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Training and Employment Needs of Food Service Personnel in West Tennessee Hospitals

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To the Graduate Council:

I am submitting herewith a thesis written by Carole Elizabeth Wilson entitled "Training and Employment Needs of Food Service Personnel in West Tennessee Hospitals." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nutrition.

Mary J. Hitchcock, Major Professor

We have read this thesis and recommend its acceptance:

Grayce E. Goertz, Bernadine Meyer

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

December 1970

To the Graduate Council

I am submitting a thesis written by Carole Elizabeth Wilson entitled "Training and Employment Needs of Food Service Personnel in West Tennessee Hospitals." I recommend that it be accepted for nine quarters hours credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Institution Administration.

Mary A. Hitchcock
Major Professor

We have read this thesis
and recommend its acceptance:

Brayne C. Gault
Bernadine Meyer

Accepted for the Council:

Vice Chancellor for
Graduate Studies and Research

TRAINING AND EMPLOYMENT NEEDS OF FOOD SERVICE PERSONNEL
IN WEST TENNESSEE HOSPITALS

A Thesis
Presented to
the Graduate Council of
The University of Tennessee, Knoxville

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Carole Elizabeth Wilson
December 1970

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C.E.W.

ABSTRACT

The study of training and employment needs of food service personnel in 15 selected West Tennessee hospitals was accomplished by means of two questionnaires completed during personal interviews with hospital administrators and food service managers of hospitals in two groups by size. Specific weaknesses in the training of food service employees were noted. Hospital administrators reported inadequately trained employees as one of their major problems, and food service managers stated that lack of education and training was a major problem in the procurement of food service personnel. Other problems that administrators and food service managers mentioned frequently regarding food service employees were shortage of personnel, turnover, and absenteeism.

The job categories having the greatest employee turnover were food sanitation workers and food service workers. The food sanitation position was considered by managers of large hospitals the most difficult to fill. Managers in the small hospital group did not report difficulty in filling positions, yet they did report major difficulty in securing qualified applicants.

Both hospital groups reported plans for adding employees to their departments in the next five years. Expansion of the hospital facility was stated by six managers

as their reason for adding positions while the justification given by two managers was improved service.

Administrators of the 15 hospitals studied reported a total of 13 managerial positions which will be added in the future. When administrators were asked to identify the qualifications each looked for in a person he was hiring to be in charge of the food service department, experience was mentioned more frequently than any other single qualification.

Twelve of the 15 managers interviewed estimated that up to 10 per cent of their employees had received training before being hired. Of the 348 total employees in all hospitals visited, only 21 had been enrolled in training programs conducted during the past two years by outside agencies.

The skills and areas of knowledge considered most important for the managerial category were management principles; human nutrition and food science; and personnel administration. Although hospital conducted training programs for managers were reported in approximately half of the institutions studied, training was not considered to be a hospital responsibility. Training for this group was generally considered to be the responsibility of an outside agency.

Use and care of equipment, sanitary and safety standards, principles and standards of quantity food service and preparation, and effective use of non-supervisory

personnel were cited by all managers as most important for supervisory personnel. Ten of the 15 hospitals established training in these same areas of skills and knowledge.

All of the managers interviewed assessed as most important for food preparation workers the area of principles of quantity food preparation and service and the ability to apply them. Managers designated training of food preparation workers as a hospital responsibility, and a majority of the managers reported hospital conducted training in 11 of the 15 areas of skills and knowledge included in this category.

Food display and service was considered most important for food service workers by all of the managers interviewed. They assigned the training responsibility of food service personnel to the hospital; over half of the hospitals studied conducted training programs in all areas of skills and knowledge listed for these employees.

All managers interviewed indicated that use and care of equipment was most important for the food sanitation worker. A majority of managers considered sanitation and personal hygiene and safety as important, and 13 of the 15 hospitals visited conducted training in these areas.

Hospital administrators were asked to identify the qualifications each looked for in a person he was hiring to be in charge of the food service department. Administrators mentioned experience as a qualification more frequently than

any other single qualification. Approximately equal numbers of administrators of small and large hospitals listed technical knowledge in dietetics and American Dietetic Association membership as a preferred qualification.

With one exception all food service managers had completed high school and six had completed college. Four managers who had not completed college indicated they had graduated from the American Dietetic Association sponsored Supervisor Training Program. Education levels in general were higher for managers of large hospitals. Thirteen managers indicated they had attended some type of continuing education program during the last two years. Workshops and hospital sponsored management development courses were the most frequently attended and workshops were considered most helpful of any of the programs listed.

Four managers from each hospital group listed no professional affiliation. Three managers of large hospitals were members of the American Dietetic Association and an equal number from the small hospital group were members of the Hospital, Institution, Educational Food Service Society.

One manager from each hospital group had less than one year of previous experience in food service and 10 had five or more years of previous experience. Nine of the 15 managers had held their present jobs for over five years.

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CHAPTER I

INTRODUCTION

The major problem confronting food service management is controlling rising costs. The food service industry has recorded an efficiency rating which is approximately one-half of the 80 per cent rating of America's production industries (Lattin, 1969). Training has been recognized as a means to resolve this costly problem by increasing the efficiency in a food service department (Baden, 1967; Jernigan, 1967; O'Malley, 1970). Increased efficiency is necessary if minimum wage standards are to be met (Welch, 1966).

A total direct labor turnover cost of \$165 per kitchen employee has been reported (Gray et al., 1967). Many hospital food service departments have reported that training decreased turnover rates and reduced the cost of labor (Pelto et al., 1965; Harwood et al., 1968).

As a result of management's efforts to tighten controls on costs, unskilled workers have been hired at minimum wages. Some authorities have estimated that approximately 90 per cent of the work force in the food service industry is composed of unskilled workers (Kotschevar, 1969; Welch, 1966; Augspurger, 1965). Since the shortage of skilled personnel is expected to continue (Jones, 1967), the applicants for food service positions will undoubtedly

be unskilled (Lane, 1968). The unskilled worker must be trained if he is to perform his job effectively (Welch, 1966; Brandt, 1969). Training has been designated as the sole means of creating proficient food service employees from unskilled workers (Lane, 1968).

When an in-service training program for food service workers was held, people with less experience and education and working in a non-supervisory job had lower pre-test scores than other more advanced employees but made greater gains as a result of training (Bunge et al., 1969). This substantiates the potential worth of training for low skill level employees.

The need for development of appropriate training programs in the food service industry is becoming widely recognized by employers of food service labor (Baden, 1967; Piper et al., 1967; Anon., 1968a). The formulation and maintenance of an effective, continuous training program for personnel has been assigned as one of the duties of a director of a department of dietetics (Anon., 1965a). Every dietitian and nutritionist should assist in the development of programs for training food service workers (Anon., 1965a; Cashman, 1967).

One authority stated that we must either establish good training programs or encourage the establishment of facilities to educate food service workers (Kotschevar, 1969). Federal legislation has provided training opportunities for the unskilled worker through programs in high

school vocational training, out-of-school vocational training, the Job Corps, work study programs, and work training programs (Mallory, 1966; Anon., 1965b).

The determination of training needs of employees was noted as basic to formulating a training program (Scherba, 1968; Renton, 1969; Brandt, 1969; Anon., 1970). However, there is a paucity of literature that describes specifically the basis for concepts needed in a training program or the degree to which the concepts taught are meeting the needs of the trainees.

If training needs could be defined, then a justification for concepts needed in a training program could be made and more effective programs could be developed.

The purpose of this study was to investigate the training and employment needs of food service personnel in selected West Tennessee hospitals. The identification of training needs then might provide a basis for recommendations to agencies responsible for formulating training programs for food service workers.

CHAPTER II

REVIEW OF LITERATURE

I. TRAINING IN INDUSTRY

Training is an essential part of the structure of every organization. The extent to which training is geared to developing every aspect of an employee's work life is a measure of the quality of the organization (Heffner, 1967). Employees in all types of organizations are constantly subjected to changing job requirements and the organization should equip its employees to handle the change (O'Donnell, 1968). The increased emphasis that industry is giving to the establishment of training programs is evidenced by this statement: "American business may soon spend more to train and reeducate its own personnel than all our school and college systems combined spend to educate youth." (Kleinschrod, 1967).

From 1900 to 1930 any kind of training was considered wasteful and time consuming. Management hired and retained the worker who acquired his own skills; the slower, less productive worker was fired. Nothing was done to improve his skills and attitude or his productivity. The Wagner Act of 1935 provided workers a chance to organize and protect their rights of employment and retention on the job. The standard benefits of vacations, sick pay,

holidays, and seniority were granted and attention then was given to education of workers (Belsjoe, 1970). The impetus behind establishment of training programs comes from state and federal governments, from the workers' own desire to be trained and to advance on the job, from an economy which lacks sufficient manpower, from unions which have added education to their list of benefits, and from management itself which has a sincere interest in the goals of the worker and the desire to see him progress (Augspurger, 1965; Anon., 1968a; Jones, 1967; Belsjoe, 1970; Moss, 1969).

II. TRAINING IN THE FOOD SERVICE INDUSTRY AT THE SUBMANAGERIAL LEVEL

A study of personnel in the food service industry indicated that training for food service workers is rare (Moss, 1969). The need for the development of appropriate training programs in the food service industry is critical; this is becoming widely recognized by employers of food service labor (Baden, 1967; Piper et al., 1967; Anon., 1968a). Federal legislation has made possible the development of training programs for food service workers on a broad scale (Anon., 1965b; Mallory, 1966; Anon., 1968b; Anon., 1968c; Anon., 1968d).

The Joint Committee of the American Hospital Association and the American Dietetic Association included training programs in their revision of the duties and responsibilities for departments of dietetics. They included "Participating in formulation and maintenance of an effective and continuous program for the orientation, training, and supervision of personnel" as one of the responsibilities of the director of a department of dietetics (Anon., 1965a).

The Department of Labor estimated that 15,000 new food service workers will be needed annually until about 1980 (Kotschevar, 1969). Authorities in the food service industry regard this as a low estimate of actual needs. It was estimated that the food service industry will annually require 75,000 workers in newly created jobs and 250,000 workers as replacements in existing jobs--a total of 325,000 workers per year (Lattin, 1969). Another authority projected a 300,000 worker need per year (Kotschevar, 1969).

In 1953, the median educational level achieved by adult Americans was 8.6 years in school; in 1967 this figure increased to 12.2 (Lattin, 1969). This trend forecasts a much higher educational level during the next 10 years.

The most encouraging development regarding the future supply of qualified food service workers has been the marked increase in the number of people enrolled in training programs (Moss, 1969). There is much evidence that supports the establishment and continuation of training programs. Training has been named as the only means of creating a proficient kitchen staff from unskilled workers (Moss, 1969). The stimulus of training also can keep present employees up to date with changing developments in food service (Lane, 1968). Productivity trends and wage trends can be brought into line by providing the industry with trained employees (O'Malley, 1970). Other reasons for the establishment of training programs are availability of more efficient equipment, certification for Medicare benefits, and shortage of professional staff (Baden, 1967). Employee benefits which can result from effective training are as follows: (1) awareness on the part of employees of the sincere effort being made to train them, (2) employees learn how things should be done and form correct habits early, (3) employees are motivated and often show interest in receiving more information in certain areas, and (4) the supervisors and the staff get to know the employees sooner and can evaluate their work performance and potential (Fisher, 1967).

Many of management's most difficult problems can be solved by effective training. Lack of skilled workers, rising costs, low productivity, low morale throughout the organization, poor quality of service, absenteeism, and high labor turnover are all within the scope of a well-planned training program. Training approaches the solution to these problems by first giving each employee an interest in his job and then by enabling him to acquire the skills and knowledge he needs to perform his job effectively.

Lack of skilled workers

There is a drastic shortage of skilled food service labor. The food service industry is the largest single industrial employer in the United States yet approximately 90 per cent of the work force is composed of unskilled workers (Kotschevar, 1969; Welch, 1966; Augspurger, 1965). It is expected that the shortage of skilled personnel will continue to be a major problem (Jones, 1967). Because of today's tight labor market, the workers who apply for food service positions will undoubtedly be unskilled persons (Lane, 1968). Most kitchen helpers have not graduated from high school and

many do not have adequate reading and writing skills (Moss, 1969). Their ability to do the job will depend on the training they receive in the institution.

The food service industry must utilize unskilled workers in its endeavor to achieve optimal efficiency within the organization. The unskilled worker requires training in skills and related knowledge so he can perform his job effectively (Welch, 1966; Moss, 1969; Brandt, 1969). Evidence of experience often is accepted as a substitute for training; this is one of the reasons that many service organizations have no training programs (Welch, 1966). An evaluation of an experimental training program for food service personnel indicated that in the group tested, employees with longer work experience did not possess significantly more job knowledge prior to training than did employees with less work experience (Bunge et al., 1969). When education or experience is assumed to be the equivalent of training, the task of acquiring new skills and knowledge becomes the responsibility of the new employee who usually is not successful. It is the responsibility of every dietitian and nutritionist to develop programs and curricula for training food service workers (Anon., 1965a; Cashman, 1967). An employer cannot expect a worker to know

anything as a result of his past experience until he has assessed the worker's knowledge and skills (Welch, 1966).

The Manpower Development and Training Act of 1962 was a direct result of the recognition of the lack of skilled workers in industry (Haller, 1967). Subsequent federal legislation has extended training opportunities for unskilled workers. The Vocational Education Act of 1963 provided funds for the establishment of training programs for unskilled workers (Mallory, 1966). The Economic Opportunity Act of 1964 provided training for unskilled youth by means of the Job Corps, work training programs, and work study programs (Anon., 1965b; Mallory, 1966).

Rising costs

The major problem confronting the food service industry is controlling rising costs. The cost of food, overhead, and labor is steadily increasing (Gottlieb, 1969). As a result of management's efforts to tighten controls on costs, unskilled workers have been hired at minimum wages. Training has been sought as the answer to providing the industry with skilled workers. The costs of maintaining untrained, accident-prone workers of low productivity far exceeds the cost of training these workers. The economic benefits which result from time devoted to training skilled workers who can perform their jobs efficiently

often is underestimated (Lane, 1968).

Frequently, tasks that should be the routine responsibility of properly trained workers are performed by food service managers (Welch, 1966). This is a procedure that is costly to the organization, and it is one that could be resolved by the assignment of non-professional tasks to well-trained submanagerial personnel.

Low productivity

Shortage of skilled workers and rising costs have stimulated interest in increasing efficiency in the food service industry. Because of minimum wage legislation, labor efficiency must be increased to meet the minimum wage standards (Welch, 1966). When the food service industry achieves increased productivity, it can afford to pay the wages and offer the promotional opportunities expected by employees in a competitive labor market (Lattin, 1969).

The food service industry has not kept pace with the nation's production industries in increasing efficiency of the organization. Today the food service industry is approximately one-half as efficient as American industry. Labor in the food service industry is only 40 to 45 per cent efficient as compared to 80 per cent efficiency recorded for labor in all industries (Lattin, 1969). This low efficiency is partially attributable to the shortage of skilled workers.

Effective training can increase the efficiency of an organization. A survey of 4,496 restaurants in Iowa in 1966 revealed the need for training programs in order to increase the productivity of personnel (Bobeng et al., 1968). Training was recognized as a necessity in food service departments if they were to raise their efficiency (Baden, 1967; Jernigan, 1967; O'Malley, 1970). Emphasis also was given to providing training programs for each food service employee (Jernigan, 1967). "To be productive, an employee must be trained, he must be technically competent, and he must possess confidence. As a result of competence and confidence, he will be motivated in his job and he will be productive." (Lattin, 1969).

Low morale

The problem in spiraling labor costs is not so much what it costs to pay labor but rather what it costs to motivate workers to do the job (Lapin, 1970). Among motivators for unskilled work groups are training and retraining programs (Lattin, 1969). Included with such motivators as courtesy and recognition by supervisors, a training program was suggested as a way to relieve stress situations and boost morale among non-supervisory personnel (Janes, 1966). In addition to improved morale, training also resulted in increased identification with the organization and decreased organizational tensions (Belasco et al., 1969).

Poor quality of service

Many organizations accept previous food service experience as a substitute for training; this procedure can only result in low quality service (Welch, 1966). Good food service employees are the result of thorough and continuous training (Lane, 1968). When an employer fails to train a new worker, it is both illogical and unfair to censure the new employee for not achieving quality food service (Welch, 1966).

Turnover

Many employers tend to regard large numbers of job vacancies and high turnover rates as inevitable, yet it has been shown that training programs could contribute to stabilizing the work force (Winter, 1969; Bennett, 1969). The average cost of an employee's quitting his job has been estimated at \$100 (Rockwell et al., 1960). More recent studies reported a total direct cost of labor turnover of \$165 per kitchen employee (Gray et al., 1967). An investigation which discovered quit-rate averages as high as seven per cent per month reported a turnover cost of between \$300 and \$400 per person (Winter, 1969).

High rates of turnover are prevalent in hospitals, particularly in dietary departments (Rockwell et al., 1960). In a study of 17 hospitals which had well-developed training programs, it was reported that labor turnover rates were lower than those reported elsewhere (Pelto et al., 1965).

It was theorized that an expanded training program for all new employees in hospital dietary departments would reduce direct costs of labor turnover (Gray et al., 1967). A study which revealed lowest turnover rates in dietetics departments having the most concentrated indoctrination, orientation, and training programs gave support to this theory (Harwood et al., 1968).

A training program cannot always be measured in a short period of time, but must be viewed objectively over an extended time. Some benefits have included: improved safety record, greater job satisfaction, less absenteeism, and decreased turnover (Jernigan, 1967). The effects of an in-service training program for food service workers have substantiated the potential worth of training. The experimental group was school lunch employees in Iowa; they were classed by group experience, education, and job. A pre-test and a post-test were administered to measure the effectiveness of the training program. In the Group by Experience, trainees from both the high experience and the low experience groups made gains as a result of in-service training, but the low experience group advanced more than the other group. This would indicate that training was especially beneficial to persons with little experience. The Group by Education achieved proportional gains from training by people in both education classifications. In the Group by Job, gains made by supervisors were compared

with those made by non-supervisors and the non-supervisors made the greater gain. People with less experience, less education, and working in a non-supervisory job had lower pre-test scores, but tended to show greater gains after training (Bunge et al., 1969).

III. TRAINING IN THE FOOD SERVICE INDUSTRY AT THE MANAGERIAL LEVEL

Review of training at the managerial level includes both dietitians and food service supervisors.

Dietitians

A 1963 survey of hospitals which are members of the American Hospital Association indicated that 57 per cent of food service department heads held baccalaureate degrees whereas three per cent had associate degrees (Anon., 1964). In a 1968 survey of American Dietetic Association members it was noted that graduate degrees were held by 19.4 per cent, including 1.9 per cent doctorates. Approved dietetic internships were completed by 83 per cent. Also, 66 per cent of the members not working planned to return to work within five years (Anon., 1968a).

The demand for dietitians is expected to continue for the next ten years. There are approximately 700 graduated per year, yet there is a need for 1,200 per year until 1977. The demand for dietitians in 1972 will be approximately 11,900 but by 1977 this demand will increase

to approximately 17,900. At the current rate of increase of available positions for dietitians, this demand cannot be met. Positions available to dietitians will increase 13 per cent annually until 1972, and 15 per cent annually from 1972 to 1975 (Hubbard et al., 1968). Medicare legislation has increased demands on the dietetic profession. One of the conditions for participation in Medicare by hospitals and extended care facilities is employment of professionally qualified dietitians (Piper et al., 1967; Smith, 1967).

Food Service Supervisors

The position of Food Service Supervisor, formerly referred to as Auxiliary Worker, was created following World War II because of the shortage of professionally qualified dietitians (Anon., 1965c), and because dietitians were responsible for many sub-professional duties (Van Horne, 1960). The premise for training a food service supervisor was that sub-professional duties could be delegated to a well trained subordinate (Wood et al., 1953). This would free the dietitian for professional duties.

In an American Hospital Association survey in 1963 it was found that persons in charge of food service in 33 per cent of the hospitals had not attended college (Anon., 1964). There are many educational opportunities for food service supervisors through programs in junior colleges, vocational high schools, university short courses, correspondence courses, hospital sponsored in-service training,

institutes, and workshops (Van Horne, 1960; Anon., 1964; Robinson, 1965). The role of the dietitian in the encouragement of and participation in the education of food service supervisors has been stated: "They should be active in promoting the establishment of such programs, and they should influence the program content so food service supervisors will be adequately prepared workers who will be of most value to dietitians." (Robinson, 1965).

Many opportunities for employment of trained food service supervisors have been reported indicating that recommendations for delegation of non-professional duties to sub-professional personnel have been accepted (Anon., 1964). In 1965 approximately 9,000 persons were employed in the position of food service supervisor; vacancies for 10,000 more existed but there were not sufficient numbers of trained food service supervisors to meet the demand (Anon., 1965c; Robinson, 1966).

IV. TRAINING RESPONSIBILITY

Hospital training programs

While many hospitals report the merits and success of their training programs, there is little information in the literature which describes specifically the subject matter included in these programs. Generally, outlined training programs included concepts of orientation, personal hygiene, bacteriology, tray service, nutrition, modified

diets, equipment, lifting, fire prevention, and safety (Baden, 1967; Fisher, 1967; Lane, 1968). If more detailed information regarding specific skills and knowledge pertinent to food service training were available, formulating the training program would be an easier task.

Many authorities have proposed methods of setting up a training program. The first step was to analyze the needs of the employees to be trained; the second step was to establish goals and objectives for training (Scherba, 1968; Renton, 1969; Brandt, 1969; Anon., 1970; Hoefflin, 1970; Burns, 1966).

While many successful training programs were reported, it should be noted that they are frequently ineffective. Reasons for their partial or total failure have been proposed. Aside from the obvious hindrance of shortage of persons qualified to conduct a training program, other faults were noted in the training methods. A great deal of instruction probably fails to pay off because most of the training is still being done by conventional classroom instruction (Broadwell, 1966). A solution to formalized group training was the use of individualized training methods (Hannon, 1967). Other more innovative methods of training have been described (Anon., 1969a; Welch, 1966).

Outside agency training programs

A noted authority in the food service field stated, "The food service industry will have to compete for the

available labor force, so we must either establish good training programs or encourage the establishment of facilities to educate these workers" (Kotschevar, 1969). In recent years, attention has been focused on providing sufficient education at various academic levels. Federal legislation has been enacted for specific areas of training from the professional to the unskilled (Augspurger, 1965). The Vocational Education Act of 1963 provided for the construction of vocational schools and for the support of a vocational training program. The act was based on the philosophy that all citizens shall have access to education and training that is of a high quality and is realistic in terms of opportunities for gainful employment. Occupational training was provided for young people attending high school and for persons who have not completed high school, for working persons in need of retraining, and for those with academic or socio-economic handicaps. Nearly every state has training programs for food service workers (Mallory, 1966). The 1963 Vocational Education Act was amended in 1968 to provide for research and curriculum development grants to colleges and universities, for projects designed to broaden occupational opportunities for young people, and for residential vocational education schools. The act authorized \$3.1 billion for vocational education programs from 1969 to 1972 (Anon., 1968c).

Vocational education programs for high school

students have been effective (Tolbert, 1966; Jernigan, 1967; Anon., 1968d), and the programs have extended to the post-high school level. Many two-year junior colleges offer programs for food service workers (Bricker, 1962; Anon., 1964; Mallory, 1966). Grants totalling approximately \$10 million were given to 230 junior colleges and universities as a result of the Allied Health Professions Training Act of 1966. Institutions receiving support prepare students for employment in health professions including dietetics (Anon., 1968b). In addition, some four-year colleges offer two-year programs in food service training (Mallory, 1966; Anon., 1968d).

The Manpower Development and Training Act of 1962, extended in 1965, provides for the training of unemployed and underemployed persons. This act is administered jointly by the Department of Labor and the Department of Health, Education and Welfare. The former selects trainees and refers them to a training program whereas the latter provides the required institutional training through each state vocational education agency (Mallory, 1966). The Manpower Development and Training Act and the Vocational Education Act of 1963 offer possibilities for financial assistance in the development of educational programs for food service supervisors and food service workers (Robinson, 1965).

The Economic Opportunity Act of 1964 provides for

the Job Corps which trains out-of-school, out-of-work young people from disadvantaged backgrounds. This act also made possible the formation of work training programs and work study programs (Mallory, 1966; Anon., 1965b; Anon., 1969b).

Other sources of training for the food service worker are available. Annual institutes begun in 1962 sponsored by the American Hospital Association and workshops sponsored by state and local dietetic associations have helped to upgrade and train sub-professional personnel (Anon., 1964). The American Dietetic Association sponsored correspondence course for the training of food service supervisors reached over 600 persons from 1961 to 1969. Completion of this course is a requirement for certification by the Hospital, Institution, and Educational Food Service Society (Zahasky, 1968). Included in the course are such topics as: hospital and food service orientation; human relations and communications; personnel management; supervisory techniques; nutrition and meal planning; modified diets; sanitation and personal hygiene; good housekeeping and safety; and food preparation and service (Van Horne, 1960).

Outside training can both supplement and reinforce the internal training program. Some advantages of an employee's receiving training outside his work environment have been stated: (1) new ideas are brought into the organization, (2) employees are more receptive to information,

(3) employees become "trainers" of other employees, (4) an organization's interest in an employee's development is evidenced, and (5) employees' identification with the organization is strengthened (Ennis, 1970).

V. IDENTIFICATION OF TRAINING NEEDS

It has been established that the first step in setting up a training program would be to analyze the needs of the employees to be trained (Scherba, 1968; Renton, 1969; Brandt, 1969; Anon., 1970; Hoefflin, 1970). Yet there was little information in the literature which indicated that persons responsible for training food service workers followed this procedure.

The training needs of these workers were not defined as the basis for the development of training programs. Most authors indicated that workers lacked skill and/or knowledge regarding certain concepts in food service without stating how this deficiency was measured (Baden, 1967; Fisher, 1967; Lane, 1968). Information regarding specific skills or areas of knowledge which would justify the inclusion of these concepts in a training program was not found in the literature.

Precedent to the development of effective training programs for the food service industry is the identification of skills and knowledge which should be possessed by food service workers. If training needs are first defined, then the training program can be evaluated in terms of fulfilling

worker needs. The extent to which the training needs of these workers are identified prior to the development of training programs will measure the ultimate success of a food service training program.

CHAPTER III

PROCEDURE

The purpose of this study was to investigate the training and employment needs of food service personnel in selected West Tennessee hospitals. Information regarding types of training programs presently being conducted and opinions concerning agencies which train food service employees were solicited from food service managers. Additional information regarding the status of food service employees in each hospital was obtained from the hospital administrator.

The procedure of this study was developed from recommendations made in a pilot study conducted in selected Tennessee hospitals. Questionnaire I was used to qualify hospitals for the pilot study (Appendix A). The methodology developed in the pilot study was used in two hospital surveys, the first in East Tennessee and the second in Middle Tennessee.

The study of food service personnel in West Tennessee hospitals was accomplished by means of two questionnaires which were completed during an interview with the author (Appendices B, C).

Information gathered in three studies of selected East, Middle, and West Tennessee hospitals will ultimately be compiled into one representative study which, when

combined with a similar studies in other food service operations, could provide a basis for recommendations to the agencies responsible for training food service workers.

I. DESCRIPTION OF THE SAMPLE

Hospitals selected for the study were identified using Clark's Directory of Southern Hospitals, 1969 edition; only those hospitals located in West Tennessee were considered. The total population size of 31 did not include federal or state supported mental or penal institutions. Hospitals with fewer than 25 beds were eliminated since it was postulated that their food service departments would be so small that they could not supply information appropriate to this study. Also eliminated were those hospitals that were surveyed previously in a pilot study.

Of the total hospital population, two were located in Martin, and 14 in or near Memphis; the remaining 15 hospitals were located in each of 15 small towns in West Tennessee.

The random sample of hospitals was selected using the method previously established in studies conducted in East and Middle Tennessee. The hospitals were divided into two groups according to bed capacity; those having 25 to 100 beds were considered small hospitals and those containing 101 beds or above were considered large hospitals. The sample of 15 was composed of 39 per cent (8) from the small hospital

group, and 71 per cent (7) from the large hospital group.

Hospitals surveyed ranged in bed capacity from 36 to 440. Included in the study were a children's hospital, a mental hospital, a sanatorium, and a Jewish hospital for the aged.

II. SURVEY TECHNIQUE

The administrator of each hospital selected for the study was contacted by phone. A brief explanation of the purpose of the survey was given and appointments were made with the administrator or his assistant and with the person in charge of food service. Both hospital administrators and food service managers were interviewed to insure complete, accurate data collection.

In a previous study, food service managers indicated that they would prefer to answer Questionnaire II in advance of the personal interview; this questionnaire was mailed to each manager and Questionnaire III was completed during the interview. Data for the survey were collected during a two-week period by visiting two to three hospitals daily.

III. DESCRIPTION OF THE QUESTIONNAIRE

The questionnaires used in this study followed the same format as two studies previously conducted in East and Middle Tennessee hospitals (Appendices B, C). The interviews were structured according to the numerical order of items included in Questionnaire III.

The first part of Questionnaire III was directed to the hospital administrator. These questions concerned major problems relating to food service personnel and the qualifications each administrator looked for in a person he was hiring as manager of the food service. Other questions identified future employment needs of dietitians and/or food service managers in each respective hospital. The remainder of the questionnaire was directed to the person in charge of the food service department, referred to as the food service manager. Items relating to educational background, food service experience, professional status, and continued education and training were asked. Each manager was asked questions regarding employment needs in his food service department and existence of training programs for food service personnel.

At the completion of this part of the interview, Questionnaire II was reviewed with the food service manager. This questionnaire was composed of an instruction sheet which identified five major categories of food service personnel. For each of these categories, an information sheet described the general and the specific tasks of each category and defined the skills and knowledge needed by the employee to function well in a particular category.

Using these descriptions, the manager indicated for each item listed under skills and knowledge whether he

considered training to be the responsibility of the hospital, of an outside agency, or shared between the two. He also indicated areas in which the hospital conducted training on the premises and listed the number of employees who participated in training programs conducted outside the hospital during the last two years. Training was defined for each manager as any type of preplanned sequence of experiences designed to increase the skills and knowledge of the employees.

Complete participation and cooperation was achieved with the administrators and food service managers of each hospital visited.

IV. ANALYSIS OF DATA

The data collected in this survey were tabulated and structured so that cumulative totals and subtotals within each hospital group could be made for each of the items included in the questionnaires. Totals for each question were calculated and expressed as actual numerical values of the sample hospital population. The values were included in tables for discussion (Appendix D).

CHAPTER IV

RESULTS AND DISCUSSION

Training and employment needs of food service personnel in 15 selected West Tennessee hospitals were studied. The hospitals selected for study were divided into two groups. The small hospital group was made up of eight hospitals with bed capacity from 25 to 100 and the large hospital group consisted of seven hospitals with 101 and above bed capacity.

Information for the study was gathered during personal interviews with the hospital administrator or his assistant and with the food service manager in each of the hospitals selected for study.

I. HOSPITAL ADMINISTRATOR RESPONSES

Qualifications of food service managers

The administrators of 15 hospitals were asked to name the qualifications each looked for in a person he was hiring to be in charge of food service. The responses were arranged in three divisions: (1) factors relating to experience, (2) factors relating to education, and (3) factors relating to personal characteristics (Appendix D, Table 6). Out of a total of 56 responses, 25 were concerned with experience whereas only 15 administrators sought education and 16 looked for personal characteristics. This would

indicate that administrators sought experience over both education and personal characteristics. With one exception, all administrators indicated that they wanted applicants to possess managerial experience. Experience in dietetics was listed by 11 administrators as a needed qualification.

Fifteen responses were given regarding education qualifications. Technical knowledge in the dietary field was listed by seven administrators and eight administrators selected membership in the American Dietetic Association as important. Since it can be assumed that technical knowledge in the dietary field would be possessed by persons who are members of the American Dietetic Association, the number of responses relating to technical knowledge would be expected to be greater than reported. An equal number of administrators from small hospitals and from large hospitals listed membership in the American Dietetic Association as a qualification.

Skill in human relations was mentioned by 11 hospital administrators; nine of these were administrators of small hospitals. They stressed particularly the importance of a food service manager's ability to get along with others, both subordinates and superiors. The factors of cooperation and personal motivation were mentioned by a total of five administrators.

It was reported in the review of literature that evidence of experience should not be accepted as a substitute for education and training. In many of the hospitals studied, administrators considered experience equally important with education and training.

Authorities in the food service industry have

indicated that food service managers are in constant demand and they have predicted a continued shortage of dietitians and food service supervisors. Questions pertinent to future employee vacancies and future additions in the managerial category were asked of hospital administrators (Appendix D, Table 7). No vacancies were reported, yet administrators of the 15 hospitals studied reported a total of 13 managerial positions which were to be added in the future. Administrators of large hospitals listed nine total positions that were to be created; seven were dietitian's positions and two were positions for food service managers. In the small hospital group, two positions in each job category were planned.

Problems relating to food service personnel

Each hospital administrator was asked to list the major problems relating to food service personnel in his hospital (Appendix D, Table 8). Their responses were similar to problems reported in the literature. The greatest percent of responses described problems relating to lack of or inadequate training, absenteeism, shortages of personnel, turnover, and human relations. An equal number of administrators from small hospitals as from large hospitals listed lack of training, personnel shortages, and turnover as problems; absenteeism was listed by three administrators of large hospitals as being a problem whereas one administrator from the small hospital group saw it as a major problem.

In the small hospital group, these problems were mentioned only once: (1) employee's resistance to change, (2) communication, (3) high work load per employee, (4) providing adequate funds to run the department, and (5) integration. None of the forementioned was listed as a problem in the large hospitals. The administrators of hospitals in this group listed more problems relating to personal characteristics of personnel than did administrators from the small hospital group. Mentioned once by administrators of large hospitals were the following problems: (1) irresponsible personnel, (2) lack of motivation, (3) employee's inconsideration of patients, (4) poor attitude, and (5) equipment abuse. Also mentioned once by administrators in this group were human relations problems and unionization problems.

Two administrators from small hospitals did not list any problems of major concern. All problems listed by hospital administrators were related to persons in sub-managerial categories; difficulty with managers was not reported.

Consultation

Employment of a professionally qualified consultant is one solution to the problem faced by hospitals that are unable to secure or cannot afford a full-time dietitian.

Each hospital administrator was asked whether his hospital received the services of a dietary consultant

(Appendix D, Table 9). A total of eight hospitals reported consultation; seven hospitals were consulted by an American Dietetic Association member and one hospital received the services of a non-ADA member. Five hospitals from the small hospital group and three from the large hospital group reported consultation. Three small and four large hospitals did not receive consultation.

Employee turnover

Data were collected from hospital administrators pertinent to annual turnover of food service personnel (Appendix D, Table 10). A seven per cent average annual turnover was reported by one hospital in the small hospital group. The remaining hospitals in this group reported a zero per cent annual turnover. In the large hospital group, zero per cent turnover was reported by four hospitals. Three hospitals reported turnover rates of one per cent, three per cent, and 13 per cent, respectively.

Two administrators, one from each hospital group, previously mentioned turnover as a problem (Appendix D, Table 8). Although turnover was judged as a problem, only two hospitals recorded an average annual turnover rate greater than three per cent. One can only conclude that employee turnover was unusually low the month in which data were gathered.

II. FOOD SERVICE MANAGER RESPONSES

Problems relating to procurement of food service personnel

The food service manager in each of 15 hospitals was asked to enumerate major problems relating to procurement of food service personnel (Appendix D, Table 11). Their answers were compared to hospital administrator assessments of food service personnel problems (Appendix D, Table 8). Both the administrators and the food service managers mentioned most frequently problems relating to entry qualifications.

Lack of education and training was mentioned as a procurement problem five times by managers in small hospitals and two times by managers in large hospitals. Lack of experience was mentioned twice by food service managers in small hospitals and once by a manager in a large hospital. Personnel shortage was listed by two food service managers in large hospitals as a procurement problem.

One food service manager for each hospital group listed irresponsible applicants as a procurement problem. Other problems listed by managers in the large hospital group were low salary, disagreeable working conditions, and the military draft.

Two food service managers from the small hospital group did not list problems relating to personnel procurement in any job category.

Future employment needs of food service personnel

In order to identify all food service employees, five personnel categories were devised. A reference sheet describing these categories was supplied to each manager who was asked to classify each employee in the category in which the greater part of his work was done. The ratio of personnel in each job category to the total number of employees was similar for all hospitals (Appendix D, Table 7). In the small hospitals the percentages of food preparation and food service workers were approximately the same but in the large hospitals, the percentage of food service workers was slightly more than twice that of food preparation workers. This distribution can be explained by the increased numbers of food service workers necessary to serve decentralized units; the small hospital food service departments were more centralized. The percentages of managers and supervisors in both hospital groups were approximately the same.

The job categories having the greatest employee turnover were food sanitation workers and food service workers. The problem of turnover was recorded more often in large hospitals than in small hospitals. Only one employee vacancy was reported in each hospital group and both of these were at the submanagerial level. Managers of large hospitals considered the food sanitation position most difficult to fill although problems in filling positions in

all categories were encountered. Food service managers in small hospitals did not report difficulty in filling positions, yet they did report major difficulty in securing qualified applicants. This would substantiate the literature which stated that applicants for food service positions are usually unskilled workers..

Managers of both hospital groups reported plans for additional employees. Approximately the same number of positions were to be added to hospitals in each hospital group. Six managers reported expansion as the reason for adding positions to the department whereas two listed improved service as their justification for adding employees to the department. All job categories except managerial were reported by food service managers in the positions to be added.

Training for submanagerial personnel

Food service managers were asked to approximate the per cent of their employees who had received formal training prior to being hired by each hospital (Appendix D, Table 12). Nine managers judged that less than five per cent of their employees were trained previously. Three managers reported six to ten per cent and three managers reported up to 25 per cent of their employees had received training before being hired.

Hospital training programs were reported in all hospitals studied. The hospitals in the small hospital

group reported a slightly greater number of training programs on the premises than did those in the large hospital group. Training which included indoctrination, orientation, on-the-job training, and classroom education was provided by most of the hospitals surveyed.

Training programs conducted by an agency other than the hospital were attended by 21 of the total of 348 employees in the hospitals studied. Nine employees from the small hospital group and 12 from the large hospital group had attended training programs conducted by an outside agency. The training programs attended were adult education courses, vocational education courses, workshops, professional or trade conventions, college courses, and the American Dietetic Association sponsored Supervisor Training Program. A total of three employees from both hospital groups were enrolled in the Supervisor Training Program.

Description of food service managers

Information relative to educational background, work experience, and professional affiliation was solicited from each food service manager interviewed (Appendix D, Table 13).

Education levels in general were higher for managers of large hospitals. Education of managers ranged from college degree and an internship which was possessed by four managers of large hospitals to completion of the eighth grade by one manager of a small hospital. Two managers of small hospitals had college degrees whereas the remaining five

managers in this group had completed 12 to 14 years of school. Two managers of large hospitals completed 12 to 13 years of school. Six managers of small hospitals and four managers of large hospitals had completed home economics courses in high school. Three managers from the large hospital group had completed a dietary internship or Master's degree, whereas four managers from the small hospital group had completed the American Dietetic Association sponsored Supervisor Training Program.

Four managers from each hospital group listed no professional affiliation. Three managers of large hospitals were American Dietetic Association members and an equal number from the small hospital group were members of the Hospital, Institution, Educational Food Service Society.

Food service managers were asked to list the types of continuing education programs they had attended in the last two years and to name the ones they considered most helpful (Appendix D, Table 14). Thirteen of the 15 managers interviewed indicated that they attended some type of continuing education program and several had attended more than one type of program. Workshops were attended most frequently by food service managers followed by hospital sponsored management development courses. An equal number of managers from small hospitals as from large hospitals had participated in some type of continuing education program. Managers listed food service workshops most often as the type program they

considered most helpful. Only two managers attended vocational education courses and none of the managers attended adult education courses. College and university courses were attended by three managers and two managers of small hospitals had enrolled in correspondence courses.

Each food service manager indicated the number of years he had worked in his respective hospital, how long he had been in charge of food service, and how many years of previous food service experience he had had before being hired in his hospital (Appendix D, Table 15). Thirteen managers had worked in their respective hospitals for five years or more and ten had had five or more years of previous food service experience. One manager from each hospital group had less than one year of previous experience; five managers had more than 15 years previous experience. Nine persons had held their present jobs for over five years.

There was a marked diversity in educational levels and professional affiliation among the food service managers interviewed. Educational levels ranged from the Master's degree or internship to completion of the eighth grade. Only 50 per cent of the managers were professionally affiliated. There was less diversity in the work experience and continuing education programs attended by food service managers. Over 50 per cent had more than five years work experience, and 13 of the 15 reporting had attended some type of continuing education program.

III. EVALUATION OF TRAINING OF EMPLOYEES IN FIVE JOB CATEGORIES

Prior to the personal interview, food service managers were mailed an instruction sheet which identified five major categories of food service personnel. The general and specific tasks which would be expected of employees in each category were described and the skills and knowledge needed by the employee to function well in the particular category were defined. Using these descriptions, each manager was asked to indicate which of the skills and areas of knowledge he considered training to be the responsibility of the hospital; which should be the responsibility of an outside agency; and which should be a shared responsibility. He also was asked to indicate areas in which training presently was being conducted in each respective hospital and skills and areas of knowledge that he considered most important for an employee to possess. The manager was asked to follow this procedure for each of the five categories of food service personnel (Appendix B). Training was defined for each manager as any type of pre-planned sequence of experiences designed to increase the skills and knowledge of the employees (Jolin et al., 1968).

Managerial category

The areas of skills and knowledge mentioned most frequently by food service managers were management

principles; human nutrition and food science; and personnel administration (Table 1). With one exception all managers listed management principles as most important. Managers of large hospitals regarded personnel administration and human relations more important than managers of small hospitals (Appendix D, Table 16). In this group food procurement and menu planning was mentioned more often than by managers of large hospitals. Considered least important were use and care of equipment and record keeping.

Managerial training was conducted in all hospitals studied but no more than 54 per cent of the hospitals reported training in any specific area of skill or knowledge (Table 1). Training listed by seven or more managers included communications, quantity food preparation, and service and use and care of equipment. It is evident that hospitals do not conduct extensive training programs for managerial personnel.

Training for managers was not considered to be a responsibility of the hospital. Managers indicated use and care of equipment and record keeping as being a hospital training responsibility. Food service managers of small hospitals generally listed more items for which the hospital should train (Appendix D, Table 16). Mentioned most frequently by these managers were food procurement; record keeping; layout and design of equipment and plant; personnel administration; and use and care of equipment.

Training of managerial personnel was considered by

TABLE 1

EVALUATION OF SKILLS AND KNOWLEDGE FOR MANAGERIAL PERSONNEL
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | <u>Most Important</u> Total* Number | <u>Hospital Conducting</u> Total* Number | <u>Hospital Respon.</u> Total* Number | <u>Outside Respon.</u> Total* Number | <u>Shared Respon.</u> Total* Number |
|--|---|--|---|--|---|
| Management principles | 14 | 6 | 3 | 9 | 3 |
| Food procurement | 4 | 5 | 5 | 5 | 5 |
| Record keeping (financial, personnel) | 0 | 6 | 6 | 5 | 4 |
| Human relations | 1 | 6 | 2 | 7 | 6 |
| Communications | 4 | 7 | 2 | 7 | 6 |
| Layout and design of equipment and plant | 3 | 3 | 3 | 8 | 4 |
| Human nutrition and food science | 11 | 6 | 1 | 10 | 4 |
| Quantity food preparation and service | 4 | 7 | 2 | 8 | 5 |
| Menu planning | 1 | 5 | 3 | 7 | 5 |
| Personnel administration | 8 | 4 | 4 | 7 | 4 |
| Use and care of equipment | 0 | 8 | 5 | 5 | 4 |
| Specific information regarding types of feeding requirements for certain groups | 3 | 5 | 0 | 8 | 7 |

*Food service managers of 8 small and 7 large hospitals

most managers to be the responsibility of an outside agency (Table 1). Management principles and human nutrition and food science, which were considered most important for managers to know, were listed most frequently by managers as being an outside agency responsibility.

Fewer than half of all managers interviewed indicated that training for managers should be a shared responsibility. The area which was mentioned most frequently as being a shared responsibility was that of specific feeding requirements for certain groups. Communication and human relations were mentioned six times each as being a shared responsibility.

Supervisory category

Important skills and knowledge for supervisory personnel cited by all managers were the areas of use and care of equipment; sanitary and safety standards; principles and standards of quantity food service and preparation; and effective use of non-supervisory personnel (Table 2). These selections are logical since supervisors frequently are expected to instruct others in the skills listed above, and they should possess the ability to deal with non-supervisory personnel.

Fourteen of the 15 hospitals studied reported training in the areas of use and care of equipment and maintaining records. Ten or more managers from both large and small hospitals listed hospital conducted training in the following areas: menu terminology; principles and standards of

TABLE 2

EVALUATION OF SKILLS AND KNOWLEDGE FOR SUPERVISORY PERSONNEL
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | <u>Most Important Total*</u> Number | <u>Hospital Conducting Total*</u> Number | <u>Hospital Respon. Total*</u> Number | <u>Outside Respon. Total*</u> Number | <u>Shared Respon. Total*</u> Number |
|---|--|---|--|---|--|
| Menu terminology | 0 | 12 | 10 | 1 | 4 |
| Principles of nutrition and diet therapy | 1 | 9 | 3 | 4 | 8 |
| Use and care of equip- ment | 11 | 14 | 8 | 0 | 7 |
| Human relations | 1 | 8 | 4 | 3 | 8 |
| Communications | 3 | 9 | 5 | 2 | 8 |
| Sanitary and safety standards | 8 | 13 | 2 | 2 | 11 |
| Mathematics as related to cost control | 0 | 8 | 7 | 6 | 2 |
| Principles and stan- dards of quantity food service and preparation | 8 | 11 | 6 | 3 | 6 |
| Effective use of non- supervisory personnel | 8 | 10 | 9 | 3 | 3 |
| Maintaining records | 1 | 14 | 13 | 0 | 1 |

*Food service managers of 8 small and 7 large hospitals

quantity food service and preparation; and effective use of non-supervisory personnel (Appendix D, Table 17). This would substantiate the fact that many of these same areas were considered sufficiently important for the hospital to establish a training program for supervisory personnel.

More than 10 managers indicated hospital responsibility for training only in the area of maintaining records. Managers judged the hospital to be responsible for more training of supervisors than of managers. Areas considered to be hospital responsibility were maintaining records; menu terminology; effective use of non-supervisory personnel; use and care of equipment; mathematics as related to cost control; and principles and standards of quantity food service and preparation.

The majority of managers interviewed did not consider training for supervisors as the responsibility of an outside agency. The area of mathematics as related to cost control was judged by three managers from each hospital group to be the responsibility of an outside agency but all other areas were judged by the majority of managers to be either hospital responsibility or shared responsibility.

Areas of skill and knowledge considered by food service managers as a shared responsibility were sanitary and safety standards; principles of nutrition and diet therapy; human relations; and communications. An equal number of managers considered principles and standards of quantity food service and preparation to be a hospital

responsibility and a shared responsibility.

Food preparation worker category

The area considered by managers as most important for food preparation workers was principles of quantity food preparation and service and ability to apply them (Table 3). All of the managers interviewed assessed this area as being essential. A total of nine managers deemed as important the areas of proper food handling and storage and sanitation and personal hygiene. Use of standardized recipes and use and care of equipment were listed as important by eight managers. Seven managers considered quality standards of food as important for the food preparation worker.

Eleven of the 15 areas of skills and knowledge were presently included in the training programs of a majority of the hospitals studied. Two-thirds or more of the managers reported conducting training for food preparation workers in the areas of sanitation and personal hygiene; menu terminology; principles of quantity food preparation and service and ability to apply them; food preparation for modified diets; proper food handling and storage; use and care of equipment; safety; and work simplification. The areas for which hospitals were doing little training were basic mathematics and supervisory techniques for the chief cook.

The large number of training programs being conducted by hospitals would justify managers' designation of training of food preparation workers as a hospital responsibility.

TABLE 3

EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD PREPARATION WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important Total* Number | Hospital Conducting Total* Number | Hospital Respon. Total* Number | Outside Respon. Total* Number | Shared Respon. Total* Number |
|--|---------------------------------------|--|---|--|---------------------------------------|
| Human relations | 0 | 7 | 4 | 1 | 10 |
| Communications | 0 | 9 | 5 | 1 | 9 |
| Sanitation and personal hygiene | 9 | 11 | 5 | 2 | 8 |
| Menu terminology | 4 | 11 | 12 | 0 | 3 |
| Principles of nutrition as related to food pre- paration | 0 | 7 | 7 | 4 | 4 |
| Use of standardized recipes | 8 | 8 | 12 | 2 | 1 |
| Principles of quantity food preparation and service and ability to apply them | 15 | 11 | 9 | 2 | 4 |
| Food preparation for modified diets | 0 | 12 | 11 | 0 | 4 |
| Quality standards of food | 7 | 8 | 7 | 2 | 6 |
| Proper food handling and storage | 9 | 12 | 7 | 1 | 7 |

Table 3 continued.

| Skill or knowledge | <u>Most Important Total*</u> Number | <u>Hospital Conducting Total*</u> Number | <u>Hospital Respon. Total*</u> Number | <u>Outside Respon. Total*</u> Number | <u>Shared Respon. Total*</u> Number |
|--|--|---|--|---|--|
| Use and care of equip- ment | 8 | 13 | 11 | 1 | 3 |
| Safety | 1 | 12 | 11 | 1 | 3 |
| Basic mathematics | 0 | 4 | 5 | 9 | 1 |
| Work simplification | 1 | 12 | 11 | 1 | 3 |
| Chief cook must have knowledge of super- visory techniques | 0 | 6 | 4 | 2 | 9 |

*Food service managers of 8 small and 7 large hospitals

More responses were recorded for hospital training responsibility than for the combined total of both outside and shared responsibility. In general, more managers of small hospitals listed training as a hospital responsibility than did managers of large hospitals (Appendix D, Table 18). Areas mentioned less frequently were supervisory techniques for the chief cook, basic mathematics, human relations, communications, and sanitation and personal hygiene. Since over two-thirds of the hospitals interviewed conducted training in sanitation and personal hygiene, reasons for its not being considered a hospital responsibility cannot be given.

Basic mathematics was the only area that a majority of managers considered to be the responsibility of an outside agency. None of the managers considered menu terminology or food preparation for modified diets as the responsibility of only an outside agency.

More than half of the managers interviewed regarded the categories of human relations; communications; sanitation and personal hygiene; and supervisory techniques for the chief cook as a shared training responsibility.

Food service worker category

Food display and service was considered most important for food service workers to know by all of the managers interviewed (Table 4). Sanitation and personal hygiene and use and care of equipment also were listed as important with more managers of the large hospitals than of

TABLE 4

EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD SERVICE WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | <u>Most Important</u> Total* Number | <u>Hospital Conducting</u> Total* Number | <u>Hospital Respon.</u> Total* Number | <u>Outside Respon.</u> Total* Number | <u>Shared Respon.</u> Total* Number |
|---------------------------------------|---|--|---|--|---|
| Human relations | 0 | 8 | 6 | 0 | 9 |
| Communications | 1 | 9 | 6 | 0 | 9 |
| Sanitation and personal hygiene | 9 | 13 | 6 | 2 | 7 |
| Safety | 4 | 13 | 8 | 1 | 6 |
| Food display and service | 15 | 12 | 10 | 1 | 4 |
| Quality standards for food | 1 | 10 | 8 | 1 | 6 |
| Use and care of equipment | 7 | 13 | 11 | 0 | 4 |
| Menu terminology | 3 | 12 | 13 | 0 | 2 |
| Limited knowledge of food preparation | 0 | 13 | 11 | 1 | 3 |
| Work simplification | 1 | 13 | 13 | 0 | 2 |
| Limited knowledge of modified diets | 0 | 13 | 11 | 0 | 4 |

*Food service managers of 8 small and 7 large hospitals

the small hospitals naming these areas (Appendix D, Table 19). Considered least important for personnel in this category were knowledge of modified diets, knowledge of food preparation and human relations.

Over half of the hospitals studied conducted training programs in all areas for food service workers. Thirteen of the 15 hospitals reported training in the categories of sanitation and personal hygiene; safety; use and care of equipment; limited knowledge of food preparation; work simplification; and limited knowledge of modified diets.

In all but three areas, a majority of managers considered training of food service personnel to be a hospital responsibility. Approximately equal numbers of managers in each hospital group indicated training responsibility in all areas of skills and knowledge. Items mentioned most frequently were menu terminology and work simplification followed by use and care of equipment and limited knowledge of modified diets.

Fewer than three managers designated any one area of skills and knowledge as being the responsibility of an outside agency. Only one manager from the small hospital group assigned an item to the training responsibility of an outside agency (Appendix D, Table 19).

Two areas of skills and knowledge were considered by a majority of managers to be a shared training responsibility. In addition to human relations and communications,

the areas of sanitation and personal hygiene and of quality standards for food also were mentioned as a shared training responsibility by slightly less than half of the managers interviewed.

Food sanitation worker category

All managers interviewed indicated that use and care of equipment was most important for the food sanitation worker to know (Table 5). Ten managers regarded sanitation and personal hygiene as important and nine considered safety important. Responses were not given in the areas of human relations, communications, or work simplification.

More than seven of the 15 hospitals studied conducted training in all areas for food sanitation workers. Thirteen of the 15 hospitals conducted training in sanitation and personal hygiene; safety; use and care of equipment; and work simplification.

Training for food sanitation workers most often was considered a hospital responsibility in the areas of work simplification; use and care of equipment; safety; and communications. Slightly less than half of the total number of managers considered human relations as a hospital responsibility.

Opinions of the total number of managers indicated they generally did not consider training of food sanitation workers as an outside responsibility. There were only four managers who indicated outside training responsibility in

TABLE 5

EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD SANITATION WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | <u>Most Important Total*</u> Number | <u>Hospital Conducting Total*</u> Number | <u>Hospital Respon. Total*</u> Number | <u>Outside Respon. Total*</u> Number | <u>Shared Respon. Total*</u> Number |
|------------------------------------|--|---|--|---|--|
| Human relations | 0 | 7 | 7 | 1 | 7 |
| Communications | 0 | 8 | 8 | 0 | 7 |
| Sanitation and personal hygiene | 10 | 13 | 6 | 2 | 7 |
| Safety | 9 | 13 | 9 | 1 | 5 |
| Use and care of equipment | 15 | 13 | 13 | 0 | 2 |
| Work simplification | 0 | 13 | 14 | 0 | 1 |

*Food service managers of 8 small and 7 large hospitals

any area of skills and knowledge.

The areas mentioned most frequently as being a shared training responsibility were human relations; communications; and sanitation and personal hygiene although all these areas were considered equally a shared responsibility and a hospital responsibility.

CHAPTER V

SUMMARY

The study of training and employment needs of food service personnel in 15 selected West Tennessee hospitals was accomplished by means of two questionnaires completed during personal interviews with hospital administrators and food service managers of hospitals in two groups by size. Specific weaknesses in the training of food service employees were noted. Hospital administrators reported inadequately trained employees as one of their major problems, and food service managers stated that lack of education and training was a major problem in the procurement of food service personnel. Other problems that administrators and food service managers mentioned frequently regarding food service employees were shortage of personnel, turnover, and absenteeism.

The job categories having the greatest employee turnover were food sanitation workers and food service workers. The food sanitation position was considered by managers of large hospitals the most difficult to fill. Managers in the small hospital group did not report difficulty in filling positions, yet they did report major difficulty in securing qualified applicants.

Both hospital groups reported plans for adding employees to their departments in the next five years.

Expansion of the hospital facility was stated by six managers as their reason for adding positions while the justification given by two managers was improved service.

Administrators of the 15 hospitals studied reported a total of 13 managerial positions which will be added in the future. When administrators were asked to identify the qualifications each looked for in a person he was hiring to be in charge of the food service department, experience was mentioned more frequently than any other single qualification.

Twelve of the 15 managers interviewed estimated that up to 10 per cent of their employees had received training before being hired. Of the 348 total employees in all hospitals visited, only 21 had been enrolled in training programs conducted during the past two years by outside agencies.

The skills and areas of knowledge considered most important for the managerial category were management principles; human nutrition and food science; and personnel administration. Although hospital conducted training programs for managers were reported in approximately half of the institutions studied, training was not considered to be a hospital responsibility. Training for this group was generally considered to be the responsibility of an outside agency.

Use and care of equipment, sanitary and safety

standards, principles and standards of quantity food service and preparation, and effective use of non-supervisory personnel were cited by all managers as most important for supervisory personnel. Ten of the 15 hospitals established training in these same areas of skills and knowledge.

All of the managers interviewed assessed as most important for food preparation workers the area of principles of quantity food preparation and service and the ability to apply them. Managers designated training of food preparation workers as a hospital responsibility, and a majority of the managers reported hospital conducted training in 11 of the 15 areas of skills and knowledge included in this category.

Food display and service was considered most important for food service workers by all of the managers interviewed. They assigned the training responsibility of food service personnel to the hospital; over half of the hospitals studied conducted training programs in all areas of skills and knowledge listed for these employees.

All managers interviewed indicated that use and care of equipment was most important for the food sanitation worker. A majority of managers considered sanitation and personal hygiene and safety as important, and 13 of the 15 hospitals visited conducted training in these areas.

Hospital administrators were asked to identify the qualifications each looked for in a person he was hiring to

be in charge of the food service department. Administrators mentioned experience as a qualification more frequently than any other single qualification. Approximately equal numbers of administrators of small and large hospitals listed technical knowledge in dietetics and American Dietetic Association membership as a preferred qualification.

With one exception all food service managers had completed high school and six had completed college. Four managers who had not completed college indicated they had graduated from the American Dietetic Association sponsored Supervisor Training Program. Education levels in general were higher for managers of large hospitals. Thirteen managers indicated they had attended some type of continuing education program during the last two years. Workshops and hospital sponsored management development courses were the most frequently attended and workshops were considered most helpful of any of the programs listed.

Four managers from each hospital group listed no professional affiliation. Three managers of large hospitals were members of the American Dietetic Association and an equal number from the small hospital group were members of the Hospital, Institution, Educational Food Service Society.

One manager from each hospital group had less than one year of previous experience in food service and 10 had five or more years of previous experience. Nine of the 15 managers had held their present jobs for over five years.

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APPENDICES

APPENDIX A

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE, KNOXVILLE

SURVEY OF HOSPITAL FOOD SERVICE PERSONNEL
QUESTIONNAIRE I

Please check and/or answer each item in the space indicated:

1. Hospital Name _____
2. Address _____
3. Number of beds _____
4. Is your food service department operated by:
(a) the hospital _____ (b) contract food service _____
5. What groups other than patients are served meals by the
food service department.
(a) personnel _____ (b) visitors _____ (c) none _____
6. If you serve groups other than patients, do you operate a:
(a) cafeteria _____ (b) coffee shop _____ (c) snack shop _____
(d) dining room with table service _____ (e) soda fountain _____
(f) other specify _____
7. Are you planning an expansion program within the next
five years: (a) yes _____ (b) no _____
8. If yes, how many additional beds _____

APPENDIX B

THE UNIVERSITY OF TENNESSEE
Knoxville 37916
College of Home Economics

Department of Food Science
and Institution Administration

Dear

As basis for future development of food service training programs, a study conducted by the Department of Food Science and Institution Administration at The University of Tennessee, Knoxville, is being conducted to investigate the training needs of food service personnel in Tennessee hospitals. Your hospital administrator has graciously accepted to continue the study in this hospital. A thirty-minute appointment for an interview with you was established to occur on

. Please confirm a meeting with your administrator on this same date. If these appointments are not correct, please notify me at once by calling (615) 974-5445. The interviews will be conducted by Mrs. Carole Wilson.

In a previous study, food service managers indicated that answering the enclosed questionnaire in advance of the interview would provide more time for study. Your response to this questionnaire will provide useful information in assessing the training needs of food service personnel employed in hospitals. If difficulty is encountered in answering the questionnaire, it can be answered during the interview. The questionnaire will be collected at the interview.

Your cooperation in supplying information for the study is greatly appreciated.

Sincerely,

Mary Jo Hitchcock, Ph.D.
Associate Professor

MJH/ws

Enclosure

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE, KNOXVILLE

SURVEY OF HOSPITAL FOOD SERVICE PERSONNEL
QUESTIONNAIRE II. TO FOOD SERVICE MANAGERS

QUESTIONNAIRE II. INSTRUCTIONS

HOSPITAL NAME _____

LOCATION _____
(Street Address) (City)

The tasks, skills, and knowledge of food service personnel are divided into five job classifications:

1. Managerial: dietitians, food service managers
2. Supervisory: food service supervisors for both food preparation and service
3. Food Preparation Workers: cooks, bakers, salad preparation workers, and helpers
4. Food Service Workers: waitresses, tray girls, counter attendants or cafeteria aides, and related positions.
5. Food Sanitation Workers: dish washers, pot and pan washers, porters

If an employee performs tasks which are included in more than one job classification, he will be included in the category in which the greater part of his duties fall (60%).

Training will be considered to be any type of preplanned sequence of experiences designed to increase the skills and knowledge of one of the employees.

Please read the tasks, skills, and knowledge required of personnel in each job classification listed on the following pages. Complete the following instructions.

1. If you think additional tasks are required in any job classification, write them at the bottom of the list.
2. On the left side of the skills and knowledge list, indicate with an H the areas in which you think training ought to be a hospital responsibility;

with an O the areas in which you think training ought to be the responsibility of other agencies such as governmental, educational or professional agencies; or with an S for those areas in which you think training should be a shared or mutual responsibility between hospitals and other agencies.

3. On the right side of the skills and knowledge list, check the areas in which food service personnel have previously been trained in this hospital food service.
4. In the skills and knowledge list, circle the areas in which you think are the most important for food service personnel in the various job classifications to know in order to perform their job proficiently.

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILL AND KNOWLEDGE |
|---|---|---|--|
| Managerial: Dietitians, Food Service Managers | Plans, organizes, directs, coordinates and controls human, physical and financial resources of food service departments in order to achieve department and organization goals. If part of a larger system, interprets departmental goals, objectives, and needs to systems director. | Plans and directs operation of food service department. Procures or consults in procuring food and supplies and equipment. Maintains adequate record keeping and cost control measures. Studies and analyzes records and procedures to improve utilization of departmental resources. Plans or directs planning menus according to nutrition principles, directs food preparation and service. Maintains appropriate sanitary and safety standards. Selects, trains, supervises, and evaluates personnel | Mark H (Hospital); O Check () (outside agency); or if Hospital S (shared responsibility). Management Principles () Food Procurement () Record Keeping () (financial, personnel) Human Relations () Communications () Layout and Design of Equipment and Plant () Human Nutrition and Food Science () Quantity Food Preparation and Service () Menu Planning () Personnel Administration () Use and Care of Equipment () May need information () |

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILL AND KNOWLEDGE |
|--------------------|---------------|--|--|
| Managerial: cont'd | | according to job performance standards. | regarding specific types of feeding requirements such as hospitals, students, aged, etc. |
| | | May instruct groups or individuals in nutrition or diet selection. | |
| | | May write for technical journals or prepare educational material on food and proper nutrition. | |

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILLS AND KNOWLEDGE |
|--|---|---|--|
| Supervisory: Food Service supervisors for both food preparation and service | Uses independent judgment to direct activities of subordinate personnel in such a way that plans, policies, and directions of management are carried out. | Supervises employees in food service department, in food production, and service, and in maintaining cleanliness of department and equipment. | Mark H (Hospital); 0 Check () (outside agency); or if Hospital trains () S (shared responsibility). |
| | | | <u>Menu Terminology</u> () |
| | | | <u>Principles of Nutrition and Diet Therapy</u> () |
| | | "Instructs workers in methods of performing duties and assigns and coordinates work of employees to promote efficiency of operations." ¹ | <u>Use and Care of Equipment</u> () |
| | | | <u>Human Relations</u> () |
| | | | <u>Communications</u> () |
| | | | <u>Sanitary and Safety Standards</u> () |
| | | Keeps and maintains records as directed by management such as meals served, food cost, usage level of food and supplies. | <u>Mathematics as Related to Cost Control</u> () |
| | | | <u>Principles and Standards of Quantity Food Service and Preparation</u> () |
| | | May supervise service of trays to hospital patients and assist in planning modified diets. | <u>Effective Use of Non-Supervisory Personnel</u> () |
| | | | <u>Maintaining Records</u> () |
| | | May assist management in purchasing | |

¹U.S. Dept. of Labor, 1965.
Dictionary of Occupational Titles.
Vol. 1, 3rd Ed. p. 294, U.S. Gov.
Printing Office, Washington, D.C.

EMPLOYEE CATEGORY GENERAL TASKS

Supervisory: cont'd

SPECIFIC TASKS

and procurement of
food and supplies,
cost accounting,
evaluating and
training employees,
and planning for
change.

SKILLS AND KNOWLEDGE

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILLS AND KNOWLEDGE |
|--|--|---|--|
| Food Preparation Workers: | Performs operations necessary to convert raw food to product ready for distribution and service. | Chief cook directs and supervises performance of staff cooks and helpers. | Mark H (Hospital); 0 Check () (outside agency); or if Hospital S (shared responsibility). |
| Cooks, Bakers, Salad Preparation Workers and Helpers | | Follows production schedule by performing preliminary processes of preparing food to be cooked such as washing, dicing, peeling, slicing, etc., weighing or measuring food if necessary. ¹ | <input type="checkbox"/> Human Relations () <input type="checkbox"/> Communications () <input type="checkbox"/> Sanitation and Personnel Hygiene () <input type="checkbox"/> Menu Terminology () <input type="checkbox"/> Principles of Nutrition as Related to Food Preparation () |
| | | Combines food items according to prescribed recipe. | <input type="checkbox"/> Use of Standardized Recipes () |
| | | Cooks food by appropriate method following specified procedure. ¹ | <input type="checkbox"/> Principles of Quantity of Food Preparation and Service and Ability to Apply Them () |
| | | Prepares food for service by slicing, portioning, panning, garnishing, etc. ¹ | <input type="checkbox"/> Food Preparation for Modified Diets () |
| | | Evaluates product. | <input type="checkbox"/> Quality Standards of Food () |
| | | | <input type="checkbox"/> Proper Food Handling and Storage () |

¹U.S. Dept. of Health, Education, and Welfare, 1961. Food Service Industry Training Programs and Facilities. Vocational Div. Bull. 298, p. 12, U.S. Government Printing Office, Washington, D.C.

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILLS AND KNOWLEDGE |
|-------------------------------------|---------------|----------------|---|
| Food Preparation Workers: cont'd | | | <input type="checkbox"/> Use and Care of Equip- ment () <input type="checkbox"/> Safety () <input type="checkbox"/> Basic Mathematics () <input type="checkbox"/> Work Simplification () <input type="checkbox"/> Chief Cook must have knowledge of super- visory techniques () |

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILLS AND KNOWLEDGE |
|---|---|---|--|
| Food Service Workers: Waitresses, Dietary Aides, Cafeteria Aides or Counter Attendants, and Related Positions | Serves food to customers or patients in specified manner. | Portions food into dishes. | Mark H (Hospital); 0 Check () (outside agency); or if Hospital S (shared responsibility). |
| | | Serves food for patient trays or on cafeteria line. | Human Relations () |
| | | Takes orders and serves food at tables. | Communications () |
| | | Sets up steam table or cafeteria counter for service. | Sanitation and Personal Hygiene () |
| | | Changes linen and sets tables. | Safety () |
| | | May assemble food onto patient trays and serve trays to patients. | Food Display and Service () |
| | | May visit patients to collect menus. | Quality Standards for Food () |
| | | May clear tables and return dishes to kitchen. | Use and Care of Equipment () |
| | | May work at soda fountain. | Menu Terminology () |
| | | May clean silver and make coffee. | Limited Knowledge of Modified Diets () |
| | | | Limited Knowledge of Food Preparation () |
| | | | Work Simplification () |

EMPLOYEE CATEGORY

GENERAL TASKS

SPECIFIC TASKS

SKILLS AND KNOWLEDGE

Food Service
Workers: cont'd

May perform other
miscellaneous tasks
related to serving
food.

| EMPLOYEE CATEGORY | GENERAL TASKS | SPECIFIC TASKS | SKILLS AND KNOWLEDGE |
|---|--|--|--|
| Food Sanitation Workers: Dishwasher, Pot and Pan washers | Maintains sanitary standards of utensils and equipment used in food preparation and service. | Washes and sanitizes dishes, pots and pans. Cleans heavy stationary equipment and walk-in refrigerators. | Mark H (Hospital); 0 Check () (outside agency); or if Hos- S (shared responsi- pital bility). trains |
| | Maintains sanitation standards of physical plant. | Sweeps and mops floors Remove trash and garbage. May wash walls and windows. May assist in moving supplies. May assist in simple food preparation such as breaking eggs, opening cans and packaged items, and preparing produce. May transport food service equipment such as food carts. | Human Relations () Communications () Sanitation and Personal () Hygiene Safety () Use and Care of Equip- () ment Work Simplification () |

Indicate the number of employees who have participated in the following types of training programs conducted outside this food service during the last two years. Do not include training programs in which you have participated.

| Employee Classification | TYPE OF TRAINING PROGRAM | | | | | |
|------------------------------|--------------------------|------------------------|-----------|--------------------------|--------------|-----------------|
| | Adult Educ. Courses | Vocation Educ. Courses | Workshops | Profes. or trade Conven. | Coll. Course | Other (Specify) |
| Managerial (not interviewee) | | | | | | |
| Supervisory | | | | | | |
| Food Preparation Workers | | | | | | |
| Food Service Workers | | | | | | |
| Food Sanitation Workers | | | | | | |

If you have personal comments to make about this questionnaire, please write them on this page.

APPENDIX C

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE, KNOXVILLE

SURVEY OF HOSPITAL FOOD SERVICE PERSONNEL
QUESTIONNAIRE III. TO SELECTED HOSPITALS

HOSPITAL NAME _____

LOCATION _____
(Street Address) (City)

Each question must be answered by the designated person.
No answers are to be assumed by the interviewee.
If a question concerning the understanding of terminology
is presented, read the definition given:

I. ASK THE HOSPITAL ADMINISTRATOR:

1. What is your job title: _____
2. Does this hospital operate nursing home or any other type of special patient care institution:
a) yes ___ b) no ___ (If no, proceed to question 4).
3. What is the name, location, and bed capacity of the nursing home or special patient care institution:

| Name | Location | Bed Capacity |
|------|----------|--------------|
|------|----------|--------------|

- | | |
|----------|-------|
| a) _____ | _____ |
| b) _____ | _____ |
| c) _____ | _____ |
4. As a hospital administrator, what do you consider to be your major problems relating to food service personnel:
a) _____ c) _____
b) _____ d) _____
 5. What are the qualifications you look for when you hire a person to be in charge of this food service:
a) _____ c) _____
b) _____ d) _____

6. What was the total number of separations during the past month? _____ What was the average number of persons on the payroll during the past month? _____ Average annual turnover rate¹ _____
7. Does this food service receive regular services of a dietary consultant: a) yes ___ b) no ___
8. Are positions for dietitians and persons in charge of the food service presently vacant: a) yes ___ b) no ___ (If no, proceed to question 10).
9. What is the number of vacant positions for dietitians and persons in charge of the food service: a) dietitians _____ b) food service managers _____
10. Will new positions for dietitians and persons in charge of the food service be created in the next five years: a) yes. ___ b) no ___ (If no, proceed to next part of questionnaire).
11. What will be the number of future created positions for dietitians and persons in charge of the food service: a) dietitians ___ b) food service managers _____

II. ASK PERSON IN CHARGE OF THE FOOD SERVICE:

A. Food Service Manager's Education Qualifications

1. What is your job title: _____, Name _____
2. Had you had previous work experience in the food service field before you became employed by this institution: a) yes ___ b) no ___ (If no, proceed to question 4).
3. How many years have you had work experience in the food service field prior to being employed by this institution: a) less than 1 year ___ b) 1-4 years ___ c) 5-9 years ___ d) 10-14 years ___ e) 15 years or longer ___

¹Labor turnover rate is the percentage of total personnel terminations for a given period of time in relation to the number of employed personnel during the same period.

Basic formula: $LT = \frac{S}{N} \times 100$

LT=Labor turnover rate

S=Total separations for a specified period of time

N=Average number of persons on the payroll during the same period.

4. How many years have you worked in this food service:
 a) less than 1 year ___ b) 1-4 years ___ c) 5-9
 years ___ d) 10-14 years ___ e) 15 years or longer ___
5. How many years have you been in charge of this food
 service: a) less than 1 year ___ b) 1-4 years ___
 c) 5-9 years ___ d) 10-14 years ___ e) 15 years or
 longer ___
6. How many years of formal education have you completed:
 (Circle last year completed) (Dietetic internship
 and a Master's degree count one extra year each) 1 2
 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
7. During your formal education did you receive train-
 ing in the food service field: a) yes ___ b) no ___
 (If no, proceed to question 9).
8. Which of the following education programs did you
 attend and graduate: a) high school home economics
 ___ b) vocational education program² ___ c) adult
 education program³ ___ d) 2 year Junior or community
 college ___ e) 4 year college ___ f) other (specify)

9. Are you a member of the American Dietetic Associa-
 tion or other professional organization: a) yes
 (Specify) _____ b) no _____
10. Have you attended continued education or training
 programs in the food service field in the last 2
 years: a) yes ___ b) no ___ (If no, proceed to next
 part of questionnaire).
11. Which of the following types of education or train-
 ing programs did you attend: a) hospital sponsored
 management development course ___ b) adult education
 courses² ___ c) vocation education courses³ ___
 d) workshops ___ e) professional or trade conven-
 tions ___ f) college courses ___ g) other (specify)

²Adult education program is only one or several courses
 designed to teach a unit of a skill or area of knowledge.

³Vocational education program is a series of comprehen-
 sive courses designed to teach a specific skill or area of
 knowledge.

12. Which of these do you feel would be most helpful in your particular job: (Only one answer) _____

B. Employment Needs.

1. What is the total number of food service employees: _____ (including the Food Service Manager)
2. How many of these are: a) full time _____
b) part time _____
3. How many are in these job classifications:
a) managerial _____ b) supervisory _____ c) food preparation workers _____
d) food service workers _____ e) food sanitation workers _____
f) other _____
4. How many vacant positions do you have at the present in each of these job classifications:
a) managerial _____ b) supervisory _____ c) food preparation workers _____
d) food service workers _____ e) food sanitation workers _____
f) other _____
5. In which classification do you have the greatest labor turnover: a) managerial _____ b) supervisory _____
c) food preparation workers _____ d) food service workers _____
e) food sanitation workers _____ f) others _____
6. In which classification are jobs most difficult to fill: a) managerial _____ b) supervisory _____
c) food preparation workers _____ d) food service workers _____
e) food sanitation workers _____
7. Why do you think this category is the most difficult to fill?

8. Do you anticipate adding any positions to your food service within the next five years: a) yes _____ b) no _____ (If no, proceed to next part of questionnaire).
9. For what reason do you plan to add new positions _____

10. In which classifications will new positions be

created: a) managerial ___ b) supervisory ___ c)
food preparation workers ___ d) food service
workers ___ e) food sanitation workers ___ f) classi-
fication not determined ___

C. Existence of Training Programs

1. Approximately what percent of your employees have had some formal training⁴ in the food service field before being hired: a) ___%
b) didn't know ___
2. Does a formal training program exist in this food service: a) yes ___ b) no ___ (If no, this questionnaire is completed).
3. Indicate the types of training programs and the people who do the training.

⁴Formal training conducted either on or off the job premises includes a preplanned sequence of experiences designed to increase skills and knowledge of the trainees (Jolin et al., 1968).

| People Who Do Training | TYPE OF TRAINING PROGRAM | | | | |
|--------------------------------|-----------------------------|----------------------|--|-----------------------------|-----------------|
| | Indoctrination ⁵ | Orient. ⁶ | Supvsd. on-the-job Training ⁷ | Classrm. Educ. ⁸ | Other (Specify) |
| Food Service Manager | | | | | |
| Staff Dietitian | | | | | |
| Supervisor | | | | | |
| Other Food Service Employees | | | | | |
| Personnel Department Employees | | | | | |
| Other (Specify) | | | | | |

⁵Indoctrination is the process of introducing an applicant to the institution, explaining the objectives, policies, and regulations of the institution, and describing the job being considered. (Harwood et al., 1968).

⁶Orientation is the process of acquainting the employee to his new work surroundings and to the persons with whom he will work. (Harwood et al., 1968).

⁷Supervised on-the-job training is the instructional process conducted by a designated person (usually the employee's immediate supervisor) whose instruction should increase the skills and knowledge of the employee up to a satisfactory level for job proficiency (Harwood et al., 1968).

⁸Classroom education training program conducted in a classroom environment consists of organized, preplanned subject material designed to meet the particular educational needs of the trainees (Harwood et al., 1968).

TABLE 6

QUALIFICATIONS OF FOOD SERVICE MANAGERS DESIRED BY
HOSPITAL ADMINISTRATORS

| Qualifications | Small Hospitals 25 - 100 beds Number | Large Hospitals 101 beds & above Number | Total | |
|---|--|---|--------|-----------|
| | | | Number | Per Cent* |
| Qualifications relating to experience | | | | |
| Experience in management | 8 | 6 | 14 | 93 |
| Experience in dietetics | 7 | 4 | 11 | 73 |
| Qualifications relating to education | | | | |
| Technical knowledge in dietary field | 3 | 4 | 7 | 47 |
| ADA Membership | 4 | 4 | 8 | 53 |
| Qualifications relating to personal characteristics | | | | |
| Cooperativeness | 3 | 1 | 4 | 3 |
| Skill in Human Relations | 9 | 2 | 11 | 73 |
| Personal Motivation | 1 | 0 | 1 | 6 |

*Based on a total of 8 small and 7 large hospitals

TABLE 7

FACTORS RELATING TO FUTURE EMPLOYMENT NEEDS OF FOOD SERVICE PERSONNEL

| Job Category | Percentage Employee Distribution ^b | | Greatest Employee Turnover ^b | | Vacant Positions | | | | | | Positions Most Difficult To Fill ^b | | Future Created Positions | | | | | |
|-------------------------|---|----|---|---|-------------------------|---------|--------|------------------|---|---|---|---|--------------------------|---|---|------------------|---|---|
| | | | | | Managerial ^a | | | All ^b | | | | | Managerial ^a | | | All ^b | | |
| | S | L | S | L | Diet. | FS Mgr. | Others | S | L | S | L | S | L | S | L | S | L | |
| | Managerial | 8 | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 7 | 2 | 2 | 0 |
| Supervisory | 7 | 11 | 0 | 0 | - | - | - | - | 0 | 0 | 0 | 1 | - | - | - | - | 2 | 2 |
| Food Preparation Worker | 33 | 22 | 2 | 0 | - | - | - | - | 1 | 0 | 0 | 1 | - | - | - | - | 3 | 2 |
| Food Service Worker | 36 | 45 | 1 | 3 | - | - | - | - | 0 | 0 | 0 | 1 | - | - | - | - | 0 | 2 |
| Food Sanitation Worker | 16 | 16 | 2 | 4 | - | - | - | - | 0 | 1 | 0 | 5 | - | - | - | - | 2 | 2 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

a Information supplied by hospital administrators

b Information supplied by food service managers based on 101 employees in small hospitals and 247 employees in large hospitals

TABLE 8

MAJOR PROBLEMS RELATING TO FOOD SERVICE PERSONNEL AS REPORTED
BY HOSPITAL ADMINISTRATORS

| Problem | Small Hospitals | Large Hospitals | Total | |
|--|-------------------------|----------------------------|--------|-----------|
| | 25 - 100 beds Number | 101 beds & above Number | Number | Per Cent* |
| Problems relating to personal characteristics | | | | |
| Resistance to change | 1 | 0 | 1 | 7 |
| Irresponsibility of personnel | 0 | 1 | 1 | 7 |
| Inconsiderate of patients | 0 | 1 | 1 | 7 |
| Lack of motivation | 0 | 1 | 1 | 7 |
| Poor attitude | 0 | 1 | 1 | 7 |
| Equipment abuse | 0 | 1 | 1 | 7 |
| Problems relating to entry qualifications and availability | | | | |
| Lack of or inadequate training | 2 | 2 | 4 | 26 |
| Shortage of personnel | 1 | 1 | 2 | 13 |
| Problems relating to stability | | | | |
| Absenteeism | 1 | 3 | 4 | 26 |
| Turnover | 1 | 1 | 2 | 13 |
| Other | | | | |
| No problems mentioned | 2 | 0 | 2 | 13 |
| Communication | 1 | 0 | 1 | 7 |
| Human relations | 0 | 1 | 1 | 13 |

Table 8 continued.

| Problem | Small Hospitals | Large Hospitals | Total | |
|-------------------------------|-------------------------|----------------------------|--------|-----------|
| | 25 - 100 beds Number | 101 beds & above Number | Number | Per Cent* |
| High work load per employee | 1 | 0 | 1 | 7 |
| Providing funds to department | 1 | 0 | 1 | 7 |
| Unionization | 0 | 1 | 1 | 7 |
| Integration | 1 | 0 | 1 | 7 |

*Based on a total of 8 small and 7 large hospitals

TABLE 9

HOSPITALS RECEIVING THE REGULAR SERVICES
OF A DIETARY CONSULTANT

| | Small Hospitals 25 - 100 beds Number | Large Hospitals 101 beds & up Number | Total Number |
|---|--|--|-----------------|
| Hospitals receiving consultation | | | |
| By ADA Member | 4 | 3 | 7 |
| By Other person | 1 | 0 | 1 |
| Total | 5 | 3 | |
| Hospitals not receiving consultation | 3 | 4 | 7 |

TABLE 10

AVERAGE ANNUAL TURNOVER RATE OF FIFTEEN
HOSPITALS IN TWO GROUPS

| | |
|---|---|
| <u>Small Hospitals</u> - 25 to 100 beds | |
| Number reporting no annual turnover. | 7 |
| Number reporting annual turnover ^a | 1 |
| <u>Large Hospitals</u> - 101 beds and above | |
| Number reporting no annual turnover. | 4 |
| Number reporting annual turnover ^b | 3 |

a - 7% turnover reported

b - 1%, 3%, and 13% turnover reported

TABLE 11

MAJOR PROBLEMS RELATING TO PROCUREMENT OF FOOD SERVICE PERSONNEL
AS REPORTED BY FOOD SERVICE MANAGERS

| Problem | Small Hospitals | Large Hospitals | Total | |
|---|-------------------------|----------------------------|--------|-----------|
| | 25 - 100 beds Number | 101 beds & above Number | Number | Per Cent* |
| Problems relating to personal characteristics | | | | |
| Irresponsible applicants | 1 | 1 | 2 | 13 |
| Problems relating to entry qualifications | | | | |
| Lack of education | 2 | 1 | 3 | 20 |
| Lack of training | 3 | 1 | 4 | 26 |
| Lack of experience | 2 | 1 | 3 | 20 |
| Shortage of personnel | 0 | 2 | 2 | 13 |
| Problems relating to stability | | | | |
| Problems mentioned | 5 | 8 | 13 | 87 |
| No problems mentioned | 2 | 0 | 2 | 13 |
| Other | | | | |
| Low salary | 0 | 4 | 4 | 26 |
| Job disagreeable | 0 | 3 | 3 | 20 |
| Draft | 0 | 1 | 1 | 7 |

*Based on a total of 8 small and 7 large hospitals

TABLE 12

FORMAL TRAINING PROGRAMS ATTENDED BY SUBMANAGERIAL PERSONNEL

| Per cent of Employees with Previous Training | Number of Managers Reporting | | Hospital Training Programs | Number of Hospitals Conducting Training | | Outside Agency Training Programs | Number of Employees with Outside Training | |
|---|------------------------------------|---|----------------------------------|--|---|--|--|---|
| | S | L | | S | L | | S | L |
| 0 - 5% | 6 | 3 | Indoctri- nation | 8 | 5 | Adult Education Course | | 2 |
| 6 - 10% | | 3 | Orienta- tion | 8 | 6 | Vocational Educ. Course | 4 | 1 |
| 11 - 15% | | 1 | | | | | | |
| 16 - 20% | 1 | | On-the- job Training | 8 | 6 | Workshops | 2 | 5 |
| 21 - 25% | 1 | | | | | Professional or Trade Conventions | 1 | 1 |
| | | | Classroom Education | 5 | 7 | College Courses | 1 | 1 |
| | | | | | | ADA Sponsored Supervisor Training Course | 1 | 2 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

TABLE 13

PROFESSIONAL PREPARATION OF FOOD SERVICE MANAGERS

| Education | | | Education Programs Completed | | | | Professional Affiliation | | | | |
|-----------|-------|-------|------------------------------|--|-------|-------|--------------------------|---|-----|------|------|
| Years | Small | Large | Total | Program | Small | Large | Total | Association | Sm. | Lrg. | Tot. |
| 17 | | 4 | 4 | High School Home Economics | 6 | 4 | 10 | National ADA Membership | | 3 | 3 |
| 16 | 2 | | 2 | Vocational Educ. Programs | | 1 | 1 | Local Dietetic Association | 1 | 1 | 2 |
| 15 | | | | | | | | | | | |
| 14 | 1 | | 1 | Adult Education Programs | | 2 | 2 | Hospital, Institution, Educational Food Service Society | 3 | | 3 |
| 13 | 2 | 1 | 3 | Two-year College | 1 | | 1 | | | | |
| 12 | 2 | 2 | 4 | Four-year College | 2 | 4 | 6 | | | | |
| 10 | | | | Additional College | | 2 | 2 | Not Professionally Affiliated | 4 | | 4 |
| 9 | | | | Internship or Master's degree | | 3 | 3 | | | | |
| 8 | 1 | | 1 | ADA sponsored Supervisor Training Program | 4 | | 4 | | | | |

S Small Hospitals - 25 to 100 beds
L Large Hospitals - 101 beds and above

TABLE 14

CONTINUING EDUCATION PROGRAMS OF FOOD SERVICE MANAGERS

| Program | Number of food service managers attending | | Number considered most helpful by food service mgrs. | |
|--------------------------------------|---|---|--|---|
| | S | L | S | L |
| Management development courses | 4 | 3 | 2 | |
| Adult education courses | | | | |
| Vocational education courses | 1 | 1 | | |
| Food service workshops | 5 | 4 | 2 | 3 |
| Professional or trade conventions | 1 | 4 | | 3 |
| College or university courses | 1 | 2 | 1 | |
| Correspondence courses | 2 | | 1 | |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

TABLE 15

WORK EXPERIENCE OF FOOD SERVICE MANAGERS

| Number of Years | Previous Food Service Experience | | | Experience in This Hospital | | | Experience as Manager in This Hospital | | |
|-----------------------|-------------------------------------|-------|-------|--------------------------------|-------|-------|---|-------|-------|
| | Small | Large | Total | Small | Large | Total | Small | Large | Total |
| Less than 1 | 1 | 1 | 2 | 1 | 1 | 2 | 1 | 2 | 3 |
| 1 - 4 years | 2 | 1 | 3 | 0 | 0 | 0 | 2 | 1 | 3 |
| 5 - 9 years | 1 | 0 | 1 | 6 | 3 | 9 | 4 | 2 | 6 |
| 10 - 15 years | 1 | 3 | 4 | 0 | 2 | 2 | 0 | 1 | 1 |
| 15 years & up | 3 | 2 | 5 | 1 | 1 | 2 | 1 | 1 | 2 |

Small Hospitals - 25 to 100 beds

Large Hospitals - 101 beds and above

TABLE 16

FOOD SERVICE MANAGER EVALUATION OF SKILLS AND KNOWLEDGE FOR MANAGERIAL PERSONNEL
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|--|----------------|----------|---------------------|----------|------------------|----------|-----------------|----------|----------------|----------|
| | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> |
| | Number | | Number | | Number | | Number | | Number | |
| Management principles | 7 | 7 | 3 | 3 | 2 | 1 | 4 | 5 | 2 | 1 |
| Food procurement | 4 | 0 | 3 | 2 | 4 | 1 | 2 | 3 | 2 | 3 |
| Record keeping (financial, personnel) | 0 | 0 | 2 | 4 | 3 | 3 | 2 | 3 | 3 | 1 |
| Human relations | 0 | 1 | 3 | 3 | 2 | 0 | 3 | 4 | 3 | 3 |
| Communications | 2 | 2 | 4 | 3 | 1 | 1 | 3 | 4 | 4 | 2 |
| Layout and design of equipment and plant | 1 | 2 | 2 | 1 | 3 | 0 | 3 | 5 | 2 | 2 |
| Human nutrition and food science | 6 | 5 | 4 | 2 | 1 | 0 | 4 | 6 | 3 | 1 |
| Quantity food preparation and service | 2 | 2 | 4 | 3 | 1 | 1 | 3 | 5 | 4 | 1 |
| Menu planning | 1 | 0 | 3 | 2 | 2 | 1 | 4 | 3 | 2 | 3 |
| Personnel administration | 3 | 5 | 2 | 2 | 3 | 1 | 3 | 4 | 2 | 2 |
| Use and care of equipment | 0 | 0 | 4 | 4 | 3 | 2 | 2 | 3 | 3 | 1 |
| Specific information regarding types of feeding requirements for certain groups ³ | 3 | 0 | 2 | 3 | 0 | 0 | 4 | 4 | 4 | 3 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

TABLE 17

FOOD SERVICE MANAGER EVALUATION OF SKILLS AND KNOWLEDGE FOR SUPERVISORY PERSONNEL
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|---|----------------|----------|---------------------|----------|------------------|----------|-----------------|----------|----------------|----------|
| | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> |
| | Number | | Number | | Number | | Number | | Number | |
| Menu terminology | 0 | 0 | 7 | 5 | 4 | 6 | 0 | 1 | 4 | 0 |
| Principles of nutrition and diet therapy | 1 | 0 | 4 | 5 | 2 | 1 | 3 | 1 | 3 | 5 |
| Use and care of equipment | 6 | 5 | 8 | 6 | 4 | 4 | 0 | 0 | 4 | 3 |
| Human relations | 1 | 0 | 5 | 3 | 4 | 0 | 1 | 2 | 3 | 5 |
| Communications | 1 | 2 | 6 | 3 | 4 | 1 | 1 | 1 | 3 | 5 |
| Sanitary and safety standards | 3 | 5 | 7 | 6 | 2 | 0 | 0 | 2 | 6 | 5 |
| Mathematics as related to cost control | 0 | 0 | 6 | 2 | 5 | 2 | 3 | 3 | 0 | 2 |
| Principles and standards of quantity food service and preparation | 7 | 1 | 6 | 5 | 2 | 4 | 1 | 2 | 5 | 1 |
| Effective use of non-supervisory personnel | 3 | 5 | 6 | 4 | 5 | 4 | 1 | 2 | 2 | 1 |
| Maintaining records | 0 | 1 | 8 | 6 | 7 | 6 | 0 | 0 | 1 | 1 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

TABLE 18

FOOD SERVICE MANAGER EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD PREPARATION WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|---|----------------|----------|---------------------|----------|------------------|----------|-----------------|----------|----------------|----------|
| | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> |
| | Number | | Number | | Number | | Number | | Number | |
| Human relations | 0 | 0 | 4 | 3 | 4 | 0 | 1 | 0 | 3 | 7 |
| Communications | 0 | 0 | 5 | 4 | 4 | 1 | 1 | 0 | 3 | 6 |
| Sanitation and personal hygiene | 3 | 6 | 7 | 4 | 4 | 1 | 0 | 2 | 4 | 4 |
| Menu terminology | 4 | 0 | 6 | 5 | 6 | 6 | 0 | 0 | 2 | 1 |
| Principles of nutrition as related to food preparation | 0 | 0 | 4 | 3 | 3 | 4 | 2 | 2 | 3 | 1 |
| Use of standardized recipes | 4 | 4 | 5 | 3 | 6 | 6 | 1 | 1 | 1 | 0 |
| Principles of quantity food preparation and service and ability to apply them | 8 | 7 | 7 | 4 | 4 | 5 | 1 | 1 | 3 | 1 |
| Food preparation for modified diets | 0 | 0 | 6 | 6 | 5 | 6 | 0 | 0 | 3 | 1 |
| Quality standards of food | 4 | 3 | 5 | 3 | 3 | 4 | 1 | 1 | 4 | 2 |
| Proper food handling and storage | 5 | 4 | 6 | 6 | 5 | 2 | 0 | 1 | 3 | 4 |
| Use and care of equipment | 3 | 5 | 7 | 6 | 7 | 4 | 0 | 1 | 1 | 2 |
| Safety | 0 | 1 | 7 | 5 | 7 | 4 | 1 | 0 | 0 | 3 |

Table 18 continued.

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|--|----------------|---|---------------------|---|------------------|---|-----------------|---|----------------|---|
| | S | L | S | L | S | L | S | L | S | L |
| | Number | | Number | | Number | | Number | | Number | |
| Basic mathematics | 0 | 0 | 3 | 1 | 4 | 1 | 4 | 5 | 0 | 1 |
| Work simplification | 0 | 1 | 6 | 6 | 6 | 5 | 1 | 0 | 1 | 2 |
| Chief cook must have knowledge of supervisory techniques | 0 | 0 | 4 | 2 | 3 | 1 | 1 | 1 | 4 | 5 |

S Small Hospitals - 25 to 100 beds
 L Large Hospitals - 101 beds and above

TABLE 19

FOOD SERVICE MANAGER EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD SERVICE WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|---------------------------------------|----------------|----------|---------------------|----------|------------------|----------|-----------------|----------|----------------|----------|
| | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> | <u>S</u> | <u>L</u> |
| | Number | | Number | | Number | | Number | | Number | |
| Human relations | 0 | 0 | 5 | 3 | 5 | 1 | 0 | 0 | 3 | 6 |
| Communications | 0 | 1 | 6 | 3 | 5 | 1 | 0 | 0 | 3 | 6 |
| Sanitation and personal hygiene | 3 | 6 | 7 | 6 | 4 | 2 | 0 | 2 | 4 | 3 |
| Safety | 1 | 3 | 7 | 6 | 6 | 2 | 1 | 0 | 1 | 5 |
| Food display and service | 8 | 7 | 7 | 5 | 5 | 5 | 0 | 1 | 3 | 1 |
| Quality standards for food | 0 | 1 | 7 | 3 | 4 | 4 | 0 | 1 | 4 | 2 |
| Use and care of equipment | 2 | 5 | 7 | 6 | 6 | 5 | 0 | 0 | 2 | 2 |
| Menu terminology | 3 | 0 | 6 | 6 | 6 | 7 | 0 | 0 | 2 | 0 |
| Limited knowledge of food preparation | 0 | 0 | 7 | 6 | 5 | 6 | 0 | 1 | 3 | 0 |
| Work simplification | 1 | 0 | 7 | 6 | 7 | 6 | 0 | 0 | 1 | 1 |
| Limited knowledge of modified diets | 0 | 0 | 7 | 6 | 5 | 6 | 0 | 0 | 3 | 1 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

TABLE 20

FOOD SERVICE MANAGER EVALUATION OF SKILLS AND KNOWLEDGE FOR FOOD SANITATION WORKERS
AND AGENCIES RESPONSIBLE FOR TRAINING

| Skill or knowledge | Most Important | | Hospital Conducting | | Hospital Respon. | | Outside Respon. | | Shared Respon. | |
|---------------------------------|----------------|---|---------------------|---|------------------|---|-----------------|---|----------------|---|
| | S | L | S | L | S | L | S | L | S | L |
| | Number | | Number | | Number | | Number | | Number | |
| Human relations | 0 | 0 | 5 | 2 | 5 | 2 | 0 | 1 | 3 | 4 |
| Communications | 0 | 0 | 6 | 2 | 5 | 3 | 0 | 0 | 3 | 4 |
| Sanitation and personal hygiene | 3 | 7 | 7 | 6 | 4 | 2 | 0 | 2 | 4 | 3 |
| Safety | 4 | 5 | 7 | 6 | 7 | 2 | 1 | 0 | 0 | 5 |
| Use and care of equipment | 8 | 7 | 7 | 6 | 7 | 6 | 0 | 0 | 1 | 1 |
| Work simplification | 0 | 0 | 7 | 6 | 8 | 6 | 0 | 0 | 0 | 1 |

S Small Hospitals - 25 to 100 beds

L Large Hospitals - 101 beds and above

VITA

Carole Elizabeth Wilson, wife of James Harry Wilson was born in Frankfort, Kentucky, on April 11, 1945. She attended elementary school and high school in Frankfort, Kentucky and was salutatorian of the Franklin County High School, Class of 1963. The following fall she attended Gulf Park Junior College, Gulfport, Mississippi, and in May, 1965, she received her Associate of Arts degree with certification in Home Economics. She was president of Phi Theta Kappa at Gulf Park.

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