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LETTER

Patient Satisfaction and Food Waste in Obstetrics and Gynecology Wards [Letter]

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Dear editor

I read with pleasure the study by Schiavone et al¹ which explored patient satisfaction and expectation on food quality and food service as well as food wastage in two obstetrics and gynecology wards in Italy. The authors should be thanked and congratulated for providing insight into healthcare quality improvement factors in patient-centred service delivery; additionally, their focus on food wastage is highly relevant in the context of sustainable healthcare. I would like to put forward some comments regarding this study.

Notably, the patient questionnaire was stated to include a question on the "quantity" of food served, however data surrounding this have not been explicitly included in the results. Oversupply of food can significantly contribute to food wastage,² with this even being acknowledged by the authors themselves. As such, it would be helpful to discern if food quantity in each hospital could actually be another reason explaining the north-south difference in food wastage rates.

Interestingly, the authors found that southern patients brought significantly more food from outside compared to northern patients (30.2% vs 2.2%). It would be helpful to further discuss whether such patients' preferences were due to dissatisfaction with the food and food service in the southern hospital, and also if this subsequently influenced the higher food wastage rate in the southern hospital.

It was good that authors controlled for socio-demographic characteristics as potential confounders. However, it could be important to consider the effects of physical and mental health of the patients as confounders regarding patient food satisfaction and possibly wastage; several studies indicate that these factors have significant influences on meal satisfaction.³ Another potential confounder pertains to length of hospital stay; although the authors only selected patients hospitalised for at least three days, the study population may have included those who had stayed for considerably longer. A patient food satisfaction study in Ethiopian obstetrics and gynecology wards indicated that longer inpatient stays are associated with less food satisfaction due to being "tired" of hospital environments.⁴ Similarly, repeated hospital admissions could have confounded results on satisfaction and expectation; a study in Tuscany showed that patients who had a history of previous hospital admission were less satisfied than those who were admitted for the first time.⁵ Overall, it may therefore be beneficial to include domains on patient physical and mental health, length of hospital stay, and number of admissions as extensions

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of the questionnaire to be completed by the patient and/or medical professional accordingly, with the data collated being subsequently controlled.

As stated by the authors, the study could be limited by the non-standardization of interviewers, narrow scope of patients, and limited translatability of findings. The novel methodology used to determine food wastage does indeed incur social desirability reporting bias, especially in relation to the negative stigma surrounding food wastage; the nature of such patient questioning can also lead to recall bias. I strongly agree that this methodology should be validated in future studies.

Disclosure

The author reports no conflicts of interest in this communication.

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