Abstract

Purpose

To explore consumer attitudes towards the potential implementation of compulsory nutritional labelling on commercial restaurant menus in the UK.

Design/methodology/approach

This research was approached from the perspective of the consumer with the intention of gaining an insight into personal attitudes towards nutritional labelling on commercial restaurant menus and three focus groups consisting of participants with distinctly differing approaches to eating outside the home were conducted.

Findings

The research suggests that while some consumers might welcome the introduction of nutritional labelling it is context dependant and without an appropriate education the information provided may not be understood anyway. The issue of responsibility for public health is unresolved although some effort could be made to provide greater nutritional balance in menus.

Research limitations/implications

Following this research up with a quantitative investigation, the ideas presented could be verified with the opinions of a larger sample. For example, a study into the reactions to nutritionally labelled menus in various restaurant environments.

Practical Implications

Consumers would react differently to the information being presented in a fine-dining restaurant than they would in popular catering or fast food. The obstacles faced by restaurants to provide not only nutritional information, but attractive, nutritious food are significant.

Originality/value

Prior to this research there were few, if any, studies into the effects of food labelling on consumer choice behaviour in the context of hospitality management.

Nutritional Labelling in Restaurants: whose responsibility is it anyway?

Introduction

In response to a growing obesity crisis (Douglas, 2007; Poston and Foreyt, 1999), writers have suggested that the government, food and hospitality industries must recognise the increasingly unhealthy environment that consumers are exposed to (Paton, 2008a) and implement policies address the issue (Kozup, Creyer and Burton, 2003; Douglas, 2007). Changing consumer attitudes have led to substantially different dining habits in recent years (Palmer and Leontos, 1995), in 1992 Americans were eating 7 meals a week outside the home (Palmer and Leontos, 1995) and 'In 1999, the portion of the food dollar spent on food prepared away from home reached 47.5%' (Guthrie, Lin and Frazao, 2002:140). At least one third of daily calorific intake in the US is now consumed outside the home (Guthrie et al, 2002). Similar patterns have emerged in the UK casual dining market. With

an estimated value of £3.8b in 2007, the British casual dining sector is expected to grow to £4.7b by 2011 (Walton, 2008). In New York, legislation has attempted to tackle the USA's obesity crisis by forcing several dining establishments to display the nutritional content of their food on the menus (Hamblett, 2008). So far, in the UK, this has only been introduced on a voluntary basis.

This exploratory paper considers the impact, and consumer attitudes towards, nutritional labelling in UK restaurants. Previous studies conducted by researchers in the field of nutrition and dietetics, (Kozup et al, 2003; Krukowski, Harvey-Berino, Kolodinsky, Narsana and DeSisto, 2006) have found a link between label readers and their levels of health, but this research focused mainly on pre-packaged foods in a supermarket context and not on restaurant produced meals. In the past, the need for greater health education and the goal of improving diet have both played major roles in investigations (Kozup et al, 2003; Krukowski et al, 2006). Very little research has attempted to analyse the consumers' perspective and or the extent to which the commercial sector is responsible for ensuring healthier eating. What constitutes a healthy diet is still open to continuing debate and the term healthy and healthy eating is interpreted in this paper as a nutritionally balanced approach to eating such as the following of the Guideline Daily Amounts (GDA) on packaged food.

Food Labelling

From its introduction at the end of the 19th century (Turner, 2007) food labelling has grown in importance to encompass misleading descriptions, food additives, genetically modified ingredients, caffeine levels and food allergens. These developments appear to reflect the particular health worries of the general public at their time of inception (Turner, 2007).

If a manufacturer, through obligation or choice, provides consumers with nutritional information then the energy value of the item in both kilojoules and kilocalories must appear on the label. Furthermore amounts, in grams, of protein, carbohydrate and fat which the product contains has to be provided (BNF, 2008). Displaying the amounts of sugars, saturates, fibre and sodium are optional unless a nutritional claim has been made (BNF, 2008). With such basic requirements it is perhaps unsurprising that independent organisations such as the Institute of Grocery Distribution (IGD) and the Food Standards Agency (FSA) have produced more rigorous guidelines for food manufacturers to adopt offering consumers a greater comprehension of what they are buying (FSA, 2008a; IGD, 2006).

In 1998 the IGD teamed up with the government, consumer organisations and the food industry to devise parameters for voluntary nutritional labelling on packaged food (IGD, 2006) advising that manufacturers print the recommended in-take per day of certain nutritional elements on their food packaging. These 'Guideline Daily Amounts' (GDAs), varied according to gender and age (IGD, 2006) and when the scheme was launched the GDAs featured information on calories, total fat and saturated fat. This has been extended to include carbohydrate, sugars, protein, fibre and salt (GDA, 2006).

Founded in 2000, the FSA is an independent government department which attempts to 'protect the public's health and consumer interests in relation to food' (FSA, 2008b). The FSA is 'concerned not only with the food we eat but with what it is sold in and how it is labelled' (FSA, 2008c). The idea of their 'traffic light system' is to provide 'at-a-glance information if the food you are thinking about buying has high, medium or low amounts of fat, saturated fat, sugars and salt' (FSA, 2008a). A red

light indicates that the product is high in one of these nutrients and should, therefore, be eaten only occasionally. A green light means the food is low in that nutrient and can be consumed more frequently (FSA, 2008a). Buyers are encouraged to 'go for more greens and ambers, and fewer reds in order to make the healthier choice' (FSA, 2008a). Both the FSA's traffic light system and the IGD's Guideline Daily Amounts would claim to contribute to improving consumer's nutritional awareness, however, these labelling systems were originally designed for pre-packed foods and are unlikely to be effective in a restaurant environment (Kuhn, 2007).

Food labelling is a phenomenon which continues to evolve through changes in the law and public demand. With eating out on the increase (Guthrie et al, 2002; Boro Veiros et al, 2006; Walton, 2008), the future of food labelling will lie in systems which the hospitality industry can adopt easily and cheaply (Kozup et al, 2003; Douglas, 2007). Without such initiatives it may be challenging for restaurants to provide such information.

Food Labelling in Restaurants

In the USA, since the mid 1990s, the US Congress has been under pressure to rule it compulsory for restaurants to provide nutritional information to customers (Boger, 1995). Kozup et al (2003: 33) argued that if restaurants 'were required to disclose nutrition levels for at least very unhealthy items, it would affect purchase behaviour for many consumers and probably motivate restaurants to improve the nutritiousness of such items'. Their research concludes that consumers are capable of using health claims and nutritional information to select healthy options; however, they may lack the necessary information and motivation especially when in restaurants. Finkelstein, French, Variyamet and Haines (2004) agree that mandatory nutritional labelling on restaurant menus could have an impact on health but stress that its effects will not be significant if consumers do not know how to use the nutritional information effectively. Awareness of the health effects of the specific attributes listed, as well as consumers having the time or the inclination to read these types of labels will also impinge on their success in the reduction of obesity and disease (Finkelstein et al, 2004). In 2008 a Judge ruled that over 15 New York City restaurants including McDonalds, Burger King and T.G.I. Fridays, must display the calorific value of each food item on their menus (Hamblett, 2008).

Consumer research, reported in the New York Times, indicated that the majority of New Yorkers welcomed the new law [New York Health Code 81.50 (NYCHC 81.50)] (Saul, 2008). However, the local Restaurant Association attempted to block this decision (Paton, 2008a). Their rearguard action was eventually dismissed on the grounds that the provision of calorific data related to the governmental policy of 'providing consumers with accurate nutritional information' (Hamblett, 2008). More surprisingly, perhaps, the President of the New York Obesity Society, Dr David B Allison, also voiced his concerns (Saul, 2008). He warned that displaying nutritional information could increase the temptation of 'forbidden foods' or prevent consumers from dining at all thus, encouraging them to binge later (Saul, 2008).

In the UK, nutritional labelling on restaurant menus is equally controversial. A report in the Daily Telegraph in November 2007 claimed the FSA could force restaurants to adopt their traffic light labelling system to inform consumers of levels of sugar, salt and fat in their offerings (Sibun, 2007). The FSA swiftly denied the claim, explaining that although they had talked with restaurants about introducing healthier menu options they had not discussed the implementation of the traffic light

scheme (Kuhn, 2007). The FSA verified their stance by stating that although they supported NYCHC 81.50, there were no immediate plans to introduce a similar law to Britain (Paton, 2008b). They admitted that their traffic light scheme is not entirely suitable for use within the hospitality industry stating that 'there isn't a one-size-fits-all approach for what is a very diverse sector' (Paton, 2008b: 8). This attitude could be misinterpreted as ducking the issue. If New York policy makers have devised a labelling system which works in their restaurants, it is unlikely that there is no appropriate solution available to the UK.

Without appropriate legislation, encouraging the hospitality industry to display such information will be challenging. Glanz et al's (2007) investigation of how chain restaurants plan their menus found that increasing sales and profits were their main objectives. Amongst the 41 casual dining restaurants investigated, there were indications that healthier menus and nutritional information were only made available if there was sufficient consumer demand (Glanz et al, 2007; Stockley, Lund and Levy, 2007). This suggests that an understanding of consumers needs in terms of healthy options and nutritional labelling on restaurant menus is important.

The National Restaurant Association of America revealed in a survey that 25% of consumers had, at one point, restricted their diet, whilst 40% looked for low fat items in restaurants (Palmer and Leontos, 1995). Indeed, as customer awareness of the importance of healthier eating increases (Glanz et al, 2007), desire for more information regarding meals on sale has also increased (Boger, 1995). Chains marketing themselves as a healthy alternative have grown at a greater rate than companies without this overt approach (Wansink and Chandon, 2007).

Nutritional information available to consumers varies substantially between restaurants (Kozup et al, 2003). In establishments where the information is found, its presentation and content are diverse (Kozup et al, 2003) with most chain restaurants providing this data on leaflets or company web pages rather than menus (Yamamoto et al, 2005). Yamamoto et al (2005) assert that restaurateurs fear nutritional information may affect ordering behaviour and have a detrimental effect on revenue. Glanz et al (2007: 386) suggest that consumers are more likely to pick items branded 'low fat' or 'low calorie' rather than checking statistics relating to hydrogenated fats, carbohydrate and sodium. These labels are enough to persuade consumers that they are eating healthily.

Financial and operational obstacles play a major role in the reluctance of many restaurants, particularly small and medium enterprises, to publish nutritional information on their menus. Almanza, Nelson and Chai (1997) highlight that once a company has committed to such a scheme it faces difficulties in its implementation, for example limited space on the menu or loss of flexibility. More recently restaurants have also expressed concerns about libel risks as estimates of nutritional information in restaurants are prone to error (Yamamoto, 2005).

As acknowledged by the FSA, the primary difficulty for restaurants is that no appropriate labelling system exists (Paton, 2008a). Some foodservices believe it unfeasible to meet the required 'three grams of fat or less' per serving which allows an item to be labelled 'low fat' (Boger, 1995: 67). For example, packaged food can be designed so that it is sold in serving sizes of three. However, if a restaurant promoted large serving sizes it would be ridiculous for them to label one meal as suitable for three customers. Almanza et al (1997) suggests consumers must accept that restaurants will never be able to produce detailed nutritional information and present it in the same format as packaged food labels. It would be challenging to provide accurate measures in a buffet restaurant

for example. Furthermore, portion sizes may vary throughout the day, thus, creating problems with advertising health claims (Boger, 1995).

The unpredictable nature of the hospitality industry places particularly importance on restaurants operating in a financially efficient fashion (Guilding, 2006). To achieve this, food preparation and menus are continually adjusted (e.g. the specials board) to ensure the efficient usage of highly perishable stock (Guilding, 2006). These inevitable substitutions would lead to less accurate nutritional information (Boger, 1995). From this perspective fast food chains have an advantage as their standardised menus are integral to their global success (Guthrie et al, 2002). However, Boger (1995) states that in reality identical menus vary greatly from branch to branch. It is therefore common practice for these outlets to publish disclaimers, particularly if they suggest to customers 'have it your way'. If more variables exist, nutritional labelling could cause menus to be several pages in length (Almanza et al, 1997). Too much nutritional information may cause frustration and confusion for restaurant customers and may discourage consumers from using it at all (Almanza et al, 1997).

Hospitality professionals are unlikely to possess an in-depth understanding of nutrition, one study discovered only 20% of the largest American restaurant chains employed a registered dietician to assist with menu creation (Almanza et al, 1997). Although in both the UK and the USA it is legal for restaurants to calculate the nutritional value of their food by using a database of values or even a cookbook, it is now becoming common for restaurants to turn to laboratory testing to validate their health claims and avoid libel action (Boger, 1995). The scientific approach, however, comes at a cost. In 1995, the average cost of analysis was estimated at $500 per menu item (Boger et al, 1995; Almanza et al, 1997) a cost that smaller businesses, particularly given nearly 15 years of inflation, are unlikely to be able to bear.

Initial Exploratory Research

Some initial, exploratory, research on consumer attitudes was undertaken using a focus group approach. Three groups were set up using a purposeful sampling approach common to focus group research (Stewart, Shamdasani and Rook, 2007:54). In order to achieve comparable results people with differing attitudes to eating out-with the home were selected (Krueger and Casey 2000). The first focus group (FGA) had a self-confessed interest in healthy eating; the second group (FGB) ate out in restaurants on a regular basis; and the third group (FGC) consisted of individuals who consumed at least one meal per weekday outside the home. As part of the focus group participants took part in an exercise where they were asked how their perceptions of a commercial menu changed after being exposed to the nutritional content of the menu.

Between groups there was some agreement that food labels were consulted although, only one or two categories were usually utilised (calories and fat). Inconsistency in presentation of information between outlets was also highlighted. Personal health problems were seen as the only motivation potent enough to encourage habitual observation of food labels.

In terms of attitudes towards nutritional labelling participants did not cite health as being a primary motivator towards meal choice. The most notable were hunger and what the individual had eaten earlier. One member of FGB claimed that the more she ate out, the more conscious she became of

the choices she made and, when trying to be healthy, knew never to pick deep-fried dishes or those containing cream.

There was less enthusiasm toward nutritional labelling in more exclusive eateries with the expectation that this would detract from the dining experience. One participant (FGB) was horrified at the thought of looking at nutritional labelling on restaurants menus – *' counting calories…that's an antisocial thing you do individually. If you're eating out… it seems less appropriate* '. In FGA one participant searched for calorie information on internet websites before dining out, but did not want to see it on the menu. One member of FGA was concerned that forcing restaurants to reveal nutritional information, would reduce creativity in the kitchen and food would become boring. In FGC one participant was concerned that *'everything suddenly becomes low calorie, dressings with all their artificial additives and it tastes a bit unpleasant'.*

On the menu used some, seemingly, healthy options on the menu had large calorie counts e.g. Goats Cheese Salad at 1300 calories. Participants in both FGA and FGC were annoyed at being 'misled' by this. One participant stated that she would rather have steak than salad when there was only 50 calories between them. Most of the participants agreed that if nutritional information had been presented with the menus they would have chosen different items.

The question of responsibility to ensure effective schemes are implemented was met with a mixed response. One participant in FGB had a strong opinion that the responsibly to provide consumers with food of a nutritionally high quality lay with the government and sympathy for restaurants was evident in the focus groups with one participant in FGB suggesting that compulsory labelling would create an unfair advantage for large corporation with greater capital and small restaurants without the means to comply with guidelines would struggle.

All three groups suggested that the onus was upon the individual however, FGC felt that in order to assume responsibility, consumers must be provided with the correct tools e.g. menu labelling.

Conclusions

The significant growth in food labelling does not, in itself, give consumers the knowledge to make informed choices. Without a clear understanding of how this information can improve one's health, the advantages are lost. Nutritional labelling on restaurant menus is more likely to be accepted in popular catering and fast food establishments where consumers eat regularly and predominantly for sustenance and, where such information is available. Similar schemes in fine-dining restaurants, may be viewed less favourably by customers. Given the economic considerations, New York has, perhaps, targeted larger restaurant chains because these establishments can afford it, and because their customers may need it most.

Whether the restaurant industry has a role to play in improving the health of the nation is not resolved by this paper. Restaurants have many obstacles to overcome in order to produce accurate nutritional information for each menu item and there is no evidence that consumers in fine-dining desire nutritional labelling anyway. In the focus groups, some participants seemed to be satisfied with information which gave a general impression of nutritional value rather than precise figures and others felt that too much information was confusing, and, that counting calories was anti-social. There is also a risk to creativity if chefs are forced to declare every ingredient used and follow

stricter nutritional guidelines. Equally though, there is a need for a nutritionally balanced approach to menu creation and it is this, rather than rigorously analysed calorific choices, that may be beneficial to both public health and the restaurant industry.

No labelling system or legislation can control the choices made by individuals and therefore the responsibility to select nutritional balanced food is personal. The difficulties of standardisation and the high costs involved in providing precise nutritional information suggest it would difficult for small businesses to achieve and these may be put at risk of closure if forced to calculate nutritional values. Without an appropriate, holistic, restaurant nutritional labelling system, there appears to be little point in the hospitality industry endeavouring to provide information which many customers may ignore or not understand.

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