

ABSTRACT

THE HOSPITAL FOOD SERVICE DIRECTOR: ESSENTIAL QUALIFICATIONS

By

Gatha Ann Williams

This study was concerned with determining the essential job qualifications that hospital dietary department directors must possess in order to operate the department effectively. Opinions were sought from two sources--hospital administrators and officials of contract food management companies. It was believed that (a) the opinions of these two main types of employers of hospital dietary directors would serve as a realistic basis for determining the specialized knowledge and skills needed by the competent hospital food service director, and (b) such knowledge would provide valuable insight for educators in the modification of professional training programs in administrative dietetics and would be useful in designing career ladders for practicing dietitians with interest in administrative dietetics.

The data gathering technique used for Part A of the survey was the mail questionnaire which consisted of

open-ended and fixed alternative questions. This research instrument solicited opinions from the administrators of one hundred non-governmental hospitals, located in the Lower Peninsula of Michigan, with a bed capacity of one hundred or more.

For Part B of the study the opinions of officials of four contract food management companies operating in Michigan were obtained through personal interviews conducted by the researcher. A standardized interview guide consisting of both open-end and fixed alternative questions comparable to those presented to the hospital administrators contacted in Part A of the study was used.

Findings from this study indicate that the role of administrative leadership in dietary departments of Michigan hospitals is no longer the exclusive domain of professionally-trained dietitians. Hospital administrators and officials of contract food management companies, the two main employers of hospital dietary directors, are searching for and selecting individuals to direct their dietary departments primarily on the basis of experience and potential ability to manage the food service demands of the institution. As a result, nearly half of the persons who currently direct the food service activities of the hospital-operated departments of the institutions represented in this study are not professionally-trained dietitians certified by the American Dietetic Association.

In Michigan hospitals serviced by contract food management companies the percentage of individuals employed as food service directors who are not certified members of the American Dietetic Association is even higher.

Particular areas of competence that these Michigan employers feel professionally-trained dietitians lack which tend to disqualify them for administrative positions in hospital food service departments suggest the need for additional training in administrative-technical skills and in communication effectiveness. Since the majority of the survey respondents indicated a preference for ADA-certified dietitians as directors of their hospital food service departments, and since professionally-trained dietitians currently have many of the other qualifications essential for administrative success in food service operations, it is likely that improved competence in the areas of lack identified by these employers would measurably increase the chances for ADA certified dietitians to compete successfully for administrative positions in hospital dietary departments.

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CHAPTER I

INTRODUCTION

The supplantation of professionally-trained administrative dietitians by contract food management companies, or by independent food service managers, as directors of hospital dietary departments is a problem of growing concern to the profession of dietetics. Even though the employment of contract food management companies and independent food service managers by hospitals did not begin until the early 1950's, during the last twenty-five years the practice has become alarmingly widespread.

Recent studies conducted by Spangler (33) for the State of Michigan and by Hofto and Brush (14) for the State of New Jersey revealed that, of the hospitals they contacted, less than half employed professionally-trained dietitians as directors/managers of their dietary departments. According to Lipscomb and Donaldson (17) and Hofto and Brush (14), the reason most often given for hospitals turning to outside management firms and independent managers is their dissatisfaction with the managerial competence levels of most professionally trained dietitians. Thus, the challenge to

administrative ADA¹ dietitians has been made: master the latest skills and techniques of management in order to effectively operate hospital dietary departments or relinquish this position to persons other than professionally-trained dietitians (19, 21, 24, 29).

If administrative dietitians are to attain and maintain competitive status, it is imperative that the essential job qualifications and the present shortcomings of their academic and experiential training be identified.

Statement and Significance of the Problem

This thesis is concerned with determining the essential job qualifications that hospital dietary department directors must possess in order to operate the department effectively.

Administrators from one hundred non-governmental hospitals, located in the lower peninsula of Michigan and with a bed capacity of one hundred or more, and officials of six contract food management companies operating in Michigan were asked to give their perceptions concerning the essential job qualifications of the hospital dietary director. It was believed that the opinions of these two major employers of hospital dietary directors, each stemming from a different frame of reference, would serve as a realistic basis for determining the specialized knowledge and skills needed by

¹American Dietetic Association.

the competent hospital food service director. Such knowledge would provide valuable insight for educators in the modification of professional training programs in administrative dietetics and would be useful in designing career ladders for practicing dietitians with interest in administrative advancement.

Assumptions

The basic assumptions for this study were:

1. Administrative dietitians are being increasingly supplanted by employees of contract food management companies and/or independent managers to direct the activities of hospital dietary departments of Michigan hospitals.
2. Lack of professional managerial skills is the major factor contributing to the loss of competitive status of professionally-trained dietitians with interest in top-level administrative positions in the field of hospital dietetics.

Objectives

The objectives of this research study were threefold:

1. To survey selected Michigan non-governmental hospitals of one hundred or more beds to ascertain:
 - a. the current professional manpower needs for operating the dietary department,

- b. the extent to which dietary departments are being operated by hospitals,
 - c. the extent to which hospitals are employing outside firms and/or individuals to operate their dietary services, and
 - d. the essential job qualifications for directors/managers of hospital dietary departments, as perceived by hospital administrators.
2. To survey selected contract food management companies operating in Michigan to ascertain:
- a. the types of dietary management services currently available to Michigan hospitals,
 - b. the current professional manpower needs to service hospital dietary accounts, and
 - c. the essential job qualifications for directors/managers of hospital dietary services as perceived by contract food management company officials.
3. To identify the academic and experiential areas which tend to disqualify professionally-trained dietitians in the selection of directors/managers for hospital dietary departments in Michigan.

Definition of Terms

For the purpose of this study the following definitions were adopted:

1. Hospital Administrator: The hospital administrator is the executive director of the hospital and the deputy of the Board of Trustees. His functions consist of

all activities necessary to effectively direct and manage the affairs of the hospital (20).

2. Director of Hospital Dietary Department: The person who administers, plans, and directs activities of the department providing quantity food service. Establishes policies and procedures. Provides administrative direction to menu formulation, purchasing, food preparation and service, sanitation standards, safety, and personnel utilization. Is responsible for financial management; maintains a system of records for planning and control. Selects the professional dietary staff. Directs departmental programs of education. Coordinates interdepartmental professional activities and relationships. Serves as a consultant to management in matters relating to dietetics (44).

3. Independent Food Service Manager: A person who performs all the activities of the hospital dietary department director. The dietary manager's status of employment differs from that of other hospital employees in that the manager has a personal contract with the hospital.

4. Contract Food Management Company: Outside management firm that is employed by the hospital to operate the dietary department. The company provides total management for the department, but the hospital retains the right to establish dietary policy. Three common types of contract food management companies are:

- a. Management firms that provide supervisory personnel to work in the dietary departments and introduce specific management policies that are approved by the hospital administrator. All food is prepared by dietary personnel within the hospital.
- b. Management-Commissary firms place supervisory personnel to work in the dietary department and employ certain management practices with the approval of the hospital administrator. Food is supplied to the hospital from their own commissary. Most foods are delivered in a semi-prepared or ready-to-eat form.
- c. Management-Consultant firms may provide total management, but also specialize in contracting for specific problems and selling or leasing certain parts of their management systems (40).

Organization of the Study Report

The remaining report sections are organized as follows:

Chapter II: Review of Literature: Aspects of employment trends, responsibilities of the hospital food service director, employment disqualifications factors, essential qualifications for a hospital food service director and recruitment sources are reviewed.

Chapter III: Methodology: A detailed description of the two survey populations, survey instruments, data collection procedures, and methods of data analysis.

Chapter IV: Analysis of the Survey Data: Educational achievement and professional experience of the respondents and of the hospital dietary directors are

reported. The operational characteristics of hospitals and contract food management companies are described. Opinions of hospital administrators and contract food management company officials concerning essential job qualifications for the director/manager of hospital dietary departments are compared within and between survey groups to determine the types of managerial skills which professionally-trained dietitians need to receive consideration for administrative advancement in the field of hospital dietetics. Other comparisons between and within the groups include recruitment means used in searching for hospital dietary directors and areas of competency that administrative dietitians lack. Opinions of hospital administrators concerning the use of contract food management companies are also included.

Chapter V: Summary, Conclusions and Implications of the Study: In this chapter, the study is summarized, conclusions and implications are drawn.

CHAPTER II

REVIEW OF LITERATURE

Due to the technological, social, and economic developments of the past twenty years the health care industry has grown at a tremendous rate and is now considered big business (13, 15). At all levels of administration it has been necessary to adopt new concepts and methods of management in order to cope with increased patient load, inflation, personnel problems, governmental regulations, and new technology. One of the areas of major concern to the hospital administrator is financial management. Cost consciousness has led him to concentrate his efforts on producing high quality service at the lowest possible price (34). As a result, hospitals are now seeking highly qualified managers to oversee the operation of their many functions.

Employment Trends

The need for operational leadership ability has led to employment of business-oriented persons to direct the activities of the hospital instead of members of the medical profession. The 1973 Hospital Guide Issue of the

American Hospital Association (43) revealed that of the 271 Michigan hospitals reported in the Issue only 30 (11%) have a member of the medical profession as administrator of the hospital compared to 80 (33%) of 240 in 1958 (41).

The trend of employing management personnel more on the basis of administrative skills and less on the basis of technical abilities also is evident in middle management positions. In hospital dietary departments the trend is to make use of trained personnel other than ADA dietitians to handle the administrative functions of the department and leave the nutritional aspects of the job to the clinical ADA dietitian (21, 24).

In a 1964 nation-wide survey (40) conducted by ADA concerning food service in hospitals it was revealed that employment of ADA members as dietitians and directors of dietary departments out-numbered that of professionally trained food service managers but, when compared to all non-ADA members (food service supervisors, cook managers, food service managers, etc.) the situation was reversed. Of the 3838 usable responses received in the study, ADA dietitians managed 1808 (47%) of the food service departments where as 2030 (53%) departments were directed by non-ADA members. ADA members were food service directors in 67% of the smaller hospitals (100 to 500 beds) but as hospital size increased the number of ADA dietitians employed to direct food service operations decreased.

The ratio of ADA dietitians to non-ADA food service managers was reversed in the 1972 findings of Hofto and Brush (14). Their study of New Jersey hospitals revealed that ADA dietitians were directors of dietary departments in only 33% (24 of 72) of the general short term hospitals with 100-500 beds.

In many of the hospitals where dietitians are not employed as food service directors contract food management companies or independent managers are engaged to direct the departments. The use of contract food management companies began in the 1950's and has been steadily increasing (9, 37). By 1960 there were 191 hospitals in the United States with dietary services provided by outside firms and this number increased to 380 by 1966, the last year that the American Hospital Association requested such information from the hospitals they survey annually. In Michigan the number of hospital contract accounts increased from four in 1961 to 24 in 1966. The management companies operating in Michigan, collectively lost only four of the contracted accounts over this six year period.

More than one-fourth of all hospital contract accounts were in small facilities, less than 100 beds (38% for Michigan in 1966 [42] and 27% nationally in 1964 [40]). The sizable number of contract accounts in hospitals of less than 100 beds was not expected since a 1968 survey of 20

contract management companies (9) pointed out that, at the time of the survey, five of these companies did not contract with small facilities and six companies discouraged contracts with hospitals of less than 100 beds because it would be economically infeasible for both parties.

The literature contains several references (23, 34, 37) concerning the advantages for using contract food management companies. The five reasons most often emphasized are: (a) availability of a centralized personnel pool, (b) minimized involvement of the hospital administrator in the daily operation of the department, (c) savings based on quantity purchases, improved quality and portion control, and increased efficiency and reduction in total man-hours of labor, (d) employee recruitment and training at all levels of the department, and (e) centralized accounting that reports on dietary costs monthly.

After reviewing the advantages listed in the literature for employing contract food management companies Rainier (26) concluded that these same results could be provided by a competent administrative dietitian and management staff at a much lower cost to the hospital. Rainier accused the hospital administrator of failing to accept his job responsibilities by farming out many of the hospital services.

The types of services that hospitals may purchase are numerous: food service, laundry service, window washing,

housekeeping, public relations, legal advice, fund raising counsel, consulting services in administrative management and organization, business and accounting practices, aseptic techniques, and employee relations, as well as outside pathology and radiology services. Hospital administrators justify the use of these outside firms on the basis of operating economics (34).

The case for the use of hospital staff to direct the dietary department was given by Zugich (38). It is interesting to note that the advantages of a hospital-operated department listed by him were all patient-oriented, whereas advantages for contract management companies were always related to economics. Zugich's defense for hospital-operated dietary departments included:

1. The nutritional knowledge and counsel from trained professionals is apt to be maintained in greater continuity, quantity, and influence in residence under a hospital-operated department.
2. The scope of food interests for patients and services to the hospital organization will tend to be broader under a hospital-operated department.
3. Hospital-operated services should provide greater flexibility to meet medical staff or ill patient needs.
4. Direct management control is insurance against conflict of objectives and promotes optimum coordination with medical and nursing standards of care programs of the specific hospital.

5. Safety factors affecting some patients' welfare are more apt to be observed in a hospital-operated department.
6. The hospital's appreciation of nutrition for the sick will not tend to remain static or depreciate.

Responsibilities of the Hospital
Food Service Director

Regardless of the type of department management the hospital selects or the professional background of the director, the major role and responsibilities of the person who heads the dietary department are the same. These responsibilities and activities were outlined in a 1965 ADA report (39) on the duties and responsibilities of the Dietary Director.

- A. Planning, organizing, and directing activities of the department.
 1. Establishing both long- and short-range objectives for the department which are consistent with the goals of the institution.
 2. Recommending policies and standards for the department to administration.
 3. Interpreting objectives, accomplishments, and needs of the department to administration.
 4. Planning for effective budget management and personnel utilization.
 5. Planning, organizing, evaluating, and directing the total food service, including: normal and therapeutic food service to patients and personnel, purchasing specifications for facilities and materials, food production, and sanitation and safety standards.

6. Participating in conferences of department heads.
 7. Attending general medical staff meetings and clinical conferences in accordance with the hospital policy.
 8. Establishing and maintaining effective intra- and interdepartmental communication patterns.
 9. Coordinating and integrating departmental services with those of other departments.
 10. Developing and maintaining an organization chart of the department showing responsibilities and authority of all personnel.
 11. Delegating responsibilities to all professional staff members and supervising their work.
 12. Supervising maintenance of cost control and personnel records and reports, without duplicating information kept in other departments.
 13. Participating in professional and community activities.
- B. Planning, organizing, and directing educational programs of the department.
1. Developing and maintaining an active and effective staff development program.
 2. Planning, advising, and/or participating in the development and execution of educational programs for: nursing students; medical and dental students; interns and residents; dietetic interns; and other groups in the institution.
 3. Participating in formulation and maintenance of an effective and continuous program for the orientation, training, and supervision of personnel.
- C. Planning, organizing, and directing research programs of the department.
1. Developing and implementing research programs in administration, food production, normal and therapeutic nutrition, and education.
 2. Cooperating and assisting with medical research related to nutrition.

Employment Disqualification Factors

A wide variety of educational backgrounds and professional experience are held by persons presently directing the activities of hospital dietary departments. A review of the duties and responsibilities of the dietary director causes one to wonder which types of work experience and/or education would be most useful to the successful director. The literature contains several opinions regarding these points but the preference is for the employment of a director on the basis of his ability to perform the job regardless of his background or professional affiliation (16, 31). Therefore, applicants are usually selected for employment on the basis of their past performance and not on the basis of who traditionally held the position.

It is felt by some authors (18, 26) that if the administrative dietitian has adequately learned the skills of management along with a basic knowledge of nutrition then she would be the best qualified person for the job. These writers further point out that knowledge of nutrition is not enough since the activities of a hospital dietary department are quite varied.

Traditionally, professionally qualified dietitians have been employed as directors of hospital dietary departments but, as was pointed out by the ADA survey (40) and by Hofto and Brush (14), many of these positions are presently held by non-ADA members. The reason most often

given for employing non-ADA members is that hospital administrators are dissatisfied with the managerial performance of most professionally-trained dietitians.

Lipscomb and Donaldson (17) surveyed hospital administrators in the East-North Central Region of the United States and reported that ADA dietitians that served as dietary directors were fulfilling the technical aspects of their position to a greater extent than the managerial.

The writings of Vanderwarker (36) substantiate the findings of Lipscomb and Donaldson (17) with regard to ADA directors effectively performing the technical aspects of their jobs while neglecting the administrative functions-- planning, organizing, directing, and controlling. He commented that executive dietitians as well as other administrative personnel with professional backgrounds tend to continue their pre-occupation with the technical aspects of their work and warned that dietitians must be on constant guard against being drawn into this trap, since the position of dietary director requires managerial skills as well as technical knowledge. Data reported by the Study Commission on Dietetics (45) also indicate that many ADA hospital dietary directors lack management skills and are particularly weak in the areas of financial management and purchasing.

Hofto and Brush (14) reported contradictory information regarding the managerial performance of ADA dietitians.

In their New Jersey study the administrators of twenty-four, short term hospitals with 100-500 beds were asked to rate the managerial performance of their ADA dietary directors. Responses were received from nineteen hospital administrators and, of these, sixteen administrators rated the managerial performance of their dietitians as good to excellent with the three remaining dietitians rated as poor. A good to excellent rating by 84 percent of the respondents appears to be quite encouraging until it is noted that only twenty-four out of seventy-five hospitals (32%) had ADA dietitians as directors of their dietary departments. Hofto and Brush hypothesized that dissatisfaction with the managerial performance of the ADA dietitians was one reason for the employment of the larger percentage of food service managers to direct hospital dietary departments.

One might question whether administrative dietitians who serve as hospital dietary directors are actually performing their duties as poorly as the literature indicates or if additional factors may be partially influencing their competence ratings by employers--sexual bias, different expectations of business-oriented hospital administrators, and/or inadequate and ineffective communication regarding the professional abilities and demonstrated accomplishments of administrative dietitians.

Benson and Thomas (2) reported the findings from a 1974 survey of Harvard Business Review subscribers in management positions designed to determine if sexual bias was a factor in management personnel decisions. This study revealed that selection, promotion and career development decisions are biased in favor of males and that when valuable employees have personal problems, management will make a greater effort to retain males than females. This research substantiated the views of Dr. Wolf (1) presented at the 1973 ADA Annual Meeting where she stated that women are discriminated against in terms of jobs, salaries, promotions, training, etc.

The attitude that females are incapable of handling complex jobs is also reflected by women. As reported by Fritz and Hayman (10), their research revealed that companies that conduct Equal Employment Opportunity programs have a difficult time in convincing promotable females that they are, indeed, equally as competent and promotable as their male counterparts.

An example of a woman feeling that men are more capable of coping in positions was shown in an article authored in 1972 by an ADA dietitian. Cabot (5), a food service consultant in St. Louis, advocated that dietitians should not compete with capable food service managers, but should perform the "role that dietitians are best trained

for and legally qualified to fill." Cabot stated that dietitians are best equipped to: (a) handle therapeutic diets; (b) serve as nutritional consultants to physicians, nurses, patients and their families; (c) serve as nutritional instructors to the medical staff and community; and (d) set the specifications for food purchasing and evaluate new products based on the needs of special diet patients. A fifth role was given to the consulting dietitian--to provide price audits by comparing prices from the different accounts or institutions served by the consultant.

Even the findings of the Study Commission on Dietetics (45) seem to encourage dietitians to become specialists in nutrition and leave the job of food service management to persons other than ADA dietitians:

Although the dietitian may not be essential for all food service management, the field does involve the science of nutrition for the objective of optimum nourishment. Perhaps the need can best be met by the dietitian as a consultant concerned directly with nutrition and not bogged down in the day to day minutiae of operating a very complex system.

This conclusion seems to imply that the American Dietetic Association might even subscribe to the belief that dietitians are not capable of handling complex management situations and, therefore should concentrate their professional efforts on becoming nutritionists. It is also interesting to note that the Commission's Report did not project an increased need for administrative dietitians by 1980. In their estimation, the current level of administrative

dietitians will be sufficient since persons other than ADA dietitians will also fill food service management positions.

The Foodservice Systems Management Education Council (35) also accused the Report of the Study Commission on Dietetics of neglecting the administrative dietitian. The Council states that, if the findings and recommendations of the Commission are endorsed, the American Dietetic Association's goal would require redefinition and a professional society of nutritionists would be created.

If such observations regarding administrative dietitians and their future role both from outside and within the Association are due to sexual bias or are the result of cultural and business tradition, then members of the American Dietetic Association as a whole must strive to overcome this opinion by making the public, the business community, and professional colleagues aware of the capabilities and contributions of administrative dietitians. If administrative dietitians are to survive in this very competitive field then they must strive to promote the usefulness of the administrative dietitian (15). On the other hand, if the observation about the administrative dietitian's performance are correct, then they must strive to determine their weaknesses and redesign the pre-professional curricula in a manner that will provide them with the necessary management skills and techniques to manage a hospital dietary department successfully.

Two major studies have been conducted to determine the adequacy of academic preparation in the field of dietetics. Although conducted a decade apart, the findings of Miller (22) and of Sanford, McKinley and Scruggs (30) revealed that graduates were not sufficiently prepared in two important areas of management--human skills and conceptual skills. Miller's survey concerned the adequacy of undergraduate academic preparation as perceived by graduates and by employers. Seventy-one administrative elements were submitted to both groups for evaluation and at least 25% of each group felt there was inadequate management preparation in approximately two-thirds of these elements (67.6% for graduates and 66.2% for employers). Sanford, McKinley and Scruggs' study dealt with graduates of dietetic internship programs and these researchers reported that at least 25% of their respondents felt that they had received less than adequate preparation for 62.7% of the 59 administrative elements submitted to them for evaluation.

The creditability of literature reports (17, 36) concerning administrative dietitians' inability to adequately perform management functions is enhanced by the admittance of surveyed dietitians that they were insufficiently prepared to perform at least 60% of the administrative elements submitted for their evaluation (22, 30). This strongly indicates that colleges, universities, and

internships are graduating dietetic students that are not amply prepared to perform many of management's functions in an effective manner.

It appears that neither the American Dietetic Association nor the education institutions responsible for preparing dietetic students for a career in food service administration have taken positive steps to correct these inadequacies in the educational preparation and training of future dietitians.

Essential Qualifications for a
Hospital Food Service Director

The literature contains not only references as to the best type of educational background and experiential training for the person who directs the activities of a hospital dietary department but also numerous references as to the ideal characteristics and traits that hospital dietary directors should possess.

In 1958 George Cartmill, the Director of Harper Hospital in Detroit, Michigan, wrote an article (6) on the traits that are essential for a successful career as a hospital food service director. He believes that the food service director must possess effective communication skills, good imagination, an open mind, a high degree of objectivity, personal desire to advance in his field, and sensitivity to change. He further indicated that the director must have attained a formal education that has prepared him with the

tools of his trade: a knowledge of basic nutrition, equipment, food production, and human relation skills.

The managerial skills and tools needed by an effective director as expressed by Puckett (25) include human relation skills, communication skills, ability to develop administrative personnel, self-motivation to advance in the field and develop oneself to the fullest potential, and self-confidence.

Human relation skills were emphasized by Bussart (4) as being essential for the manager since the ability to get along with people is critical in getting the job done. Other qualities cited by Bussart were: self motivation; emotional stability; intelligence; ability to lead and direct and establish personal and department goals; ability to recognize talents in others and the ability to develop these talents; and effective communication skills. Even though Bussart stresses the acquisition of human skills, she also recognizes the importance of technical skills at all levels of management and the usefulness of constructive criticism of oneself as well as employees.

Creative and analytical thinking, judgment, initiative, confidence, and vision were the main qualities identified by Gleiser (11) as essential for an executive in order to carry out his main functions--forecasting, planning, organizing, coordinating, controlling and personnel directives.

Austin Ross, Jr., an Associate Administrator in a Seattle Washington hospital, wrote two articles in the late 1960's that outlined his expectations of a director of dietetics. His first article (28) listed four major areas of administrative expectation--technical competency, human relations skills, problem solving ability and communication skills. In the second article (29) he recommended four steps to be used in evaluating the management of the dietary department. Two of the four steps given concerned the personal traits and managerial skills essential for the dietary director. The seven personal characteristics pointed out were: (a) honesty, (b) identification with institutional objectives, (c) judgment and intelligence, (d) emotional balance, (e) technical knowledge and competence, (f) communication ability, and (g) a unique leadership style. The five managerial skills cited were: (a) ability to plan time well, (b) sets an example, (c) possesses political and organizational ability, (d) possesses communication skills, and (e) sets priorities and achieves the desired end result.

A high degree of enthusiasm, ability to delegate work in a systematic manner and the ability to handle human relations problems effectively were three traits emphasized by Schwartz (32).

Clark and Knickrehm (7) from the University of Nebraska conducted a study of 350 facilities to discover

how hospital administrators and administrative dietitians perceive the importance of different aspects of the managerial skills and personal characteristics of the food service director. The findings from this research revealed that the ranking of supplied statements on managerial skills and personal characteristics by administrators and by dietitians showed a close positive correlation between the two groups, but some characteristics were ranked differently by the administrators and dietitians.

In 1974 Puckett (25) wrote a letter to the editor of JADA in response to statements from the Food Service System Management Education Council that strongly expressed her views on the managerial skills and personal traits that are essential for the hospital food service director:

It is the "manager dietitian" who is out working in the profession who must become a member of the management team, who must sell her abilities to the high level manager. She must be able to plan, organize, control, direct, coordinate, set obtainable short-, immediate-, and long-range goals, and communicate her abilities; she must develop a philosophy and style of management; she must act with knowledge, authority, and responsibility. She must be willing to spend long hours in developing reports and budgets. She must be people-oriented, concerned for mankind, have a sense of integrity and honesty; and for many, she must be a teacher, an empathiser, a leader, and above all, a knowledgeable individual in the field of management.

This twenty-year review of the literature (1955-1974) on essential qualifications of the hospital dietary director revealed numerous qualities that people with different frames of reference felt were essential. Since only one skill, the

¹Journal of the American Dietetic Association.

ability to communicate effectively, was mentioned by all of the authors cited it appears the essential skills may not be the same for all hospitals. Moreover, the expectations for the hospital dietary director may vary depending on the educational and professional background of the employer.

Hofto and Brush (14) conducted research on the managerial performance of the director and discovered that there was a direct relationship between the performance rating of the director and the educational attainment and years of experience of the hospital administrator. It was revealed that the performance rating of the administrative dietitian was lower from administrators that had been in the field for a short period of time (six months to eight years) and had a master's degree in some area of administration than the rating of the administrator who had been in the field for a longer period of time (nine to twenty-four years) and did not have an advanced degree.

The younger and better educated administrator has a business background and is more familiar and concerned with financial management. These are the areas that professional dietitians are weak in. The administrator's knowledge and use of the latest techniques of management with emphasis on accountability of supplies, equipment and personnel may cause him to evaluate the director of dietary services differently than the administrator who may still view the hospital as a charitable organization and not as a big business that is service oriented.

Recruitment

In order for dietitians or any employee to be considered for a managerial position, the availability of that job must be made known to him. Therefore, information concerning the recruitment means used by hospital and contract food management officials and the sources of job opportunities used by prospective employees will be useful in determining (a) if ADA dietitians are actually passed over in favor of non-ADA members, or (b) if professional dietitians are using the most productive employment opportunity sources.

Internal recruitment is the means used first by most organizations to fill vacancies. Almost all of the businessmen interviewed by Benis et al. (3) stated that they have a policy of promoting from within but each could state instances when they recruited executives from other companies. These executives did not think that there was any one best method of recruitment, but stated that many methods must be used to find the most qualified applicant for each vacancy.

One recruitment method company personnel departments use quite frequently is press advertising (8). The media most often used are national newspapers, local newspapers and specialist journals.

In 1960 Benis et al. (3) conducted a survey of business executives to determine the recruitment means used by them to find suitable applicants. These researchers discovered that the five most frequently mentioned sources were: (a) personal contacts, 76 percent; (b) executive recruitment firms, 46 percent; (c) management consulting firms, 39 percent; (d) newspaper advertising, 24 percent; and (e) universities, 18 percent.

Richards (27) in 1974 reported on job lead sources used by 160 professionally trained dietitians when searching for employment. The five most frequently used methods were: (a) telephoned or sent letters of inquiry to potential employers; (b) inquired among former classmates and/or professional colleagues; (c) answered jobs listed in newspapers; (d) consulted a private employment agency; and (e) contacted former or current professors.

A comparison of methods used by executives and dietitians revealed that dietitians are basically using the same recruitment sources that company officials are using. The major difference is the low percentage of dietitians that make use of private employment agencies. Therefore, a lack of knowledge about available jobs would appear not to be a major factor in the supplantation of professionally-trained dietitians as directors of dietary departments.

CHAPTER III

METHOD OF INVESTIGATION

For this exploratory study two data collection techniques were used to investigate the essential job qualifications of hospital food service directors as perceived by hospital administrators and by administrative officials of contract food management companies that have food service accounts in Michigan hospitals. The methods used to gather the information were: (a) direct mail questionnaires to hospital administrators; and (b) personal interviews with administrative officials of contract food management companies.

Part A: The Mail Survey

The Population

The sample population used for Part A consisted of 100 hospital administrators selected on the basis of the following institutional criteria: (a) the hospital was located in the lower peninsula of Michigan; (b) the hospital had a bed capacity of 100 or more; and (c) operational control was non-governmental. The list for initial contacts was assembled from two official directories, the American

Hospital Association (Guide Issue, 1971) and the Michigan Hospitals (Statistical and Directory Issue, 1973).

Survey Instrument

A five-page questionnaire was designed to ascertain information from the hospital administrators. The information sought was divided into five major segments: (1) personal data of the respondent; (2) operational characteristics of the hospital and the dietary department; (3) contract food management company services; (4) essential qualifications for a hospital food service director; and (5) recruitment of a hospital food service director. A copy of the cover letter and questionnaire is included in Appendix A .

The first part of the questionnaire consisted of five questions which served to identify the respondent by administrative title, educational background, professional specialization, and experience in the field of hospital administration.

The second part, operational characteristics of the hospital and the dietary department, included fifteen items of inquiry. The first three were related to hospital size with respect to inpatient and outpatient census and total staff for the hospital and for the dietary department. Items four and five sought information on the types of meal service offered and the type of managerial service provided for the food service component of the dietary department.

The next eight items solicited descriptive information about the person currently responsible for managing the food services of the hospital. Types of data requested included position title, employment status, academic background and area(s) of specialization, experience in food service operation, professional classification, how present position was attained, and the respondent's assessment of the managerial competence of the present food service director (manager) of his hospital. The last two items pertained to the current and projected manpower needs for professionally trained employees for administrative staff assignments in the food service area of the dietary department.

Three items concerning the use of contract food management company services comprised part three of the questionnaire. Reasons were solicited as to why contract food management companies were employed or why contract services had been employed and their services discontinued. The administrators were also asked to express their opinions about the services generally provided by contract food management companies.

Part four, essential qualifications for a hospital food service director, contained five items of inquiry. Respondents were asked to express their opinions concerning (a) the five most important managerial competences and the five most important personal skills for a hospital food

service director; (b) the most desirable professional background for this position; (c) the minimum level of formal academic training needed; (d) the minimum amount of work experience needed; and (e) the areas of competence that most professionally-trained dietitians lack that tend to disqualify them for administrative positions in most hospital dietary departments.

The fifth and final part of the questionnaire contained two items which focused on practices and problems related to the recruitment of administrative dietary personnel. The first requested the respondent to designate the means he would most likely use in searching for a food service director and to indicate those which he considers most useful. In the second question the administrators were asked to identify the most usual and most difficult problems they have encountered in locating qualified applicants.

The questionnaire was designed to take not more than fifteen minutes for completion. To facilitate data processing all fixed alternative questions were pre-coded and responses to open ended questions were organized and coded after the questionnaires were returned. To minimize postal expenses the questionnaires were printed on both sides of heavy 8½ x 11" white paper.

Review of Instrument

The survey instrument was reviewed by three different groups: (a) members of the investigator's guidance committee; (b) graduate students majoring in business administration, nutrition, food service management, and hospital administration; and (c) registered hospital dietitians. The cover letter and questionnaire were evaluated for format, clarity, adequacy of content, and required time for completion. They were revised in accordance with the comments and suggestions received. A list of definitions of terms used in the questionnaire was also developed for inclusion in the mailing. A copy of this list is included in Appendix A .

Distribution

Questionnaire packets were mailed January 15, 1974 to the administrators of the 100 hospitals selected for study. Each packet included: (a) a cover letter explaining the purpose of the study and requesting the cooperation of the administrator in completing the questionnaire; (b) the revised questionnaire; (c) list of terms; and (d) pre-addressed return envelope. Administrators who preferred not to participate in the study were requested to return the blank questionnaire. Hospital administrators who did not return the questionnaire by the stated deadline were sent a follow up letter (Appendix A), duplicate questionnaire, list of terms, and a pre-addressed return envelope.

Part B: The Personal Interview

The Population

A list of contract food management companies operating in Michigan was established with the assistance of the Michigan Public Health Department, the Michigan Restaurant Association, executives of contract food management companies, and Michigan telephone directories. Since contract food management companies are not licensed in Michigan, no single official listing of these companies was available.

The sample population for Part B of this study was limited to six contract food management companies selected on the basis that they were providing total food management service to hospital food service departments in Michigan. The six administrative officials contacted for interview were central office staff members responsible for establishing employment policies and/or procuring food service directors (managers) for their Michigan hospital accounts.

Interview Guide

A nine-page standardized interview guide was developed to assure collection of comparable information about the six food management companies selected for the study. The guide contained fixed alternative and open ended questions comparable to those included in the mail questionnaire addressed to the hospital administrators surveyed in

Part A of this study. The Faculty Guidance Committee of the investigator reviewed the interview guide for organization and completeness of questions and effectiveness of approach. Recommendations of the reviewers were incorporated into the final revision of the guide. A copy of the interview guide is included in Appendix B .

Information in four major areas was sought:

(a) executive title and professional background of the respondent; (b) operational characteristics of the food management company; (c) essential job qualifications for the hospital food service director; and (d) recruitment of a hospital food service director.

Part one, the respondent, contained five items to identify the respondent by administrative title, formal educational background and specialization, and professional experience in the field of food service.

Part two contained twenty-six items of inquiry concerning the operational characteristics of the management companies. Item one requested information on the number of years that the management company had operated hospital food service departments. The next twelve items sought information on the types of establishments served, number of Michigan hospital accounts, and types of services provided to Michigan hospital accounts. Purchasing and delivery policies were covered in items fourteen through seventeen. The nine remaining items sought descriptive information of

the dietary personnel employed by the company, and present and projected manpower needs for administrative positions for their Michigan hospital accounts.

Part three, essential qualifications of the hospital food service director, contained five questions. Four of the five items concerned the essential job qualifications for a successful food service director as perceived by the interviewees: (a) the five most important managerial competences and the five most important personal skills; (b) most desirable professional background and experience needed; (c) minimum level of formal academic training required; and (d) minimum amount of work experience needed. The fifth item solicited the officials' opinions concerning areas of competence which most professionally-trained dietitians lack that tend to disqualify them for administrative positions in hospital food service departments.

The fourth and final part requested information on the means of recruitment used by the companies and the most usual problems encountered in searching for directors (managers) of their hospital food service departments.

The Interview Procedure

Administrative officials of the six contract management companies were initially contacted by telephone for an appointment. During the telephone conversation a brief explanation of the project was given and the

individual's consent to participate in the study was requested. An appointment for the interview was scheduled at the convenience of the interviewee.

All personal interviews were conducted by the researcher between January 15 and February 25, 1974. At the beginning of each scheduled interview a more detailed explanation of the problem under study was given. The administrative officials were assured that the names of the organization and the respondent would be held in confidence in reporting the study results. During the interview session, the administrative officials' responses were recorded on the interview form. At the conclusion of the interview, the researcher offered to send a summary of the results of the study to the interviewee and thanked him for participating in the research project.

Analysis of the Data

Part A: Mail Survey Responses

The questionnaire returns were hand coded and key punched on cards for computer processing. Frequency counts and percentages of total response for each questionnaire item were calculated using the Control Data Corporation 6500 Computer at Michigan State University. The data were summarized and examined for response similarities and differences among survey participants.

Part B: Personal Interview Data

The interview guide data were hand tabulated. Frequency counts and percentages of total responses for each interview item were calculated, summarized and examined for similarities and differences among the food management company officials interviewed. These data were then compared with the matching item data received from the hospital administrators.

CHAPTER IV

ANALYSIS OF THE SURVEY DATA

A study to determine the essential qualifications of the hospital food service director was conducted in Michigan. The investigation consisted of two parts: Part A, a survey of hospital administrators selected from non-governmental hospitals located in the lower peninsula of Michigan and Part B, a survey of contract food management companies operating in Michigan.

Part A: Hospital Administrators

Questionnaires were mailed to one hundred hospital administrators in Michigan selected on the following criteria: (a) the hospital was located in the lower peninsula of Michigan; (b) the hospital had a bed capacity of 100 or more; and (c) operational control was non-governmental. Of the one hundred administrators contacted, fifty returned the questionnaire.

Assessment of Response Representation

The returned questionnaires were sorted on the basis of hospital and community size. Twenty-one categories were

designed to accommodate the source of responses (see Table 1). Eighty percent of the returns were from administrators of hospitals of less than 400 beds and represented six different community size ranges.

TABLE 1.--Survey Response by Hospital-Community Class.

Class	Hospital Size (beds)	Community Size (population)	Returns	
			No.	%
1	100-199	less than 10,000	5	10
2	100-199	10,000 - 29,999	4	8
3	100-199	30,000 - 49,999	5	10
4	100-199	100,000 - 199,999	3	6
5	100-199	1,000,000 +	3	6
6	200-299	10,000 - 29,999	4	8
7	200-299	30,000 - 49,999	3	6
8	200-299	50,000 - 99,999	3	6
9	200-299	100,000 - 199,999	1	2
10	200-299	1,000,000 +	2	4
11	300-399	30,000 - 49,999	1	2
12	300-399	50,000 - 99,999	3	6
13	300-399	100,000 - 199,999	2	4
14	300-399	1,000,000 +	1	2
15	400-499	100,000 - 199,999	4	8
16	400-499	1,000,000 +	1	2
17	500-599	50,000 - 99,999	1	2
18	500-599	100,000 - 199,999	1	2
19	1000 +	50,000 - 99,999	1	2
20	1000 +	1,000,000 +	1	2
21	not indicated	not indicated	<u>1</u>	<u>2</u>
TOTAL			50	100

When returned questionnaires were looked at in relationship to community size only (Table 2) the response was greatest (64.3%) from hospitals in the 50,000-99,999 range and least (30.7%) from communities with a population of 1,000,000 and over. The percentages of returns reported are based on the initial mailing for each community size range.

TABLE 2.--Questionnaire Response Based on Community Size.

Community Size	Initial Mailing (No.)	Returns	
		No.	% per Range
Less than 10,000	11	5	45.5
10,000 - 29,999	14	8	57.1
30,000 - 49,999	18	9	50.0
50,000 - 99,999	14	9	64.3
100,000 - 199,999	17	10	58.8
1,000,000 and over	26	8	30.7
Not indicated	-	1	-
TOTAL	100	50	

As shown in Table 3, based on hospital size only, percent of response was greatest (100.0%) for hospitals in the 1000+ bed range, but the larger numbers of returns were from hospitals in the 100 to 199 bed range (20) and in the 200-299 bed range (13). None of the administrators in hospitals with a bed capacity between 600 and 999 beds returned the questionnaire.

TABLE 3.--Questionnaire Response Based on Hospital Size.

Beds	Initial Mailing (No.)	Returns	
		No.	% per Range
100-199	45	20	44.4
200-299	26	13	50.0
300-399	13	7	53.8
400-499	7	5	71.4
500-599	4	2	50.0
600-699	1	0	-
700-799	1	0	-
800-899	1	0	-
1000 and over	2	2	100.0
not indicated	-	1	-
TOTAL	100	50	

Survey participation was also looked at on the basis of responses by county and region. For this analysis, the Lower Peninsula of Michigan was horizontally divided into three regions, the southern third (21 counties), the middle third (26 counties) and the northern third (21 counties). Because this investigation was limited to administrators of non-governmental hospitals of 100 beds or more, only 29 of the 68 Lower Peninsula counties were represented in the initial mailing list (see Table 4). The actual number of counties represented by the survey returns was 22 or 75.9 percent of the counties of the initial mailing list. As expected, the highest number of returns (30) was received from the southern region which represented 43.5 percent of the initial mailing for that region.

TABLE 4.--Questionnaire Response Based on Counties and Regions.

Lower Peninsula Region	County	Initial Mailing (No.)	Returns	
			No.	Percentage
<u>Southern Third</u>	Barry	1	1	100.0 ^a
	Berrien	3	1	33.3
	Calhoun	4	1	25.0
	Ingham	4	3	75.0
	Jackson	2	1	50.0
	Kalamazoo	2	2	100.0
	Lenawee	1	1	100.0
	Livingston	1	-	-
	Macomb	4	1	25.0
	Monroe	1	1	100.0
	Oakland	7	2	28.6
	St. Clair	2	1	50.0
	Washtenaw	4	3	75.0
	Wayne	33	12	36.4
	TOTAL	69	30	43.5 ^b
<u>Middle Third</u>	Bay	3	1	33.3 ^a
	Genesee	4	4	100.0
	Gratiot	1	1	100.0
	Isabella	1	0	-
	Kent	6	3	50.0
	Midland	1	0	-
	Montcalm	2	1	50.0
	Muskegon	3	3	100.0
	Saginaw	4	4	100.0
	Shiawasee	1	-	-
	TOTAL	26	17	65.4 ^b
<u>Northern Third</u>	Cheboygan	1	1	100.0 ^a
	Crawford	1	0	-
	Emmet	1	0	-
	Grand Traverse	1	1	100.0
	Wexford	1	0	-
	TOTAL	5	2	40.0 ^b
Not indicated		-	1	-

^aPercentage initial mailing for county.^bPercentage initial mailing for region.

Seventeen responses (65.6%) were received from the middle region and only two (40%) questionnaires were returned by hospital administrators in the northern region.

From these analyses it appears that, despite a survey response rate of only 50 percent, the returns received are fairly representative of the initial group contacted with respect to hospital size, community size and region within the Lower Peninsula.

The Study Participants

Part I of the questionnaire was designed to ascertain information concerning the respondent's administrative title, educational background, and professional experience in the field of hospital administration. It was felt that such descriptive information concerning the respondents would be useful in evaluating their opinions.

Administrative title.--Thirteen different administrative titles were held by the fifty respondents (Table 5). Twenty-one (42%) have the title of Assistant Administrator and comprise the largest portion of the group. The second highest percentage of respondents (32%) have the title of either administrator or director. The remaining ten titles are each held by only one or two respondents and, collectively, represent 24 percent of the respondents. One participant failed to indicate his title.

TABLE 5.--Administrative Titles of Survey Respondents:
Frequency Distribution in Relationship to
Hospital Size.

Titles	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
<u>Top Level</u>				
Administrator	12	-	12	24
Director	2	2	4	8
Executive Vice President	1	-	1	2
Chief Executive Officer	1	-	1	2
President & Administrator	1	-	1	2
Corporative Executive	1	-	1	2
<u>Secondary Level</u>				
Assistant Administrator ^b	18	2	21	42
Assistant Director	1	1	2	4
Vice President	2	-	2	4
Assistant Vice President	-	1	1	2
Vice President of Operations & Planning	-	1	1	2
Director of Services	-	1	1	2
<u>Other</u>				
Administrative Assistant	-	1	1	2
	—	—	—	—
TOTAL	39	9	49	98
No response given	1	-	1	2

^aN = 50

^bOne respondent did not give hospital size.

Based on the hospital-community size classes adopted for this study, the pattern of response is:

(a) in hospitals of 400 beds or more, regardless of community size, the questionnaires were completed by persons at a secondary administrative level three times as frequently as by those at the top level; (b) in hospitals of less than 400 beds, regardless of community size, the questionnaires were completed by administrators at the top level and the secondary level on a nearly equal basis (19 top level, 21 secondary level).

Educational background.--Inquiries were made into two aspects of the educational background of each participant--highest degree earned and the area(s) of specialization. As shown in Table 6, 73 percent of the respondents had earned an advanced degree; 24 (48%) in hospital administration, 8 (16%) in business administration, 3 (6%) in liberal arts, and one (2%) in law. Eleven (22%) of the respondents had attained only a bachelor's degree and one (2%) reported that he had no earned degree. Two (4%) respondents did not answer the question.

In hospitals of 400 beds or more, all located in communities of 50,000 or more, 8 of the 9 respondents had earned advanced degrees, and one had only a bachelors degree. In hospitals of less than 400 beds 28 of the 38

TABLE 6.--Highest Degree Earned by Survey Respondents:
Frequency Distribution in Relation to Hospital
Size.

Educational Level	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Master's Hospital Administration	16	8	24	48
Master's Business Administration	8	-	8	16
Master of Arts	3	-	3	6
Law	1	-	1	2
Bachelor's ^b	9	1	11	22
High School	<u>1</u>	<u>-</u>	<u>1</u>	<u>2</u>
TOTAL	38	9	48	96
No response given	2	-	2	4

^aN = 50

^bOne respondent did not give hospital size.

respondents (73.6%) had advanced degrees, 9 (23.6%) had only a bachelors degree and one (2.6%) had only completed high school.

The administrators listed eight different areas of professional specialization (see Table 7). Hospital administration was the area mentioned most frequently (54%), with the areas of business administration and hospital plus business administration next in frequency of mention (16% each). Nursing, finance, dietetics, hospital administration

TABLE 7.--Professional Specialization of Survey Respondents:
Frequency Distribution in Relationship to
Hospital Size.

Area of Specialization	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Hospital Administration ^b	23	4	27	54
Business Administration ^b	6	1	8	16
Hospital & Business Adm.	6	2	8	16
Nursing	1	-	1	2
Finance	1	-	1	2
Dietetics	-	1	1	2
Hospital Administration and Economics	1	-	1	2
Hospital Administration and Pharmacy	-	1	1	2
TOTAL	38	9	48	96
No response given	2	-	2	4

^aN = 50

^bOne respondent did not give hospital size.

plus economics and hospital administration plus pharmacy were each mentioned by one respondent. There was a 96 per cent response to the question by the administrators.

The number of respondents who had received specialized formal training in the field of administration was high regardless of hospital size--8 of the 9 respondents (88.9%) in hospitals of 400 or more beds and 36 of 38 respondents (94.7%) in hospitals of 100-400 beds. Only three of the respondents had achieved an hospital administration position through specialization in a field other than

administration (one in dietetics in larger hospitals and one in nursing and one in finance in smaller hospitals).

Employment history.--Information regarding the administrator's experience in the field of hospital administration focused on two factors--the number of years each has been employed in the field and the total number of years each has been in his present position. These data are summarized in Tables 8 and 9.

The length of time that the administrators have been in the field of hospital administration varied from one to over twenty-five years. Twenty-seven (54%) of the administrators have been in the field for ten years or less with the highest number, 16 (32%), found in the 6-10 year range. Only one of the administrators failed to respond to this question.

In hospitals with less than 400 beds, 24 (61.5%) of the 39 respondents have had 10 years or less experience in the field of hospital administration. Of these, nearly half (11) have been in the field five years or less. Of the remaining respondents from 100 to 400 bed hospitals, 12 (30.8%) have 11 to 20 years experience and three (7.7%) have been in the field for over 20 years.

Parallel comparisons for respondents employed in hospitals with more than 400 beds revealed that seven (77.7%) of the nine respondents have 10 years or less

TABLE 8.--Total Number of Years in the Field for Survey
Respondents: Frequency Distribution in Relation
to Hospital Size.

Total Years in Field	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
1- 3 _b	5	1	1	12
4- 5 _b	6	3	10	20
6-10	13	3	16	32
11-15	8	-	8	16
16-20	4	1	5	10
21-25	1	-	1	2
over 25	2	1	3	6
TOTAL	39	9	49	98
No response given	1	-	1	2

^aN = 50

^bOne respondent did not give hospital size.

TABLE 9.--Total Number of Years in Present Position for
Survey Respondents: Frequency Distribution in
Relation to Hospital Size.

Years in Present Position	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Less than 1	6	1	7	14
1- 3 _b	15	4	20	40
4- 5	7	3	10	20
6-10	9	-	9	18
11-15	-	1	1	2
16-20	-	-	0	-
21-25	2	-	0	-
over 25	-	-	0	-
TOTAL	39	9	49	98
No response given	1	-	1	2

^aN = 50

^bOne respondent did not give hospital size.

experience in the field and, of these, more than half (four) have been in the field five years or less. Of the two remaining respondents from these larger hospitals, one has had more than 16 but less than 21 years experience and one has been in the field for over 25 years. Within the limitations of these data it appears that irrespective of hospital size, administrators of Michigan hospitals with 100 or more beds are apt to have relatively few years of experience in the field.

The total number of years that respondents have been in their present positions ranged from less than one year to 25 years. Forty-six (92%) of the respondents have been in their present positions for ten years or less; 27 (54%) have served three years or less. The largest number of administrators were in the one to three year service range, 20 (40%).

Based on hospital size, the percentage of administrators who have been in their present position for 10 years or less was slightly higher (95%) for hospitals with less than 400 beds than for hospitals with 400 or more beds (89%). Within hospital size ranges, respondents with three years or less service comprised over half of their respective reporting groups: 21 (54%) for hospitals with less than 400 beds and five (56%) for hospitals with 400 or more beds.

Hospital and Dietary Department:
Operational Characteristics

The second part of the questionnaire included five areas of inquiry concerning the operational characteristics of the hospital and dietary department: (a) hospital census, (b) types of meal service, (c) type of food service management, (d) descriptive information about the current food service director, and (e) current and projected professional manpower needs of the dietary department.

Hospital census. Information regarding hospital size was solicited with respect to average daily inpatient and outpatient census and total staff employed for the hospital and for the dietary department. These data are summarized and reported in Table 10 according to hospital size. Comparisons both within and among hospital sizes indicated considerable variation for each of these operational characteristics.

The number of total dietary staff for the hospitals surveyed ranged from 17-355. However, there was considerable variation in the number of total dietary staff within and between hospital bed capacity ranges. The greatest difference in the number of total dietary staff was among hospitals in the 100-199 bed range--a difference of 70 employees.

Percentages for total dietary staff in relationship to total hospital staff ranged from 4.5 to 14.2 percent.

TABLE 10.--Ranges Among Facilities Within Hospital Size: Patient Census, Total Hospital Staff, and Total Dietary Staff.

Hospital Beds	No. ^a	Average Daily Census			Hospital Staff Total No.	Dietary Staff	
		Inpatient	Outpatient	Total		No.	% ^b
100-199	20	10-197	0- 800	90- 945	130- 858	17- 87	4.5-14.2
200-299	13	126-379	0- 200	140- 570	510-1100	43- 95	6.7-11.3
300-399	7	240-420	0- 316	345- 667	800-1600	67-109	4.9- 9.0
400-499	5	330-592	12- 276	345- 818	1200-1306	105-169	7.4- 9.8
500-599 ^c	2	285-470	47- 300	332- 770	575	43	7.5
1000+ ^d	2	900-950	1000-2500	1900-3450	3500	293-355	8.4
Other ^e	1	180	50	230	500	42	8.4

^aNumber facilities reporting.

^bPercentage of total hospital staff.

^cOne respondent did not give dietary staff size.

^dOne respondent did not give hospital staff size.

^eOne respondent did not give hospital size.

These high and low percentages were found within the same hospital bed capacity range, 100-199 beds. As the hospital bed capacity increased (up to 400 beds) the spread between the lower and upper percentages for dietary staff decreased (a percentage difference of 9.7 in the 100-199 bed capacity range to a percentage difference of 2.4 for the 400-499 bed capacity range). Within the limits of these data, it seems likely that as bed capacity increases facility design, types of meal service provided, numbers of persons served, and the opportunity to optimize worker productivity may be influencing factors with respect to the total number of dietary staff needed to provide the required dietary services.

Data pertaining to total dietary staff size were examined with respect to professional staff (full and part time), and employees (full and part time). Ranges within and between hospital size ranges are summarized in Table 11. All responding hospitals had at least one full-time administrative professional, with the maximum number being 45. Some hospitals of less than 300 beds did not have a full-time therapeutic dietitian on staff. This may be attributed to the fact that some hospitals in these size ranges may have only one dietitian who performs both the administrative and the therapeutic services required by the hospital. The number of part-time professional staff was relatively small within all hospital size ranges.

TABLE 11.--Ranges Among Facilities Within Hospital Size: Total Dietary Staff.

Hospitals Beds	No. ^a	Total Dietary Staff	Professional Staff				Employees		
			Full Time		Part Time				
			Admin.	Ther.	Total	Admin.	Ther.	Total	
100-199	20	17- 87	1- 6	0- 5	1- 9	0-5	0-2	0-6	10- 61 0-20 16- 81
200-299	13	43- 95	1- 9	0- 4	2-12	0-1	0-1	0-1	21- 83 0-30 40- 83
300-399	7	66-109	1- 7	2- 3	3- 9	0-2	0-1	0-3	48- 75 8-43 60-103
400-499	5	105-169	2-20	2- 6	4-23	0-0	0-2	0-2	65-120 15-40 101-160
500-599	2	43 ^b	1	1	2	0	0	0	25 16 41
1000+	2	293-355	30-45	15-15	45-60	0-0	1-3	1-3	180-280 29-50 230-309
Other ^c	1	42	3	1	4	0	0	0	33 5 38

^aNumber facilities reporting.

^bOne respondent did not give dietary staff data.

^cOne respondent did not give hospital size.

The number of full-time employees varied from 10-280. The considerable degree of variation in numbers of staff employees within and between hospital size ranges may be due to: (a) the number and types of meal services offered, (b) facility design and equipment, (c) facility employment policies, (d) department scheduling, (e) budget, and (f) manpower availability with respect to number and job-readiness of available job seekers. In some hospitals of 100-299 beds no part-time employees were on staff.

Types of meal service.--Twelve different types of meal service were reported by the respondents (see Table 12). Four types of services were provided by more than 50% of the hospitals: patient trays (100%); cafeteria, open to the public (82%); vending machines operated by an outside contract firm (68%); and cafeteria for hospital personnel only (54%).

When types of meal service offered were compared on the basis of hospital size, it was revealed that the smaller hospitals (less than 400 beds) provided as wide a variety of meal services as the larger hospitals (400 beds or more). The largest number of different services offered by a single hospital was seven; this hospital had a bed capacity of over 1000. In all other cases the variety of meal services provided ranged from three to six in all hospital size classifications.

TABLE 12.--Types of Meal Service Provided by Hospitals Surveyed.

Types of Service	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Patient tray ^b	40	9	50	100
Cafeteria (open to public) ^b	34	6	41	82
Vending machine (outside contract firm) ^b	27	6	34	68
Cafeteria (hospital personnel only) ^b	21	5	27	54
Coffee shop or snack bar	8	4	12	24
Dining room, table service (hospital personnel)	8	4	12	24
Vending machines (hospital operated)	11	-	11	22
In-hospital catering ^b	7	1	9	18
Off-Premise Meal Service	3	1	4	8
Dining room, table service (open to public)	2	1	3	6
Employee lounge	1	-	1	2
Family style (patient)	-	1	1	2

^aN = 50^bOne respondent did not give hospital size.

Type of food service management.--In 36 (72%) of the hospitals surveyed the dietary departments are hospital-operated. Fourteen (28%) are operated by contract food management companies, and, of these, none are in hospitals of more than 400 beds.

The current director of food services.--Eight items solicited descriptive information about the person currently responsible for managing the food services of the hospital. Types of data requested included position title, employment status, academic background and area of specialization, experience in food service operation, professional classification, how present position was filled, and the respondent's assessment of the managerial competence of the present director (manager) of his hospital food service department.

As detailed in Table 13, the directors of food service in the 50 reporting hospitals held nine different position titles. Food Service Director or Manager was the title held by the largest number of persons who direct the activities of these dietary departments, 23 (46%). The second most frequently reported title was Director or Manager of Dietary Services, 11 (22%). The seven remaining position titles were reported with far less frequency:

(a) Chief Dietitian and Food Service Supervisor, three (6%) each; (b) Director of Dietetics, Director of Food Services and Dietetics or Nutrition, and Administrative Dietitian, two (4%) each; and (c) Executive Director and Dietitian, one (2%) each. Two (4%) of the respondents did not answer this question.

TABLE 13.--Position Titles of Dietary Directors of Survey
Respondents: Frequency Distribution in Relation-
ship to Hospital Size.

Position Title	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Food Service Director/ Manager	21	2	23	46
Director/Manager Dietary Services	8	3	11	22
Chief Dietitian	3	-	3	6
Food Service Supervisor ^b	2	-	3	6
Director of Dietetics	-	2	2	4
Director of Food Services and Dietetics/Nutrition	2	-	2	4
Administrative Dietitian	2	-	2	4
Executive Director	-	1	1	2
Dietitian	<u>1</u>	<u>-</u>	<u>1</u>	<u>2</u>
TOTAL	39	8	48	96
No response given	1	1	2	4

^aN = 50

^bOne respondent did not give hospital size.

The employment status of 48 (96%) of the 50 food service department directors was full time. The employment status for two of the directors was not reported.

As shown in Table 14 the highest level of educational attainment for the majority of dietary department managers was a bachelor degree, 32 (64%). The remaining earned degrees reported were: Master of Science, two (4%); and

TABLE 14.--Educational Attainment Levels of Hospital Food Service Manager. Frequency Distribution in Relationship to Hospital Size.

Educational Level	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Bachelor Degree	25	7	32	64
High School Diploma ^b	3	1	5	10
M.S. Degree	1	1	2	4
M.A. Degree	2	-	2	4
Associate Degree	2	-	2	4
Hotel, Motel Certificate	<u>1</u>	<u>-</u>	<u>1</u>	<u>2</u>
TOTAL	34	9	44	88
No response given	6	-	6	12

^aN = 50

^bOne respondent did not give hospital size.

Associate Degree, two (4%). One manager (2%) had attained a certificate in hotel and motel management and five (10%) managers had earned only a high school diploma. Six respondents (12%) did not complete this question.

With respect to hospital size, the percentages of bachelor degrees and master degrees for both small and large hospitals were 25 (74%) and seven (78%) respectively for bachelor degrees and three (8.8%) and one (11%) respectively for master degrees.

Ten different areas of specialization were identified for the directors of the food service departments (Table 15).

TABLE 15.--Area of Specialization for Directors of Food Service: Frequency Distribution in Relationship to Hospital Size.

Area of Specialization	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Dietetics, General	11	3	14	28
Hotel, Restaurant and Institutional Management	8	2	10	20
Dietetics, Administrative	3	3	6	12
Dietetics, Therapeutic	3	-	3	6
Business Administration	2	-	2	4
Food Service Supervisor	1	1	2	4
Army Food Service	2	-	2	4
Psychology	1	-	1	2
Institution Management	1	-	1	2
Economics and Political Science	<u>1</u>	<u>-</u>	<u>1</u>	<u>2</u>
TOTAL	33	9	42	84
No response given ^b	7	-	8	16

^aN = 50

^bOne respondent did not give hospital size

Three areas of specialization were reported for 60 percent of the directors under study: general dietetics, 14 (28%); hotel, restaurant and institution management, 10 (20%); and administrative dietetics, six (12%). The remaining seven areas of specialization in descending order of frequency of mention were: therapeutic dietetics, three (6%); business administration, two (4%); food service supervisor, two (4%);

army food service, two (4%); psychology, one (2%); institution management, one (2%); and economics and political science, one (2%). Eight respondents failed to complete this question.

Persons specializing in dietetics composed the highest percentage of dietary department managers regardless of hospital size--67 percent for 400 beds or more and 51 percent for hospitals with less than 400 beds.

Professional experience of the managers of food service was examined in two areas: total number of years in the field (Table 16), and total number of years in their present position (Table 17). The total number of years that

TABLE 16.--Total Years in the Field for Directors of Food Service: Frequency Distribution in Relationship to Hospital Size.

Total Years in Field	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Less than 1 year	1	-	1	2
1- 3 years	4	-	4	8
4- 5 years	7	-	7	14
6-10 years	2	-	2	4
11-15 years	5	1	6	12
16-20 years	7	3	10	20
21-25 ^b years	6	2	9	18
over 25 years	<u>4</u>	<u>3</u>	<u>7</u>	<u>14</u>
TOTAL	36	9	46	92
No response given	4	-	4	8

^aN = 50

^bOne respondent did not give hospital size.

TABLE 17.--Total Number of Years in Present Position for
Directors of Food Service: Frequency Distribu-
tion in Relationship to Hospital Size.

Years in Present Position	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Less than 1 year	6	-	6	12
1- 3 years	11	-	11	22
4- 5 years	4	3	7	14
6-10 years	9	4	13	26
11-15 ^b years	4	2	7	14
16-20 years	1	-	1	2
21-25 years	2	-	2	4
over 25 years	-	-	-	-
TOTAL	37	9	47	94
No response given	3	-	3	6

^aN = 50

^bOne respondent did not give hospital size.

the managers had been in the field of food service ranged from less than one year to over 25 years. In hospitals of less than 400 beds 22 (61%) of 36 managers had been in the field for 11 years or more. The largest number in the 11 years and over group was in the 16-20 year range, seven (32%). The largest number of managers in the 10 years or less group was in the 4-5 year range, seven (50%). All of the managers in the nine larger hospitals had been in the field of food service for 11 years or more. Of the 50 hospitals participating in the study, only five (10%) of the dietary department managers were relatively new in the field (three years or less).

As shown in Table 17, data pertaining to the number of years the managers have been in their present positions revealed that 37 (74%) have been in their present position for ten years or less. Among smaller hospitals (100-400 beds) 17 (46%) of the managers have been in their present positions for only three years or less, 17 (46%) had service records of 4 to 15 years and three (8%) had been employed for 16 years to 25 years. In larger hospitals (400+ beds) none of the food service managers had service records of less than four years or more than 15 years. Three respondents did not reply to this question.

Twenty-two (44%) of the directors of food service were members of the American Dietetic Association. Of the 22 ADA members 21 were registered dietitians. Non-ADA members comprised 19 (38%) of the directors. In relationship to hospital size the smaller hospitals had a nearly equal number of ADA registered members and non-ADA members, 15 and 16 respectively. In the larger hospitals ADA registered dietitians outnumbered non-ADA members by 3 to 1. Nine of the respondents failed to answer this question (see Table 18).

Only 11 (22%) of the directors of food service studied were promoted to their present position from within their respective dietary departments (see Table 19). The 36 (72%) remaining managers were employed for the position from outside the hospital staff. Within hospital size, only five (14%) of the directors of food service in the smaller

TABLE 18.--Professional Classification of Directors of Food Service: Frequency Distribution in Relationship to Hospital Size.

Professional Classification	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
ADA Registered	15	6	21	42
ADA Not Registered	-	1	1	2
Non-ADA ^b	<u>16</u>	<u>2</u>	<u>19</u>	<u>38</u>
TOTAL	31	9	41	82
No response given	9	-	9	18

^aN = 50

^bOne respondent did not give hospital size.

TABLE 19.--Attainment of Present Position for Director of Food Service: Frequency Distribution in Relationship to Hospital Size.

Employment Procedure	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Promoted from within ^b	5	5	11	22
Obtained from outside	<u>32</u>	<u>4</u>	<u>36</u>	<u>72</u>
TOTAL	37	9	47	94
No response given	3	-	3	6

^aN = 50

^bOne respondent did not give hospital size.

hospitals were promoted from within whereas in the larger hospitals over half (56%) attained their position through promotion.

Ninety percent of respondents gave the manager of their food service a competency rating of average or better. As shown in Table 20 the ratings were: 14 (28%) excellent, 18 (36%) above average, 13 (26%) average, and one (2%) below average. Four respondents declined to commit themselves on this point.

TABLE 20.--Managerial Competence Rating of Directors of Food Service: Frequency Distribution in Relationship to Hospital Size.

Competence Rating	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Excellent	10	4	14	28
Above Average ^b	14	3	18	36
Average	11	2	13	26
Below Average	1	-	1	2
Poor	-	-	-	-
TOTAL	36	9	46	92
No response given	4	-	4	8

^aN = 50

^bOne respondent did not give hospital size.

When the competence ratings were compared to professional classification, non ADA members had an excellent rating for seven (17%) compared to five (12%) for registered ADA dietitians. The one non-registered ADA member also had a rating of excellent. In the above average group, ADA registered dietitians outnumbered non ADA members by four (10% of the total group). The average rating was shared nearly equally by non ADA members and ADA members, seven and six respectively. These comparatives are summarized in Table 21, and were available for only 42 (84%) of the responding hospitals.

TABLE 21.--Present Director of Food Service: Professional Classification vs. Competence Ratings by Hospital Administrators.

Professional Classification	No. ^a	Competence Rating							
		Excellent		Above Average		Average		Below Average	Poor
		No.	%	No.	%	No.	%	No.	No.
ADA Registered Dietitian	21	5	12	10	24	6	14	-	-
ADA Member, not Registered	1	1	2	-	-	-	-	-	-
Non-ADA Member	<u>20</u>	<u>7</u>	<u>17</u>	<u>6</u>	<u>14</u>	<u>7</u>	<u>17</u>	<u>-</u>	<u>-</u>
TOTAL	42	13	31	16	38	13	31	-	-

^aN = 42 (data incomplete for eight respondents).

A ninety-six percent response was received on the question of current vacancies. Of these, eight (17%) of the hospitals reported a total of 11 vacancies for full-time dietary administrative staff. Two of these vacancies were in hospitals of less than 400 beds. No vacancies for part-time dietary administrative staff were reported.

The 1975 projected needs for additional dietary administrative staff, as reported by the 48 (96%) hospital administrators who did respond to this question, totaled 28 full-time and seven part-time positions. Of the estimates for full-time positions, four (14%) would be needed in large hospitals (400 beds or more) and 24 (86%) would be available in smaller hospitals (less than 400 beds). For the part-time positions, only one (14%) would be needed in a large hospital whereas six (86%) would be available in smaller hospitals.

Although these data are extremely limited, it appears likely that, for the next year or two at least, individuals seeking employment in the field of hospital food service administration in Michigan will find more job opportunities in hospitals of less than 400 beds than in hospitals of 400 or more beds.

Contract Food Management
Company Services

The opinions of hospital administrators regarding contract food management services were sought. Three questions were posed:

- a. If your food service department is now operated by a contract food management company, why were the services of an outside firm employed?
- b. If your hospital formerly employed a contract food management company but your food service department is now hospital-operated, why were the services of the outside firm discontinued?
- c. From your experience as a hospital administrator how would you rate the services generally provided by contract food management companies?

The survey participants were given a variety of response options for each question and asked to indicate as many as applied to their respective institutions. The options provided are shown in Part III of the questionnaire, page 124 in Appendix A.

Employment of contract food management companies.--

Only 15 (31%) of the 50 administrators answered the question requesting information as to why the services of a contract food management company had been employed. All respondents were administrators of hospitals of less than 400 beds. The reasons most often given were: (a) to reduce department operating costs, nine (60%); (b) dissatisfied with the managerial competence of the former director, eight (53%); (c) unable to employ a qualified person to

manage the department, four (26.6%); and (d) to minimize the responsibility and involvement of the hospital administrator in the daily operational problems of the food service department, four (26.6%). Four other reasons were each given by one administrator: (a) to improve quality of service; (b) support personnel; (c) continuity in service; and (d) expansion of department.

Discontinuation of contract food management company services.--Of the 12 administrators (24%) that responded to the question concerning discontinuation of contract food management company services, five (42%) reported that the services were too expensive and the contracts were not renewed by the hospital. Four (33%) of the respondents felt that the contract firms did not provide adequate nutritional services. The next most frequently mentioned reasons were: (a) the quality of food service was sub-standard, three (25%) and (b) the firm employed did not fulfill the terms of the contract, three (25%). One administrator reported that the contract company excelled in only one area--purchasing--therefore their services were discontinued. All of the responding administrators were from hospitals of less than 400 beds.

Rating of services provided by contract food management companies.--Forty (80%) administrators responded to the question requesting their overall rating of contract food

management company services. Eighteen (45%) of those reporting indicated that, in general, the services of such firms were either comparable to or significantly better than hospital-operated services: four (10%) felt that the services were comparable to most hospital-operated departments and significantly less costly; nine (22.5%) reported that the services were comparable to most hospital-operated departments, but more costly; and five (12.5%) believed that the services were significantly better than most hospital-operated departments. Eight (20%) of those completing this question indicated that qualitatively the services of contract companies were inferior to most hospital-operated departments (seven administrators of hospitals of less than 400 beds and one administration of 400 or more beds). Since 14 (35%) of the respondents had had no experience with contract food management companies, they felt they were unable to make the assessment requested. Ten (20%) of the survey participants were not willing to express their opinions on this topic.

The Hospital Food Service Director:
Essential Qualifications

Opinions of survey respondents regarding the essential qualifications for a hospital food service director were sought in the following five areas: (a) the five most important managerial competences and the five most important personal traits and skills for a hospital food service director; (b) the most desirable professional

background and experience; (c) the minimum level of formal academic training needed; (d) the minimum amount of work experience essential for this position; and (e) the areas of competence that most professionally-trained dietitians lack that tend to disqualify them for administrative positions in most hospital dietary departments.

Managerial competences and personal skills.--

Responses to the open-end questions that requested the respondents' opinions concerning the five most important managerial competences and the five most important personal traits and skills are detailed in Tables 22 and 23. For ease in reporting, managerial competences (Table 22) have been divided into two groups--administrative skills and technical knowledge and skills.

In the area of administrative skills, the one most frequently mentioned was organization and coordination (30 or 60%). The remaining administrative skills in descending order of frequency of mention were: planning, 21 (42%); motivation and leadership, 15 (30%); problem solving and decision making, 14 (28%); delegation, 10 (20%); follow through, six (12%); controlling, six (12%); and directing, four (8%). Only two aspects of technical knowledge and skills were listed by more than 50 percent of the respondents--financial management, 27 (54%) and human relations skills, 26 (52%). Six other areas of

TABLE 22.--Managerial Competences Essential for the
Hospital Food Service Director as Perceived
by Hospital Administrators: Frequency Distribu-
tion in Relationship to Hospital Size.

Managerial Competences	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
<u>Administrative Skills</u>				
Organization and Coordination ^b	22	7	30	60
Planning	15	6	21	42
Motivation and Leadership	11	4	15	30
Problem Solving and Decision Making ^b	9	4	14	28
Delegation ^b	7	2	10	20
Follow through	6	-	6	12
Controlling	5	1	6	12
Directing	3	1	4	8
<u>Technical Knowledge and Skills</u>				
Financial Management	23	4	27	54
Human Relations	23	3	26	52
Purchasing and Storeroom	13	1	14	28
Personnel Management ^b	10	1	12	24
Diet Therapy ^b	7	1	9	18
Production Management	7	1	8	16
Labor Relations	4	2	6	12
Teaching and Training	3	-	3	6

^aN = 50 (100-400 beds = 41; 400+ beds = 9).

^bOne respondent did not give hospital size.

TABLE 23.--Personal Traits and Skills Essential for the
Hospital Food Service Director as Perceived by
Hospital Administrators: Frequency Distribution
in Relation to Hospital Size.

Personal Traits and Skills	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Communication (written and oral) ^b	22	5	28	56
Creative balance	7	2	9	18
Congenial ^b	5	3	9	18
Good appearance	7	1	8	16
Loyalty and honesty	4	4	8	16
Sense of fairness	6	1	7	14
Self-confidence ^b	4	1	6	12
Self-actualizing	5	1	6	12
Initiative	6	-	6	12
Integrity	2	3	5	10
Tactfulness	3	1	4	8
Stability	4	-	4	8
Professional in manner	3	1	4	8
Objective	2	2	4	8
Detail-oriented	3	-	3	6
Good health	2	1	3	6
Intelligence	1	2	3	6
Industrious	1	1	2	4
Dependable	1	1	2	4
Desire to serve	2	-	2	4
Consistency	1	1	2	4
Goal oriented	1	1	2	4
Humility	1	1	2	4
Willingness to accept criticism	2	-	2	4

^aN = 50 (100-400 beds = 41; 400+ beds = 9).

^bOne respondent did not give hospital size.

technical knowledge and skills were listed by 28 percent or less of those reporting. The range of response frequency for these was from 14 (28%) to three (6%) (see Table 22).

The administrators offered 24 personal traits and skills they felt were essential for a director of hospital food services. Only one trait was listed by more than 50 percent of the respondents--communication, written and oral, 28 (56%). The remaining 23 traits reported by 18 percent or less of the survey respondents had a range of response frequency from nine (18%) to two (4%) (see Table 23).

Professional background and experience.--A

registered ADA dietitian with a general background was considered by 18 (36%) of the administrators to be the most desirable professional background for a director of hospital food services (Table 24). Formal academic training and experience in hotel, restaurant and institutional management or a registered ADA dietitian with an administrative background were each considered by 12 (24%) of the respondents to be the most desirable professional background. Four other types of professional background were thought to be most desirable by eight (16%) of the administrators. The frequency of mention for each of these is detailed in Table 24.

TABLE 24.--Most Desirable Professional Background for a Director (Manager) of a Hospital Food Service Department as Perceived by Hospital Administrators: Frequency Distribution in Relationship to Hospital Size.

Professional Background	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Registered ADA dietitian, general ^b	15	2	18	36
Formal academic training and experience in hotel, restaurant and institutional management	10	2	12	24
Registered ADA dietitian, administration	8	4	12	24
Hotel, Restaurant and Institutional Management degree plus Nutrition	2	1	3	6
Certificate from a food service administration program and experience in the field	2	-	2	4
Business administration	2	-	2	4
Food service administration in the armed services	<u>1</u>	<u>1</u>	<u>1</u>	<u>2</u>
TOTAL	40	9	50	100

^aN = 50

^bOne respondent did not give hospital size.

Minimum level of academic training.--As shown in Table 25, the bachelor degree was considered the most desirable minimum level of academic training for the director of the food service department by 37 (74%) of the administrators reporting. This was the overwhelming choice regardless of hospital size (76% of the administrators of hospitals of less than 400 beds; 78% of the administrators of hospitals of 400 or more beds). The response frequencies of the remaining preferences were: more than a high school diploma but less than a college degree, six (12%);

TABLE 25.--Most Desirable Minimum Level of Academic Training for a Hospital Food Service Director (Manager) as Perceived by Hospital Administrators: Frequency Distribution in Relationship to Hospital Size.

Academic Level	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Experience only	1	-	1	2
High school diploma plus special training	3	-	3	6
More than high school diploma but less than a college degree	5	1	6	12
Bachelor degree ^b	29	7	37	74
Advanced degree	<u>-</u>	<u>1</u>	<u>1</u>	<u>2</u>
TOTAL	38	9	48	96
No response given	2	-	2	4

^aN = 50

^bOne respondent did not give hospital size.

experience only one (2%) and advanced degree, one (2%). Two respondents (4%) declined to offer their opinions on this question.

Minimum amount of work experience.--As shown in Table 26, the minimum amount of work experience considered essential for the hospital food service director by 34 (68%) of the administrators ranged from three to five years or more. Based on hospital size, administrators of smaller hospitals (less than 400 beds) favored three to four years (42%) whereas administrators of larger hospitals (400 beds or more) preferred five years or more (67%). Thirteen (26%) indicated one to two years as minimum. One respondent was unwilling to set a minimum. Ninety-six percent of the survey participants answered the question.

Areas of competence dietitians lack.--Only 43 (86%) of the administrators answered this question and, of these, two indicated they were unable to answer the question adequately. Seven survey participants declined to express their opinions on this subject. According to the hospital administrators reporting, to manage hospital dietary departments successfully, professionally-trained dietitians need (a) additional training in six areas of administrative skill and eight areas of technical knowledge and skill, and (b) must improve three personal traits and skills (see Table 27).

TABLE 26.--Minimum Amount of Work Experience Considered Essential for Employment as Director (Manager) of a Hospital Dietary Department as Perceived by Hospital Administrators: Frequency Distribution in Relationship to Hospital Size.

Years of Experience	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
5 years and over	11	6	17	34
3-4 years	16	1	17	34
1-2 years ^b	10	2	13	26
No set minimum	1	-	1	2
TOTAL	38	9	48	96
No response given	2	-	2	4

^aN = 50

^bOne respondent did not give hospital size.

In administrative skills, the following areas of incompetence were cited: ability to relate to other departments and professionals (8, 16%), ability to motivate and lead (5, 10%), ability to organize and coordinate (4, 8%), ability to delegate (3, 6%), willingness to accept administrative responsibilities (3, 6%), and ability to make decisions and solve problems.

Financial management, human relations, personnel management, purchasing, and production management were the five areas of technical knowledge and skills that a high proportion of the survey respondents felt professionally-trained dietitians frequently lack. Three other areas that

TABLE 27. Areas of Competence that Most Professionally-Trained Dietetians Lack as Perceived by Hospital Administrators: Frequency Distribution in Relationship to Hospital Size.

Areas of Incompetence	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
<u>Administrative Skills</u>				
Ability to relate to other departments and professionals	6	2	8	16
Motivation and leadership	4	1	5	10
Organization and coordination	3	1	4	8
Delegation	3	-	3	6
Willingness to accept administrative responsibilities	3	-	3	6
Decision making and problem solving	2	1	3	6
<u>Technical Knowledge and Skills</u>				
Financial Management ^b	13	2	16	32
Human Relations	11	2	13	26
Personal Management	9	2	11	22
Purchasing	8	2	10	20
Production Management	7	2	9	18
Labor Relations	1	1	2	4
Data Processing ^b	1	-	2	4
Department Sanitation	1	-	1	2
<u>Personal Traits and Skills</u>				
Communication (written and oral)	2	-	2	4
Creativity	1	-	1	2
Aggressiveness	1	-	1	2

^aN = 50 (100-400 beds = 41; 400+ beds = 9).

^bOne respondent did not give hospital size.

were reported by a few administrators were labor relations, data processing, and department sanitation.

The hospital administrators reported only three personal traits that professionally-trained dietitians lack: oral and written communication, creativity and aggressiveness. Incompetence in these areas were cited only by survey respondents in hospitals of 400 beds or less.

Recruitment of a Hospital
Food Service Director (Manager)

Hospital administrators were requested to provide information regarding two facets of recruitment: (a) the means they would most likely use in searching for a director (manager) of their hospital food service department, and (b) the most usual problems they have encountered when searching for such a person.

Recruitment means.--The recruitment means used by the hospital administrators surveyed in searching for a director (manager) for their food service department are summarized in Table 28. Fourteen means were reported and, of these, four were used by more than 50 percent of the respondents: college and university placement offices, 26 (52%); post a position-available announcement in professional journals, 30 (60%); poll professional colleagues for potential leads, 31 (62%); and professional journal advertisements (situation wanted), 34 (68%).

TABLE 28.--Recruitment Means Used by Hospital Administrators:
Frequency Distribution in Relationship to Hospital
Size.

Recruitment Means	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
College and University Placement Office ^b	22	3	26	52
Post a Position- Available Announcement in Professional Journal	25	5	30	60
Poll Professional Colleagues for Potential Leads	26	5	31	62
Professional Journal Advertisement (situation-wanted) ^b	27	6	34	68
Poll Current Hospital Dietary Staff for Potential Applicants	11	5	16	32
Area Newspaper Advertisement (situation-wanted)	14	3	17	34
Post a Position-Available Announcement in Area Newspaper	13	5	18	36
Private Employment Agency ^b	18	2	21	42
College and University Professors	7	2	9	18
Public Employment Agency	4	-	4	8
Area Dietetic Association	1	-	1	2
Other Dietary Managers	1	-	1	2
Sales Representative	1	-	1	2
Area Hospital Council	1	-	1	2
No response given	1	-	1	2

^aN = 50

^bOne respondent did not give hospital size.

Thirty-two to 42 percent of the respondents indicated that they would be apt to poll current hospital dietary staff for potential leads, 16 (32%); to use "situation-wanted" advertisements in area newspapers, 17 (34%); to post a "position-available" announcement in the area newspaper(s), 18 (36%) and/or contact a private employment agency, 21 (42%). Only nine (18%) indicated they would contact College/University professors to find potential candidates. Only a few administrators reported they would contact public employment agencies, four (8%); the area dietetic association, one (2%); other dietary managers, one (2%); sales representatives, one (2%); and the area hospital council, one (2%).

The administrators were also asked to indicate which of these means they felt were most apt to help them find qualified applicants. Opinions on this point varied among respondents and some were reluctant to express their views on this matter. Responses from those who were willing to reveal their judgments are reported in rank order (most to least) according to frequency of mention (Table 29).

Problems encountered.--Eight recruitment problems were listed by hospital administrators and are detailed in Table 30. Only one problem was reported by more than 50 percent of the respondents--finding professionally qualified applicants. Nine (18%) of the respondents had had no

TABLE 29.--Recruitment Means Effectiveness: Opinions of Hospital Administrators (Rank Order-Most to Least-According to Frequency of Mention).

Recruitment Means	Frequency of Mention (No.)	Total Group ^a (%)
Private Employment Agencies	10	20
Post a Position-Available Announcement in Professional Journal	8	16
Post a Position-Available Announcement in Area Newspaper	7	14
Poll Professional Colleagues for Potential Leads	7	14
Professional Journal Advertisements (situation-wanted)	6	12
College and University Placement Offices	5	10
Area Newspaper Advertisements (situation-wanted)	4	8
Poll Current Hospital Dietary Staff for Potential Applicants	4	8
College and University Professors	2	2
Public Employment Agencies	1	1

^a_N = 50

TABLE 30.--Recruitment Problems Encountered by Hospital Administrators: Frequency Distribution in Relation to Hospital Size.

Recruitment Problems	Hospital Size (beds)		Total Group ^a	
	100-400	400+	No.	%
Finding professionally qualified applicants ^b	24	4	29	58
Finding qualified applicants willing to assume the extent of responsibility inherent in the position ^b	12	4	17	24
Meeting salary level requirement of applicant ^b	7	1	9	18
Geographic location	6	2	8	16
Meeting work hour demands of applicants	2	4	6	16
Employee fringe benefits which are offered by the hospital are somewhat less than available from competitors	3	2	5	10
Supplied by Management Company	1	-	1	2
Physical Structure of Building	1	-	1	2
No experience	6	3	9	18
No problems	-	2	2	4
No response given	2	-	2	4

^aN = 50 (100-400 beds = 41; 400+ beds = 9).

^bOne respondent did not give hospital size.

experience in searching for a director of hospital food service and two (4%) stated they had had no problem in this regard. Two (4%) did not respond to this question.

Responses received regarding which of the problems cited are or have been the most difficult were very limited. Among the 13 (26%) who were willing to answer this part of the question, eight indicated finding professionally qualified applicants, four stated geographic location of the hospital, and one mentioned meeting the salary level requirements of the applicants.

Part B: Contract Food Management
Company Officials

Personal interviews were conducted with administrative officials of six contract food management companies with accounts in Michigan. However, the data herein reported cover only four of the management companies selected for study because one company did not have hospital accounts in Michigan and the interview with the administrative official of a second company was abruptly discontinued due to unforeseen company activities requiring immediate attention by the interviewee.

The findings from the four food contract management companies are presented in the sequence used in the design of the interview guide (Appendix B). For consistency in reporting, individual companies and their respective

administrative officials are referred to by the same alphabetical code, A, B, C, and D.

The Study Participants

Descriptively, the present position titles of the four executives interviewed are Personnel Manager, Market Personnel Director, Manager of Operations, and Executive Vice President. The Personnel Manager and the Market Personnel Director have similar assignments in that they are directly responsible for the selection, placement and administrative development of hospital food service directors. The other two company officials--the Manager of Operations and the Executive Vice President--are responsible for a broader range of operational activities. In each case, however, the management of personnel for their hospital accounts is one of their designated administrative responsibilities.

The professional profiles of the interviewees are detailed in Table 31. Current position titles have been excluded in order to maintain anonymity of the respondents. Three basic characteristics are included: (a) educational background; (b) area of professional specialization; and (c) professional employment history.

Inquiries were made into two aspects of the educational background of each participant--the highest formal educational level attained and the area(s) of specialization.

TABLE 31.--Professional Profiles of Interviewees from Four Contract Food Management Companies with Michigan Hospital Accounts.

Characteristics	Food Management Company			
	A	B	C	D
<u>Educational Background</u>				
Degree Earned (highest)				
Bachelor Degree	X	X	X	X
Post Graduate Courses not ending in Master Degree	-	X	-	-
<u>Area of Specialization</u>				
Economics	X	-	-	-
Personnel Management	-	X	-	-
Pre-medicine	-	-	X	-
Hotel, Restaurant and Institution Management	-	-	-	X
<u>Employment History</u>				
Years in Present Position	7	3	3	½
Years in Food Service Field	16	3	12	18
<u>Previous Food Service Experience</u>				
<u>College Accounts</u>				
Assistant Food Service Dir.	X	-	-	-
Food Service Director	X	-	X	X
<u>Hospital Accounts</u>				
Assistant Food Service Dir.	-	-	X	X
Food Service Director	-	-	X	X
<u>Central Office</u>				
Personnel Manager	X	-	-	-
Director of Hospital and Nursing Home Accounts	-	-	X	-
Vice President	-	-	-	X

As shown in Table 31, all had earned a bachelor's degree but, in each case, the area of specialization differed. Courses beyond the bachelor's degree, but not ending in a master's degree, had been completed by only one of the interviewees.

Information regarding the employment history of the administrative officials focused on three aspects--the number of years each has been in his present position, the total number of years each has been employed in the food service field, and the types of food service positions previously held.

The length of time these administrative officials have been in their present positions varied from six months to seven years. Executives A, C, and D have been in the food service field for 16, 12, and 18 years, respectively, and each has held either three or four other positions in the field previous to his present position. Former field positions held by these executives included Assistant Director and/or Director of Food Service in college and/or hospital accounts. Previous central office positions included Personnel Manager, Director of Hospital and Nursing Home Accounts, and Vice President for executives A, C, and D respectively. The administrative official from company B has been in the field of food service for three years as Personnel Manager. This position is his only area of experience in the food service field.

Operational Characteristics

Operational characteristics of the four contract food management companies surveyed included: (a) types of Michigan establishments for which they currently provide food management services; (b) number of years that the company has been in the hospital contract food management business; (c) number of hospital accounts and approximate facility sizes; (d) types of management services provided; (e) commissary operations; (f) vending services; (g) purchasing and delivery policies; and (h) descriptive information pertaining to the dietary personnel associated with the hospital accounts.

Types of establishments served.--Food management services are contracted with five types of Michigan establishments. As shown in Table 32, all of the companies studied provide food management services to hospitals and to nursing homes. Business and industry accounts are serviced by companies A, B, and D. Only companies A and D have food management accounts in colleges and universities and company B services an elderly nutrition program in metropolitan Detroit.

Years in the hospital food management business. Of the companies studied, companies A and C have had hospital accounts for eight years, company B for 13 years and company D for 16 years. Because of the relative stability

TABLE 32.--Types of Michigan Establishments Served.

Facility Type	Food Management Company			
	A	B	C	D
Hospitals	X	X	X	X
Nursing Homes	X	X	X	X
Business/Industry	X	X	-	X
College/Universities	X	-	-	X
Elderly Nutrition Program	-	X	-	-

of these companies it is reasonable to expect that the opinions of the executives interviewed regarding the essential qualifications of hospital food service directors (managers) should be fairly representative.

Number of Michigan hospital accounts.--The number of hospital dietary departments which each of these companies manage are listed according to facility size in Table 33. Among the companies studied, there is a total of 26 accounts and, of these, 21 (81%) of the accounts are in hospitals with a capacity of 100-299 beds. Only three accounts (11%) are in facilities with 300-499 beds and only two accounts (8%) are in hospitals with less than 100 beds. None of the companies studied have contracts with hospitals of 500 or more beds.

Within the limits of these data it appears that in Michigan, 100-299 bed hospitals are more likely to employ

TABLE 33.--Number of Michigan Hospital Food Service Accounts.

Facility Size	Food Management Company				Total Group ^a	
	A	B	C	D	No.	%
Less than 100 beds	0	0	1	1	2	8
100-299 beds	10	1	9	1	21	81
300-499 beds	0	0	3	0	3	11
500 or more beds	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
TOTAL	10	1	13	2	26	100

the services of outside management companies to operate their dietary departments than are hospitals of less than 100 beds or more than 300 beds.

Types of management services provided.--The four companies under study provide total food service management to all their Michigan hospital accounts. Company C also has a specialized purchasing service, which is available to selected accounts in Michigan. However, in the opinion of the official from Company C, providing only specialized services usually presents many problems, especially if the food service director (manager) of the operation feels insecure and fails to cooperate fully. For this reason their specialized services are neither advertised nor encouraged. Where such contract arrangements do exist they usually are an accommodation requested

by the client rather than a business solicitation by the food management company.

Commissaries.--Only two of the companies surveyed, B and D, operate commissaries in Michigan and supply food to their hospital accounts from them. Company B has only one hospital account in Michigan and delivers 100 percent of the food to this account fully-prepared and in bulk containers. The commissary of company D provides only food items for vending to its Michigan hospital accounts.

Vending services.--Vending services are provided to Michigan hospitals by all companies studied. Management company A sub-contracts all of its service requirements from a vending firm whereas company C contracts part of its vending needs to an outside company but also prepares certain food items for vending in the kitchens of its hospital accounts.

Companies B and D do not sub-contract for vending services. Instead, they supply their hospital accounts wholly or in part, from their own commissaries. Company B delivers 100 percent of the food for vending services from their commissary. The commissary of company D supplies only certain food items for vending use and the remaining items are prepared on the hospital premises. Food prepared and packaged for vending by hospital employees is dispersed through the general merchandiser. Types of menu

items prepared and packaged on the hospital premises are hot entrees, hot and cold sandwiches, salads, and desserts. Other items available from the general merchandiser usually include fruits, fruit and vegetable juices, and milk.

Purchasing and delivery policies.--A combination of centralized and decentralized purchasing is used by all companies surveyed. The central office of each company issues an authorized vendor's list to be used by the hospital food service director. However, if the director is unable to procure specific items from the company's approved vendors, he is permitted to obtain them from other suppliers. In all cases, food and non-food items are delivered to each account directly from and by the vendors.

Hospital dietary employment practices and needs.--The types of hospital dietary workers employed by each of the contract food management companies surveyed are summarized in Table 34.

Among companies, employment of hospital dietary workers ranged from employing only the food service director to employing the total dietary staff. All companies reported employing the food service director at 100 percent of their hospital accounts. Companies A, B,

TABLE 34.--Employment of Hospital Dietary Employees by Contract Food Management Companies.

Types of Workers	Food Management Company Accounts							
	A		B		C		D	
	No.	% ^a	No.	% ^a	No.	% ^a	No.	% ^a
Food Service Director	10	100	1	100	13	100	2	100
Asst. Food Service Director	10	100	1	100	13	100	0	
Food Service Supervisor	8	80	0		6	46	0	
Therapeutic Dietitian	10	100	1 ^b	100	6	46	0	
Total Dietary Staff	8	80	0		3	23	0	

^aPercentage of total hospital accounts

^bShared dietitian.

and C also have all of the assistant food service directors at their accounts on their payrolls. Company employed food service supervisors was the general practice of companies A and C only. In both cases, however, this did not hold true for all of their accounts. It is conceivable that this level of administrative staff was either not necessary or not economically feasible in relationship to the size of the contracted facility.

Therapeutic dietitians are employed in varying degrees by the companies--in 100% of the accounts of companies A and B, in 46% of company C's accounts and in none of the accounts of company D. Only companies A and C have the total dietary staff of some of their accounts on their payroll (eight or 80% of A's accounts and three or 23% of C's accounts). The administrative official from company A favors employing the total dietary staff because he feels that employee loyalties lie with the source of their income. In contrast, company C's administrative official is not in favor of employing the total dietary staff because he feels employee discontentment can result from a company's inability to provide fringe benefits comparable to those provided other employees at the same hospital.

Among the 26 accounts serviced by the four companies, the number of years that the food service directors have served in this position ranged from three to ten years. The number of years that each of these individuals have served in other positions within their respective companies was not included in this survey.

Findings relative to the professional background and previous work experience of the 26 directors revealed that formal academic training in hotel, restaurant and institution management (with little or no background in nutrition) had been acquired by 16 of the food service directors. Only two of the 26 directors were registered

dietitians. All of interviewees stated that professionally-trained dietitians generally do not show an active interest in administrative positions, especially as food service directors. Three of the directors had earned certificates from food management programs and had previously had a few years of administrative experience in the food service field. Experience in the armed services in food service administration was the professional background for three directors and the remaining two had educational background and experience in business administration.

In all companies central office staff members are usually recruited from company employees assigned to field accounts. Professionally trained dietitians are on the central office staff of all of the companies studied. Dietitians primarily responsible for coordinating the activities of therapeutic dietitians at the accounts have the following position titles: Consulting Dietitian, Director of Research and Development, and Staff Dietitian. Some central office staff dietitians are also responsible for coordinating administrative activities. Titles and major responsibilities of these persons are: Director of Menu Development, Director of Nursing Homes, Coordinator of Nursing Home Accounts (all activities), and Supervising Dietitian, responsible for training employees and reviewing policies and activities in each account to ensure compliance with company procedures and standards.

Administrative officials from the companies surveyed reported that they were constantly seeking qualified food service directors, but at the time of this survey (January-February, 1974) only two companies actually had vacancies. Company C was searching for two full-time directors and company D was seeking one full-time director. These executives were very optimistic about the growth potential in Michigan hospitals for contract food management services. Collectively they projected a need for 54 full-time administrative personnel for their hospital accounts by 1975. Among the four companies studied their projected needs ranged from three to 30.

The Hospital Food Service
Director: Essential
Qualifications

Opinions of company officials regarding the essential qualifications for a hospital food service director were sought in the following areas: (a) the five most important managerial competences and the five most important personal skills for a hospital food service director; (b) the most desirable professional background and experience for the position; (c) the minimum level of formal academic training needed; (d) the minimum amount of work experience essential for this position; and (e) the areas of competence that most professionally-trained dietitians lack that tend to disqualify them for administrative positions in most hospital dietary departments.

Managerial competences and personal skills.--

Responses to an open-end question that requested the officials' opinion concerning the five most important managerial competence and the five most important personal traits are shown in Table 35. Technical knowledge and skills and one administrative skill, organization and coordination, were listed unanimously. Two other administrative skills were also reported: motivation and leadership by executives A and B, and delegation by official D. Fifteen personal traits were reported by the officials as being important. Only five of these traits were reported by more than one executive: established personal goals, perseverance, neat appearance, intelligence, and communication skills (oral and written).

Professional background and experience.--Formal

academic training and experience in hotel, restaurant and institution management was considered the most desirable background for hospital food service directors by officials from companies B and D. Administrative official A preferred individuals with specialization in business administration and official C favored an ADA registered dietitian with major emphasis in administrative dietetics.

Minimum level of academic training and experience.--

Three of the officials--A, B, and D--considered a bachelor's

TABLE 35.--Managerial Skills and Personal Traits Essential for the Hospital Food Service Director as Perceived by Interviewees from Four Contract Food Management Companies.

Characteristics	Food Management Company			
	A	B	C	D
<u>Administrative Skills</u>				
Organization and Coordination	X	X	X	X
Motivation and Leadership	X	X	-	-
Delegation	-	-	-	X
<u>Technical Knowledge and Skills</u>				
Administrative Management	X	X	X	X
Financial Management	X	X	X	X
Production Management	X	X	X	X
Marketing Management	X	X	X	X
Purchasing and Storeroom Management	X	X	X	X
Equipment and Space Management	X	X	X	X
Personnel Management	X	X	X	X
Human Relations Skills	X	X	X	X
<u>Personal Traits</u>				
Established personal goals	-	X	X	X
Perseverance	X	X	-	-
Well groomed and neat	-	X	-	X
Intelligence	-	X	X	-
Excellent communication skills	-	X	-	X
Job interest	-	-	-	X
Enthusiasm	-	-	-	X
Creative	-	-	X	-
Detail oriented	-	X	-	-
Industrious	X	-	-	-
Aggressiveness	-	-	X	-
Self-discipline	-	-	-	X
Loyalty and honesty	-	-	X	-
Reliability	X	-	-	-

degree the minimum level of formal academic training essential for employment as a hospital food service director. Executive C did not have a minimum level of formal academic training, but did require several years experience in food service administration. He felt that, at the present time, there are not enough qualified people in the job market to be too selective. Even though the other executives indicated the bachelor's degree as the most desirable minimum level of academic achievement they also employed directors without a bachelor's degree. All interviewees considered two years in a stressful administrative position the minimum amount of work experience essential for employment as a director of a hospital food service department.

Areas of competence dietitians lack.--According to the executives interviewed, areas of competence which professionally trained dietitians lack are leadership ability, organizational skills, accountability skills, ability to accept and cope with change, ability to maintain emotional stability under stress, and sufficient personal motivation to acquire the needed skills to attain management positions.

Recruitment of Hospital Food Service Directors

Information regarding two facets of recruitment were elicited from the administrative officials of the contract food management companies: the recruitment means

they would most likely use in searching for hospital food service directors and the problems they usually encounter during the search.

Recruitment means.--The recruitment means used by the officials interviewed in searching for food service directors for their Michigan hospital accounts are detailed in Table 36. These officials used 12 different recruitment means and, of these, considered three the most useful in trying to locate qualified applicants: private employment agencies, college and university placement offices, and referrals.

Problems encountered.--Three problems usually encountered by these administrative officials in searching for professionally-qualified directors for their Michigan hospital food service accounts are: (a) finding professionally-qualified applicants; (b) geographic location; and (c) single job orientation by dietitians. Executive A stated that most dietitians do not investigate potential employers in terms of career advancement possibilities, but are concerned only with the particular position for which they are applying.

TABLE 36.--Recruitment Means Used by Contract Food Management Company Officials Surveyed.

Recruitment Means	Frequency of Mention
Public Employment Agencies	2
Private Employment Agencies ^a	2
College and University Placement Offices ^a	2
College and University Professors	2
Professional Journal Advertisements (situations wanted)	3
Area Newspaper Advertisements (situations wanted)	1
Post a Position-available Announcement in professional journal	2
Post a Position-available Announcement in Area Newspapers	2
Poll Business Colleagues for Potential leads	1
Poll Current Hospital Dietary Staff for Potential Applicants	2
Company University Accounts	1
Referrals ^a	2

^aRecruitment means most useful in helping executives find qualified applicants.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

This study was concerned with determining the essential job qualifications that hospital dietary department directors must possess in order to operate the department effectively. Opinions were sought from two sources--hospital administrators and officials of contract food management companies. It was believed that (a) the opinions of these two main types of employers of hospital dietary directors would serve as a realistic basis for determining the specialized knowledge and skills needed by the competent hospital food service director, and (b) such knowledge would provide valuable insight for educators in the modification of professional training programs in Administrative Dietetics and would be useful in designing career ladders for practicing dietitians with interest in Administrative Dietetics.

The data gathering technique used for Part A of the survey was the mail questionnaire which consisted of open-end and fixed alternative questions. This research instrument solicited opinions from the administrators of one hundred non-governmental hospitals, located in the

lower peninsula of Michigan, with a bed capacity of one hundred or more.

For Part B of the study the opinions of officials of four contract food management companies operating in Michigan were obtained through personal interviews conducted by the researcher. A standardized interview guide consisting of both open-end and fixed alternative questions comparable to those presented to the hospital administrators contacted in Part A of the study was used.

The summarized data are presented in basically the same sequence as the items are listed in the survey instruments (see Appendix, Part A, p. 120, Part B, p. 128).

Summary of Mail Questionnaire Findings

Assessment of Response Representation

The 50 usable returned questionnaires were analyzed to determine the representation of returns to initial mailings and it was revealed that despite only a 50 percent response, the returns received were fairly representative of the initial mailing with respect to hospital size, community size, and region within the lower peninsula.

The Study Participants

1. The respondents to the mail questionnaire held thirteen different administrative titles. Of these, the largest percentage (42%) of respondents have the title of Assistant Administrator and the second largest percentage (32%) have the title of either Administrator or Director.

2. Seventy-two percent of the hospital administrators had earned an advanced degree in one of four areas: Hospital Administration (48%), Business Administration (16%), Liberal Arts (6%), and Law (2%). Eight different areas of specialization were reported but the majority (54%) of the respondents specialized in Hospital Administration.
3. Inquiries into the employment history of the administrators revealed that the majority were relatively new to the field of hospital administration and to their present positions: 64 percent had been in the field for 10 years or less and 92 percent had been employed in their present positions for 10 years or less.

Hospital and Dietary Department Operational Characteristics

1. Facility size as expressed in terms of average daily inpatient census, average daily outpatient census and total staff employed for the hospital and for the dietary department indicated considerable variation both within and among hospital size ranges for each of these operational characteristics.
2. The number of total dietary staff ranged from 17 to 325 and represented from 4.5 to 14.2 percent of the total hospital staff. In the area of professional dietary staff all responding hospitals had at least one full-time administrative staff member, but full-time therapeutic dietitians were not employed in some hospitals of less than 300 beds.
3. The hospital food service departments were predominantly (72%) hospital-operated and offered twelve different types of meal services.
4. Present Directors of hospital food service departments:
 - a. Persons responsible for the management of the hospital dietary department are full-time employees and generally have the position title of Food Service Director or Manager (46%) or Director or Manager of Dietary Services (22%).

- b. The majority (64%) of the food service managers had obtained a bachelor's degree and specialized in one of the following areas: general dietetics (28%), hotel, restaurant and institution management (20%); and administrative dietetics (12%).
 - c. The managers of dietary departments have had a considerable degree of experience in the food service field (64% have been in the field for 11 years or more) but have been in their present position for a much shorter period of time (74% for 10 years or less, and of these, 48% for five years or less).
 - d. American Dietetic Association affiliation was held by only 22 (44%) of the directors.
 - e. An overwhelming majority (90%) of the respondents gave the managers of their food service department a competence rating of average or better (28% excellent; 36% above average; 26% average and 2% below average).
 - f. When the competence ratings of managers were compared to professional classification the competence ratings for each category (excellent, above average, average) was shared nearly equally by ADA members and non-ADA members.
5. Only eight (17%) of the hospitals surveyed reported vacancies for dietary administrative personnel--11 full-time and 0 part-time. The 1975 projected needs for additional dietary administrative staff reported by administrators were 28 full-time and seven part-time positions. Thirty of the 35 projected positions were for hospitals of less than 400 beds.

Contract Food Management Company
Service

- 1. Fifteen (30%) administrators gave eight reasons for employing contract food management services but only two reasons were given by more than 50 percent of the responding administrators. Both of the reasons given indicate that the former directors of food services were inept in performing managerial tasks.

2. The reasons for discontinuing the services of contract food management companies given by 12 administrators (24%) basically fell into two categories: (a) services were too expensive, and (b) the quality of services was substandard.
3. The largest percentage (45%) of the administrators rated the services of contract food management companies as being either comparable to or significantly better than hospital-operated services.

The Hospital Food Service Director:
Essential Qualifications

1. The hospital administrators reported numerous managerial competences and personal traits and skills as being essential for the food service director. However, only four were reported by more than 50 percent of respondents: organization and coordination, 30 (60%); financial management, 27 (54%); human relation skills, 26 (52%); and communication skills, 28 (56%).
2. The administrators considered the following formal academic and experiential training to be essential for the food service director: (a) a bachelor's degree (74%); (b) 3-5 years or more experience (68%); and a professional background as a registered ADA generalist (36%).
3. Even though 41 (82%) of the respondents replied to the question regarding areas of competence that professionally trained dietitians lack, the frequency of mention for each area was low, 16 or less. The largest frequencies of mention were in the general category of technical knowledge and skills.

Recruitment Means

1. Fourteen recruitment means were used by the administrators in searching for a director of their food service department. Only four means were used by more than 50 percent of the administrators: college and university placement offices, 26 (52%); post a position-available announcement in professional journals, 30

(60%); poll professional colleagues for potential leads, 31 (62%); and professional journal advertisements (situation wanted, 36 (68%)).

2. The four most frequently mentioned recruitment means that the administrators felt were more apt to help them find qualified applicants were: private employment agencies, post a position-available announcement in a professional journal, post a position-available announcement in area newspapers, and poll professional colleagues for possible leads.
3. Finding professionally qualified applicants was the major recruitment problem encountered by the majority (58%) of the administrators in searching for a qualified director of food service.

Summary of Personal Interview Findings

The Study Participants

1. Descriptively the present position titles of the four executives interviewed are Personnel Manager, Market Personnel Director, Manager of Operations and Executive Vice President.
2. The four officials had all attained bachelor's degrees, but in each case, the area of specialization differed--economics, personnel management, pre-medicine, and hotel, restaurant and institution management.
3. The number of years that three of the officials had been in the field of food service was extensive: 16, 12, and 18 years. Each had held at least three other management positions in the field before occupying their present position. The fourth official had only been in the field for three years and his present position--Personnel Manager--is his only area of experience in the food service field.
4. The number of years that the officials have been in their present positions ranges from six months to seven years.

Operational Characteristics

1. Collectively the four contract food management companies provide total food service to five types of establishments in Michigan--hospitals, nursing homes, business/industry, colleges/universities, and elderly nutrition programs.
2. The number of years that the companies have been in the hospital food management business ranged from 8 to 13 years, thus indicating relatively stable establishments. Collectively they have only a total of 26 Michigan hospital accounts, with the majority (81%) of the accounts in hospitals with a bed capacity of 100-299 beds.
3. Only two of the companies surveyed operated commissaries in Michigan and supply food to their hospital accounts from them. One company delivers 100 percent of the food to their accounts fully-prepared and in bulk containers. The other company provides only food items for vending to its Michigan hospital accounts.
4. Vending services are provided to Michigan hospital accounts by all companies studied (frequently sub-contracted to outside firms).
5. A combination of centralized and decentralized purchasing is used by all companies surveyed. All companies have some food and non-food items delivered to each account directly from and by the vendor.
6. The employment of hospital dietary workers by contract food management companies ranges from employing the food service director (100% of total accounts) to employing the remaining dietary staff (42% of the total accounts). The food service directors employed by the company have been in their positions at least three years but not more than 10 years. Sixty-two percent have had formal academic training in hotel, restaurant, and institution management and the majority (93%) are not registered ADA dietitians.

7. Among the companies surveyed, only two had administrative dietary vacancies--two full-time directors for one company and one full-time director for the other, but collectively the projected needs of the four companies surveyed for full-time administrative personnel for their hospital accounts by 1975 was relatively high, 54 positions.

The Hospital Food Service Director:
Essential Qualifications

1. Only two areas of managerial competence and personal traits and skills were considered essential by all of the executives: the ability to organize and coordinate, and items included in the broad category of technical knowledge and skills.
2. The areas of formal academic and experiential training considered essential by the executives were: (a) formal training and experience in hotel, restaurant and institution management (50%); (b) a bachelor's degree (75%); and (c) two years experience in a stressful administrative position (100%).
3. According to the four executives interviewed, areas of competence which professionally trained dietitians lack are leadership ability, organizational skills, accountability skills, ability to accept and cope with change, ability to maintain emotional stability under stress, and sufficient personal motivation to acquire the needed skills to attain management positions.

Recruitment of a Hospital Food
Service Director

1. Twelve different recruitment means were used by the executives, but only three were considered to be most useful in helping them find qualified applicants: private employment agencies, college and university placement offices, and referrals.

2. Three problems usually encountered by officials in searching for professionally qualified directors for their Michigan hospital food service accounts are: finding professionally qualified applicants, geographic location, and single job orientation by dietitians.

Conclusions and Implications

Based on the findings from this very limited investigation, several situational factors appear to influence the management practices of food service departments in Michigan hospitals.

1. Although a high percentage of Michigan hospitals are retaining the responsibility of managing their dietary departments, they are, with increasing frequency, employing individuals with demonstrated competence in management related skills to direct the activities of their departments.
2. The role of administrative leadership in dietary departments in Michigan hospitals is no longer the nearly exclusive domain of professionally-trained dietitians. Hospital administrators and contract food management companies alike are searching for and selecting individuals to manage their dietary services primarily on the basis of experience and potential ability to manage the operation. Dietetic specialization and professional affiliation, although still held in high regard, are currently viewed as less important criteria than evidence of proven and/or potential effectiveness in managerial leadership.
3. Based on the response of hospital administrators and contract food management company officials, hospital administrators are more likely to select professionally trained dietitians to direct their food service departments than contract food management officials are.

4. Finding professionally-qualified applicants is the major concern of both types of employers. This problem has lead hospital administrators and contract food management company officials to seek employees from outside the field of dietetics.
5. If one's goal is to be a director of a dietary department, in hospitals of 400 beds or less one should: (a) be a registered dietitian with a general background, (b) have three years or more experience in the field, (c) be competent in management related skills, and (d) be willing to assume the extent of responsibility inherent in the position. In hospitals of 400 or more beds the professional background should be that of a registered dietitian with administrative specialization, five or more years experience and with the remaining qualifications the same as for the dietitian in hospitals of 400 beds or less.
6. The practice of employing contract food management firms to operate dietary departments in Michigan hospitals is not very extensive. When such contractual arrangements exist, they are predominantly associated with hospitals of 400 beds or less.

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APPENDICES

APPENDIX A

HOSPITAL ADMINISTRATORS

January 1974

Dear Hospital Administrator:

This questionnaire is a request for descriptive information about the dietary service practices at your hospital and for your views concerning: a) the essential qualifications for a hospital dietary service manager, and b) the major shortcomings of professional dietitians for administrative assignments in hospital food service.


Dissatisfaction with the managerial competence levels of professional dietitians has led some hospital administrators to employ outside food service management firms or independent managers to operate their dietary departments. This practice is of considerable concern to the profession of dietetics and to those responsible for designing and improving dietetic curricula in colleges and universities. If administrative dietitians are to attain and maintain competitive employment status, the present shortcomings of dietitians must be identified so that meaningful improvements in professional training programs can be effected.

Similar information is being requested from the administrators of one hundred Michigan hospitals. Responses from participating institutions should provide an overview of the professional skills essential to success in hospital dietary service management, enable us to identify the academic and experiential areas of our training programs which need modification and provide direction for improving our dietetic curricula at Michigan State University. It is hoped that you will consider this study of value and that you will complete the enclosed questionnaire. This questionnaire has been designed to take not more than fifteen minutes of your time.

Your cooperation in completing and returning the questionnaire by February 1 will be sincerely appreciated. A self-addressed envelope is enclosed for your convenience. If you do not wish to participate in our study, please return the unanswered form in the envelope provided.

Sincerely,


Gilbert A. Leveille, Ph.D.
Professor and Chairman


Grace A. Miller, Ph.D.
Professor, Food Service Management


Gatha Williams
Teaching Assistant

STUDY OF THE HOSPITAL FOOD SERVICE DIRECTOR - ESSENTIAL QUALIFICATIONS

Michigan State University, East Lansing
Food Science & Human Nutrition Dept., College of Human Ecology

PART I - THE RESPONDENT: THE HOSPITAL ADMINISTRATOR

1. YOUR ADMINISTRATIVE TITLE: _____
2. EDUCATIONAL BACKGROUND:
 - a. Earned Degrees: _____
 - b. Professional Specialization: (check all areas that apply)
____ (0) Human Medicine ____ (3) Hospital Administration
____ (1) Osteopathic Medicine ____ (4) Business Administration
____ (2) Nursing
____ (5) Other (please specify): _____

3. EXPERIENCE IN THE FIELD OF HOSPITAL ADMINISTRATION:
 - a. TOTAL years in the field: _____ (no.)
 - b. YEARS in present position: _____ (no.)

PART II - HOSPITAL & DIETARY DEPARTMENT:
OPERATIONAL CHARACTERISTICS

4. HOSPITAL:
 - a. PATIENT Census: Inpatients _____ (daily average)
Outpatients _____ (daily average)
 - b. TOTAL Hospital Staff: Professionals: _____ (total no.)
Support Personnel: _____ (total no.)
5. DIETARY DEPARTMENT:
 - a. TOTAL Dietary Staff: Administrative: full-time _____ (total no.)
part-time _____ (total no.)
Therapeutic: full-time _____ (total no.)
part-time _____ (total no.)
Employees: full-time _____ (total no.)
part-time _____ (total no.)
Volunteers: _____ (average no.)
 - b. Types of Meal Service Provided: (check as many as apply)
____ (0) patient tray
____ (1) cafeteria (hospital personnel only)
____ (2) cafeteria (open to public)
____ (3) coffee shop or snack bar
____ (4) dining room, table service (hospital personnel)
____ (5) dining room, table service (open to public)
____ (6) vending machines (hospital-operated)
____ (7) vending machines (outside contract firm)
____ (8) off-premise meal service
____ (9) OTHER (describe): _____

5. DIETARY DEPARTMENT (continued)

c. Type of Food Service Management: (check one)

- ☐ (0) Hospital-operated
☐ (1) Contract food service management company
☐ (2) Combination hospital-operated and contract firm

d. The Food Service Director (Manager) of YOUR Hospital:

(1) Position Title: _____

(2) Employment Status: ☐ (0) Full-time OR ☐ (1) Part-time

(3) Academic Background:

a. Degree(s) Earned: _____

b. Area(s) of Specialization: (check as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> (0) Dietetics-Administrative | <input type="checkbox"/> (4) Business Administration |
| <input type="checkbox"/> (1) Dietetics-Therapeutics | <input type="checkbox"/> (5) Hotel, Restaurant and
Institutional Management |
| <input type="checkbox"/> (2) Dietetics-General | |
| <input type="checkbox"/> (3) Home Economics-General | |
| | <input type="checkbox"/> (6) OTHER: _____ |

(4) Experience in Food Service Operation:

a. TOTAL number of years in food service field: _____ (approx.)

b. Number of years in present position: _____ (approx.)

(5) Professional Classification: (check one)

- | | |
|--|--|
| <input type="checkbox"/> (0) ADA Registered Dietitian | <input type="checkbox"/> (3) OTHER (describe): _____ |
| <input type="checkbox"/> (1) ADA Member (not registered) | |
| <input type="checkbox"/> (2) Not member of ADA | |

(6) Was your Food Service Director (Manager) promoted from within the dietary department?

☐ (0) Yes ☐ (1) No

(7) At the present time, how do you rate the managerial competence of YOUR Food Service Director (Manager)? (check one; additional comments welcomed)

- | | |
|--|-----------------|
| <input type="checkbox"/> (0) Excellent | COMMENTS: _____ |
| <input type="checkbox"/> (1) Above Average | _____ |
| <input type="checkbox"/> (2) Average | _____ |
| <input type="checkbox"/> (3) Below Average | _____ |
| <input type="checkbox"/> (4) Poor | _____ |

(8) Are you currently seeking professionally-trained employees for the administrative staff of YOUR food service department?

☐ (0) Yes ☐ (1) No

If Yes, how many vacancies do you have?

_____ Number Full-Time _____ Number Part-time

(9) In estimating YOUR projected needs, how many additional administrative staff will you need by 1975 for YOUR food service department?

_____ Number Full-time _____ Number Part-time

PART III - CONTRACT FOOD MANAGEMENT COMPANY SERVICES

6. If your food service department is now operated by a Contract Food Management Company, why were the services of an outside firm employed? (check as many as apply) If this question does not apply to your operation, skip to question 7.

- ☐ (0) Unable to employ a qualified person to manage the food service department, if operated by the hospital
- ☐ (1) Dissatisfied with the managerial competence of the former director/manager
- ☐ (2) To reduce departmental operating costs
- ☐ (3) To minimize the responsibility and involvement of the hospital administrator in the daily operational problems of the food service department
- ☐ (4) OTHER (describe briefly) _____

7. If your hospital formerly employed a Contract Food Management Company but your food service department is now hospital-operated, why were the services of the outside firm discontinued? (check as many as apply) If this question does not apply to your operation, skip to question 8.

- ☐ (0) Contracted services were too expensive
- ☐ (1) Quality of food services was sub-standard
- ☐ (2) Nutrition (therapeutic) services inadequate
- ☐ (3) Firm employed did not fulfill the provisions of the contract
- ☐ (4) Hospital could not fulfill demands of contractor
- ☐ (5) Contract not renewed by management firm
- ☐ (6) Contract not renewed by hospital
- ☐ (7) OTHER (describe briefly): _____

8. From YOUR experience as a Hospital Administrator, how would you rate the services generally provided by Contract Food Management Companies?

- ☐ (0) Significantly better than is currently possible if the department is hospital-operated
- ☐ (1) Comparable to most hospital-operated departments and significantly less costly
- ☐ (2) Comparable to most hospital-operated departments, but more costly
- ☐ (3) Qualitatively, their services are inferior to most hospital-operated departments
- ☐ (4) Unable to judge - no experience with their services

ADDITIONAL COMMENTS APPRECIATED:

PART IV - ESSENTIAL QUALIFICATIONS FOR A HOSPITAL FOOD SERVICE DIRECTOR

9. As a Hospital Administrator, what do you consider the FIVE most important managerial competences and the FIVE most important personal skills for a director (manager) of a hospital food service department? (please list)

Managerial

Personal

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

10. What do you consider the most desirable professional background for a director (manager) of a hospital food service department? (check one)

- ____ (0) Formal academic training and experience in hotel and restaurant management (little or no background in nutrition)
- ____ (1) Registered ADA dietitian with major emphasis in administrative dietetics
- ____ (2) Registered ADA dietitian with equal educational background and experience in nutrition and administration
- ____ (3) Earned certificate from a food service administrative program and a few years work experience in the field
- ____ (4) Food service administrative experience in the armed services
- ____ (5) OTHER (describe briefly) _____
- _____
- _____

11. What is the minimum level of formal academic training you consider essential for employment as director (manager) of a hospital dietary department?

12. What is the minimum amount of work experience you consider essential for employment as director (manager) of a hospital dietary department?

13. In your opinion, what areas of competence do most professionally-trained dietitians lack which tend to disqualify them for administrative positions in most hospital food service departments? (please list)

PART V - RECRUITMENT OF A HOSPITAL FOOD SERVICE DIRECTOR (MANAGER)

14. Which of the following recruitment means would you most likely use if you were searching for a director (manager) of YOUR hospital food service department? (check as many as apply, and then please star (**) those which, in your opinion, are most apt to help you find qualified applicants)

☐ (0) Public employment agencies
☐ (1) Private employment agencies
☐ (2) College and University placement offices
☐ (3) College and University professors
☐ (4) Professional journal advertisements (situations wanted)
☐ (5) Area newspaper advertisements (situations wanted)
☐ (6) Post a position-available announcement in professional journals
☐ (7) Post a position-available announcement in area newspapers
☐ (8) Poll professional colleagues for potential leads
☐ (9) Poll current hospital dietary staff for potential applicants
☐ (10) OTHER (describe briefly) _____

15. From your experience as an administrator, what are the most usual problems you have encountered in searching for a professionally-qualified director (manager) of a hospital food service department? (check all that apply, and then please star (*) those which are or have been the most difficult)

☐ (0) Geographic location
☐ (1) Meeting salary level requirements of applicants
☐ (2) Meeting work hour demands of applicants
☐ (3) Finding professionally-qualified applicants
☐ (4) Finding qualified applicants who are willing to assume the extent of responsibility inherent in the position
☐ (5) Employee fringe benefits which are offered by the hospital are somewhat less than available from competitors
☐ (6) OTHER (describe briefly) _____

SPECIAL NOTE TO RESPONDENTS:

If you would like to receive a copy of our summary report, fill in the information requested below and a copy will be forwarded to you when it is ready.

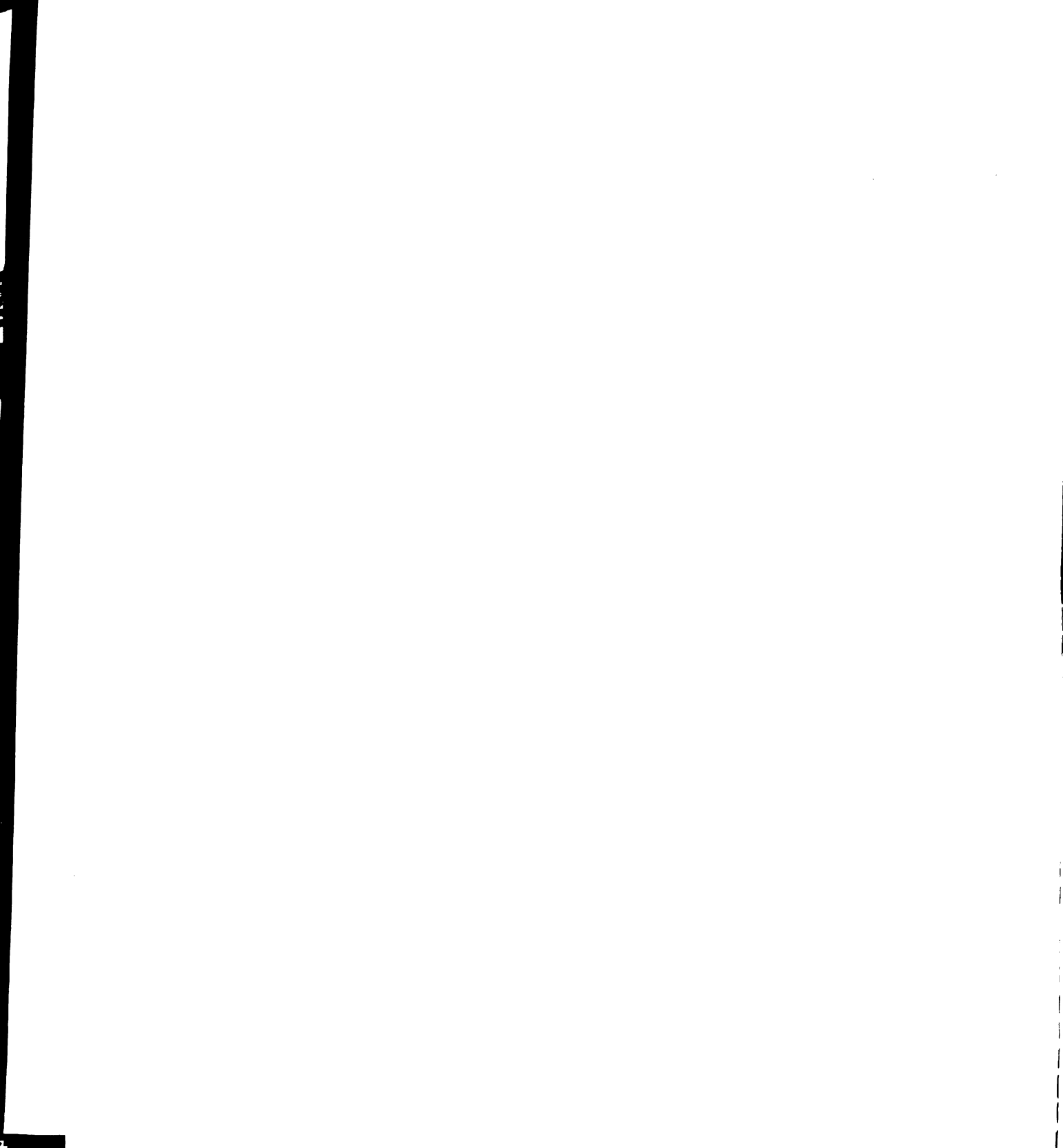
NAME: _____
TITLE: _____
ORGANIZATION: _____
NO. AND STREET: _____
CITY/ZIP CODE: _____

DEFINITION OF TERMS

FOR

STUDY OF THE HOSPITAL FOOD SERVICE DIRECTOR - ESSENTIAL QUALIFICATIONS

1. Hospital Administrator: The hospital administrator is the executive director of the hospital and the deputy of the Board of Trustees. His functions consist of all activities necessary to effectively direct and manage the affairs of the hospital.
2. Director of Hospital Dietary Department: The person who administers, plans, and directs activities of the department in a manner that facilitates the achievement of the department's foremost objective, the patients well-being and satisfaction. Establishes policies and procedures. Provides administrative direction to menu formulation, purchasing, food preparation and service, sanitation standards, safety, and personnel utilization. Is responsible for financial management; maintains a system of records for planning and control. Selects the professional dietary staff. Directs departmental programs of education. Coordinates interdepartmental professional activities and relationships. Serves as a consultant to management in matters relating to dietetics.
3. Independent Food Service Manager: A person who performs all the activities of the hospital dietary department director. The dietary manager's status of employment differs from that of other hospital employees in that the manager has a personal contract with the hospital.
4. Contract Food Management Company: Outside management firm that is employed by the hospital to operate the dietary department. The company provides total management for the department, but the hospital retains the right to establish dietary policy.
5. Administrative Staff: Department personnel whose function is to direct the activities of employees or operations within the framework of policy established by higher management.



MICHIGAN STATE UNIVERSITY

DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION

EAST LANSING • MICHIGAN • 48824

February 4, 1974

Dear Hospital Administrator: -


On January 15, a questionnaire requesting descriptive information about the dietary service practices at your hospital and your views concerning the essential qualifications for a hospital dietary service manager was mailed to you and one hundred other administrators of Michigan hospitals. The responses we have received thus far are encouraging, but, to date, we have not received a response from you.

We hope you will also consider our inquiry of value and complete and return our survey form as soon as possible. If, by chance, our earlier mailing did not reach you or has been mislaid, a duplicate questionnaire form and a pre-addressed return envelope are enclosed for your convenience. We hope to begin summarization and analysis of the study data during the third week in February, and we are anxious to include your views.

If your response has already been mailed, please disregard this letter and accept our sincere thanks for assisting with our study. If you do not wish to participate, please return the unanswered form.

Sincerely,


Gilbert A. Leveille, Ph.D.
Professor and Chairman

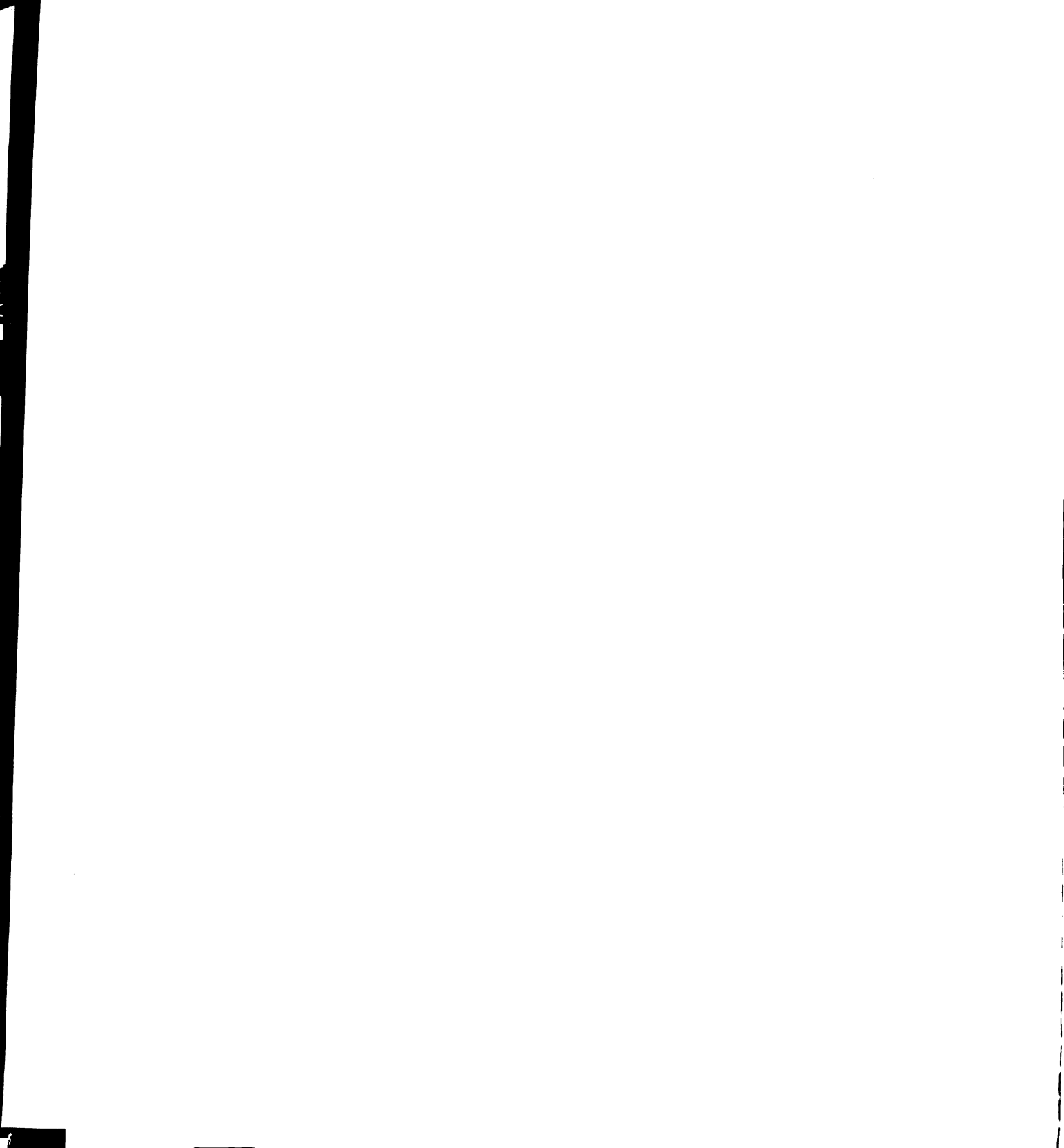

Grace A. Miller, Ph.D.
Professor, Food Service Management


Gatha Williams
Teaching Assistant

APPENDIX B

CONTRACT FOOD MANAGEMENT

COMPANY OFFICIALS



INTERVIEW GUIDE FOR CONTRACT FOOD COMPANY EXECUTIVES

STUDY OF THE HOSPITAL FOOD SERVICE DIRECTOR:

ESSENTIAL QUALIFICATIONS

PART I - THE RESPONDENT

First, I would like to know about your background.

1. WHAT IS YOUR ADMINISTRATIVE TITLE?

- ☐ (0) regional director
- ☐ (1) manager of hospital operations
- ☐ (2) vice president of operations
- ☐ (3) vice president and treasurer
- ☐ (4) vice president and general manager
- ☐ (5) director of technical services
- ☐ (6) other:

2. WHAT HAS BEEN YOUR HIGHEST FORMAL EDUCATIONAL ATTAINMENT?

- ☐ (0) high school graduate
- ☐ (1) attended college, but did not graduate
- ☐ (2) college graduate
- ☐ (3) dietetic internship
- ☐ (4) post-graduate courses not terminating in M.S. or M.A. degree
- ☐ (5) M.S. or M.A. or M.B.A. (circle one)
- ☐ (6) graduate courses beyond Masters, but not resulting in doctoral
- ☐ (7) doctoral -- Ph.D. or Ed.D. (circle one)
- ☐ (8) other

3. WHAT IS (ARE) YOUR AREA(S) OF PROFESSIONAL SPECIALIZATION?

- ☐ (0) hotel or restaurant administration
- ☐ (1) business administration
- ☐ (2) dietetics
- ☐ (3) other:

4. HOW MANY YEARS HAVE YOU WORKED IN THE FIELD OF FOOD SERVICE? ___yrs.

WHAT TYPES OF POSITIONS HAVE YOU HELD?

PART II - FOOD SERVICE MGT. CO.: OPERATIONAL CHARACTERISTICS

5. HOW MANY YEARS HAS YOUR COMPANY BEEN IN THE HOSPITAL CONTRACT FOOD MANAGEMENT BUSINESS?

In what other types of Michigan establishments do you currently provide food management services?

6. HOW MANY HOSPITAL ACCOUNTS DO YOU HAVE IN THE STATE OF MICHIGAN AND WHAT ARE THEIR SIZES (APPROXIMATE)?

No. Bed Size

____ (0) below 100
____ (1) 100 - 299
____ (2) 300 - 499
____ (3) 500 - 699
____ (4) 700 - 999
____ (5) above 1000

7. WHAT DEGREE OR TYPES OF SERVICES DO YOU PROVIDE YOUR MICHIGAN HOSPITAL ACCOUNTS?

____ No. ____ % (0) Total food service management
____ No. ____ % (1) Specialized services only
____ No. ____ % (2) Consultant services only
____ No. ____ % (3) Other (please specify):

IF SPECIALIZED SERVICES -- What are the specialized services that your company offers to Michigan hospital accounts?

8. DOES YOUR COMPANY OPERATE A COMMISSARY? ____ (0) Yes ____ (1) No

IF YES: a. What percentage of your Michigan hospital accounts receive food items from your commissary?

____ % (approx.)

b. In what stage of preparation is the food delivered to your accounts?

____ (0) fully-prepared (service ready)

____ (1) partially-prepared (additional on-premise service needed)

____ (2) some fully-prepared; some partially-prepared

c. In general, what percentage of the food items delivered to hospital accounts is:

____ % (0) sent in bulk containers (multi-portions)

____ % (1) sent in pre-portioned containers (individual servings)

9. DOES YOUR COMPANY OFFER/PROVIDE VENDING SERVICES TO MICHIGAN HOSPITAL ACCOUNTS?

____ (0) Yes

____ (1) No

a. Does your company contract for vending services from another company for hospital accounts?

____ (0) Yes

____ (1) No

b. What are the types of food items provided for vending?

c. At the hospital accounts where your company does provide vending service, are the food items for vending generally prepared and packaged on-premise by the food service department?

____ (0) Yes, all items

____ (2) No, commissary-prepared

____ (1) Yes, certain items

____ (3) No, purchased from outside vendors

d. What are the types of food items that are generally prepared on-premise for vending services?

10. PURCHASING:

a. How are food items for hospital accounts in Michigan purchased:

- ____ (0) Decentralized purchasing by staff at each account
____ (1) Centralized purchasing by central office staff
____ (2) Combination of decentralized and centralized
purchasing
____ (3) Other (explain): _____

b. How are non-food items for hospital accounts in Michigan purchased?

- ____ (0) Decentralized purchasing by staff at each account
____ (1) Centralized purchasing by central office staff
____ (2) Combination of decentralized and centralized
purchasing
____ (3) Other (explain): _____

11. DELIVERY:

a. How are food items for hospital accounts in Michigan delivered?

- ____ (0) Orders delivered to each account directly from
vendors
____ (1) Orders delivered to each account from company's
central commissary and/or warehouse
____ (2) Other (explain): _____

b. How are non-food items for hospital accounts in Michigan delivered?

- ____ (0) Orders delivered to each account directly from vendors
____ (1) Orders delivered to each account from company's
central commissary and/or warehouse
____ (2) Other (explain): _____

12. HOSPITAL DIETARY PERSONNEL:

- a. In how many Michigan hospital accounts do you employ the following types of workers?

<u>No. Accts.</u>	<u>Position Type</u>	<u>No. Employees</u>
_____	(0) Dietary Department Director (Manager	_____
_____	(1) Other professional food service staff	_____
_____	(2) Food Service Supervisors	_____
_____	(3) Therapeutic Dietitians	_____
_____	(4) Total Dietary Staff, including employees	_____

- b. What is the average number of years that YOUR hospital dietary directors (managers) have been in YOUR employ?

_____ (avg. no. yrs.)

- c. What percentage of your Michigan hospital accounts are directed (managed) by personnel with the following types of professional background and/or experience?

_____ % (0) Formal academic training and experience in hotel, restaurant and/or institution management (little or no background in nutrition)

_____ % (1) Registered dietitian with major emphasis in clinical (therapeutic) dietetics

_____ % (2) Registered dietitian with major emphasis in administrative dietetics

_____ % (3) Registered dietitian with background and experience in nutrition and in administration

_____ % (4) Dietitian - American Dietetic Association member--not registered

_____ % (5) Earned certificate from a food service management program and a few years experience in the field

_____ % (6) Food service administrative experience in the armed services

_____ % (7) OTHER (describe briefly): _____

- d. Are members of your central office staff recruited from employees assigned to your field accounts? (check one)

_____ (0) Yes, usually	_____ (2) Only rarely
_____ (1) Yes, sometimes	_____ (3) No

12. HOSPITAL DIETARY PERSONNEL (continued)

- e. Do you have a professionally-trained dietitian(s) on your central office staff at the present time?

____ (0) Yes ____ (1) No

IF YES: What are their position titles and major assignments?

Title

Major Assignment

- f. Are you currently seeking Food Service Directors (Managers) for YOUR hospital food service accounts?

____ (0) Yes ____ (1) No

IF YES: How many vacancies do you have? ____ (0) No. Full-time

____ (1) No. Part-time

- g. In estimating YOUR COMPANY'S needs for hospital food service accounts in Michigan, how many additional administrative (managerial) employees will you need by 1975?

____ (0) No. Full-time ____ (1) No. Part-time

PART III - THE HOSPITAL FOOD SERVICE DIRECTOR: ESSENTIAL QUALIFICATIONS

13. WHAT DO YOU CONSIDER THE FIVE MOST IMPORTANT MANAGERIAL COMPETENCES AND THE FIVE MOST IMPORTANT PERSONAL SKILLS FOR A SUCCESSFUL DIRECTOR (MANAGER) OF A HOSPITAL FOOD SERVICE DEPARTMENT?

<u>Managerial</u>	<u>Personal</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

14. WHAT DO YOU CONSIDER THE MOST DESIRABLE PROFESSIONAL BACKGROUND AND EXPERIENCE FOR A DIRECTOR (MANAGER) OF A HOSPITAL FOOD SERVICE DEPARTMENT?

- ____ (0) Formal academic training and experience in hotel, restaurant and/or institution management (little or no background in nutrition)
- ____ (1) Registered ADA dietitian with major emphasis in clinical (therapeutic) dietetics
- ____ (2) Registered ADA dietitian with major emphasis in administrative dietetics
- ____ (3) Registered ADA dietitian with background and experience in nutrition and in administration
- ____ (4) Earned certificate from a food service management program and a few years experience in the field
- ____ (5) Food service experience in the armed services
- ____ (6) Other (describe briefly):

15. WHAT IS THE MINIMUM LEVEL OF FORMAL ACADEMIC TRAINING YOU CONSIDER ESSENTIAL FOR EMPLOYMENT AS DIRECTOR (MANAGER) OF A HOSPITAL DIETARY DEPARTMENT?

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