

EFFECTS OF ORIENTATION-INDUCTION AND TRAINING
PROGRAMS ON LABOR TURNOVER AND JOB
SATISFACTION

By

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Bachelor of Science

Framingham State College

Framingham, Massachusetts

1975

Submitted to the Faculty of the Graduate College
of the Oklahoma State University
in partial fulfillment of the requirements
for the Degree of
MASTER OF SCIENCE
December, 1979



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ACKNOWLEDGMENTS

The author wishes to express her appreciation to her major adviser, Dr. Lea L. Ebro, Associate Professor of Food, Nutrition and Institution Administration and Director of the Oklahoma State University Administrative Dietetic Internship, for her guidance and assistance throughout the study. Appreciation is also extended to my committee members, Dr. Esther A. Winterfeldt, Head, Department of Food, Nutrition and Institution Administration; Dr. Baker Bokorney, Director, School of Hotel and Restaurant Administration, and Dr. William Warde, Associate Professor of Statistics, for their advice in preparation of this thesis.

Special thanks is expressed to Dr. Anna M. Gorman, Professor of Home Economics Education, for her encouragement and faith.

Many thanks are extended to the foodservice directors, dietitians, and the foodservice personnel of the 12 Boston hospitals who participated in this study. Without their cooperation and support, this study would not have been possible.

A special note of thanks and appreciation to my parents and my brother Chuck, for their support, understanding, and encouragement.

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CHAPTER I

INTRODUCTION

In 1975, 100 billion dollars were spent on formal education and an additional 100 billion dollars on job training. According to Gilbert (1), training costs were high because programs must be analyzed, organized, and developed; delivery programs must be instituted and comprised of instructors and management input; and the personnel must be considered in terms of overhead, wages, and benefits. The implementation of an effective training was evident in increased organizational profits and simultaneously improved overall job satisfaction. Celovsky (2) and Farrant (3) found that growth occurred with proper investment and utilization in human resources; hence, a challenge to any foodservice system would be the implementation of a quality training program. The objectives of training must be made clear to the personnel, the manager, the training supervisor, and all others involved in the program. Celovsky (2) stated that employees view training as an investment in their future and seek training as the expected return on that investment. The three beneficiaries of a training program consist of the trainee, the company, and society as a whole. Lawrie and Boringer (4) reported that the measurement of the input and output levels of a training model were the determinants for effective training efforts. If training is to be an effective tool, it must be directly related to personnel needs. Such needs, assessed through a

supervisor, the trainee, and fellow employees, included short-run deficiencies, the needs of the present job, and long-run development needs (4).

Gellerman (5) stated that training should be geared to the habits and needs of the particular group being trained. Hughes and Flowers categorized the levels of employee training to deal with employee characteristics:

- a. Tribalistic employees religiously accept the beliefs of the supervisor; hence, should be trained by reassurance.
- b. Egocentric employees possess assertiveness and reject societal values.
- c. Conformist employees don't accept others' values and are reluctant to make changes.
- d. Manipulative employees are concerned with materialistic behavior.
- e. Socioeconomic employees have high affiliation needs.
- f. Existential employees act as individuals (6:50).

Gellerman (5) discovered that a common source of training failure stemmed from lack of support and enforcement training previously learned. Personnel training was found ideal when it was selective, well-aimed, and utilized existing habits initially known rather than overhaul the entire training procedure; hence, three essential types of supportive behavior have been utilized in training programs: reinforcement as a consequence to new behavior or newly learned skill; rehearsal or repetition by proceeding through the motions; and a periodic explanation. Suessmuth and Stengels (7) reinforced these principles and stressed the use of participation and elimination of boring lectures. To ensure avid participation and interest, a training

supervisor must prepare and plan in advance, consider the level of challenge, as well as phrasing of questions, the atmosphere of the training room, the interest of the supervisor, the type of instruction and length, as well as job materials available and used. These items influenced the total outcome which effected the new employees' productivity worth (1).

Salinger (8) described the roles of a training supervisor as a learning specialist, an administrator of activities, and a consultant of training difficulties. Problems tended to arise during implementation of training programs due to training supervisors' lack of experience and educational skills necessary to be a consultant.

Farrant (3) found that assisting personnel overcome anxiety in reference to the new job reduced turnover. Gellerman (5) reported that the employee performed a better job with some type of induction training than without any training at all.

Attempts have been made to relate turnover rates to orientation-induction training and job satisfaction (9, 56). Results tend to be inconclusive; hence, there is a need for more research in determining the effects of specific turnover rates and the type of teaching programs influencing employee satisfaction in hospital foodservice systems.

Purpose and Objectives

The purpose of this study was to determine the effects of orientation-induction and training programs on foodservice personnel turnover rates and job satisfaction in selected Boston hospitals.

Specific objectives were as follows:

1. To assess the presence of and intensities of initial orientation-induction and training programs and their effects upon labor turnover rates.

2. To assess the levels of satisfaction of personnel hired within a three month period relative to the orientation-induction and training programs received.

Hypothesis

The hypothesis identified for the study was:

H_0^1 : There is no difference in foodservice personnel's job satisfaction levels in hospitals where there is an intensive orientation-induction and training program and in hospitals with a less intensive orientation-induction and training program.

Assumptions

The assumptions for this study were:

1. There are orientation-induction and training programs in each of the institutions included in the study.
2. All 12 hospitals have a foodservice training supervisor.
3. The orientation-induction and training programs contributed to the job satisfaction of the employees currently employed in the institutions examined.

Limitation

The following limitation was accepted for the research conducted: Institutions included in the study were only those that were accredited short-term, nongovernment, and nonprofit, with a minimum capacity of 80 hospital beds.

Definitions

The following definitions were used in this study:

Orientation-Induction--

helps employee to identify with the organization and its procedures and gives him some feeling for the significance of the work he will be doing and help him overcome fears and anxiety of the job (10:160).

Training Program--a process to aid new employees in performing the skills necessary for their new positions to the satisfaction of management; includes organized individual and/or group training to meet needs; teaching something new (11).

Intensity--the concentration and/or strength of the orientation-induction and training program given to new nonprofessional, non-supervisory foodservice personnel. A less intensive program is a one day to one week duration and does not include an in-depth explanation of job requirements and responsibilities. A more intensive program is conducted for more than one week (11).

Short-Term Hospital--less than 30 days average length of hospital stay for all patients or more than 50% of all patients admitted to units where average length of stay is less than 30 days (12).

Job Satisfaction--the feeling a worker has about his job; affective responses to facets of the situation; feelings associated with a perceived difference between what is expected as a reasonable return and what is experienced (11).

Turnover: the gross movement of employees into and out of the labor force; the percentage of total termination for a given period in relation to the average number of employees during the same period;

number of employees who left during the year divided by the number who did not leave plus the number who did (total number employed during the year) (11).

Training Supervisor--dietitian, line manager, or educator who familiarizes personnel with tasks expected to be performed, provide information of company rules, and personnel policies. Foodservice personnel or employees--nonprofessional, nonsupervisory individuals working in hospital dietary departments (10).

CHAPTER II

REVIEW OF LITERATURE

A focus on the orientation-induction and training programs in existence involves the personal beliefs and assumptions of authorities within the field of management. Training managers, personnel directors, supervisors, professors, and dietitians are instrumental in the implementation of successful programs. This chapter focuses on prevalent training programs in business and industry as well as encompassing foodservice employee orientation and training with relation to job satisfaction.

Orientation-Induction

The first few days of employment determines if an employee fits into his department successfully (13). During these crucial days an employee must learn procedures, policies, goals, and standards to achieve fulfillment of job requirements. Attitudes and lasting impressions are also formed at this time (14). Thompson (15) considered four steps for the supervisor to integrate an employee and avoid some nervousness: 1) be friendly, sincere, and assure him of his job choice; 2) have employee understand specifically his duty, thereby providing him with confidence, belongingness, and a sense of recognition; 3) correct his mistakes and comment on his progress; and

4) converse with him by supplying feedback and information of customs and new developments.

Most employees don't read the available induction literature. Word-of-mouth communication and on-the-job experience constitute common practices among employees. Kleiler (16) stressed that supervisors must give personal and individual attention to each newcomer for good relationship and morale development between management and the employees. If the supervisor lacks time for orientation he should appoint another member of his staff to conduct the preliminary process (17).

Torrado (18) outlines four objectives of a hospital orientation program. Each employee should be allowed to identify with the hospital and realize his important part and function to the entire organization; orientation should help the employee be accepted by fellow employees; have him understand what he needs to know to perform successfully, and notify him of advancement on all job levels (18). A proper orientation relieves some of the employee's anxiety; hence, there should be an effort to answer all employee questions before formal job training commences (19).

Needs for Training

Training is considered a cornerstone to a successful foodservice operation by giving employees an organized commitment (20). The ultimate goal of personnel training is to educate all employees in upward mobility by building morale. It is fundamental to analyze training needs and objectives in addition to understanding the employee before organizing a formal training program (18). As a result, it has been found that employees achieve the goal of job stability through training.

It is essential that employees be given proper training upon induction to avoid the development of their own unrefined methods or those of others. Failure to train becomes expensive in the long run. Trained employees are less wasteful and make fewer mistakes in terms of food costs and food spoilage. It was found that the expense of not training personnel increased with tenure; hence, training should commence upon the hiring of an employee (14).

It is important that employees express a desire to learn because the learning process will succeed if personnel perceive something useful is gained by improving themselves as individuals. Randall (21) found that retention is higher when learning is based on experience in an informal environment with the use of various teaching methods.

Performance was found to decrease if a job was poorly learned and stress developed. Meglino (22) suggested keeping the levels of stress low until the job is well learned; hence, the trained employee would become a better worker. Training broadens employees' knowledge, improves skills for job performance, and develops a positive attitude by providing job security (23).

Training Practices and Designs

Several prevalent training programs focus specifically on skill development and neglect attitudinal or motivational changes (24). An effective training program results in reduced labor costs by creating more productive personnel and better services through better employee attitudes (14). A good training experience identifies skills needed, then analyzes them with existent employee skills. Subsequently, a

method is selected to develop those skills by formulating realistic and short-term goals (25).

A basic training process is further facilitated by on-the-job training, work-study programs, focus on the individual, job performance and career development, and continuous recurring training. In several foodservice systems, on-the-job experience was found more valid in training than classes, seminars, and courses (15). Sandler and Bucci (26) examined a resort hotel in New Hampshire and found that on-site training as compared to classroom training inspired and interested the employees.

Training Responsibilities and Supervisor Communication

The role of the trainer or representative of management demonstrates frequent face-to-face contact. This facilitates optimum communication and minimizes barriers that tend to exist between the sender and receiver of information (4). To reduce disorientation, it is necessary to develop personnel and institutions to aid in employee adjustment (27). Carter (28) found that the main problem in hospitals and nursing homes is the training of unskilled employees. Past practices was to depend on available qualified supervisory personnel with time to train. It was found inconvenient to schedule employees for group training because supervisors were generally too busy. As a result, there was a lack of personnel to train and a lack of sufficient time to prepare training materials (18).

The trainer's job is facilitated when he or she is educated and experienced to meet employees' needs. To identify and cope with such

existing employee problems and for more effective training programs, the objectives must be initially defined, proper teaching materials and facilities must be selected to meet established training objectives, and the training supervisor must be a competent instructor. His ability to communicate in a training program includes flexibility to change, security in coping with new situations, and genuine assistance. An instructor must be aware of the latest techniques in the field of training by using human manpower resources and understanding human behavior (29).

Training supervisors should utilize personnel's knowledge and make work more meaningful (30). It is necessary to have constant interaction between the instructor and employee (18). Training supervisors should develop programs to suit personnel and the organization. A training program will be successful if there is direct participation of the first-line supervisor, thereby generating respect and cooperation of the employees (29).

Training costs vary within each organization, but basically include: simple but informational literature, the instruction of a formal training program, and instruction by employee assignment (31). To instruct personnel it is necessary to have effective communication. The use of plain language for easy understanding in short, lively training sessions of 45 minutes to 1 hour introduces an employee to his responsibilities. Visual media reinforces and illustrates spoken words as does group discussion (18). Counseling, guidance, and coaching by a training supervisor aids personnel in developing his or her

judgment, problem-solving abilities, therefore helping employees do a better job and be more productive (32).

Salinger (8) reports a study done in 1973 by the Bureau of Training of the United States Civil Service Commission to investigate the disincentives associated with effective employee training and development. By implementing questionnaires and conducting interviews, it was discovered that top management was unclear and unaware of the benefits derived from effective training programs. As a result of these improper feedback channels, limited funds were budgeted for training. It is the responsibility of the trainers to stress the essential need for training programs. Management should be persuaded to analyze the problem situations, then act in the best interest and accordance with management and employee goals.

Labor Turnover

Employee turnover has been found to be a result of not receiving an honest and complete picture of the new position and surroundings (12). Champagne (24) examined a rural southern community and found that what makes an individual accept a job may not be the same factors that make the employee keep a job or do well in it. Harwood and Brown (33), in their study of hospitals, found that those dietary departments with more concentrated programs had the lowest turnover rates. A positive relationship between the quality of a training program and job satisfaction was evidenced. Labor turnover is an expensive problem in many hospital dietary departments. It is due to poor personnel

job satisfaction varied directly with the extent of the needs of an individual that are actually met and fulfilled (37). Reinforced by Puls (23), Ross and Zander (35) conducted a study and determined that workers will remain on a job if their personal needs were satisfied. An employee will be satisfied when performing work that is recognized and important to himself and the organization, and fairly evaluated (35). Satisfaction is "determined by the amount of valued outcomes which a person receives" (24:259).

Harwood and Brown (33) found, in surveying 19 hospitals in the Baltimore-Washington area, that well defined training and orientation programs promote job satisfaction and stability. Employees become "committal" if they are knowledgeable of what is happening; hence, feedback, communications, and relationships must be established procedures (16).

In an evaluation of effectiveness of an orientation program for foodservice employees, Puls (23) utilized the Brayfield-Rothe Index to determine the job satisfaction of employees. It was found that those employees who completed an orientation program had higher satisfaction levels, with a decrease in absenteeism and labor turnover.

There is a need for further study to determine if the intensity of the orientation-induction and training programs have indeed an effect on labor turnover rates and job satisfaction of foodservice personnel.

CHAPTER III

METHOD

The material in this chapter is presented in four sections. The research design and description of population are covered in the first two sections. The last two sections are descriptions of the data collection and the analysis procedures which include the statistical design and analyses used to interpret the research data collected.

Research Design

The descriptive research design was used to investigate prevailing orientation-induction and training programs in 12 accredited, short-term, nongovernment, nonprofit, minimum 80 bed hospitals in Boston and their relation to labor turnover rates. The focus of the research was on the existing practices of foodservice training supervisors. Job satisfaction levels of nonprofessional, nonsupervisory dietary personnel employed within the three month period of January/April or February/May was also measured.

The dependent variables in this study were the turnover rates and levels of satisfaction among foodservice personnel, as defined by Maize (11) and Puls (23). The independent variable was the measurement of intensities of orientation-induction and training programs (15).

Population

The projected population in this study included 15 foodservice training supervisors and 38 full-time and part-time, nonprofessional, nonsupervisory foodservice personnel employed three months prior to data collection in the selected hospitals located within the city limits of Boston, Massachusetts.

A list of hospitals in Boston, Massachusetts, contacted was obtained from a yearly publication of the American Hospital Association (39). Fifteen of the 38 hospitals met the sampling criteria: accredited, short-term, nongovernment, nonprofit, minimum 80 bed hospitals; however, only 12 of these hospitals consented to participate in the study (Table I). Shortage of personnel, pressure of time, and hospital policies were reasons given by the three hospitals for not participating in the research activities. A number of full-time and part-time personnel met the sampling criterion, and all 38 were included from the 12 participating hospitals in the interview and questionnaire completion.

Data Collection

The planning and development activities of this study were conducted during fall, 1978. During spring, 1979, the research design and population were specified, and the three instruments for data collection were identified, developed, and validated. Actual data collection was accomplished during summer, 1979.

Instrumentation

With permission, Maize's Job Orientation and Training Survey for

TABLE I
 SIZE OF PARTICIPATING HOSPITALS¹

Hospital	Beds N	Admissions N	Occupancy %	Average No. of Meals/ Day Served
1	432	14,784	83	2,688
2	376	10,462	88	1,125
3	343	13,056	79	5,000
4	255	6,542	87	1,244
5	88	1,169	76	413
6	155	3,141	57	300
7	174	11,273	88	350
8	245	6,582	82	1,309
9	452	13,164	87	3,300
10	93	2,255	68	200
11	385	11,476	83	1,600
12	379	8,922	86	1,788
Average	284	8,569	80	1,610

¹American Hospital Association

Directors of Dietary Departments (11) served as a basis for developing the questionnaire for the foodservice training supervisors. The questionnaire consisted of three areas: general information about the hospital, the orientation-induction program available, and the training programs conducted (Appendix A). Four faculty members of the Food, Nutrition and Institution Administration Department and the director of the School of Hotel and Restaurant Administration, Oklahoma State University, served as an expert panel to validate the instrument. In addition, two dietetic practitioners at St. Mary's Hospital in Enid, Oklahoma, were asked to critique the instrument for content validity, clarity, and comprehension level.

The two other instruments used were the Brayfield-Rothe Job Satisfaction Index (Appendix B) and a Biographical Questionnaire (Appendix C) for the foodservice personnel participating in the study. These instruments were also critiqued by the faculty in the department and by the dietetic practitioners. All suggestions offered by the expert panel were then incorporated into the instruments. Human subject forms were also completed and filed in the Office of the Associate Dean for Research, Division of Home Economics, and Department Head, Food, Nutrition and Institution Administration, Oklahoma State University. The research committee for the study approved the research plan and revised instruments for data collection.

Procedure

A telephone call was placed to each hospital for the name of the foodservice director. A cover letter, questionnaire, and appointment postcard were sent to each of the foodservice administrators in the

15 selected hospitals. The letter stated the purpose of the study, the importance of participation, the time factor, the anonymity, and when the interviews were to be conducted (Appendix D). The postcard offered two choices for a convenient time for appointments (Appendix D). A week later a follow-up phone call was placed to confirm receipt of the research packet and to arrange a convenient time for an interview. If the training supervisor's time was limited, participation from the first-line supervisor or comparable supervisory personnel sufficed. From the postcard and telephone responses a final sample of 12 hospitals and 38 full- and part-time employees were included in the study.

The researcher personally collected the questionnaires from the foodservice director or comparable individual to ensure that the questionnaires were correctly completed, as well as to answer any questions concerning the nature of the study. It was explained that the questionnaire was not a rating of the director, or the hospital, but merely a survey of the prevailing orientation-induction and training programs in the short-term, accredited, nongovernment, nonprofit, 80 bed minimum hospitals in the Boston area. Most directors admitted that there was a need for such a study and extended their cooperation and support.

The Brayfield-Rothe Job Satisfaction Index (Appendix B) and a Biographical Questionnaire (Appendix C) were administered to full and part-time personnel hired three months prior to the onset of the study. The researcher administered and monitored both questionnaires to all available and qualified personnel in each of the 12 hospitals

during their morning or afternoon coffee breaks. If that time period was inconvenient to administer the surveys to newly hired employees, alternate appointments were arranged. The participating employees were assembled and the researcher was introduced. The purpose of the study and the type of information requested from them were explained. It was stressed to the employees that their participation would not reflect their job and the responses would be viewed only by the researcher and thesis committee members. The questionnaires were monitored by the researcher to clarify any questions, as well as to eliminate any bias.

Data Analysis

Prior to statistical analysis, data were transcribed, coded, and keypunched for processing by the computer. The Statistical Analysis System was used to generate and analyze data (40). Frequency and distribution charts for the data collected were devised. Frequency of responses were determined and tested against selected personal variables in each of the instruments. Job satisfaction levels were tested against intensity of orientation-induction and training programs in the 12 participating hospitals.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this research was to determine the effects of orientation-induction and training programs on foodservice personnel turnover rates and job satisfaction in selected hospitals in Boston, Massachusetts. The research activities were conducted during the summer of 1979.

Characteristics of Participating Hospitals

Twelve hospitals in Boston with the common characteristics: accredited, short-term, nongovernment, nonprofit, minimum 80 bed occupancy, were included in the study. The average number of beds in these 12 hospitals was 284, the yearly average number of admissions was 8,569, and the yearly average percent occupancy was 80.36 percent for 1977 (39). Meals served per day ranged from 200 to 5,000, with an average count of 1,610 (39) (Table I).

Orientation-induction and training programs in the 12 hospitals studied were the responsibilities of a variety of training supervisors. In most instances the foodservice director or registered dietitian conducted the orientation-induction and training programs for newly hired foodservice personnel (Table II).

TABLE II
PERSONNEL RESPONSIBLE FOR ORIENTATION-INDUCTION
AND TRAINING PROGRAMS

Hospitals N	Training Supervisor
6	Foodservice Director
3	Registered Dietitian
2	Foodservice Manager
1	Dietetic Technician

The number of full-time foodservice personnel in the 12 participating hospitals ranged from 12 to 74, with an average of 44, while the number of part-time foodservice personnel ranged from 11 to 50, with an average of 25 (Table III).

Eleven of the 12 participating hospitals indicated that personnel frequently terminated were part-time, unskilled workers such as tray assemblers, servers, porters, and pot washers, while 8 of the 12 hospitals indicated that full-time unskilled employees had a high turnover rate. The length of probationary periods for new foodservice personnel varied from hospital to hospital, but, in general, ranged from a period of one month to over five months. Seven of the 12 hospitals have a two-to three-month probationary period for both full- and part-time foodservice personnel (Table IV).

TABLE III
STATUS OF FOODSERVICE PERSONNEL

Hospital	Foodservice Personnel	
	Full-Time N	Part-Time N
1	74	31
2	64	40
3	90	40
4	40	22
5	19	12
6	12	12
7	14	11
8	31	18
9	67	29
10	12	12
11	70	50
12	32	21
Total	525	298
Average	44	25

TABLE IV
 LENGTH OF PROBATIONARY PERIOD FOR
 NEW PERSONNEL

Time Period	Hospitals Responding N
1-2 months	
full-time	1
part-time	1
2-3 months	
full-time	7
part-time	7
3-4 months	
full-time	0
part-time	1
4-5 months	
full-time	2
part-time	0
5 months or more	
full-time	2
part-time	3

Orientation-Induction Programs

Orientation-induction programs provided the new foodservice personnel with job-related rules, policies, and procedures to facilitate the incorporation of new personnel into the work organization. Ideally, orientation-induction programs should encompass a multitude of subject matter areas. For this study, 30 subject matter areas were identified and included in the questionnaire for the training supervisor. Two

other areas were specified by some of the training supervisors and were therefore added to the list as numbers 31 and 32 (Table V).

In summarizing the data regarding subject matter areas covered in the orientation-induction programs, the researcher grouped some of the subjects to make the checklist more compact. Under "Job Duties/Responsibilities" (area #8) were included: dishroom procedure, pellet procedure, rubbish removal, and equipment cleaning. Under "Uniform Policies" (area #10) were included: identification badges, dress code, hygiene, and sanitation. Eating on duty was incorporated into "Meal Policies" (area #11); leave of absence, death in the family, and jury duty were included in "Sick Leave Policies" (area #18); pharmacy discounts and health services were included under "Medical Benefits" (area #27); removing hospital property was part of "Disciplinary Policies" (area #28), and "Opportunities for Advancement" (area #30) included inservice education, tuition aid, and retirement.

The most frequently covered areas in orientation-induction programs in descending order were as follows:

- 11 of the 12 hospitals covered: introduction to supervisor, job duties/responsibilities
- 10 of the 12 hospitals covered: work schedules, hours, attendance, introduction to co-workers, uniform policy
- 9 of the 12 hospitals covered: tour of entire hospital, tour of dietary department, car parking policies, fire/emergency procedures
- 8 of the 12 hospitals covered: pay period and procedures, location of lockers/restrooms, insurance policies, sick leave policies, safety procedures, medical benefits.

In contrast, the most frequently identified areas by handout only were as follows:

- 6 of the 10 hospitals distributed handouts: history of hospital, accident policies, vacation policies, and holiday policies.

TABLE V
SUBJECT MATTER AREAS FREQUENTLY INCLUDED
IN ORIENTATION-INDUCTION PROGRAMS

Subject Matter Areas	Hospitals (N)				
	Mechanism		Training Department		
	Covered ¹	Handout ²	Dietary	Personnel	Other
1 History of hospital	6	6	5	8	
2 Salary and wage scales	7	4	5	7	
3 Pay period and procedures	8	4	5	5	2
4 Work schedules, hours,	10	2	11	2	
5 Performance standards, attendance	5	2	3	4	
6 Introduction to supervisor	11	1	8	4	
7 Introduction to co-workers	10		10		
8 Job duties/responsibilities	11	3	11	2	
9 Location of lockers/restrooms	8	1	8		1
10 Uniform policy, dress code, I.D. badge	10	4	10	2	
11 Meal policies	7	3	8	1	1
12 Accident policies	6	6	3	3	3
13 Insurance policies	8	4	1	9	2
14 Tour of entire hospital	9	2	4	7	
15 Tour of dietary department	9	2	8	2	
16 Award/suggestion programs	3	1		3	1
17 Vacation policies	6	6	3	6	3

TABLE V (Continued)

Subject Matter Areas	Hospitals (N)				
	Mechanism		Training Department		
	Covered ¹	Handout ²	Dietary	Personnel	Other
18 Sick leave policies	8	4	4	8	
19 Holiday policies	6	6	3	7	2
20 Grievance policies	7	4	1	7	3
21 Car parking policies/MBTA Pass	9	4		8	4
22 Safety procedures	8	3	7	3	
23 Key persons in dietary	7	2	8	1	
24 Fire/emergency procedures	9	4	7	4	
25 Location of fire alarms/extinguishers	7	2	6	2	1
26 Smoking policies	4	4	5	1	2
27 Medical benefits	8	5	3	10	
28 Disciplinary policies	7	3	5	4	1
29 Overtime policies	7	3	5	3	2
30 Opportunities for advancement	7	1	5	4	
31 Telephone use	3	2	2		3
32 Credit union policy	3	2	1	3	1

¹"Covered" signifies a topic discussed and explained to an employee.

²"Handout" signifies printed materials distributed with no supplementary discussion of content.

NOTE: Numbers may not always equal 12, because subject was not covered or was covered twice.

The most frequently included subject areas covered in the orientation-induction programs by the dietary department were as follows:

- 11 of the 12 hospitals included: work schedules, hours, attendance, job duties/responsibilities
- 10 of the 12 hospitals included: introduction to co-workers, uniform policy
- 8 of the 12 hospitals included: introduction to supervisor, location of lockers/restrooms, tour of dietary department, key persons in dietary.

The most frequently included subject areas covered by the personnel department in the orientation-induction programs were as follows:

- 10 of the 12 hospitals included: insurance policies
- 8 of the 12 hospitals included: history of hospital, sick leave policies, car parking policies.

Some topics were reviewed by dietary and personnel jointly: history of hospital, work schedules, job duties/responsibilities, medical benefits, and opportunities for advancement. Handouts were distributed in addition to verbal coverage for the following areas: job duties/responsibilities, uniform policies, tour of dietary department, and medical benefits. Orientation-induction programs in the 12 participating hospitals were provided by the dietary and personnel departments. In some hospitals, however, other departments such as payroll department, safety department, hospital orientation, and employee health provided this service. One hospital's personnel department and hospital orientation covered 14 of the 32 areas in the checklist of orientation and training programs.

Nine of the 12 hospitals conducted a formal orientation-induction program for full-time personnel in the dietary department, while only

eight provided a formal orientation for part-time personnel, by either the foodservice director, registered dietitian, foodservice manager, or a dietetic technician (Table II).

The intensity of the orientation-induction programs provided by the dietary departments ranged from one day to three weeks, and most hospitals conducted their orientation-induction programs for their personnel within a one week period with several hours during the week (Table VI).

TABLE VI
INTENSITY¹ OF ORIENTATION-INDUCTION PROGRAMS
PROVIDED BY DIETARY DEPARTMENTS

Time Period	Hospital N
Within a one day period	
part-time	1
full-time	0
Within a one week period with several hours during week	
part-time	4
full-time	6
Within a 2 week period with several hours during each week	
part-time	2
full-time	3
Within a 3 week period with several hours during each week	
part-time	1
full-time	0

¹(p. 5 of this study).

NOTE: Numbers do not equal 12 because some of the hospitals did not specify time periods for their orientation-induction programs.

The personnel department in 11 of the 12 hospitals provided formal orientation-induction for new full-time foodservice personnel, while only eight provided this service for part-time personnel. As previously stated, one hospital also utilized the services of a training department to provide additional orientation. Over half of the hospitals provided a one day orientation for both full- and part-time personnel prior to the first work day. Other personnel departments provided orientation during the first two weeks of employment or at other convenient periods of time when there were a sufficient number of new personnel (Table VII). Of the hospitals with the formal orientation-induction programs, only one dietary department requested feedback from personnel as to the quality of the orientation-induction program.

Of the hospitals with the formal orientation program, only two personnel departments requested feedback from personnel as to the quality of the orientation-induction program provided. The personnel department of all 12 participating hospitals also provided all new foodservice personnel with employee handbooks describing the hospital policies, procedures, and benefits.

Training Programs

In contrast to the orientation-induction programs provided by the 12 participating hospitals, training programs were implemented solely by the dietary departments. Nine of the 12 hospitals provided training programs for their full-time personnel, while only eight provided the same for part-time personnel. During the first month

of employment, group training was offered by less than half of the hospitals, with an insignificant number of hospitals offering training on a one-to-one basis (Table VIII).

TABLE VII
INTENSITY OF ORIENTATION-INDUCTION PROGRAMS
PROVIDED BY PERSONNEL/OTHER
DEPARTMENTS

Time Period	Hospital N
Within a one day period to first work day	
part-time	7
full-time	7
Within a one week period with several hours during the week	
part-time	0
full-time	1
Within a 2 week period providing several hours during each week	
part-time	0
full-time	2

NOTE: Numbers do not equal 12 because some of the hospitals did not specify time periods for their orientation-induction programs.

TABLE VIII
INTENSITY OF JOB RELATED TRAINING

Intensity of Training During First Month of Employment	Hospital (N)	
	Group Training	Individual Training
Less than 1 hour		
part-time	4	1
full-time	3	1
1-5 hours		
part-time	2	2
full-time	2	1
6-10 hours		
part-time	1	3
full-time	3	3
11-15 hours		
part-time	1	1
full-time	0	1
Over 15 hours		
part-time	0	1
full-time	1	2

NOTE: Numbers do not equal 12 because some of the hospitals did not specify time periods for their training programs.

Although training was regarded as an on-going process for all new foodservice personnel in 7 of the 12 participating hospitals, in terms of intensity of training programs (p. 5 of this study), all of the on-going training could only be characterized as less intensive.

About half of the participating hospitals indicated that contacts in terms of informal discussion sessions between the training

supervisor and new personnel occurred daily during the first or second week of employment. Other hospitals reported informal discussion sessions related to the job occurred less frequently or only when requested by new personnel (Table IX).

TABLE IX
INFORMAL DISCUSSION SESSIONS BETWEEN
TRAINING SUPERVISOR AND
NEW PERSONNEL

Frequency of Sessions	Hospital N
Daily for first or second week	
part-time	5
full-time	7
Once/week for first 2 weeks	
part-time	1
full-time	2
When requested by new employee	
part-time	4
full-time	1

NOTE: Numbers do not equal 12 because some of the hospitals did not specify time periods for their training programs.

About half of the participating hospitals utilized demonstrations as a strategy in training, while two hospitals only used the lecture

method. Training aids most often used were handout materials, while films and other forms of audio visual materials were used less frequently.

Nine of the 12 hospitals responded that there was no mechanism provided for full- or part-time personnel to evaluate training programs offered, whereas two of the 12 hospitals did provide some evaluation forms. One hospital did not reply to this question.

Characteristics of Foodservice Personnel in the 12 Participating Hospitals

In this study, the sampling criterion was arbitrarily described as only those personnel who have been employed in the 12 participating hospitals within three months prior to data collection. Based on this criterion, 38 personnel were eligible to participate in the job satisfaction assessment portion of the study. Of the 38 personnel, 23 were females: 12 part-time and 11 full-time, while 15 were males: 8 part-time and 7 full-time. Almost half of the personnel were between 21 to 30 years of age, while about 40 percent were under 21 years of age. The remaining 10 percent were from ages 31 to over 60.

In terms of educational background, two-thirds of the 38 personnel had completed from 11 to 15 years of education, while the remaining third completed less than 10 years. Nineteen of the 38 participants had been employed in their present positions for three months, twelve for two months, and seven for one month or less. Two-thirds of the participants had work experience in foodservice for less than one year, while the other third had from one to a little over three years of experience.

Although the 38 personnel who participated in the study had worked in foodservice only a few years, they appeared to have a very high job mobility or turnover. Two-thirds of the participants had been in one to four jobs before their current positions. About one-sixth of the personnel had previously had five or more jobs, while the other sixth had no previous employment record. Information regarding the number of personnel hired and those who were terminated during the year or during the three month period prior to the study were not accessible to the researcher; hence, the relative turnover rates could not be calculated. Turnover, as the gross movement of employees into and out of the labor force (p. 5 of this study) could only be discerned from the personnel's number of previous employment prior to current employment, in relation to the number of years of experience.

By job categories, 28 of the 38 personnel were unskilled, eight were semiskilled, and two were skilled (Table X). Perhaps the mobility or high turnover of personnel could be attributed to the fact that, except for two cooks, the rest of the employees were either semi-skilled or unskilled, and foodservice positions requiring minimum training and experience were available and could easily be attained.

Job Satisfaction of Foodservice Personnel

Job satisfaction (p. 5 of this study) of the 38 participants was measured using the Brayfield-Rothe Job Satisfaction Index (41). The instrument administered was comprised of 18 statements--nine requiring positive responses (numbers 1, 2, 5, 7, 9, 12, 13, 15, 17) and nine

requiring negative responses (numbers 3, 4, 6, 8, 10, 11, 14, 16, 18) to denote job satisfaction. Each statement required a measure based on a scale of five categories: strongly agree, agree, undecided, disagree, and strongly disagree. The categories requiring positive responses were arbitrarily assigned points: one point for strongly agree, two points for agree, three points for undecided, four points for disagree, and five points for strongly disagree. The categories requiring negative responses, however, were assigned the scores in reverse order.

TABLE X
FOODSERVICE PERSONNEL BY JOB CATEGORIES¹

Categories	N
Skilled	
Cook	2
Assistant Cook	0
Baker	0
Semi-Skilled	
Vegetable Worker	1
Salad Worker	3
Cashier/Secretary	3
Metabolic Assistant	1
Unskilled	
Line Server	14
Sanitation Worker	6
Dietary Aides	6
Other	2
Total	38

¹(63:171).

Since the sample population ranged from 2 to 10 per hospital and only totaled 38, personnel correlations between the individual biographical data and job satisfaction scores were not performed. Instead, mean job satisfaction (J.S.) scores for the number of personnel in the 12 participating hospitals were determined (Table XI).

TABLE XI
JOB SATISFACTION (J.S.) SCORES OF FOOD-
SERVICE PERSONNEL

Hospital	Personnel N	Mean J.S. Scores
1	4	47
2	2	37
3	10	46
4	3	49
5	2	55
6	3	53
7	2	57
8	2	41
9	3	48
10	2	49
11	2	28
12	3	55
N=12	N=38	Ave.=48

The mean J.S. scores of the 38 employees in the 12 hospitals ranged from 28 to 57 points, with an overall average of 48 points. A score of 18 points indicated that the employees strongly agreed with the 18 statements which denote high levels of job satisfaction, while a score of 90 points indicated the reverse. Based on this scale, personnel (in hospital numbers 2, 8, and 11) agreed with the 18 statements denoting moderate level of job satisfaction. Twenty-five personnel (in hospital numbers 1, 3, 4, 9, 10) were uncertain about their levels of job satisfaction and either agreed or indicated that they were undecided about some of the 18 statements. The remaining 10 participants (in hospital numbers 5, 6, 7, 12) were also uncertain of their levels of job satisfaction, and either disagreed or were undecided about some of the 18 statements.

A comparison of two hospitals--one with a high job satisfaction score (hospital 11) and the other with a low job satisfaction score (hospital 7) showed that the personnel employed in hospital 11 had three times as many subject matter areas covered by the dietary department in their orientation-induction program and twice as much training. The orientation-induction and training programs in hospital 11 were also more intense than in hospital 7 in terms of length of time, strategies employed, and the dietary department's involvement in the programs. These may have contributed to the high job satisfaction levels felt by the two employees in hospital 11 (Table XII).

Analysis of variance was computed for the job satisfaction scores between the 12 participating hospitals (Table XI). Although there were differences in the mean job satisfaction scores of employees

TABLE XII
 CHARACTERISTICS OF HOSPITALS WITH HIGH VS.
 LOW J.S. SCORES

Characteristics	Hospital No. 11 (High J.S. Score)	Hospital No. 7 (Low J.S. Score)
Turnover-Type of Employee	Unskilled	Unskilled
Prob. Period	5 or more mo.	2-3 mo.
Depts. providing Orientation- Induction (O-I) program	Personnel, Dietary	Personnel
Initiation of O-I program	1st day/wk.	No definite time
New personnel evaluate O-I program	Yes	No
Employee Handbook provided	Yes	Yes
Depts. providing training	Dietary Demon- stration & Hand- outs	Dietary Handouts provided
Intensity of training group	1-5 hrs./mo.	None
individual	1-5 hrs./mo.	None
Informal discussions between training supervisor and new personnel	Daily, 1st week or 2 Training an on- going process	None

between hospitals, the analysis of variance showed that the differences were not significant at the $p < 0.05$ level (Table XIII).

TABLE XIII
ANALYSIS OF VARIANCE FOR JOB SATISFACTION
(J.S.) SCORES

Source	df	Mean Squares	F Value	P>F
Hospitals	11	148.045136	1.57833	0.1640 NS

NS=Not Significant.

In summary, data analysis showed that the 12 participating hospitals have orientation-induction and training programs; however, the intensities of both programs varied (Tables VI, VII, and VIII). Levels of job satisfaction by hospitals ranged from 28 to 57 (Table XI). Although job satisfaction scores between hospitals 11 and 7 were different, and the intensities of orientation-induction and training programs were also different (Table XIII), the differences were not statistically significant at the $p < 0.05$ level. Based on these findings, the identified hypothesis for the study was accepted.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The effects of orientation-induction and training programs on labor turnover rates and job satisfaction of nonprofessional, nonsupervisory foodservice personnel in 12 selected hospitals in Boston, Massachusetts, were investigated. Training supervisors who responded to the questionnaire regarding the program intensities were mostly foodservice directors or registered dietitians.

The null hypothesis tested was:

1. There is no difference in foodservice personnels' job satisfaction levels in hospitals where there is an intensive orientation-induction and training program, and in hospitals with a less intensive orientation-induction and training program.

Intensities of the orientation and training programs were assessed in terms of the concentration and/or strength of the programs given to the new nonprofessional, nonsupervisory personnel. A less intensive program was one day to one week duration, while a more intensive program was conducted for more than one week. Turnover rate was determined by looking at the percentage of total termination for a given period relative to the average number of employees during the same period. Job satisfaction levels (J.S.) were measured using the Brayfield-Rothe Job Satisfaction Index (40).

The 12 participating hospitals were all accredited, short-term, nongovernment, nonprofit, with a minimum bed capacity of 80. The

range in available beds in the 12 hospitals was from 88 to 452, while the average number of meals served per day in 1977 was 1,610. The hospitals had an average number of 44 full-time and 25 part-time personnel. The 38 foodservice personnel hired within a three month period prior to the study were predominantly female, 30 years of age or under, unskilled, part-time, with less than six months experience and with two to three previous employments.

Orientation-induction programs in the 12 hospitals encompassed a variety of areas pertaining to the work environment. Subject matter areas were either explained to new personnel or handouts were merely distributed with no discussion of content by the dietary, personnel, and other departments such as payroll, safety, training and "hospital." In most instances, the length of the program was a week, with several hours included during the week. Training was conducted solely by the dietary departments. Informal discussions between the training supervisor and the new personnel were held daily in some hospitals during the first two weeks of employment. Teaching strategies used were the lecture method and demonstrations with audio-visual materials.

Mean job satisfaction scores for the 38 personnel ranged from 28 (high score) to 57 (low score). A comparison of the two hospitals where the personnel with high and low scores were employed showed that the hospital with employees scoring high in job satisfaction provided more intensive orientation-induction and training programs than the hospital with employees scoring low in job satisfaction. An analysis of variance on the job satisfaction scores between the 12 hospitals, however, showed that the differences were not significant ($p < 0.05$);

hence, the hypothesis was accepted. Personnel records were not accessible to the researcher; hence, turnover rates could not be determined.

The findings of this study were not conclusively in favor for more intensive or less intensive orientation-induction and training programs. Until further information is available, it is suggested that training supervisors take a critical look at the intensities of their orientation-induction and training programs, and monitor the labor turnover rates of their nonprofessional, nonsupervisory personnel. There is also a need to measure job satisfaction as well as vocational commitment of individuals hired in hospital dietary departments.

Specific recommendations are as follows:

1. A larger sample of participating hospitals and foodservice personnel should be utilized to seek additional information on the effects of orientation-induction and training programs on labor turnover and job satisfaction. Access to personnel records would be helpful to determine turnover rates.
2. Questionnaires directed to the training supervisors should include questions on labor unions and the educational and work experiences of the training supervisors.
3. There is a need to investigate personnel job satisfaction using other instruments. The vocational commitment index could also be used to discriminate between individuals who are dedicated to occupations in foodservice and those who are not.

4. The biographical questionnaire should include questions about marital status, accessibility of transportation, and relatives employed in the same hospital.

5. Orientation-induction and training program materials need to be verified to enhance the measurement of intensities of programs.

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APPENDIXES

APPENDIX A

QUESTIONNAIRE OF ORIENTATION-INDUCTION AND
TRAINING PROGRAMS IN HOSPITALS

For each of the following subject topics, check (✓) the most appropriate response:

SUBJECT TOPIC	DEPARTMENT COVERING SUBJECT				
	COVERED	HAND-OUTS	NOT COVERED	DIETARY	OTHER (SPECIFY)
1. History of hospital					
2. Salary and wage scales					
3. Pay period and procedures hours,					
4. Work schedules: attendance					
5. Performance standards: evalua- tion					
6. Introduction to supervisor					
7. Introduction to co-workers					
8. Job duties/ responsibilities					
9. Location of lockers/rest-rooms					
10. Uniform policies					
11. Meal policies					
12. Accident policies					
13. Insurance policies					
14. Tour of entire hospital					
15. Tour of dietary department					
16. Award/suggestion programs					
17. Vacation policies					
18. Sick leave policies					
19. Holiday policies					
20. Grievance policies					
21. Car parking policies					
22. Safety procedures					
23. Key persons in dietary					
24. Fire/emergency procedures					
25. Location of fire alarms/ extinguishers					
26. Smoking policies					
27. Medical benefits					
28. Disciplinary policies					
29. Overtime policies					
30. Opportunities for advancement					
OTHER TOPICS COVERED (please specify)					
31.					
32.					
33.					
34.					
35.					

JOB ORIENTATION AND TRAINING FOR DIRECTORS OF
DIETARY DEPARTMENTS

PART 1. GENERAL INFORMATION

PLEASE COMPLETE THE FOLLOWING QUESTIONS BY PROVIDING THE INFORMATION REQUESTED:

1. Total number of non-professional, non-supervisory personnel employed in the dietary department.

___ Full-time (at least 40 hours within a 7 day workweek).

___ Part-time (less than 40 hours within a 7 day workweek).

2. Average total number of meals served per day _____.
(to include patient, personnel, catering, and guest meals)

3. Please indicate the most frequently terminated non-professional non-supervisory positions in this dietary department for both part-time and full-time personnel.

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Highly skilled (cook, baker)
_____	_____	Skilled (salad, vegetable)
_____	_____	Unskilled (tray-assembly, server, pot washer)

4. What is the length of the probationary period for new non-professional non-supervisory dietary employees?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	No probationary period
_____	_____	Less than 1 month
_____	_____	1 - 2 months
_____	_____	2 - 3 months
_____	_____	3 - 4 months
_____	_____	4 - 5 months
_____	_____	5 months or more
_____	_____	Other

PART 2. ORIENTATION PROGRAM

Orientation - the process of introducing the new employee to his new surroundings and/or his new work environment. This process involves assisting the worker in finding and developing a proper mental attitude toward his new position of employment, through explaining the objectives, policies and regulations of the organization and by providing a description of his new position.

THE FOLLOWING QUESTIONS PERTAIN TO THE ORIENTATION PROGRAM GIVEN IN YOUR HOSPITAL AND IN YOUR DIETARY DEPARTMENT. PLEASE CHECK (✓) THE MOST APPROPRIATE RESPONSE FOR BOTH PART-TIME AND FULL-TIME CATEGORIES.

5. Are new part-time and full-time non-professional, non-supervisory dietary employees provided with a formal orientation from the dietary department?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

If the answer to question 5 is NO for both part-time and full-time, go to question 10.

6. When does the initial DIETARY DEPARTMENT orientation program begin with the new non-professional, non-supervisory dietary employee?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	During the first day of employment
_____	_____	During the first week of employment
_____	_____	During the second week of employment
_____	_____	During the third week of employment
_____	_____	After the third week of employment

7. Who is the primary individual in the dietary department designated for providing orientation to the new non-professional, non-supervisory dietary employee?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	No primary individual is responsible for providing the orientation
_____	_____	A fellow non-professional, non-supervisory employee who does his own job well
_____	_____	The new employee's immediate supervisor
_____	_____	An individual (other than the supervisor) whose primary duties are to orient and train all new dietary employees
_____	_____	Other (Please specify) _____

8. Over what period of time is the DIETARY DEPARTMENT orientation conducted for part-time and full-time personnel? (Check (✓) appropriate response.)

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Within a one day period
_____	_____	Within a one week period providing several hours during the week
_____	_____	Within a two week period providing several hours during each week
_____	_____	Within a three week period providing several hours during each week
_____	_____	More than a three week period providing several hours during each week

9. At the conclusion of the orientation, does the DIETARY DEPARTMENT have the new non-professional, non-supervisory dietary employee complete a written evaluation form regarding the orientation he received?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

10. In addition to the dietary department, does any OTHER DEPARTMENT in this hospital provide an orientation to the new non-professional, non-supervisory dietary worker?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes (Indicate which department) _____
_____	_____	No

11. If answer to question 10 is NO for both part-time and full-time, go to question 15.

12. When does THIS OTHER DEPARTMENT begin its orientation for the new non-professional, non-supervisory dietary worker?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Prior to the employee reporting to the dietary department for work
_____	_____	After the employee reports to the dietary department for work and during his first week of employment
_____	_____	During the second week of employment
_____	_____	After the second week of employment
_____	_____	No specific time set. It depends on when there are enough new employees in the hospital

13. Over what period of time is THIS OTHER DEPARTMENT orientation conducted for part-time and full-time personnel? (Check (✓) appropriate response.)

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Within a one day period
_____	_____	Within a one week period providing several hours during the week
_____	_____	Within a two week period providing several hours during each week
_____	_____	Within a three week period providing several hours during each week
_____	_____	More than a three week period providing several hours during each week

14. At the conclusion of the orientation, does the OTHER DEPARTMENT providing orientation have the new non-professional, non-supervisory dietary employees complete a written evaluation form regarding the orientation he received?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

15. Does the hospital prepare and distribute to new non-professional, non-supervisory dietary employees an "Employee Handbook" describing the hospital policies, procedures, benefits, etc.?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

PART 3. TRAINING PROGRAM

Training - a process to develop the necessary skills in the new employee in order for him to perform his new position in a satisfactory manner. The process is similar to that of orientation and may be carried on simultaneously. The program consists of organized individual and/or group training other than daily on-the-job work experience.

THE FOLLOWING QUESTIONS PERTAIN TO THE TRAINING PROGRAM GIVEN IN YOUR HOSPITAL AND IN YOUR DIETARY DEPARTMENT. SOME OF THE QUESTIONS ARE SIMILAR TO THOSE IN PART 2, ORIENTATION PROGRAM. THE DIFFERENCE IS THAT THEY NOW REGARD THE TRAINING PROGRAM AND NOT THE ORIENTATION PROGRAM.

Please check (✓) the most appropriate response for both part-time and full-time categories.

16. Does the new non-professional, non-supervisory employee receive any training for the job he will be doing from within the dietary department?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

If you answered NO for both part-time and full-time in question 16, you need proceed no further in completing the questionnaire. Thank you for your time.

17. How many total hours of job related training are provided to the new dietary worker during the first month of employment in group session training? (More than 1 individual in a classroom type setting)

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Less than 1 hour
_____	_____	1 - 5 hours
_____	_____	6 - 10 hours
_____	_____	11 - 15 hours
_____	_____	Over 15 hours

18. How many total hours of job related training are provided to the new dietary worker during the first month of employment in individual instruction?

Individual instruction is training provided the worker on a one-to-one basis (NOT to include group training or daily on-the-job work experience.)

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Less than 1 hour
_____	_____	1 - 5 hours
_____	_____	6 - 10 hours
_____	_____	11 - 15 hours
_____	_____	Over 15 hours

19. Who is the primary individual responsible for providing the training to the new employee?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	No primary individual responsible for providing the training
_____	_____	A fellow non-professional, non-supervisory employee who knows the job
_____	_____	New employee's immediate supervisor
_____	_____	An individual in dietary (other than the supervisor) whose primary duties are to orient and train new dietary employees
_____	_____	Other (Please specify) _____

20. When are discussions regarding training programs and job duties held between the supervisor and the new employee? Select only one response for each category of personnel.

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Daily for the first week or two
_____	_____	At least once a week for the first week or two
_____	_____	Only when the new employee asks for assistance
_____	_____	They are never held
_____	_____	Other (Please specify) _____

21. When is the training of the new dietary workers conducted?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	No set period of training established
_____	_____	During the first week of employment only
_____	_____	During the first to second weeks of employment only
_____	_____	During the first and third weeks of employment only
_____	_____	Training is an on-going process for all new dietary employees extending beyond the first month of employment

22. Does the dietary department have the new non-professional, non-supervisory dietary worker complete an evaluation form regarding the training program he received?

<u>Part-time</u>	<u>Full-time</u>	
_____	_____	Yes
_____	_____	No

23. What training materials are utilized in the program?

_____	Audiovisuals
_____	Handout materials
_____	Films
_____	Lectures
_____	Demonstrations
_____	Other (Please specify)

ADDITIONAL COMMENTS:

THIS COMPLETES THE SURVEY. THANK YOU FOR YOUR TIME, INTEREST, AND COOPERATION IN ITS COMPLETION.

PLEASE HOLD THE COMPLETED SURVEY UNTIL THE RESEARCHER VISITS YOUR DEPARTMENT TO PICK IT UP. SHOULD YOU HAVE QUESTIONS, PLEASE CALL KAREN G. ARAKELIAN, 326-1909.

APPENDIX B

BRAYFIELD-ROTHE JOB SATISFACTION INDEX

JOB QUESTIONNAIRE

You are to check (✓) the phrase beside each statement which best describes how you feel about your present job. There are no right or wrong answers. I should like your honest opinion in each one of the statements.

	STRONGLY AGREE	AGREE	UNDECIDED	DISAGREE	STRONGLY DISAGREE
1. My job is like a hobby to me.					
2. My job is usually interesting enough to keep me from getting bored.					
3. It seems that my friends are more interested in their jobs.					
4. I consider my job rather unpleasant.					
5. I enjoy my work more than my leisure time.					
6. I am often bored with my job.					
7. I feel fairly well satisfied with my present job.					
8. Most of the time I have to force myself to go to work.					
9. I am satisfied with my job for the time being.					
10. I feel that my job is no more interesting than others I could get.					
11. I definitely dislike my work.					
12. I feel that I am happier in my work than most other people.					
13. Most days I am enthusiastic about my work.					
14. Each day of work seems like it will never end.					
15. I like my job better than the average worker does.					
16. My job is pretty uninteresting.					
17. I find work real enjoyment.					
18. I am disappointed that I ever took this job.					

APPENDIX C

BIOGRAPHICAL DATA QUESTIONNAIRE

APPENDIX D

COVER LETTER TO HOSPITALS

May 14, 1979

Dear Director of Dietary Services:

I am a graduate student in foodservice systems management at Oklahoma State University. From current literature I have found that the employee turnover rate in hospital dietary departments is a serious concern affecting overall personnel costs. In an effort to determine factors influencing reduction of dietary turnover, I will begin research during the summer of 1979 to examine the relationship between orientation, training, and job satisfaction of newly hired nonprofessional, nonsupervisory dietary personnel and the turnover of these same employees in nonfederal, short-term, nonprofit, accredited hospitals in the city of Boston.

Your hospital meets the stated criteria; hence, I am writing to seek your participation in this study. Your participation would necessitate: a) completion of survey form, b) a brief personal interview (30 minutes), c) providing a listing of the names of all nonprofessional, nonsupervising employees hired between January 1, 1979 and March 31, 1979, to include hiring date, and d) time during coffee break to distribute monitored questionnaires to those employees hired during the stated period who are still employed.

Data collected are highly confidential and NO names of hospitals or employees will be mentioned in the completed research project. In addition, should you desire a summary of the findings, I shall be happy to fulfill your request.

Please check your willingness to participate in the study on the enclosed postcard and return it as soon as possible. In addition, please indicate to whom all future correspondence should be addressed, telephone number by which this individual may be contacted.

Should you have questions regarding the above, please feel free to call me at 326-1909, my home number in Boston. Thank you for your cooperation. Your interest and cooperation are sincerely appreciated.

Karen G. Arakelian, Graduate Student
Dept. of Food, Nutrition and Institution Administration
115 Cunningham Rd.
Dedham, Mass. 02026
Phone: (617) 326-1909

Lea Ebro, Ph.D., R.D. Acting
Head, Graduate Programs &
Research
Dept. of Food, Nutrition and
Institution Administration
Oklahoma State University
Stillwater, OK. 74074

APPENDIX E

APPOINTMENT REQUEST CARD

APPOINTMENT REQUEST CARD

Please check one of the following and indicate a convenient time for the appointment.

A convenient date and time for the appointment is

_____ a.m. _____ p.m.

An alternative date and time for the appointment is

_____ a.m. _____ p.m.

Person to contact _____

Phone _____

VITA²

Karen Gayne Arakelian

Candidate for the Degree of

Master of Science

Thesis: EFFECTS OF ORIENTATION-INDUCTION AND TRAINING
PROGRAMS ON LABOR TURNOVER AND JOB SATISFACTION

Major Field: Food, Nutrition and Institution Administration

Biographical:

Personal Data: Born in Cambridge, Massachusetts, August 21,
1953, the daughter of Paul and Kegvart Arakelian.

Education: Graduated from Dedham High School, Dedham, Massa-
chusetts, June, 1971; received Bachelor of Science degree
in Food and Nutrition from Framingham State College, Fram-
ingham, Massachusetts, June, 1975; completed requirements
for Master of Science degree with a major in Food, Nutri-
tion and Institution Administration from Oklahoma State
University, Stillwater, Oklahoma, December, 1979.

Professional Experience: Assistant Clinical Dietitian, Veter-
ans Administration Hospital, Bedford, Massachusetts, Sep-
tember, 1975 to November, 1976; Food Service Supervisor,
Massachusetts Rehabilitation Hospital, Boston, Massachu-
setts, September, 1977 to February, 1978; Training and
Assisting in Food Production, Creative Cuisine/DeGustibus
Catering Service, Cambridge, Massachusetts, April, 1978
to December, 1979, Consulting Dietitian and Foodservice
Supervisor for dāka, Foodservice Management, Wakefield,
Massachusetts, August 1, 1979 to present.

Professional Organizations: Massachusetts Dietetic Association,
American Dietetics Association, American Home Economics
Association.