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Training and Employment Needs of Personnel in Selected Hospital Food Services in Middle Tennessee

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To the Graduate Council:

I am submitting herewith a thesis written by Anita Fuqua Alphin entitled "Training and Employment Needs of Personnel in Selected Hospital Food Services in Middle Tennessee." 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 Food Science and Technology.

Mary Jo Hitchcock, Major Professor

We have read this thesis and recommend its acceptance:

Grayce E. Goertz, Mary Nelle Traylor

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

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To the Graduate Council:

I am submitting herewith a thesis written by Anita Fuqua Alphin entitled "Training and Employment Needs of Personnel in Selected Hospital Food Services in Middle Tennessee." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Institution Administration.

Major Professor

We have read this thesis and recommend its acceptance:

Accepted for the Council:

Vice Chancellor for
Graduate Studies and Research

TRAINING AND EMPLOYMENT NEEDS OF PERSONNEL IN SELECTED HOSPITAL FOOD SERVICES IN MIDDLE TENNESSEE

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

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by

Anita F. Alphin

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ABSTRACT

Employment and training needs of food service employees in selected Middle Tennessee hospitals were investigated. Labor turnover, personnel problems, and managerial qualifications also were studied. Questionnaires and structured interviews were used to obtain data. The sample consisted of 18 small capacity hospitals (25 to 100 beds) and eight large capacity hospitals (101 beds or larger).

Both present and anticipated future positions for all employee categories (managerial, supervisory, food preparation workers, food service workers, and food sanitation workers) were indicated by the administrator and food service managers. Qualifications for the manager of the food services as desired by the administrator generally were related to formal education (college degree or registered dietitian) and previous experience in the food service industry.

Labor turnover was mentioned as a personnel problem by some administrators and tended to be greater in the large hospitals than in the small hospitals. Other personnel problems were generally related to lack of qualified personnel and training needs of the employees. Formal training programs were being conducted in more than half of the hospitals surveyed. However, skills and knowledge considered most important for proficient employees were not always the skills and knowledge currently incorporated in the training programs. Generally, training was indicated as the responsibility of the hospital.

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CHAPTER I

INTRODUCTION

The growth of the food service industry is expected to precipitate change in its employees. Total employment figures for the industry are predicted to reach seven million by 1980 (Kotschevar, 1969). Such manpower forecasting was regarded important by Moss (1969) to assist the manager in policy making decisions and designing of educational programs and job developments for the unemployed.

Problems associated with personnel in food service include high labor turnover rates (Haberl, 1967; Sumbingco et al., 1969; Winter, 1969; Bounds, 1967; and Rockwell et al., 1960), deficiency of qualified persons to fill the positions (Hubbard et al., 1968; McCarthy, 1969; Puckett, 1968; and O'Leary, 1968), low productivity of workers (O'Malley, 1969; Hall, 1969; and Greenway, 1964), and lack of training programs to prepare potential employees (Conner, 1967 and Sumbingco et al., 1969).

A training need for food service employees was recognized as supervised on-the-job experience in an institutional setting. In addition, skills and knowledge related to food service, human relations, and communications; and a knowledge of the entire institution should be included in classroom education. Induction and orientation programs were other training needs (Daub, 1968; Zacarelli, 1968; Puckett, 1968; Anon., 1968c; and Mahoney, 1969).

Thus, predicted growth of the food service industry places emphasis on the employees. Increased size and improved abilities of the labor force accentuate the need for training. The purposes of this thesis were to investigate the training presently being conducted in selected hospital food service departments, to identify present and expected future employee needs, and to investigate labor turnover, other personnel problems, and managerial qualifications as desired by the hospital administrators. An additional objective for this research is for using the data as a basis for recommending educational programs for the food service industry within the state of Tennessee.

CHAPTER II

REVIEW OF LITERATURE

I. AN OVERVIEW OF THE FOOD SERVICE INDUSTRY

The food service industry is inclusive of all types of institutions where people eat when away from home (Hall, 1969). The goal of food service has been recognized as getting the job done with maximum efficiency, greatest economy, and minimum effort. Personal development and satisfaction for the people doing the work must be provided (Bounds, 1967).

Size and Growth

The United States Department of Labor estimated approximately two million workers were employed by the 335,000 establishments in the food service industry in 1967. This figure did not include an approximate 165,000 accountants, secretaries, supervisors, managers, or hostesses also employed by the industry. Kotschevar (1969) indicated that if all workers in all food service establishments were counted, one would probably find four to five million employees, possibly making food service the largest single industrial employer in the country. Based on dollar volume, Hall (1969) recognized the food service industry as fourth largest in size in the country.

The food service industry also has been recognized as the fastest growing sector of the nation's economy. With an annual

increase in the number of food service establishments of approximately 15% (O'Malley, 1969), the food service industry is expected to double its sales volume by 1977 (Lattin, 1969). Growth of the industry precipitates change. Zacarelli (1968) emphasized the need for discarding the old methods of management and replacing them with new methods, particularly a new spirit of food service management. Constant renewal of itself is mandatory for the industry to remain as a vital part of the world it serves.

Paralleling the growth of the food service industry has been the growth of food contract management firms. McCarthy (1969) attributed this growth to the lack of dietitians willing to accept the increased demands of management in full-time hospital work.

Manpower Forecasting

The food service industry employs approximately three and one third million people, a figure which is expected to grow steadily in the foreseeable future. Hall (1969) estimated that two million of the above mentioned labor force worked in public eating places with the remainder being employed in the "institutional" segment of the food service industry (hospitals, hotels, etc.).

The number of employees has paralleled increases in sales in recent years for the industry (Hall, 1969). An estimated annual increase of 250,000 food service workers in the decade of the 1970's was made by Lattin (1969). This figure was broken down into two categories: 75,000 workers per year in newly created jobs and 175,000 workers per year as replacements in the

food service industry. The distribution of jobs for the 250,000 workers per year was estimated to be: 10% for management or skilled jobs; 16% for technical or skilled jobs; 44% for non-technical or unskilled jobs involving experience and training; and 30% for nontechnical or unskilled jobs. Most urgent among these manpower forecasts was the need to fill the 185,000 jobs created annually with semi and unskilled workers. Kotschevar (1969) estimated a need for 300,000 new workers each year until 1980 or an approximate 7% increase annually. Thus, by 1980, the food service industry could possibly need four million new workers. Since some of the new workers would replace those who retire, die, or leave the industry, the total work force could reach seven million by the end of the decade. Winter (1969) provided a more conservative estimate of 150,000 openings annually in the food service industry through the mid 1970's. He recognized the creation of many new jobs within the industry, but attributed most demand for additional employees to be the result of turnover.

In contrast, Burritt (1967) recognized the continuous increase of labor expense for the industry and predicted fewer employees in the kitchens of tomorrow in attempt to reduce the payroll. Elements of the future food service systems permitting such decreases of employees were noted to be: increased mechanization, increased use of convenience or ready foods, break with traditional concepts in food service and in menus, changes in physical layout of the kitchen or production areas along with vast improvements in the employee environment, and more skillful and intelligent workers of a higher social and economic level.

Moss (1969) emphasized the importance of manpower forecasting. Data are essential to assist the manager in decision-making regarding personnel policies. Information is helpful in the design of educational programs and job developments for the unemployed.

II. PROBLEMS ASSOCIATED WITH FOOD SERVICE PERSONNEL

Problems related to personnel in food service establishments have been recognized by several authors. A shortage of trained employees and a high labor turnover were most frequently mentioned and are included in the following discussion.

Labor Turnover

Labor turnover was frequently mentioned as a personnel problem in the reviewed literature. Haberl (1967), Winter (1969), Bounds (1967), O'Malley (1970), Moss (1969), Sumbingco *et al.* (1969), Rockwell *et al.* (1960), Anon. (1968a), Peay (1969), and Bennett (1968) all recognized the high turnover in hospitals. Pelto *et al.* (1965) conducted a study of 17 hospitals in Washington. Lower turnover rates occurred in hospitals where formal training and induction programs existed than in hospitals without these programs. Rockwell *et al.* (1960) reported an investigation of turnover at The Memorial Hospital in Wilmington, Delaware. A council of experienced men from local industry concluded that the most important contributing factor in controlling turnover was supervision. The total number of separations was decreased by 36% when supervisory training was promoted, interviewing and

evaluating applicants were extended, and a more thorough orientation was provided. Moss (1969) reported a survey of 3,800 food service establishments where turnover rate was more than three times higher than rates in all manufacturing industries. Kitchen helpers and related service entry jobs constituted over one half of the turnover, waiters and waitresses contributed one fifth, cooks and counter workers contributed one tenth respectively. High turnover rates were associated with decreased productivity; however, no single factor was identified as directly responsible for the high rate. Instead, a combination of factors (wage rate, working conditions, lack of adequate training and promotional opportunities, and female, seasonal, and part time workers) were contributors to the high rate of turnover. O'Malley (1970) also recognized the high turnover rate as compared to other industries. He attributed it to the dehumanization factor associated with food services that refused to understand and educate their employees.

Jolin et al. (1968) surveyed dietary labor and employment needs in 75 randomly selected hospitals in Iowa. Turnover rates tended to increase as bed capacity of the hospitals increased. Average turnover rates for a three month period for full time managerial and supervisory personnel was 2.1%, part time managerial and supervisory personnel was 0.0%, full time non-supervisory personnel was 8.0%, and part time non-supervisory personnel was 8.3%.

Lack of motivation was noted by McCarthy (1969) as being responsible for the high labor turnover (estimated range of 36 to 72%) in hospitals. "Quit-rate" (turnover) was considered a direct

measure of employee dissatisfaction, signaling to the food service management that proper action could bring about a reduction (Anon., 1968b).

Shortage of Personnel

An estimate of needed dietitians revealed that 11,900 additional staff will be needed in hospitals in 1972 and 17,922 by 1977. These projected figures were estimated from the number of filled and vacant positions in 1966 and the calculated number of replacements in a study of 1,000 randomly selected hospitals (Hubbard et al., 1968). McCarthy (1969), Puckett (1968), and O'Leary (1968) also recognized the declining number of American Dietetic Association members and/or professional managers who were interested in full time hospital work. Puckett (1968) listed social indifference, lack of prestige, inadequate pecuniary compensations, and economic and technological developments as reasons for the decline of professional managers.

Haberl (1967), Daub (1968), Haller (1967), York (1968), Moss (1969), Peay (1969), and Jolin et al. (1968) recognized the deficiency of skilled food preparation and service workers for staffing food service operations. Haberl (1967) further mentioned the labor shortage in the unskilled positions of sanitation workers. He attributed this to the frustration resulting from limited job satisfactions and opportunities. In the study reported by Moss (1969), the largest number of unfilled positions were in the kitchen helper category followed by waiters and waitresses and cooks.

Low Productivity

In the competitive industry of food service, importance must be placed on effective use of employee potential (Anon., 1968b). O'Malley (1969), Hall (1969), Burritt (1967), Greenway (1964), and Bounds (1967) recognized the inefficient manpower with poor productivity associated with food service. Low productivity was the result of being a "service" type industry, of the diversity among establishments and employees (Hall, 1969), of the equipment and layout of kitchen facilities (Burritt, 1967), and of improper employee placement. People unsuited for retailing and manufacturing type jobs were considered to be effective in the service field. However, untrained, unindoctrinated employees accelerate into efficiency rather slowly (Greenway, 1964 and Winter, 1969).

Bounds (1967) recognized a decrease in employee productivity at a rate of 1% annually and a labor cost increase at an annual rate of 5%. Lattin (1969) suggested improved scheduling and proper placement of employees as ways to raise productivity.

Other Personnel Problems

In the Iowa study, general labor was mentioned most frequently as the problem area with personnel by the hospital management (Jolin et al., 1968). More specifically, additional personnel problems included poor working conditions, low wage rates, lack of adequate promotional opportunities, many seasonal and part time employees, personnel from the extremely young and extremely old segments of the labor force, and inadequate communication (Moss,

1969; Welch, 1969; Pelto et al., 1965; and Greenway, 1964). Jolin et al. (1968) noted that only 8% of the hospital managers contacted in Iowa had no managerial problems associated with personnel.

The problems associated with lack of training for the food service employee are recognized and are included in the following discussion.

III. TRAINING FOOD SERVICE PERSONNEL

Recruitment of potential food service employees capable of being trained was emphasized by several authors. Lattin (1969) recognized a better educated population of the future and the need to recruit the young people of that population. Burritt (1967) and O'Malley (1969 and 1970) also recognized the need to attract the more intelligent and better trained employees to the industry.

Importance of Training

Bennett (1968) placed top priority on strengthening hospital personnel and training programs in order to increase the effectiveness of present personnel. Bounds (1967) stated new employees in food service should be trained and then allowed to do their jobs. It is management's responsibility to mold and train the staff regardless of whether an official training program is established. Technological advances also necessitate the retraining of old employees (Sumbingco et al., 1969 and O'Malley, 1969). Conner (1967) emphasized training as an immediate problem facing industry.

The absence of skilled workers forces recruiters to hire individuals with the idea of training them for the necessary skills as quickly as possible.

Training is one of the most frequently suggested ways to reduce or eliminate human problems in industry. In a study conducted by Belasco et al. (1969) the effectiveness of supervisory and managerial training was evaluated. Actual learning was secondary to the benefits gained from sharing individual problems with others in similar situations. Training also indicated that the organization cared about the supervisors' problems. Testing was a potent change agent independent of training. Preliminary questionnaires stimulated thinking; and increased rigor associated with the training stimulated pride and interest.

Predictions were made by Hall (1969) that the food service industry might be limited by its capability to obtain, train, and retain the qualified people needed to support its development. Sumbingco et al. (1969) noted that a shortage of instructors, insufficient time of qualified supervisory personnel, and lack of scheduled classes make continuous food service employee education difficult.

Specific Training Needs

Daub (1968) listed specifications for various categories of food service personnel. Qualifications for the food service worker included a high school diploma and three to six months of training with actual learning experiences on-the-job in an institutional setting. The food service supervisor needed one year of successful

experience as a food service supervisor and also as a special diet cook, 120 to 160 hours of class work in leadership, communications, and/or other management type problems.

Other authors made recommendations for training of the food service manager. O'Leary (1968) stated food service manager's (administrator) training should include: a baccalaureate degree from an accredited school in the field of nutrition, food administration or related areas, associate degree in the field with at least two years experience as director or assistant director of a hospital food service department, and a minimum of five years experience in food service management. On the other hand, Puckett (1968) recognized the need for the manager to develop managerial skills and to learn the use of management tools.

Training needs have been indicated in terms of contents of the training programs. Zacarelli (1968) emphasized the importance of knowing about and understanding human nature in order to direct a food service organization. Communicating ability (transmitting and receiving) was identified as a training need by Puckett (1968). Employees in one hospital were responsible for knowledge of the entire food service operation and their understanding of such was tested. This type of knowledge was believed to be beneficial for personnel to recognize their place in the system and to relate to other employees with different jobs (Anon., 1968c).

The need for various types of training programs was reviewed in the literature. Induction and orientation of new employees are vital to the success of the worker according to Mahoney (1969).

In the orientation program, supervisors were encouraged to provide support to the new employee during his first few days, allowing him to obtain meaningful work experience. The supervisor should analyze thoroughly the employee's work and communicate changes to him. York (1968) cautioned management to make the new employee aware of what is expected of him and what compensation will be made for his efforts during the orientation process. In the previously mentioned study conducted by Rockwell et al. (1960), orientation handbooks were part of the solution in reducing labor turnover. Recent surveys showed that good orientation programs combined with new employee indoctrination reduced turnover and job errors. A history of the organization, employment conditions, employee relations, and work and job environments were suggested as parts of the employee orientation (Anon., 1968b).

On-the-job training, providing practical experience in a realistic environment was recognized as an important program in food service institutions (Haller, 1967; Conner, 1967; and Hall, 1969). Jolin et al. (1968) noted that most of the training in the surveyed Iowa hospitals was informal and on the premise. There was little evidence of preplanned schedules for training employees. Kotschevar (1969) predicted the need for improved on-the-job training and educational facilities for training the new food service worker. Training programs need to be enthusiastically presented with the leader establishing good communications systems and continuously keeping the employee informed (Bounds, 1967).

Present Training Programs and Future Trends

Jolin et al. (1968) noted 91% of the hospitals surveyed in their study provided training programs. Hall (1969) reported new schools starting, new vocational courses being offered, and current courses being expanded and improved for the training of food service employees. He identified 15 senior colleges, 97 junior colleges, over 300 high schools with substantive vocational courses, and a large number of part time and adult education programs contributing to the overall training process. In 1967, a dramatic increase in enrollment of training courses was noted (Moss, 1969).

From a study conducted by Welch et al. (1962), structured education classes (clinics) were the best approach to training the food service worker. The federally sponsored Manpower Development Training Programs provide structured classes at the high school and adult education levels (Mallory, 1966 and Hall, 1967). Vocational education (adult education and high school) accounted for more than 80% of all formal restaurant employee training in 1967 (Moss, 1969). Job Corps (sponsored by the Office of Economic Opportunity) provides training for the food service industry, attracting the out-of-school, unemployed young adults from disadvantaged backgrounds (Anon., 1969).

Programmed instruction was recognized as a great potential for training workers who are unaccustomed to studying and reading (Sumbingco et al., 1969 and Chidester, 1967). One of the most important uses of such training media is to teach technical information which is needed in hospitals, nursing homes, schools, and

restaurants (Moore et al., 1967). Commercial and institutional food service establishments were noted by Kayser (1968) to use pictures with a minimum of text as prime training tools.

Other trends in training programs include the use of home study or correspondence courses, visual programming, tailor-made visual aids, and casette tapes (Conner, 1967).

CHAPTER III

PROCEDURE

The purposes of this research were: (1) to identify existing training programs, present and expected future employment needs, labor turnover, other personnel problems, and managerial qualifications as desired by administrators in hospital food service departments in Middle Tennessee and (2) to obtain information which could be used as the basis for recommending educational programs for the food service industry within the state of Tennessee.

This survey was a segment of a larger study for which the pilot study had been conducted. Recommendations from the study were incorporated into the procedure for this research (Peay, 1969). An in depth survey of hospitals in East Tennessee also had been conducted (Foster, 1970).

Data were collected using questionnaires and structured interviews. The following procedure was used.

I. SELECTION OF HOSPITALS

Criteria for the hospitals included in the population for this study were: (1) a capacity of 25 beds or greater, (2) not be operated by the federal or state governments, (3) located in Middle Tennessee (bordered on the West by the Tennessee River and on the East by the Central/Eastern Time Zone division), and (4) not

surveyed in the pilot study. Using Clark's Directory of Southern Hospitals (1969) and the responses to the initial questionnaire used during the pilot study (Peay, 1969), it was determined that the population consisted of 59 hospitals.

The population was divided into two groups according to size. One group was designated as small and included 48 hospitals, 25 to 100 beds in capacity. A second group was considered as large, 101 beds and larger and consisted of 11 hospitals.

A randomized distribution table (Steel et al., 1960) was used to select 26 hospitals (44%) for the sample. Percentages of the small and large groups used were similar to those used by Foster (1970) for the survey in East Tennessee. Of the small group, 37.5% were randomly selected contributing 18 hospitals to the sample. Of the large group, 76% or eight hospitals were randomly selected. The total sample used in this study consisted of hospitals ranging from 25 beds to 550 beds.

II. SURVEY OF HOSPITALS

Administrators of selected hospitals were contacted by telephone. The study was discussed and its purpose explained, after which the cooperation of the administrator was requested. An appointment for a personal interview was made. Similarly, the person in charge of the food service, referred to as the food service manager, of the selected hospitals was contacted. The managers were informed that a questionnaire would be mailed to them prior to the personal interview.

In order to be consistent with the pilot study and the East Tennessee study, similar questionnaire forms were used to obtain data. Questionnaire II (Peay, 1969) (Appendix B) and a letter of explanation (Appendix A) were mailed to each food service manager approximately one week preceding the scheduled interview. Since this questionnaire was, in part, seeking an opinion, this procedure was followed to allow more time for its completion by the manager. The questionnaire contained a description of five job classifications (managerial, supervisory, food preparation worker, food service worker, and food sanitation worker) and the skills and knowledge related to each. The manager was asked to indicate whom he thought should be responsible for training the food service employee in each job category for each skill and knowledge (hospital, outside agency, or a shared responsibility between the two). The manager also was asked to indicate which skills and knowledge were presently being taught by the hospital. Finally, the manager circled the skills and knowledge he felt were most important for the food service employee to know in order to perform his job proficiently.

A structured interview was conducted with the hospital administrator using Questionnaire III, Part I (Peay, 1969 and Foster, 1970) (Appendix C). If the hospital administrator were not directly responsible for the food service department, the proper administrative personnel were interviewed. If the hospital administrator were not available for the scheduled interview, his assistant was interviewed. This structured interview was preceded by a

repeated discussion of the purpose and scope of the survey. The questions asked were related to the major problems pertaining to the hospital's food service personnel, desirable qualifications for the food service manager, and the need for additional dietitians and/or food service managers. Responses to the questions were recorded by the author.

A structured interview also was conducted with the person in charge of the hospital food service. The interview was initiated by discussion of the purpose of the survey. Questionnaire II (Appendix B) which had been mailed to the manager, was collected. If the manager had questions regarding the questionnaire, these were answered, the questionnaire completed and collected. The remainder of the interview was structured by Questionnaire III, Part II (Appendix C). The questions asked related to the educational and experience background of the manager as well as his continued education efforts, total number of food service employees and their job categories. Responses to the questions were recorded.

Data collected from the administrators and food service managers were combined, totaled and percentages of the total obtained for the small and large hospital samples respectively.

CHAPTER IV

RESULTS AND DISCUSSION

For the purpose of discussion, large hospitals (101 bed capacity or larger) will be grouped together and small hospitals (25 to 100 bed capacity) will constitute the second group. Eight hospitals were included in the sample from the large group and 18 small hospitals were randomly selected. Hospital administrators were personally interviewed and food service managers completed Questionnaire II (Appendix B) in addition to being personally interviewed. Interviews were structured by Questionnaire III (Appendix C).

I. CHARACTERISTICS OF HOSPITAL FOOD SERVICES

Of the large hospitals, four of the eight contracted a food service company. Registered dietitians in charge of the food service were employed by 50% of the sample. In the small group, one of 18 hospitals contracted a food service company. Registered dietitians, in charge of the food service, were employed by 11% of the sample (Table 6, Appendix D).

Administrators were asked if a nursing home or any other type of special patient care institution were operated by the hospital. In the large group, one hospital had an extended care facility (24 bed capacity) within the institution. In addition, one hospital from the small group operated a nursing home,

connected to the hospital building and under the same administration. Separate books were kept as well as separate food services.

Dietary consultants were employed by ten of the 18 small hospitals. No dietary consultants were employed by the large group, with the exception of one hospital in which a consultant was provided and used by the contracted foods company.

Problems Related to Food Service Personnel

Hospital administrators were asked what they considered to be the major problems related to food service personnel. The response most frequently mentioned was lack of qualified people (88% of the large hospital group and 11% of the small hospital group). A lack of skilled food service workers also was identified by Haberl (1967), Daub (1968), Haller (1967), York (1968), Moss (1969), Peay (1969), and Jolin *et al.* (1968). Several administrators indicated an inability to employ a dietitian due to lack of budget for salary, lack of personnel for the position, or lack of justification for the position. One administrator's comment was "demand for dietitians exceeds the supply", which was in agreement with Hubbard *et al.* (1968), McCarthy (1969), Puckett (1968), and O'Leary (1968) who too recognized the shortage of registered dietitians. Administrators of 50% of the large hospital group and 12% of the small hospital group indicated personnel problems related to training. One-third of the small hospitals' administrators felt that there were no problems related to food service personnel. This was frequently attributed to long-term stable employees and small operations without competition (Table 7,

Appendix D). In the Iowa study, 8% of the hospital managers had no managerial problems associated with personnel (Jolin et al., 1968).

II. QUALIFICATIONS DESIRED AND BACKGROUND OF MANAGERS

Qualifications

Hospital administrators were asked about the qualifications sought when hiring a person to be in charge of the food service. Generally, hospital administrators of the small group recognized an inability to employ registered dietitians and/or college graduates. This group of administrators tended to indicate that potential food service managers should be qualified as a supervisor or manager with experience in any type of food service operation.

Education as a desired qualification was mentioned by 75% of the large hospitals' administrators and by 50% of the administrators of small hospitals. Specific training or knowledge required of the manager was indicated by many administrators among which were: knowledge of general hospital food service procedure, therapeutic diets, food purchasing and preparation, handling people, and administrative skills. Specific abilities and capabilities desired were: able to work with people, including other professional staff; able to organize, lead, and assume responsibility; and a willingness to learn and follow instructions (Table 8, Appendix D).

Over 50% of all administrators cited experience as a desired qualification for food service managers. Experience was the only

qualification sought by one administrator, experience was equivalent to education in the opinion of two administrators, and one administrator indicated experience might overweigh education as a qualification (administrators of small hospitals). Past experiences in management were desired by 38% of the administrators of the small hospital group. In the small hospitals, administrators further specified that managers needed experience in therapeutic diets, working with people, and working in other food service operations.

Two administrators indicated a desire for a male (if given a choice) food service manager rather than a female dietitian. Several administrators mentioned personality, appearance, and intelligence as desired characteristics. One administrator indicated that he would elevate the chief cook to manager and one administrator had no experience in hiring food service managers, therefore listed no qualifications.

Background

The managers were asked about their formal education and work experience. Of food service managers in small hospitals, 27% were college graduates and/or had completed dietetic internships or post graduate work, compared with 75% of the managers in the large hospital group. In addition, all managers of large hospitals surveyed had completed a minimum of three years college work, whereas 50% of the managers of small hospitals had completed only 12 or less years of schooling.

Educational qualifications of managers expected by the administrators were compared with the educational backgrounds of the present managers. In the large hospital group, 63% of the administrators currently employed managers who fulfilled the educational qualifications for a college degree or a registered dietitian. Two administrators did not specify an educational level and one administrator specified at least a college degree but employed a manager with 15 years formal education. Of the ten small hospitals whose administrators specified an educational level, only one administrator employed a food service manager with the educational qualification desired. It should be recognized that all administrators may not have been responsible for employing the present manager.

Previous work experience in the food service field prior to present employment was prevalent among the managers. Eighty-eight percent of the managers of large hospitals had previous food service experience ranging from less than one year to 32 years. As all managers in this group had completed 15 years or more of formal education, no relationship was noted between formal education and previous work experience.

Managers were asked about the longevity of their present employment. In the large hospitals, one manager had been employed less than one year and one manager had been employed for more than 15 years with the remaining six employment periods ranging between one and 14 years. All but one manager had been in charge of the hospital food service operation for the entire term of their employment.

In the small hospital group, 83% of the managers had work experience in food service prior to present employment, ranging from one to 20 years. As with the large hospital managers, no relationship was noted between formal education and previous food service experience.

Small hospitals' managers also indicated the longevity of their present employment. Five managers had been employed less than one year and one manager had been employed more than 15 years. The remaining 12 managers had been employed by the present hospitals for periods ranging between one and 14 years. Of the five managers with employment periods of less than one year, three were employed by hospitals in operation for that same time span. All but two managers had been in charge of the food service operation for the same time span they had been employed.

Comparisons between previous work experience and the experience sought by the administrator as a qualification were made. Sixty-three percent of administrators of large hospitals indicated general work experience as a desired qualification with all but one of the corresponding managers indicating some previous work experience. Similarly, 61% of the small hospitals' administrators indicated general experience as a prerequisite to employment. Of the 61%, nine of the 11 corresponding managers had previous work experience.

These comparisons appear to show the concern of administrators to seek managers with education and/or experience in the food service field.

III. LABOR TURNOVER AND VACANT POSITIONS

Labor Turnover

Labor turnover has been recognized as a frequent problem among food service operations (Moss, 1969; O'Malley, 1970; and Peay, 1969). In two large hospitals, administrators specified high turnover as a major problem with food service personnel. The administrators were asked to approximate the average annual turnover rate, defined as the percentage of total personnel terminations for a given period of time in relation to the number of employed personnel during the same period (Harwood et al., 1968). In the small hospitals, administrators frequently indicated no turnover or a turnover rate of 10% or less (50% of the group). Six managers indicated turnover rates of 11 to 20% and three managers indicated turnover rates of 21 to 50%. Specifically, turnover among managers appeared to be high as 28% had been employed for less than one year. However, it is recognized that in this group three hospitals had been in operation for less than one year.

In the large hospital sample, three of the hospitals had turnover rates of 10% or less; one hospital had a turnover rate of 11 to 20%; and three indicated turnover rates of 21 to 50%. In this group, one manager had been employed for less than one year (Table 9, Appendix D). The tendency for an increased turnover as hospitals increased in size agreed with the Iowa study where turnover rates tended to increase as bed capacity of the hospital increased (Jolin et al., 1968).

Food service managers also were asked about the turnover among personnel. For purposes of clarity, food service personnel were divided into five job classifications: managerial, supervisory, food preparation workers, food service workers, and food sanitation workers. The managers were asked to indicate which classification(s) was (were) associated with the greatest turnover. In the large hospital group, food service workers and food sanitation workers had the greatest turnover. In the small hospital group, one-third of the managers could not indicate a classification associated with turnover because their experience did not justify an opinion. Over half the remaining responses recognized food service workers as the job classification with the greatest turnover. Food preparation workers and food sanitation workers were other classifications associated with turnover by the managers.

Vacant Positions

Hospital administrators were asked if vacancies for the positions of dietitian and/or persons in charge of the food service existed. Two vacancies existed in each group with the administrators of large hospitals seeking dietitians and the small hospitals' administrators seeking food service managers (not necessarily dietitians). Administrators also were asked if new positions for dietitians and/or persons in charge of the food service would be created within the next five years. Approximately 50% of the administrators in both groups responded positively as a result of expansion plans. The administrators

of the large hospitals predicted a need for one to two dietitians per hospital. One administrator indicated an anticipated need of one dietitian and three food service managers. Seven administrators of the small hospitals indicated an expected need of one to three managers per hospital within the next five years. Two administrators of the same group predicted a need for one dietitian per hospital (Table 10, Appendix D).

Food service managers were asked to indicate the number of vacancies for each job classification. Managers of 50% of the large hospitals indicated vacancies (Table 11, Appendix D). Four vacancies existed for food sanitation workers, three vacancies for food service workers, two vacancies for food preparation workers, and two vacancies were recognized in an additional classification of clerical workers. Administrators of two hospitals in this group indicated vacancies for the position of dietitian as discussed previously; however, the managers did not concur with the administrators.

Managers of 11% of the small hospital group indicated vacancies within the food service department. Three vacancies occurred in one hospital in the following classifications: managerial, food preparation worker, and food service worker. One vacancy was recognized by another hospital for a food sanitation worker. The vacancy in the managerial classification indicated by the manager was not supported by the administrator. In contrast, the administrator recognized an anticipated need for two managers within the next five years. Similarly, two other administrators

indicated present vacancies for food service managers which were not indicated by the present food service managers. In one situation, the administrator indicated the present manager was scheduled to retire in the immediate future; thus, it was her position mentioned as vacant. The other situation was not explained.

Managers also were asked if new positions for employees were anticipated within the next five years. In the large hospital group, four managers anticipated adding positions, three did not plan for new positions, and one manager could not predict. Generally, the reasons cited for adding positions for each of the five job classifications were expansion of the facility and initiation of a selective menu. Managers who did not predict creating new positions or predicted elimination of existing positions indicated plans for more streamlined operations using more convenience foods and disposables. Such reduction of staff size agreed with Burritt (1967) who predicted fewer employees in the future of the food service industry.

In the small hospitals surveyed, predicted employment needs were similar to those of the large group. Nine managers anticipated adding positions, eight did not plan for creating positions, and one manager did not predict. Expansion of the hospital was the repeated reason for an increase in the positions within the food service department. Food preparation worker was the most frequently anticipated classification; however, new positions were predicted for each classification. The one anticipated

need for the managerial classification also was recognized by the administrator of the hospital. Six other administrators anticipated one to two new positions at the managerial level which were not indicated by corresponding food service managers. Two managerial positions anticipated by administrators were anticipated as supervisory positions by the managers. In comparison, estimates of future employment needs for the entire industry included 150,000 to 250,000 additional food service positions annually for the present decade (Winter, 1969 and Lattin, 1969).

Managers were asked in which job classifications positions were most difficult to fill and the possible reason for the difficulty. Large hospitals' managers answered supervisory and food sanitation workers because of the unwillingness to accept responsibility and lack of training within the supervisory classification; and low prestige, prejudice, and low wage scales within the food sanitation worker classification. The lack of dietitians and undesirable work schedules were reasons for difficulty in filling managerial positions. Two-thirds of the managers of small hospitals recognized the food preparation worker classification as the most difficult to fill. The predominant reason given for this difficulty was lack of qualified, trained, experienced persons willing to work the required hours. Seventeen percent of the managers noted the supervisory classification as the most difficult to fill because of lack of training and failure to take responsibility. The remaining 17% of the managers did not respond to the question.

Labor turnover rate, present and expected vacant positions, and a recognition of lack of training among personnel emphasize the importance of training and educating personnel in the food service field.

IV. PRESENT TRAINING PROGRAMS

Managers

Questions related to the managers' food service training were asked. Approximately 75% of the managers in each group indicated that training in food service was obtained during their formal education. Managers in 66% of the small group obtained training through high school home economics programs and 28% through a four year college. In comparison, only 12% of the managers of the large group completed high school home economics programs and 63% graduated from four year colleges. Other food service training programs were: vocational education, dietetic internships, graduate school, and foods company training programs (the last two were only mentioned by managers in the large hospital sample).

Affiliation with professional organizations was asked of the managers. Fifty percent of the managers of the large hospitals were members of the American and Tennessee Dietetic Associations and Tennessee Hospital Association. One manager was a member of the American Society of Hospital Food Service Administrators. Thirty-eight percent of the managers in large hospitals and 72% in the small hospitals did not participate in professional organizations. Two managers in small hospitals

were members of the American and Tennessee Dietetic Associations and Tennessee Hospital Association, two of the American Society of Hospital Food Service Administrators, and one of the Hospital, Institution, and Educational Food Service Society.

Managers were asked if they had attended education or training programs in the past two years. Eighty-eight percent of the managers of large hospitals and 50% of the managers of small hospitals had continued their education during the previous two years. Study kits, correspondence courses, and meetings sponsored by the American Dietetic Association were mentioned as means of recent training or education. Workshops, professional or trade conventions, seminars, college courses, and corporate training (by foods companies) were other ways managers had obtained education. When asked which type of training would be most helpful in job performance, managers expressed varying opinions. Large group managers indicated corporate training, workshops, seminars, coursework, and conventions as being most helpful. Four managers of small hospitals who had recently received education or training indicated workshops as most beneficial and two managers indicated seminars. Special course work was mentioned by the remaining three managers as being most beneficial.

Food Service Employees

Formal training was defined as a preplanned sequence of experiences designed to increase the skills and knowledge of the trainees and was conducted either on or off the job premise (Jolin et al., 1968). Thirteen of the managers estimated a

percentage of employees within the small hospitals who had received formal food service training. Seven of the managers in the large hospitals also provided approximate percentages. An average of 10% employees per small hospital and 13% employees per large hospital had received formal food service training prior to present employment.

Numbers of employees who had recently participated in training programs not conducted by the hospital were obtained. Managers of eight large and 16 small hospitals responded to this portion of the study. Employees in 88% of the large hospital group and in 25% of the small group had received training within the past two years. Table 12 (Appendix D) shows the numbers of employees who participated in each type of training programs.

Formal training programs existed in 44% and 88% of small and large hospitals respectively. Types of training programs and people responsible for the training are shown in Table 13 (Appendix D). One small hospital conducted formal training classes in the evenings based on Training the Food Service Worker published by the American Hospital Association. Classroom education was frequently incorporated with the employees' meetings. Films were recognized as a popular teaching aid. Supervised on-the-job training by other food service employees was used for training new employees.

V. TRAINING RESPONSIBILITIES AND IMPORTANCE

Managers were mailed a questionnaire which asked for opinions related to training importance and responsibilities. Five employee

categories were listed with general and specific tasks and skills and knowledge given for each. The manager indicated if the hospital, an outside agency, or a shared situation should be responsible for training the employee in each of the skills and knowledge listed. Several managers designated certain training to be the responsibility of the contracted foods company. This was considered to be hospital responsibility in the summary of the data. The manager also marked which skills and knowledge were currently taught by the hospital and which were considered to be most important for proficient job performance (Questionnaire II, Appendix B). The managers were invited to make comments or additions to the questionnaire. One manager suggested that the data obtained should be related to efficiency of the individual hospital; otherwise, no comments were made.

Two managers in the small hospital sample felt incapable of completing the questionnaire; therefore, the summary represents 16 small hospitals and eight large hospitals.

Managerial Category

Present training. Frequent comments by the managers indicated present training by the hospital was generally on-the-job training for the specific skills and knowledge listed (Table 1). Several authors recognized on-the-job training as an important program in food service institutions (Haller, 1967; Conner, 1967; Hall, 1969; and Jolin et al., 1968). Large hospitals' managers recognized human relations as most frequently taught followed

Table 1. Responses of food service managers related to managerial training expressed as percents

Skills and Knowledge	Hospital Presently Training		Most Important		Responsibility					
					Hospital		Outside Agency		Shared	
	L[a]	S[b]	L	S	L	S	L	S	L	S
Management principles	50	25	100	69	--	31	25	31	75	31
Food procurement	63	31	100	63	38	44	38	19	25	31
Record keeping (financial, personnel)	50	38	63	44	25	44	25	38	50	12
Human relations	75	25	100	81	25	44	25	6	50	44
Communications	63	31	88	63	25	38	25	12	50	44
Layout and design of equipment	12	19	50	31	--	38	50	19	50	44
Human nutrition and food science	25	25	88	94	--	19	63	44	38	38
Quantity food preparation and service	50	25	100	63	12	19	75	63	12	19
Menu planning	50	31	100	75	12	25	75	56	12	19
Personnel administration	63	19	75	63	25	38	25	12	63	44
Use and care of equipment	38	25	75	38	--	50	38	31	50	25
May need information regarding specific types of feeding requirements such as hospitals, students, aged, etc.	38	31	38	44	12	31	38	25	38	31

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

in frequency by food procurement, communications, and personnel administration. Nine managers of small hospitals indicated no current training for the managerial category. The small institutions conducting training most frequently taught record keeping.

Importance of skills and knowledge. Two managers of large hospitals and four managers of small hospitals regarded all the skills and knowledge important. All large hospital managers indicated management principles, food procurement, human relations, quantity food preparation and service, and menu planning as most important. Information regarding specific types of feeding requirements and layout and design of equipment and plant were regarded least important by the managers of large hospitals.

Managers of small hospitals regarded human nutrition and food science, human relations, and menu planning as the most important skills and knowledge. Layout and design of equipment and plant was considered least important.

Training responsibility. Managers indicated a variety of opinions related to training responsibilities. Generally managers of both the small and large hospitals designated training to be the responsibility of the hospital or a shared situation for each skill and knowledge with the exceptions being human nutrition and food science, quantity food preparation and service, and menu planning. Managers of large hospitals viewed training as a shared responsibility more frequently than a hospital responsibility, whereas, managers of small hospitals evenly

distributed the responsibility among hospital, outside agency, and shared situation.

Supervisory Category

Present training. Hospital training for the supervisory category was recognized as generally consisting of on-the-job training (Table 2). All large hospitals trained supervisory employees in menu terminology, use and care of equipment, and communications. All remaining skills and knowledge for this category were taught by 63% or more of the hospitals. In contrast, 38% of the small hospitals conducted no training for supervisors. Of the ten small hospitals conducting training, sanitary and safety standards, effective use of non-supervisory personnel, and maintaining records were taught most frequently. Mathematics as related to cost control and principles and standards of quantity food service and preparation were taught least frequently.

Importance of skills and knowledge. The majority of managers regarded principles of nutrition and diet therapy as important knowledge for proficient supervisors even though training for this knowledge was not frequently conducted in the hospitals. Large hospitals' managers also regarded communications and human relations as important skills and knowledge. Communicating ability was considered by Puckett (1968) to be the primary training need. Managers of small hospitals also indicated menu terminology and principles and standards of quantity

Table 2. Responses of food service managers related to supervisory training expressed as percents

Skills and Knowledge	Hospital Presently Training		Most Important		Responsibility					
					Hospital		Outside Agency		Shared	
	L[a]	S[b]	L	S	L	S	L	S	L	S
Menu terminology	100	44	63	81	38	38	--	31	63	31
Principles of nutrition and diet therapy	75	31	100	81	--	19	25	44	75	38
Use and care of equipment	100	44	63	38	25	63	12	25	63	12
Human relations	88	38	88	63	25	38	12	38	63	25
Communications	100	38	100	31	25	44	12	25	63	25
Sanitary and safety standards	88	56	75	63	12	44	12	25	75	31
Mathematics as related to cost control	75	25	38	25	12	25	--	56	75	19
Principles and standards of quality food service and preparation	88	25	63	75	12	12	--	44	88	44
Effective use of non-supervisory personnel	63	50	75	50	25	31	--	19	75	50
Maintaining records	88	50	38	25	25	56	--	31	68	12

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

food service and preparation as important. Neither were frequently taught in small hospitals.

Training responsibility. Sixty-three percent or more of the managers of large hospitals considered training for the supervisory category to be a shared responsibility. Only the training of effective use of non-supervisory personnel was regarded as a shared responsibility by 50% of the small hospitals' managers. An outside agency was indicated by the managers of small hospitals as being responsible for training principles of nutrition and diet therapy and mathematics as related to cost control for the supervisor. Training related to menu terminology, use and care of equipment, communications, sanitary and safety standards, and maintaining records generally were regarded as hospital responsibilities. Training in human relations was considered hospital responsibility by six managers and outside agency responsibility by another six managers of small hospitals.

Food Preparation Workers Category

Present training. Fifty percent or more of the managers of large hospitals indicated current training for all listed skills and knowledge in the food preparation workers category. Training was noted as generally being on-the-job for both hospital samples. Managers of two small hospitals indicated no training for this category. Training for menu terminology, use and care of equipment, sanitation and personal hygiene, and food preparation for modified diets were the skills and knowledge most frequently

taught in the small hospitals. Basic mathematics was taught least frequently of all skills in both hospital samples (Table 3).

Importance of skills and knowledge. Use of standardized recipes, principles of quantity food preparation and service and ability to apply them, food preparation for modified diets, proper food handling and storage, and use and care of equipment were skills and knowledge regarded as most important for proficient food preparation workers by managers of seven large hospitals. Small hospitals' managers regarded three of the same skills and knowledge as most important; use of standardized recipes, food preparation for modified diets, and proper food handling and storage in addition to sanitation and personal hygiene. Basic mathematics was considered least important by the managers of small hospitals.

Training responsibility. Managers of large hospitals indicated an outside agency should be responsible for teaching basic mathematics whereas training of sanitation and personal hygiene, principles of nutrition, safety, and supervisory techniques for the chief cook was indicated a shared responsibility. Training in the remaining skills and knowledge was considered a hospital responsibility.

More managers of small hospitals considered an outside agency to be responsible for training each skill and knowledge for food preparation workers than considered by the managers of large hospitals. However, the small hospitals' managers most frequently

Table 3. Responses of food service managers related to food preparation worker training expressed as percents

Skills and Knowledge	Hospital Presently Training		Most Important		Responsibility						
					Hospital		Outside Agency		Shared		Not Desig.
	L[a]	S[b]	L[c]	S	L	S	L	S	L	S	S
Human relations	63	50	57	44	50	63	--	6	50	25	6
Communications	63	38	49	31	63	50	--	38	38	6	6
Sanitation and personal hygiene	100	63	72	81	25	56	--	31	75	12	-
Menu terminology	75	69	86	69	75	63	--	25	25	12	-
Principles of nutrition as related to food preparation	63	56	49	44	49	50	--	31	57	19	-
Use of standardized recipes	88	56	100	75	63	50	--	38	38	12	-
Principles of quantity food preparation and service and ability to apply them	88	56	100	69	50	44	--	44	50	6	6
Food preparation for modified diets	88	63	100	88	63	50	--	38	38	12	-
Quality standards of food	88	44	72	38	50	50	12	31	38	19	-
Proper handling and storage	88	56	100	75	50	50	--	38	50	12	-
Use and care of equipment	88	69	100	63	63	75	--	25	38	--	-
Safety	88	38	57	56	25	75	12	12	72	12	-
Basic mathematics	50	31	57	12	25	31	49	6	25	50	12
Work simplification	75	56	49	38	63	63	--	25	38	6	6
Chief cook must have knowledge of supervisory techniques	50	44	86	63	33	38	17	31	50	12	19

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

[c]Sample consisted of seven hospitals in the large group.

designated training in each skill to be a hospital responsibility except for basic mathematics which was regarded as a shared responsibility. Managers of the small institutions occasionally did not indicate a training source as the skill or knowledge was not considered applicable to the respective hospital.

Food Service Workers Category

Present training. Sixty-three percent of the managers of large hospitals indicated training for each of the skills and knowledge listed for the food service worker category. In four small hospitals, training was provided for all of the skills and knowledge and three small hospitals indicated no training for this category. Use and care of equipment, sanitation and personal hygiene, and limited knowledge of modified diets were the skills and knowledge taught in 56% or more of the small hospitals. On-the-job training was recognized as the means of teaching many of these skills and knowledge (Table 4).

Importance of skills and knowledge. Three managers of large hospitals noted that all of the skills and knowledge were most important for the food service worker to know in order to perform proficiently. Fifty percent or more of the remaining managers regarded each skill and knowledge important except for work simplification. Managers of the small hospital sample considered limited knowledge of modified diets to be most important for the food service worker. Other important skills were: human relations, sanitation and personal hygiene, and food display and

Table 4. Responses of food service managers related to food service worker training expressed as percents

Skills and Knowledge	Hospital Presently Training		Most Important		Responsibility						
					Hospital		Outside Agency		Shared		Not Desig.
	L[a]	S[b]	L	S	L	S	L	S	L	S	S
Human relations	63	44	63	69	50	63	12	6	38	25	6
Communications	63	44	63	44	63	63	--	6	38	19	12
Sanitation and personal hygiene	100	56	100	63	50	69	--	25	50	--	6
Safety	88	44	50	50	38	69	--	6	63	19	6
Food display and service	88	44	88	63	75	69	--	--	25	25	6
Quality standards for food	75	44	50	38	50	50	--	--	50	44	6
Use and care of equipment	88	63	50	31	75	75	--	--	25	19	6
Menu terminology	88	50	63	56	75	56	--	--	25	38	6
Limited knowledge of food preparation	88	50	63	56	63	63	--	6	38	25	6
Work simplification	75	50	38	31	63	69	--	6	38	19	6
Limited knowledge of modified diets	88	56	100	88	63	75	--	--	38	19	6

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

service. Work simplification was considered least important by the managers of small hospitals. Use and care of equipment also was not considered important.

Training responsibility. Three large and five small hospitals' managers noted the hospital should be completely responsible for training the food service worker. For each skill and knowledge, managers from both samples indicated teaching to be a hospital responsibility except for safety which managers of large hospitals considered more frequently to be a shared responsibility. Managers in one large and one small hospital considered teaching to be entirely a shared responsibility for this category.

Outside agencies were designated as responsible for training in human relations (indicated by a manager of a large hospital) and sanitation and personal hygiene (indicated by managers of four small hospitals).

Food Sanitation Workers Category

Present training. Managers of four large and six small hospitals indicated training for each skill and knowledge for the sanitation worker category (Table 5). All managers of large hospitals provided training in sanitation and personal hygiene and 50% or more hospitals trained each of the remaining skills and knowledge. Two small hospitals' managers indicated no training for this employee category. Similarly, sanitation and personal hygiene was most frequently taught in small hospitals and 56% or more institutions in this sample taught each of the remaining skills and knowledge. Training was generally noted to be on-the-job.

Table 5. Responses of food service managers related to food sanitation worker training expressed as percents

Skills and Knowledge	Hospital Presently Training		Most Important		Responsibility: Hospital		Responsibility: Outside Agency		Responsibility: Shared		Responsibility: Not Desig.
	L[a]	S[b]	L	S	L	S	L	S	L	S	S
Human relations	50	63	50	50	50	63	--	6	50	25	6
Communications	50	56	38	31	63	63	--	6	38	25	6
Sanitation and personal hygiene	100	75	88	94	38	69	--	6	63	19	6
Safety	88	63	88	81	38	69	--	6	63	19	6
Use and care of equipment	88	88	100	88	63	75	--	6	38	12	6
Work simplification	75	63	63	63	63	69	--	6	38	19	6

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

Importance of skills and knowledge. Three large and two small hospitals' managers considered all the skills and knowledge important for proficient food sanitation workers. Use and care of equipment, sanitation and personal hygiene, and safety were mentioned most frequently by both samples of managers as being most important. Considered least important by both groups of managers was communications. One manager of a large hospital added proper handling and food storage to the list of important skills and knowledge for the food sanitation worker.

Training responsibility. Managers of three large and seven small hospitals considered training to be entirely a hospital responsibility for the food sanitation worker. Generally, managers of large hospitals designated each skill or knowledge as a hospital responsibility except for sanitation and personal hygiene and safety which were more frequently considered a shared responsibility. Managers of small hospitals consistently indicated hospital rather than a shared responsibility for training each skill and knowledge. However, two large and two small hospitals' managers considered all training for the food sanitation worker to be a shared responsibility.

No manager in the large hospital sample considered an outside agency responsible for the training of the food sanitation worker. One manager in the small hospital sample indicated an outside agency as responsible for training each of the skills and knowledge. One small hospital manager did not indicate training responsibilities.

CHAPTER V

SUMMARY

Employment and training needs of hospital food service departments in Middle Tennessee were investigated. Questionnaires and structured interviews were used to obtain information and opinions from the selected hospital administrators and persons in charge of the respective food service departments.

Present employment needs of the 26 hospitals surveyed consisted of positions for food service managers (including dietitians), food sanitation workers, food service workers, food preparation workers, and clerical workers for an approximate total of 19 positions. Anticipated employment needs included personnel for each employment classification with food preparation worker being the position most frequently forecasted during the next five years.

Training needs were revealed to be a frequently mentioned personnel problem. Administrators often desired better trained or educated managers than presently were employed. Eighty-eight percent of the administrators of large and 11% of the small hospitals mentioned lack of qualified people as a major personnel problem in their food service departments. Other personnel problems were undesirable work schedules, low wages, and poor management of employees. Labor turnover also was mentioned as a personnel problem and tended to increase as hospital size increased.

Recent training had been obtained by 88% and 50% of the managers of large and small hospitals respectively. Corporate training, workshops, and seminars were considered the most beneficial types of training programs. Employees in 88% of the large and 25% of the small hospitals had received recent training in food service. Films, vocational education courses, and workshops were the most common training programs. Formal training programs existed in 88% of the large and 44% of the small hospitals.

Importance of training and training responsibilities relative to listed skills and knowledge needed by each of five employee categories were evaluated by food service managers. The employee categories were managerial, supervisory, food preparation worker, food service worker, and food sanitation worker.

Human relations and record keeping were the skills and knowledge frequently taught the managers by the hospitals. For the other four employee categories, sanitation, safety standards, personal hygiene, and the use and care of equipment were most frequently taught by the hospital.

One fourth of the managers considered all listed skills and knowledge in the managerial category important for proficient ability. Human relations was indicated as important by the managers for the managerial and food service worker categories. Human nutrition also was considered important for the managerial, as well as for the supervisory categories. The food preparation worker should be taught food preparation and the use of standardized recipes in order to perform proficiently. Sanitation and

personal hygiene were indicated as important for proficient food service and sanitation workers.

Managers were asked to indicate to whom training responsibility should be delegated. Generally, the hospital was considered responsible for training all categories of food service employees except for the manager and supervisor. For these two categories, opinions of training responsibility were divided between hospital and a shared situation. In contrast, managers interviewed in the pilot study tended to indicate all training to be a shared responsibility (Peay, 1969).

Present and expected future vacancies in hospital food service departments do exist as revealed by this study. The need for qualified, trained personnel is prominent. Even though training exists in several of the surveyed hospitals, the skills and knowledge considered most important for proficient food service employees were not always the skills and knowledge being taught.

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APPENDIXES

APPENDIX A

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 . If this appointment is not correct, please notify me at once.

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.

Interviews will be conducted by Anita Alphin, Graduate Student.

Sincerely,

Mary Jo Hitchcock, Ph.D.
Associate Professor

APPENDIX B

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE

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 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.

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

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.

Employee Classification	TYPE OF TRAINING PROGRAM					
	Adult Education Courses	Vocation Education Courses	Work-shops	Profession or Trade Conventions	College Courses	Other
Managerial (not inter-viewee)						
Supervisory						
Food Preparation Workers						
Food Service Workers						
Food Sanitation Workers						

EMPLOYEE CATEGORY	GENERAL TASKS	SPECIFIC TASKS	SKILLS AND KNOWLEDGE
Managerial: Dietitians, Food Service Managers	Plans, organizes, directs, coordinates and controls human, physical and financial resources of food service department in order to achieve department and organizational goals. If part of a larger system, inteprets departmental goals, objectives, and needs to systems director.	Plans and directs operation of food service department. Procures or consults in procuring food, supplies, 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 according to job performance standards. Instructs in nutrition or diet selection. Writes for journals and prepares educational materials.	Mark H (hospital); O (outside agency); S (shared responsibility). Check (✓) if Hospital trains __Management Principles __ __Food Procurement __ __Record Keeping (financial, personal) __ __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 regarding specific types of feeding requirements such as hospitals, students, aged, etc. __

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 service and in maintaining cleanliness of department and equipment. "Instructs workers in methods of performing duties and assigns and coordinates work of employees to promote efficiency of operations"[1]. Keeps and maintains records as directed by management such as meals served, food cost, usage level of food and supplies. May supervise service of trays to patients and assist in planning modified diets. May assist management in purchasing and procurement of food and supplies, cost accounting, evaluating and training employees, and planning for change.	Mark H (hospital); O (outside agency); S (shared responsibility). Check (✓) if Hospital trains __ Menu Terminology __ __ Principles of Nutrition and Diet Therapy __ __ Use and Care of equipment __ __ Human Relations __ __ Communications __ __ Sanitary and Safety Standards __ __ Mathematics as related to Cost Control __ __ Principles and Standards of Quantity Food Service and Preparation __ __ Effective use of Non-supervisory Personnel __ __ Maintaining Records __

[1] U.S. Dept. of Labor, 1965. "Dictionary of Occupational Titles". Vol. I, 3rd. Ed. p. 294, U.S. Government Printing Office, Washington, D.C.

EMPLOYEE CATEGORY	GENERAL TASKS	SPECIFIC TASKS	SKILLS AND KNOWLEDGE
Food Preparation Workers: Cooks, Bakers, Salad Preparation Workers and Helpers	Performs operations necessary to convert raw food to products ready for distribution and service.	Chief cook directs and supervises performance of staff cooks and helpers. Follows production schedule by performing preliminary processes of preparing food to be cooked such as washing, dicing, peeling, etc., weighing or measuring food if necessary[1]. Combines food items according to prescribed recipe. Cooks food by appropriate method following specified procedures[1]. Prepares food for service by slicing, portioning, panning, garnishing, etc.[1] Evaluates product.	Mark H (hospital); O (outside agency); S (shared responsibility). Check (✓) if Hospital trains __Human Relations __ __Communications __ __Sanitation and Personal Hygiene __ __Menu Terminology __ __Principles of Nutrition as related to Food Preparation __ __Use of Standardized Recipes __ __Principles of Quantity Food Preparation and Service and Ability to apply them __ __Food Preparation for Modified Diets __ __Quality Standards of Food __ __Proper Food Handling and Storage __ __Use and Care of Equipment __ __Safety __ __Basic Mathematics __ __Work Simplification __ __Knowledge of Supervisory Techniques __

[1]U.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 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. Serves food for patient trays or on cafeteria line. Takes orders and serves food at tables. Sets up steam table or cafeteria counter for service. Changes linen and sets tables. May assemble food onto patient trays and serve trays to patients. May visit patients to collect menus. May clear tables and return dishes to kitchen. May collect patient trays for return to kitchen. May work at soda fountain. May clean silver and make coffee. May perform other miscellaneous tasks related to serving food.	Mark H (hospital); O (outside agency); S (shared responsibility). Check (✓) if Hospital trains __Human Relations __ __Communications __ __Sanitation and Personal Hygiene __ __Safety __ __Food Display and Service __ __Quality Standards for Food __ __Use and Care of Equipment __ __Menu Terminology __ __Limited Knowledge of Food Preparation __ __Work Simplification __ __Limited Knowledge of Modified Diets __

EMPLOYEE CATEGORY	GENERAL TASKS	SPECIFIC TASKS	SKILLS AND KNOWLEDGE	
Food Sanitation Workers: Dishwasher, Pot and Pan washers, and Porters	Maintains sanitary standards of utensils and equipment used in food preparation and service. Maintains sanitary standards of physical plant.	Washes and sanitizes dishes, pots and pans. Cleans heavy stationary equipment and walk-in refrigerators. Sweeps and mops floors. Removes 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.	Mark H (hospital); O (outside agency); S (shared responsibility).	Check (✓) if Hospital trains
			__Human Relations	__
			__Communications	__
			__Sanitation and Personal Hygiene	__
			__Safety	__
			__Use and Care of Equipment	__
			__Work Simplification	__

APPENDIX C

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE

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: _____, Name _____

2. Does this hospital operate a nursing home or any other type of special 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 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 is the average annual turnover rate[1]? _____
(If did not know, ask 6b)

6b. 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? _____

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 ___

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 19 20

7. During your formal education did you receive training 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 program[2] ___ c) adult education program[3] ___ d) 2 year junior or community college ___ e) 4 year college ___ f) other (specify) _____.

9. Are you a member of the American Dietetic Association or other professional organizations: 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 training programs did you attend: a) hospital sponsored management development course ___ b) adult education courses[3] ___ c) vocation education courses[2] ___ d) workshops ___ e) professional or trade conventions ___ f) college courses ___ g) other (specify) _____ .

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: ___.

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 worker ___ d) food service workers ___ e) food sanitation workers ___.

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 ___.

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 ___.

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. In this category why do you think it 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. Which classifications will new positions be created: a) managerial ___ b) supervisory ___ c) food preparation workers ___ d) food service workers ___ e) food sanitation workers ___ f) classification not determined ___.

C. Existence of Training Programs

1. Approximately what percent of your employees have had some formal training[4] in the food service field before being hired: a) ____% b) did not know _____.

2. Does a formal training program exist in this food service: a) yes ___ b) no ___ (If no, this questionnaire is completed).

---

[1]Labor 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.

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

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

(Harwood et al., 1968)

3. Indicate the types of training programs and the people who do the training.

Type of Training Program	PEOPLE WHO DO TRAINING				
	Food Service Manager	Staff Dietitian	Supervisor	Other Food Service Employees	Personnel Department Employees
Indoctrination[5]					
Orientation[6]					
Supervised on-the-job Training[7]					
Classroom Education[8]					
Other (Specify)					

[2]Vocation education program is a series of comprehensive courses designed to teach a specific skill or area of knowledge.

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

[4]Formal training conducted either on or off the job premise includes a preplanned sequence of experiences designed to increase skills and knowledge of the trainees (Jolin et al., 1969).

[5]Indoctrination 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).

[6]Orientation 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).

[7]Supervised 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 of the employee to a satisfactory level for job proficiercy (Harwood et al., 1968).

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

Table 6. Type management of food service departments and the employment of consultants in the hospital sample

Hospital Group	Number of Hospitals					
	Registered Dietitian	Foods Company Contracted	Dietary Consultant Through Foods Company	Regular Dietary Consultant	Home Economics Teacher as Consultant	Information not Obtained
Large[a]	4	4	1	0	0	1
Small[b]	2	1	0	10	1	0

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 7. Major problems relating to food service personnel indicated by hospital administrators

Type of Problem	Hospital Group			
	Large[a]		Small[b]	
	Number	% of Total	Number	% of Total
Insufficient supply of qualified personnel	7	88	2	11
Inability to employ dietitian	1	12	3	17
Insufficient supply of people wanting to work	1	12	1	6
Schedules of employees	1	12	1	6
Low wages of employees	1	12	1	6
Reliability of employees	0	0	1	6
Management of employees	0	0	1	6
Training skills and knowledge	2	25	4	22
Training cooks	1	12	2	11
Training managers	1	12	0	0
Training supervisors	0	0	4	22
Training in therapeutic diets	0	0	3	17
Labor turnover	2	25	0	0
Communication breakdown with consultant	0	0	2	11
No problems	0	0	6	33

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 8. Qualifications for food service managers as indicated by administrators

Qualification	Percentage of Hospitals L[a]	S[b]
Formal education	75	50
Specific training or knowledge	38	78
General hospital food service procedure	--	11
Therapeutics	25	28
Food production	12	17
Supervision of personnel	--	33
Administrative skills	12	--
Managerial skills	12	--
Specific abilities and capabilities	50	56
General abilities or capabilities in food service	38	17
Ability to work with people	12	28
Professional	25	11
Assume responsibility	--	6
Ability to organize	--	6
Willing to learn, follow instructions	--	17
Enjoy work	--	11
Able to lead	--	6
Specific experience	75	61
Management experience	38	6
Therapeutic experience	--	6
Experience working with people	--	6
Experience in other patient-care institutions	--	6
Experience in any type food service	--	6

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 9. Estimated labor turnover rates of surveyed hospitals

Turnover rate	Percentage of Hospitals L[a]	S[b]
0 - 10%	38	50
11 - 20%	12	33
21 - 50%	38	17
Rate not obtained	12	0

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 10. Number of present and anticipated vacancies as indicated by hospital administrators

Vacancy	Present L[a]	Present S[b]	Anticipated L	Anticipated S
Dietitian	2	-	6	2
Food service manager	-	2	3	11

[a]Large hospital sample consisted of seven institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 11. Number of present and anticipated vacancies and replacement difficulty as indicated by food service managers

Employee Category	Present		Anticipated		Indications of Replacement Difficulty	
	L[a]	S[b]	L	S	L	S
Managerial	-	1	3	1	2	--
Supervisory	-	-	4	5	3	3
Food preparation worker	2	1	3	7	1	12
Food service worker	3	1	3	6	1	--
Food sanitation worker	4	1	2	5	3	--
Other	2	-	1	1	-	--

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 18 institutions, 25 to 100 beds.

Table 12. Number of employees who participated in training programs conducted outside the hospital food service during the past two years

Employee Classification	Type of Training Program																	
	Adult Education Courses		Vocational Education Courses		Workshops		Professional or Trade Conventions		College Courses		Films		Field Trips		Foods Co. Tr. Courses	
	L[a]	S[b]	L	S	L	S	L	S	L	S	L	S	L	S	L	S
Managerial (not interviewee)	-	1	-	-	6	2	-	1	1	-	-	--	-	-	2	1
Supervisory	1	-	6	-	2	1	2	-	-	-	-	--	-	-	1	1
Food preparation workers	-	-	-	-	1	-	-	2	-	-	-	10	-	-	-	-
Food service workers	-	-	-	-	-	-	-	-	-	-	-	10	-	1	-	-
Food sanitation workers	1	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-

[a]Large hospital sample consisted of eight institutions, 101 beds or larger; total number of employees was 443.

[b]Small hospital sample consisted of 18 institutions, 25 to 101 beds; total number of employees was 203.

Table 13. Types of present training programs and persons responsible for training within hospitals surveyed

Type Program	Persons Responsible																	
	Food Serv. Mngr.		Dieti-tian		Supvr.		Other Food Serv. Empl.		Person-nel		Admin.		Other Hosp.		Foods Co.		Commer. Co.	
	L[a]	S[b]	L	S	L	S	L	S	L	S	L	S	L	S	L	S	L	S
Indoctrination	-	1	-	1	-	-	-	-	4	-	-	-	-	-	1	-	-	-
Orientation	-	1	3	1	2	1	-	-	3	-	-	1	-	-	-	-	-	-
Handbook	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Supervised OJT	2	3	4	3	7	3	5	2	-	-	-	-	-	-	1	1	-	-
Classroom Ed.	1	2	3	3	1	1	-	-	-	-	-	1	-	-	-	-	-	-
Employee meetings	-	-	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Films	1	-	4	1	-	1	-	-	-	-	-	-	-	2	1	-	-	-
Supervisor's course	1	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Demonstrations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Field trips	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Handouts and posters	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-

[a]Large hospital sample consisted of eight institutions, 101 beds or larger.

[b]Small hospital sample consisted of 16 institutions, 25 to 100 beds.

VITA

Anita Fuqua Alphin was born in Murfreesboro, Tennessee. She attended primary and secondary schools in that city. In 1964, she entered The University of Tennessee, College of Home Economics and graduated in 1967 with a major in Food Science and Institution Management. A dietetic internship appointment at the Indiana University Medical Center was completed in January, 1969.

She worked at The Columbus Medical Center, Columbus, Georgia prior to entering Graduate School at The University of Tennessee, Knoxville. She will complete requirements for a Master of Science Degree with a major in Institution Management in August, 1970. She is a member of the American Dietetic Association and Sigma Kappa social sorority.

She is married to Joe M. Alphin of Cool Springs, Tennessee.