



HOSPITAL GASTRONOMY AND HUMANIZATION OF CARE: IMPROVING DIET ACCEPTABILITY IN A HOSPITAL SETTING IN MOZAMBIQUE

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1. CONTEXT OF THE STUDY

Hospital food plays a critical role in patient recovery. However, it is often reduced to its nutritional function, neglecting sensory quality, presentation and the overall experience of eating.

Hospital gastronomy emerges as an interdisciplinary approach that integrates nutrition, culinary techniques and humanized care, aiming to improve not only dietary adequacy but also patient well-being and dignity.

In low-resource settings, such as the Nacala-Porto General Hospital in Mozambique, limitations in infrastructure, training and organization can significantly affect diet acceptability and patient satisfaction.

This work explores how simple context-adapted interventions can enhance the hospital food experience without increasing costs, by focusing on organization, training and gastronomic principles.



Figure 1: Creating new recipes with local and affordable raw materials.

2. R&D METHODOLOGY

The intervention began with a diagnostic assessment of the food and nutrition unit, including observation of production processes, evaluation of recipes and identification of structural and operational gaps.

Based on this analysis, a set of practical actions was implemented, including the provision of essential equipment and the reorganization of workflows.

A training program was conducted with 13 staff members, covering hygiene and food safety, culinary techniques, recipe development, plating and principles of humanized service.

The existing menu was reworked through the reformulation of 5 core recipes, while additional 13 preparations were developed using locally available and affordable ingredients, ensuring feasibility within the hospital context.

3. ENSURE THE QUALITY

Following the intervention, qualitative improvements were observed across multiple dimensions of the food service.

Meals showed clear enhancements in presentation, portion organization and visual appeal, contributing to a more structured and appetizing dining experience.

The introduction of standardized preparation methods and new recipes increased menu diversity and consistency while the training of staff improved technical execution and service practices.

These changes demonstrated that even in resource-constrained environments, targeted interventions can significantly improve the acceptability and perceived quality of hospital diets.

4. CONVIVIAL MEAL

Beyond its functional role, food in a hospital setting represents a moment of comfort, identity and connection, particularly for patients in vulnerable conditions.

Integrating principles of humanized care into food service allows meals to become part of the therapeutic process, contributing to emotional well-being and a sense of dignity.

By improving presentation, diversifying preparations and training staff to deliver meals with greater care and attention, the intervention helped transform eating from a routine task into a more positive and engaging experience.

In this context, hospital gastronomy reinforces the idea that access to dignified, appealing and culturally appropriate food should be considered an essential component of healthcare, regardless of economic or structural limitations.



Figure 2: From left to right: Delivery of equipment and materials; Steps for proper handwashing; Types of cuts; Simulation of humanized care.



Figure 3: Rice with feijoada (before intervention)



Figure 4: Chima with fried fish and tomato sauce (before intervention)

5. CONCLUSIONS & PERSPECTIVES

The results demonstrate that improving hospital food systems does not necessarily depend on increased financial investment, but rather on knowledge, organization and training.

The integration of gastronomy into a hospital proved effective in enhancing diet acceptability, patient satisfaction and overall service quality.

This approach highlights the potential of simple interventions to promote more inclusive, humane and effective healthcare environments.

Future developments may focus on long-term monitoring of patient outcomes, expansion of training programs and adaptation of this model to other healthcare contexts with similar constraints.