

Menu ordering systems: Exploring their impact on patient satisfaction with hospital foodservices

Ella Ottrey¹, Judi Porter^{1,2}

1 Monash University, Department of Nutrition and Dietetics, Level 1, 264 Ferntree Gully Road, Notting Hill, Victoria, 3168, Australia, ella.ottrey@monash.edu

2 Eastern Health, Dietetics Department, 5 Arnold Street, Box Hill, Victoria, 3128, Australia

Background: The menu ordering system facilitates collection of meal orders from patients in hospital. Different menu ordering systems exist, yet limited research has investigated these in the hospital setting. This study aimed to determine patient satisfaction for three menu ordering systems: written, spoken and visual menus.

Methods: This study was conducted in a tertiary teaching hospital in Melbourne from July to August 2014. Participants were adult inpatients from a speciality medicine ward. A mixed methods approach was employed to ascertain differences in patient satisfaction for each system. The Acute Care Hospital Foodservice Patient Satisfaction Questionnaire collected quantitative data, with median responses compared. Questionnaires were distributed to participants who ordered their meals using the allocated menu ordering system for at least two days. Qualitative data were collected via semi-structured interviews using an action research approach, with transcripts thematically analysed.

Results: One hundred and eleven patients received one of the three menu ordering systems. Questionnaires were distributed to 49 eligible patients, with 44 returned (90% response rate). A subset of 10 participants was interviewed. Participants were highly satisfied with foodservice. No significant differences were found between menu ordering systems for overall foodservice satisfaction. Four themes emerged from interview responses: food, the importance of information, qualities and characteristics of the menu monitor, and the meal ordering process.

Discussion: Although menu ordering systems appear to have no impact on overall foodservice satisfaction, they do influence the patients' hospital food experience. Spoken or visual menus should be considered alongside other strategies to enhance patients' food experience; however hard-copy visual menus are not recommended for widespread use. Key strengths and weaknesses for each menu ordering system were highlighted, emphasising the need for consumer involvement in foodservice system evaluation.