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# **The Hospitable Meal Model**

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## **ABSTRACT**

This article presents an analytical model which aims to conceptualize how meal experiences are framed when taking into account a dynamic understanding of hospitality: the meal model is named The Hospitable Meal Model. The idea behind The Hospitable Meal Model is to present a conceptual model which can serve as a frame for developing hospitable meal competencies among professionals working within the area of institutional foodservices as well as a conceptual model for analyzing meal experiences. The Hospitable Meal Model transcends and transforms existing meal models by presenting a more open-ended approach towards meal experiences. The underlying purpose of The Hospitable Meal Model is to provide the basis for creating value for the individuals involved in institutional meal services.

The Hospitable Meal Model was developed on the basis of an empirical study on hospital meal experiences explored through different epistemological positions and inspired by a socio-material assemblage approach. It frames an ontological position that considers meal experiences as dynamic, relational and socially constructed and supports the idea that meal experiences create different values and can be unpredictable.

**Key words:** Institutional meals, meal experiences, hospitality, Hospitable Meal Model, co-creation, disruptive micro events, foodservice

## INTRODUCTION

The foodservice sector and the phenomenon of institutional meals is often criticized with strong negative attitudes towards food quality, complaints of insufficient variety, poor food presentation and undesirable dining room settings (Cardello, Bell and Kramer 1996; Hartwell, Edwards and Symonds 2006; Warde and Martens 2000: 50). Institutional meals can be described as meals that are desirable but secondary to the business's primary goal. This includes meals served in sectors such as healthcare and welfare, education, armed forces and workplaces (Williams 2009; Edwards and Hartwell 2009; Cardello et al. 1996). The criticism of institutional meals contradicts findings from a number of studies that indicate high satisfaction with institutional meals. Typically, approximately 80 per cent of patients at hospitals rate institutional meals as either good or very good (Justesen 2015). Within these satisfaction studies, food quality is found to be an important factor for satisfaction (Burns and Gregory 2008; Fallon et al. 2008; Naithani et al. 2009). Satisfaction studies have been criticized for relying on a management approach towards service provision, emphasizing rational aspects of services and deriving satisfaction from cognitive evaluations rather than emotional aspects (Johns, Hartwell and Morgan 2010; Morgan 2006). Satisfaction studies have also been criticized for their failure to recognize institutional meals as part of a broader situational context. A 1996 study of attitudes towards institutional foodservice concluded: *'Institutional foodservice may be better served by addressing the causes and potential solutions to poor consumer attitudes towards and expectations of institutional food, than by continued efforts to improve the intrinsic quality of food'* (Cardello et al. 1996). This is in line with other researchers who claim the need for an expanded understanding of institutional meals reflected in a broader meal context (Johns, et al. 2010; Morgan 2006).

A conceptual model that represents meal experiences in a broader context and furthermore seeks to frame the complexity of restaurant meals has been suggested by Edwards and expressed in Gustafsson's introduction to the Five Aspect Meal Model (FAMM) (Edwards and Gustafsson 2008;

Gustafsson 2004). The model represents elements that frame eating experiences in a different context and include: the *Product*, the *Meeting* and the *Room* as central parts of meal experiences surrounded by a *Management control system* and *Atmosphere* (Edwards and Gustafsson 2008). The model helps foodservice organizations consider meal experiences as dependent on not only the food (*Product*), but also to consider the surroundings (*Room*) and social interactions (*Meeting*) as important elements. Compared to previous conceptual models of meal experiences, the FAMM model introduces a *Management Control System* as a conspicuous part of the FAMM model. Thereby, the model recognizes the impact of organizing and managing meal experiences and the fact that the foodservice organization and its management can influence the surrounding atmosphere and the overall meal experience. The FAMM model was originally inspired by the assessment of restaurants performed by Guide Michelin and was developed as a conceptual model to support a new academic education for chefs in Sweden (Gustafsson 2004). Gustafsson writes: '*First, this five-aspect approach is a constructive and all-inclusive aid for those who plan and produce meals, especially in restaurants – all with the ultimate aim to achieve maximum satisfaction among the guests in different meal situations*' (Gustafsson 2004). The model was as such targeting the restaurant business, but was also applicable to other settings. The five aspects of the meal emphasized by FAMM are important in every meal whether taking place at restaurants or in institutional settings. Food quality, meeting and social interaction, and the room or physical surroundings are always part of the total atmosphere of the meal, as are the organizational systems of management control through which the other factors can influence or even 'control'. The context of restaurant meals might be different from institutional meals or even meals at home, but the conceptualization in five dimensions can be applied as a heuristic device across sectors. Furthermore, we would argue that maximum satisfaction must be the ultimate goal for foodservice providers despite the fact that institutional meals have been classified

as settings representing ‘meals for necessity’ rather than ‘meals for pleasure’ (Warde and Martens 2000; Williams 2009).

The FAMM model can be criticized for representing a static container model. A container model considers experiences that take place in a certain time and place, leaving out any possibility to consider aspects outside the physical surroundings and the physical time as part of an experience (Ek and Hultman 2007: 20). Thereby, the FAMM model considers people, artefacts and surroundings as static agents, leaving meal experiences to take place in the physical surroundings at the very same time. It also leaves meal experiences as beforehand staged, designed and expected, neglecting the fact that they can be co-created and unpredictable.

Another recently introduced meal model is the M3 model (Making the Most of Meal time), which was introduced by Keller et al. in 2014. The model was introduced as a conceptual model to present the complexity of institutional meals and to address undernutrition among elderly citizens in elderly homes. The model frames actual food intake, looking at three different institutional levels: (1) the juridical, political and economic level outlined by governments, such as food policies, nutritional recommendations and economic resources etc.; (2) the elderly individual’s home and physical surroundings, and management and organization of foodservices; (3) the physical and mental condition as well as cultural understanding of the elderly citizen (Keller et al. 2014). Central to the model is the notion of *Mealtime Experience*, *Meal Access* and *Meal Quality*. According to Keller et al (2014) *Mealtime Experience* is comprised of social interactions, ambience and appetite, whereas *Meal Access* is comprised of the ability of the elderly to taste and smell as well as opportunities for support during the eating event. Finally, *Meal Quality* comprises the sensory appeal of foods, the nutritional quality as well as a variety of meal components (Keller et al. 2014). In contrast to the FAMM model, the M3 model reflects meal experiences and food intake as dependent on much broader elements placed outside the eating events and the physical settings. However, despite the

model's ability to reflect the complexity of institutional meals, the M3 model can be criticized for being statically constructed as the model considers the individual and the surroundings as static elements.

None of the models presented above include the notion of hospitality. The notion of hospitality has recently been reintroduced into the field of institutional foodservice and adapted in an institutional meal context (Beermann et al. 2011; Hartwell, Shepherd and Edwards 2013). Here, hospitality is introduced as a conceptual framework aiming to improve institutional meal experiences and a patient's nutritional recovery process (Beermann et al. 2011; Hartwell et al. 2013). This has been achieved by introducing a *meal host* function or by changing the surroundings into a more hotel-like or homely environment. As such, the notion of hospitality has been introduced as a concept which transcends the focus on food and food quality, instead focusing on the meal context, especially social interactions and the surroundings. However, the conceptualization of hospitality can be criticized for being based upon a static hospitality approach, e.g., by treating the elderly or patients as static guests and professionals as static hosts. As a result, it fails to consider the dynamic character of the meal (Lynch et al. 2011). The following field-notes vignette is an example of the dynamic character of institutional meals displayed by a patient, named Jane, and her different relation to hospital meals:

*The first day I meet her, Jane's relations to hospital meals could be characterized as the white days. The white days was characterized as moments in which her body demanded her full attention and consequently her articulation of meals was reflected in meals that did not to any circumstance need her attention towards sensory elements and expressions, so she articulated good hospital meals in terms of well-known simple dishes and simple arranged meal components on the plate and she valued the white napkin, the white serving tray and the white walls in the*

*room and soft and light food that were easy to swallow. She was becoming a nutritional safety eater. Another day when I interviewed her, her relations to the meal was different. She described good hospital meals in sensory terms however still by taking a point of departure in a traditional well known food culture represented by meat balls and fried fish fillets and she continued by elaborating on the importance of sensory properties such as colourful napkins. She was becoming a cultural sensuous eater. However, one day, she called me into her room where her daughter was visiting. Her daughter was at that time eating a salad with broccoli, raisins and carrots and with a powerful voice she said: “Look Lise! this is my food, this is my food, and this is what I eat at home, however I normally steam the broccoli”. She was becoming the mother and the home eater (Justesen 2015).*

These three episodes represent a patient’s dynamic relation to hospital meals. Her meal experiences, expectations, likes and dislikes were informed by unexpected events, her own bodily conditions and her temporal relations to the hospital, to home life, to her daughter and broccoli salad. Her satisfaction with the meal was thus not solely informed by the temperature of the food, the lighting in the room or other physical-functional aspects of food service. Less tangible, more dynamic aspects of the meal are influencing the experience. When taking this dynamic nature of the patient’s meal experience into account, some of the existing meal models, e.g., the FAMM model and the M3 model, must be supplemented by a conceptual framework that allows for a more dynamic approach when trying to understand meal experiences.

This article aims to grasp the dynamic nature of meal experiences, informed by the concept of hospitality and introduced as the Hospitable Meal Model. The Hospitable Meal Model is thus an

attempt to illustrate how the dynamic, contextual and situational nature of meal experiences might be conceptualized without losing sight of the more static aspects of the meal. The underlying aim is to develop a conceptual model which can serve as an analytical tool for evaluating meal experiences in different contexts and act as a tool for developing hospitable meal competencies among professionals within the field of public and private foodservices. Furthermore, it represents a frame where future foodservice policies can be considered.

### **THE HOSPITABLE MEAL MODEL – THE CRYSTAL**

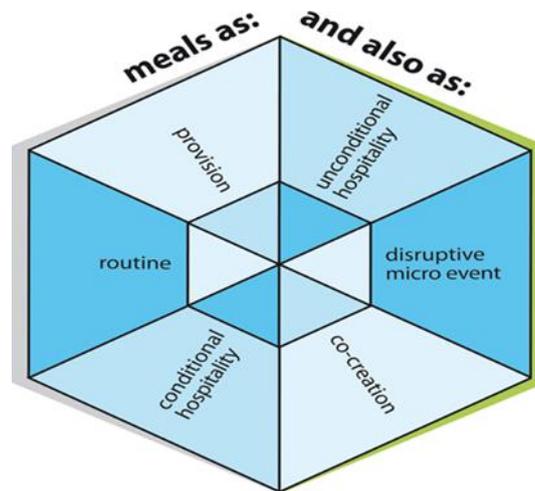
We would suggest The Hospitable Meal Model is designed as a crystal. A crystal has the ability to reflect a manifold of the crystal-prisms' surfaces into each other. This provides the possibility to convey how different dimensions are intertwined and reflected into one another, resulting in a complex meal experience. Further, a crystal has the ability to grow into multiple non-identical forms, just like ice crystals, and just like meal experiences which also can appear in unpredictable forms.

The form of a crystal hence helps visualize the meal as an entity which encompasses both stability and changeability, allowing for the consideration of new possibilities for manifold meal experiences.

The open and unfinished nature of the conceptualization of meals is represented by the text '*also as*' in contrast to '*meals as*' which is an attempt to acknowledge the unfinished and partial knowledge that The Hospitable Meal Model represents.

The Hospitality Meal Model displays a conceptual framework which allows meal experiences to be reflected in the different elements. In this, citizens are conceived as passive receivers of a staged foodservices *provision* and where the hospitality space is characterized by a *conditional hospitality* space, bound in *routines*, rituals, culturally learned pre-understandings and asymmetrical host-guest relations. The open-ended approaches that acknowledge the unfinished openly negotiated hospitality

space is represented by an *unconditional hospitality* approach, valuing opportunities for *disruptive micro-events* and *co-creation*.



*Figure 1: Hospitable Meal Model. The Model illustrates six interrelated dimensions of the meal. Similar colors represent connected fields of tension. Meals as routine are placed in the field of tension with disruptive micro-events and represented by the darkest blue color. Provision is connected to co-creation and is represented by a lighter blue color. Unconditional hospitality connects to conditional hospitality and is represented by the lightest blue color. The center of the crystal has been drawn to underline the form of a crystal and represent the dynamic and reflexive nature of the different dimensions. The dark blue field of tension between routine and disruptive micro-event is intertwined with the light blue fields of tension between conditional and unconditional hospitality.*

## **THE HOSPITAL MEAL MODEL - CONTENT**

In the following paragraph we present and discuss the six different elements presented in The Hospitable Meal Model. The elements are drawn from a study investigating hospitality and hospital meal experiences through different epistemological and ontological positions (the hospital study) (Justesen 2015). This includes an ontological position which considers meals as socially-materially constructed, allowing artefacts to actively be involved in meal experiences and thereby making meal experiences dynamic and contextual. Furthermore, it takes into account the dynamic nature of the meal in terms of time and space, similar to the French author Marcel Proust's experiences of travelling back to his childhood and Aunt Leon when smelling and eating a Madeline cake (Dolphijn 2004: 14). As a result, the hospital study's research design was based upon an explorative ethnographic study

located at a Gynecological and Cardiac Medical Ward in a general hospital in Denmark 2012. In order to underpin meal experiences as both rational but also emotionally constructed, visual ethnographic methods were adopted, allowing for other insights into mealtime experiences of patients than is possible through written or oral methods. This included participant driven photo-elicitation, where images produced by patients are the point of departure for an interview, as well as collaborative visual ethnographic methods inspired by Sara Pink (Pink 2007). Pink introduces visual ethnography as partial, situated and reflexive, and advocates using visual methods reflexively in the process of exploring a phenomenon, in this process inviting informants to become co-researchers themselves (Pink 2007: 109). Furthermore, visual ethnography was combined with a performative participant observation strategy (Dewsbury 2010). The ethnographic study also included 18 semi-structured interviews with patients, 12 semi-structured interviews with Health Care Professionals (HCPs) and one focus group interview with Kitchen Professionals (KPs).

The analytical framework was divided into three separated frames. The findings from exploring patients' meal experiences by adapting participant driven photo elicitation was analyzed through semiotic analysis and a reflexive content analysis (Justesen et al. 2014b). The analytical frame exploring temporal, emotional and unpredictable aspects of hospitable meals was based upon field notes, photographs and transcribed interviews. A thematic analysis was performed with an identification of unpredictable meal events and insensitive atmospheres and was supported by Non-Representational Theory in combination with Derrida's unconditional hospitality approach (Justesen, Gyimóthy and Mikkelsen 2014a). Finally, everyday meal practices were analyzed through a thematic analysis using practice theory and socio-material assemblage thinking. (Justesen, Gyimóthy and Mikkelsen 2016). The access to the hospital was generated through the region hospital's Executive Board at a time where hospital meals and undernutrition had become a growing political agenda. The Executive Board referred to the hospital's foodservice organization, who announced the project to

the hospital. The Gynecologist and a Cardiac Medical responded and a collaboration was established. In order to understand the context of the study in terms of society and culture, it is important to know that the Danish system of medical welfare and hospitals is dominated by public sector hospitals, financed through the tax system and driven by regional public authorities. Patients in public hospitals are from all groups and classes in society who share the same level of access, treatment and service. The hospital in this study is a typical Danish regional hospital and patients attending the hospital were predominantly locals.

### **BETWEEN CONDITIONAL AND UNCONDITIONAL HOSPITALITY**

According to Cardello et al. (1996) and Hepple, Kipps and Thomsen (1990), hospitality provides opportunities for explicitly articulating the importance of conceptualizing institutional meals in a broader context. By enrolling hospitality perspectives gained from contemporary hospitality scholars, we can enroll new terminologies that help us articulate institutional meal experiences. Brotherton and Wood define hospitality as: '*A contemporaneous human exchange, which is voluntarily entered into and designed to enhance the mutual well-being of the parties concerned through the provision of accommodation, and/or food, and/or drink*' (Brotherton and Wood 2000).

Brotherton and Wood's definition highlights hospitality as a *human exchange involving mutual well-being of the parties* connected to food, which allows us to articulate institutional meal experiences based upon guest-host relations. In addition, the term mutuality leaves an opportunity to conceptualize institutional meals as dynamic and situationally constructed. The hospital study found hospitality to be included in every-day meal practices and a hospitality language connected to meals (Justesen et al. 2014b). Furthermore, hospitality became materialized through food, as food or meal components became a proxy and representation of a missing, visible meal host (Justesen et al. 2014b). However, it was also highlighted that the conceptualization of good meal experiences was placed in a field of

tension between two different ways of conceptualizing hospitality, manifested in Kant's conditional hospitality approach and Derrida's unconditional hospitality approach (Justesen 2015: 24). The German philosopher Kant's idea of 'universal law of hospitality' originates from 1795. Kant describes cosmopolitan conditional hospitality as:

*Under the law of hospitality, individuals should have the right as a foreign visitor to be treated without the threat of hostility, false imprisonment, fraud, theft or banishment as long as that visitor behaves in a peaceable manner in the place he happens to be in (Kant in Brown 2010; Molz and Gibson 2007: 4).*

Kant emphasizes the juridical and political right of the strangers to visit, but also their obligation as a guest to obey duties and reciprocity defined by the host. These conditions are often reflected in traditional hospitality encounters through fixed and asymmetrical host-guest relations where the host has the sovereign authority of his house and where the host defines the condition of hospitality. As such, by conceiving hospitality as a process of managing the stranger, whether it concerns nations, institutions or private or commercial domains, he describes the act of hospitality as social and cultural, dealing with duties, obligations and moral virtues (Telfer 2000). This approach is in accordance with E. Goffman's (1961) presentation of the notion of institutionalization described in *Asylums*, where patients and HCP's perform predictable and regular behavior to ensure that they know their social role (Goffman 1961). In the hospital study, conditional hospitality was manifested by asymmetrical host-guest relations bound to health and efficiency rationales typical of institutional meal production-systems and contested by non-articulated culturally-learned hospitality practices. Examples of such practices include arranging a meal plate and a meal table, leaving few opportunities for empowering patients as guests and considering the possibility of hospitality as becoming the negotiated and unknown (Justesen et al. 2016).

In contrast to Kant's juridical and political conditional hospitality approach, the French philosopher Derrida introduced hospitality as ethical (Derrida 2000; Derrida and Dufourmantelle 2000: 23). Here, hospitality is considered as a social and economic exchange and as ethically constructed through feelings of altruism, beneficence and the exchange of honor, sharing generosity and respect. This leaves hospitality to be understood as an acceptance of the stranger and of differences (Lashley 2000; Lynch et al. 2011). Although Derrida asserts unconditional hospitality as impossible in practice, he claims to welcome anyone and to see hospitality as infinite, absolute and open (Derrida 2000; Dikeç 2002). As such, Derrida claims that hospitality is an experience beyond objective knowledge as we do not know how to meet a stranger with hospitality beforehand, and therefore we do not know hospitality. Dikeç (2002) elaborates on Derrida's hospitality approach as an act of engagement through 'mutual recognition of each other's alterity' (Dikeç 2002). In doing so, Dikeç wants to transcend the conventional and stable understanding of host-guest relations as distinct and stable categories towards an open conceptualization in which hosts and guests are in a constant process of engagement and negotiation. This leaves hospitality to be conceptualized as dynamic, temporal and relational so that hosts and guests are constitutive of each other, thus blurring the host-guest relation. The term hospity, introduced by Grit (2014) is a similar way of describing the open character of unconditional hospitality:

*Hospity is an experience within spaces of hospitality which is not defined yet; the host guest relationship and interactions are not pre-given. This space can host different becomings with, on one hand, creative becomings whereby the virtual becomes actual and, on the other hand, rather planned becomings whereby the possible becomes real through a process of realization. (Grit 2014: 132).*

This quote reflects the idea of hospitality as part of something unknown and unpredictable, and it reflects the idea that a hospity space is entangled in other hospitality spaces similar to Kant's way of introducing hospitality as conditional; acknowledging hospitality actions as culturally and historically constructed.

In the hospital study it was found, that unconditional hospitality became present in situations in which patients participated actively by taking the role of a temporary host. The photo in Figure 2 represents such an example gained from the hospital study. The photo is produced by a patient. She said:

*And this picture, I produced it because I thought it looks delicious. It was just so delicious to look at and you could go out to choose whatever you wanted. There was just fresh fruit...- you could choose a whole apple or cut apple in really inviting pieces... It was just really nice. (Patient interviewed March 1<sup>st</sup> 2012).*

Another patient articulates the importance of being able to invite guest for coffee. She said:

*It makes it probably a little cozier because they sit down with their relatives and drink this cup of coffee... I like to be able to offer a cup of coffee or tea and they can get it for the cost of two kr. That is fine. (Patient interviewed August 10th 2012).*

A coffee trolley at the hospital ward corridor provided such an opportunity for patients to become temporary hosts as it was possible to invite visitors and other patients to have a cup of coffee whenever needed. It could be argued that the coffee trolley also represents a conditional hospitality space due to the premise of having to pay for the coffee, but for many patients this coffee trolley was one of the

few places where they as patients had the opportunity to become empowered as temporary hosts in a medically structured daily life. However, alike Derrida (2000)'s statement on unconditional hospitality as 'impossible' and Grit (2014)'s introduction of hospity as entangled into other hospitality spaces it underlines the fact that unconditional hospitality is connected and placed in a field of tension with conditional hospitality.



*Figure 2: Coffee trolley at a gynaecological ward. This coffee trolley provided an opportunity for patients to become temporary hosts by allowing them to invite visitors and other fellow patients to have a cup of coffee, fruit or a piece of cake. The trolley had previously offered whole fruit, alike the fruit bowl in the middle, but the when cut fruit was offered the fruit consumption and the activity around the coffee trolley increased. An example of how the act of serving fruit becomes more hospitable was giving artefacts like fruit, providing an opportunity to become host as well (Justesen, Gyimóthy and Mikkelsen 2016).*

## **BETWEEN CO-CREATION AND PROVISION**

Hospital meal experiences were placed in a field of tension between the co-creation of hospital meals and hospital meals materialized as foodservice provision (Justesen 2015: 44). The notion of co-creation arises from the field of marketing research and has gradually been diffused into the field of service management (Elg et al. 2012; Nordgren 2009). Ramaswamy and Gouillart present co-creation as: *'Co-creation involves both a profound democratization and decentralization of value creation,*

*moving it from concentration inside the firm to interactions with its customers, customer communities, suppliers, partners, and employees, and interactions among individuals' (Ramaswamy and Gouillart, 2010: 7). The idea behind co-creation is therefore to transcend a traditional separation of production and consumption in which the customer or guest is perceived as a passive recipient of products or services (Ramaswamy and Gouillart 2010: 15). Instead, the idea of co-creation can be seen as a facilitation of the customers own role in the value-creation process, underling co-creation as democratization and decentralization processes. Here, customers are considered as co-producers of value and the provider and customer are each other's constitutive conditions (Wikström 1996; Vargo and Lusch 2004), similar to Derrida's description of host-guest relations. Being each other's constitutive conditions allows the consumer as a guest to become a temporary host and the producer as host to become a temporary guest. Furthermore, by considering hospitality and institutional meals as socio-materially constructed, artefacts are able to take part in the co-created process by transforming one meaning of an artefact into another, as presented in figure 3.*

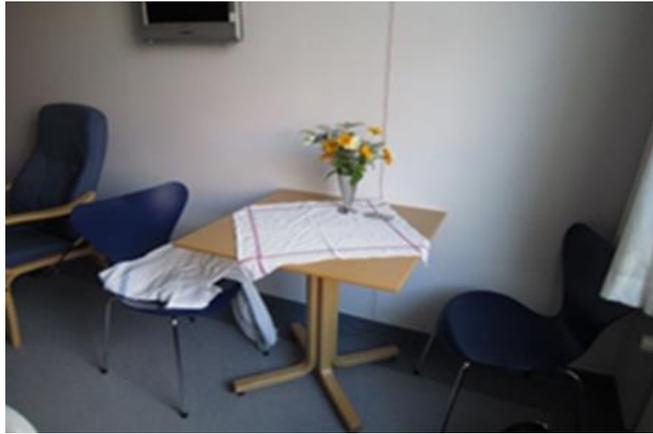
The concept of co-creation is thus supported by the so-called new service-dominant logic introduced by Vargo and Lusch (2004). They propose that values are co-created and emerge from interactions or dialogue between service providers and customers, beyond listening and giving feedback. Other concepts such as 'User driven innovation' and 'Participatory design' also lean upon co-creation. However, these concepts have traditionally had a focus on the development of a product or services whereas the concept of co-creation can be conceptualized as having a focus on added value for the consumer or guest (Elg et al. 2012).

From the field of service management, the concept of co-creation has been considered part of a healthcare service. A service can be described as: *'The application of specialized competencies (knowledge and skills) through deeds, processes, and performances for the benefit of another entity or the entity itself'* (Vargo and Lusch, 2004).

In the healthcare service, the notion of entity can be conceptualized as a guest who is seen as a co-creator of value. The co-created value is not only reflected in value for the service provider such as financial value but also in the benefit to the guest themselves. This could be social, psychological, aesthetic, or moral value (Howden and Pressey, 2008). Furthermore, this could entail values such as experienced health, quality of life, reduced waiting time, accessibility, trust, information, avoidable suffering and deaths (Nordgren 2009), or a tool to create meaningful experiences (Boswijk et al, 2007: 11). This includes good hospitality experiences and institutional meal experiences as well.

As an example, co-creation was materialized in the hospital study through meals that could be characterized as pop-up restaurants, where the hospital rooms were transformed into meal rooms and patients into guests. The co-created hospital meal experience was demonstrated through a patient's ability to assign new meanings to artefacts as part of the experience as well as in events where opportunities for the patient to perform shifting host and guest roles were established (Justesen and Mikkelsen 2015). The photo in Figure 3 represents an event in which a patient co-created her own cafe in her hospital room ( Justesen et al. 2016). One of the two patients commented:

*My fellow patient and I—we say that we have made our own little cafe by grabbing a small table and dragging a few chairs and so we pretend it as our café. (Justesen et al. 2016).*



*Figure 3: A co-created event in which a patient took the initiative to transform the hospital room into a hospitality space and thereby co-created her own café environment while transforming a napkin into a tablecloth, giving an artefact such as the napkin a new meaning as well as providing an opportunity to momentarily become a host ( Justesen, Gyimóthy and Mikkelsen 2016). By making it a co-created space and by allowing the patient to momentarily to become host for her fellow patients, she simultaneously also created an unconditional hospitality space. This unconditional hospitality space was indirectly supported by the hospital ward as they allowed her to build her own 'café environment'.*

The story represented in figure 3 can also be characterized as a nostalgia event. A nostalgia event is an imagined mind-travelling event moving back and forth in time and place, leaving the created value to be constructed outside the physical surroundings and the actual time, much like Proust's Madeline cake history. The café event represents a nostalgia-event as it provided an opportunity for the patient to mind-travel to a café experience outside of the hospital setting.

The term 'provision' is conversely based upon the idea that people need to be motivated or to be acted upon in accordance with a predetermined food culture, staff appearance or by staged surroundings and atmospheres. Staged surroundings and atmospheres are planned beforehand and are arranged with physical meal environments in which a pre-conceived meal experience is established. This represents a thinking based on static and asymmetrical guest-host relations, for example as presented in Hepple et al. 1990's study on hospitality in hospital. Provision also represents a traditional

conceptualization and culturally learned pre-understanding of how to serve meals. In an institutional foodservice context, it is governed by nutritional policies, strategies, regulations and rules manifested in static menu choices, defined meal times and portion sizes.

In the hospital study, the notion of *Foodservice Provision* was materialized in three weeks pre-designed menu plans developed on the basis of patient food preferences, the kitchen production capacity and economy. Furthermore, it was based upon national nutritional and safety regulations and foodservice policies which require the hospital foodservice organization to provide a certain amount of meal components at certain times of the day and with prescribed nutritional qualities (Justesen, Gyimóthy and Mikkelsen 2016).

## **BETWEEN ROUTINE AND DISRUPTIVE MICRO-EVENTS**

The last two elements are a field of tension between disruptive micro-events and the experience of hospital meals as routine. We are inspired by Trift's interpretation of routine as: '*Structuring a recognizable everyday life, and as practices which could be organizational prescribed or as material bodies of work or styles that has gained enough stability over time to become a routine*' (Thrift 2000: 8). Here, routine is characterized as intentional and controlled actions based upon established knowledge and pre-understanding. Routines are immensely important when it comes to meals. Routines express not only the ordering of food and meal practice in a functional sense, but also how food and meals are part of a mental ordering of the world, hence the notion of a proper meal (Douglas and Nicod 1974) being a meal that meets specifics of time, place and circumstance. The notion of a proper meal reflects how food and meals are routinized in practices which take on the character of rituals, playing out differently in different historical and cultural contexts (Visser 1992). The routinization of hospital meals does not only express the strictly 'functional' needs of the food provisioning system such as providing the right amount of food to the right number of people; in the

process of routinization, rituals and proper meals are likewise created as part of a ‘total institution’ (Goffman 1961). This imposes power on the totality of the hospital meal, transgressing the boundary between the patient eating the meal and the staff providing the meal. The patients as well as the staff are structured to certain expectations and behavior when it comes to planning, distributing and serving meals, as well as when it comes to eating them. This power is imposed by the nature of the hospital as a ‘total institution’, as Goffman would have expressed it, but it also reflects a basic cultured human need for order and ritual around meals, which goes beyond hospitals and institutions. Whether maintaining or breaking away from preconceived notions of the proper meal, taking into account the ritualistic character of the meal is pivotal.

In the hospital study, meal routines became materialized as a structured space, with a defined meal structure such as lunch and dinner and established well-known meal practices on what to serve, at what time and in which sequence and how to serve the meals ( Justesen et al. 2016). The relevance of considering institutional meals as routines, and as structuring a recognizable everyday life in institutional settings, has been reported previously (Johns, et al. 2010; Larsen and Uhrenfeldt 2012). Routines were also materialized as scripted rituals. In the hospital study, a yellow napkin became a representation for aesthetic and ritual hospitality practices. For a seriously ill patient who was not able to reflect on the aesthetical expressions of her meal plate or napkin, it was the daily embodied rituals such as the way of pouring a glass of water that became a representation for an aesthetic hospitality practice (Justesen 2015: 19).

The notion of disruption has been introduced in the field of economic theory in terms of the theory of disruptive innovation in which disruption is conceptualized as new inventions that both disrupt the existing market and creates a new market using new technology (Guttentag 2013). Disruption has also been connected to social and physiological sciences exploring the impact of natural disaster, such as earthquakes (Helton, Head and Kemp 2011). In this article, we introduce the notion of the

disruptive micro-event, but not as a negative macro-event such as the impact of natural disasters on social interactions or innovation that change and create new market share. Instead, we are interested in the small disruptive micro-events that provide value to institutional meal experiences. We are inspired by the use of disruption by Veijola et al. (2014) in which they state disruption:

*Is not something that happens to an already existing order, it is what makes social order and alternative orders- possible..... it is not a failure of the social order, but rather as something that must be embraced in order to imagine and enact alternative opportunities for arranging life differently. (Veijola, et al. 2014 p. 6)*

The above approach to disruption allows the value of institutional meal experiences to be unpredictable and means that meals can be arranged and experienced differently. We use the notion of event to highlight the momentary elements. Inspired by Non Representational Theory, we understand event as '*continual differing, if only in modest way that takes place in relation to an ever-changing complex of other events, (Anderson and Harrison 2010: 20)*'. Thereby, we emphasize that an event is not a regular and predictable event but an event that can happen anytime and anywhere. The small micro-events might even take place within a bigger and maybe more structured event such as a meal. Furthermore, we adapt the notion of micro in alignment with the term used in the academic field of micro-sociology, where the main focus is the nature of everyday human social interactions and agency on a small scale. In the hospital study, disruptive micro-events became materialized in situations where patients were distracted from their current situations and medical life at the hospital. This happened in carnivalesque events. Carnivalesque events signify the idea of a caricature of the life that opposes hierarchy and authority and is a free space for laughter where conventional norms are abandoned (Bakhtin, 1984, cited in Sheringham and Daruwalla 2007), and it happens in

unexpected events that transcend the traditional structure and cultural perception of meals (Justesen et al. 2014). The image in figure 4 represents an event which became a disruptive and carnivalesque micro-event as the cultural conventional norms of eating cornflakes was abandoned in an unpredictably and situationally disrupted way, distracting a patient from her current situations and medical life at the hospital. The patient made this comment to the image in figure 3: *'And of course, I had to taste them and I almost ate the entire hair'* (She then laughed) (Justesen, Gyimóthy and Mikkelsen 2014a).



*Figure 4: This photo represents a micro-disruptive carnivalesque event as the culture in which the cultural conventional norms of eating cornflakes is abandoned in an unpredictably and momentarily disrupted way. However, it is still the cornflakes as a traditional breakfast meal component and the folded yellow napkin as an aesthetic representation of a hotel-like breakfast tray which underline the field of tensions between the disruptive micro-events and the culturally learned routines. The photo is published in Hospitality & Society (Justesen, Gyimóthy and Mikkelsen 2014a)*

## **DISCUSSION**

This article presents a model for how to conceptualize meals within a hospital context. The research attempts to answer the question of whether introducing theories of hospitality and co-creation might influence the way we think about and organize meals. A number of examples have illustrated how

this theoretical move has been translated into methodological practice, emphasizing visual methods and ethnography and valuing the role of patients as participants. This has resulted in the creation of a model which simplifies the complexity of institutional meals and is manageable as an analytical and educational tool. This leads us to the underlying aim of this article: to highlight the relevance of applying the Hospitable Meal Model in different contexts where meals are analyzed, conceived, organized and produced. In this discussion we will touch on the potential of the Hospitable Meal Model in terms of its application.

When taking an organizational approach to institutional meals, there are different levels of analysis and management where the Hospitable Meal Model has something to offer: a strategic, a tactical and an operational level. At the strategic level, food service organizations and managers might use the Hospitable Meal Model when analyzing and planning how to organize hospital meals. Here it can complement the FAMM and 3M-models, which both conceptualize the meal within a more stable ontological framework. By naming 'five aspects of the meal' as defining meal quality, FAMM reduces the complexity of the meal experience from the outset. However, this reduction of complexity was conceived in order to expand the possibilities of food service management in defining meal quality when managing restaurant meals. FAMM opens up possibilities for the management to work with an expanded notion of the meal and it does so within an ontological framework that is in tune with traditional organizational thinking. This is a strength, not least when it comes to its applicability within a sector that is dominated by a logic of operational logistics. However, this strength could also be seen as a weakness, as the more dynamic dimensions of the meal are at risk of being neglected. We propose that the Hospitable Meal Model might complement FAMM (or other meal models), as it takes into account the dynamic nature of the meal without losing sight of the more firmly structured dimensions of the meal. As such, it creates the opportunity for elements of co-creation, hospitality and micro disruptive events to be included when working with meal quality. The Hospitable Meal

Model might therefore be used together with FAMM or the 3M-model, each complementing their more firmly structured operational categories with a dynamic dimension. Using the more traditionally structured base of operation that dominates hospital meals will thus be possible, whilst still leaving space for an organized effort when implementing elements of the Hospitable Meal Model in practice. Questions to be asked when redefining future food polices at the strategic level could be: How can it be possible to create opportunities for open ended planning processes? How can a more flexible food service operation supporting opportunities for micro-disruptive events come into being? How can policies support opportunities for allowing the physical environment to be transformed by the guest while creating opportunities for the patient or the guest to become temporary hosts? And how can we continuously redefine food polices in order to support future ideas on co-creation and hospitality?

On the tactical and operational level, the main challenge is to build in and allow elements of flexibility in terms of procedures around meals and the education of staff in order to be able to act as meal hosts. Meal hosts should be able to co-create different values into the act of eating, and this demands knowledge and skill in terms of food, culture, aesthetics and hospitality. As the examples of the analysis presented in this article show, things happen when staff members are supported by the organizations to let patients arrange an improvised 'café' among themselves, using furniture and interiors in an unplanned and unorganized way. Additionally, when the staff had the aesthetic, cultural knowledge and skills around meals required to arrange a meal tray using a decoratively folded napkin, they conveyed meaning to the meal. When they arranged cornflakes on the same tray in an unexpected way, imitating a face on a plate, they created a carnivalesque micro-event. How to identify opportunities for more qualitative, situationally dependent actions from the operational staff is a matter for further exploration, but it touches directly upon the strategic level of procedures, planning, educational efforts and leadership on both strategic and tactical management in the food service organization. Sets of rules and procedures as well as lacking priority from management and education

among staff are major obstacles in the ambition to co-create different values into institutional meals. There is a need to explore how we can address these challenges within the framework of the Hospitable Meal Model. However, an educational effort might be part of the solution. The Hospitable Meal Model can be used as an analytical tool in academic and general meal analysis in line with FAMM 3M-Model and others. Hence, it could be introduced into bachelor's and master's programs within the field of food service and food management-related education. In a Danish context, these students are generally trained within an ontological framework that emphasizes stability, management and control. Hence, an approach emphasizing meals as stable but also dynamic will widen their understanding and competencies within meal analysis, giving them a tool for understanding the complexities they will meet when entering the turmoil of meal organization and planning in practice. The Hospitable Meal Model therefore holds the potential to give future managers an increased ability to navigate between stability and dynamics, whether addressing the meal at a strategic, tactical or operational level in different professional contexts. An inclusion of the Hospitable Meal Model in different educational contexts will strengthen meal competencies among different groups of professionals in the future, emphasizing the perspective of hospitality and co-creation as important when working within the food service sector.

The Hospitable Meal Model is designed as a crystal to demonstrate how fields of tension, such as unconditional and conditional hospitality, are simultaneously intertwined and reflected into each other, demonstrated by the term 'hospity', introduced by Grit (2014). The coffee trolley example presented in this article displayed opportunities for patients to become a temporary host but the coffee trolley also represented institutional and unconditional hospitable meal settings. The example thus reflects how hospitality is conditional and unconditional, and how the challenge of contested institutional surroundings, static procedures and routines, despite the lack of conduciveness towards traditional notions of hospitality, might still have cracks through which acts of hospitality might sieve

through. In this case, the Hospitable Meal Model helps us to better understand the dynamics of the meal in contested circumstance. Even though it might be applicable in many different contexts, it might be especially valuable in institutional settings such as elderly day care centers or hostels for socially vulnerable people, workplace canteens and schools. Places that might be of special importance include those where meals are not at the center of attention as they are in restaurants, and where the possibility to transcend time and space through a nostalgia approach, or through disruptive micro events, might be of special importance. Therefore, the Hospital Meal Model can create opportunities for meals to disrupt daily institutional life without necessarily disrupting the purpose of institutional business.

## **CONCLUSION**

The Hospitable Meal Model is a model which aims to conceptualize how different values of meal experiences are framed when taking into account a dynamic understanding of hospitality in institutional meal settings. The Hospitable Meal Model is thus an attempt to illustrate how the dynamic, contextual and situational nature of meal experiences might be conceptualized without losing sight of the more static aspects of the meal. The Hospitable Meal Model complements existing meal models, including the Five Aspect Meal Model (FAMM) and the Making Most of Mealtime model (3-M model) by underpinning and valuing the open-ended, unpredictable and co-created characters of institutional meal experiences. Furthermore, it induces institutional foodservice organizations to focus on opportunities for manifold meal experiences, despite contested surroundings and limited economy of institutional foodservice provision. It is suggested that the model is applied as an analytical tool for evaluating meal experiences in different contexts and as a strategic tool for developing hospitable meal competencies among professionals.

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