Sharp Teaching Kitchen Overcomes the Obstacles to Eating Well at Work

An evidence-based lifestyle intervention leading to lasting behavior change in support of wellbeing for healthcare professionals, their patients and the entire community.

AUTHORS

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Introduction

What we eat plays a powerful role in prevention and reversal of disease. Like most Americans, nurses struggle to eat a healthy diet, increasing risk for noncommunicable diseases, stress, and fatigue. Hospital nurses face unique and specific challenges to eating well at work. By combining hands-on culinary instruction with foundational concepts of nutrition and health, teaching kitchens elevate the competence and confidence needed to sustain lasting behavior change. A virtual teaching kitchen curriculum tailored to the unique and specific healthy eating challenges faced by hospital nurses at work maximizes the likelihood that nurses can surmount those personal, professional and organizational barriers and eat well at work.

PICOT Question

Compared to capabilities before participation (C), can a five-class curriculum delivered through a virtual teaching kitchen (I) enable Sharp Chula Vista Hospital Nurses (P) to explain key elements of healthy eating, demonstrate basic kitchen skills and overcome common workplace challenges to healthy eating (O)?

Practice Change Evidence

- Workplace teaching kitchens increase food literacy: an individual's ability to learn cooking skills and incorporate them within their individual lifestyle (social, physical, environment, etc.).
- Even a single teaching kitchen class has a measurable impact on food literacy, and gains are cumulative with each additional class.
- Employee awareness reliably predicts participation in the teaching kitchen.

Daker, R., Challamel, G., Hanson, C., & Upritchard, J. (2024). Cultivating Healthier Habits: The Impact of Workplace Teaching Kitchens on Employee Food Literacy. Nutrients, 16(6), 865. https://doi.org/10.3390/nu16060865

Three Types of Barriers for Hospital Nurses to Eat Well

1. personal barriers (e.g. others first mentality, low priority)
2. interprofessional and patient-related barriers (e.g. potlucks, treats brought in)
3. organizational barriers (e.g. overwhelming work demands, breaks given when there is time, hungry or not, food available in cafeteria/vending machines).

Cheong, Z. Y., Lopez, V., & Tam, W. S. W. (2022). Barriers to healthy eating among nurses working in hospitals: A meta-synthesis. Journal of Advanced Nursing (John Wiley & Sons, Inc.), 78(2), 314–331. https://doi.org/10.1111/jan.14999

Project Description

This was an evidenced-based practice pilot program at Sharp Chula Vista Medical Center in the Fall of 2025. The "Eating Well at Work" curriculum included five, 90-minute classes streamed synchronously from a virtual teaching kitchen. The content developed addressed the personal, professional and organizational barriers to healthy eating specific to nurses working in hospitals. Using Microsoft Teams and a flipped classroom approach, participants reviewed narrated PowerPoint slides covering core nutrition concepts before each virtual session. Supplied with recipes and complementing shopping lists, participating nurses obtained ingredients and collected needed equipment before class to follow along and cook from their home kitchens. With guidance from the culinary nurse educator, participants prepared two recipes in each class, after which time was allotted for eating together and discussion.

PRODUCE:
over ripe banana - 2 count (Banana Bread Smoothie)
orange or purple sweet potato/yam- 1 count (Fall Crunchwrap)
shallot - 1 count (Fall Crunchwrap)
kale (either curly or dino) - 1 bunch (Fall Crunchwrap)

FROZEN:
ice cubes - about ½ cup (Banana Bread Smoothie)

DAIRY:
milk (cow, soy, oat, etc.) - 1 cup (Banana Bread Smoothie)
cheese (jack, cheddar, pepperjack) - 1 cup shredded (Fall Crunchwrap)

PANTRY:
raw pecans or walnuts - ¼ cup (Banana Bread Smoothie)
northern beans or cannellini or garbanzo beans - 1 can total; (Banana Bread Smoothie & Fall Crunchwrap)
cinnamon - ½ teaspoon (Banana Bread Smoothie)
vanilla extract - ½ teaspoon (Banana Bread Smoothie)
whole wheat tortillas - 4 count (Fall Crunchwrap)
olive or vegetable oil - 2 tablespoons (Fall Crunchwrap)
ancho chili powder or smoked paprika - 1 teaspoon (Fall Crunchwrap)
ground cumin - ½ teaspoon (Fall Crunchwrap)
kosher or sea salt - to taste (about ½ teaspoon) (Fall Crunchwrap)

EQUIPMENT LIST
knife & cutting board
parchment paper (optional)
can opener
sieve or colander
measuring cups & spoons
blender or food processor
1 Medium bowl
spatual (flipping kind)
large nonstick pan or cast iron skillet

CLASS FOUR
4
EATING ON THE GO!

When buying canned goods, look for no added salt or low sodium options.

Dino Kale

Curly Leaf Kale

FALL VEGETABLE CRUNCHWRAP

FALL CRUNCHWRAP
SERVES 2 - 4

EQUIPMENT
KNIFE & CUTTING BOARD
CAN OPENER
SIEVE OR COLANDER
MEASURING CUPS & SPOONS
1 MEDIUM BOWL
SPATUAL (FLIPPING KIND)
LARGE NONSTICK PAN OR CAST IRON SKILLET

PRODUCE
ORANGE SWEET POTATO/YAM- 1 COUNT
SHALLOT - 1 COUNT
DINO AKA TUSCAN KALE - 1 BUNCH

DAIRY
CHEESE (JACK, CHEDDAR, PEPPERJACK) - 1 CUP SHREDDED

PANTRY
WHOLE WHEAT TORTILLAS - 4 COUNT
OLIVE OR VEGETABLE OIL - 2 TABLESPOONS
NORTHERN BEANS OR CANNELLINI OR GARBANZO BEANS (CANNED) - 1 CUP
ANCHO CHILI POWDER OR SMOKED PAPRIKA - 1 TEASPOON
GROUND CUMIN - ½ TEASPOON
KOSHER OR SEA SALT - TO TASTE (ABOUT ½ TEASPOON)

1) **Start potatoes**. Scrub skin of **1 sweet potato**. Cut into ½ inch cubes.Toss sweet potato cubes with **1 Tablespoon oil** with **1 teaspoon ancho chili powder**, **½ teaspoon cumin**, and **½ teaspoon salt** in a medium bowl. Set skillet over medium-high heat on stove. Once warm, add sweet potato cubes. Cook until charred in some places and cooked through, 15-20 minutes.

2) **Finish prepping filling**. Using a grater, shred **1 cup of cheese** and set aside. Cut **1 shallot** into small dice, about ¼ inch. Strip leaves from stems of **1 bunch of kale**. Cut kale into thin strips. Open **1 can of beans**, place beans in a sieve or colander and drain. Rinse with cool water until there is no more foam on beans. Let drip dry.

3) **Make filling**. Add additional **1 Tablespoon of oil** (if needed). Add **shallot**. Cook until translucent, about 2 - 3 minutes. Add **kale** strips and **1 cup beans**. Continuing cooking until kale is softened, about another 3 - 5 minutes. Transfer filling to medium bowl (no need to clean it).

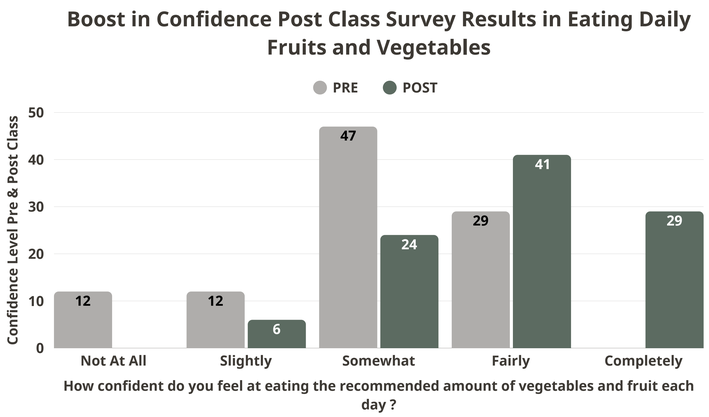
4) **Assemble crunchwrap**. Place **4 whole wheat tortillas** on cutting board. Divide filling between tortillas, piling in the middle of the tortilla. Top with **2 - 4 Tablespoons shredded cheese** for each tortilla. Fold in sides of crunchwrap working in one direction (watch demo).

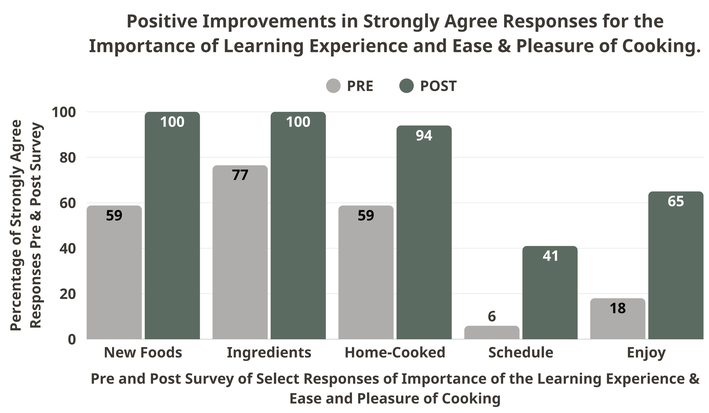
5) **Crunchify wrap**. Wipe pan out with a paper towel. Warm over medium heat. Place crunchwraps fold sides down. Cook for 3 - 4 minutes per side, should be brown and crunchy.

6) **Enjoy!** Using spatula, remove crunchwrap from pan. Try to wait until its cool enough to dig in.

Ingredient & Equipment List and Recipe for Class 4, Eating on the Go, Go, Go!

CLASS TOPICS: Starving & Too Tired to Cook, Snacks!, Budget Bites, Eating on the Go, Go, Go!, and Potlucks & Celebrations





Evaluation Strategies

- Interest and participation for the educational teaching kitchen series for employees was measured by RSVPs and attendance.
- To evaluate outcome achievement, an anonymous pre and post survey from Daker et al. (2024) was utilized via Microsoft Forms with four categories of evaluation:
  - Importance of the Learning Experience
  - Ease and Pleasure of Cooking
  - Food Skills
  - Confidence in the Kitchen

Findings

- Total attendance for 5 classes was 22 participants with each class capped at 8 participants. Total number of registrants (yes RSVPs) for 5 classes was 46. Average of 4.4 participants per class with an average of 9.2 registrants (yes RSVPs) per class.
- Every surveyed category of evaluation showed positive improvement after any one class. A total of 17 completed pre and post survey were collected, demonstrating a 77% response rate. Small sample size constraints prevent a definitive determination of statistical significance.

Conclusions and Implications

- Virtual teaching kitchens are successful educational interventions for nurses to boost food skills, kitchen confidence, ease and pleasure cooking, and increase value in learning more.
- **Nursing**: boost confidence and competence in the foundations and practice of healthy eating, increase energy and resilience
- **Patients**: gain inspiration and motivation from nurses credibly modeling the knowledge, skills and attitudes that support healthy eating
- **Organization**: increase engagement and wellbeing of nursing workforce, pioneer evidence-based preventative health pilot programs

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