DIETARY STAFFING OF SMALL HOSPITALS OF TWO HUNDRED BED CAPACITY OR LESS

A THESIS

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IMA JEAN BOENKER, B. S.

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We hereby recommend that the thesis prepared under our supervision by Ima Jean Boenker entitled DIETARY STAFFING OF SMALL HOSPITALS OF TWO HUNDRED BED CAPACITY OR LESS

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Committee:

Wilma A. Brown
Chairman
Jessie W Bateman
Bernadine Johnson

Accepted:

Dean of Graduate Studies

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CHAPTER I

I N T R O D U C T I O N

The main interest of the food service department of a hospital is in the health and well being of the patients. The rapid growth in size and number of hospitals has been accompanied by major changes in food service within a short period of time. The great increase in the number of smaller hospitals has created an even greater demand for the professionally qualified dietitian. The number of college graduates in dietetics each year is inadequate to meet the demands. At present, there is a trend toward employing consultant or shared dietitians, but the acceptance of this type of qualified dietitian is not a common practice in the smaller institutions.

Originally, the position of food service supervisor was envisioned as existing only in a hospital where at least one professionally qualified dietitian might serve as the supervisor's superior. In the intervening time, some changes in the philosophy concerning the position have emerged. As the position of food service supervisor has become firmly established in the larger institutions, the

position has in some cases come to encompass specializations, such as administration or patient food service. In other situations, usually in small institutions of less than 100 beds, supervisors have been designated as responsible for the daily overall operation of food services and usually directly responsible to the hospital administrator (3).

The food service director of the smaller hospitals may be a cook-manager with experience in hospital food service or institutional food preparation rather than being a professionally qualified dietitian. The food service director may be a home economics major, or a non-major with a college degree in another area, but with one or more college foods courses. Many food service directors have a high school diploma and have had some training in home economics and/or experience in food service while attending school.

The outlook for employment for food service supervisors is good. This position was literally created within the last 15 years. Today, estimates indicate that as many as 9,000 persons may currently be employed in such positions and vacancies for perhaps 10,000 more would exist if trained supervisors were available. Even more openings can be

envisioned in the future in the 3,000 hospitals in the United States with less than 100 beds.

Within the last several years, some changes have occurred in the training of food service supervisors. Today most of the training courses are included in adult education programs in vocational high schools and junior colleges. The first program for training food service supervisors was established in the vocational school system for post-high-school age students. An increasing number of educational institutions have initiated a two year course in food administration leading to an associate degree. At least one course in adult education provides additional training to the food service supervisor in order to qualify him to be of greater assistance to the therapeutic dietitian (9). In-service training programs have also been instituted in a number of large institutions and such programs are encouraged and recognized as acceptable avenues of training (3).

The overall purpose of the present study was to investigate the dietary staffing policies and practices of small hospitals of 200 bed capacity or less. This investigation may be useful to administrators of smaller hospitals who are unable to employ a qualified dietitian on the hospital staff, but could employ a vocationally trained food service supervisor as director of food service.

As background for the present study, the author reviewed literature related to four phases of the hospital food service problems, as outlined by the American Dietetic Association survey of 1963. The four phases were: the role as defined by the professionally qualified dietitian, the personnel practices of the hospitals in the selected areas, the programs for training food service employees, and the academic preparation for first line supervisors (1).

An American Dietetic Association survey conducted in 1963 revealed approximately 47 per cent of the 3838 usuable replies from hospitals operating their own food services came from institutions of less than 100 bed capacity. This proportion is similar to the bed capacity distribution of all hospitals, since about 57 per cent of all hospitals in the continental United States have a capacity of 100 beds or less (1).

Budgetary limitations of smaller hospitals usually restrict the employment of a full time, professionally qualified dietitian. However, it has been demonstrated that by making use of the services of dietary consultants, part time, or shared dietitians, smaller hospitals may effectively utilize the professional services of a dietitian and still maintain operating budgets. In the American Dietetic

Association survey of 1963, a total of 443 of the 1806 hospital administrators reported that dietitians were "in charge" of the food service, but that 147 of the 443 reported were part time or shared dietitians (1).

The Joint Committee of the American Hospital Association and The American Dietetic Association have for some time been investigating the extent of the shortage of dietitians, the use actually being made of food service supervisors, and the number of hospitals having dietitians in charge of the food service departments. The problem remains unsolved and recruitment continues to be needed. The professionally qualified dietitians who are not employed need to be encouraged to return to professional practice. This need was shown in the survey of the American Dietetic Association members in 1962. Of 1874 members not then employed, more than half (1075) expected to return to professional employment. Since many of these were homemakers, it is possible that they might be persuaded to accept part time work if more administrators indicated an interest in employing them (1).

In a 1965 American Dietetic Association report the role of a dietitian is defined as either the director of a large department in which a staff of dietitians are employed or as the "only dietitian," designated as head of the

department. The duties and responsibilities of the director of a staff of dietitians are primarily administrative in nature; whereas, an only dietitian must also fulfill obligations and responsibilities in all areas of specialization in hospital dietetics; namely, administrative, therapeutic, educational, and research. Under each of these categories are numerous specific tasks which the director must be prepared to assume. Both training and experience are required to administer the food service department efficiently and economically (2).

Connelly (5) discusses the major problem facing administrators of food service departments in the selection of unskilled employees from a labor supply of applicants whose potential job performance is difficult to assess. The selection of such employees is generally based on a "best guess" as to which ones are most likely to succeed. Few valuable methods have been developed to aid in hiring the dietary department employees. Once selected, there remains the problem of placement so that these workers can make a positive contribution to the maximum effectiveness of the organization.

In recent years there has been increasing interest in the problem of the selection and placement of food service workers. Facets of the problem discussed in the literature

include the value of effective selection and placement and difficulties resulting from poor selection and placement. Most authors agree that careful selection and management of personnel is a serious responsibility and that employees should be hired on the basis of their skills, personality, and adaptability for the job (5).

The food service director or the chief dietitian is the individual responsible for the selection, training, and supervision of all employees within the department. This individual is responsible for synthesizing points of view into an adequate functioning personnel program. The characteristics of such a program include the wise selection and careful placement of each employee. West and Wood (16) noted that the cost of hiring, training, and discharging or transferring a worker is too great to allow many mistakes in employee procurement. As a result, there is, when the labor market permits, a trend toward careful screening of each applicant.

In many instances, hiring unskilled food service employees does not pose a selection problem. Frequently there are more job openings than there are applicants and the need for filling an opening immediately often dictates hiring the first person who applies. Waiting may not produce any more applicants, but in addition, may result in

the loss of the original applicant. The task then becomes one of accepting or rejecting the placement of an individual who is a potential candidate for these various positions. An applicant having the minimum qualifications may be employed and placed in some kind of position, preferably where he can contribute the most to the organization and in a position where the individual can find job satisfaction (5).

Connelly (5) stated that the selection procedures suggested in the literature vary, but have in common the application form and the personal interview. The number of steps suggested in the selection process varies from the two already mentioned to others, such as two or more personal interviews, letters of reference, and physical examinations.

Decisions to hire unskilled food service employees traditionally have been made during the employment interview, after evaluation of personal data, previous employment records, and references. Many of the selection methods used are without validation. This does not necessarily mean that these methods are without validity; rather, their validity is unknown. Unless there has been a systematic investigation to determine validity, any specific bases for decisions to accept or reject applicants are of undetermined value (5).

Johnson (11) emphasized that important factors in the hospital personnel problem are related to the nature of the rapid growth in the amount, complexity, and cost of hospital services over the past 12 years. Hospitals are increasing patient loads and at the same time shortening hospitalization periods for patients. At present, patients are receiving greater amounts of more complex treatments and examinations. In addition, the hospital must furnish to human beings a personal service which can not be automated. The question of what can be done about the situation remains unsolved. Hospitals must improve their personnel practices but such improvements involve tremendous costs. One factor seems imperative, that salaries and wages be increased to a minimum of one dollar per hour for all food service employees.

Johnson (11) stated that every hospital should have a written, formal grievance procedure and written personnel practices. This author further emphasized that a basic principle of our free way of life is the unique triangular relationship between the consumer, the owner-employer-producer, and the worker. As long as each is fair with the other two, the system will stand. When one is abused by either, or both of the others, the free system stagnates. This principle effects hospital food service now and in

the future. Demands made of food service directors will no doubt increase rather than decrease in the future.

Dietitians and hospital management colleagues are now being weighed in the balance between the patient (consumer) and the employee (worker). Higher employee wages will demand better management to obtain increased production per man-hour. If this does not occur, hospital rates will rise, the patients will suffer. Johnson (11) suggests better management, higher wages, and increased food production as goals to be attained. This author recommends that a basic labor policy should be adopted by the hospital governing bodies and put into writing, so that the employee knows where he stands with top management.

Jackson (10), of the Ohio Bell Telephone Company, stated that all management development programs should be based on the identification of training needs. This author expressed the belief that rate of growth, effectiveness, and development occur in direct proportion to the type of relationship that exists between the "boss" (the dietitian) and his subordinates (supervised employees). If one subscribes to this philosophy that good boss-subordinate relationship is the basic requisite for managerial growth, the evaluation and development of the Bell Telephone Company will be of value. The three-fold purpose of this evaluation

and development plan as proposed by Jackson follows: provides a basis for evaluation of the individual in the job he now holds, provides a basis for planning an individual's growth and development, and provides a basis for estimating an individual's potential. The author listed six items as involved in accomplishing the purposes of the evaluation and developmental plan:

1) Defining the areas of responsibility for each individual who reports to the supervisor.

2) Mutually establishing the standard of performance that is required in relation to each area of responsibility.

3) Observing and comparing results obtained in each area of responsibility with standards to which the supervisor and subordinate mutually subscribe and agree.

4) Determining the cause for results that occur.

5) Determining the needs, that are to be strengthened or changed.

6) Determining how to affect improvement.

Moreover, before an evaluation of an individual on the job can be made, Johnson (11) suggested the individual needs to know what is to be done, how well it should be done, what results are being obtained, and what is producing the results.

Horne (9) states that more than 20 years have passed since the American Dietetic Association recognized the need

to initiate training of the non-professional food worker, or "dietitian's aide" as this individual was called in the past. Since the early beginnings of training for the auxiliary worker, the concept of training has widened and deepened. Much serious thought and action has been directed to educating the person now known as the food service supervisor.

Since 1951, many educational programs for hospital dietary workers have been established in various parts of the country. The first program was established in Cleveland, Ohio in the vocational school system for post-high school age students. Many other programs have since been established, some in local public school systems, some in state universities.

As the number of graduates of the various training programs increased during the 1950's, the position of food service supervisor became identified as a special job category with a common educational background. To meet the needs for continued education and better communication between the individuals in this new category, a national society, the Hospital, Institution, and Educational Food Services Society (HIEFSS) was formed in 1960. As of January 1, 1966, there were 614 members, with affiliated societies in 13 states (9).

Short courses have been developed under the direction of the American Dietetic Association and area dietitians. Most of these courses are in the East and Midwest, although an interest in establishing such courses in other sections of the country is growing. Some of the classroom courses open to qualified persons are in the following institutions: Chicago City Junior College (Loop Branch), Chicago, Illinois; Wichita School of Food Service Supervision, Wichita, Kansas; Michigan State University, East Lansing, Michigan; State University of New York Agricultural and Technical Institute, Cobleskill; Jane Addams Vocational High School, Cleveland, Ohio; James Martin Trade School, Philadelphia, Pennsylvania; and the Department of Health, Burlington, Vermont. For membership in the Hospital, Institution, and Educational Food Services Society a classroom program of 90 hours is required. This program includes: orientation to the food service department; procurement; principles of food preparation and service; housekeeping, safety, sanitation, personal hygiene and supervision. The minimum practical experience requirements of 36 weeks include: administration and general food production; cafeteria personnel food service; patient food service, pediatrics and formula preparation, and special assignments (9).

The persons attending these food service training programs are typically mature individuals who have been employed for some time in hospital food service. Many of the classes are given in the evening or during "off-hours." The course at Michigan State University, on the other hand, requires 10 week's training in residence at the university, followed by six months on-the-job-experience under supervision in the trainee's own hospital (9).

In order to make training for the food service supervisor available even in widely separated areas where no classroom instruction is available, a correspondence course was established by the American Dietetic Association in 1959, under a three-year grant from the Kellogg Foundation. A total of 132 students have completed the course during the three years of this sponsorship. Since April, 1964, this has been an official American Dietetic Association course having enrolled a total of 153 students (9). Since this course calls for assistance for each student from a preceptor who is an American Dietetic Association member, as well as attendance at a laboratory session of not less than two days, the program must be coordinated at the state level by an American Dietetic Association member with the cooperation of various state agencies, the state board of health, the state dietetic association, the state hospital association, and the state nursing home association.

At present, eight states have set up the mechanism of correspondence courses for persons employed in food service departments (Alabama, Georgia, North Carolina, South Dakota, Arkansas, Florida, Iowa, and Ohio). This is a one year program, and the correspondence lessons are sent in by the students to the director of the course at the American Dietetic Association headquarters in Chicago. In order to make the course available in a particular state there must be a minimum of 10 students and a maximum of 20. There is a limit of two students from one institution at any one time (9).

Another correspondence course offered for food service supervisors is that given by the extension service at Pennsylvania State University. A dietitian wrote the course and is employed by the university to direct the students (9).

The position of food service supervisor has developed from infancy through adolescence and is currently maturing into adulthood, as indicated by the organization and healthy growth of the society. The American Dietetic Association looks forward to further growth and progress in this vocational field and to the assistance which food service supervisors can offer in promoting the overall goals of dietitians in hospitals (3).

The purposes of the present study were to determine:

1) The number and background experiences of professionally qualified dietitians and non-professional food service supervisors in the selected institutions.

2) The educational background, work experiences, and salary ranges for dietary department personnel.

3) The personnel practices and policies of hospital food service departments in the selected area.

CHAPTER II

PROCEDURE

This study was undertaken to determine the food service policies and practices in the dietary departments of 30 hospitals with 200 bed capacity or less. The hospitals were located in the Dallas-Denton-Fort Worth area. An interview schedule was developed by the author and the data collected by personal interviews with individuals in charge of food service in the 30 participating hospitals.

Data obtained included general information concerning the bed capacity, financial control of the hospital, and specific information related to the dietary department and food service personnel.

The educational background, level of work experience, years in present position, and salaries were determined for dietary department personnel. Policies and practices of the hospitals applicable to the food service department were determined in the following areas: methods of selecting employees, requirements for employment, personal interview information obtained, training programs, and personnel policies and practices.

A copy of the instrument, "Dietary Department Interview Schedule," follows.

DIETARY DEPARTMENT INTERVIEW SCHEDULE

I. GENERAL INFORMATION

Name of hospital_____

Bed capacity_____

A. Financial control:

Church institution_____

Private institution_____

B. Dietary director of food service:

Dietary supervisor (dietitian) ADA_____

_____

College degree_____

Major_____

Minor_____

Non-ADA supervisor (therapeutic dietitian)_____

_____

College degree_____

Major_____

Minor_____

Food service supervisor_____

High school_____

College_____

Major_____

Minor_____

II. DIETARY PERSONNEL DATA:

A. Dietary supervisors (tray supervisors)

Number_____

Educational background

_____

_____

_____

B. General kitchen personnel

Number_____

Educational background

_____

_____

_____

C. Cooks

Number_____

Educational background

_____

_____

_____

III. LEVEL OF WORK EXPERIENCE:

A. Dietary supervisor (dietitian)

Internship_____

Previous experience_____

Present position_____

B. Assistant dietary supervisor (dietitian)

Internship_____

Previous experience_____

Present position_____

C. Dietary supervisors (food supervisor or tray supervisor)

Previous experience_____

Years in present position_____

D. General kitchen personnel

Previous experience_____

Years in present position_____

IV. METHOD OF SELECTING EMPLOYEES:

Type of application:

Regular hospital forms_____

Special dietary forms_____

Both forms_____

Verification of previous employment_____

Character references (number required)_____

Physical required_____

Health card_____

V. PERSONAL INTERVIEW:

Information to be obtained:

Age_____

Marital status_____

Education_____

Number of dependent children_____

Age range of children_____

Travel time to employment_____

Meal preparation at home_____

Previous length of employment_____

Number of previous jobs in other fields_____

Number of previous food service jobs_____

State of health_____

Neatness_____

Cleanliness_____

Command of English_____

Speech defects_____

Absences due to illness this year_____

Absences due to other reasons for this year____

_____

First impression reactions_____

_____

Other influencing characteristics_____

_____

VI. TRAINING PROGRAM:

On job training_____

_____

Other type training_____

_____

VII. HOSPITAL PERSONNEL POLICIES AND PROCEDURES:

Indicate the use of any of the following:

Personnel policies and procedure manual_____

Fire, safety, and evacuation manual_____

Merit ratings_____

Merit raises_____

Basis for merit raises_____

Formal grievance procedures_____

Routine termination procedures_____

Job evaluation forms_____

Job description_____

Minimum age policy_____

Maximum age policy_____

Pre-employment testing_____

Promotion from within department_____

Forty-hour week in dietary department_____

Over forty-hour week in dietary department____

_____

Charges for breakage_____

Fringe benefits:

Hospitalization insurance_____

_____

Group life insurance_____

_____

Pension plan_____

_____

Work area conference meetings_____

_____

Credit union_____

Social Security_____

Furnish uniforms_____

Laundry of uniforms_____

Meals_____

All meals_____

On the job meals_____

Bonus_____

Vacation time_____

_____

Sick leave_____

_____

Drug discount_____

_____

Leave of absence (How much?)_____

Length of maternity leave_____

_____

Length of leave of absence for baby_____

_____

Overtime policies_____

_____

VIII. SALARIES

Employees	Hourly	Weekly	Monthly
Dietary supervisor (Dietitian ADA)			
Non-ADA supervisor			
Food service supervisor			
Tray supervisor			
General kitchen personnel			
Cooks			

CHAPTER III

ANALYSIS OF DATA

The food service departments of 30 hospitals with 200 bed capacity or less located in the Dallas-Denton-Fort Worth area were surveyed. Information regarding dietary staffing practices was obtained by means of a personal interview with the individuals in charge of the food service in each of the 30 hospitals.

The hospitals surveyed included one church, 21 private, three city-county, and five community owned and operated institutions. The bed capacity of the hospitals ranged from 40 to 200 with 14 of the hospitals having a bed capacity of 51-100. The average bed capacity for the 30 hospitals was 95.6. The bed capacity of each type hospital included in the study is shown in Table 1.

The educational background and qualifications of the individuals having the overall responsibility for the dietary department in each of the hospitals were determined. Of the 30 insitutions surveyed, 50 per cent employed a professionally qualified dietitian with membership in the American Dietetic Association as the chief dietitian. A

TABLE 1

BED CAPACITY OF 30 INSTITUTIONS ACCORDING TO TYPE OF HOSPITAL

Number of Hospitals	Number of Beds	Type of Hospitals			
		Church	Private	City-County	Community
4	50 or less		3		1
9	51- 75		8	1	
8	76-100		6		2
3	101-125		2		1
3	126-150		1	1	1
1	151-175	1			
2	176-200		1	1	
Total		1	21	3	5

total of 17 professionally qualified American Dietetic Association members were employed in the 30 hospitals surveyed and 15 of these were employed as heads of the dietary departments.

Ten of the 21 private hospitals employed a professionally qualified individual as head of the food service department. One hospital, a church financed insitution, employed two American Dietetic Association members, one as chief dietitian, and one as an assistant dietitian. One hospital employed an American Dietetic Association member as an assistant in charge of food service two days a week. In none of the other hospitals was an American Dietetic Association member employed in any position other than as chief dietitian.

Two hospitals employed one or more dietary assistants in addition to the chief dietitian, one hospital employing three, and one institution employing two dietary assistants. These five individuals were college graduates with a major in home economics.

In 11 hospitals, a college graduate, but a non-American Dietetic Association member was in charge of food service. In nine of these institutions the individuals in charge of the dietary departments were college home economics majors.

Two directors of food service were college graduates with one or more courses in foods and with food service experience. Four hospitals employed high school graduates with no college training but with food service experience as the individual in charge of the dietary department (Table 2).

In the 30 hospital food service departments there were 47 tray supervisors, all of whom were high school graduates. Four institutions did not employ tray supervisors. The largest of the 30 hospitals employed five tray supervisors. The average was 1.7 tray supervisors per hospital. The number of tray supervisors according to the bed capacity of the hospitals is shown below:

Bed Capacity of Hospitals	Numbers of Hospitals	Number of Tray Supervisors
50 or less	4	3
51-75	9	6
76-100	8	19
101-125	3	4
126-150	3	8
151-175	1	1
176-200	2	6
Total	30	47

Information was obtained concerning the educational background of the general kitchen personnel and the cooks. A total of 434 individuals were employed in these capacities

TABLE 2

EDUCATIONAL BACKGROUND OF INDIVIDUALS IN CHARGE OF 30 HOSPITAL DIETARY DEPARTMENTS

Bed Capacity of Hospital	College Graduate			High School Graduate
	ADA Member	Home Economics Major	Other College Major	
50 or less	1	1		2
51- 75	2	4	1	1
76-100	5	2	1	
101-125	3			
126-150	3	1		
151-175	1			
176-200		1		1
Total	15	9	2	4
Per cent	50.0	30.0	6.7	13.3

in the 30 institutions surveyed. Of the 434 dietary employees 338 were employed as general kitchen personnel and 96 as cooks. Of the total kitchen employees, 77.9 per cent were high school graduates.

The bed capacity per dietary employee was investigated. The range was from 5.0 to 27.1 beds per dietary employees. Table 3 shows the range and the mean bed capacity per dietary employee. There was no apparent relationship as to the number of dietary employees and the size or bed capacity of the hospitals. This, therefore, indicates that other factors such as central or decentralized food service, selected or non-selected menus, the size and arrangement of the dietary kitchen, the capacity and installation of equipment using different types of flow patterns, and the efficiency of the employees are involved. In the present study this type of information was not obtained but further investigation is merited.

The levels of work experience were investigated for dietary employees. Previous experience included years of experience in all types of food services including hospital food service. The number of years service in the present position was also investigated. Of the 17 professionally qualified American Dietetic Association members, 10 had completed a dietary internship. The level of work experience

TABLE 3

NUMBER OF DIETARY DEPARTMENT EMPLOYEES ACCORDING TO BED CAPACITY OF 30 HOSPITALS

Bed Capacity	Number of Hospitals	Number of Employees	Bed Capacity per Employee	
		Range	Range	Mean
50 or less	4	4-10	5.0-10.0	6.5
51- 75	9	6-19	4.1-10.0	4.7
76-100	8	9-33	3.0-11.1	5.3
101-125	3	11-23	5.2-10.5	7.3
126-150	3	18-30	4.3- 8.3	5.9
151-175	1	31	5.0	5.0
176-200	2	7-31	6.5-27.1	15.8

for this group varied from less than one year to 20 years. Seven dietitians had more than five years of experience. Table 4 shows the level of previous work experience for all dietary employees surveyed.

The directors of food service who were not American Dietetic Association members varied from less than one to 30 years previous experience. One individual had 30 and one 20 years of experience. Approximately 70 per cent of the dietary assistants and tray supervisors had less than one year of experience. However, one tray supervisor had 18 years of previous experience.

Of the general kitchen personnel, nine of the employees had more than 15 years of experience while 46.5 per cent had less than one year of experience. For the cooks, data revealed 68.7 per cent had less than two years experience and only 4.2 per cent had 15 years or more work experience.

The years of experience in the present positions for dietary employees in the hospitals were surveyed (Table 5). The American Dietetic Association members had served from less than one to 15 years in the present position. Thirteen of the 17 had four to five or more years experience. Eight of the college graduates with home economics majors had five years of experience in the present position, and

TABLE 4

LEVEL OF PREVIOUS WORK EXPERIENCE FOR 516 HOSPITAL DIETARY EMPLOYEES

Years of Experience	Dietitians and Supervisors			Kitchen Helpers	
	ADA Member	College Graduates	High School Graduates	General Kitchen Personnel	Cooks
	N=17	N=16	N=49	N=338	N=96
0- 1 year	1	2	31	136	0
1- 2 years	2	5	4	157	66
3- 5 years	7	5	6	21	6
6-10 Years	3	0	5	12	17
11-15 years	1	2	2	3	3
15 or more	3	2	1	9	4

TABLE 5

LEVEL OF WORK EXPERIENCE IN PRESENT POSITION FOR 516 HOSPITAL DIETARY EMPLOYEES

Years of Experience Present Position	Dietitians and Supervisors			Kitchen Helpers	
	ADA Member	College Graduates	High School Graduates	General Kitchen Personnel	Cooks
	N=17	N=16	N=49	N=338	N=96
0- 1 year	2	2	13	114	0
1- 2 years	1	4	26	67	40
3- 5 years	13	9	5	125	32
6-10 years	0	0	3	22	17
11-15 years	0	0	1	0	3
15 or more	1	0	1	10	4

four had less than two years of experience in the present position. The present position experience for tray supervisors and dietary assistants varied from 13 having less than one year of experience to one having 15 or more years of experience. Twenty-six of this group had three to five years experience in the present position.

The general kitchen personnel varied from 10 with 15 years or more to 114 with less than one year of experience in the present position. The years in the present position for cooks varied from four with 15 or more years of experience to 40 with less than two years of experience in the present position. None of the cooks had less than one year of experience. Thirty-two cooks had three to five years of experience and 17 had six to 10 years of experience in the present position.

The survey of the 30 hospitals food service departments indicates that 29 hospitals used the regular hospital forms for selecting dietary employees, one used a special dietary from, and two hospitals used both forms. Verification of previous employment was required in all of the 30 hospital food service departments surveyed.

Twenty-two hospital food service departments required three character references, seven institutions required two references, and one hospital required only one character

reference. Only 13 of the 30 institutions required a physical examination. Health cards were required by 29 of the 30 dietary departments.

The type of information obtained by means of the personal interview with the applicant was determined for each of the dietary departments. Several factors relating to family background were investigated. Thirty institutions determined marital status, educational background, and the number of dependent children for all prospective employees. However, only 23 hospitals made inquiry as to the ages of the children. Half of the hospitals were interested in the possible commuting time of applicants and seven inquired as to the amount of meal preparation required in the employee's home.

For 29 hospitals, the personal interview included previous length of employment and the number of previous jobs in food service. Only 26 institutions made inquiry as to the previous training in non-food service areas.

Certain pertinent health and personal information was obtained from the personal interview with prospective employees. A total of 28 hospitals checked on the state of health, 29 on neatness and cleanliness, 19 on speech defects, and 21 on the command of the English language of the

prospective employee. Nineteen directors of food services relied on first impression reactions as one estimate of the potential of an applicant. Other characteristics influencing employment decisions were weight control, personality traits, and the personal attitude of the individual applicants.

The chief dietitians of 25 hospitals reported that the absences due to illnesses and absences due to other reasons were checked for all prospective dietary employees. Inquiry was not made as to the extent of the influence of the number of absences in determining employment.

The entire group of 30 hospital food service departments used on-the-job training while four of the hospitals used other types of job training programs such as slides, films, and formal lesson sessions. Other types of illustrative material may have been used but were not mentioned.

The use of a personnel policy and procedure manual was investigated. A total of 23 hospitals had a prepared manual at the present time, while the other hospitals reported a manual was in the process of preparation. Twenty-three hospitals had a fire, safety, and evacuation manual available for all employees. The remaining hospitals were presently preparing such a manual.

Of the 30 hospitals included in the study, 14 reported merit ratings were in use, while 19 reported the use of merit salary raises. Reasons given as the basis for merit raises were originality, length of service, personal conduct, and job performance. All but five food service directors reported promotions were made within the department when a qualified individual was available.

Twelve of the institutions reported the use of formal grievance procedures for employees. In the dietary departments, the chief dietitian was the individual to whom the dietary employee brought complaints. Although the types of grievances were not investigated, two frequently mentioned grievances were personality conflicts and salary dissatisfaction. Seventeen of the dietary departments reported the use of routine termination procedures. Reasons given for termination of employment were drinking, profanity, loitering while not on duty, and frequent presence in hospital areas other than dietary department working areas.

All of the 30 hospital dietary departments either had prepared job descriptions or were in the process of preparing these for all dietary department positions. One half of the institutions used a prepared form for evaluation of performance. The minimum age required for employment was from 16 to 18 years. Most of the hospitals did not have a

maximum age policy for dietary personnel, but a few reported 65 years as the upper limit. Some type of written aptitude test was used for the pre-employment testing in three hospitals.

Of the 30 hospital food service departments investigated, 23 were on a 40-hour week basis while nine were on a 48-hour week basis. A total of 20 institutions paid over and above the regular wages for overtime work. Only two hospitals charged for breakage in the dietary department.

The number of fringe benefits varied from one institution to another. The number of hospitals providing certain fringe benefits follows:

Benefit	Number of Hospitals
Hospitalization insurance	26
Group life insurance	18
Pension plan	8
Credit union	5
Social security	30
Work conference meetings	24
Furnish uniforms	13
Laundering of uniforms	15
On-the-job meals	27
Bonuses	7
Drug discounts	16

Five hospital food service departments provided one week or less of vacation time, five hospitals provided 10 days, and 20 hospital food service departments provided 14

days of vacation time. Sick leave given by 10 hospitals was one week or less, 10 hospitals gave 10 days, three gave 14 days, and seven did not provide any sick leave.

For the 30 hospital dietary departments, the length of leave of absence for illnesses varied. A total of 25 of the hospitals gave a leave of absence for family illnesses or maternity leave. Three hospitals gave a leave of absence for care of a new baby in the family; this was over and above the maternity leave of absence.

Salaries were investigated and were found to range considerably. The American Dietetic Association member salaries ranged from three dietitians making $300 per month to three making between $500 and $600 per month. Three dietitians would not provide salary information. Salaries for the chief dietitians who were not American Dietetic Association members ranged from six making $300 per month to one food service director making $700 per month. Although high professional qualifications are required for American Dietetic Association membership, these individuals were not necessarily the highest paid food service directors.

Salaries for tray supervisors ranged from 39 supervisors making $300 or less per month to two making $500 or more per month. Only five tray supervisors were reported

to make over $500 per month. General kitchen personnel salaries ranged from 18 making $125 or less per month to five making $226 to $250 per month. The majority, 111 individuals, made $151 to $175 per month. The salaries of cooks ranged from four making $126 to $150 per month to seven making $256 or more per month. The majority of the cooks, 82 individuals, made between $150 and $250 per month.

CHAPTER IV

SUMMARY AND CONCLUSIONS

The food service departments of 30 hospitals with 200 bed capacity or less were studied by means of a personal interview with the individual in charge of food service. The purpose of the interview was to make a detailed investigation of the number of professionally qualified dietitians and non-professional food service supervisors in the institutions in the selected area; to determine the personnel policies and practices of the 30 hospitals; and to determine the level of education and work experience of the dietary personnel.

The hospitals surveyed included one church, 21 private, three city-county, and five community owned and operated institutions. A total of 516 individuals were currently employed in the dietary departments of the 30 participating institutions.

The bed capacity of the hospitals ranged from 40 to 200 with 14 of the hospitals having a bed capacity of 51 to 100. The average bed capacity for the 30 hospitals was 95.6. The bed capacity per dietary employee ranged from

5.0 to 27.1. There was no apparent relationship between the number of dietary employees and the bed capacity of the hospitals. Further investigation to determine the factors involved is merited.

The educational background of all dietary personnel in each of the hospitals was determined. A total of 17 professionally qualified American Dietetic Association members was employed in the 30 hospitals and 15 of these were employed as heads of the dietary departments. Ten of the 21 private hospitals employed a professionally qualified individual as head of the food service. One hospital, a church financed institution, employed two American Dietetic Association members, one as chief dietitian, and one as an assistant dietitian. Two of the American Dietetic Association members were assistant dietitians. Two hospitals employed one or more dietary assistants in addition to the chief dietitian, one hospital employing three and one employing two dietary assistants. These five individuals were college graduates with a major in home economics.

In 11 hospitals, a college graduate, but not an American Dietetic Association member, was in charge of food service. In nine of these hospitals the individuals in charge were college graduates with home economics majors and two were college graduates with one or more courses in foods,

and food service experience. Four hospitals employed high school graduates with no college training, but with food service experience, as the individual in charge of the dietary departments.

In the 30 hospitals, there were 47 tray supervisors all of whom were high school graduates. The average was 1.7 tray supervisors per hospital. A total of 434 individuals were employed as general kitchen personnel and cooks. Of these 434 dietary employees, 338 were employed as general kitchen personnel and 96 as cooks. Of the total kitchen employees, 77.9 per cent were high school graduates.

The level of work experience for the 17 professionally qualified dietitians varied from less than one year to 20 years. Seven dietitians had more than five years of experience. Ten of the 17 professionally qualified dietitians had completed a dietary internship, and 13 had four or more years experience in the present position. The directors of food service who were not American Dietetic Association members varied from less than one year to 30 years of previous experience. Eight of the college graduates with home economics majors had five years experience in the present position, and four had less than two years experience in the present position.

Approximately 70 per cent of the dietary assistants and tray supervisors had less than one year of work experience in the present position. Twenty-six of the tray supervisors and dietary assistants had three to five years of experience in the present position. Of the general kitchen personnel, nine had 15 or more years of experience, while 46.5 per cent had less than one year of experience. For the cooks, data revealed 68.7 per cent had one to two years of experience, and none had less than one year of experience.

The method of selecting dietary department employees was investigated. All of the departments used both a written application form and a personal interview, and all required one to three character references. A total of 29 required a health card, and 13 required a physical examination. All of the 30 hospital food service departments had "on the job" training programs or were in the process of developing one. Four hospitals used other types of job training programs such as slides, films, or formal lesson sessions.

Information obtained by 75 per cent or more of the hospitals by means of a personal interview with the prospective dietary employee were: age; marital status; number and ages of dependent children; educational background; state of health; previous work experience, including food service

experience; the number of previous jobs in food service; and the number of absences due to illness or other causes in the past year.

Of the 30 hospitals in the study, 14 reported merit ratings in use; 19 reported the use of merit salary raises. Twelve institutions reported the use of formal grievance procedures for employees. All of the 30 hospital dietary departments had either job descriptions or were in the process of preparing these for all dietary personnel. One half of the institutions used a prepared form for evaluation of performance. Many of the 30 hospitals had a maximum and minimum age policy. Three hospitals used a written pre-testing program for all prospective employees.

All of the 30 hospital food service departments provided fringe benefits which varied from one institution to another. Fringe benefits provided by 75 per cent or more of the institutions were social security, hospitalization insurance, on-the-job meals, and work conference meetings. In addition to these benefits, one half or more of the hospitals provided drug discounts, laundering of uniforms, and group life insurance. Twenty-five hospitals provided maternity leave and three provided leave of absence for the care of a new baby in the family over and above the maternity leave of absence.

Vacation and sick leave time varied considerably in the 30 hospitals. Vacation time varied from one week or less for five hospitals to 14 days for 20 institutions. Sick leave varied from none in seven hospitals to 14 days in three institutions.

An investigation of the salary ranges for all hospital dietary personnel revealed considerable variation among the 30 institutions. The salaries of the individuals in charge of the dietary departments varied from $300 to $700 a month; salaries for dietary assistants and tray supervisors ranged from less than $300 to $500 a month; salaries for general kitchen personnel were from less than $125 to $175 a month; and salaries for cooks ranged from $125 to $256 per month.

The results of this study suggest a pattern between the food service departments of the 30 hospitals surveyed. The administrative practices in food service departments were similar in the 30 institutions included in the study.

This study is limited to the 30 hospitals of 200 beds or less in the selected area. Findings may not be typical for hospitals of other bed capacity sizes or for institutions in other geographical areas. Also, there is no standard personnel procedures for hospital food service departments with which to compare the present study. Data revealed areas that merit further investigation.

B I B L I O G R A P H Y

1) American Dietetic Association Survey. "Food Service Management in Hospitals," Journal of the American Dietetic Association (April, 1964).

2) American Dietetic Association Report. "Duties and Responsibilities in the Department of Dietetics," Journal of the American Dietetic Association (March, 1965).

3) American Dietetic Association Report. "Food Service Supervisor," Journal of the American Dietetic Association (March, 1965).

4) Bloetjes, Mark K., Regina Guttieb, and Mary A. Counch. "A Study of Dietetics Training," Journal of the American Dietetic Association (July, 1961).

5) Connelly, Rita N., N. Armer Moore, and Harrison M. Trice. "Are Personal History Data of Value in Selecting Employeed?", Journal of the American Dietetic Association (October, 1961).

6) Gehring, Mary E. "Motivating Dietary Employees Through Inservice Education," Hospitals (July 1, 1964).

7) Gentry, Frank L. "Education is Helping to Solving Long-Standing Personnel Shortages," Hospitals (June 1, 1965).

8) Gillam, Margaret. "Training of Food Service Supervisors," Michigan State University Journal of the American Dietetic Association (October, 1956).

9) Horne, Myrtle Van. "Development of Training Programs and Job Identity for the Food Service Supervisor," Hospitals (April 16, 1966).

10) Jackson, David L. "Management Development Goals and Technique," Journal of the American Dietetic Association (October, 1961).

11) Johnson, Emmett R. "Personnel Considerations: It's Later Than You Think," Journal of the American Dietetic Association (February, 1961).

12) Lipscomb, Mary and Beatrice Donaldson. "Management Activities of Director of Dietetics," Journal of the American Dietetic Association (June, 1964).

13) Mastin, Janet P. and Edward S. Ferrell. "Applications of Work Sampling in a Hospital Cafeteria," Hospitals (March 1, 1964).

14) McFadden, Jean and Katherine Hart. "Academic Preparation for First Line Supervision," Journal of the American Dietetic Association (September, 1962).

15) Pelto, Joan McAlmond and Grace E. Sweatt. "Personnel Turnover in Departments of Dietetics," Journal of the American Dietetic Association (May, 1965).

16) West, B. B. and L. Wood. Food Service and Institutions. 3rd edition. New York: John Wiley and Sons, Inc., 1955.

17) Williams, R. C. and Nell Weir. "Food Service Supervisor Training," Hospitals (October 1, 1960).