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Administrator Satisfaction with Long-term Care Foodservice

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Running Head: ADMINISTRATOR SATISFACTION

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Abstract

This study investigated the satisfaction levels of Michigan long-term care administrators to determine whether they are more satisfied with self-operated or contract managed food service at their facility. Using an on-line survey, administrator's satisfaction levels with various aspects of their foodservice operations as well as demographic information about their facility was collected and analyzed. Data showed that 83% of administrators were satisfied or very satisfied with self-operated foodservice operations compared to 50% of those with contract foodservice. While too few responses were obtained to reliably determine the significance of the results, this preliminary study indicates a need for further investigation. The research findings could enhance long-term care administrator's understanding of weaknesses and strengths in self-operated and contract managed foodservice and help them make foodservice decisions that will best maintain long-term care resident's quality of life.

Administrator Satisfaction with Long-term Care Foodservice

According to the 2005 – 2009 American Community Survey 5-year estimates from the U.S Census Bureau, 12.6% (38,000,870 people) of the U.S population are 65 years old or older (US Census Bureau, 2010). As this portion of the population continues to expand, the demand for high quality long-term care service continues to grow (Cleary, 2004). Long-term care is comprised of an extensive range of services provided to persons who are no longer able to function independently due to frailty or chronic illness (Cleary, 2004).

Among the many services long-term care facilities provide is food service, which plays an important part in resident's overall quality of life (Singh, 2005). The foodservice arm of long-term care facilities exists to provide each patient with individualized total nutritional care. But the dining experience provides residents with much more than good nutrition. Food serves as a means of social interaction and sensory satisfaction in the long-term care setting (Singh, 2005). Because long-term care residents look forward to their mealtime, food service has a profound impact on the resident's quality of life (Gilmore & Russell, 1992) and overall nutrient intake (Singh, 2005). In the long-term care setting, the food service department has the greatest number of encounters with residents, averaging five interactions a day (Racho, 2010). Thus, foodservice has more opportunities than any other aspect of long-term care to improve resident's overall satisfaction, health, and quality of life.

Preliminary research revealed that many studies have been conducted on guest/patient satisfaction with food service, but administrator's satisfaction with their food service operation is a relatively unexplored area. Because long-term care administrators hold positions of responsibility in their facilities and supervise management as well as oversee compliance with regulations, they are an appropriate source to obtain information on food service satisfaction levels with in a facility (Harahan, 2010). Furthermore, long-term care

settings themselves remain "rich repositories of data that are underutilized for controlled research studies" (Cleary, 2004).

Therefore, the objective of this research is to determine whether long-term care facility administrators in Michigan are more satisfied with self-operated or contract managed food service at their facility. Self-operated foodservice operations are managed by the long-term care facility's own staff. Whereas contract managed foodservice operations are contracted out, or outsourced, to a third-party management group.

The findings from this study will help identify administrator's views of weaknesses and strengths in self-operated and contract managed foodservice. These results could help long-term care administrators make better, more informed decisions regarding food service at their facility by considering satisfaction levels with two of the different styles of food service available. Also, both contract managed foodservice providers and self-operated foodservice decision makers could utilize these findings to benchmark their performance and improve weaknesses in their overall operations.

Methods

Participants

A survey was distributed via e-mail to 120 long-term care administrators in the state of Michigan in April 2011 to identify their satisfaction levels with their current food service operation. Of the 120 long-term care facilities selected, 60 were not-for-profit facilities and 60 were for-profit or government owned facilities. The facilities and contact information for the administrators was found in the Michigan Department of Community Health Facility Directory and the LeadingAge Homes and Services Directory. The researcher selected facilities from all areas of the state. The survey was completed by 29 administrators (response rate: 24.17%).

Questionnaires

A 28 question questionnaire was developed based on previously published findings and input from two long-term care foodservice professionals and an administrator. The questionnaire addressed quantitative data regarding administrator's satisfaction with different aspects of their food service system (1: very dissatisfied to 5: very satisfied) including the top areas of concern regarding food service operations (resident satisfaction, resident's family's satisfaction, nutritional quality, staff, cultural appropriateness, health code citations, etc.). The questionnaire also sought demographic information about the respondent's facilities (size, location, care options provided, type of foodservice program, foodservice department budget, etc.).

Results

General characteristics of the respondent's long-term care facilities

General demographic information about the respondents' long-term care facilities is shown in Table One. Of the 29 total respondents, 18 (64.3%) operated not-for-profit facilities and 8 (28.6%) operated for-profit or government run facilities. A majority of the respondents (78.6%) were in facilities with 51 – 200 beds. 96.4% of the facilities offered skilled nursing care, 75% offered basic nursing care, and 64.3% offered hospice care. Most of the administrators operated in a stand alone facility (85.7%) with single unit ownership (82.1%). 92.9% of facilities participated in both Medicare and Medicaid programs.

Figure One shows the geographical distribution of the facilities that responded to the survey. The number of respondents in each geographical location was:

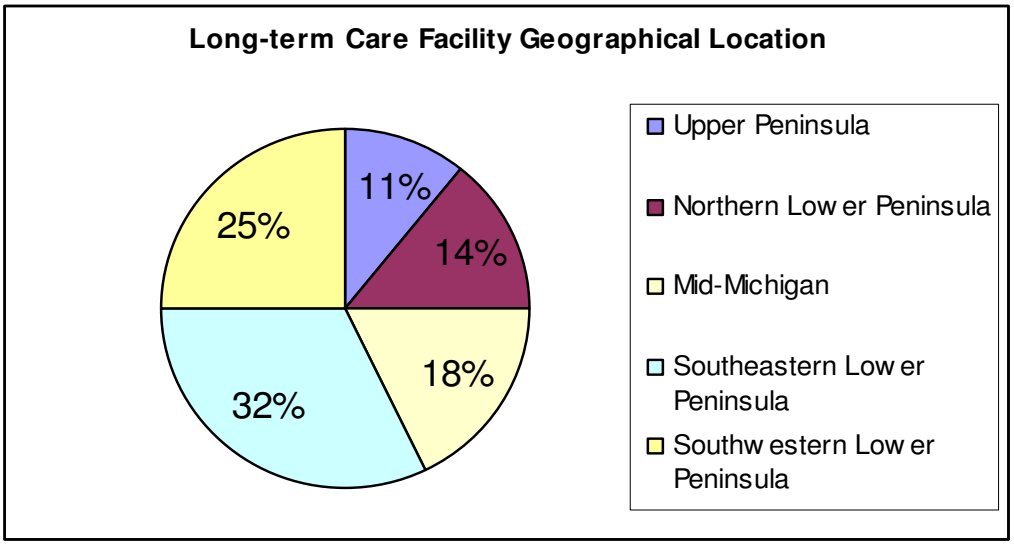
- Upper Peninsula – 3 respondents
- Northern Lower Peninsula – 4 respondents

- Mid-Michigan – 5 respondents
- Southeaster Lower Peninsula – 9 respondents
- Southwestern Lower Peninsula – 7 respondents

Table 1

	Characteristics	Number	%
Facility Type	Not for Profit	18	64.3%
	For Profit	4	14.3%
	Government	4	14.3%
	None specified	2	7.1%
Facility Size	Less than 50 beds	3	10.7%
	51 - 100 beds	10	35.7%
	100 - 200 beds	12	42.9%
	200+ beds	3	10.7%
Facility Location	Stand Alone	24	85.7%
	Located w/in Hospital	4	14.3%
Facility Ownership	Single Unit	23	82.1%
	Multi/Chain	4	14.3%
	None specified	1	3.6%
Community Size	Rural (less than 2,500)	5	17.9%
	Suburban (2,500 - 50,000)	16	57.1%
	Small metropolitan (50,001 - 500,000)	6	21.4%
	Metropolitan (500,001 - 1 million)	1	3.6%
Type of Care Provided	Skilled Nursing Care	27	96.4%
	Basic Nursing Care	21	75.0%
	Assisted Living/Residential Care	10	35.7%
	Hospice Care	18	64.3%
	Continuum of Care	8	28.6%
Programs	Medicare	1	3.6%
	Medicaid	1	3.6%
	Both Medicare & Medicaid	26	92.9%

Figure 1



Characteristics of Respondent's Foodservice Systems

Of the 29 administrators who responded to the survey, 22 (78.6%) had self-operated foodservice operations and 6 (21.4%) had contract managed foodservice operations at their facility. The foodservice budget in half of the facilities ranged between $150,000 and $599,999 and was $600,000 or more in 32.1% of the respondent's long-term care facilities. 20 of the respondents (71.4%) had foodservice with selective menus for residents and 8 respondents (28.6%) did not have selective menus.

Satisfaction levels

Overall, 75% of administrators were satisfied or very satisfied with their current foodservice operation (Figure Two). 83% of administrators were satisfied or very satisfied with self-operated foodservice operations compared to 50% of those with contract foodservice (Figure Three). Self-operated foodservice had higher satisfaction ratings in 12 of 16 areas pertaining to administrator satisfaction (Figure Four). Contract foodservice had higher levels of satisfaction in (Figure 4):

- Resident family satisfaction (15% higher)
- Menu options (14% higher)
- Special events (5% higher)

Self-operated foodservice had much higher satisfaction levels in (Figure 4):

- Food quality (45% higher)
- Hours of service (37% higher)
- Communication (37% higher)

Figure 2

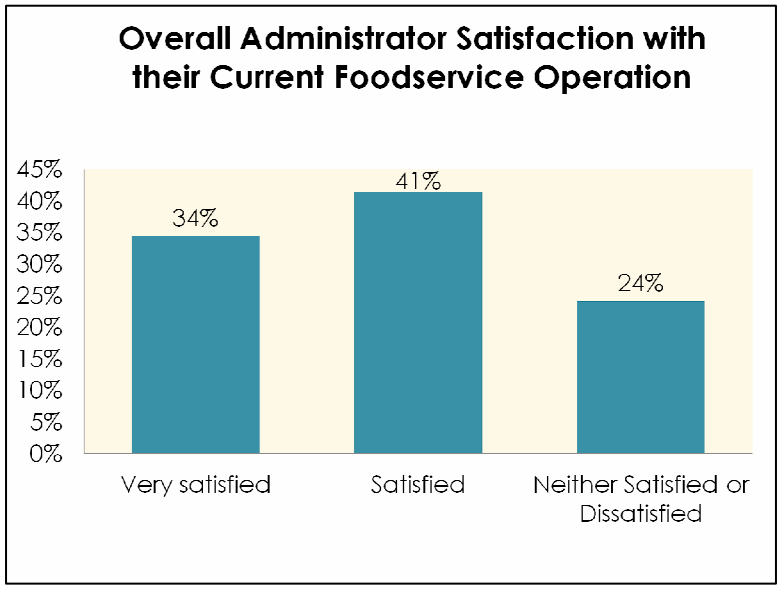


Figure 3

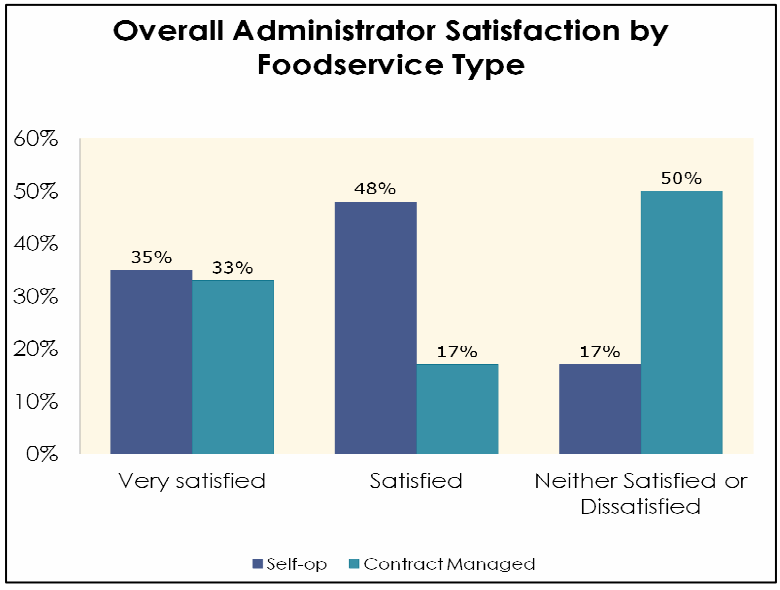
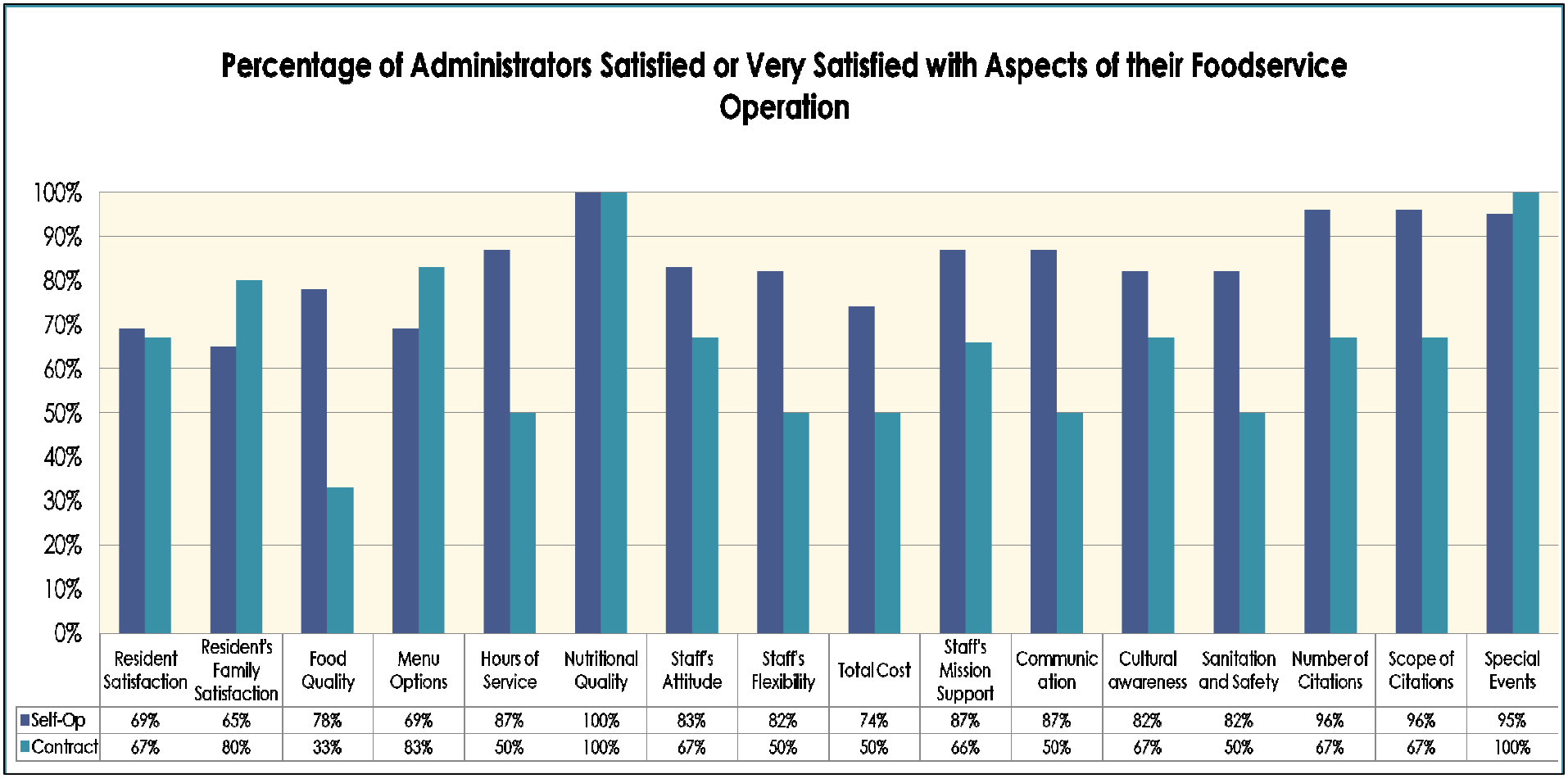


Figure 4



	Resident Satisfaction	Resident's Family Satisfaction	Food Quality	Menu Options	Hours of Service	Nutritional Quality	Staff's Attitude	Staff's Flexibility	Total Cost	Staff's Mission Support	Communication	Cultural awareness	Sanitation and Safety	Number of Citations	Scope of Citations	Special Events
Self-Op	69%	65%	78%	69%	87%	100%	83%	82%	74%	87%	87%	82%	82%	96%	96%	95%
Contract	67%	80%	33%	83%	50%	100%	67%	50%	50%	66%	50%	67%	50%	67%	67%	100%

Discussion

The results indicate that long-term care administrators are more satisfied with self-operated foodservice compared to contract managed foodservice. While too few responses were obtained to reliably determine the significance of the results, this preliminary study indicates a need for further investigation.

Some key areas for contract managed foodservice operations to focus on were revealed in this study. These areas were the most concerning in relation to resident health and quality of life. Contract managed food quality was reported 45% lower than self-operated foodservice with only 33% of administrators reporting they were satisfied or very satisfied. But, administrators with contract managed and independent foodservice both had 100% satisfaction with the nutritional quality of their meals. With nutrition and overall quality of the food being so vital to resident's well being, the gap between food quality and nutrition in contract foodservice facilities should be investigated.

Only 50% of administrators were satisfied or very satisfied with the sanitation and safety in their contract managed foodservice facilities. This is 32% lower than the satisfaction levels in self-operated foodservice facilities. Poor control over risk factors, such as improper temperature control and improper cooking, can contribute to food-borne illnesses that result in customer or staff injury (Anderson & Bell, 2010). Therefore, it is vital for the safety of residents, many of which have lower immunity levels, to increase levels of sanitation and administrator satisfaction with sanitation and safety. In conjunction with lower satisfaction in sanitation and safety, the satisfaction level for the number and scope of health department citations was 29% lower for contract foodservice than self-operated foodservice facilities. Overall, the lower levels of satisfaction in food quality and sanitation show a need for

contract foodservice to improve the quality of service they are offering and re-train their staff members.

Independent foodservice administrators had lower satisfaction than contract managed foodservice administrators in family satisfaction (15 % lower) and menu options (14% lower). Though these areas may not appear to be as vital to correct as food quality and sanitation, they still have a significant impact on resident's overall quality of life and their family's level of happiness. In long-term care facilities, food is often the primary area of discontentment for residents (Singh, 2005). Independent food-service operators may not have the ability to offer as many menu options as contract managed foodservice, but they should strive to add more options to their menu and increase resident's satisfaction. By increasing resident's satisfaction with the meals at their facility, self-operated foodservice can increase their happiness and quality of life, which will in turn help to increase their family's satisfaction.

By determining administrators' satisfaction with various areas of foodservice operations, this study:

- Provides a new data set administrators can utilize when analyzing the performance of their foodservice system or when considering changing their foodservice system
- Gives the public and long-term care administrators qualitative data to gauge the strengths and weaknesses of each foodservice operation
- Aids administrators in selecting a foodservice operation that fits best with their organizational structure and current strengths and weaknesses
- Clarifies areas of foodservice that are performing well
- Shows areas in which both self-operated and contract managed foodservice operations can focus their attention in order to increase satisfaction levels and most importantly resident well-being

Long-term care facilities exist to provide an extensive range of services to persons who are no longer able to function independently (Cleary, 2004). Quality of life for residents is a serious concern of long-term care administrators and they are always looking to increase the satisfaction with the food service they provide. Oftentimes in the search for ways to improve satisfaction they forget about foodservice (Racho, 2010). When long-term care administrators focus "…[their] attention on improving foodservice and [work] with the department to explore opportunities to improve operations, [they] can breathe new life into the routine task of providing meals (Racho, 2010) and significantly improve the quality of life for the residents at their facility.

One limitation of the study is that there may be differing perceptions of satisfaction among study respondents. Also, the small number of respondents (29) limits the amount that can be learned from the results and does not allow for any type of statistically significant findings. This study was limited to long-term care administrator's views of satisfaction and may have eliminated other long-term care staff whose opinions could have helped point to areas in need of improvement in both types of foodservice operations. One future research opportunity is to expand the geographical scope of the study and see if there are differences in administrator's satisfaction in different states or areas of the country.

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