Putting the WOW! In Dietetics: An Introduction to Customer Satisfaction
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PREFACE

This introduction to customer satisfaction was developed by members of the American Dietetic Association’s House of Delegates Customer Satisfaction Task Force. The members of the Task Force are: Dori Finley, PhD, RD/LDN, chair; Connie Diekman MEd, RD, LD, FADA; Becky Dorner, RD, LD; and Debbie Lofley, RD. A brief history of the events leading up to the establishment of the Task Force will introduce the importance of customer satisfaction for all dietetics professionals.

HOD Backgrounder and Discussions

Input from the House of Delegates during 2001 identified customer satisfaction as a mega issue for consideration by delegates. A backgrounder on customer satisfaction was developed which addressed the mega issue questions: How can the dietetics profession ensure a high level of satisfaction across a broad spectrum of customers? What role does the individual dietetics professional play in building customer satisfaction and what role does ADA play? The House of Delegates dialogue began in Fall 2002 and continued into Spring 2003. The dialogue centered on four questions:

1. What do we know about the wants and expectations of members, customers and other stakeholders related to this issue?
2. What do we know about the current realities and evolving dynamics of our members, marketplace, industry, professionals that is relevant to this decision?
3. What do we know about the capacity and strategic position of ADA in terms of its ability to address this issue?
4. What ethical/legal implications, if any, surround the issue?

Dietetics Index Results

“Development of a Dietetics Index Provides Insights About Customer Satisfaction,” a report from the Scientific Affairs and Research Team of ADA, was distributed to the House of Delegates during the discussions. This report was a summary of results of the perceived value of dietetics professionals’ services. These results were taken from a research project conducted by Socratic Technologies to develop a Dietetics Index to measure the overall health of the dietetics profession. The research project included a survey of dietetics practitioners, referrers, clients and payers. The findings include:

- Dietetics practitioners consistently overestimated the level of satisfaction with their services
- Practitioners consistently overestimated how well their services met the needs of patients/clients
- Practitioners consistently overestimated customer perception of dietetics professionals as a good source of food and nutrition information.
These findings highlighted the need for customer satisfaction resources for dietetics practitioners. A new study using revised methods was conducted in 2003. The results of this study indicated that all stakeholder groups, employers, referrers and clients had a higher overall view of the profession than dietetics practitioners themselves.

Task Force Charge
On May 27, 2003, the House of Delegates established a Task Force that was given the following charge:

- “Customer satisfaction influences the quality of service, the image of the dietetics professional and customer’s perceived value of dietetics services, therefore the Task Force will:
  - Collaborate with the Research and Quality Management Committees to oversee the identification of methods (such as resources, toolkits, articles, educational materials) to support the Customer Satisfaction initiative
  - Create a plan for development and dissemination of those methods
  - Consider opportunities for encouraging individual dietetics professionals to embrace customer satisfaction approaches in practice
  - Present a report to the Fall 2003 House of Delegates meeting.”

Task Force Results
This introduction is the result of discussions by the Task Force members with input from representatives of the Research and Quality Management Committees. It is anticipated that this will be the first in a series of publications that assist dietetics practitioners with assuring their products and services meet the needs of their customers. The objectives for this document are that upon completion, the dietetics professional shall be able to:

1. Identify importance of customer satisfaction (Part I)
2. Identify services provided and customers who receive the services (Parts II and III)
3. Conduct an assessment to determine customer satisfaction with services (Part IV)
4. Interpret and use results from customer satisfaction assessments (Parts V and VI)

This document begins with three success stories from dietetics professionals and is divided into six parts with a series of appendix materials to provide you with the information needed to determine how satisfied your customers are with the products and services you provide. We hope you find the information useful as you apply the concepts to your dietetics practice.
The Task Force wishes to thank the following contributors and reviewers for their input on this guide.

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Success Stories From Dietetics Professionals
Using Customer Satisfaction –
Putting the “WOW!” in Dietetics

On-Demand Room Service
Sharon Cox, MA, RD, CDN, shares the following:

At Memorial Sloan Kettering Cancer Center (MSKCC) in New York City we have adopted an On-Demand Room Service model, allowing for an improvement in meal consumption and patient satisfaction.

Plate waste studies conducted in 1998 revealed that 33% of patients did not touch their food at all and 29% consumed less than half of their food. Two of the biggest issues were that many patients were not in their rooms or were sleeping when meals arrived.

Additionally, in January 2001, MSKCC began utilizing the services of an independent vendor: Press Ganey to assess patient satisfaction. At the end of the first quarter 2001, Food and Nutrition Department survey results were in the 24th percentile for meals. The Department recognized the need to improve services.

The Department used MSKCC’s performance improvement STRAIGHT-A methodology to facilitate the performance improvement process.
S-elect a process
T-eam assignment
R-eview process
A-nalyze reasons for variance
I-mplement improvement
G-augue success by measuring against baseline
H-ead back to analysis if improvement not achieved
T-est for stability
A-ssess for continued improvement

The Department organized a multidisciplinary task force with representation from Nursing, Administration, Admitting, Pharmacy, Information Systems and Food and Nutrition Services. The current process for food delivery was reviewed and the potential root causes analyzed employing such tools as flow charts, pareto diagram for project selection and fishbone-type cause–effect diagram.

In May 2001, the Room Service model was adopted. This model was a comprehensive approach giving each patient personalized menus and the flexibility to order “the foods they want when they want it”.
After two years in operation, Food and Nutrition services can point to a clear list of benefits that have come from the Room Service program. These include a significant reduction in the number of wasted trays and an increase in overall food consumption by patients. Patient meal consumption significantly increased to 88% of patients consuming more than half of their food. Patient Satisfaction has dramatically improved as measured by the Press Ganey scores which increased from the 24th percentile (first quarter 2001) to the 99th percentile (fourth quarter 2003).

Making a Difference
Elvie P. Guthrie-Lewis, MS, RD, LD, CPM shares the following:

"A gentleman came into my office some time ago very concerned with the fact that his elementary school-age child was refused the option of taking her lunch to school in a particular school district. The family has restrictive dietary practices and he did not know where to turn for help, as he had made several unsuccessful attempts to talk with the local school officials.

That particular situation was out of my control, since I am primarily responsible for the local WIC program. I explained the limitations of my control, but told him I would make every effort to find him some answers. He sat in my office while I called local, state and finally USDA offices with oversight for school meal programs.

At the end of a two-hour session, he did not have all the answers he wanted. However, before he left my office, he shook my hand, thanked me and commented, "Your earnest efforts to help have restored my faith in public servants." He went on to state that he expected to be "brushed off" as was his experience with others from whom he had sought help.

Making a difference in some small way and helping to restore someone's faith in a sector that often gets frowned on as being unhelpful, gave me a new burst of "energy" to make every day count for someone's benefit."

Great Patient Care
Kathy McClusky, MS, RD, FADA, shares the following:

"I became Corporate Director of Patient Satisfaction for Morrison Healthcare Food Service in June 2000. Since this was a newly created position, my charge was to develop our patient satisfaction program. Our program now has three major components:

- Data Collection and Analysis
- Program Development and Training
- Problem Diagnosis and Treatment."
The reporting and collection of accurate patient satisfaction scores was an essential first step. We then wanted to report this data back to our region managers on a regular basis so that they could track the patient satisfaction performance of our hospitals. To assist us in evaluating this performance, each hospital administration sets a benchmark for acceptable performance. We measure each score monthly against this benchmark.

We have developed a variety of patient focused training programs for our managers and associates. Immediate problem solving while the patient is still in the hospital is the lynchpin of this program. Food is one of the few positive things that a patient experiences in the hospital—it is essential that it not become a negative.

Hospital food service is highly complicated. Therefore we analyze our data quarterly to determine which hospitals need additional intervention or training, based on their quarterly patient satisfaction performance. I spend a great deal of my time visiting our patients and validating our successes through their eyes.

Our training and focus have produced some great results. We have food service directors in charge of entire hospital performance improvement programs. Many of our associates are thanked by patient’s families for their care and concern and we have had three associates actually be credited with saving patients’ lives. Our associates actually spend so much time interacting with patients about their food, that they were in a room or passing by when patients got into trouble and were the first to report the emergencies. This is GREAT patient care.

All of this focus on patient centered food service has certainly paid off. In April 2001, 54% of our hospital food services were meeting or exceeding their hospital established benchmarks. In May 2004, 81% of our hospitals are meeting or exceeding their established benchmarks.

As a registered dietitian, I have been very fortunate to be involved in the creation of a program which has produced a real impact on patient care.”

Now, that’s putting the “WOW!” into dietetics. These are great success stories. Each of these examples shows how dietetics professionals can have a direct impact on the satisfaction of the customers they serve. The rest of this document will help you identify your customers, products and services and determine how to measure customer satisfaction.
Part I. What is “WOW!” and Why is it Important?

Introduction
WOW! was introduced by Tom Peters in his 1994 book “The Pursuit of WOW!” (1). In order to have our customers say “WOW!” we first have to understand what customer satisfaction is and why it’s important. Customer satisfaction can be defined as contentment with the purchase of a commodity or service. This means that a customer has received a service or purchased a product and has made a comparison with what was expected to determine the level of satisfaction with the product or service. “WOW!” is what a customer says when the product or service greatly exceeds expectations.

Customer satisfaction is included in:
- American Dietetic Association (ADA) Standards of Professional Practice
- Outcomes Research
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation
- Baldrige National Quality Program
- Quality Improvement Processes
- Commission on Accreditation for Dietetics Education (CADE) Education Accreditation Standards
- Center for Medicare/Medicaid Services (CMS) Standards

Why is Customer Satisfaction so Important?
Customer satisfaction is essential if we want our supervisors to say, “WOW!” when evaluating our personal performance for a salary increase or promotion. There is a direct link between customer satisfaction and positive outcomes, including profitability. Well managed organizations are guided by sound ethical principles, and a vision and mission that drive performance to achieve effective outcomes. Effective organizations understand their customers’ needs and desires and can more effectively develop the products and services customers want and value. They also tend to have more satisfied employees. Satisfied employees tend to provide high quality products and services, which leads to a higher level of customer satisfaction. The ultimate outcomes are customer loyalty and higher profits. A higher level of employee satisfaction coupled with a higher level of customer satisfaction, loyalty and higher profits can really help to put the “WOW!” into dietetics!

The Service-Profit Chain developed by Heskett et. al (2) and presented in Figure 1 shows the relationships between employee satisfaction, quality service, customer satisfaction and profitability. The first component of the Service-Profit Chain is providing a work place that has the facilities and tools to serve customers and also recognizes the importance of selecting, training and rewarding employees for quality customer service. A well designed workplace will lead to employee satisfaction. Satisfied employees generally stay with an
organization and are productive. One can also see the direct relationship between quality service and customer satisfaction in Figure 1. Customer satisfaction may be based on the level of satisfaction with service. Customer Service has been defined as: “Service designed and delivered to meet targeted customer’s needs”. (2) It is important to remember that providing quality products and services will drive customer satisfaction. Satisfied customers become loyal customers who return to businesses that meet their needs and recommend the business to others. This repeat and increased business will generate more revenue and more profit for the business. Many of the “links” in the Service-Profit Chain may go both forwards and backwards.
Figure 1

The Links in the Service-Profit Chain

Operating Strategy and Service Delivery System

Internal Service Quality

Employee Satisfaction

Employee Retention

Employee Productivity

External Service Value

Customer Satisfaction

Customer Loyalty

Revenue Growth

Profitability

- workplace design
- job design
- employee selection and development
- employee rewards and recognition
- tools for serving customers

- service concept: results for customers

- service designed and delivered to meet targeted customers' needs

- retention
- repeat business
- referral

The following suggestions can really help put the “WOW!” into customer satisfaction efforts and help create the results that should be achieved. Dietetics professionals who directly interact with customers should know the Ten Laws of Customer Satisfaction presented by Knutson (4). These laws are:

1. Recognize your guest
2. Make a positive first impression
3. Fulfill your guest’s expectations
4. Reduce the effort required of the customer
5. Facilitate customer decision making
6. Focus on the customer’s perception
7. Avoid violating customers’ unspoken time limits
8. Create memories customers want to recapture
9. Expect your customers to remember bad experiences
10. Put the customer in your debt.

Sherman (4) recommends using the Eighteen Commandments of Total Customer Satisfaction as an organizational audit for determining performance and awareness of customer satisfaction needs. An organization that ignores or has low performance on one of these commandments will not be able to deliver total customer satisfaction. The Eighteen Commandments of Total Customer Satisfaction are:

1. Constantly measure, monitor and share customer feedback
2. Accept no customer defection as inevitable or negligible
3. Evangelize customer satisfaction at every level in the organization
4. Every customer contact is an opportunity to measure, manage and master customer satisfaction
5. Use Big D (dissatisfaction) to drive improvements in customer satisfaction
6. Commit to customer satisfaction BHAGs (Big, Hairy, Audacious Goals)
7. Be critical in your interpretation of customer satisfaction ratings
8. Listen to the special needs of every customer
9. Associate Satisfaction = Customer Satisfaction = Success
10. Manage associate turnover to manage customer satisfaction
11. Accept no excuses for poor customer satisfaction
12. Reward, recognize and reinforce excellent associate performance for customer satisfaction
13. Balance the seven areas of key business results (customer satisfaction, productivity, economics, quality, organization climate, people growth and innovation)
14. Establish uniform standards of performance for customer satisfaction and accept nothing less
15. Benchmark against only the most excellent companies and don’t limit your options to the health-care industry
16. Free associates to problem solve and create customer satisfaction
17. Link up with physicians
18. Value and measure customer share first, market share second.
Changes Driving the Need for Improved Customer Satisfaction in Health Care
As dietetics professionals, we must understand the changes driving the need for improved customer satisfaction in health care. In the past the health-care system valued physicians and third-party payers. However, the value now is shifting to patients as customers. Patients are no longer satisfied to wait weeks for an appointment, sit in a waiting room because the health-care professional is running late, etc. Patients are savvy consumers and they are demanding better service and better outcomes. Health-care organizations must consider customer demands, cost-effectiveness and clinical outcomes when making decisions (5).

While lagging behind business and industry, health care is experiencing a paradigm shift from facility-centered care to customer-focused culture and from purely clinical outcomes to incorporating customer satisfaction outcomes. Brown, Nelson, Bronkesh, and Wood’s (6) formula for measuring patient satisfaction in health care is a very simple one as seen in Figure 2:

Figure 2: Measuring Patient Satisfaction

\[
\text{Clinical Quality + Service Quality} = \text{Patient Satisfaction}
\]

Health-care professionals sometimes ask, “Am I taking care of patients or serving customers?” The answer is both. Patients range from pure consumer (concerned with service quality) to a combination of consumer and clinical outcomes (concerned with both clinical quality and service quality). Even acutely ill patients may be concerned with more than purely clinical outcomes (clinical quality). In health care, “care” and “service” may be as important as “cure”.

According to Sherman (4), there are eight dimensions of Health Care Quality:
- Performance – operating characteristics and measurable attributes of the service
- Features – secondary aspects that supplement the basic functions
- Reliability - products and services will not fail over time or be wrong
- Durability - usage before a product needs to be replaced
- Conformance – products and services that meet established standards
- Serviceability – speed, courtesy, competence and ease with which services are conducted
- Esthetics – way the product, service, or facility looks, feels, smells, or tastes
- Perceived quality – the reputation or brand names judged by intangibles

Additional references on quality service are included in the reference list in Appendix B and the Servqual method for evaluating service quality is further described in Appendix C.
Dietetics Professionals Must Improve Customer Service Because:

- Increased customer satisfaction drives the demand for dietetics services
- Increased demand for dietetics services drives reimbursement and salary increases
- Demand for dietetics services also increases recognition by our constituents
- Increased demand for our services potentially means more work, better pay and more job satisfaction.

WOW! We all want these outcomes!

Different Methods for Different Settings

There may be differences by setting and practice area as to how customer satisfaction information is gathered and data is applied in practice. Different information may be gathered depending on the customer needs and desired outcomes.

There is also a difference in practice areas between:

- Constituents – internal customers who assist or are involved in delivering the service, such as speech language pathologists, physicians and nurses
- Customers – external customers who receive products and/or services, such as patients receiving nutritional counseling
- Stakeholders – groups or individuals who have an interest in the products and services that are provided to customers, such as payers, legislators and shareholders.

Table 1 provides some examples of how the product/service, customer, constituents and other stakeholders vary in different areas of dietetics practice.
### Table 1. Examples of Product/Service, Customer, Constituents and Stakeholders by Areas of Dietetics Practice

This chart is not all-inclusive.

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Product/Service</th>
<th>Customer</th>
<th>Constituents</th>
<th>Other Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Nutrition</strong></td>
<td>Counseling and Education</td>
<td>Patients/Clients</td>
<td>Allied Health Professionals</td>
<td>Payers, Legislators</td>
</tr>
<tr>
<td></td>
<td>Expertise</td>
<td>Physicians</td>
<td>Allied Health Professionals</td>
<td></td>
</tr>
<tr>
<td><strong>Community Nutrition</strong></td>
<td>Counseling</td>
<td>Direct Community Residents</td>
<td>Professional staff</td>
<td>Administrators</td>
</tr>
<tr>
<td><strong>Consultation &amp; Business Practice</strong></td>
<td>Counseling</td>
<td>Consultants</td>
<td>Allied Health Professionals</td>
<td>Payers, Administrators</td>
</tr>
<tr>
<td></td>
<td>Expertise, presentations, written materials</td>
<td>Businesses</td>
<td>Businesses</td>
<td>Shareholders</td>
</tr>
<tr>
<td></td>
<td>Services for institutions</td>
<td>Administrator</td>
<td>Department employees</td>
<td>Agency surveyors</td>
</tr>
<tr>
<td><strong>Food &amp; Nutrition Management</strong></td>
<td>Food quality, accuracy, satisfaction</td>
<td>Patient/Clients</td>
<td>Department Employees, Administration</td>
<td>Vendors</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Education Programs/courses</td>
<td>Students</td>
<td>Preceptors, Administrators</td>
<td>Parents</td>
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<tr>
<td></td>
<td>Graduates</td>
<td>Employers</td>
<td>Administrators</td>
<td></td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Conducting research</td>
<td>Grant provider</td>
<td>Research Associates</td>
<td>Administrators</td>
</tr>
<tr>
<td></td>
<td>Data and analysis</td>
<td>Clinicians, Businesses</td>
<td>Business</td>
<td>Shareholders</td>
</tr>
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**Customer Satisfaction Is Essential to Dietetics Practitioners**

In summary, customer satisfaction is an essential objective for dietetics practitioners. Increased patient/client/customer satisfaction drives the demand for dietetics services. Demand for services drive reimbursement and salary increases for dietetics services. Finally, increased recognition by constituents follows. WOW! Who doesn’t want to be in demand, reimbursed and recognized for their good work?

\[
\text{Satisfied customers} = \\
\uparrow \text{Perceived value of dietetics services} \\
\uparrow \text{Income for dietetics professionals} \\
\uparrow \text{Job security} \\
\text{This all adds up to improved outcomes for clients and dietetics professionals}
\]
**Key Terms**

**Customer satisfaction:**
Customer contentment with the purchase of a product or service.

**Expectations:**
What a customer anticipates receiving in the product or service prior to purchase.

**Product:**
Tangible item that is produced and purchased by the customer.

**Service:**
Intangible activity or process that is received by the customer.

**Service quality:**
Customer contentment with service

**To Do List**
1. Determine the products and services you deliver.
2. Review the literature to evaluate what others have done in similar areas of practice.

**Key References**


Part II. What Services/Products Do You Provide and Who are Your Customers?

Overview
In order to “WOW!” your customers, you have to understand who they are, what they want and how you can provide it. Building on the initial discussion of how customers, constituents and stakeholders vary by area of dietetics practice, the next step in determining customer satisfaction will be to determine the customers you serve and the products/services you provide.

Clinical Setting
Clinical settings include acute care and long-term care settings. In these settings, services might include nutrition assessment, individualized care planning, medical nutrition therapy (MNT), clinical nutrition interventions such as enteral or parenteral feedings, outpatient counseling and educational classes. These services are provided to inpatients, outpatients and/or residents and families or loved ones in cases where the patient/resident cannot care for him/herself.

Customers
In this setting, there may be some discussion as to whether the person that is being provided the service is a patient/resident or a customer. The answer is both to varying degrees. Thom A. Mayer (1) states that it depends whether the person is acutely ill or not. If a person is acutely ill they would be classified as primarily a patient. As they feel better the person becomes more a customer and less a patient.

Other customers in the clinical setting are families of patients/resident whose expectations change as the patient/resident improves.

Constituents
Constituents (physicians, nurses and other health professionals) may also require services from the dietetics professional. Services to constituents might include: consults and participation on care teams. Their needs may be tangible such as timeliness and also intangible as in knowledge and ability to communicate that knowledge.

Community Nutrition
Community nutrition settings might include public health centers, group homes, Women Infants and Children (WIC) Programs, Head Start Programs, congregate meal centers, mobile meals, Continuing Care Retirement Centers (CCRC) and other settings. Services in this setting might include supervision of food preparation and service or delivery; nutritional counseling and educational programs.

Customers
The customer here is usually not in a stage of acute illness. This customer is looking for counseling/education. Customers in this group vary depending on economic status and
education level. The dietetics professional needs to understand the customer’s background and needs.

**Constituents**
Constituents (physicians, nurses and other health professionals, coordinators of community services) may also require services such as communication of pertinent information and referrals.

**Consultation and Business Practice**
This is a unique area depending on the individual business or practice. In a nutrition counseling based business, the services might include group classes, individual counseling, public presentations and corporate wellness programs. Products may also be offered for sale, such as cookbooks, scales, nutritional supplements and other resources.

A consulting practice might consist of services that include clinical nutrition services provided to institutions and other settings; food service consulting for institutions or restaurants and businesses; services offered to manufacturers or vendors such as product development and implementation, food labeling, marketing or sales.

Dietetics professionals may also operate businesses that provide publications or self-study continuing education; professional speaking and seminars; food or supplement development or sales and many other unique practices. Dietetics professionals in the business arena may work in food distribution, contract services, marketing, sales and product development. Each of these types of consulting and business practices has a set of unique customers and needs.

**Food and Nutrition Management**
Dietetics professionals can provide a range of products and services in this area, including leadership, mentoring, teamwork, staff development, quality meal service, innovation and safe food. In the institutional setting, this includes menu planning (regular and therapeutic diets), food production, beverage service, meal service and delivery, catering and vending.

**Customers**
Customers may be classified as captive (patient/resident) as they are unable to choose where they dine or as mobile (facility staff) where they may leave the facility for meals. In the retail setting (such as cafeteria or restaurant service), customers independently choose where they would like to eat. Customer satisfaction is essential to this group as they are free to take their business elsewhere if not satisfied.

**Constituents**
Constituents include other health professionals, administrators and staff.
**Education**
In education settings, such as universities and colleges, one customer, the student, is seeking an education and professional degree that will provide them with employment. Service to the student includes guidance or counseling on career direction and appropriate classes, educational classes to obtain a professional degree, assistance in finding internships or work placements for experience and assistance in finding employment after graduation. Another customer, administration, is looking for a successful program that brings prestige to the facility and dollars from tuition, private sources or grants.

Employers are interested in hiring qualified professionals for positions. Constituents (fellow instructors, administrators) may need support for marketing, education programs and obtaining grants.

**Research**
In research the goal is results. The customer is the group funding the research initially and later it is the user of the results. Each of these groups have similar goals, however their expectations may vary in some areas such as speed of the research.

Services to the institution (university or group) would include grant writing, pursuing funding, developing the research project, etc. Services to the grant provider or funding source would include conducting research, data compilation, statistical analysis, writing and publishing results of the study. Services to constituents and consumers include the result of improved outcomes of care.

**Table 2 Examples of Services and Products by Area of Dietetics Practice** *(This chart is not all inclusive)*

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Services</th>
<th>Products</th>
</tr>
</thead>
</table>
| Clinical Setting (acute care and long term care settings) | Services to patients/residents:  
• nutrition assessment, screening  
• individualized care planning,  
• MNT counseling,  
• clinical nutrition interventions such as enteral or parenteral feedings,  
• outpatient counseling,  
• educational classes  
Services to constituents:  
• consults, training, education  
• participation on interdisciplinary care teams, etc. | • Cookbooks,  
• Scales,  
• Resources  
• Publications |
| Community Nutrition                      | Services to clients:  
• supervision of food preparation and | • Meals  
• Handouts |
<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Services</th>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>service or delivery;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• nutritional counseling, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• educational programs</td>
<td></td>
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<tr>
<td></td>
<td>Services to constituents:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• communication of pertinent information,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• referrals</td>
<td></td>
</tr>
<tr>
<td>Consultation &amp; Business Practice</td>
<td>Nutrition counseling based business:</td>
<td>• Cookbooks,</td>
</tr>
<tr>
<td></td>
<td>• group classes,</td>
<td>• Scales,</td>
</tr>
<tr>
<td></td>
<td>• individual counseling,</td>
<td>• Nutritional supplements</td>
</tr>
<tr>
<td></td>
<td>• public presentations,</td>
<td>• Resources</td>
</tr>
<tr>
<td></td>
<td>• corporate wellness programs</td>
<td>• Publications or self-study continuing</td>
</tr>
<tr>
<td></td>
<td>Consulting practice:</td>
<td>education</td>
</tr>
<tr>
<td></td>
<td>• clinical nutrition services for institutions and other settings</td>
<td></td>
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<tr>
<td></td>
<td>• food service consulting for institutions, restaurants and businesses</td>
<td></td>
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<tr>
<td></td>
<td>• services offered to manufacturers or vendors (product development and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>implementation, food labeling, marketing, or sales)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• professional speaking/seminars</td>
<td></td>
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<tr>
<td></td>
<td>• food/supplement development or sales</td>
<td></td>
</tr>
<tr>
<td>Food &amp; Nutrition Management</td>
<td>• Menu planning (regular and therapeutic diets),</td>
<td>• Meals</td>
</tr>
<tr>
<td></td>
<td>• food production, beverage service,</td>
<td>• Menu items</td>
</tr>
<tr>
<td></td>
<td>• meal service and delivery,</td>
<td>• Publications</td>
</tr>
<tr>
<td></td>
<td>• retail food service, catering and vending</td>
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<td></td>
<td>• food safety</td>
<td></td>
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<td></td>
<td>• management (leadership, mentoring, teamwork, financial management,</td>
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<td></td>
<td>labor relations)</td>
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<td></td>
<td>• training</td>
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<tr>
<td>Education</td>
<td>Service to the student:</td>
<td>• Proficient Graduates</td>
</tr>
<tr>
<td></td>
<td>• guidance or counseling,</td>
<td></td>
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<tr>
<td></td>
<td>• educational classes,</td>
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<td></td>
<td>• assistance in finding internships,</td>
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<td></td>
<td>• assistance in finding employment</td>
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<tr>
<td></td>
<td>Constituents (fellow instructors, administrators):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• marketing</td>
<td></td>
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<tr>
<td>Area of Practice</td>
<td>Services</td>
<td>Products</td>
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<td>------------------</td>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>• education,</td>
<td>• Grants</td>
</tr>
<tr>
<td></td>
<td>• obtaining grants</td>
<td>• Data</td>
</tr>
<tr>
<td>Research</td>
<td>Services to the institution:</td>
<td>• Funds</td>
</tr>
<tr>
<td></td>
<td>• grant writing,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• pursuing funding,</td>
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<td></td>
<td>• developing the research project</td>
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<td></td>
<td>Services to the grant provider:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• conducting research,</td>
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<td></td>
<td>• data compilation,</td>
<td></td>
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<td></td>
<td>• statistical analysis,</td>
<td></td>
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<tr>
<td></td>
<td>• writing and publishing results</td>
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</tr>
</tbody>
</table>

**To Do List**
1. List your customers.
2. Match your services/products to your customer list.
3. Are services matched appropriately to each target customer? If not, what do you need to adjust in order to have satisfied customers?

**Key References**
Part III. What do Your Customers Expect or Value?

Overview
Each of our customers has different values and different expectations of our services. If we want to “WOW!” them with our service and or products, it is vital to understand what each customer values and expects, and how we can assist him or her in achieving their goals. The challenge is that some expectations are tangible such as timeliness of service and some are intangible such as the ability to be empathetic if necessary.

There are several methods to determine the customer’s values and expectations. Informal conversations with the customer may provide insight to the customers’ expectations. This may also be done with a survey or a focus group. Surveys are usually completed after the services have been provided and are used to improve satisfaction of future customers. Focus groups are often used before a survey to assist in developing questions for the survey and after a survey to learn more information than a survey provides.

Clinical Setting
It is important to recognize that peoples’ needs will change as their condition improves and they move from the patient/resident to the customer (1). The dietetics professional must be flexible and provide the appropriate service and/or treatment as the person’s condition improves. Thom A. Mayer (2) states that the practitioner must apply science to the patient and art to the customer and the result will almost always be satisfied individuals.

Families of patients/residents are often very emotional and might need to know at first that there are competent professionals to take care of the patient/resident in the facility. Later they will want to know what care is needed after discharge and will want a person who can communicate clearly.

The healthcare team members are each other’s customers. It is important that the dietetics professional understand what each member of that team needs to be successful. Services that the dietetics professional provides in this setting are usually counseling, expertise in the subject matter and documentation. For example, if the dietetics professional can assist the nurse in providing diabetes education, then the nurse’s expectations are met. In the clinical setting, patients and their loved ones, may value clear and concise recommendations regarding patient status and education. Their expectations may include timeliness and accuracy.

Community Nutrition
Customers of practitioners in this group generally expect to receive information and guidance to make the appropriate decisions in regards to nutrition. They want the information presented in a way that is easy to understand and use.
In community nutrition, if it is possible, it is vital to know about your customer’s socio-economic background, education level and home kitchen facilities, prior to meeting with
them. For example, a person, who does not read, will need education materials that have pictures. The assessment interview needs to include questions on their physical status but also other factors that will influence the ability to follow through on the education.

**Consultation and Business Practice**

The customer of a registered dietitian in consultation and business practice expects expertise in the subject and value for services. The consultant needs to understand the expectations of the client in the beginning of the contract and must also periodically check to make sure these expectations have not changed. This dietetics professional also has the patients/residents and healthcare team as their customer and their expectations must also be met.

In the business arena, the customer make-up varies, however the goal of determining the expectations of the customer and meeting or exceeding them remains the same. This is done through conversation and formal assessment tools that are discussed in the next section.

**Food and Nutrition Management**

Expectations of the customer include that the management team is running the business to meet the goals of the organization related to patient care, regulatory compliance, customer satisfaction and managing costs. This is the area that has been surveyed and studied the most. Asking simple, yet important questions such as: Is the food hot? Is the food cold? Are the servers friendly? Diane DeLuco and Marion Cramer (3) found that the quality of foodservice did influence the customer’s perception of the satisfaction of overall care in the hospital. This makes it critical for the dietetics professional to review the survey results that the facility has and from their own surveys to ensure patient expectations are met and therefore administration’s expectations are met.

**Education**

A student’s expectation is that they will receive an education that upon graduation will provide them with a means of earning a living. In meeting the expectation of students, often surveys are conducted after the student has left the facility and is practicing in the professional arena. Students do not always know what they need at the time they are in school but later recognize the strengths and weaknesses of the program. However, focus must still be on their expectations at the time students are in school because if their expectations are not met they may take their tuition dollars to another institution. Administration’s expectations include recognition for dietetics programs and attracting quality students and faculty, and increasing dollars through grantsmanship.

**Research**

This customer expects the research to be completed in a professional manner with documentation to support the outcome along with meeting budget requirements and timeliness. In research there is the customer who provides the resources to the dietetics professional. The expectations are defined in the proposal or contract. Periodically the
dietetics professional needs to check in to ensure they are on target. There are also external forces that must be monitored to ensure the direction of the research is current and to know what others are doing.

In summary, meeting customers’ expectations will equal satisfied customers. Exceeding customers’ expectations will “WOW!” them into sharing their satisfactions with others.

To Do List
1. Using the list of your customers from Part II, list what they expect and value. This will require interviewing each customer to be sure you know what his or her expectations are of you and your department. (Interviewing your customer is important, as your idea of what their expectations are may be very different from the customer). Questions should be open-ended. Sample questions would include:
   - What does the department do well?
   - What do I do well?
   - What are the opportunities for our department or me to help you meet your goals?

2. Identify the similarities and differences between the values and expectations of each of your customers.

Key References


Part IV. Getting Feedback from Your Customers

Overview
Before you can WOW! Your customers, you will need to use a tool to determine what they expect and value. Once you’ve identified the customers you wish to know more about, it is important to develop the right tool to assess satisfaction. Several different tools and methods of collecting data exist to survey your customers. Deciding which is right for you and your organization is the next step in assessing customer satisfaction.

Points of Interaction
Points of interaction will vary but should always be in comfortable, non-threatening venues. Gathering information from your clients requires an environment they feel welcome in and one in which they feel they can honestly answer your queries. Depending on the format used, adequate time to complete the survey maybe a factor to consider. Focus groups naturally require more time and this should to be considered when setting up your plan.

In addition to actual administration of the tool it is important to define what questions will be used in the survey or interview, how to gather responses, the best way to introduce the survey and its goals and finally how the information will be used. Hayes (1) provides a good overview of these key components.

The tool used to collect data should be constructed to cover some basic areas. In Varva’s “Customer Satisfaction Measurement Simplified”, (2) three main areas are identified as key to knowing how your customers feel. The first area to assess is identification of the customer. Knowing who said what allows managers to correct a problem and let the customer know the result. Assessing the overall or global evaluation is the second aspect of a survey. The global questions cover the whole of what you do starting with overall satisfaction, willingness to recommend to others, loyalty and the overall service provided. Knowing this first prevents the customer from answering the questions with a bias based on individual performance questions. The third area is the individual performance.

Collecting Feedback
Many organizations utilize a tool to survey customer satisfaction. You may be able to access the data that has been collected to help improve your products/services. Appendix G includes some sources for standardized tools.

Collecting data can be accomplished by using a standardized tool or by developing a tool of your own. In making the decision of which format to utilize, Applebaum et. al (3) provide the following guidelines to use when determining whether to design your own tool or use an available tool:

Available measures
- Allow for comparisons with benchmark data or across providers.
- Usually have published reliability and validity.
- Do not require input from researchers/methodologists.
- May not be directly applicable for a particular provider.
- Do not require pretesting when previously used with a similar sample.

**Original measures**
- Do not provide comparability with other services.
- Require that reliability and validity be established.
- Require time and expertise to develop.
- Can tap unique aspects of service or areas of particular interest.
- Require extra time and expense for pretesting and revision.

Using an existing tool gives you previously established validity and reliability so establishing these parameters isn’t necessary. Established tools also allow providers to compare their services to others using the same tool. On the other side, using an established tool might mean some of the issues of importance to you are not covered. Making changes to an existing tool changes the reliability and validity of the tool. Appendix G includes some sources for standardized tools.

Developing your own tool takes more time and expertise, requires that reliability and validity be established and requires time for pretesting. However, developing your own tool allows you to focus on a specific area of interest making self-development worth the extra time.

An effective survey tool is divided into three parts: the introduction, which covers who is giving the survey; main body, which is the question section; and the conclusion, which generally is the demographic information, the thank you for participation and follow-up options. For help in developing your survey refer to Hayes (1) or Varva (2).

In addition to the content of the tool, a key part is the response format. Responses can be obtained in checklist format, on a Likert scale and open-ended responses. When composing your survey Varva (2) suggests using at least two open-ended questions to insure respondents have every opportunity to tell you what they are thinking. Vavra further suggests that one should be included at the beginning and one at the end. The question at the beginning should address overall satisfaction with services and the one at the end gives the respondent a chance to say anything that hasn’t been asked. Additional guidelines for preparing questions are in Appendix D.

**Methods**
There are four recognized methods of surveying customers, each with positive and negative aspects. This section will highlight the four key methods:
- focus groups
- interviews
- questionnaires
• mystery shoppers/customers.

More details on each method can be found in O’Malley’s “Ultimate Patient Satisfaction” (4) and Applebaum, Straker and Geron’s “Assessing Satisfaction in Health Care and Long-Term Care” (3).

**Focus Groups**
Focus groups provide an opportunity for a small number of people (6 – 8) to express their views on a particular topic of interest to your organization. They do require a little more time for preparation but with a skilled moderator/leader they can generate not only good answers to specific questions but often they result in suggestions for change. The key to a successful Focus group is an experienced moderator/leader who can make people feel comfortable and move them forward to a result. Focus groups can run from 30 – 120 minutes depending on the desired outcomes. An excerpt from Pritchett (5) is in Appendix E.

**Interviews**
Interviews can be conducted in person, by telephone and by computer surveying. Interviews offer some advantages over focus groups in that some people are more comfortable expressing their opinions one on one. Interviews can also be conducted at many different times, rather than the limited time of a focus group.

Face-to-face interviews allow for the most complete collection of information and work with most types of individuals. For best outcomes, the interviewer should be personable, unbiased, well versed on the issue and able to move people to a desired outcome. In-person interviews are more costly and time consuming than other types of interviews.

Telephone interviews are less costly than in-person interviews but maintain the thoroughness of in-person interviews. The cost of telephone interviews can be an issue, as can willingness of interviewees to participate. Federal and State No Call lists may affect ability to utilize telephone interviews, so check laws before deciding on this method of data collection. Computer interviews/surveys require very clear explanations of what the interviewee needs to do, where and how to return their responses and an opportunity to receive feedback from the survey. Computer interviews are much like self-administered questionnaires in that they often can’t effectively cover complex issues.

**Questionnaires**
Questionnaires are the easiest means of gathering information but they can often result in skewed outcomes since control of the sample, along with understanding by the sample, are not easily controlled. Questionnaires are developed in similar ways as interview surveys but they are designed for mass distribution, requiring clear directions for completion and intent of the questionnaire. Questionnaires are more cost effective and allow for larger distribution but the drawbacks need to be weighed against the advantages. Dillman (6) discusses methods for distributing and guidelines for question
design. Questionnaires can also be used to perform Importance-Performance Analysis which is further described in Appendix F.

Sample Questions

Open-ended question:

Please tell us how we might improve our services.

_______________________________________________

Likert Scale:

Please rate the quality of the food served in the café on the scale below.

<table>
<thead>
<tr>
<th>Poor</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Neutral</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Excellent</th>
<th>10</th>
</tr>
</thead>
</table>

Checklist question:

Please circle “yes” or “no” to each of the following.

<table>
<thead>
<tr>
<th>The food arrives at the right temperature</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The dietetics professional provided a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>good explanation of my diet</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Mystery Shoppers or Customers

Mystery shoppers or customers provide insight into your services from the customers’ perspective. Using mystery shoppers or customers requires more time than it may seem. Mystery shoppers must be well trained on the goals of the survey but also on the ability to “blend in” with the regular clients. Mystery shoppers tend to be less threatening to employees than using an onsite interview or questionnaire since they are unknown to employees, as well as other clients. Coordination of the mystery shoppers requires some management time and completion of the report involves time but the overall time commitment of a mystery shopper is less than focus groups or interviews. A complete description is found in Peterson and Jensen (7).
To Do List
Varva (2) provides an excellent systematic plan for developing a questionnaire, which is summarized below:

1. Specify a measurement objective and identify key performance criteria
2. Prioritize the issues and select a few for the questionnaire
3. Decide when to interview and how often
4. Select a distribution method and determine how to get surveys back
5. Present survey in a positive way to maximize participation
6. Create a process for reporting findings
7. Decide how to deal with individual respondents’ issues
8. Identify how to do data analysis
9. Consider how to conduct survey
10. Conduct survey
11. Analyze and report out

Key Terms
Likert Scale:
The Likert scale, named for its founder, is a highly reliable tool for gathering information. It is presented in a linear fashion allowing people to respond in varying degrees. Likert scales may be numbers or pictures. The best scales run from zero to 10, with 10 representing the highest level of satisfaction

Standardized Tool:
A survey tool that has already been tested and is determined to be reliable and valid. Standardized tools are available in many of the references listed in this section.

Focus Groups:
Focus groups are small groups of diverse clients who meet together to discuss a prearranged set of questions. Sessions can run from 30 to 120 minutes and are most effective for groups of 6 - 8 people

Interviews:
Interviews are another technique for gathering survey information. They can be in person, by phone or computer.

Questionnaires:
Another method to gather information. It is distributed to a wider group and generally receives information that is less specific or focused

Measurement Objective:
Primary intent and coverage of the survey. Objectives should look at overall satisfaction, along with the specific performance criteria you’ve identified for the survey.
Mystery Shoppers:
Mystery shoppers or customers are trained individuals who pose as regular customers to assess a variety of performance issues.

Open-ended question:
Open-ended questions allow the respondent to answer in their own words. Generally best used when trying to identify issues and how your clients feel about the issues. Open-ended questions generally give less directive answers.

Performance Criteria:
Specific issues for which you would like customer ratings, feedback or input.

References


Part V. Evaluating the Results

Overview
The next step in providing WOW! for your customers is to analyze the data that has been collected. This section provides an overview of the process involved in analyzing customer satisfaction survey data. The quality of the data obtained is only valuable if the data can be understood. This section will not go into depth on the statistical aspects involved in analyzing data so a list of references is included.

Comparisons Over Time
Analysis of your data is not only important in addressing your current customer issue but lays the base for future points of reference. Customer service is ongoing and just because current service meets clients’ needs, doesn’t mean you can stop surveying satisfaction issues. Several good references outline the process and the key statistical measures to use when analyzing data. If you want more information, refer to Varva (1, 2) or Hayes (3) for a good discussion of statistics related to survey data. In addition, the following websites offer good tools, questions and analysis information. The sites provide information free of charge but subscription may be required to utilize a survey tool:

- [http://www.leadershipfactor.com](http://www.leadershipfactor.com)
- [http://customersat.com](http://customersat.com)
- [http://atplus.com](http://atplus.com)
- [http://www.metrixmatrix.com](http://www.metrixmatrix.com)

The last web page has a free, online calculator that allows you to determine how many people you need to survey to achieve an acceptable reliability level.

Once you have numerical data there are three main analytical options. The first is either descriptive statistics or correlation analysis. Descriptive statistics allows you to understand the basic parameters of your data. Generally, this information is a summary of your data, means of the responses or key points of interest for numerical analysis.

Correlation analysis allows you to look at what criteria are most significant to customer satisfaction. By comparing criteria to overall scores, you can develop a pattern that shows which criteria correlate most significantly with customer satisfaction.

Identifying criteria that correlate most significantly with customer satisfaction gives you the basis for future measurements. Since customers and employees change and perceptions of customers change over time, assessing satisfaction on a regular basis is a key part of your organization’s success at meeting customers’ satisfaction.

Once you have generated a correlation analysis you are ready for numerical analysis either through univariate, bivariate, or multivariate analysis. This step is best left to someone familiar with statistical analysis.
Range of Acceptance and Trend Charts
Charts of trends or acceptance allow the plotting of each variable measured. Tracking all the variables on one chart not only points out the common areas of interest but also allows analysis of how individual variables compare to each other. List quality variables on the vertical axis and either number of responses or time on the horizontal axis. Plotting all the responses on this chart will provide a picture of the most common answers, those that fall in the midline and then the extremes for that question. Tracking data in this manner gives you input on the quality variables that are most important at any given time. As data changes, the chart will reflect how quality variables over time require changes in your approach to customer satisfaction.

FIGURE 3: Satisfaction Scores by Year (1986-1995 - Total Customers)

Data that is entered can be categorized into two types – attribute or variable data. Attribute data is a measurement of quality characteristics as they compare to your desired specifications. Variable data is numerical data that allows for determination of numbers responding to certain questions or how a single variable compares to the overall satisfaction. Either type of data measurement is useful in customer satisfaction assessment. In “Measuring Customer Satisfaction” by Hayes (3), you can find a very good explanation of all these data points, along with charts that illustrate them.
Charting data provides a picture of changes in customer satisfaction when changes are made to areas that fall below acceptable. Having a tool to assess change provides concrete data that changes made are affecting customer satisfaction. Charting also provides data that can form the basis for customer feedback.

**Benchmarking**

Benchmarking is a measurement that can provide several valuable benefits. Data gathered through benchmarking helps set goals and monitor progress. Benchmarking allows you to set better standards for performance, measure the impact and document the outcomes. Benchmarking is a continuous process that provides factual data to support plans and actions related to achieving a goal. Benchmarking also allows organizations to compare their services with comparable institutions or with industry standards. ADA’s Web site has an executive summary of a previous Listen and Learn session on Food Service Benchmarking. In this summary are two examples of how Food Service directors used benchmarking. The Executive summary can be found at: http://www.eatright.org/Member/Files/Benchmarking.pdf.

**To Do List**

1. Conduct correlation analysis to determine the most important quality criteria.
2. Put correlation data to statistical interpretation.
3. Track the important quality criteria over time.

**Key Terms**

**Analysis, Univariate:**
Used when one and only one variable is being analyzed

**Analysis, Bivariate:**
Used when a pair of variables are being analyzed

**Analysis, Multivariat:**
Used when a group of variables are examined to determine their relationship or dependence on each other

**Attribute data:**
Categorical information that tells whether quality variables conform to specifications.

**Benchmarking:**
A measurement tool that allows for goal establishment and measurement of the progress to achieve the goal. Benchmarking also helps managers understand and manage performance to improve customer satisfaction.
Correlation Analysis:
Connects each assessed criteria with the overall satisfaction score. The correlation between each criterion and the overall satisfaction score paints a picture as to which criteria are more important in satisfying customers.

Descriptive Statistics:
A summary of the data showing the average or mean point of the data. In addition, descriptive statistics should include the standard deviation from that mean since no tool is one hundred percent accurate.

Mean, average:
The arithmetic average of all individual responses divided by the number of respondents

Standard Deviation:
A percentile around the mean point that is determined to provide the best range to reflect reliability.

Variable Data:
Numerical data that provides a measurement related to the quality variable. The measurement can reflect number of times or degree of significance

Key References


(4) Web sites: Some services may involve a subscription or fee:
- http://www.leadershipfactor.com
- http://customersat.com
- http://atplus.com
- http://www.metrixmatrix.com
- http://www.eatright.org
Part VI. Using the Results to Improve Products and Services

Overview
Results from a customer satisfaction program should indicate changes needed in the organization to provide WOW! experiences for customers. There are three major types of improvements that can be made that will influence customer satisfaction: behavior changes, system changes and leadership changes (1). This part will introduce each type of change with examples from dietetics practice. A comprehensive program for improving customer satisfaction is reviewed. In addition, Appendix G includes a review of using Press Ganey results.

Behavior Changes
Behavior changes require employees who have contact with customers to change their behaviors to meet the needs of their customers. These types of changes require managers to clearly define expected performance standards for customer service, train employees to deliver products and services to customers and give regular feedback to employees on how well they performed.

The performance standards should be identified for those behaviors that are important to your customers. There are key interactions that employees have with customers that influence customer satisfaction with products and services. According to Shelton (1), these standards should:

- Be specific and tell employees exactly what behavior is expected
- Identify who, what, when and how
- Be observable and objectively measured
- Be based on customer requirements.

For example, in one dietetics practice setting, all phone messages with requests for information are answered within 24 hours. This standard was established as the result of a focus group with customers who identified a problem with having to wait for a long period for the dietetics professional to return calls and provide assistance. By establishing a standard for behavior, customer satisfaction improved.

Training employees to deliver products and services using the methods you have identified is the next step. The underlying purpose for training employees is to develop the skills to work with your customers to meet the needs of your customers. Training programs should include the performance standards that have been identified as well as methods for handling dissatisfied customers. For example, in a cafeteria setting, employees are trained to handle customers who are not satisfied with an entrée they have selected by offering to replace the item or refund the customer’s money.
All employees who have contact with your customers should have regular feedback on their performance. The timing and type of feedback that is provided is important. Employees should be given immediate feedback on their performance. If poor performance is ignored by a supervisor, then an employee will repeat those behaviors and a new standard of acceptable performance has been established. The type of feedback, positive or negative is also important. Daniels (2) stated that negative reinforcement will generate just enough behavior to escape or avoid punishment or the minimum necessary to get by. Positive reinforcement will produce discretionary effort that exceeds the minimum required. This discretionary effort is what is needed to meet customer needs for products and services.

For managers and employees, Ford and Heaton (3) have summarized these into three keys to service success:

1. Make every decision with the customer in mind.
2. Build a strong culture of service.
3. Manage each “moment of truth” in the service experience.

System Changes
Analysis of customer feedback may indicate problems in the flow of products and services that are due to the design of the delivery system and not due to employee contacts. For example, if customers are not satisfied because an appointment system or meal delivery system is too slow, the problem may be with the hardware, software, or equipment that your customer contact employee is forced to use. System level problems involve looking at:

1. Inputs to the system
2. Processes that transform inputs into finished products and services
3. Outputs of the system.

One approach to solving system level problems may be the re-engineering of process. The FOCUS PDCA model (4) is a common method used to make improvements in systems. The steps in the model are:

F Find a process to improve
O Organize a team that knows the process
C Clarify current knowledge of the process
U Understand sources of process variation
S Select the process improvement
P Plan the improvement and continued data collection
D Do the improvement data collection and analysis
C Check and study the results
A Act to hold gain and continue improvement
Leadership Changes
According to Kotter (5), the difference between managers and leaders is that managers direct employees using established methods to achieve established goals. Leaders inspire employees to achieve a commonly shared vision. Unfortunately, not all managers are leaders and leaders are required in an organization that wants to deliver products and services that meet customer needs. Leaders inspire, involve, recognize and empower their employees. Changes in leadership may involve professional development opportunities for managers, evaluation of the culture of the organization and inspiration from top-level management. Fottler, Ford and Heaton (6) present the following leadership components:

| Skills + Incentives + Resources + Delivery System + Measurement – Vision |
| – Unfocused Employees = Unfocused Service |
| – Confused Customers |

| Vision + Incentives + Resources + Delivery System + Measurement – Skills |
| – Untrained Employees = Probable Failed Service |
| – Disappointed Customers |

| Vision + Skills + Resources + Delivery System + Measurement – Incentives |
| – Unmotivated Employees = Lackluster Service |
| – Disillusioned Customers |

| Vision + Skills + Incentives + Delivery System + Measurement – Resources |
| – Unsupported Employees = Inadequate Service |
| – Complaining Customers |

| Vision + Skills + Incentives + Resources + Measurement – Delivery System |
| – Unreliable Employees = Unreliable Service |
| – Unsatisfied Customers |

| Vision + Skills + Incentives + Resources + Delivery System + Measurement |
| – Unsurpassed Employees = Superb Service |
| – Highly Satisfied Customers |

It is clear from this approach that leadership skills, empowered employees, well-designed systems and consistent evaluation of performance will produce satisfied customers.

Implementation Plans
Implementing any change requires careful planning and involvement of employees affected by the change. The result of the planning process is an Implementation Plan. These plans vary by organization, but a typical plan includes:

- Project purpose or goals
• Stages required to complete the project including
  o Actions
  o Time requirements and relations to other actions
  o Resource requirements
  o Accountability/responsible parties
• Measures that demonstrate the project and stages are complete.

There are a variety of forms available to use when developing an implementation plan. A sample form is found in Figure 4.

**Figure 4. Sample Implementation Plan**

<table>
<thead>
<tr>
<th>Project Title</th>
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<tbody>
<tr>
<td>Project Goals:</td>
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</table>

<table>
<thead>
<tr>
<th>Stage of Project</th>
<th>Time Frame</th>
<th>Resources</th>
<th>Responsible Party</th>
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Evaluation measures:

**Summary**

Now that you have implemented changes to WOW! your customers, you will want to continue getting feedback from your customers to make sure the changes have made a positive impact. If the changes have not improved customer satisfaction, you may need more information from your customers to clearly identify the problem area and possible solutions.

**To Do List**

1. Establish responsibility for implementing changes based on customer satisfaction feedback
2. Develop implementation plans for changes
3. Involve employees in implementing changes
4. Evaluate to assure changes are complete
5. Monitor feedback from customers to make sure changes have made a positive impact on customer satisfaction.
Key References


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Appendix A: To Do List

1. Determine the products and services you deliver (Part I).
2. Review the literature to evaluate what others have done in similar areas of practice (Part I).
3. List your customers (Part II).
4. Match your services/products to your customer list (Part II).
5. Are services matched appropriately to each target? If not, what do you need to adjust in order to have satisfied customers (Part II)?
6. Using the list of your customers, list what they expect and value. This will require interviewing each customer to be sure you know what they expect of you and your department (Part III).
7. Identify the similarities and differences between the expectations of each of your customers (Part III).
8. Develop your tool for collecting customer feedback (Part IV).
   a. Specify a measurement objective and identify key performance criteria
   b. Prioritize the issues and select a few for the questionnaire
   c. Decide when to interview and how often
   d. Select a distribution method and determine how to get surveys back
   e. Present survey in a positive way to maximize participation
   f. Create a process for reporting findings
   g. Decide how to deal with individual respondents issues
   h. Identify how to do data analysis
   i. Consider how to conduct survey
   j. Conduct survey
   k. Analyze and report out
9. Conduct correlation analysis to determine the most important quality criteria (Part V).
11. Track the important quality criteria over time (Part V).
12. Establish responsibility for implementing changes based on customer satisfaction feedback (Part V).
13. Develop implementation plans for changes (Part VI).
15. Evaluate to assure changes are complete (Part VI).
16. Monitor feedback from customers to make sure changes have made a positive impact on customer satisfaction (Part VI).
Appendix B: Selected References on Customer Satisfaction

The following references are selected from a wide range of references that are available. They should be viewed as a starting point for a more thorough review of the literature.

General Customer Satisfaction


Service Quality


**Measuring Customer Satisfaction**


**Customer/Client/Patient Satisfaction in Health Care**


**Dietetics Customer Satisfaction**


**Leadership and Human Resources**


Lencioni, Patrick. *The Five Dysfunctions of a Team: A Leadership Fable*.


**Web Sites**

- American Customer Satisfaction Index: [www.theasci.org](http://www.theasci.org)
- Press Ganey: [www.pressganey.com](http://www.pressganey.com)
- Centers for Medicare and Medicaid Services: [www.cms.gov/quality](http://www.cms.gov/quality)
- Customer Satisfaction Measurement Association: [www.csmassociation.org](http://www.csmassociation.org)
- Leadership Factor: [www.leadershipfactor.com](http://www.leadershipfactor.com)
- Customer Sat: [www.customersat.com](http://www.customersat.com)
- Assessment Technologies Plus: [www.atplus.com](http://www.atplus.com)
- Metrix Matrix: [www.metrixmatrix.com](http://www.metrixmatrix.com)
- Statpac: [www.statpac.com](http://www.statpac.com)
- Studer Group: [www.studergroup.com](http://www.studergroup.com)
- HFM: [www.hrm.org](http://www.hrm.org)
- National Research Corporation: [www.nationalresearch.com](http://www.nationalresearch.com)
- Gallup: [www.gallup.com](http://www.gallup.com)
- Professional Research Consultants: [www.Prconline.com](http://www.Prconline.com)
- CAHPS: [www.cahps-sun.org/home/index.asp](http://www.cahps-sun.org/home/index.asp)
- Agency for Health Care Quality: [www.ahrq.gov](http://www.ahrq.gov)
Appendix C: Servqual

While there is a difference between customer satisfaction and service quality that is outlined in the Service-Profit Chain in Part 1, there have been many research studies adapting an instrument to measure service quality (Servqual) to areas of dietetics practice. This is a brief review of the basic model of quality customer service developed by Zeithaml, Parasuraman, and Berry (1). This model has been adapted by Schneider (2) who developed Nutri-serve to measure clinical dietetics service quality, Stevens, et al (3) who developed DINESERV to measure foodservice quality, and Knutson, et al (4) who developed LODGSERV to measure lodging service quality.

The Servqual instrument measures the gap between the service that customers expected (Expectations) and what they actually received (Perceptions). The instrument consists of 22 questions and measures five dimensions of service quality:

1. Reliability – the ability to perform the promised service dependably and accurately.
2. Assurance – knowledge and courtesy of employees and their ability to convey trust and confidence
3. Responsiveness – willingness to help customers and provide prompt service
4. Tangibles – Physical facilities, equipment and appearance of personnel.
5. Empathy – Caring, individualized attention.

Customers use a 7 point scale ranging from 7 = strongly agree to 1 = strongly disagree to evaluate each characteristic twice, one statement indicating what the customer would expect and the second question asking how well the characteristic was demonstrated during the service encounter.

Sample questions from the Servqual Instrument are:

Expectations: This survey asks you to indicate what you expect a hospital/clinic to possess. Use a number between 1 = Strongly Disagree and 7 = Strongly Agree for each item.

- Excellent hospitals/clinics will have modern looking equipment.
- The physical facilities at excellent hospitals will be visually appealing.
- Employees at excellent hospitals/clinics will be neat appearing.

Perceptions: The following statements relate to your feelings about the particular hospital (XYZ) you chose. Use a number between 1 = Strongly Disagree and 7 = Strongly agree to indicate your perceptions about the specific hospital/clinic (XYZ) you visited.

- XYZ hospital has modern looking equipment.
- XYZ’s physical facilities are visually appealing
- XYZ’s reception desk employees are neat appearing.
Customer satisfaction is conceptualized as the gap between expectations and perceptions and is calculated by subtracting the customer rating for perceptions from expectations. So for each of these items, the Expectation rating would be subtracted from the Perception rating to get a Gap score. A positive difference indicates a more satisfied customer.

References


Appendix D: Designing Questions for Questionnaires or Interviews

There are many references you can use if you design your own questions for a questionnaire or interview. A few of these are listed at the end of this appendix. This appendix will include some ideas for writing questions so that you can get the information you want from the customers you survey with a questionnaire or an interview.

Keep in mind that writing questions is one step in the entire process of determining how satisfied your customers are with the products and services you provide. The process starts with identifying the information you want from your customers. Writing questions will be part of the design of the instrument you will use to get that information from your customers.

It is important to remember to ask, "How am I going to use this information?" when writing questions. You will also want to pilot test your questions with some of your customers to make sure you are asking the question clearly and will get the kind of information you can use. Another way to review questions is to include other experts and relevant decision makers. Their suggestions will improve the questions and they will subsequently have more confidence in the results. In addition, validity and reliability of a questionnaire will need to be determined.

There are good and bad questions. According to Walonick (1), the qualities of a good question are as follows:

1. Ask in a non-threatening manner. When a respondent is concerned about the consequences of answering a question in a particular manner, there is a good possibility that the answer will not be truthful.

2. Ask for an answer on only one dimension. A question that asks for a response on more than one dimension will not provide the information you are seeking. For example, a researcher investigating a new food snack asks “Do you like the texture and flavor of the snack?” If a respondent answers “no,” then the researcher will not know if the respondent dislikes the texture or the flavor, or both. Another questionnaire asks, “Were you satisfied with the quality of our food and service?” Again, if the respondent answers “no,” there is no way to know whether the quality of the food, service, or both were unsatisfactory. A good question asks for only one “bit” of information.

3. Can accommodate all possible answers. Asking a question that does not accommodate all possible responses can confuse and frustrate the respondent. A way to avoid this problem is to include all necessary response categories and allow multiple responses.
4. Have mutually exclusive options. A good question leaves no ambiguity in the mind of the respondent. There should be only one correct or appropriate choice for the respondent to make.

5. Produces variability of responses. When a question produces no variability in responses, we are left with considerable uncertainty about why we asked the question and what we learned from the information.

6. Follows comfortably from the previous question. Writing a questionnaire is similar to writing anything else. Transitions between questions should be smooth. Grouping questions that are similar will make the questionnaire easier to complete and the respondent will feel more comfortable. Questionnaires that jump from one unrelated topic to another feel disjointed and are not likely to produce high response rates.

7. Does not presuppose a certain state of affairs. Among the most subtle mistakes in questionnaire design are questions that make an unwarranted assumption.

8. Does not imply a desired answer. The wording of a question is extremely important and you must be careful not to lead the respondent into giving the answer you would like to receive.

9. Does not use emotionally loaded or vaguely defined words. Quantifying adjectives (e.g., most, least, majority) are frequently used in questions. It is important to understand that these adjectives mean different things to different people.

10. Does not use unfamiliar words or abbreviations. Write short sentences. Abbreviations are okay if you are absolutely certain that every single respondent will understand their meanings. If there is any doubt at all, do not use the abbreviation.

11. Is not dependent on responses to previous questions. Branching in written questionnaires should be avoided. While branching can be used as an effective probing technique in telephone and face-to-face interviews, it should not be used in written questionnaires because it sometimes confuses respondents.

12. Does not ask the respondent to order or rank a series of more than five items. Avoid questions that ask respondents to rank items by importance or to assign a percentage to a series of items.
The following are sample questions by area of dietetics practice that have been used by practicing professionals or in research studies.

**Clinical Dietetics** (Schneider (2), Ferguson, et al (3), Trudeau and Dube (4))
Using a scale of 5 = Strongly agree and 1= Strongly disagree

- The registered dietitian was able to answer all of my questions
- I learned how I could follow my diet when I don’t eat at home
- The registered dietitian asked if I had questions
- I learned how to select foods that fit my diet
- The handouts were satisfactory
- The nutrition assistants and registered dietitians were friendly
- The nutrition assistants and registered dietitians listened carefully to what I had to say
- The registered dietitian knows my diet well

**Food and Nutrition Management** (Lee and Shanklin (5), DeLuco and Cremer (6), Dube, et al (7))
Using a scale of 5 = strongly and 1 = strongly disagree rate the following:
- Menu items are available to select a satisfying meal
- Food tastes fresh
- Cold food is just the right temperature
- Hot food is just the right temperature
- Meals have good taste
- Employees who bring meals are cheerful
- The dining room is clean
- My special requests are handled

**References**


**Additional Suggested References**


**Web sites**

[www.statpac.com/surveys/index.htm](http://www.statpac.com/surveys/index.htm)
Appendix E: Using Focus Groups and Improving Customer Satisfaction


Introduction
Organizations/practices have been using surveys of different kinds for many years to determine customer perceptions toward their service quality. For many organizations/practices, the most frustrating part of the service quality assessments is the inability to really understand the "why" behind the survey results. For example, it is one thing to understand that your organization/service performs well (or poorly) in the absolute and compared to the competition, but it is more important to understand what has created the service quality rating that was reported in the survey.

The purpose of this resource is to help dietetics professionals ensure that findings of assessment and improvement activities result in action plans that improve the quality and delivery of customer services by providing “tools” for the development and implementation of focus groups to obtain pinpointed actionable information on customers’ perceptions and experiences. This resource also provides “tools” to facilitate/lead improvement teams for implementing the recommended actions to design service changes that result in improved customer satisfaction.

Overview
Using focus groups can be a vital part of the overall service quality assessment program. A focus group is a valuable research technique that can provide a dimension of interpretation that is simply unavailable with the traditional survey approach to evaluating service quality. The best information can often be gathered by using the focus group and survey together.

A focus group is a gathering of six to eight people who have been selected based on their common characteristics relative to the issue being discussed. These people are then led through a 1-1/2 to 2 hour discussion by a trained moderator, who uses the internal dynamics of the group environment to really understand why people feel the way they do about a particular issue. For example, if a survey showed that the dietetics service was weak versus the competition in the area of client/patient first planned visit (i.e., timeliness, courtesy), focus groups could be used to understand the dimensions of the referral/planned visit process that contributed to this problem. Specifically, was it a problem with the facility associates in terms of their training, education or general interpersonal interactions with the patient/client or family; or was it the facility forms, the admissions process, or any one of a number of reasons. It would be very difficult to gather this type of in-depth information using traditional survey research. However, if the quantitative surveys are supplemented with properly conducted focus groups, then the
full picture can be understood. Surveys measure things—frequencies of behavior, differences in attitudes, intensity of feelings and so forth. Focus groups do not measure. They collect a breadth or range of data that is turned into information so that a “story” can be told.

- The open-ended nature of the focus groups makes them particularly useful in exploring opinions, attitudes and perceptions in a manner that cannot be accomplished with a quantitative survey.
- Focus groups have a distinct advantage in determining not only what people think, but also why they think as they do.
- Focus groups encompass the essence of “Seek First to Understand”.

Incentives for conducting focus groups:
- High scores in overall satisfaction are correlated with higher rates of use of services and higher profits.
- Provides defined/pinpointed criteria for improving/designing services based on listening to our customers.

Notable Insights from Field-testing the Focus Group Approach Described in This Resource
Almost without exception, one very positive outcome resonated through the focus groups that were conducted using the tools and methodology described in this resource: Focus group participants made a point to express their appreciation in having an opportunity to give their input about care and service delivery. A common remark made was, “This is a good thing you have done here.” Participants felt as though they were a part of a solution instead of a cause for concern.

Also, more of an observation than an outcome was that focus groups definitely should be conducted at the facility/local service level. Focus groups are meant to help identify specific issues and behaviors necessary to make improvement within a given area of concern. Specific is an operative word because every facility/service is unique and improvements must be tailored to the individual facility/service.

An organization with different sites providing the same services might find it useful to have separate focus groups from the facilities in their organization with high scores and low scores on a customer satisfaction survey. Some organizations might conduct focus groups in different geographical regions or in one organization for customers from different organizational units. One focus group will usually be adequate for a private practitioner.
Step by Step Guide

Steps and Tasks
1. Proposal to Executive Team/Committee
2. Focus Group Team Members Trained
3. Prepare for Focus Group Implementation
   a) Develop Plan
   b) Develop Questions
   c) Site Point Person Checklist completed (participants recruited and contacted)
   d) Moderator and Recorder Checklist Completed (includes completed participant consent form if required)
4. Focus Group Implementation
   a. Conduct Focus Group
   b. Analysis and Presentation of Results
5. Customer Satisfaction Improvement Project
   a. Charter Improvement Team
   b. Complete Improvement Project
   c. Display Storyboard in Facility/Share Results with Focus Group Participants
Appendix F: Using Importance Performance Analysis

Importance Performance Analysis was developed by Martilla and James (1). The process involves asking your customers to rate characteristics of the products and service you deliver using two sets of criteria, performance and importance. A questionnaire that was developed to determine customer satisfaction using this method might look like the following:

Please rate how important the following items are to you when you received a diet instruction:

Use the scale where 5 = Very Important, 4 = Important, 3 = Neutral, 2 = Slightly Not Important, 1 = Not Important

- Quality of written documents
- Staff were friendly
- Everything was explained to me

Please rate how satisfied you were with how well the dietetics professional performed each of the following during your diet instruction:

Use the scale where 5 = Very Satisfied, 4 = Satisfied, 3 = Neutral, 2 = Slightly Dissatisfied, 1 = Not Satisfied

- Quality of written documents
- Staff were friendly
- Everything was explained to me

An importance mean and a performance mean would be calculated for each item. Overall means for importance and performance are calculated and are the lines in the following graph.
Means for each item would be plotted on the graph. A dietetics professional would then look at those items that fell in the section labeled 'concentrate here' to make improvements in areas that are important to customers and where improvement is needed.

**References**


**Suggested References**

APPENDIX G: Using Press Ganey Results

Large health-care organizations typically contract with an independent company to survey customers and provide reports on customer satisfaction with services. An advantage of using these companies is that you receive reports on customer satisfaction with your services and benchmarking data for comparison with similar organizations. Dietetics professionals who work in health-care facilities should know about the survey process used by the consulting company and how to use the feedback from surveys of patients.

Press Ganey is one company that provides customer satisfaction survey services to the health-care industry. Input from Kathy McClusky and Kathi Goehring were used to prepare this appendix. Further information is available in *Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care* by Irwin Press (1).

What is Press Ganey?
The Press Ganey survey process involves a mailed questionnaire to a random sample of patients on the discharge list provided by the hospital. There are four questions that relate to the food and service that the patient receives. These questions are:

Circle the number that best describes your experience.

1 = very poor
2 = poor
3 = fair
4 = good
5 = very good

1. If you were placed on a special/restricted diet, how well was it explained?
2. Temperature of the food (cold foods cold, hot foods hot)
3. Quality of the food
4. Courtesy of the person who served your food

In addition to these four questions, it is suggested that the dietetics professional should monitor results for:

The overall hospital score
The overall nursing score
The housekeeping score.

While additional questions related to the food and nutrition services provided by the department may be added, these questions may not be valid or reliable and benchmarking data will not be available.

Results from Press Ganey surveys are available in on-line and hardcopy formats to designated members of the healthcare leadership team on a weekly, monthly, or quarterly
basis. The reports include mean scores and percentile rankings for each question. The percentile rankings are for comparisons with three data bases, the overall data base, the bed group data base and a customized data base. Among additional data that are reported are: demographics, overall analysis by section, and analysis by nursing unit. It is recommended that the dietetics professional also monitor the correlation with:

What is the likelihood of your recommending this hospital to others and what is your overall rating of care given at the hospital.

**How Can the Dietetics Professional Use the Results?**

It is suggested that the dietetics professional can identify trends in the results by patient care area, average length of stay by patient type and average age while monitoring sample size. Then using these results, performance improvement should be focused on developing an action plan that identifies process changes and/or new ideas that will change the patient’s perception of food and service. Any improvements should be built on a solid foundation of consistent service every meal of every day.

Another suggestion is that staff could be rewarded for excellent performance on the question evaluating the courtesy of the person serving the food, or competitions for highest food scores by nursing unit. It is also recommended that dietetics professionals should never fight against the survey, that is try to prove the questions are stupid or the sampling process is not appropriate. It is recommended that the dietetics professional would see better results by managing performance and talking with patients while they are in the hospital to identify and fix problems immediately.

This brief summary of Press Ganey was an introduction to the questionnaire, survey process, types of results and some uses for the results. While the questions, survey process and results are specific to Press Ganey, and there are other standardized customer satisfaction survey companies that institutions may employ, the dietetics professional should be aware of the institution wide methods that are used and should monitor the results to improve customer service and customer satisfaction.

**Key References**

Web Sites for other standardized survey instruments:

CAHPS  
www.cahps-sun.org/home/index.asp

Professional Research Consultants  
www.Prconline.com

Gallup  
www.Gallup.com

National Research Corporation  
www.Nationalresearch.com

American Customer Satisfaction Index  
www.theasci.org

Centers for Medicare and Medicaid Services  
www.cms.gov/quality

Customer Satisfaction Measurement Assoc.  
www.csmassociation.org

National Quality Measures Clearinghouse  
www.qualitymeasures.ahrq.gov

Agency for Health Care Quality  
www.ahrq.gov