



Patient Satisfaction on Hospital Catering and Dietary Management in A Specialty Hospital

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ABSTRACT

Introduction: Adequate nutrition intake is an important part of healing the hospital patient. In general, undernutrition is associated with loss of muscle strength and impaired immune function which can lead to an increase in complication rates, infection rates, and mortality.

Aim: To study the relationship between catering service and patient satisfaction, and to identify the relationship between dietary service and patient satisfaction.

Methods: This descriptive study was conducted in a specialty hospital. A designed questionnaire was used to collect data from patients. Patients admitted in the hospital were included in the study.

Results: There is a significant relationship between catering service and patient satisfaction. 57% percent of patients were responded neutral with catering service, 61% of patients are said neutral in overall satisfaction. There is no statistical significant relationship between dietary service and overall satisfaction.

Conclusion: This pilot study establishing a baseline for improvement and for identifying the lowest scoring service which affect the overall satisfaction.

KEYWORDS

satisfaction level, dietary service, management

Introduction

The hospital catering service must be improved in all aspects: the food and beverage quality, production and service, hygiene, department organization, control and performance evaluation, overall general management (Davis, 1991; Knight, 1997).

The hospital catering services are created for patients, staff and visitors. The menus will be table d'hôte type with medical restrictions as to the type of diet they are allowed. Modified diets or the therapeutic diets are diets adapted from normal hospital menu and used as part of the medical treatment. The diet must contain all of the nutrients required for a balanced diet with medical restriction in direct correlation with the patient disease. Modified diets include diabetic, low calorie, convalescent gastric, acute gastric diets etc (Davis 1991). In addition, Davies (1991) said that full (normal) diets, light diets, soft and special diets were created by catering department.

Adequate nutrition intake is an important part of healing the hospital patient. In general, undernutrition is associated with loss of muscle strength and impaired immune function which can lead to an increase in complication rates, infection rates, and mortality (Giner, Laviano, Meguid, & Gleason, 1996; Johansen, Kondrop, & Plum, 2004). Promoting optimal nutritional status through quality hospital foodservices can lead to a faster recovery and decreased length of hospital stay which can have a large impact on hospital costs (Giner et al., 1996; Johansen et al., 2004). It is well recognized that food and other aspects of foodservice delivery are important elements of the patients' overall perception of the hospital experience. The greater patients' expectations are met, the more satisfied they seem to be (Lau & Gregoire, 1998; Fottler et al., 2001). Therefore, provision of foodservices that not only meet but exceed the expectations of the patient should be considered essential for quality hospital foodservices (Fallon et al., 2008).

Aim

To study the relationship between catering service and patient satisfaction, and to identify the relationship between dietary service and patient satisfaction.

Materials and Methods

This descriptive study was conducted in a specialty hospital. A designed questionnaire was used to collect data from patients. Patients admitted in the hospital were included in the study. The three variables: Hospital catering service, Dietary service and Patient Satisfaction will be measured and analyzed.

Results

100 patients were included in the study, 39% of the respondents are belongs to 21-30 years age group, 42 % of the respondents are belongs to 31-40 years age group. 69% of the respondents are male, only 31% are female respondents

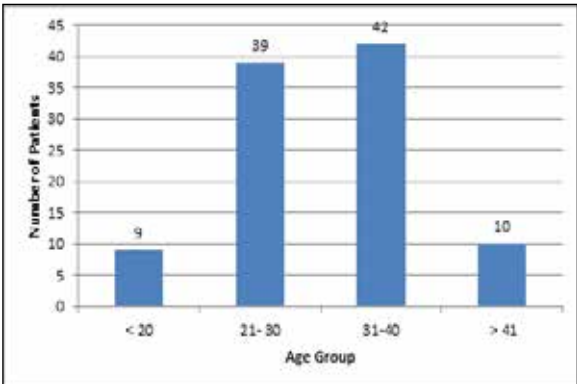


Figure 1 Distribution of Study patients in Age group

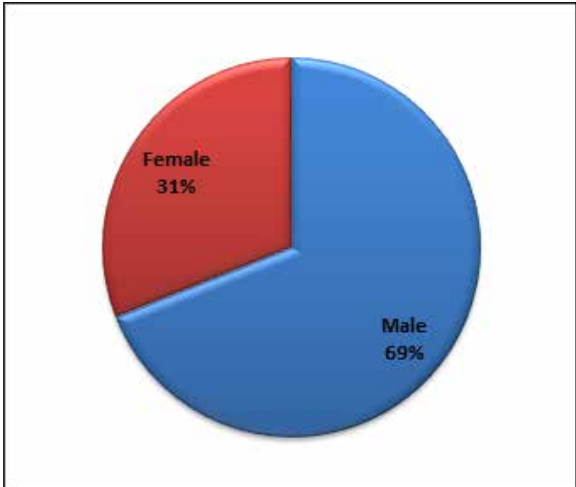


Figure 2 Distribution of Study patients in Gender

Table 1 Cross tabulation of Overall Satisfaction with Catering Service

Catering Service	Overall Satisfaction			Total	P value
	Dissatisfied	Neutral	Satisfied		
Dissatisfied	5	7	2	14	<0.0001
Neutral	2	43	12	57	
Satisfied	2	11	16	29	

There is a significant relationship between catering service and patient satisfaction. 57% percent of patients were responded neutral with catering service, 61% of patients are said neutral in overall satisfaction.

Table 2 Cross tabulation of Overall Satisfaction with Dietary Service

Dietary Service	Overall Satisfaction			Total	P value
	Dissatisfied	Neutral	Satisfied		
Dissatisfied	0	10	1	11	0.113
Neutral	7	36	16	59	
Satisfied	2	15	13	30	

There is no statistical significant relationship between dietary service and overall satisfaction. 59% percent of patients were responded neutral with dietary service, 61% of patients are said neutral in overall satisfaction.

Below 20 years age group patients are having more catering service satisfaction than other age groups. Female group patients are having more catering service satisfaction than male. Businessman categories patients are having more catering service satisfaction than others. Rs. 35001 to 45000 family income categories patients are having more catering service satisfaction than others. Below 20 age group patients are having more dietary service satisfaction than other age groups. Female group patients are having more dietary service satisfaction than male. Other group categories patients are having more dietary service satisfaction than retired. Above 45000 family income categories patients are having more dietary service satisfaction than others. Below 20 age group are having more patient satisfaction than other age groups. Female group patients are having more patient satisfaction than male. Other group patients are having more patient satisfaction than retired. Rs.35001 to 45000 family income group are having more patient satisfaction than others.

Discussion

Patient Satisfaction is defined in terms of the degree to which the patient's expectations are fulfilled. It is an expression of

the gap between the expected and perceived characteristics of a service (Lochoro, 2004). Measuring Patient Satisfaction depends on using the "accurate measures because it comprises of standards that incorporate dimensions of technical, interpersonal, social, and moral aspects of care" (Kane et al., 1997).

Patient meals are an integral part of hospital treatment and the consumption of a balanced diet, crucial to aid recovery. Even so, it is well established that up to 40% of 2 patients may be undernourished on admittance to hospital; a situation which is not always rectified during their stay (McWhirter and Pennington, 1994). The importance of hospital food service and the use of food as treatment are not new and can be traced back to one of the earliest medical works, the 'Hwang Ti Nei-chang Su Wen' (the Yellow Emperor's Classic of Internal Medicine, 722-721 B.C.) (Cardello, 1982). Concern with the role food may play in the recovery of patients was also highlighted by Florence Nightingale who wrote in her 'Notes on Nursing' in 1859, that 'The most important office of the nurse, after she has taken care of the patients' air, is to take care to observe the effects of his food' (Nightingale, 1859). The relevance and importance of patient meal service, when compared with many clinical activities, is not always appreciated and is often seen as an area where budgetary cuts will have least impact. The provision of a food service system which optimizes patient food and nutrient intake in the most cost effective manner is therefore seen as essential.

Conclusion

Patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care. This pilot study establishing a baseline for improvement and for identifying the lowest scoring service which affect the overall satisfaction.

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