U S
Universitetet
i Stavanger

FACULTY OF SOCIAL SCIENCES, NORWEGIAN SCHOOL OF HOTEL MANAGEMENT
MASTER'S THESIS

STUDY PROGRAM: International Hospitality Management	THESIS IS WRITTEN IN THE FOLLOWING SPECIALIZATION/SUBJECT: Management IS THE ASSIGNMENT CONFIDENTIAL? No
TITLE: Identification and comparison of food management in public sector nursing homes in Norway	

AUTHORS:		ADVISOR: Torvald Øgaard
Student number: 243406 243116	Name: Thea Marie Røhmesmo Dahlmann Ingeborg Skulstad	

ACKNOWLEDGE RECEIPT OF 2 BOUND COPIES OF THESIS
Stavanger, .../...... 2016 Signature administration:................................

Identification and comparison of food management in public sector nursing homes in Norway
University of Stavanger
The Norwegian School of Hotel Management
Master Degree in International Service Management
Master Thesis

Thea Marie Røhmesmo Dahlmann
Ingeborg Skulstad

July 2019

Foreword

This thesis represents the last part of the master's degree at the institute NHS at University of Stavanger for the master International Hospitality Management. We would like to say thank you to our supervisor Thorvald Øgaard for all the support and help we have received this semester

Abstract

The Norwegian government has in recent years increased their focus on challenges regarding elderly care in municipalities nationwide, this is due to the increase and the expected further increase in the population aged 60 or above. The food served at facilities for elderly care across the nation has been a heated topic of discussion, not only by relatives of residents at these facilities, but also in the media, for years. In order to create a foundation for further research, this thesis will focus on three institutions who all are supplied with food who is made using the production method cook-cool. This production method has been widely debated, yet little research on how management, leaders and routines affect this dinner preparation method has been carried out.

Eight different leaders from three different institutions for elderly care in a Norwegian municipality was interviewed focusing on the food production method, management, routines, and leadership. A survey was also distributed to the employees at these institutions, where they responded to different statements and scenarios. There was a high level of agreement between the employees who are dissatisfied with the production method. Yet, the leaders did not show any very negative or positive attitudes towards cook-cool. The distance between the leaders and the employees were evident, and could also be seen in the lack of control procedures in the different institutions.

Table of contents

List of tables:

List of figures:

I. Introduction

The world's elderly population is rapidly increasing, where the current population aged over 60 years is twice as large as in 1980, with 962 million (United Nations, 2017, p. 1). As of 2019, the Norwegian population was approximately 5.3 million, of which approximately 15% were over 67 years (SSB, 2019). This number is predicted to more than double in the year 2060. Not only is today's older generation living longer than before. They are more educated with a better economy, improved living situation, and with a higher functioning ability than any other generation before (Helse-og omsorgsdepartementet, 2013). As a result of this trend, the Norwegian government is increasingly focused on future challenges within the municipality health and care services, which is described in their report (Helse-og omsorgsdepartementet, 2006). Regarding food and meals at nursing homes, the report is clear that there should be an increased focus on providing the residents with a greater choice and better quality regarding the meals.

There is a collective agreement that there needs to be changes in the health sector in order to accommodate the future (Helse-og omsorgsdepartementet, 2006; Helse-og omsorgsdepartementet, 2013) Cappelen, Disch and Førland (2014) underlines the need for research in order to deal with these changes, where "research is regarded as an important tool to meet the current and future challenges" (p. 11). This study is aimed at providing research for the municipal health and care sectors, that might lead to improvement and change.
The main points from the national strategy for quality improvement revolve around that good quality is safe and secure services, involving the end user and providing them with influence. Good quality also reasonably utilizes the resources, the services are available and distributed relatively, the services are impactful, and that the services are coordinated and characterized by

continuity (Helse- og omsorgsdepartementet, 2018). In this report, they identified that one of the critical factors for success in the senior care industry is working towards the goals of the end users (Helse- og omsorgsdepartementet, 2018). This new thought of ensuring the end users strengthened role will demand willingness for change in terms of attitudes and culture within the industry. The report also mentions the need to restructure the way the employees think about how they utilize the available resources (Helse- og omsorgsdepartementet, 2018). This report involves both a re-evaluation of the leadership and management styles within the public sector of senior care in Norway. This calls for research in leadership and management styles most favorable in a health and care setting, which is currently limited.

1.1 Purpose

The purpose of the study is to provide an insight into the leadership and management of dinner at nursing homes. This study is a part of a larger research project aimed to improve the meal situation at Norwegian nursing homes. This is especially relevant because of the debate around Norwegian nursing homes having a production kitchen or a centralized kitchen in the municipality (Aagaard, 2008). Another example of the need for more research on this topic.

This thesis will aim to answer these specific research questions:

1. Do the leadership style of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?
2. Do the management of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

a. What are the main factors of the dissatisfaction from employees surrounding dinners/ the meal at the nursing homes for elderly care?

3. How do the nursing homes within the same municipality compare in terms of their leadership and management of meal production?

Meals and mealtimes at nursing homes are a topic in the health sector that have been heavily experimented and researched. Several studies have focused on malnutrition among elders (Mowe, 2002; Rugås & Martinsen, 2003; Saletti, Lindgren, Johansson & Cederholm, 2000) and overnight fasting (Sortland, Skjegstad, Jansen & Berglund, 2009; Sortland, Gjerlaug & Harviken, 2013; Eide, Aukner & Iversen, 2013). The organization around meals at nursing homes have also been a topic of discussion and research, more specifically if nursing homes are providing proper meals and nutrition, on a human rights basis (Karlsen, 2011). The results from this study included one aspect that is the jumping off point for this study. They concluded that "it appears from the study that the resources to nursing homes and the participants' capacity are not equivalent to residents' needs" (p. 75). In other words, certain structural factors around the meals were a challenge to the residents right to food and proper nutrition.

1.2 Outline of the study

The study is built up by several chapters, and these are arranged in the following way. The first chapter, the literature review, lays the foundation of the study and includes previous research on the topic at hand. Following the literature review, the methodology chapter explains the research design and the overall plan of the study. This chapter informs the reader about the research sample and the way of collecting the data. Also discussed in this chapter is the ethical

considerations of the study, as well as the limitations of the research. Next chapter focuses on how the data collected has been analyzed and presents the actual findings of the study. These findings are discussed in comparison to previous research about meals and mealtimes at nursing homes. This discussion chapter also identifies several aspects and proposed solutions. The conclusion of this study is presented at the end based on the analysis and of the collected data. Limitations and further research topics are also suggested in the conclusion chapter.

1.3 Explanations

There is a need to be precise and clear about the terminology used in the study, and certain terms used frequently in the study is explained below.

Municipality X - the name of the participating municipality in the study. This is in order to uphold the anonymity of the respondents and the nursing homes they are associated with.

Institution X1, X2, X3 - the names of the different nursing homes.

Area leaders - the top leaders who are serving a particular area of the municipality, both home services and the nursing home.

Department leaders - the leaders in the various nursing home departments. These department are both long-term and short-term.

Dinner process - a process that starts from the retrieval and preparation of dinner using the cook-cool method, and includes the cooking and serving the dinner, as well as the cleanup.

Residents - the collective name for the elderly population living in nursing homes. This word is used instead of patients.

II. Literature review

The thesis is based on the assumption that the dinner process at nursing homes is affected by the leadership and management of the institution. This chapter will deal with the previous academic research done on this topic, that will help provide a foundation for this study. Relevant literature will be discussed in various sections. The literature review will help establish a clear understanding of past studies on topics related to the thesis and will contribute to showing how the literature and research have developed (Wilson, 2014).

The thesis aims to identify factors within leadership and management in nursing homes related to the Norwegian health sector. The literature reviewed for the thesis is focused on the Norwegian health sector and nursing homes, as well as management and leadership. Innovation and renewal for the health sector in municipalities and the public sector will not be realized without the knowledge generated through research such as this. These sectors are highly dependent on research to change their organization and routines. This is emphasized by Cappelen, Disch, and Førland (2014). They underline that research is an essential tool to meet the challenges of today and the future (p. 11).

Through the literature review, the thesis has identified some gaps in the research on the dinner process at nursing homes and the leadership and management around this. The thesis will offer insights into the dinner process, both negative and positive when relating to the management and leadership of this process.

2.1 The Norwegian public health sector

The public health sector in Norway is one of the best in the world. In 2018 Norwegian healthcare was ranked 3rd in Europe by Health Consumer Powerhouse; however, the lowest category Norway scored in was "accessibility" (Björnberg & Phang, 2019). This category covers the patients waiting time for specialist appointments and more significant elective operations (Helsedirektoratet, 2017a). The complaints about the waiting time are unnecessary and are, concluded by the Euro Health Consumer Index as, the result of mismanagement (Björnberg & Phan, 2019, p. 10). The Norwegian Health Care system is divided between the municipalities, the county, and the Regional Health Authorities (Lindahl, 2015). Public health and care services mainly consist of various forms of home care services, such as home nursing and practical assistance, stay-in institutions, including nursing homes (Regjeringen, 2013). The level of care for residents, either care at home or in nursing homes, is determined by the municipalities. However, in some areas with a high population, the residents themselves make a choice (Lindahl, 2015). Life expectancy in Norway is higher than in other countries, that may be a result from the work to increase the awareness of lifestyle factors that affect the health (Hansen, Saunes, Tomic, Oliver & Lindahl, 2017). The relatively low mortality rate as a result of heart disease, fewer people are smoking and drinking, as well as the lower morbid obesity share than other countries (Hansen, Saunes, Tomic, Oliver & Lindahl, 2017).

2.1.1 Demographics

The need for changes and improvements in the public sector elderly care institutions is evident in the ever-changing world demographics. The elderly population is growing

(Helsedirektoratet, 2017b), not only in Norway but also in the rest of the world. The elderly

population in Norway is increasing, and his is a direct result of increased affluence, higher life

expectancy and boosted fertility after the war (Ramm, 2013; Chen et al., 2018). Not only is this

population increasing, but it is also changing, meaning that they live longer and healthier. This

healthier life results in the need for nursing and cares later in their life than previous generations

(Ramm, 2013). These challenges facing the Norwegian health system are detailed in the report

from Helsedirektoratet (2017a). The proposed solution is to improve the efficiency of the current

health care offer, as well as health care prevention. A need for more personnel in this sector is

evident by the increasing numbers of not only elders, but also young people are using care

services.

Norway is ranked as one of the best countries to grow old in according to the

multidimensional Aging Society Index by Chen et al. (2018). This Index ranks 18 OECD

countries based on their adaptation to aging. This paper explains that a "successfully aging

society" is where five major components are present: "productivity and engagement," "well-

being," "equality," "cohesion" and "security" (p. 9169). Norway, along with Sweden, scored the

highest among the countries; however, Chen et al. noticed that there was untapped potential as

the scores were only 65 out of 100. Because of the increasing elderly population, there is always

room for improvement. One of the political goals in the health sector is to change the nursing and

care for elders, and ensure that they can live in their own home longer. This results in the

changing of nursing institutions, as a place to live when you are no longer capable of living alone

at home, and in shorter periods when needed (Ramm, 2013, p. 11). Norway is one of the few

countries that were able to reduce the amount of long term elderly residents at nursing homes,

from 2005 to 2015, today around 50 beds per 1000 patients (Hansen, Saunes, Tomic, Oliver & Lindahl, 2017).

2.1.2 Food at nursing homes

Several studies have been done on the topic of food in nursing homes, however, these are mostly related to nutrition (Mowe, 2002; Rugås & Martinsen, 2003; Saletti, Lindgren, Johansson & Cederholm, 2000) and overnight fasting (Sortland, Skjegstad, Jansen & Berglund, 2009; Sortland, Gjerlaug & Harviken, 2013; Eide, Aukner & Iversen, 2013) of the residents at the nursing homes. Because the residents at these nursing homes are in bad shape (DNLF, 2001), they require help from the nursing home staff to achieve their nutritional level for the day. Many of these residents have a hard time eating food, as a result of the lack of appetite and social interaction during dinner (Aagaard, 2008). The lack of appetite may be caused by several factors, such as impaired senses, changes in social circumstances, and the use of medications (Pilgrim, Robinson, Sayer & Roberts, 2015). Pilgrim et al. also report that "appetite is strongly influenced by the environment and mood" (p. 32). The food at nursing homes has been criticized because of their lack of taste and nutrition (Falck, 2019). The nursing homes need to be assessing the individual residents need when it comes to nutrition, to avoid malnutrition (), and this is done successfully through flavor enhancing (Pouyet, Cuvelier, Benattar & Giboreau, 2015).

Several of these studies have concluded that other factors are surrounding the meals at nursing homes that need to be improved (Aagaard, 2008; Karlsen, 2011). These other factors are not widely researched, showing a gap in the literature, and the reason for this research study.

2.2 New Public Management

New Public Management, NPM, is the collective name for the reforms set in place in OECD countries over the last 30 years, to modernize the public sector (Christensen & Lægereid, 2001). The NPM involves strategies that will increase the effectiveness of the public sector, and the reforms aimed to assimilate the private sector, which is known to be very dynamic, flexible and cost-effective (Ramsdal & Skorstad, 2004). The reason for the implementation of NPM was that the public sector was ineffective, with high costs and poor quality services. The reform revolves around cost-effectiveness and decision effectiveness, as well as improvements in senior care (Nygård, 2017). NPM was a way to make the public sector more efficient through clear goals and reforms (Øgård, 2000), either rewarded or punished (Christensen & Lægreid, 2010). As described by Eliassen and Sitter (2008), New Public Management is not a cohesive plan to improve the public sector, but rather a series of reforms that aims to reorganize the industry. In other words, a way to modernize the public sector. The main changes designed to improve the civic organizations, emphasize customer service, decentralization, the introduction of marketing mechanics and to provide overall autonomy in the daily operations and public leaders (Hillestad, 2014, p. 8). Ramsdal and Skorstad describe managerialism in the public sector as "an increased concern with results, performance, and outcomes" (p. 60). As a result of the NPM reforms to streamline the public sector, goal- and result based management was implemented, as well as the "devolution of responsibility and power to lower levels of government" (Eakin, Eirksen, Eikeland & Øyen, 2011, p. 340). The concept of NPM has three main components: "belief in leadership," indirect control," and "user focus" (Øgård, 2000, cited in Olaussen & Wollebæk, 2002). The role of leaders is more prominent with NPM, as well as there are more demands for getting results and reaching goals. With NPM the public sector goes from direct authority to

indirect control, in other words being run by rules and routines to more focused on the financial results and more significant use of goal and resource-based management (Øgård, 2000, cited in Olaussen & Wollebæk, 2002). In addition to this, NPM focuses on increased involvement and influence for the users and inhabitants. This "user focus" may take the form of "freedom of choice, service guarantees, individual rights principles, unit price financing, user inquiries, and referenda" (Olaussen & Wollebæk, 2002, p. 2).

2.2.1 New Public Management in Norway

As a result of the implementation of NPM in 1990, the public sector has been devoluted. Christensen describes this process, Lie, and Lægreid (2008) as "the commercial parts of these enterprises have become corporate, while the regulatory parts have been streamlined into separate agencies, creating a much more fragmented and disintegrated model" (p. 18). This structural devolution was to avoid privatization. Because of the decentralization of the health sector in Norway, there is more local power to set priorities and manage the health enterprises regionally and locally, instead of nationally. This reform allows the industry to involve a lot of different practices (Christensen, Lægreid & Stigen, 2004).

The potential for higher efficiency in the public administration, as well as the municipalities in Norway, are one of the main points in the coordination reform in the health sector. A report from the OECD found that Norway spends the most money on each patient, but still is not ranking as the best country on their list (Morgan, Gmeinder & Wilkens, 2017). The reform aimed to use the money right and more effectively (Helse og omsorgsdepartement, 2008/2009). The term "more health for each krone" was coined based on this reform of cost efficiency and making the products and services as cheap as possible (Ramsdal & Skorstad,

2004, p. 63). To do so, the need for structural and leadership changes, which were also aimed to make the institutions more focused and productive (Hood & Dixon, 2015). As well as the economic part of the health sector, the need for improvements in administration and leadership is also mentioned in the Coordination reform from Helse og omsorgsdepartementet (2008/2009).

In more recent years a reform from the Norwegian government titled "Leve hele livet" aims to provide better and smarter solutions to improve the offer the older generation have in nursing homes. These solutions will help make Norway a better country for older people, enable them to move, be a part of a community, provide them with healthy meals and proper healthcare (Helse- og omsorgsdepartementet, 2018). The municipalities in Norway are encouraged to innovate and implement these solutions on their own.

2.3 Leadership

Leadership can be described as a specific behavior which individuals exhibit with the intent of influencing other individuals' thoughts, attitudes, and action (Jacobsen and Thorsvik, 2013). Although there exists quite a high number of definitions for leadership, these usually focus on the individual perspectives of the phenomenon that are of most interest to the researcher (Yukl, 2013). According to Yukl (2013), the numerous definitions seem to have little in common other than the assumption that the process of leadership involves intentional influence which is exerted on to others to structure, facilitate activities and relationships, and guide an organization or group. Thus, finding a universally recognized definition is quite tricky. The core of leadership, and what most researchers agree on, can be divided into three main characteristics (Jacobsen and Thorsvik, 2013):

1.   Leadership is actions which are exerted upon one or more individuals.

2.   Leadership is carried out to make someone else performing specific tasks.

3.   Leadership should contribute towards the organization to reach its goals.

Thus, the core aspect of leadership is the influence or the collaboration process with the mutual impact between leader and employee. Taking into consideration the characteristics described above, a definition which incorporates the collective effort by leaders and employees to accomplish meaningful tasks has been chosen as a framework for this thesis (Yukl, 2013).

"Leadership is the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives" (Yukl, 2013, p. 23).

A leader will influence the employees' performance, or in other words, a leader will influence whether the employees are working effectively towards reaching the organization's goals. This is one significant factor for effective leadership. The leader should enhance the performance of the team and organization, and the attainment of goals should be facilitated by the leader (Yukl, 2013). The outcomes of the leader's efforts could be rather immediate or have a delayed effect. The time it takes for the results to manifest, could indicate the effectiveness of the leader, as well as how well the employees perform the assignment (Yukl, 2013).

There are many variables which a leader needs to consider on an everyday basis. The leader will have to take into consideration the goals and values of the organization, laws, and rules which attain to the industry, as well as budgets and external variables which might affect the employees. The figure below illustrates these variables and the relationship with leader

effectiveness. In institutions such as nursing homes in Norway, the leaders are only present during the day. This is public organizations which typically rely on the employees working shifts continuously day and night. Thus, the leader will have to adapt their leadership style to motivate and lead all of the employees, including the ones the leader might have a small amount of contact they have. There are several tasks which affect the attainment of the organizational goal in which the leader is not directly involved, thus, underlining the importance of considering several variables when leading the employees. Taking into consideration the organizational use of employees working in shifts, the environment often calls for a high degree of predictability, structure, clarity, and planning (Kirkhaug, 2015).
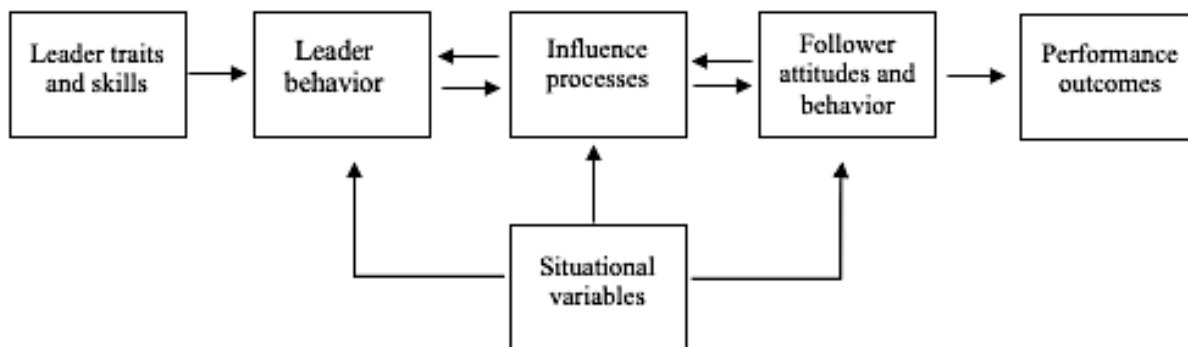
Figure 1 (Yukl, 2013, p. 27)

2.3.1 Rule-based, value-based, or goal-oriented leadership?

In occupations such as nursing, rules, and guidelines are fundamental elements to ensure standardization and safety. Rules or guidelines are written rules which describes how a task should be done or how an outcome should be carried out. Rules and guidelines are often used because they are rooted in fundamental values such as equality, justice, efficiency, and safety

(Kirkhaug, 2015). This is one of the reasons why rule-based leadership is often found in occupations such as nursing and why it can usually be found in the public sector. The public health sector in Norway is heavily regulated by laws, and this does not only ensure equality among the nurses and health workers but also ensures sound and satisfactory treatment of the residents. Some of the laws which safeguard the care of patients are Lov om kommunale helse- og omsorgstjenester, Helsepersonelloven, and Pasient- og brukerrettighetsloven.

Value-based leadership is often defined as a leadership style where the leader gives the employees a high level of freedom to decide how to complete tasks (Daft, 2011). This enables the employee to utilize their own approaches to problem-solving and working towards reaching goals.

Goal-oriented management or management by objectives (MBO) is defined by Kootz and Weihrich (1990) as "a comprehensive managerial system that integrates many key managerial activities in a systematic manner and is consciously directed towards the effective and efficient achievement of organizational and individual objectives" (p. 99). This approach is one of the most widely essential and used approaches in the world (Kootz & Weihrich, 1990). MBO or Balanced Scorecard was introduced by Kaplan and Norton in 1992, as a tool to measure performance. The Norwegian health sector does utilize MBO, as a result of the New Public Management reforms. By using MBO, the manager encourages the employees to commit to personal and organizational goals, as well as planning the way to achieve these goals (Kootz & Weihrich, 1990.)

2.4 Management

Kotter (1982) explains the difference between management and leadership. Management refers to coping with complexity, such as setting goals and plans, staffing, and other organizing factors. Management is also concerned with solving problems in the organization and reviewing the results. Leadership, on the other hand, refers to using a developed vision and strategy to cope with organizational change, as well as communicating this vision to the employees and motivating them to work towards the vision.

The relationship between leadership and management is "a conceptual knot that is difficult to untangle" according to Fernandez, Cho & Perry (2010). As mentioned earlier, we will be focusing on elements of leadership and management in this thesis. Leadership is described as relying on personal power and is central in terms of "change, inspiring and motivating followers to realize the organization's vision" (Khuntia & Suar, 2004, p. 13). Management, on the other hand, is based on positional power. Management deals with controlling, organizing, budgeting, resource allocation, and time scheduling (Khuntia & Suar, 2004). Certain management aspects have also been linked to organizational effectiveness in the public sector, such as goal setting, employee motivation and shaping organizational culture (Brewer & Selden, 2000; Rainey & Steinbauer, 1999, cited in Fernandez et al., 2010). Mintzberg (1973) developed a list of 10 managerial roles, which explains the activity of a manager (Yukl, 2013). These roles are divided into three main categories (Yukl, 2013):

Information processing roles:

- Monitor

- Disseminator

- Spokesperson

Interpersonal roles:

- Figurehead

- Liaison

- Leader

Decision-making roles:

- Negotiator

- Disturbance handler

- Entrepreneur

- Resource allocator

The University of Michigan studies compared the behavior of ineffective and effective leaders where their level of effectiveness vas determined by the productivity of the subordinate group (Daft, 2011). The research identified two distinct types of leadership; employee-centered and job-centered (Daft, 2011). These leadership styles are opposite to one another, which means that the behavior characteristics of a leader can only be categorized in one of the leadership styles and not both of them. In the Norwegian public senior care industry, there seems to be a job-centered leadership focus. They are explained in the report from the Norwegian Department of Health and Care service (2018), where the main focus going forward is described as goal and task oriented. Job-centered leadership is behavior "in which leaders direct activities towards efficiency, cost-cutting, and scheduling, with an emphasis on goals and work facilitation" (Daft, 2011). The Michigan studies also laid the foundation for four main categories of leadership behavior; personal support, relation oriented, goal oriented, and work support (Kristiansen, 2017). Most theories concerning leadership underline and include three constructs; the leaders'

rationality, personality and behavior, followers' behavior, personality and rationality, and contextual factors such as cultural context, organizational climate, and nature of the task (Khuntia & Suar, 2004).

Research has also shown that there are benefits of leadership at different levels, not only at the top. Leadership at lower levels, small groups, is vital in the outcome of work team effectiveness (Guzzo & Dickson, 1996; Kerr & Tindale, 2004). A study by Dutton, Ashford, O'Neill, and Lawrence (2001) shows how middle managers play a critical role in organizations and champions of the changes made there. The study also suggests that leadership should be looked at in a broader view, and the contributions that leaders at multiple levels in an organization will result in organizational effectiveness. These leaders are the ones in charge of the micro processes that make up the strategic change.

III. Methodology

The purpose of the methodology chapter is to highlight and explain the research design employed by the researcher in order to answer the research question. This section will also address the strategy, some ethical issues that might be involved in the study, the reliability and validity of the study, as well as the limitations related to the research being conducted. The research in this thesis will be carried out on the dinner process at public sector nursing homes in Norway. Research questions have been created in order to focus the research and guides it to keep it on track. The research questions the study aims to answer are:

RQ 1: Do the leadership of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

RQ 2: Do the management of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

Subquestion (RQ 1 & 2): What are the main factors of the dissatisfaction from employees surrounding dinners/ the meal at the nursing homes for elderly care?

RQ 3: How do the nursing homes within the same municipality compare in terms of their leadership and management of meal production?

3.1 Qualitative research

In order to answer the research questions, qualitative methods will be used. This thesis aims to identify and compare three nursing homes relating to their leadership and management of the dinner process. Qualitative research methods are explained by Parkinson and Drislane (2011, cited in Guest, Namey & Mitchell, 2012) as "participant observation or case studies which result

in a narrative, descriptive account of a setting or practice" (p. 2). The research is exploratory and descriptive, which means that the study will focus on gaining an insight into and describing the dinner process at the nursing homes, as well as comparing these process across the institutions, as the research questions suggest.

3.2 Participating municipality

The research problem was suggested by a municipality in Norway that aimed to improve the food for their elderly population living in nursing homes. The participating municipality will be referred to as Municipality X from now on. Municipality X contains four nursing homes, where three have been selected to be a part of this study. These nursing homes were selected as a result of the municipality they are located within. The study will be employing a multi-case study design, where each nursing home will be considered a case, and these will be compared to each other. This study is a part of a larger research project for the municipality. This study tackles the part of the research project that concerns the leadership and management factors affecting the dinner process.

3.3 Case study design

Before starting the data collection, some choices need to be made in order to answer the research questions. The choice of research method is dependent upon what the research questions the study aims to answer (Askerøi, 2009). The thesis will be utilizing a case study design. The case study definition most widely used by academics is derived from Yin (2009). Yin (2009) defines a case study as an 'empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are

not clearly evident' (2009, p. 13). The reason behind the employment of a case study design in this instance is to answer the question of "how" are the dinner process conducted at each of the nursing homes and "how" do they compare to each other. These questions are common when it comes to using a case study design (Yin, 2018; Saunders, Lewis & Thornhill, 2007). The research design will also be a multi-case study in order to compare the institutions. Multi-case study design, also known as "comparative" studies, is used to describe several cases and how they compare to each other (Yin, 2018). In this case, each institution within Municipality X is one case. Baxter and Jack (2008) highlight the unique feature of case study research compared to other qualitative approaches as a design where "investigators can collect and integrate quantitative survey data, which facilitates reaching a holistic understanding of the phenomenon being studied" (p. 554). The reason behind utilizing a multiple case study design is that when similar patterns are discovered, the higher the reliability of the results is achieved (Tellis, 1997).

3.4 Data collection

The study will also involve a mixed methods approach. Secondary research of the topic will lay the foundation of the thesis, in the form of a literature review. This foundation will assist in developing an interview guide and a survey. This type of strategy also enhances the data's credibility (Patton, 1990; Yin, 2003). The literature used is a variation of academic journals, reports, news articles, other theses, and academic textbooks. Both Norwegian and English literature will be used for the literature review in order to offer an inside and outside perspective on the issue. The topic at hand has been researched before; however, the exclusive look at only the dinner process may be useful in the industry. The research will be valuable for the

municipality in question in order to implement changes that can change the dinner process depicted in the research.

Qualitative research design is used as an umbrella term for research methods collecting language data (Polkinghorne, 2005). The data collected in the study is primary data from interviews and primary data from an employee survey, meaning it is a mixed-method research design (Nardi, 2018). Qualitative research is used because of the exploration and description of the topic at hand (Nardi, 2018). The interviews are shorter case study interviews that are open-ended and more focused (Yin, 2018). Developing an employee survey will enable the reach of a large number of people that are involved in everyday life and meal preparation at the nursing homes (Evans & Mathur, 2005).

3.4.1 Informants

Denscombe (2009) describes that "purposive sampling works where the researcher already knows something about the specific people or events and deliberately selects particular ones because they are seen as instances that are likely to produce the most valuable data" (p. 41). This type of sampling is chosen because of the purpose of the study is, and who, or what, will give the best data for the study and the research questions.

For this study, a sample pool of leaders from three nursing homes in Municipality X. The study aims to look at the public sector nursing homes and the dinner process at these institutions. This includes the leadership and management of this process, hence why the leaders are interviewed. In the case of this study, the purpose of this qualitative approach is to gain insight into the routines and dinner process, both from the leaders and the employees.

The interviewees consists of eight leaders from three different health care institutions from Municipality X. Three managers from Institution 1, two managers from Institution 2, and three managers from institution 3. The different institutions will from now on be referred to as Institution X1, Institution X2 and Institution X3. Each of the institutions provided informants consisting of an area leader and one or two ward leaders, or two different departments from the institutions.

This thesis is, as discussed earlier, a part of a larger project. Therefore, the informants were pre-selected by the project manager. The importance of selecting participants for in-depth interviews is often based on the iterative process of purposeful sampling (DiCiccio-Bloom & Crabtree, 2006), or the selection process where the informants which best meets the informational needs are selected (Morse, 1991, p. 127). The method of purposeful sampling aims to answer the research question by maximizing the depth and richness of the data (DiCiccio-Bloom & Crabtree, 2006). The informants were, as mentioned, pre-selected by the program manager. This type of pre-selection would most likely not be the most suitable process for selection of informants in most cases, but the study was going to take place in a small municipality with a limited number of optional participants. Thus, in this case, the program manager pre-selected the informants who would be available on the given dates the interviews were scheduled.

3.4.2 Interviews

The collection of data was done through interviews and surveys. In qualitative research interviews, one often uses text, sound, video recording, or combinations of these (Johannessen et al., 2010, s. 33). The interviews lasting around 30 minutes and were conducted by one person,

while transcribed by another, in order to have someone present in the situation (Foss, 2017). This procedure was also done in the interest to save time and avoid the need to record the interviews. The notes from the interviews were written as close to what was being said as possible; however, not everything was caught. The nuances and context may, to some extent, be lost in the translation, and the text after transcription will only be a picture of the reality of the interviews (Malterud, 2011). This is important to note. The interviews were also anonymized as a result of choosing to take notes.

The qualitative research interview aims to understand the interview objects' world through their experiences (Kvale, 2009). During the interview, the interviewees were informed and assured about the intent of the interview and study, and a particular trust was achieved between the researcher and the interviewee. The content of the interviews is affected by the relation and trust that is created in this setting (Ellingsen, 2010; Thagaard, 2013).

3.4.3 Survey

Seeing as this particular study has not been done before, the survey was created based on the interview responses from the leaders. The survey was sent out electronically by the use of e-mail. This method is a great way to stay cost-effective and reach the target group through a speedy distribution (Andrews, Nonnecke & Preece, 2003). The use of online survey also helps to achieve a larger group and faster data collection (McDonald & Adam, 2003). Seeing as the survey was distributed via e-mail, this makes the survey an e-mail based E-survey (Jansen et al., 2007, p. 2).

After the interviews with the leaders from the institutions was completed, they were asked if their employees would take part in a survey regarding the same topics discussed. The

leaders were informed that they would not be able to view the results from the survey, only once

the results and thesis is finished. After the interviews, the leaders all agreed to provide a list with

the e-mail addresses to their employees, which would be deleted after the thesis was finished.

One of the recommendations found in the literature urges the researcher to only source e-mail

addresses from public e-mail lists (Andrews et al., 2003, p. 188). For this research, it would not

be possible to source addresses from publicly available lists, as the study focused on the

employees at the three specific institutions. Therefore, consent from their leaders was attained.

To ensure that all of the responses were anonymous, we used one of the features of SurveyXact

where the e-mail addresses were added and then anonymized. This feature ensures that the e-

mail addresses could not be linked to the responses, and these e-mails were only used to

distribute the survey.

The survey was divided into three parts based on the categories of statements, see

Appendix 8.3. The first part of the survey was concerning the general dinner at the institutions

and the leadership of this dinner process. These statements were included as a way to gain the

employees perspective on this process. The second part of the survey focused on the routines

implemented regarding the deviation forms, which is the nursing homes feedback to their dinner

supplier. Deviation forms were brought up by the leaders during the interviews as an essential

aspect of the dinner process that needed to be improved. They were asked to evaluate how often

they used the deviation forms provided by the supplier for the dinner food that did not meet

expectations or was deemed as lower quality. The respondents were asked to evaluate these

statements on a 7-point likert scale measuring how likely they were to agree with the statements,

see Appendix 8.3. By using a 7-point likert scale it offers the respondent an even number of

options, including a neutral option, that may reduce response bias(Fernandez & Randall, 1991,

cited in Croasmun & Ostrom, 2011). Symonds (1924) implies reliability will be optimal when using a 7-point scale (cited in Croasmun & Orstrom, 2011).

As described and recommended by Andrews, Nonnecke, and Preece (2003), the survey was pretested in a series of steps. Oksenberg, Cannell, and Kalton(1991) describe pretesting and its purpose as "to evaluate the individual questions and to ascertain whether they form a cohesive, smoothly flowing survey" (p. 349). Pretesting provides an outside perspective on the survey that helps the research to fail to uncover problems. The first step concerns the survey being subjected to expert opinion, in order to ensure that the content is valid. As a result of the expert opinion, the survey was changed accordingly. The next step would be to test the "survey language, question interpretation consistency, logical question sequencing, and survey 'look and feel'" (p. 193). This was done by using people similar to the target participant. The survey was again improved based on the feedback from this step.

Before starting the survey, the participants were informed about the study, the purpose of the study, consent, and anonymity. This in order to build sufficient trust with the participants and increase response rate (Andrews, Nonnecke & Preece, 2003).

The employees were not quick to fill in the survey, which meant that a follow-up reminder e-mail had to be sent out in order to maximize the responses. These have been linked to spiked participation (Smith, 1997; Sheehan & Hoy, 1999, cited in Andrews, Nonnecke & Preece, 2003). The lack of responses may be a result of the survey being too hard to answer, or the employees do not wish to answer the survey as they do not believe in its usefulness (Andrews, Nonnecke & Preece, 2003).

3.5 Ethics in the research

The case study research will be conducted in a way that is accurate and honest (Wilson, 2014), as well as being ethically responsible (Weathington, Cunningham & Pittinger, 2012, p. 24). Social research is vulnerable to specific ethical issues, for example, privacy and anonymity (Blaxter, Hughes & Tight, 2010). The case study will be using interviews and surveys as the primary data collection, and these need to be handled with care and sensitivity in order to protect the human subjects in the study (Yin, 2018, p. 88). An informational letter was sent to the participants ahead of the interview where they are informed of the nature of the study, and the employee survey begins with asking about their voluntary participation in the study, Appendix 8.3. This is in order to provide the participants with their choice to withdraw from the research study at any point (Kvale and Brinkman, 2015). Also, by sending a letter of this nature, the researchers are avoiding any deception in the study, this is also reinforced in the interview (Yin, 2018). Confidentiality is paramount in case study research in order to avoid the subject to be put in an unfavorable position if identified in the finished research study (Yin, 2018). Kvale and Brinkman (2015) emphasize the need to be aware of any ethical problems that might arise from the beginning of the data collection until the final report (p. 97).

Though the research is done on behalf of a third party, throughout the data collection and the analysis objectivity is retained in order to ensure that the interview data will not be misinterpreted (Saunders, Lewis & Thornhill, 2007). The dangers of being subjective in the research process can result in the researcher being swayed to change the results (Oliver, 2010). By following these ethical guidelines, the research findings will be presented accurately, independent of third-party persuasion (Farquhar, 2014).

3.6 Reliability and validity

Wilson (2014) explains how the researcher needs to address the issues that might threaten the reliability of the study in order for the research to be valid. In order to increase the reliability of the study, multiple sources of evidence are used (Yin, 2003; cited in Wilson, 2014). The multiple sources are primary data, which are the interviews and surveys, as well as the secondary data.

The use of multiple sources of information is also going to strengthen the validity of the study (Yin, 2018). Validity is another way of ensuring the credibility of the research. The validity is also increased through pretesting the interview guide and employee survey and using key informants to do so. Not only does the primary data need to be assessed for its credibility, but it is also essential to assess the secondary data (Farquhar, 2014).

The measures to ensure that the research is reliable, also means that the results are stable and consistent (Carmines & Zeller, 1979: Farquhar, 2014). Creating a detailed overview of the process of data collection and analysis increases the reliability of the study, and will also help others to replicate the study and receive the same results (Yin, 2018). This also includes keeping a description of the chain of evidence.

IV. Analysis and findings

This chapter discusses the analysis and findings of the primary data collection. The primary data sources of this study are the interviews conducted with the leaders of the various institutions and the survey done on the employees of all the institutions. The purpose of this study was to identify and compare the leadership and management around the dinner process at the institutions in Municipality X.

4.1 Interview analysis

Through the interviews, the leaders described the process of dinner at the nursing homes and their roles in this process, see the interview guide in Appendix 8.1. During the interview, notes were taken in Norwegian, as the interview was conducted in Norwegian, the native language of the leaders. After the interview process, the first stage of the interview analysis starts. The interview notes were translated from Norwegian to English. Two independent translators did the translation and reviewed together in order to agree on the meaning and context of the interview texts (van Nes, Abma, Jonsson & Deeg, 2010). Following the review of both translations that resulted in a final interview text. The leaders interviewed will be referred to with letters according to their institutions X1, X2, X3, et cetera, this is done in order to obtain their complete anonymity. The hierarchical system for the institutions is illustrated in the model below, Model 4.1. The system is similar across all of the three institutions, with one area leader, middle management, and the nurses caring for the residents.
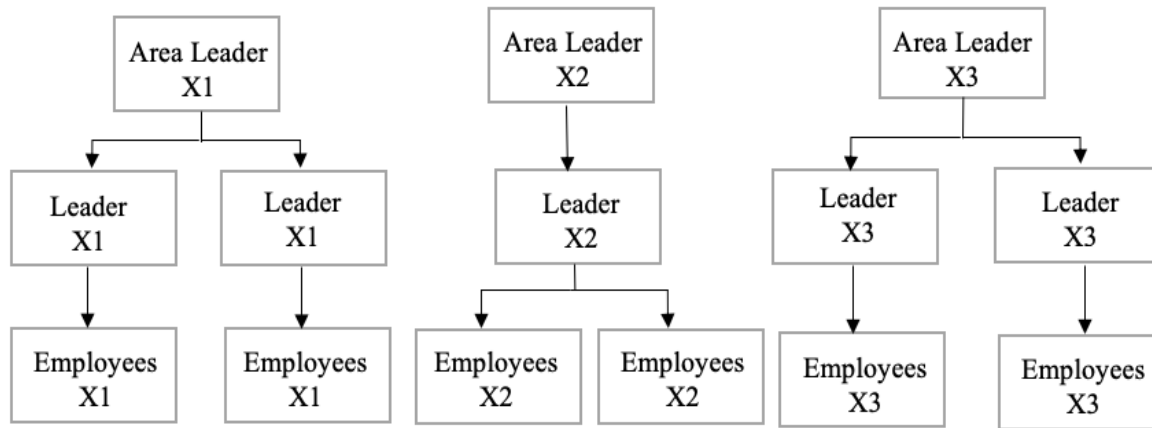
Figure 2 Hierarchy system for the institutions

The analysis is based on the theory of systematic text condensation. Bradley, Curry, and Devers (2007) describe this systematic approach to involve steps that "allows for open discovery of emergent concepts with a focus on generating taxonomy, themes and theory" (p. 1761). The next stage in the data analysis starts with an overall understanding of the text and uncovering the meaning and context (Bradley, Curry & Devers, 2007). By doing this process, the researchers become well acquainted with the data material. This knowledge of the data is essential for further analysis (Malterud, 2011).

After the overall review, stage 3 is to sort the data into condensed meaning, codes, and themes. Graneheim and Lundman (2002) explain condensation as "a process of shortening while still preserving the core" (p. 106). The meaning units, examples from the text that relate to the same content, is condensed. Codes are assigned to the condensed meaning units. Codes as used as labels to help catalog the key concepts (Bradley, Curry & Devers, 2007). The codes will then be assigned the theme it falls within.

4.2 Survey analysis

The response rate of the online survey was 45%; however, the completion rate was actually around 38%. The data from the were entered and analyzed using the Statistical Package for Social Sciences, SPSS 11.0. The data was first put through a descriptive and frequency statistics analysis. Descriptive analysis is an excellent tool for organizing the data and will help describe and summarize the raw data collected (Ho, 2017). This type of analysis gives the research a way of finding patterns in the data, but will not enable any conclusion to be drawn. Frequencies statistics relates to the frequency of each value, so the number of survey participants in our sample that corresponds to the value of a variable (Tokunaga, 2015). This type of statistics indicates the nature and shape of the distribution of values. The data was also split up so that there would be data for each institution, and the study could analyse and compare each case. The responses to the open-ended questions were analyzed through content analysis; similar answers were grouped to form the different categories presented in the results (Graneheim and Lundman, 2004).

4.3 Findings

This part of the chapter focuses on the discussion of empirical finds in regards to the research questions. Presented in this chapter is the findings from the data collection, both primary and secondary data, as well as the discussion. The discussion combines the findings and theory. The questions that the research aims to answer is:

RQ 1: Do the leadership of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

RQ 2: Do the management of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

Subquestion (RQ 1 & 2): What are the main factors of the dissatisfaction from employees surrounding dinners/ the meal at the nursing homes for elderly care?

RQ 3: How do the nursing homes within the same municipality compare in terms of their leadership and management of meal production?

The primary data in this study, in other words, data that have been specially collected for this study, are the interview notes and survey answers. This discussion combines both the primary data and the secondary data, the data that already exist.

4.3.1 General information

The interviews were conducted on eight informants from Municipality X. From each of the different institutions, the informants consisted of an area manager and one or two ward managers, or two different levels from the institutions. All of the managers shared some of the same educational backgrounds, but the level and area of education also did vary. The age of the respondents varied between the ages of 32 to 52. The informants consisted of seven women and one man. The survey was distributed to a total of 215 employees across the three institutions, 96 of these employees completed the survey. The majority of the survey participants were employed at Institution X1.

4.3.2 Interview findings

From the interview analysis, several aspects around the institutions, leadership, and management of the dinner preparation. All the main points from the text based on each case/institution can be seen in Appendix 8.2.

Area leaders are the top leaders serving a particular area of the municipality, both home services, and the nursing home. The hierarchy is shown in figure 4.1. Through the interviews, the area leaders describe their role in the day to day dinner preparation as the one who orders the food. They are not, in other words, directly involved in the dinner times. These tasks were similar across all three institutions. The leaders were not aware of any specific routines amongst the employees during dinner, only the fact that the employees organized themselves. The employees are left to themselves and the person who has time leftover prepares dinner.

Even though they were not directly involved in the dinner preparation, the leaders were not happy with the way food ordering from their "cook-cool" supplier. During the interviews, the interviewees brought up the problematic ordering system and deviation forms utilized at the institutions. The ordering system was cumbersome and made it hard to make last minute changes.

When asked about the leadership and environment at their institution, the leaders underlined that they aim to provide their employees with a pleasant working environment and an open door policy. During the interview and the review of the description of the leadership styles at the institutions, the analysis found that the laissez-faire leadership style is present in some aspect during dinner preparation and serving.

Across the institutions, the management was classified as a mix of value-based, goal oriented, and rule-based leadership and management. This involved the leaders giving employees

room to make decisions and changes, as they are the ones that are making dinner and interacting

with the residents. Because of the time-pressured workday for the employees identified in the

interviews, the leaders expressed their desire for exclusive staff to prepare and cook dinner. In

Table 2, you will see the overview of the analysis derived from Graneheim and Lundman's

(2004) method of analyzing interviews.

Meaning unit	Condensed meaning unit	Code	Theme
- I only take feedback on the food, and pay the bills - Do not check if all routines are maintained. - Rutiner: diskuterer på møter. Ingen kontroller, ansatte styrer selv.	Leaders do not check/perform controls over the dinner process.	Leaders do not have control over the dinner process.	Leadership
- The ordering is a bit cumbersome, takes a lot of time. Difficult to change the menu, temporary changes. - Short term department → takes a long time to get the food delivered and changed, so need to improvise sometimes. - A lot can be improved with the supplier.. The ordering process and delivery.	Hard to make small changes to menu, as well delivery needs to improve	Difficult system for food ordering.	Supplier management
- Deviation reports are very important. - Both the others and I can fill in the deviation forms from the supplier. Difficult as a leader to know what is bad. Report more. - A lot of discrepancies with the food, wrong and too little food delivered. Not very good at filling out the deviation form	Need to use deviation for in order to improve what is bad from supplier.	Deviation forms to change what is bad.	Management
- Much training. Information on email to employees. A bit in group meetings. Employees teach new employees.	New employees learn from the others.	Observational learning.	Leadership
- The employees organize themselves. - Employees share the dinner tasks. Whoever has the time, makes dinner. - The day shift employees should always start the dinner, and report to the night shift. - The employees are given a lot of freedom, but there are no controls or checks - I get feedback from the employees. - Trying to get more employees to taste the food, if it doesn't look appetizing.	No set tasks for the employees during the process	Laissez faire leadership	Management

- Want dinner hosts to cook dinner, do caregivers can spend time on other things. Time pressured workday, so have little time to cook. They are not chefs. - Finance focused. The quality is considerably lower with this method (Cook-Cool). Employees don't have time or equipment for quality. - A key principle is quality, but they do concern themselves with the matter of efficiency. - Difference between the caregivers, some spend more time on care and less on food, and vice versa.	Quality is compromised because of time pressured work day.	Less time means less quality.	Management
- Open to input from the employees. - Allow the employees to decide, because they know what is happening. Involving them in budget saving. Ownership in what's happening. - Address issues as staff meetings. Low threshold for voicing their opinions. Open door policy.	Leaders want to involve the employees in the process and	Open door policy.	Leadership

Table 1 Analysis with meaning units, condensed meaning units, code and themes (inspired by Graneheim &
Lundman, 2004)

Through the interview analysis, specific problem areas emerged. These problem areas were categorized into themes, leadership, management, and supplier management.

4.3.3 Survey findings

As stated before the participants of the online survey was employees from three of four institutions in Municipality X. The survey was distributed to 215 employees, with a 38% response rate. Of the respondents, 41% are employed at Institution X1, 31% are employed at Institution X3, and 28% are employed at Institution X2.

In the first two questions of the survey, the respondents were asked to evaluate the food which is served at dinner time and the production method cook-cool. The majority of the respondents are displeased with the food itself. 23% of the respondents answered disagree and 24% answered slightly disagree to the question "I think the food that is served to the residents is

good (with regards to temperature, taste, and quality). This question was also somewhat varied, with 22% of the respondents answering somewhat agree. In the second question, the respondents were asked: "I think using the production method Cook-cool from the supplier is a good way to make dinner." 34% of the respondents answered that they completely disagree, and 29% answered they disagree. This question was less varied than the others with a total of 81% of the answers ranging from completely disagree to somewhat disagree. This question was the question the respondents agreed the most on, as illustrated in the table below. The results show that the respondents are rather displeased with the production method of the food to a high degree.

s_26_1 M2 – Jeg synes løsningen med å bruke kok–kjøl fra Matvarehuset er en god måte å lage middag på.

s_1 Hvilken institusjon er du ansatt ved?			Frequency	Percent	Valid Percent	Cumulative Percent
.	Valid	0	1	100.0	100.0	100.0
1	Valid	0	1	3.7	3.7	3.7
Institution X2		1 Completly disagree	2	7.4	7.4	11.1
		2 Disagree	10	37.0	37.0	48.1
		3 Somewhat disagree	8	29.6	29.6	77.8
		4 Neutral	2	7.4	7.4	85.2
		5 Somewhat agree	4	14.8	14.8	100.0
		Total	27	100.0	100.0	
2	Valid	0	4	13.3	13.3	13.3
Institution X3		1 Completly disagree	10	33.3	33.3	46.7
		2 Disagree	7	23.3	23.3	70.0
		3 Somewhat disagree	3	10.0	10.0	80.0
		4 Neutral	3	10.0	10.0	90.0
		5 Somewhat agree	2	6.7	6.7	96.7
		7 Completly agree	1	3.3	3.3	100.0
		Total	30	100.0	100.0	
3	Valid	0	1	2.6	2.6	2.6
Institution X1		1 Completly disagree	19	48.7	48.7	51.3
		2 Disagree	9	23.1	23.1	74.4
		3 Somewhat disagree	5	12.8	12.8	87.2
		5 Somewhat agree	1	2.6	2.6	89.7
		6 Agree	3	7.7	7.7	97.4
		7 Completly agree	1	2.6	2.6	100.0
		Total	39	100.0	100.0	

Table 2 Frequencies on Question 2: "I think using the production method Cook-cool from the supplier is a good way to make dinner" according institution

The respondents were also asked to evaluate the routines which are incorporated into their workday regarding the dinner preparation. The majority of the respondents answered

positively to this question, with 28% somewhat agreeing, and 24% agreed that the routines were excellent and well functioning. In question four, the respondents were asked to evaluate the statement "I am motivated to do "the little extra" when serving the food. For example, plating the food delicately, sprinkle some herbs on top et cetera." 40% answered that they agree, and 23% answered completely agree to the statement, which was the majority of the respondents. Question five focused on whether the respondents feel their leaders motivate them to perform their best when preparing the dinners. The majority of the respondents agreed (28%) with the statement presented to them, but this question presented with answered that were more varied than the previous statements. 16% of the respondents somewhat disagreed, 15% were neutral, and 16% somewhat agreed to the statement.

For the next two questions, the respondents were presented with statements where they had to evaluate the training they received both from their employer and the supplier. In regards to the statement "I have received training from my employer and the supplier in regards to how one prepares the food and the equipment needed," there was a clear majority that agreed to this (34%) and 16% somewhat agreed. There was a total of 30% where the answers ranged from strongly disagree to somewhat disagree. After answering a question regarding whether the employees received training, they had to review the quality of this training. The statement presented to the respondent was "I feel that the training I have received from my employer and the supplier is good enough for me to be able to perform my tasks in a satisfactory manner." This statement received quite varied responses. 6% answered completely disagree, 11% answered disagree, 12% somewhat disagree, 15% answered neutral, 22% somewhat agrees, 27% agrees, and 7% completely agrees.

Statement seven through ten were focused on the deviation form provided by the supplier to all three institutions. The deviation form is the institutions' way of providing feedback to the supplier regarding the quality of the food or other issues which the employees notices. This deviation form became an important topic during the first few interviews, and therefore, it was deemed essential to include in the survey.

In regards to, the deviation forms that the institutions use to give feedback, 28% (the majority) agreed to "using them every time they discovered something wrong or defective with the food." This does not correlate with the answers collected in the interviews. Examples from all three of the institutions show that all of the leaders thought they could improve in terms of using the deviation form. One example is a leader explaining that the employees are very good at talking about what is wrong with the food during breaks and meetings, but not very good at writing it down. This can also be seen in the next question (Q8). Here the respondents are asked whether the deviation-form is a part of their work day, the majority (26%) answered neutral. This can be understood as there not being any clear or established routines for using the deviation form. The majority says they use it every time something wrong with the food is detected, but it is not a part of their everyday work day.

The most unexpected responses were given in regards to the three different scenarios. In response to the statement "I think this is a good arrangement for managing the preparation of dinner at the institution I work at," one would expect the answers to match the comments given by the respondents. For all three scenarios, the majority of the respondents chose neutral on the scale. Respectively 38% for scenario 1, 30% for scenario 2, and 34% for scenario 3. Many of the respondents also commented that they would prefer to have a colleague who is employed to

make dinner, and that would be their main task. Though, the majority answered neutrally to this

scenario.

V. Discussion

This part of the chapter will be focused on discussing the findings according to the research questions. The study aims to discover any leadership and management issues with the dinner process at the nursing institutions. The issues are identified and compared across the institutions in order to possibly examine the most effective way to approach the dinner process.

Early on during the interviews, it was clear that there was little involvement from the leaders in the routines and the preparation of dinner. It is important to note that for this thesis, the leaders were only asked questions focusing on the routines, management, and leadership of food preparation. Thus, the following observations and comments will be in regards to the routines, management, and leadership of this process.

5.1 Routines around dinner time

The routines and tasks surrounding dinner time at the institutions are described through both the interview process and the survey answers. The dinner process starts in the morning when there is a delivery from the supplier. Either one of the carers or the cleaning staff is charged with receiving the delivery and transferring it to the cooler. This is where the institution X2 stood out from the rest. The leader reported that they were always ready to pitch in with the employees wherever they were needed. The food is then sorted into departments and the days of the week. Dinner is usually served around 4 pm at the different institutions, and the preparation of dinner has to start at various times before dinner time, depending on the instructions from the supplier. This preparation interferes with the shift change, where the morning staff clocks out, and the evening employees start their shift. The leaders did identify that the dinner would

sometimes be prepared by an employee on the morning staff, maybe even started, and finished and served by the evening shift.

In the survey, there was a comment section provided to the respondents, where they could voice their opinions and comments regarding the routines they have today in the different institutions. Most of the employees highlighted one main factor, the lack of time to finish their tasks. Many of the employees think the time it takes to prepare the dinner steals too much time from the care of the residents. The routines for dinner preparation is somewhat similar across all three institutions. Someone from the first shift collects the needed bags of food and if necessary, prepares the oven, then someone from the second shift finishes and serves the dinner for the residents. It is not predetermined which one of the employees working that day prepares the dinner; it is the person who is available who does this. The employee who prepares the dinner also has to assist with caring for the residents while preparing the food. This routine creates two issues, not having enough time to carry out the task correctly and creating some issues surrounding food hygiene. If the employee has to run between caring for the residents and preparing the food, they do not have time to, for example, change their clothing. A high number of respondents had some concerns regarding hygiene. One respondent wrote;

"One second, I am making the food, and the next I am helping a resident change a diaper."

This comment highlights the need for a clear and well-implemented routine regarding the dinner preparation, where the employees have enough time to focus on the dinner itself. In institutions such as hospitals and nursing homes, the residents often belong to categories which are more vulnerable to microbiological risks, making the need for clear routines of even higher

importance (Buccheri et al., 2007). One logical conclusion could also be that if the employees had the time to focus on the dinner, the satisfaction could, in turn, be positively affected.

5.2 Food

As this study is part of the larger research project where Municipality X is aiming to discover the reason behind the dissatisfaction around nursing home food amongst the residents and their relatives (Falck, 2019). The leaders reported that the food could either be excellent or bad. The employees are the ones that interact with the food and know when the food is good or not, as mentioned before. According to the leaders, the employees are encouraged to evaluate the food by looking, smelling, and tasting, in order to ensure that the food is good when served to the residents. Employees also try to make the food more appetizing. Despite this, Madsen (2002) found that employees preparing the food would not eat certain dishes.

One employee explains how the quality of food does not always lay with the supplier, but may depend on who is making it. Another employee said that "not all the employees have the knowledge to supplement the sauces, add spices, or know what sides that go with a certain dish." Another pointed out that there are plenty of employees at the nursing home, but not everyone is capable of preparing the food. The solution proposed for this problem by the employees would be hiring someone designated to cook and serve dinner in order to free up time in their workday. *"Wish the residents could receive better food than today. Some residents often think that the fish is dry and does not have a particularly great taste. They know it is not fresh. Get the smell of food into the institution again."*

"I feel like the food would be more nutritious if the food were made in the municipality central kitchen. Fresh vegetables, fish that is cooked properly, and farm to table meat (local deliveries)"

"We need to remember that the residents may have poor appetites. It is then important that they can 'smell' the dinner, in hopes that the appetite will improve. If the institution were to get a kitchen, a chef would need to be hired"

The leaders at institution X1 were not only concerned about the food and nutrition for the elders, but also the atmosphere during dinner time. The emphasis on the atmosphere was also found in the study by Karlsen (2011), where dinner that gathers the residents and creating a pleasant atmosphere improves the residents' appetite and socialization. The leaders also underlined the challenges when dealing with the residents during dinner. Some of the residents at the nursing homes were not cognitive healthy and needed more help during dinner, in order to get the right amount of nutrition. Madsen (2002) also found that employees at nursing homes enjoyed the cook-cool method because the residents are able to join in during the preparation and the smell of dinner heightens the dinner experience. However, through the survey answers and opinion around the dinner process, the employees are split in their opinions. Some are happy with the food but want more routines, and others would like the process to change where the staff is hired to fulfill the cooking and cleaning tasks. Aagaard (2008) highlights that "a good relationship between the nursing homes, residents and the kitchen is an important prerequisite for the food and meals to be taken care of in the best possible way" (p. 89).

5.3 Deviation forms

One main point that came through in the interviews was the deviation form. Mattilsynet (2019) describe deviations as errors in either routine, equipment, or products that might affect food quality. All the leaders underlined the importance of filling out these in order to improve the quality of the food by providing feedback to the supplier, yet all the leaders also mentioned that this could be improved within their institutions. However, this is not reflected by the opinion of the employees. The deviation forms should contain what went wrong and why, as well as what was done or needs to be done because of it (Mattilsynet, 2019). The majority of the respondents of the survey agreed with the statement that they filled out a deviation form every time they discovered something wrong with the food. Thus creating a contrast to the answers given by the leaders. One of the leaders in Institution X2 commented in regards to how the employees usually handle this today. The leader remarked that the employees are quite good at catching flaws regarding the food and discussing this between themselves, but usually either forgets or neglects to fill out the form itself. All the leaders underlined the importance of having the employees fill out these forms. The leaders do not take part in making dinners for the residents and thus cannot know if the quality of the food is as promised by the supplier. Discussing the flaws of the food delivered between themselves will not improve the quality of the food. The employees will have to fill out the form in order for the supplier to become aware of this, and implement the necessary changes to improve the quality.

The employees were also asked if the deviation form was a part of their everyday work routine, and the majority answered neutral to this statement. Taking into consideration that the employees are familiar with the form and can detect that the food is of poor quality, makes one conclude that there might be something wrong with the routines. The majority of the employees

say they report the low-quality food, yet they are neutral on the fact if this form is a part of their workday. This might be an indication of a routine that is not well enough implemented in the workplace. The employees are aware that this should be done, yet all the leaders agree that this could be highly improved. In regards to the low employee satisfaction of the food, this routine would be quite essential to implement in all the institutions. If the employees can improve their level of feedback, the supplier can improve the quality of the food. This would be a cost-effective manner to test if the employees' satisfaction with the food would improve. In this case, the most effective way would be to have the employee making the dinner fill out the form after making the food and not involve the leader in this routine. The majority of the respondents answered neutrally on the statement whether they had good routines for filling out the deviation form. This could be an indication that the employees are willing to change and improve these.

5.4 Leadership

"The process should go through some routines to get more effective delegation. Routines around deviation and feedback need to improve internally with us."

Leaders from institution X1 and X3 explained that they are not involved with the dinner process or the deviation forms at all. One of the leaders explained that in regards to the food, they only pay the bills. Institution X2 stood out from the other two institutions on this point. The leaders there explained that when they had some free time or when the opportunity presented itself, they would join the residents and the rest of the employees when eating dinner. They also controlled and checked the food on some occasions, but expressed a wish to have more time for

this. The leaders at Institution X1 and X3 described a typical day where there is the distance between the leader and the staff; they also expressed a low necessity of implementing controls of the dinners when they could fill out the deviation form.

The distance between some of the leaders and their employees became clear early on during the interviews. Only the leaders from Institution X2 expressed an interest in taking part in the dinner process. When asked about their leadership style, all of the leaders mentioned value-based leadership as their primary style and focus. Some of the comments illustrated an environment where the leaders gave their employees room to figure out things, to grow, and to manage the daily routines on their own. This leadership style is in line with the focus, which has been prevalent in the public sector over the years. Instead of a focus on stability and efficiency, this focus has shifted towards change and renewal (Sellgren, Ekvall &Thomson, 2006; Ekvall, 1992). This leadership style is a well established and recognized as a beneficial style, though the employees often have to navigate through their workday by themselves. When the level of maturity among the employees increases, then there is a lower requirement for task orientation (Hersey & Blanchard, 1982). This is precisely the situation that can be observed through the interviews at these institutions. The employees become more independent and will be less in need of guidance from their respective leaders. Leaders who utilize this type of leadership style can easily fall into the trap of actually creating an environment which more resembles the laissez-faire style (Sellgren et al., 2006; Bass, 1985). This style is described as not being adequate in any situation and can very easily create a chaotic environment (Sellgren et al., 2006). This is also illustrated in the lack of efficient and well-implemented routines. One of the respondents from the survey commented:

"Given the number of people who work at a nursing home, routines are not always good enough for dinner. Various opinions about how dinner should be cooked. People who have no clue regarding cooking food are suddenly handed the responsibility for making dinner. Dinner service usually goes well, but could be much better."

The leaders in these institutions are leaving the employees to handle the management of who prepares and cooks the food and left to figure out how to do this well enough based on experience and a small amount of training. The leaders described the employees as having a wide range of experience with cooking, and the cultural differences also sometimes made cooking the food difficult. Thus, the leaders might want to adjust their leadership styles to tackle this issue. The employees might be more in need of guidance, well-established routines, and motivation, rather than the amount of freedom and room to manage their routines every day. According to Sellgren, Ekvall & Thomson (2006), the employees at these institutions might be more in need of more clear leadership and management style, rather than the distance

5.5 Management

From the responses received from both the interview and the survey, there is an understanding of a lack of management surrounding the dinner process. The leaders are not involved in the process at all, and the employees are left on their own to delegate the tasks surrounding the dinner. This lack of routine and management is also mentioned by the employee

during the survey. They explain how dinner routines need to be updated, and additional training is needed in order to improve the food and the dinner process. An employee at one of the nursing homes was frustrated about how there are so many employees at the nursing home, and the routines are not optimal.

One of the department leaders at institution X1 brought up their concern for the future of health personnel at nursing homes in the future. Their concern was regarding the lack of employees in nursing homes. Because of the time-pressured work day for many of these employees in addition to caring for the residents, need to focus on cleaning and cooking. This might be less prioritized, because of lack of time. Their suggestion would be to have designated staff to take care of the cleaning and cooking, in order for the nursing staff to only focus on caring for the residents. This was also echoed by the employees. One employee explains that in order to make the food taste and look good when served to the residents, takes too much time. A time that is valuable and can be used to provide better care for the residents. The food needs to be enhanced, both its appearance and taste, in order to help the residents suffering from poor appetite to eat their food and receive the nutrition (Pilgrim et al., 2015). The elderly residents living in nursing homes require help to do certain things, including help from the staff to maintain their nutritional level. A study done at 570 nursing homes in Norway found that time pressure and lack of staff was one of the reasons not all the residents had their need for help during the dinner covered (Aagard, 2010).

Many employees were frustrated that they had to use their time during work to prepare dinner, as well as serve the food.

"Think the dinner preparation takes too much time in order to make the food taste and look good. Time is precious and could be used on the residents. We are few working each shift and making food in addition to helping the residents out of bed and to the bathroom before the next shift arrives."

The leaders were also asked to categorize their management style. The leaders of institution X1 described their management to be a mix of goal-oriented and value-based. This means that they aimed to work towards specific goals set by the institution, but also believing that they have invested in or trained their employees well enough for the job. Value-based management was the common denominator at all the institutions. Value-based management aimed to give the employees the confidence to perform their tasks.

It is important to note that value-based management is an excellent tool in some contexts; however as mentioned before, the distance between the leaders and the employees at the nursing home is great. This results in two different views of value-based management in the dinner process. This might have been the result of the leaders giving the employees the confidence to work on their own and trusting them to do the best for the residents in other aspects of their job. This has been found to have a positive impact on the quality of care (Castle & Decker, 2011), meaning the institution got a return on their initial employee training investment. However, in these instances, the employees are confident enough to make their own decisions because of their extensive training and/or education. This may not translate to the dinner process. The employees have reported their wish for additional training in food preparation, and this indicates their lack of knowledge and experience with this type of work. This could, in turn, affect the outcome, in order words, the food. Value-based management might reach its full potential when combined

with a transformational leader leading the employees, providing the employees with strong and long term ambitions to do better, which will increase the quality of, not only care but food for the residents (Castle & Decker, 2011).

5.6 Testing management and leadership options

The survey provided three scenarios in order to test the various management and leadership methods that might help the dinner process at these institutions. The scenarios were used to provide the employees a look into a new management and leadership workday. The first scenario revolved around setting goals for the day, in addition to the overall goal of the institution. This also involved the motivation from the leaders, and these leaders are also observing the dinner process, and the process is also subjected to random checks regarding temperature and taste. This scenario is also based on a voluntary basis for preparing dinner, much like the situation today. Scenario 2, on the other hand, is based on a rotation system where the responsibility of preparing dinner is different from each day. In addition to assigning a specific person, they are also required to follow a set of rules and check these off as they go. This provides structure and routine to the dinner process. The third and final scenario describes the situation as it is today. This was put in there in order to show the employees how the situation is perceived today.

Through the survey comments, the employees have expressed their dissatisfaction with the current situation, either with the food, routines, or both. Even though they are dissatisfied, they are not able to decide on a possible solution. The employees were neither agreeing nor disagreeing with the statements relating to the scenario. They are staying neutral for the most

part. This is a strange outcome, seeing as they are so dissatisfied with the current situation, but are not prepared to try to improve the said situation.

VI. Conclusion

The population over 60 years old is estimated to increase substantially by the year 2060 (SSB, 2019), and the Norwegian government's focus on challenges in this sector will only increase with the population growth. One widely debated issues regarding elderly care is the food served at the institutions and the quality of this food. There are heated debates on this issue on several platforms, such as newspapers and social media. Even though one can read about it often on media platforms, there is little research to found on the topic. According to Cappelen, Disch and Førland (2014) the need for research to understand and implement changes surround issues such as this is highly important, "research is regarded as an important tool to meet the current and future challenges" (p. 11). This thesis was written in order to provide a foundation for further research on the topic, and aims to underline the importance of studying issues such as this so that one can promote change and improvement in line with growth. The choice of production method of the dinners served at these institutions is as widely debated as the quality. In this study, the focus has been on the production method cook-cool, and the management, leadership that comes with this dinner process.

This thesis has aimed to answer three main research questions utilizing the explorative research design and qualitative data. Presented here is data from the perspective of the leaders as well as the employees at each institution. The questions that the research aims to answer is:

RQ 1: Do the leadership of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

RQ 2: Do the management of the municipality and nursing homes affect the meal production at public sector elderly nursing homes?

Subquestion (RQ 1 & 2): What are the main factors of the dissatisfaction from employees surrounding dinners/ the meal at the nursing homes for elderly care?

RQ 3: How do the nursing homes within the same municipality compare in terms of their leadership and management of meal production?

The results from the interviews and the survey showed a difference of opinion between the leaders and the employees. The employees were quite dissatisfied with the production method cook-cool, while the leaders were happy with this solution. This difference in opinion also highlighted the fact that the leaders did not take part in the dinner process, their involvement usually stopped at resource planning and budgeting. The leaders are creating a distance between themselves and their employees when not participating in the dinner process. This result confirms that leadership does have an effect on this process and the employees.

Another surprising results are the answers regarding the deviation form. All of the leaders reported a need to implement clear and effective routines on this issue, because they all admitted to not utilizing this as often as they should. The employees, on the other hand, agreed to the statement that they filled out a deviation form every time they registered that something was wrong with the food. The employees did on the other hand admit to not having well-functioning routines in regards to this deviation form. When there are complaints about the quality of food served at your institution, one would assume that it is logical to investigate and control this in the future. This is also the only way for the supplier to improve the food. Without the feedback from the deviation forms, the supplier might have the belief that there is nothing wrong with the food they delivered.

Another issue which was highlighted early on is the time restraint on the employees carrying out the dinner making processes. They are first and foremost nurses who are trusted

with the daily care of elder residents. This care is time consuming, and will eat off the time for making the dinners. The time constraint will force the employee to focus on several tasks at once, instead of having the ability and time to prepare the food properly. This shows that management of this process is missing. This time constraint also has some effects on the hygiene surround the food. Several of the employees commented on this in the survey. They were worried about the fact that they had to run between caring for the residents and making dinner. There was a high consensus among the employees to have an employee which is employed to work in the kitchen and have all the responsibility of the dinner making process. This would enable the employee to focus solely on the food, and the other employees would be able to focus solely on the employees. When testing the fictitious scenarios that could potentially be a solution to the employees and their discontent with the current situation, they would not choose one. This could be interpreted as even though they are not happy with the current situation, but does want to actually do anything to improve it.

When looking at the interview responses they were very similar, and the same lack of routines were identified in all three of the institutions. All the institutions needs to incorporate new routines and rules surrounding the dinner process in order to improve and management around the residents' dinner experience.

As seen above, when comparing the institutions are not all that different. The only difference that is significant could be seen in institution X2, and their longer experience with cook-cool. They reported better routines and attitude towards the products as a result.

6.1 Recommendations

Seeing as the employees are in greater need of guidance, well-established routines, and motivation, rather than the amount of freedom and room to manage their routines every day. The most cost effective way to implement these changes would be for the nursing homes to introduce a set of rules to the dinner process, as well as creating a rotation of employees that would be in charge of the dinner process. The dinner process would contain checklists in order for each employee to know exactly what to do each step of the way. A bigger leadership presence will also provide the employee with accountability and motivation to do their best.

Further research on the topic, leadership and management of dinner process at public sector nursing homes, would be to continue with qualitative research, such as an observation. This will enable a greater insight into the challenges and opportunities in this area. More research on the topic will help the municipalities to improve their services for the future elderly generation in Norway.

6.2 Limitations

As for any research project, there are certain limitations and threats to the reliability and validity of the research. Identifying and addressing the limitations and weaknesses will benefit the researcher in the end.

One challenge with the interviews, was the need to apply to NSD - Norwegian Centre for Research Data in order to collect the interview data. This application needs to be approved in order to handle, record or transcribe personal information during interviews. This was not done in time, because of planning problems and time constraints for the interview objects and the

researchers, and the interviews could not be recorded or contain personal identifying information. This made the interview process a little more stressful than it needed to be, and the exact words and phrases from the leaders were not captured in its entirety. This may have lead to changes in phrasing.

One major issue with using an online survey as a method of collecting data, is the response rate. This will often be quite low (Aagard, 2008). There are several reasons for why this occurs, for example the person does not think completing the survey is of importance, is too long, or is too difficult to answer (Aagard, 2008). For this study, a list of employee emails were provided and this was used to contact the respondent. This was the only channel used, due to the target group being very specific. The response rate was low, and one of the reasons for this could be a disinterest in the topic from the employees. The employees had been made aware of the survey by their managers before it was sent out. Several follow-up e-mails were sent out, without luck. The survey could have been created, pretested and sent out at an earlier time, in order to increase the response rate.

VII. References

Aagaard, H. (2008). Mat og måltider i sykehjem: undersøkelse utført for Sosial- og helsedirektoratet (Research report). Høgskolen i Østfold, Halden.

Aagaard, H. (2010). Mat og måltider i sykehjem. En nasjonal kartleggingsundersøkelse. *Sykepleien Forskning,* 4, 36-43.

Andrews, D., Nonnecke, B. & Preece, J. (2003). Electronic survey methodology: A case study in reaching hard-to-involve internet users. *International Journal of Human-Computer Interaction,* 16(2), 185-210.

Askerøi, E. (2009). *Mastehåndboken: Sammenhenger mellom form, innhold og vurdering.* Lillestrøm: Høgskolen i Akershus

Baxter, P. & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544-559.

Björnberg, A. & Phang, A. Y. (2019). Euro Health Consumer Index 2018. Retrieved from: https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf

Blaxter, L., Hughes, C. & Tight, M. (2010). *How to Research* (4th ed.). Berkshire: SAGE.

Bradley, E. H., Curry, L. A. & Devers, K. J. (2007). Qualitative data analysis for health services research: developing taxonomy, themes and theory. *Health Services Research,* 42(4), 1758-1772.

Buccheri, C. Casuccio, A. Giammanco, S. Giammanco, M. La Guardia, M. & Mammina, C. (2007). Food safety in hospital: knowledge, attitudes and practices of nursing staff of two hospitals in Sicily, Italy. *BMC Health Services Research, 7*(45), 1-11. Doi: 10.1186/1472-6963-7-45

Cappelen, K., Disch, P. G. & Førland, O. (2014). *Forskning for bedre kommunale helse- og omsorgstjenester. En håndbok om hvordan kommunene kan medvirke og tilrettelegge for forskning.* Gjøvik: Senter for omsorgsforskning.

Carmines, E. G., & Zeller, R. A. (1979). *Quantitative Applications in the Social Sciences: Reliability and validity assessment.* Thousand Oaks, CA: SAGE Publications, Inc.

Castle, N. G. & Decker, F. H. (2011). Top management leadership style and quality of care in nursing homes. *The Gerontologist,* 51(5), 630-642.

Chen, C., Goldman, D. P., Zissimopoulos, J., Rowe, J. W. & Research Network on an Aging Society. (2018). Multidimensional comparison of countries' adaptation to societal aging. *PNAS, 115*(37), 9169-9174.

Christensen, T., Lie, A. & Lægreid, P. (2008). Beyond New Public Management: Agencification and regulatory reform in Norway. *Financial Accountability & Management, 24*(1), 0267-4424.

Christensen, T. & Lægreid, P. (2001). *New Public Management. The Transformation of Ideas and Practice.* Aldershot: Ashgate Publishing Company

Christensen, T. & Lægreid, P. (2010). *The Ashgate Research Companion to New Public Management.* London: Routledge.

Christensen, T., Lægreid, P. & Stigen, I. M. (2006). Performance management and public sector reform: The Norwegian hospital reform. *International Public Management Journal*, 9(2), 113-39.

Croasmun, J. T. & Ostrom, L. (2011). Using likert-type scales in the social sciences. *Journal of Adult Education,* 40(1), 19-21.

Daft, R. I. (2011). *Leadership* (5th ed.) International edition. Mason, Ohio: South-Western

    Cengage Learning

Denscombe, M. (2009). *The Good Research Guide: For Small-Scale Social Research Projects.*

    Berkshire: Open University Press.

DiCiccio-Bloom, B. & Crabtree, B. F. (2006). The qualitative research interview. *Medical*

    Education, 40, 314-321.

Eakin, H., Eriksen, S., Eikeland, P. & Øyen, C. (2011). Public sector reform and governance for

    adaptation: Implications of New Public Management for adaptive capacity in Mexico and

    Norway, *Environmental Management, 47*(3), 338-351.

Eide, H. D., Aukner, C. & Iversen, P. O. (2013). Nutritional Status and Duration of Overnight

    Fast among Elderly Residents in Municipal Nursing Homes in Oslo. *Nordic Journal of*

    Nursing Research, 33(1), 20-24.

Eliassen, K. A. & Sitter, N. (2008). *Understanding Public Management.* London: SAGE.

Ellingsen, K. E. (2010). Begrensninger og forskningsmetodiske kneiker. In R. G. Gjærum (Ed.),

    Usedvanlig kvalitativ forskning : metodologiske utfordringer når informanter har

    utviklingshemming. Oslo: Universitetsforlaget.

Evans, J. R. & Mathur, A. (2005). The value of online surveys. *Internet Research,* 15(2), 195-

    219.

Falck, Ø. (2019, March 29). – God mat til dem som fortjener det. *Moss Avis.* Retrieved from:

    https://www.moss-avis.no/debatt/sykehjem/mat/god-mat-til-dem-som-fortjener-det/o/5-

    67-828701

Farquhar, J. D. (2012). *Case Study Research for Business.* London: SAGE

Fernandez, S., Cho, Y. J. & Perry, J. L. (2010). Exploring the link between integrated

leadership and public sector performance. *The Leadership Quarterly,* 21, 308-323.

Foss, A. S. J. (2017). «Jeg trives, men jeg vet ikke helt hvorfor...» En kvalitativ studie av

utviklingshemmedes opplevelse av relasjonen med tjenesteytere i hjemmet (Master

thesis). VID vitenskapelige høgskole: Oslo.

Graneheim, U. H. & Lundman, B. (2004). Qualitative content analysis in nursing research:

concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today,*

24, 105-112.

Guest, G., Namey, E. E. & Mitchell, M. L. (2012). *Collecting Qualitative Data: A Field Manual*

for Applied Research. Thousand Oaks, CA: SAGE Publications.

Hansen, T., Saunes, I., Tomic, O. & Lindahl, A. (2017). Helse i Norge-2017 Kommentarrapport

til OECDs sammenligning av helse i ulike land RAPPORTHelse i Norge – 2017:

Kommentarrapport til OECDs sammenligning av helse i ulike land. Retrieved from:

https://www.researchgate.net/publication/321722825_Helse_i_Norge-

2017_Kommentarrapport_til_OECDs_sammenligning_av_helse_i_ulike_land_RAPPOR

THelse_i_Norge_-

_2017_Kommentarrapport_til_OECDs_sammenligning_av_helse_i_ulike_land

Helsedirektoratet. (2017a). Nøkkeltall for helse- og omsorgssektoren. Retrieved from:

https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/1430/Nokkeltall-for-

helsesektoren-2016-IS-2712.pdf

Helsedirektoratet. (2017b). Analyse av utviklingstrekk i omsorgssektoren 2016. Retrieved from:

https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/1340/2016_Analyse%20av%

20utviklingstrekk%20i%20omsorgssektoren%20.pdf

Helse-og omsorgsdirektoratet (2008/2009). Retrieved from:

https://www.regjeringen.no/no/dokumenter/stmeld-nr-47-2008-2009-/id567201/sec1

Hersey, P. & Blanchard, K, H. (1982). Leadership style: Attitudes and behaviors. *Training &*

Development Journal, 36(5), 50-52.

Hillestad, C. (2014). New Public Management i helsevesenet, en suksess? (Master thesis,

NTNU). Retrieved from:

https://brage.bibsys.no/xmlui/bitstream/handle/11250/268948/754430_FULLTEXT01.pd

f?sequence=1

Helse-og omsorgsdepartementet. (2006). *Mestring, muligheter og mening (*St.meld. Nr 25 (2005-

2006)). Retrieved from: https://www.regjeringen.no/no/dokumenter/stmeld-nr-25-2005-

2006-/id200879/

Helse-og omsorgsdepartementet. (2013). *Morgendagens omsorg (*Meld. St. 29 (2012-2013)).

Retrieved from:

https://www.regjeringen.no/contentassets/34c8183cc5cd43e2bd341e34e326dbd8/no/pdfs/

stm201220130029000dddpdfs.pdf

Ho, R. (2017). *Understanding Statistics for the Social Sciences with IBM SPSS.* Boca Raton, FL:

Taylor & Francis Group.

Jacobsen, D. I. & Thorsvik, J. (2013). *Hvordan Organisasjoner Fungerer* (4th ed.). Bergen:

Fagbokforlaget

Kaplan, R. & Norton, D. (1992). The balanced scorecard: Measures that drive performance.

Harvard Business Review, 70(1), 71-79.

Karlsen, E. I. (2011). *Retten til fullgod mat ved sykehjem - En menneskerettighetsbasert tilnærming til personalets muligheter og utfordringer ved realisering av denne rettigheten for beboerne.* (Master thesis). Akershus University College, Oslo.

Khuntia, R. & Suar, D. (2004). A scale to assess ethical leadership of Indian private and public sector managers. *Journal of Business Ethics 49*(1). 13-26

Kirkhaug, R. (2015). *Lederskap: person og funksjon.* Oslo: Universitetsforlaget

Kootz, H. & Weihrich, H. (1990). *Essentials of Management. An International Perspective* (8th ed.). New Delhi: Tata McGraw Hill.

Kotter, J. P. (1982). *The General Managers*. New York: Free Press.

Kvale, S. & Brinkmann, S. (2015). *Learning the Craft of Qualitative Research Interviewing* (3rd ed.). Oslo: Gyldendal Akademisk.

Lindahl, A. K. (n.d.) The Norwegian Health Care System. International Health Care System Profiles. Retrieved from: https://international.commonwealthfund.org/countries/norway/

Madsen, C. (2002). Spiller det noen rolle? - om hverdagen på nye og gamle sykehjem. Stein Rokkan Centre for Social Studies working paper 4-2002. Available at: http://bora.uib.no/handle/1956/1432

Malterud, K. (2011). *Kvalitative metoder i medisinsk forskning : en innføring* (3. utg.). Oslo: Universitetsforlaget.

Mattilsynet. (n.d.) *Rutiner for trygg mat: en innføring i internkontroll og HACCP*. Retrieved from: https://www.mattilsynet.no/mat_og_vann/rutiner_for_trygg_mat__en_innforing_i_intern kontroll_og_haccp.12389/binary/Rutiner%20for%20trygg%20mat%20-

%20En%20innf%C3%B8ring%20i%20internkontroll%20og%20HACCP?fbclid=IwAR2
nIcuCBgaNRw0L1urNVpDaWPXow6wqMX1N4BKA7rg5TQu6DeySJHcQ-Iw

McDonald, H., & Adam, S. (2003). A comparison of online and postal data collection methods
in marketing research. *Marketing Intelligence and Planning, 21*(2), 85-95.

Morgan, D., Gmeinder, M. & Wilkens, J. (2017). *An OECD analysis of health spending in Norway*
(OECD Health Working Papers No. 91). OECD Publishing: Paris. Retrieved from:
http://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DELSA/HEA/WD/HW
P(2017)1&docLanguage=En

Morse, M., J. (Ed). (1991). *Qualitative nursing research: a contemporary dialogue.* Newbury
Park, California: Sage Publications.

Mowe, M. (2002). Behandling av underernæring hos eldre pasienter. *Tidsskrift Norsk
Lægeforening,* 8(122), 815-818.

Nardi, P. M. (2018). *Doing Survey Research: A Guide to Qualitative Methods.* New York, NY:
Routledge.

Nygård, L. K. (2017, March 17). Matombringing eller matomsorg? *Norsk Tidsskrift for
Ernæring.* Retrieved from: http://www.ntfe.no/i/2017/1/tfe-2017-01b-1069

Oksenberg, L., Cannell, C. & Kalton, G. (1991). New strategies for pretesting survey questions.
Journal of Official Statistics, 7(3), 349-365.

Olaussen, Å. & Wollebæk, H. P. (2002). *New public management* (Temanotat
(Utdanningsforbundet: online), Vol. 2002/6.). Retrieved from:
https://docplayer.me/14354700-Temanotat-2002-6-new-public-management-utarbeidet-
av-ashild-olaussen-og-hans-petter-wollebaek-avdeling-for-utredning-i-
utdanningsforbundet.html

Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA:

    Sage.

Pilgrim, A., Robinson, S., Sayer, A. A. & Roberts, H. (2015). An overview of appetite decline in

    older people. *Nurs Older People,* 27(5), 29-35.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research.

    Journal of Counseling Psychology, 52(2), 137-145.

Pouyet, V., Cuvelier, G., Benattar, L. & Giboreau, A. (2015). Influence of flavour enhancement

    on food liking and consumption in older adults with poor, moderate or high cognitive

    status. *Food Quality and Preference,* 44, 119-129.

Ramm, J. (Ed.) (2013). Eldres bruk av helse- og omsorgstjenester (Statistical Analyses 137).

    Retrieved from: https://www.ssb.no/helse/artikler-og-

    publikasjoner/_attachment/125965?_ts=13f8b5b

Ramsdal, H. & Skorstad, E. (2004). *Privatisering fra innsiden.* Bergen: Fagbokforlaget.

Regjeringen (2013, November 26). Omsorgstjenesten. Retrieved from:

    https://www.regjeringen.no/no/tema/helse-og-omsorg/helse--og-omsorgstjenester-i-

    kommunene/omsorgstjenesten/id426407/

Rugås, L. & Martinsen, K. (2003). Underernæring er vanlig på sykehjem. *Tidsskriftet Sykepleien,*

    6, 34-37.

Saletti, A., Lindgren, E. Y., Johansson, L. & Cederholm, T. (2000). Nutritional status according

    to mini nutritional assessment in an institutionalized elderly population in Sweden.

    Gerontology, 46(3):139-45.

Saunders, M., Lewis, P. & Thornhill, A. (2007). *Research Methods for Business Students*

    (4[th]Ed.). Essex: Pearson Education Limited.

Sellgren, S. Ekvall, G. & Thomson, G. (2006). Leadership styles in nursing management: preferred and perceived. *Journal of Nursing Management, 14,* 348-355

Sortland, K., Gjerlaug, A. K. & Harviken, G. (2013). Vektdokumentasjon, kroppsmasseindeks, måltidsfrekvens og nattefaste blant eldre sykehjemsbeboere — en pilotstudie. *Nordic Journal of Nursing Research,* 33(1), 41-45.

Sortland, K., Skjegstad, G., Jansen, L. & Berglund, A. (2009). Eldre personers ernæring og matinntak ved et sykehjem — en pilotstudie. *Nordic Journal of Nursing Research,* 29(4), 25-29.

Statistisk Sentralbyrå. (2019, February 22). Befolkning. Retrieved from: https://www.ssb.no/befolkning/statistikker/folkemengde/aar-per-1-januar

Tellis, W. M. (1997). Application of a Case Study Methodology. *The Qualitative Report,* 3(3), 1-19.

Thagaard, T. (2013). *Systematikk og innlevelse : en innføring i kvalitativ metode* (4th ed.). Bergen: Fagbokforlaget.

Tokunaga, H. T. (2015). *Fundamental Statistics for the Social and Behavioral Sciences.* London: Sage Publications, Inc.

United Nations. (2017). *World Population Ageing 2017 - Highlights* (ST/ESA/SER.A/397). Retrieved from: https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

Van Nes, F., Abma, T., Jonsson, H. & Deeg, D. (2010). Language differences in qualitative research: is meaning lost in translation? *Eur J Aging,* 7, 313-316.

Weathington, B. L., Cunningham, C. J. L. & Pittenger, D. J. (2012). *Understanding Business Research.* Hoboken, NJ.: John Wiley & Sons, Inc.

Wilson, J. (2014). *Essentials of Business Research: A Guide to Doing Your Research Project* (2nd ed.). London: SAGE Publications.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Yin, R. K. (2009). *Case Study Research: Design and Methods* (4th ed.). London: SAGE

Yin, R. K. (2018). *Case Study Research and Applications: Design and Methods* (6th ed.). London: SAGE.

Yukl, G. (2013). *Leadership in organizations.* Harlow, Essex: Pearson Education

Øgård, M. (2000). New Public Management - markedet som redningsplanke? In Baldersheim, H. og L.E. Rose (Eds.): *Det kommunale laboratorium - teoretiske perspektiver pÂ lokal politikk og organisering.* Bergen: Fagbokforlaget 2000

VIII. Appendices

8.1 Interview guide

Interview guide
"Identifying and comparing the leadership and management styles of three public sector institution for elderly care and its effects on organizational job performance"
Position: Education:
Research area: Management
Questions:
- Could you please describe the dinner process at this institution?   - What are your responsibilities in regards to the dinner process?   - How is the dinner process and the employees who carries this out organized?   - How is the work delegated amongst the employees?   - How are the employees guided through the dinner process? Do you provide the employees with a manual?   - How do you control whether the routines concerning the dinner process is followed?   - What type of production method of food does your institution utilize?   - Do you have any control in deciding which production method you use?

Research area: Leadership / Human Resources (Transformational vs. Transactional)

Questions:
● How would you describe your leadership style? ● What kind of values are important for you to implement at the workplace? ● Is the organization of the dinner process aimed to result in quality food and happy residents, or more focus on efficiency of the dinner process?
Research area: Finance/
Questions:
● How big of a percentage of the budget are used for the dinners?
Finish: ● Would you say your leadership style is closest to rule-based leadership, value-based leadership or balanced scorecard? ● How do you feel the situation at your institution is like today, with regards to the dinner process? Are there any aspects which can be improved? ● How would you change today's situation with the available budget? How about with an increase in the budget?
Follow-up questions:
● Is it so… ● Do you mean… ● Could you please explain what areas you feel is important? ● Could you please elaborate or explain what you mean? ● Could you please be as specific as possible… ● Could you please provide an example of… ● Have I understood correctly when you say…

8.2 Main points from interviews

CASE 1 - X1	CASE 2 - X2	CASE 3 - X3
• The leaders have little to do with the dinners, they order the food only • Employees organize themselves • Day shifts starts and evening shift takes over. • Receive training from the supplier, signs a paper stating that they have finished this • No control over the food preparation, do not check the process. • Employee feedback based	• Cumbersome system to order food • Need to be better with deviation forms. • Employees organize themselves. • Day shifts starts and evening shift takes over. • Receive employee training. • Supplier dish manual. • No control over the food preparation, do not check the process. • Employee feedback based	• Day shift starts dinner, and evening shift finishes. • Observational learning. Teaching each other. • Supplier manuals and tutorials. • Employees share the dinner tasks. Whoever has the time, makes dinner. • No checklist, only know they have completed the training.
	• Observations in the departments. • Good working environment. • Low threshold to say something and discuss. • Open door policy. • The quality is the goal, but varies from caregiver to caregiver.	• Supportive leaders, but like routines. • Good working environment. • Routines to have a better workday. • The roles complement each other. "We play each other good" • Open to input from employees • Want to be about user, but more financial based. Quality lower with Cook-Cool.
• Goal oriented and value-based leadership • Employees have a lot of room to make decisions. • Involves the employees in decisions and changes.	• Value-based management. Then goals and then rules. • Employees are left to their own	• Value-based management. • Employees are apart of the decision of what to order and served. They know the residents.
• Situation today is ok, wants a full-time employee that focus only on cooking • Can improve use of deviation forms	• Situation today is fine, but could be better. • The supplier food quality, deviation forms. • Would like one person in kitchen on a full time basis.	• Large kitchen in Voss/chef to make the food. Time pressured workday, little time to make food. • Too expensive. More money will always lead to improvements.

8.3 Employee survey

EMPLOYEE SURVEY
Information: We are two master students with Norwegian Hotel School at the University of Stavanger, and we are writing a master thesis concerning **leadership and management of food preparation in public sector nursing homes.** The purpose of the thesis is to gain insight into how leadership and management at public sector institutions can affect the food preparations at these institutions. Our survey will be aimed at the employees working at the nursing homes in Municipality X, with a focus on the dinner and management around this. We are asking you as an employee to reflect on your workday and answer this survey. In this survey we have decided to exclude the home service. The answers you give in this survey will be confidential, and no students, other than the ones doing the research, will be privy to your answers. The answers will be deleted when the thesis has been

submitted. There are no right or wrong answers, we are only interested in your thoughts and experiences.

Consent form

I have read and understood the information about this project and wish to participate in the survey. I am familiar with the purpose of the study and I know that I can withdraw from the survey at any point. I am also familiar that all the information is kept anonymous and that this is a voluntary survey. By completing this survey I agree that my answers may be used for this project.

Start questions:
- Institution?
    - Institution X1
    - Institution X2
    - Institution X3

- Position?
    - Fill in

Questions about the food and cooking at the institution:
To what degree do you agree or disagree with the statements about dinner at the institutions below, where 1 is completely disagree and 7 is completely agree.

1. "I think the food served to the residents is good (regarding temperature, taste and quality). "
2. "I think the solution with using "cook-cool" from the supplier is a good way to cook dinner."
3. "I think that there are good routines in my work environment to make dinner for the residents."
4. "I am motivated to do the "little extra" when I serve the food. For example, plating the food to make it look better, adding herbs or garnish. "
5. "My leaders motivate me to do my best when making dinner. "
6. " have received training from my employer and the supplier about how to cook the food and use of equipment to do so. "
7. "I think the training received from my employer and the supplier is sufficient for me to do my job in a satisfying way."

Questions about deviation forms:
To what degree do you agree or disagree with the statements about dinner at the institutions below, where 1 is completely disagree and 7 is completely agree.

1. "I fill in deviation forms every time I discover something bad about the food from the supplier"
2. "Deviation forms for the food is a part of my workday."
3. "We have good routines at my workplace for filling out the deviation forms from the supplier."
4. "I think the deviation forms from the supplier are effective and work well."

Now think about how your workday looks at the moment. Think about your work duties during the day, with both the residents and your colleagues. You will now be presented with a number of fictional scenarios about your workday at your institution. Dinner and dinnertime will be the main focus of the scenarios. Read the scenarios and think about your normal workday. Please read them carefully and make up some thoughts around them.

Afterwards you will be asked questions about your thoughts and reactions to the scenarios. We are interested in your workday and how you are open to new ways of managing your work. There are no right or wrong answers, we are just interested in your experience and thoughts.

Scenario 1:

Imagine your workday. You start your day with a staff meeting where you department leader goes through the goals for the day, where the right nutrition for the residents and a positive food experience is in focus. These goals are also the overall goals for the institution. You work is centered around the achievement of these goals during the day. During the dinner you always have these goals in mind, and the dinner is prepared and served in accordance. In your department, your leaders take random samples of the food, and this is happening today. While preparing and cooking dinner you are observed by one of your leaders, that also take the temperature of the food and tastes the food being made. This is done in order to check if the food is good and in accordance to the goals set. In addition to the food, the serving of dinner and the entire food experience is observed. You get feedback from your leaders on the results of the random sample check, both negative and positive aspects is discussed. These are discussed by the leaders at the staff meeting, in addition to any changes that need to be made in order to achieve the department and institution goals.

Questions scenario 1:
To what degree do you agree with the statements about dinner at the institutions below, where 1 is completely disagree and 7 is completely agree.
- "I think this is a good arrangement for managing the preparation of dinner at the institution I work at"
- "An arrangement like this is realistic to introduce in my department"
- "I prefer this arrangement over the situation today"

Scenario 2:

Imagine your workday. At your department, the responsibility of preparing and serving dinner changes from day to day. At your department, a new system for dinner is introduced where one employee has dinner preparation and serving as their main responsibility that day. This responsibility changes every day and for all the employees in your department. This is the normal procedure for your department, where the leaders decides who is responsible for dinner for each shift. And today is your day. Your day starts with a delivery from the supplier, which has to be checked and sorted. Here you follow a checklist with the tasks that need to be done. After the checklist is completed, you fill in any deviations in the form and deliver this to the department leader, and you sign off that the checklist is completed. Your work tasks now transfer to patient care until it is time to prepare dinner. You start the dinner

preparation at the scheduled time or the time instructed by the supplier. Your working day includes the entire dinner process, so this workday is different from the other workdays. Your tasks also include setting the table and serving the dinner. Preparation, cooking, setting the tables and serving dinner is done by you in accordance with a checklist. After the food has been served, you tidy and clean in accordance to the checklist. In addition, you fill out a short rapport where you include any feedback or deviations to the supplier. This rapport is added to binder that is checked weekly by the leader.

Questions scenario 2:
To what degree do you agree with the statements about dinner at the institutions below, where 1 is completely disagree and 7 is completely agree.
- "I think this is a good arrangement for managing the preparation of dinner at the institution I work at"
- "An arrangement like this is realistic to introduce in my department"
- "I prefer this arrangement over the situation today"

Scenario 3:

Imagine your workday. You are on the evening shift, and dinner then falls during your shift. The food delivery from the supplier has been received and sorted by the cleaning staff earlier in the day. You get to work and your shift starts with a staff meeting. You feel like during the meeting your leaders are motivating you to do your best and create a great food experience for the residents. When you start your shift, you feel more motivated. The other employees and you discuss amongst yourselves and divide the main tasks of the shift, and you volunteer to make dinner. The morning shift has brought the food up, and if needed started the dinner. You have received training on how to prepare the dinner at the start of your employment and you receive instructions from the supplier. You prepare the food how you have been instructed and trained, but you also have some freedom to exercise judgement. The food is served, and you help with serving and help the residents during dinner. The employees that have some time left stay behind to tidy and clean. You are encouraged to fill out deviation forms for the supplier if needed.

Questions scenario 3:
To what degree do you agree with the statements about dinner at the institutions below, where 1 is completely disagree and 7 is completely agree.
- "I think this is a good arrangement for managing the preparation of dinner at the institution I work at"
- "An arrangement like this is realistic to introduce in my department"
- "I prefer this arrangement over the situation today"

Additional questions:
- Any comments and changes regarding routines and such (dinner)
- Do you have any thoughts around changing from todays arrangement of buying "cook-cool" food, in favour of institutional kitchen or a central kitchen in X municipality?