

Job satisfaction of hotel-style room service employees

Lisa Sheehan-Smith, EdD, RD, LDN
Assistant Professor, Department of Human Sciences
Middle Tennessee State University

Abstract: Quantitative and qualitative research methodologies were used to determine the job satisfaction and level of service orientation of hotel-style room service employees (n = 55). The study took place in four heterogeneous hospitals. The Job Satisfaction Survey and semi-structured interviews were used to gather data about room service employees' satisfaction with their job. The Hogan Personality Inventory was used to gather data about their level of service orientation. Results indicate that participants in this study had a high level of job satisfaction and a moderate to high level of service orientation.

Keywords: Hotel-style room service, job satisfaction, service orientation

Job satisfaction of hotel-style room service employees

According to Arnett, Laverie and McLane (2002), “job satisfaction refers to an employee’s general affective evaluation of his or her job” (p. 89). Spector (1997) defines the concept more simply as “how people feel about their jobs and different aspects of their jobs” (p. 2). He also considers it as a “related constellation of attitudes about various aspects or facets of the job” (p. 2). Spector believes that employees can feel very differently about the various aspects of their jobs; therefore, he is a proponent of the facet approach for determining job satisfaction. He argues that it provides a more complete illustration of an employee’s job satisfaction.

Why should organizations be concerned about their employees’ level of job satisfaction? Employee satisfaction increases employee retention (Arnett, Laverie & McLane, 2002; Heskett, Sasser, & Schlesinger, 1997; Press, 2002; Weaver, 1994). Press reports the results from three hospital studies evaluating the effects of employee satisfaction on retention. The findings in each study indicated a significant relationship between employee satisfaction and retention. Weaver reports that the Guest Quarters Hotel chain program to improve employee satisfaction has yielded an employee turnover rate of 45 percent, which is half the industry rate. Retaining employees can play a critical role in an organization’s financial health because replacing employees can cost 150 percent or more of an employee’s annual salary (Bliss, 2001).

Satisfied employees are also more productive (Heskett, Sasser, & Schlesinger, 1997; Weaver, 1994). Productivity results from how hard employees work plus how smart they work (Reichheld, 1996). According to Reichheld, three criteria drive how hard employees work. They work the hardest when: (1) they have job pride, (2) when they find their jobs interesting and meaningful, and (3) when they are recognized for their work and benefit from the work they have accomplished. He states that employees work smart when they are adequately trained and have been on the job long enough to reap the benefits from their training.

Satisfied employees provide a higher level of external service quality, the service experience that customers receive and evaluate, which leads to increased customer satisfaction (Arnett, Laverie & McLane, 2002; Griffith, 2001; Heskett, Sasser, & Schlesinger, 1997; Johnson, 1996; Ryan, Schmit & Johnson, 1996; Spinelli & Canavos, 2000). Arnett, Laverie and McLane found that employee satisfaction is linked to positive employee behavior such as having a customer orientation. A preliminary study by Press, Ganey Associates in 2001 (Press, 2002) of 76 hospitals found a statistically significant relationship between employee and patient satisfaction ($r = .46; p < .001$).

Several studies exist examining the relationship between patient satisfaction and food service quality (Belanger & Dube, 1996; DeLuco & Cremer, 1990; Dube, Trudeau & Belanger, 1994; Folio, O’Sullivan-Maillet & Touger-Decker, 2002; Gregoire, 1994; Gregoire, 1997; Lambert, Boudreaux, Conklin & Yadrick, 1999; Lau & Gregoire, 1998; O’Hara, Harper, Kangas, Dubeau, Borsutzky & Lemire, 1997; Press, 2002; Woodside, Frey & Daly, 1989). However, the research addressing job satisfaction of food service employees is scant. Therefore, in light of the important benefits that can be obtained from employees who are satisfied with their jobs, this study used quantitative and qualitative research methodologies to address: (1) how satisfied hotel-style room service employees are with their jobs, and (2) their level of service orientation.

Methods

The study took place in four heterogeneous hospitals in the United States that had the commonality of using hotel-style room service as its meal delivery process for at least one year. Table 1 provides profiles of each of the research settings. Site visits lasted three days and a sample size of 55 participants was obtained.

Table 1. Descriptive characteristics of hospitals using hotel-style room service

Hospital, Location	Licensed Beds	Type of Ownership	Food Service Management	Room Service Implementation Date
Kid Central ^a , lower midwest	373	Private, nonprofit	Contract	November, 2000
Sun Tree ^a , southeast	687	Community owned	Self-operated	November 2001-June 2002
St. Bay ^a , upper midwest	158	Private, nonprofit Catholic	Self-operated	January, 2002
North Key ^a , northeast	134	Private, nonprofit Unionized	Self-operated	September, 2002

^aThe names of the hospitals are fictitious to protect the identity of the research settings and the participants

To obtain potential research sites foodservice consultants and management companies were contacted. I sought out hospitals that were providing excellent room service processes in different geographical regions of the United States. Next, foodservice directors were sent information detailing the study's purposes and the expectations of participants. After securing verbal agreement from each study site, the Institutional Review Board (IRB) committees at each hospital submitted letters of cooperation to the Vanderbilt University IRB prior to the actual site visits. In addition, signed consent was obtained from each study participant.

The study used the purposeful sampling technique of maximum variation sampling for obtaining hospitals that were homogeneous in their meal delivery process, yet heterogeneous in hospital type and participant mix. According to Patton (1980), this sampling method increases the confidence in the commonalities that are found across different programs. It also identifies unique program variations that have been made in adaptation to different contextual situations.

Two quantitative data collection methods were used in this study. First, Spector's Job Satisfaction Survey (1994) was used to assess employee satisfaction. This instrument is a 36 item, nine-facet scale, which assesses employee attitudes about the job and aspects of the job. It provides a summated rating to represent an employee's total job satisfaction. Room service employees who had been on the job at least six months were asked to rate their level of agreement or disagreement with 36 statements using a six-point Likert scale (1 = Disagree very much - 6 = Agree very much).

The internal consistent reliabilities for the nine facets were: (1) contingent rewards = .83, (2) pay = .73, (3) nature of work = .73, (4) coworkers = .69, (5) supervision = .60, (6) promotion = .56, (7) fringe benefits = .51, (8) operating procedures = .48, (9) communication = .47. The coefficient alpha for the total of all the facets is .89. The low reliabilities for some of the scales may be due to the lower reading level of the group and the potential problem of understanding the negatively worded items (P.E.

Spector, personal communication, December 17, 2003). The survey instrument also included a section to obtain demographic data about the participants. It was designed to ensure participant anonymity.

The Hogan Personality Inventory (Hogan & Hogan, 1995) was used to assess the service orientation of room service employees. This survey instrument consists of 206 items categorized into seven primary scales (adjustment, ambition, sociability, likeability, prudence, intellectance, and school success), one validity scale, and six occupational scales (service orientation, stress tolerance, reliability, clerical potential, sales potential, and managerial potential). Room service employees were asked to make a choice about how they feel about the 206 statements. If they marked “T”, it meant they agreed with the statement. If they marked “F”, it meant they disagreed with the statement. Based on 100 validity studies the Hogan Personality Inventory has a test-retest reliability range of .74 to .86 (Hogan & Hogan). The instrument also included a section to capture demographic data about the participants. Similar to the Job Satisfaction Survey, the Hogan Personality Inventory was designed to ensure participant anonymity. Sample items representing the service orientation scale are:

- I do my job as well as I possibly can.
- I am rarely irritated by faults in others.
- I always try to see the other person’s point of view.
- I am a relaxed easy-going person.

The qualitative data collection method used in this study was semi-structured interviews, which were conducted informally while I shadowed the room service employees performing their job duties. Employees were asked standardized questions in order to address the same job satisfaction-related issues in all employees at each study site. However, the questions were open-ended to allow for more input by participants. In addition, I was flexible during the interview process to allow for probing and follow-up questions as needed. Due to insufficient time, interviews were conducted with 24 of the 55 employees who completed the Job Satisfaction Survey. See Figure 1 for a list of questions used in the interviews.

The study used inductive analysis to analyze the qualitative data and NVivo for Windows (QSR, 2002) software as a data management tool. NVivo allows researchers to create files called nodes to store data collected from interviews, observations and documents. This serves to organize vast amounts of data that cannot be reduced to numbers as well as to link, synthesize and clarify data points. This study stored the interview data in a free node titled job satisfaction as well as in four case nodes, which represented each study site.

Figure1. Job satisfaction questions

1. Do you like hotel-style room service for meal delivery to patients? Why?
2. How does nursing service feel about you delivering the trays to patients?
3. What type of training did you receive to do your job?
4. Did you encounter any problems in learning how to be a room service employee?
5. Who helped you to learn how to do your job?
6. Are you able to make decisions to help your patients and to make them happy?
7. What don’t you like about your job?
8. What do you like about your job?

Upon the conclusion of data collection at each study site the interview transcripts were first visually coded according to the job satisfaction node. Coding, which is “linking passages from a

document to a node” (QSR, 2002, p. 150) helps to search for patterns within the data. The process constructs as well as tests answers to the research questions. Once the visual coding process was completed the transcripts were imported into NVivo. Using the visually coded transcripts as a guide the data contained in each interview document were coded a second time into the job satisfaction node as well as into case nodes in NVivo. During this process the constant comparative method of Glaser and Strauss (1967) was used for comparing the contents of the nodes for similarities and differences.

Quantitative data analysis included the computation of frequencies for all demographic variables. Means for total satisfaction, the nine satisfaction subscales, and service orientation were calculated for each of the four study sites. The SPSS version 11.0 (SPSS, Inc, Chicago, IL; 2001) statistical software was used for analysis of data.

Results

Employee satisfaction

Characteristics of room service employees. Room service employees (n = 55) who took the Job Satisfaction Survey ranged in age from 17 to 62 years; the mean age was 37.5 years. The majority of the employees were female (72.7 %), white (60.0%) and had a high school education or less (73.6%). There was a wide range in the number of years the room service employees had been employed at the hospitals (.5 – 34.2 years; mean years = 8.9). Specifically related to food service experience, the mean number of years participants had been delivering trays to patients was 3.1 years and 1.8 years working in room service.

Descriptive statistics. Descriptive statistics of the items measuring job satisfaction in this study and the Job Satisfaction Survey norms are presented in Tables 2 and 3, respectively. The mean score for each facet and total job satisfaction reveals that room service employees are more satisfied with their jobs than the employees (total American sample and medical sample) in the Job Satisfaction Survey samples.

Table 2. Descriptive Statistics for Job Satisfaction Facets and Total Satisfaction (n = 55)

Facet	Description of Facet	Mean	Standard Deviation
Nature of work	Satisfaction with type of work done	19.7	4.4
Supervision	Satisfaction with the person’s immediate supervisor	19.2	4.0
Coworkers	Satisfaction with coworkers	18.0	4.4
Communication	Satisfaction with communication within organization	17.7	3.8
Operating Conditions	Satisfaction with rules and procedures	16.9	3.7
Pay	Satisfaction with pay and pay raises	16.2	4.9
Fringe benefits	Satisfaction with fringe benefits	16.2	4.0
Contingent rewards	Satisfaction with rewards (not necessarily monetary) given for good performance	15.8	5.7
Promotion	Satisfaction with promotion opportunities	15.6	3.9
Total satisfaction		155.3	25.2

Table 3. Job Satisfaction Survey Norms

Facet	Total American Mean (n = 25,321)	Standard Deviation	Medical (n = 2319)*	Standard Deviation
Nature of work	18.9	1.6	18.7	2.3
Supervision	18.6	1.9	17.6	2.6
Coworkers	17.9	1.4	17.0	2.1
Fringe benefits	14.3	2.3	13.5	2.8
Communication	14.2	1.9	14.2	2.2
Operating conditions	13.6	2.0	12.9	2.4
Contingent rewards	13.5	2.0	12.9	2.6
Pay	11.9	2.6	11.8	2.9
Promotion	11.8	1.9	11.3	2.3
Total satisfaction	134.8	12.3	129.8	16.7

*The medical sample consists of mainly nurses and technicians.

Even though the room service employees in this study were more satisfied with their job than the total American and medical samples, the pattern of facet satisfaction between the groups is similar. The top three facets in each sample were nature of work, supervision and coworkers. The bottom three facets differed slightly. Room service employees were least satisfied with pay, fringe benefits and promotion, while the total American and the medical samples were least satisfied with contingent rewards, pay and promotion.

Previous research in job satisfaction indicates that it is related to age. Brush, Moch, and Pooyan (1987) conducted a meta-analysis of 19 studies. They found a mean correlation of .22 between age and job satisfaction. The studies generally indicate that job satisfaction increases with age. The specific nature for this correlation is not clear. The findings in this study do not corroborate previous studies. There was no correlation between age of room service employees and job satisfaction.

The relation between gender and job satisfaction has been somewhat inconsistent across studies. However, results from two meta-analyses (Brush, Moch, & Pooyan, 1987; Witt & Nye, 1992) showed the mean correlations to be almost zero indicating that men and women have the same level of job satisfaction. The results of the current study support the meta-analyses findings. There was no difference in job satisfaction amongst the male and female room service employees.

Similar to the somewhat inconsistent results with gender and job satisfaction, there appears to be some inconsistency when comparing the job satisfaction of black and white Americans. Two studies show blacks are less satisfied than whites (Greenhaus, Parasuraman, & Wormley, 1990; Tuch & Martin, 1991). However, the Brush, Moch, & Pooyan (1987) meta-analysis did not show any differences. Likewise amongst room service employees, there were no racial differences.

Interview Findings. Room service employees were asked, “What do you like about your job?” Based upon interviews with 24 room service employees, four themes emerged. 95.83% of the employees interviewed cited the most common reason for liking their jobs was the interpersonal communication opportunities. Fourteen of those employees (60.95%) stated they enjoyed interacting with patients, while the other nine (39.13%) liked the interaction they had with fellow employees. One

of the employees said, "I like interacting. There's always someone new." The second theme is pleasing the customer, which was mentioned by 9 of the 24 interviewed employees (37.50%). Comments made by employees include: "serving the people. I try to make them smile," and "I get to do a little part in helping someone get well." The third and fourth themes, getting out of the kitchen and a sense of empowerment, were both mentioned four times or by four employees (16.67%). As one young woman stated, "getting out of the kitchen and up on the floors brought out my customer service skills; I used to be quiet." At another hospital, a host said, "I find it very rewarding. There is no pressure. Nobody follows you. You can prove yourself and have fun with the employees." Other factors, which contributed to the room service employees liking their jobs, were the hospital atmosphere, teamwork and the benefits.

Room service employees were also asked, "What don't you like about your job?" 20.83% (5 out of 24) of the employees interviewed stated that they did not like their jobs when it got too busy. A high patient census and employees not showing up for work were the main causes for feeling too busy. As one employee stated, "When employees don't show up for work, those on duty have to walk a lot more."

A second theme that emerged was job-process oriented. Four (16.67%) employees stated specific yet different issues they felt impacted service to the patients. Issues mentioned were diet orders not being put in on a timely basis, isolation trays not delivered in a timely fashion, and inadequate communication of discharged patients. Hosts at Sun Tree felt there needed to be some down time between breakfast and lunch in order to get ready to serve lunch to the patients.

In addition to the first two themes, employees also mentioned compensation, responsibilities being added to their job tasks without added compensation, too much walking and a lack of respect from other hospital employees in response to "what don't you like about your job?" However, the extent of their presence is weak because they were identified infrequently.

The themes representing what room service employees like about their jobs compare quite remarkably to two of the top three satisfaction facets. The themes of pleasing the customer, getting out of the kitchen and a sense of empowerment relate to the nature of their job, the facet, which had the highest mean score on the Job Satisfaction Survey. Room service employees also expressed that they enjoyed interacting with their fellow employees, which correlates nicely with the facet, satisfaction with coworkers. This facet had the third highest mean score.

In contrast, the themes representing what room service employees did not like about their jobs were not congruent with the bottom three satisfaction facets. One explanation for this discrepancy could be that employees felt comfortable expressing their dissatisfaction with pay, contingent rewards and promotion when it was done anonymously as was the case in completing the Job Satisfaction Survey. However, room service employees may not have felt the same level of comfort during a personal interview where responses to questions were being recorded. Another possible explanation for the "dislike themes", of not enjoying their job when they are too busy and job process issues may have come out because the interviews took place while the room service employees were doing their job. The actual job tasks they were completing could have served as prompters for job process-related issues. Pay, promotion and contingent rewards were more removed issues. However, two employees did express their dislike of the compensation.

According to numerous authors (Arnett, Laverie & McLane, 2002; Griffith, 2001; Heskett, Sasser, & Schlesinger, 1997; Johnson, 1996; Ryan, Schmit & Johnson, 1996; Spinelli & Canavos, 2000), one of the main reasons organizations should strive for employee satisfaction is the relationship it has with external service quality, the service experience customers receive and evaluate. Patients want to be treated in a healing environment by health care providers who are kind, caring and respectful (Frampton, 2001). Viewing patients as more than just individuals dressed in unbecoming hospital gowns requires a customer or service orientation.

Employee service orientation

Characteristics of room service employees. Room service employees (n = 55) who completed the Hogan Personality Inventory differed slightly from those who completed the Job Satisfaction Survey. All room service employees were eligible to complete it, while employees had to be on the job for at least six months to participate in the Job Satisfaction Survey. This criterion eliminated five employees. Since participation in any part of the study was voluntary, two employees who completed the Job Satisfaction Survey did not want to complete the Hogan Personality Inventory. Finally, three employees who completed the Hogan Personality Inventory had raw validity scores of less than ten. This is an indication that the inventory was completed in such a careless manner that their profiles are invalid. Therefore, these employees were not included in the final sample. Hence sample sizes are the same but include a slightly different participant mix. The participants who completed the Hogan Personality Inventory ranged in age from 17 to 62 years; the mean age was 36.8 years. The majority of the employees were female (74.5 %) and white (63.6%).

Descriptive statistics. The mean of the participants' raw scores representing their service orientation was 10.56; the standard deviation was 2.2 and the percentile was 60. This is comparable to the inventory's norms (n = 30,625) where the mean for service orientation is 10.70, the standard deviation is 2.4 and the percentile is 60. According to the Hogan Personality Inventory Manual (1992), scores on the various scales are considered high when they are above the 65th percentile and low when they are below the 35th percentile. Table 4 shows the degree of service orientation amongst room service employees. The majority (69%) of the room service employees had moderate or high levels of service orientation.

Table 4. Service orientation of room service employees

% of participants	Service orientation	Percentile categories
31 (n = 17)	low	0-34
27 (n = 15)	moderate	35-64
42 (n = 23)	high	≥ 65

There is limited data on the service orientation of health care providers in which to compare that of the room service employees in this study. Two small studies from the Hogan Personality Inventory database provide some information about the service orientation of health care providers. A study conducted in 1997 of certified nursing assistants (n = 10) shows that they had a mean score of 11.08 (SD = 1.95; percentile of 60), a similar finding to the participants in the current study. The other study included licensed practical nurses (n = 16). Their mean score of 9.06 (SD = 2.43; percentile of 31) for service orientation was considerably less than the room service employees' score.

Two studies have examined the service orientation of employees who deliver meals to patients in hospitals. The instrument used in these studies was not the same as the one used in the current study; therefore, a valid comparison of service orientation amongst samples is not possible. Of interest though is Gregoire's (1994) finding that nursing employees were more comfortable interacting with patients, especially during busy workdays. This result is not necessarily surprising because interaction with patients is part of the daily nursing routine, but it is not routine for many food service employees. Therefore, it is of practical significance for managers responsible for hiring room service employees who have not had interaction with patients in prior jobs. If they are fearful or uncomfortable about entering a patient's room, their level of service orientation may be compromised. As noted in an earlier discussion, some of the room service employees who participated in the current study were fearful about entering patients' rooms. Managers may want to consider this issue during the hiring and training of new room service employees.

Finally, according to the peer descriptive validation research (Hogan & Hogan, 1992) used in the development of the Hogan Personality Inventory, adjectival correlates used to describe service-oriented people are calm (.32, $p < .01$), praising (.31, $p < .01$), and soft-hearted (.30, $p < .01$). The observational data and interview data from the current study support the adjectival correlates of calm to a certain degree and are very supportive of soft-hearted. Most employees appeared at ease and not rushed when fulfilling their responsibilities. They took their time with patients, taking care of their food service needs and making sure the appearance of patients' trays was very good. However, when employees had more trays than usual to deliver they did appear to rush and not take as much time with their patients. As presented in an earlier discussion, the words used to describe the room service employees' interactions with patients indicate that they were very emotionally responsive to patients. A host at Sun Tree said she enjoyed, "encouraging and comforting patients, making them smile".

Conclusions and Applications

Despite accumulative research results indicating the importance of job satisfaction for employee retention, increasing productivity, and providing a higher level of external service quality to customers, this study is one of the first to address job satisfaction in hospital-based food service employees. Study participants appear to be happy with their jobs. All of the mean scores for the Job Satisfaction Survey facets and total satisfaction were higher than the survey's norms. Interviews with room service employees identified more reasons why they liked their jobs than disliked them.

This study is subject to three limitations. First, it was conducted in only four hospitals. Consequently, caution is urged in generalizing the findings beyond the context of these hospitals. The second limitation concerns the small sample size and only the use of food service workers employed in hospitals using the room service delivery process. The groups of employees at each hospital were also unequal in number (range = 9-22). This prevented valid comparison of employees' level of job satisfaction and service orientation between hospitals. Third, the study did not obtain employee retention rates. In light of the participants' level of job satisfaction, it would have been valuable to see if it correlated with higher retention rates as earlier research data has indicated. Future studies could add to these initial findings by including more hospitals to obtain a larger sample size. It would also be of interest to include hospitals that use various meal delivery processes to see if differences exist in employee job satisfaction and service orientation. Finally, obtaining employee retention rates would add to the existing data on the relationship between job satisfaction and employee retention.

Hotel-style room service is one of the newest approaches for delivering meals to patients. A synthesis of peer-reviewed (Frankmann, Tekrouri, Croissant, Banamar, & Cherukara, 2002; McLymont, Cox, & Stell, 2003; Rogers, 2002; Schroeder, Lopeman, Mcbeth, & Barale, n.d.; Sheehan-Smith, in press) and trade journal (At Your Request, n.d.; Conley & Schirg, 2003; “The Healing Power”, 1999; Malone, 1999; Muchnok & Rakowski, 2002; Norton, 2001; Shockey, 2003; Timing is everything, 1999) articles indicate that when hospitals change to room service patient satisfaction scores increase. This meal delivery process as the name implies has been adapted from the hospitality industry. Room service is very customer-oriented. Patients use a restaurant-style menu to order the foods they want to eat at times that suit their need and desire to eat.

In light of this meal delivery approach, it is not surprising that employees in this study would have a higher level of service orientation. During discussions with the hospitals’ food service managers about their room service processes, they informed me that the main criterion used to select employees was customer orientation. However, only one hospital had a specific method to identify this quality. Interview data collected from room service employees indicated that they received intense training not only on their job responsibilities, but also in customer service.

Results of this study have important implications for food service managers whether they are using hotel-style room service for delivering meals to patients or another meal delivery method. First, they might want to assess their current hiring techniques. If they have the goal of improving patient satisfaction of food service, then employees who are service oriented will help them to achieve that goal. It might be wise to ask for advice from their human resource department, to benchmark procedures used by companies known for delivering quality customer service, or to use a tool such as the Hogan Personality Inventory as a component of the selection process.

Once employees are hired, these employees will need continuous training in customer service that is appropriate for the hospital setting. Areas to address might include: (1) telephone etiquette, (2) how to enter a patient’s room and present the meal, and (3) how to deal with difficult patients.

The final area food service managers should consider is their reward and recognition practices. Do the current practices appear to motivate and encourage employees to take ownership of their service encounters? Are they tied to patient satisfaction results? Organizations who value employee satisfaction also reward and recognize employees (Burke, 2001; Enz & Siguaw, 2000; Goehring, 2002; Heskett, Sasser & Schlesinger, 1997; Kenagy, Berwick, & Shore, 1999; Press, 2002; Spinelli & Canavos, 2000).

Responsibilities of today’s food and nutrition services departments are vast and focus on achieving the hospital’s goals, which typically pertain to patient satisfaction, quality outcomes, cost containment and revenue generation (Lafferty & Dowling, 1997). In order to accomplish those goals, hospital management would be wise to first look internally. Who are they choosing to become a part of their health care delivery team? Are these individuals customer oriented? Once service-oriented people are hired is continuous customer service training provided? Finally, how are team members treated? Employees are a hospital’s internal customers. Therefore, should we not value employee satisfaction as much as patient satisfaction?

This research was supported in part by the Neige Todhunter Fellowship.

References

- Arnett, D.B., Laverie, D.A., & McLane, C. (2002, April). Using job satisfaction and pride as internal-marketing tools. *Cornell Hotel and Restaurant Administration Quarterly*, 87-96.
At Your Request: Room Service Dining. (n.d.). (CD). Avon, CT: Sodexo Health Care Services.
- Belanger, M., & Dube, L. (1996). The emotional experience of hospitalization: Its moderators and its role in patient satisfaction with foodservices. *Journal of the American Dietetic Association*, 96(4), 354-360.
- Bliss, W. (2001). The business cost and impact of employee turnover. Retrieved March 28, 2003 from www.blissassociates.com/html/articles/employee_turnover01.html
- Brush, D.H., Moch, M.K., & Pooyan, A. (1987). Individual demographic differences and job satisfaction. *Journal of Occupational Behaviour*, 8, 139-155.
- Burke, G. (2001, March/April). From flavor of the month to true behavioral change: Building a customer-focused culture. *The Satisfaction Monitor*, 4-5.
- Conley, G.T., & Schirg, G.R. (2003, July). How to supercharge your projects: Successful strategies to getting your programs approved! Symposium conducted at the meeting of the American Society for Healthcare Food Service Administrators, Braselton, Georgia.
- Deluco, D., & Cremer, M. (1990). Consumers' perceptions of hospital food and dietary services. *Journal of the American Dietetic Association*, 90(12), 1711-1715.
- Dube, L., Trudeau, E., & Belanger, M. (1994). Determining the complexity of patient satisfaction with foodservices. *Journal of the American Dietetic Association*, 94(4), 394-398.
- Enz, C.A., & Siguaw, J.A. (2000, October). Best practices in service quality. *Cornell Hotel & Restaurant Administration Quarterly*, 20-29.
- Folio, D., O'Sullivan-Maillet, J., & Touger-Decker, R. (2002, April). The spoken menu concept of patient foodservice delivery systems increases overall patient satisfaction, therapeutic and tray accuracy, and is cost neutral for food and labor. *Journal of The American Dietetic Association*, 102(4), 546-548.
- Frampton, S.B. (2001, Fall). Planetree patient-centered care and the healing arts. *Complementary Health Practice Review*, 7(1), 17-19.
- Frankmann, C.A., Tekrouri, M., Croissant, C.A., Banamar, R., & Cherukara, F. (2002, September). Bringing fine hotel service to patients. *Journal of the American Dietetic Association*, 102(Supplement 2), A-79.
- Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory*. Hawthorne, NY: Aldine.

Goehring, K.S. (2002, July/August). Linking a service culture with patient satisfaction. *Healthcare Executive*, 60-61.

Greenhaus, J.H., Parasuraman, S., & Wormley, W.M. (1990). Effects of race on organizational experiences, job performance evaluations, and career outcomes. *Academy of Management Journal*, 33, 64-86.

Gregoire, M.B. (1994). Quality of patient meal service in hospitals: Delivery of meals by dietary employees vs delivery by nursing employees. *Journal of the American Dietetic Association*, 94(10), 1129-1134.

Gregoire, M.B. (1997). Do inpatients rate hospital food and nutrition services differently than discharged patients? *Journal of Foodservice Systems*, 9, 245-250.

Griffith, J. (2001). Do satisfied employees satisfy customers? Support-services staff morale and satisfaction among public school administrators, students, and parents. *Journal of Applied Social Psychology*, 31(8), 1627-1658.

The healing power of food comes to the hospital. (1999, April). *Patient-Focused Care and Satisfaction*, 39-41.

Heskett, J.L., Sasser, W.E., Jr., & Schlesinger, L.A. (1997). *The service profit chain*. New York: Free Press.

Hogan, R., & Hogan, J. (1992). *Hogan personality inventory manual*, 2nd ed. Tulsa, OK: Hogan Assessment Systems.

Hogan, R., & Hogan, J. (1995). *Hogan personality inventory*. Tulsa, OK: Hogan Assessment Systems.

Johnson, J.W. (1996). Linking employee perceptions of service climate to customer satisfaction. *Personnel*

Psychology, 49, 831-851.

Kenagy, J.W., Berwick, D.M., & Shore, M.F. (1999). Service quality in health care. *Journal of the American*

Medical Association, 281(7), 661-665.

Lafferty, L., & Dowling, R.A. (1997, December). Position of the American Dietetic Association: Management of health care food and nutrition services. *Journal of the American Dietetic Association*, 97(12), 1427-1430.

Lambert, L.G., Boudreaux, J. Conklin, M., & Yadrick, K. (1999). Are new meal distribution systems worth the effort for improving patient satisfaction with foodservice? *Journal of the American Dietetic Association*, 99(9), 1112-1114.

- Lau, C., & Gregoire, M.B. (1998). Quality ratings of a hospital foodservice department by inpatients and postdischarge patients. *Journal of the American Dietetic Association*, 98(11), 1303-1307.
- Malone, M.P. (1999, July/August). Best practices: Food, glorious food! *Satisfaction Monitor*. Retrieved July 17, 2002 from <http://www.pressganey.com/research/resources/satmon/text/bin/138.shtm>.
- McLymont, V., Cox, S., & Stell, F. (2003, January-March). Improving patient meal satisfaction with room service meal delivery. *Journal of Nursing Care Quality*, 18(1), 27-37.
- Muchnok, A., & Rakowski, J. (2002, September/October). Turning up the heat: Exceeding the food critics' expectations. *The Satisfaction Monitor*, 4-5.
- Norton, C. (2001, May-June). Current patient tray delivery concepts. *Dietitian's Edge*, 50, 53-54.
- O'Hara, P.A., Harper, D.W., Kangas, M., Dubeau, J., Borsutzky, C., & Lemire, N. (1997). Taste, temperature, and presentation predict satisfaction with foodservices in a Canadian continuing-care hospital. *Journal of the American Dietetic Association*, 97(4), 401-405.
- Patton, M.Q. (1980). *Qualitative evaluation methods*. Beverly Hills, CA: Sage Publications, Inc.
- Press, I. (2002). *Patient satisfaction: Defining, measuring, and improving the experience of care*. Chicago, IL: Health Administration Press.
- QSR International Pty Ltd. (2002). NVivo® for Windows® [computer software]. Melbourne, Australia: QSR International Pty Ltd.
- QSR International Pty Ltd. (2002). *NVivo®: Using NVivo® in Qualitative Research*. Melbourne, Australia: QSR International Pty Ltd.
- Reichheld, F.F. (1996). *The loyalty effect: The hidden force behind growth, profits, and lasting value*. Boston: Bain & Company, Inc.
- Reidenbach, R.E., & Sandifer-Smallwood, B. (1990, December). Exploring perceptions of hospital operations by a modified SERVQUAL approach. *Journal of Health Care Marketing*, 10(4), 47-55.
- Rogers, R. (2002, September). Effects of a hotel-style room service: Patient feeding system on food cost and patient satisfaction. *Journal of the American Dietetic Association*, 102(Suppl. 2), A-33.
- Ryan, A.M., Schmit, M.J., & Johnson, R. (1996). Attitudes and effectiveness: Examining relations at an organizational level. *Personnel Psychology*, 49, 853-882.

Schroeder, K., Lopeman, C., McBeth, C., & Barale, K. (n.d.). Reengineering food service: From trayline to hotel-style a la carte dining. *Journal of the American Dietetic Association*, (Supple.)

Sheehan-Smith, L. (in press). The key facilitators and best practices of hotel-style room service in hospitals. *Journal of the American Dietetic Association*.

Shockey, G. (2003, First Quarter). Hospital room service delivers bottom-line results. *The Consultant*, 81-87.

Spector, P.E. (1994). *Job satisfaction survey*. Tampa, FL: University of South Florida, Department of Psychology.

Spector, P.E. (1997). *Job satisfaction: Application, assessment, causes, and consequences*. Thousand Oaks, CA: Sage.

Spinelli, M.A., & Canavos, G.C. (2000, December). Investigating the relationship between employee satisfaction and guest satisfaction. *Cornell Hotel and Restaurant Administration Quarterly*, 29-33.

Timing is everything. (1999, May). *Food Management*, 34(5), 24-27.

Tuch, S.A., & Martin, J.K. (1991). Race in the workplace: Black/white differences in the sources of job satisfaction. *Sociological Quarterly*, 32, 103-116.

Umiker, W. (2000). Front-line training: A health care imperative. *The Health Care Manager*, 18(4), 14-21.

Weaver, J.J. (1994, February). Want customer satisfaction? Satisfy your employees first. *HR Magazine*, 110, 112.

Witt, L.A., & Nye, L.G. (1992). Gender and the relationship between perceived fairness of pay or promotion and job satisfaction. *Journal of Applied Psychology*, 77, 910-917.

Woodside, A.G., Frey, L.L., & Daly, R.T. (1989, December). Linking service quality, customer satisfaction, and behavioral intention. *Journal of Health Care Marketing*, 9 (4), 5-17.