judgments. The goal of balancing costs, sustainability, and foodservices delivered should always be to increase the wellness, rehabilitation, and support of patients.

The served in the hospital is a very important thing in the whole course of medication, equal importance is given to the food as that of medicines, having a proper and balanced diet helps in patients recovery, in the view of Covid19 food serves as the main tool for recovery and treatment a well structured diet is served to the patients in the hospital and even after the recovery food helps to regain energy. "Food is medicine" , though in hospitals people have a aversion towards food because of the taste and appearance, it acts as medicine and acts as a catalyst in the body to build a strong immune system.

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