Research Contribution

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WHO WILL DIRECT HOSPITAL FOODSERVICE DEPARTMENTS IN THE FUTURE?

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ABSTRACT
This study explored the expected need for, succession planning strategies used, and qualifications expected of future hospital foodservice directors. Results from 122 (17% response) foodservice directors suggested more than half (59%) of the current foodservice directors will retire within the next 10 years. Succession planning for the foodservice director position occurs in some (41%) hospitals. Credentials required for the foodservice director position in the future include BS degree (90%), foodservice (70%) and foodservice director (64%) experience, and skills including verbal/written communication (87%), team leader (86%), foodservice operations management (86%), customer satisfaction (79%), financial management (77%), change management (71%), and human resource management (66%). Less than half (41%) of respondents indicated that the RD credential would be required for future hospital foodservice directors.

Keywords: hospital foodservice, succession planning

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INTRODUCTION

Onsite foodservice operations, including hospitals, provide meals daily to a captive audience of customers in their facilities; sale of food is secondary to the overall mission of the organization in which the foodservice operation exists (Gregoire & Spears, 2007). Hospital foodservice operations generated more than $13.1 billion in sales during 2006 (In the money, 2007).

The American Dietetic Association (ADA) promotes registered dietitians as managers of choice for hospital foodservice operations. Statements in an ADA position paper indicate: "effective management of health care food and nutrition services is best accomplished by dietetics professionals with competence in management; foodservice systems, including food science, safety, and quality; and nutrition in health and disease, including medical nutrition therapy."(American Dietetic Association, 1997)

Despite ADA support of the RD managing hospital foodservice operations, less than half of these departments are managed by RDs. In 2000, Silverman, Gregoire, Lafferty, and Dowling indicated 38% of directors in hospitals with more than 200 beds were RDs and in 2005, Gregoire, Sames, Dowling, and Lafferty reported 48% of hospital (all sizes) had foodservice directors who were RDs.

The predicted retirement in the next 10 years of current baby boomer -aged directors is a concern in onsite foodservice operations (Schechter, 2007). A recent article in *Food Management* magazine indicated that management companies alone are seeking more than 5,000 entry-level and mid-level managers for non-commercial foodservice positions (Schuster, 2005). One strategy to prepare for these upcoming retirements suggested by Lipowski (1999), is use of careful succession planning combined with medium-term retention plans.

Garman and Tyler (2007) defined succession planning as "a structured process involving the identification and preparation of a successor, for a given organizational role, that occurs while that role is still filled." Garman and Tyler's study of health care organizations found only 21% of health care institutions indicated routine use of succession planning for their administrators.

The importance of qualified directors for hospital operations and the predicted retirement of current directors supports the exploration of succession planning strategies that are or could be used to prepare the next generation of foodservice directors. Additionally, research is needed to determine the credentials expected of hospital foodservice directors in the future. Specific objectives of this study were to:

1. Determine the expected openings for foodservice director positions because of retirements of current directors in hospitals with 100 or more beds.
2. Examine succession planning techniques currently being used in hospitals with 100 or more beds.
3. Identify credentials and qualifications that may be required of hospital foodservice directors in the future.

METHOD

Study Approval

This survey research project involved data collection using a mailed questionnaire. The study protocol and instruments were approved by the university's institutional review board prior to data collection.

Sample

Data were collected from two different samples for this study: hospital foodservice directors and hospital executives. Mailing labels for a random sample of 700 acute care, not psychiatric or pediatric hospitals with 100 or more beds, were purchased from the American Hospital Association.

Instrument Development

A multi-section, three-page questionnaire was developed for this study based on previous research by Garman and Tyler (2007), Gregoire et al (2005), and Rainville and Carr (2001). The first section of the questionnaire included 13 questions related to succession planning based on research by Garman and Tyler (2007). Respondents were asked to indicate with yes or no responses for which positions succession planning was done and which succession planning strategies were used. Reasons for not using succession planning also were requested. The importance of diversity in the succession decision was assessed on a four point scale (mandatory, very important, somewhat important, not important).
A second section collected demographic information about the questionnaire respondent and his/her institution. Data on retirement

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plans of the current foodservice director as well as possible successors were collected.

The final section of the questionnaire contained a list of 20 possible credentials and qualifications that might be required of future hospital foodservice directors based on work by Gregoire et al (2005) and Rainville and Carr (2001). Respondents were asked to indicate the likelihood of each credential or qualification being expected of the next foodservice director in that hospital, using one of three options to indicate whether each credential would be required, preferred or not listed on the job description for the next foodservice director.

The instrument was pilot tested by a group of five hospital executives and five hospital foodservice directors to assess content validity, completeness, understandability, and reliability. Minor revisions were made based on input from the reviewers.

Data Collection

A mailed questionnaire was used for data collection. Recommendations by Dillman (2000) for mailed questionnaires were followed. Each hospital foodservice director received a mailing with an individually signed cover letter detailing the purpose of the study and a request for his/her participation. The mailing included a questionnaire for the director to complete and a postage-paid return envelope. The mailing also included a packet to be given by the foodservice director to the hospital executive to whom the director reports. The executive's packet contained a cover letter, questionnaire and postage-paid return envelope. Questionnaires were coded by hospital to facilitate follow up.

Two weeks after the initial mailing a follow-up mailing was sent with copies of the research questionnaires. Directors were encouraged to respond. If a hospital foodservice director had completed a questionnaire but the executive from that hospital had not responded, a copy of the executive survey was sent to the director with encouragement to give the copy of the questionnaire to the hospital executive, and ask that person to respond.

Data Analysis

The Statistical Package for Social Sciences (SPSS, Chicago, IL, version 15.0) was used for all data analyses. Descriptive statistics were computed for all variables. Chi-square tests were used to compare succession planning and credential expectations of foodservice directors based on demographic characteristics.

RESULTS AND DISCUSSION

Questionnaires were sent to 700 foodservice directors and their immediate hospital executive. A total of 171 returned questionnaires (12% response) were usable for data analysis; 122 directors (17 % response) and 49 hospital executives (7 % response). Hospital size varied with 38% of respondents from hospitals of less than 300 beds, 49 % from hospitals of 300 to 500 beds and 13 % from hospitals greater than 500 beds. Most of the directors (75%) reported working in a self-operated foodservice department. Because of the limited response from hospital executives, only foodservice director data are reported. Reasons for the limited response are not known. Directors and hospital executives may have found the topic not of interest and thus were not willing to devote time to respond. Directors may have chosen not to give a copy of the questionnaire to their hospital executive.

Respondent Characteristics

Foodservice directors who responded to the questionnaire tended to be under the age of 55 (n=80, 70%); 64 (53%) held a master's degree. Approximately half (n=62, 51%) were credentialed as registered dietitians (RDs); 31 (26%) were dietetic technicians, registered (DTR). When asked plans for retirement, 19% indicated they planned to retire in less than five years and 40% planned to retire in 6-10 years.

Prevalence and Characteristics of Succession Planning

As shown in Table 1, succession planning at executive levels was occurring in approximately half of the responding hospitals: 51% indicated that succession planning was being done for the CEO, 56% for the vice president, and 41% for the foodservice director positions. Chi Square analysis did not show the prevalence of succession planning to be related to facility size (number of licensed beds). These results are within the ranges reported by Garman and Tyler (2007), who indicated that succession planning was related to type of facility with 21% of free standing hospitals and 64% of private sector hospitals using this practice for managerial positions. Chi square analysis indicated that use of succession planning for the foodservice director position did not differ significantly based on when the current foodservice director expected to retire.

When succession planning was used, the most frequently employed tactics to prepare candidates were mentoring (90%), leadership activities (79%) and development or stretch activities (61%). Those administrators involved in the foodservice director succession planning were most often the vice president (78%) and the current foodservice director (68%) with the CEO less frequently involved (28%). The vice president selected the new foodservice director in 61% of the hospitals. The most frequently cited technique for the selection of the foodservice director was formal structured interviews (61%) and the majority (94%) considered both internal and external candidates. Diversity appears to be somewhat (40.8%) to very (34.7%) important to the succession selection decision.

Many of the current directors (40%) indicated that a successor or pool of candidates had been identified. If no successor had been identified, reasons most commonly given were: not a high priority, new in director position, no internal candidate, or not a part of organization culture.

Future Credentials for Foodservice Director

Table 2 details the credentials that directors expected for the future foodservice director at their facilities. Degree requirements will continue to be important with 89.6% requiring a bachelor's degree and 53.9% indicating a master's degree will be preferred. The degree preference is consistent with the American Dietetic Associations 2006 Environmental Scan which predicted a demand for advanced degrees to improve professionals' decision making skills. Work experience will be an important credential; 69.6% indicated past foodservice experience will be required and 64.4% indicated past experience as a director will be required. The RD credential seems less valued as a credential for future hospital foodservice directors. Only 41.0% of current directors indicated that their hospitals will require the RD credential in order to direct the foodservice department in the future. Interestingly, foodservice directors who held the RD credential were significantly ($p<.001$) more likely to indicate that it would be a required credential for the future director as compared to responses by non RD directors (69% vs. 15%). This differed from the responses by directors holding the Dietetic Technician, Registered credential. Those with the DTR credential were significantly more likely ($P.<001$) to indicate the RD credential would not be listed (48%).

Respondents also identified a variety of demonstrated skill sets that will be required of the hospital foodservice director of the future: verbal/written communication (86.9%), team leader (86.1%), foodservice operations management (86.1%), customer satisfaction (78.7%), financial management (77.0%), change management (71.3%),

Table 1: Succession Planning in Hospitals[a]		
Characteristic	n	%
Succession Planning Done for		
CEO	57	51.8
Vice President	60	55.6
Foodservice Director	50	40.7
Succession Planning Activities for Foodservice Director		
Mentoring	43	86.0
Leadership activities	42	84.0
Development (stretch activities)	33	66.0
360-degree feedback	22	44.0
Structured socialization with key stakeholders	20	40.0
Job rotation	8	16.0
Coaching from external consultant	3	6.0
Administrators Involved in FS Director Succession Planning		
Vice President	39	78.0
Foodservice Director	34	68.0
CEO	14	28.0
Director of Nursing	11	23.0
Search Committee	7	14.0
Administrator Making Final Selection of FS Director Successor		
Vice President	30	61.2
CEO	8	16.3
Director of Nursing	1	2.0
Other	10	20.5
How FS Director Succession Planning Decision Made		
Formal, structured interviews	29	61.7
Informal, internal discussion	12	25.5
Planned succession of asst/assoc director	6	12.8
Candidates for FS Director Successor		
Internal only	2	4.2
External only	1	2.1
Both internal and external	45	93.7
Importance of Diversity in Decision		
Mandatory	5	10.3
Very Important	17	34.7
Somewhat Important	20	40.8
Not Important	7	14.3
Communication About Succession Openly Discussed	37	71.2

[a]based on data from hospital foodservice directors, n=122

and human resource management (65.6%). These results are consistent with a previous study by Gregoire et al (2005) in which hospital executives and foodservice directors indicated that team leader, communication, financial management, change management, operations management, and coaching were very important skills for foodservice directors.

CONCLUSIONS

Although generalization of results of this study is limited by the low response rate, data gathered provide important information for current hospital foodservice directors, those aspiring to become hospital foodservice directors, and the dietetics profession. The aging of the baby boomers, results of this study, and information in the trade literature (Schechter, 2007; Schuster, 2005) suggest that many hospital foodservice directors will be retiring within the next 5 to 10 years. Of concern to hospital executives should be, finding the best qualified replacement for these retiring directors.

Succession planning, a strategy of identifying and grooming individuals for future roles, is being used for some hospital foodservice director positions but is somewhat more commonly used for other hospital executive positions. Incorporating the practice of preparing potential successors for the director position through techniques such as mentoring and use of leadership and developmental activities might help prevent disruption in department management when the change in director position occurs.

Those aspiring to the position of hospital foodservice director will find results of this study helpful in their professional development planning. Those desiring a position as hospital foodservice director should develop the credentials indicated as required and/or preferred for those in that position by respondents to this study.

The RD credential may not be required for the position of hospital foodservice director in the future. Although current foodservice directors who hold the RD credential believe the RD credential will be required for future directors, nearly all of the directors who are not RDs do not believe it will be required. Because less than half of current directors appear to hold the RD credential, the likelihood of this credential being required in the future could decrease.

Of some concern to hospitals should be the question of who will direct hospital foodservice departments in the future. Fewer RDs are seeking positions as hospital foodservice directors (Gregoire, et al., 2005; Silverman, et al., 2000) and hospitality management students do not appear to have interest in pursuing hospital foodservice management (Schechter, 2005). Hospital executives are encouraged to consider succession planning to help identity and prepare the next foodservice director for their organization as the demand for hospital foodservice directors might exceed the supply of qualified individuals for the position. Foodservice management educators are encouraged to include hospital foodservice opportunities in their career advisement of students.

Foodservice directors, who hold the RD credential and believe it should be required for future directors, are encouraged to begin mentoring and coaching early career RDs on the benefits and opportunities available as foodservice directors. If RDs are to continue to be the managers of choice for hospital foodservice departments, current RD foodservice directors and leaders in the American Dietetic Association may need to proactively recruit and develop RDs for these positions.

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Table 2: Future Credentials Expected for Hospital Foodservice Directors[a]	Required		Preferred		Not Listed	
	n	%	n	%	n	%
Education						
Bachelors degree	104	89.6	6	5.2	6	5.2
Master's degree	21	18.3	62	53.9	32	27.8
Doctorate degree	2	1.9	1	1.0	100	97.1
Work Experience						
Foodservice director	76	64.4	38	32.2	4	3.4
Foodservice	78	69.6	15	13.4	19	17.0
Administrative	55	49.1	40	35.7	17	15.2
Credentials						
Registered Dietitian	48	41.0	39	33.3	30	25.7
Certified Dietary Manager	8	7.8	22	21.6	72	70.6
Dietary Technician, Registered	2	2.0	5	5.1	92	92.9
Demonstrated Skills						
Verbal/written communication	106	86.9	12	9.8	4	3.3
Team leader	105	86.1	14	11.5	3	2.4
Foodservice operations mgmt	105	86.1	13	10.6	4	3.3
Customer satisfaction	96	78.7	22	18.0	4	3.3
Financial management	94	77.0	25	20.4	2	1.6
Change management	87	72.5	28	23.3	5	4.2
Human resource management	80	65.6	33	27.0	9	7.4
Multiple unit management	33	27.5	52	43.3	35	29.2
Clinical Nutr Services Mgmt	27	22.7	65	54.6	27	22.7
Marketing	22	18.6	61	51.7	35	29.7
Culinary	18	15.1	74	62.2	27	22.7

[a]based on data from hospital foodservice directors, n=122

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