

**The Perspectives of Advanced Practice Dietitians in Foodservice Director Roles: An
Exploratory Investigation**

THESIS

Presented in Partial Fulfillment of the Requirements for the Degree Master of Science in
the Graduate School of The Ohio State University

By

Lauren Kuhn, B.S.

Graduate Program in Allied Medicine

The Ohio State University

2014

Thesis Committee:

Dr. Kay Wolf, Advisor

Dr. Chris Taylor

Dr. Deborah Larsen

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Abstract

Over the years, as dietitians have had to take on a more prominent role in acute health care settings, the role of the dietitian has shifted away from foodservice and management towards a greater clinical focus. Despite this change, the Academy of Nutrition and Dietetics' official position is that registered dietitians are the most qualified professionals to be directors of healthcare food and nutrition services. However 50% or less of food and nutrition services departments are actually managed by dietitians. This qualitative research study used ethnographic interviews to determine the perceptions of successful dietitians in the foodservice management realm toward the benefits of being a registered dietitian. Nine foodservice directors who were registered dietitians were interviewed. Interview transcripts were coded and thematic analysis was manually conducted to discover naturally emerging themes. Participant responses resulted in five overarching themes: (a) positive influence of being a registered dietitian when a foodservice director, (b) medical nutrition therapy and foodservice management are intertwined, (c) entry into the field of foodservice management by a dietitian often occurs due to early experiences, (d) advocacy for dietitians in foodservice, and (e) foodservice directors forecast decreasing numbers of registered dietitians will be foodservice directors. Overall most participants (n=8) felt that having the RD credential was of some benefit to them. The results of this study should empower dietitian leaders in the field of

foodservice management to promote their experiences and expertise, with the hope of stopping the decline of dietitians as foodservice directors.

Keywords: Foodservice Director, Registered Dietitian, Qualitative Research, Interviews

Dedication

This thesis is dedicated to my parents Dana and Sabine Kuhn for always being there for me no matter what. This thesis is also dedicated to my Oma, Ursula Plocher.

Acknowledgments

I would first like to sincerely thank my advisor and professor, Dr. Wolf, for her constant support and patience to make this thesis the absolute best it could be. I could not have done it without you.

I would also like to thank my graduate committee members, Dr. Chris Taylor, Dr. Deborah Larsen, as well as Mary Angela Miller for their extremely helpful feedback, expertise and guidance during the thesis process.

Last but not least, I would like to thank my wonderful parents, Dana and Sabine Kuhn, whose endless support and love have made me the person I am today. Thank you for always being there for me.

Vita

2008.....Upper Arlington High School

2012.....B.S. Dietetics, Indiana University

2013-2014M.S. Combined Masters/Dietetic Internship
Program in Medical Dietetics, The Ohio
State University

Fields of Study

Major Field: Allied Medicine

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Chapter 1: Introduction

Background of the Problem

The cooking schools of the 19th century were the precursor to the dietitian's education. Prior to World War I, "the dietitian's sphere of influence...was limited largely to the 'diet kitchen'" (1). Therefore, in 1917, when the American Dietetic Association was created, the primary topics of interest were the exchange of recipes and the means to conserve time and labor. Topics quickly grew to include the management of hospital foodservice including staffing, economic purchasing, and food needs of the patients. Gradually, dietitians were requested to participate in the management of industrial and school foodservice (1).

In the late 1950s, the area of administration in school foodservice was recognized as one of the primary areas of practice for dietitians. The focus of the American Dietetic Association became more management and operationally focused and included: work simplification, controlling labor and food costs, and revision of the role of the administrative dietitian (1).

Gradually, the role of the dietitian in the patient health care setting increased. In 1961, Martha Nelson Lewis developed the first Coordinated Program in Dietetics at The Ohio State University and moved the program from the College of Agriculture's Department of Home Economics to the Department of Preventive Medicine in the

College of Medicine. The coordinated program was designed as a four-year specialized program of study, giving students clinical dietetics experience. Coursework included foodservice for patients and diet therapy (2). Other education programs across the country as well as healthcare organizations began educating and utilizing dietitians to make nutrition recommendations.

In late 1974, Butterworth in the classic article “The Skeleton in the Hospital Closet”, emphasized the need for nutrition assessment and provision of nutrients to the hospital patient. The need for the dietitian with greater medical nutrition knowledge and patient interaction was established (3). Gradually, dietetics education increasingly included a greater emphasis on the nutrition care process, while still maintaining administration coursework, setting the precedent for greater education in medical nutrition therapy.

The contemporary dietitian is prepared in both foodservice management and the nutrition care process. However, the core of the education process is now the nutrition care process. Currently, the supervised practice component of the dietitian’s education must have an area of concentration. Of the 54 coordinated programs 20 have a concentration in medical nutrition therapy and 9 have a concentration in foodservice or management or leadership. There are 107 dietetic internship programs with a concentration in medical nutrition therapy and 37 with a concentration in foodservice management or leadership for a total 250 dietetic internships (4). While the Academy of Nutrition and Dietetics (Academy, formerly, the American Dietetic Association) reports a need for increasing management and business coursework (5), the strategic plan

emphasizes asserting dietitians' role in the healthcare field and the nutrition care process (6). Many foodservice educators' qualitative comments suggest this plan implies a decreased emphasis on foodservice management. In addition, the Accreditation Council in Education for Nutrition and Dietetics standards has a decreasing emphasis in foodservice management (7).

Of the 9,058 respondents (registered dietitians-RDs and dietetic technicians registered-DTRs), to the 2013 Compensation and Benefits Survey conducted by the Academy, 12% of the registered dietitians reported their primary position area as food and nutrition management. When asked to report their primary position, only 5% of registered dietitians were directors of food and nutrition services (8). This is a significant change considering that in the 1950s the primary area of practice for dietitians was foodservice. The Academy states that dietetic professionals with competence in management and foodservice systems, encompassing aspects of both food and nutrition, are the best qualified professionals to manage health care food and nutrition services (9), yet few of the members practice in this area.

The Future Connections Summit on Dietetics Practice, Credentialing, and Education (2011) determined that the dietetic curriculum needs to progress to encompass the diverse careers a dietitian may pursue. Similarly, the Council of Future Practice's Visioning Report on the Dietetics Profession recommended that the dietetics undergraduate curriculum needs to be broadened in order to expose students to the differing roles of a registered dietitian, including management (10). The current percentage of dietetics education programs with a foodservice management concentration

is approximately four percent of all programs (4). However, there appears to be a greater emphasis on the clinical nutrition skills with the number of education programs emphasizing management decreasing, the required competencies in foodservice management decreasing and fewer dietitians managing foodservice departments (11–15).

Significance of the Problem

The registered dietitian is challenged to be proficient at multiple positions. The Scope of Practice for the Registered Dietitian declares that a successful dietitian spans multiple disciplines including management, education, business, research, and policy (16). The official Academy position supports proficiency across multiple disciplines within the field of dietetics by stating that dietetics professionals are best suited for management positions in health care food and nutrition services departments (9).

However, it has been found by multiple studies (11,12,17) that dietitians manage less than half of food and nutrition services departments, despite meeting many of the qualifications needed to run food and nutrition services departments (9). Gradually, the focus of the Academy and dietitians has shifted towards clinical dietetics and the nutrition care process (6). In addition, the research focus of dietitians has also shifted with only four percent of Academy members conducting research projects in management science (13). The explosive growth of the health care field has led colleges and universities to decrease courses offered for dietetic students in foods and management. Additionally, the number of internships that offer a management concentration has also decreased (4,18). The shift in education focus towards nutrition care process also leads dietetics students and graduating dietitians to be interested in

pursuing medical nutrition therapy, even though positions in foodservice management are some of the highest paying areas in the field. It is evident that dietetics education has followed the changes that have occurred in the dietetics profession.

As dietetic practitioners, we need to be concerned about the possible elimination of foodservice management as a crucial practice area of our field. The registered dietitians practicing within this area are the best persons to assist others in understanding the benefit of dietitians filling the foodservice manager's role.

Purpose of the Study

If less emphasis is being placed on foodservice management in the dietetics profession at both the education and professional organization levels, then it is of interest to better understand what this change means to the profession of dietetics.

Research Objectives

The overarching objectives of this study were to determine the perceptions of the participants' (a) role and practice activities, (b) their dietetics education and the dietetics competencies and/or skills they currently use, (c) and their personal beliefs on the value of a dietetics base for foodservice directors.

The specific objectives of the study were:

1. To describe the current role, including the number of employees the foodservice directors are responsible for and total annual expense budget.
2. To describe the career path to the foodservice director's current role.
3. To describe the skills that best prepared the foodservice director for their current position.

4. To describe how being a dietitian influences the role currently working.
5. To describe how being a registered dietitian influences their environment and other dietitian's roles.
 - a. Environment meaning employees, work, department
6. To describe how being a dietitian impacts the profession of foodservice directors?
7. To describe the skills that practitioners need to enter an entry-level foodservice management position.
8. To describe how foodservice directors' dietetics education prepared them for their current position and if the current education prepares students to be foodservice directors.

Chapter 2: Literature Review

Introduction

This chapter will cover four topics: the history of the dietitian and the Academy, the training and preparation of the registered dietitian, the influence of dietetics training on current practice, and the potential impact that being a registered dietitian has on the profession of foodservice directors. A review of the literature in these areas is crucial in establishing the need and importance of this study.

History of Dietetics and the Academy of Nutrition and Dietetics: the Evolving Work of Registered Dietitians Through the Years

The Academy's mission is to empower its members to be the nation's food and nutrition leaders, and its vision is to optimize the nation's health through food and nutrition (19). The Scope of Practice for the Registered Dietitian supports the mission of the Academy stating that a successful dietitian spans multiple disciplines including management, education, business, research, and policy (16). Although the Academy's mission and the Scope of Practice for the Registered Dietitian embrace management, the general history of dietetics illustrates that there has been a trend in dietetics practice towards the clinical aspects and away from foodservice management (1,20). Currently, the field of dietetics is in a much different place than where it started almost 100 years ago.

Dietetics became a profession right around World War I. Before World War I and the creation of a professional association for dietitians, the dietitian was mainly relegated to the kitchen, and the education of dietitians occurred in cooking schools of the 19th century (1). In the early 1900s, dietitians could be found throughout the country. Learning and communication among dietitians occurred at professional home economics meetings, where dietitians exchanged recipes, and discussed ways of conserving time and labor. In 1917 the American Dietetics Association (ADA) was created (1).

In its infancy the Academy and dietitians were mainly concerned with management related topics, e.g. management of hospital dietary departments. However, as the dietetics profession gained recognition, the demand for dietitians in industrial and commercial cafeterias grew and dietitians were also being recognized as a necessity in hospitals and the healthcare field. This recognition led the field to expand clinically and as it did so, it also expanded administratively. Due to the administrative demands on dietitians, the Academy began developing an administrative division that studied foodservice in a variety of settings (healthcare, schools, and cafeterias), including patient foodservice and operational issues (food purchasing and preparation) (1).

In 1932, administrative courses were added to dietetics education; the addition of administrative coursework was essential for the preparation of dietitian directors, who were responsible for managing foodservice operations in schools, colleges and other institutions. As the role of the administrative dietitian expanded, the dietitian director also became responsible for controlling food standards in their organizations. To increase training and experience in administrative dietetics, hospitals created dietetic internships.

A 1925 survey of hospital dietitians found many dietitians had administrative responsibilities over the nutrition department, however the majority of dietitians were concerned with therapeutic diets and medical nutrition therapy rather than their management responsibilities (1).

The profession of dietetics continued to grow and executive positions in large organizations became available to dietitians. Some of the positions or job responsibilities included general manager, food production manager, purchasing agent, or menu developer. Even as dietitians began taking over management roles, they were expected to meet organizational expectations, yet at times they could not be effective as administrators, because decision-making authority was withheld (1). In the late 1950s, the area of student/school foodservice was one of the largest administrative areas open to dietitians. With the growth of administrative dietetics, the focus of the Academy was on work simplification, improved management of foodservice units through control of labor and food costs, and revision of the administrative dietitian's role (1).

Since 1925, interest in medical dietetics was building and it was around the 1960s that we began to see dietetics education change as well. In 1961, Martha Nelson Lewis began the first Coordinated Dietetics Program, Medical Dietetics, at The Ohio State University. Due to the changing role of the dietitian, the program was begun in Preventive Medicine in the College of Medicine rather than in the College of Home Economics. This program emphasized therapeutic dietetics, however, still incorporated a large component of foodservice management with a healthcare emphasis (2). Furthering the interest in "clinical dietetics", in 1970, George L. Blackburn MD, PhD, current

professor/director Division of Nutrition at Harvard Medical School began publishing articles on nutrition assessment of hospital patients and specific patient populations as well as nutrition assessment as a routine of clinical medicine (21–25). The attention to nutrition assessment pushed the field of dietetics toward a clinical base and the development of medical nutrition therapy. Nutrition was seen as a medical necessity for patients, and dietitians were being seen as a necessity in the health field.

Pace (1995) similarly identified big changes seen in the dietetics profession and discussed how these changes would require dietitians to become leaders who can establish a vision and sense of value for their organizations. Leaders will need to evolve in order to handle “near-constant change” (26). Gregoire & Arendt (27) found that the need for dietetic leadership has been present for decades, and that currently dietitians need to be “leader-managers”, integrating the leader and manager roles into a single position. In the 1970s the belief was that manager and leaders were two different things (27); however, the near-constant change of the health care system that Pace (26) describes has brought about the need for “leader-managers”. Before the 1970s when discussion began on whether these were in fact two different concepts, leadership was the focus. Gregoire & Arendt (27) show the early 1900s as a time where leadership was researched from a trait approach. The “big five” leadership traits were “urgency, conscientiousness, agreeableness, adjustment, and intelligence” (27). The 1950s brought about research in leadership from a behavior approach. This research found that leadership behavior could be categorized into human interaction and the actual job (27).

The Report of the 1984 Study Commission on Dietetics stated that future dietitians should be prepared to take on more prominent roles in health care and other settings. The report also recommended that management and business should be further incorporated into the education of dietitians (5). Stein (6) discusses the changes that the Academy has experienced since the 1990s. The 1990s were steeped in healthcare reform and since that time, the focus of the Academy and dietitians has been clinical dietetics and medical nutrition therapy, which encompass only part of the recommendations made in the report of the 1984 Study by the Commission on Dietetics. The Academy's strategic plans revolved around asserting dietitians within the health care field, with limited recognition of the dietitians in foodservice management (6).

Potential Impact being a Registered Dietitian has on the Profession of Foodservice Directors

In an official position statement of the Academy on management of health care food and nutrition services, Lafferty & Dowling (9) state that directors of food and nutrition services are responsible for making decisions regarding resource allocation that allows for foodservices and medical nutrition therapy services to be effective, efficient, and revenue generating. In addition, these resource allocation decisions are best made by a professional who is competent in management; foodservice systems, which includes the science behind food and cooking, as well as food safety and quality; and medical nutrition therapy. The resources food and nutrition professionals manage are "money, manpower, materials, machines, and minutes" (28). The Academy believes that dietetics professionals best accomplish effective management of these resources (9). The various

settings, in which dietetic professionals in management and foodservice have responsibility, include: healthcare, college and university, long-term care, business, retail, industry, corrections, hospitality, and education (28). Although all of these competencies are essential to job performance of foodservice directors, competence in management is key to coordinating all the moving parts of a successful food and nutrition services department (9).

Despite the Academy supporting registered dietitian management of health care food and nutrition services, several different studies (11,12,17) have consistently found that around 50% or less of these food and nutrition services departments are actually managed by dietitians. Similarly in 2013, the Compensation and Benefits Survey of the Dietetics Profession reported that only 12% of dietitians are involved in foodservice management despite the fact that these positions are some of the highest paying areas in the field (8). Schuster (29) reports that management companies at any one time are short 5,000 entry-level and mid-level managers for non-commercial foodservice operations (29). In addition, 22% of practitioners are executives, directors, or managers. Another 19% are supervisors or coordinators (8).

The 2011 Priorities for Research Agenda to Support the Future of Dietetics explained the need for research in management and business to ensure success for dietitians (30). The Academy is committed to investing time and research into developing Academy members' leadership skills. However, this need is not being met, because only 4% of research projects conducted by Academy members are in management sciences (13). While there is a lot of research on leadership, there is limited research on leadership

in dietetics. Gregoire & Arendt (27) suggest research on strategies for preparing dietitians to be effective leaders and take on leadership positions are needed.

Susan Laramee, former president of the Academy stated: “Dietitians enter into this profession because they want to help people. Working with individual clients or patients is an excellent way to build upon your ability to work effectively with people. When you move into management work, where you are working with groups and teams you are using some of those same skills, only now in a leadership role, your role is to motivate and develop a group of people and a set of ideas” (31). Marianne Smith Edge, another former Academy President stated “our profession drives us to be leaders” (32). However, according to the Report of the 1984 Study Commission on Dietetics, dietetics had been considered a supporting rather than a leading profession, and that the dietitians role is not seen as a role of leadership (5).

Gregoire & Greathouse (12) conducted a study among hospital foodservice directors and hospital executives, exploring the expected need for succession planning strategies used, and qualifications of future hospital foodservice directors. This study found that degree requirements are important for the future foodservice director with 89.6% indicating that a bachelor’s degree will be required and 53.9% indicating that a master’s degree will be preferred. This study also found that work experience will be an important credential for the future foodservice director. Of the people surveyed 69.9% indicated past foodservice experience will be required, while 64.4% noted past experience as a director will be required (12). The skill sets required for the future hospital foodservice director were found to be verbal and written communication, team

leader, foodservice operations management, customer satisfaction, financial management, change management, and human resource management (12). An important finding of this study was that the registered dietitian credential may not be required for hospital foodservice directors in the future. Even though current foodservice directors with the registered dietitian credential believe the registered dietitian credential will be required for future directors, almost all of the non-dietitian directors do not believe this credential will be required. Gregoire & Greathouse (12) suggest that foodservice directors with the registered dietitian credential need to mentor dietitians early in their careers about the opportunities and benefits available for foodservice directors.

Cluskey, Gerald, & Gregoire (19) looked at management in dietetics and whether dietetic professionals are prepared for the future. They suggest that dietetic professionals need to assume responsibility for management skills and knowledge. They further suggest that some changes to educational competencies may be needed to “promote management as an integral part of professional practice not a separate career path” (19). They conclude that educational opportunities in management need to be offered and that research in management needs to be encouraged (19).

Gregoire, Sames, Dowling, & Lafferty (11) conducted a study looking at whether registered dietitians are adequately prepared to be hospital foodservice directors. They found that the competency areas where dietitians excel are not the areas that hospital executives consider to be most important. This should motivate dietetics educators and practitioners to “identify competencies perceived as important by potential employers to assist dietitians to be competitive for and successful in hospital foodservice management

positions” (11). They conclude that dietetic professionals may need further education to prepare for these management positions (11).

Influence of Dietetics Training on Current Practice

Although multiple governing bodies have declared the importance of management, the lack of dietitians who are managing food and nutrition services departments, could be due to a lack of management skills, little or no education in management, or perceived incompetence in management-related competencies, as has been suggested and found in several studies (11,18,33,34). Gregoire, Sames, Dowling, & Lafferty (11) surveyed hospital executives and foodservice directors (some of who were registered dietitians) on the proficiency of registered dietitians on management-related competencies. This study found that registered dietitians were rated competent on less than half of the following management-related competencies: creating a business plan, preparing a budget, marketing, strategic planning, human resources management, negotiation, and financial analysis (11). These ratings mean that registered dietitians may not be as confident in management-related areas (11). Similarly, after surveying dietetics practitioners and dietetics educators, Anderson, Burwell, & Sneed (33) found that dietetic education needs to provide more business skills in finance, marketing, management, and personnel management.

Even though studies (11,33) have identified a potential need for increased management exposure in dietetics education, there is evidence of decreasing management education in dietetics. Actions taken by the Academy have led colleges and universities

with dietetics programs to decrease courses offered for dietetic students in foods and management (18).

Many food and nutrition professionals have managerial tasks associated with their current work. The 2011 Compensation and Benefits Survey of the Dietetics Profession (35) found that 43% of RDs and 44% of DTRs reported human resource management responsibility (directly or indirectly supervising employees) and 25% of RDs and 23% of DTRs reported budgetary responsibility. The 2010 Dietetics Practice Audit found that current food and nutrition professionals perform activities related to nutrition therapy significantly more than management activities (36).

Barker, Foltz, Arensberg, & Schiller (37) discuss that the key to managerial success as a dietitian is the integration of management and leadership into their role. They go on to define the dietetics leader-manager as someone in food and nutrition services with authority, who engages and motivates employees to “achieve the goals of the organization and the dietetics profession” (37).

In this discussion, it is important to define the difference between general practitioner and advanced practitioner. A general practitioner is a professional who has responsibilities that lay across several areas: clinical, food and nutrition management, community, research, education, and consultation and business (38). An advanced practitioner “has acquired an expert knowledge base, complex decision-making skills, and competencies for expanded practice” (38). In addition, Puckett et al. (38) state that the inexperienced dietitian starts at the generalist or novice level and develops their practice skills through a combination of experiences in management and education. The

expert dietitian is at the advanced practice level and has developed a range of management skills through a combination of experiences in management and education”(38).

Previously, Halling & Hess (18) described reasons why educational opportunities in management aren’t offered as much in dietetics, including: actions by the Academy that have decreased courses in foods and management, and decreases in the number of internships that offer a management emphasis. Anderson, Burwell, & Sneed (33) conducted a survey to determine hospital foodservice directors’ and chief dietitians’ perceived importance of financial management competencies at the entry-level and advanced-level, and to determine educators’ perceived importance of these competencies. They found that Plan IV/V (Didactic Program) respondents rated the adequacy of their students’ preparation in financial management higher upon entering supervised practice, than did AP4/DI (Approved Pre-professional Practice Program/ Dietetic Internship) respondents (33).

Training and Preparation of the Registered Dietitian

The Academy has officially stated that dietetics professionals are best suited to manage health care food and nutrition services. However, despite meeting many of the qualifications needed to run food and nutrition services departments (9), dietitians manage less than half of foodservice operations. This small number of dietitians in management positions has been attributed to little to no education in management skills, or lack of management skills due to inexperience, perceived incompetence in management-related competencies, or an increasing emphasis and interest in the nutrition

care process. Dietetics education is designed to prepare an entry-level practitioner, not a director (29).

To become a foodservice director, students and young professionals must first be managers. A manager must organize, plan, lead, and monitor activities. The focus should always be supervision of work (19). Management competencies have been included in the recommendations for educating future food and nutrition professionals, since the first outline for a standard course for student dietitians was published in 1927 (19). Dietetics education exposes students to management both through the didactic program and supervised practice preparation. Even though management competencies have been included as standards in dietetics education since 1927, those entering the field of dietetics do not always perceive management skills as desirable or even necessary. Many students and entry-level food and nutrition professionals have a negative impression of management in dietetics (39). Among the 94 dietetics programs included in Anderson, Burwell, & Sneed's (33) study, the required courses in management that these programs offered were quantity food production (39 programs) and foodservice management (36 programs) (33).

Management dietitians need to be effective leaders with communication skills and the ability to empathize with, motivate, and mentor employees. In addition, the Academy believes that dietitians need to be leaders. A dietitian leader inspires employees and guides them toward a shared vision (40). A foodservice management dietitian needs to have knowledge, technical expertise, and interpersonal skills. In today's world management dietitians need to have experience and/or competence in: marketing,

customer satisfaction, continuous quality improvement, policy, cost containment, food & equipment technology, human resources, tracking food consumption, food safety, emergency planning, and process management (38). The Academy states it is imperative that dietitians find ways to develop leadership skills, so that members can serve the public, while at the same time developing their professional growth (41).

Hudson (31) identifies three skills that all managers in dietetics need: technical skills-needed to do production work, human skills-which are composed of personal attributes, knowledge, and learned behaviors that allow managers to work effectively and communicate with others, and conceptual skills-needed to work with abstract ideas and concepts. Hudson (31) also defines leaders as working with employees to attain a shared organizational vision, motivating others, managing employee activities, communicating and conflict resolution.

Ulrich Chung, PhD, former executive director at the Accreditation Council for Education in Nutrition and Dietetics (ACEND), states dietetics education prepares students to be successful in a variety of roles both in and out of the field of nutrition (42). However, in March 2011, the Future Connections Summit on Dietetics Practice, Credentialing, and Education determined that the dietetic curriculum needed to progress to encompass the diverse careers of a registered dietitian, however, the recommendations established by the Academy Council in the Visioning Report on Dietetics Profession released in 2012 confirmed the perception that management is secondary to medical nutrition therapy. Although recommendation #5 advocates for the undergraduate curriculum to broaden in order to expose students to the differing roles of a registered

dietitian, including management, it also notes that management and leadership skills are lower level skills that can be acquired at the undergraduate level (10).

Dowling, Lafferty, and McCurley (34) conducted a study in 1990 comparing the perceptions of food and nutrition department directors, hospital administrators, and management dietetic educators on the credentials and administrative skills required for a director of a food and nutrition department in a hospital with 300 beds or more. In contrast to the Visioning Report, they found that undergraduate dietetics education is designed to prepare an entry-level practitioner, not a director (34). In addition, in their review of literature, Dowling, Lafferty, and McCurley (34) found that dietetics practitioners in administrative positions or foodservice management need knowledge/competency in management concepts strengthened.

Nettles, Gregoire, & Partlow (43) conducted a study to expand the evaluation of graduate education in foodservice management, by assessing graduates from several graduate programs in foodservice management. This study found that graduates gained much of their competence from sources other than their graduate program. Despite this, graduate students felt their programs provided them with relevant foodservice management knowledge (43). Nettles, Gregoire, & Partlow (43) suggest graduate programs need to be flexible in order to meet the needs of a new generation of students.

Similarly to Cluskey, et al., Anderson, et al. found that both hospital foodservice directors & dietetic educators agreed that dietetic education needs to provide more “business skills in the areas of marketing, finance, management, and personnel” (33). They recommended expanding “the coverage of financial management in existing

foodservice management courses so that all dietetic students are exposed many times to competencies in this area. A course at the senior level dedicated solely to financial management warrants consideration” (33).

Summary of Literature Review

The shifting of the field of dietetics since its inception away from foodservice management and towards medical nutrition therapy necessitates research to examine the role of the dietitian in foodservice management. However, research investigating the perceived benefits of being a dietitian in foodservice management is scarce. A greater understanding of the skill set that registered dietitians bring to the foodservice director position and the process (education, internships, experiences) that brought them into the foodservice director role could have a significant impact on the understanding of the benefits for being a registered dietitian in the foodservice management realm.

Chapter 3: Methods

Introduction

The methodological research approach used in this qualitative study was ethnographic inquiry. This inductive method allowed for an in-depth study of a population through personal interviews. This approach developed new research questions for further study from the information provided by the studied population. In addition, the qualitative nature of this study allowed for more flexibility and adaptation of the interaction between the researcher and the study participant, with tailoring of subsequent questions based on the participants' responses. Research questions used to guide this study, in place of predetermined hypotheses used in deductive research, are outlined within this chapter, in addition to other issues of methodology. Approval for this study was obtained from the Human Subjects Institutional Review Board at The Ohio State University prior to conducting the study.

Research Objectives

The overarching objectives of this study were to determine the perceptions of the participants' (a) roles and practice activities, (b) their dietetics education and the dietetics competencies and/or skills they currently use, (c) and their personal beliefs on the value of a dietetics base for foodservice directors.

Sample Selection

The population of dietitians practicing foodservice management is approximately 12% (8). The sample for this study consisted of nine registered dietitians identified as award winning and practicing at an advanced level. The dietitians were identified based upon innovation and practice awards, recognized expertise and practice in foodservice, through food management practice journals, and years of experience. Persons who are successful in the field were selected to ascertain the opinions of those dietitians who have chosen to work in this area of practice and to remain in the dietetics field and could provide opinions regarding the profession. The researchers included persons who are active in foodservice organizations and have served as leaders in these organizations. To further identify successful foodservice directors, journals posting awards were scanned and leaders in the field were consulted. Nine persons were identified to participate. Eight of the nine were successfully contacted and agreed to participate. During the interview process a ninth person was identified, contacted, and she agreed to participate. The participants practiced in large health care systems, school systems, colleges and universities, and living care centers.

The subjects were contacted via e-mail to request participation in the study. The study details were briefly described in each e-mail and a formal request letter was attached to e-mails to potential study participants. Once participants agreed to participate, written consent was obtained according to the protocol that was approved by the Institutional Review Board for Research.

Data Sources

Two sources of data collection were used. First, there was an interview in person or by phone and second there were two additional optional questions. Use of this method allowed the subjects to express their own thoughts, feelings, and ideas freely. A general interview guide was established, listing the standardized question thread that was used. The interview guide was developed, after reviewing the literature, with questions aimed at answering the research objectives. Once a draft of questions for the interview guide was developed, both experts in the field and non-experts reviewed the questions for content and clarity. The interview guide was updated to reflect the suggested changes. The researcher field-tested the questions to determine understanding by the interviewee. This process also was an opportunity for the researcher to practice the interview process. In addition, the lead researcher accompanied the interviewer to one participant's interview to assist in assuring fidelity of the interview process.

The interview guide included the following questions:

1. Describe your current role.
 - a. Budget – Expense
 - b. Number of persons responsible/ FTE's working under you
2. Describe the career path to your current role.
3. Where did you get the skills that best prepared you for your current position?
 - a. (If dietetics training not mentioned) How do you feel dietetics education prepared you for your current role?
 - b. Specific skills related to dietetics?

4. In what ways do you believe being a dietitian influences the role you currently fill?
5. In your position, how does being an RD influence your environment?
6. In your position, do you influence other dietitian's roles?
 - a. Outcomes of other dietitians?
7. What influence do you feel the fact that you are a dietitian impacts the profession?
8. Name the skills that you believe practitioners need to enter an entry-level foodservice management position.
9. Which of these skills does the current dietetics education provide?
10. Do you see a need for dietetics education to change to prepare a dietitian to be successful in the area of food service?
 - a. Why not?
 - b. If so, in what ways could dietetics education be changed to better prepare a dietitian to be successful in the area of food service?

The second data source was two voluntary descriptive questions that were administered at the end of the interview. Questions were:

- Years practicing as dietitian?
- Years practicing in foodservice?

These questions were voluntary; any subject could choose to complete it or to leave questions unanswered. The information from this questionnaire added more insight into the description of the subject sample. Each subject was given an alias for data analysis and names were never linked to data collected or reported.

Data Collection

The participants for this study were contacted via e-mail after sampling to establish willingness to participate. Once the participant agreed to join the study, a convenient interview time was determined. At the beginning of each interview, the interviewer reviewed the study purpose and interview protocol, received permission to record the interview, and emphasized the confidential nature of the conversations. The interview lasted approximately thirty minutes to one hour and followed the general interview thread described above. The interviews were audio recorded using Livescribe™ Echo™ Smartpens to guarantee accuracy of content. All interviews were transcribed verbatim in their entirety. During the interview, the researcher took additional field notes for use in data analysis. The researcher's handwritten notes were used to supplement the audio recordings.

The interviewer took all necessary measures to conduct standardized interviews. The interviewer behavior was standardized, including the way: the study and objectives were presented, the questions were asked, that inadequate answers (those that don't meet the objective) were probed, answers were recorded, and the interpersonal aspects of the interview were handled (44). The researcher also took care to develop quality questions, because it has been shown that well-worded questions that are easy to understand prompt direct answers. The more interviewers have to probe, explain, or clarify, the more likely interviewers are to influence answers (45). If participant answers needed probing, the following three standardized questions were used (a) how do you mean that? (b) tell me more about that? (c) anything else?(45)

Data collected from the descriptive questionnaires were compiled and used in data analysis. This additional descriptive information will provide insight into the sample used in this study and their response.

Data Analysis

Ethnographic inquiry typically provides extensive information in the form of text and direct quotations. With qualitative research the data analysis begins as soon as insights about patterns, themes, and meanings of data emerge. As opposed to other forms of research, which rely on deductive reasoning, ethnography uses inductive reasoning. Instead of looking for data to support predetermined hypotheses, ethnography looks for themes and patterns to emerge from the data collected (46).

In keeping with ethnographic methodology, interview transcriptions were reviewed and coded manually to identify common themes (46). Two of the researchers analyzed the data separately and met to combine results. Once these themes and patterns were identified, direct quotations from the subjects were aligned to the themes.

The Issue of Trustworthiness

Scrutiny of research methods, findings, and credibility of the researcher are encountered in all types of research. Some members of the scientific community argue that qualitative research is less credible than quantitative (47). This concept is based upon the fact that statistical analysis is quantified, while qualitative analysis is a creative process, dependent upon the capacity of the researcher.

In conducting qualitative research such as ethnography, it is important to have methods for assessing credibility and trustworthiness that complement the design. A

model which addresses four facets of trustworthiness for researchers to consider was developed by Guba in his 1981 article (48), and has since been expounded upon by numerous others; one of them being Shenton in his article from *Education for Information* in 2004 (49).

Truth Value

Truth value is related to credibility in that the researcher must strive to prove that their findings are congruent with reality. There are a myriad of methods for doing so and the more of them used the stronger the argument for congruency. In this study a variety of methods were employed, the first of which was development of a familiarity with the culture of the participating population. Through literature, discussion with other experts in the field of foodservice management, and brief personal observation, the researcher learned about the lives of these people and some of the issues they face. This combined perspective gave the researcher an appreciation for the population and a basis of knowledge about appropriate interview questions (48,49).

Another very important method of establishing credibility is triangulation. Triangulation of multiple analysts was used in this study. This type of triangulation involves multiple researchers analyzing the same data to look for both agreement and disagreement of findings. Gaining more than one perspective adds strength to the analysis since it is not the result of only one researcher and minimizes the effect of their own personal bias (48,49). To triangulate the trustworthiness of the data, two of the researchers analyzed the data separately and then met to come to consensus regarding the findings. All final codes were mutually agreed upon. Once themes and patterns were

recognized, they were supported with direct quotations from the subjects of the study.

The final analysis was debriefed with the four researchers and consensus remained for the themes, subthemes and quotes representing the themes.

In addition to these tactics, truth value can also be enhanced by providing participants with a choice about whether to participate or not and by using probing and paraphrasing interview techniques. As previously stated, subjects had a free choice to participate in this study or not and were given informed consent with the utmost in confidentiality. Providing all of these opportunities for a subject to accept or deny participation should have ensured that those who did participate did so out of genuine want and were willing to provide detailed and accurate information. The researcher also probed beyond the question thread to withdraw more detailed answers. By paraphrasing and probing any untruthful answers are more likely to be revealed, once again strengthening credibility of the acquired data (48,49).

Applicability

Applicability, also known as transferability, refers to the extent to which study findings can be generalized to other situations and populations. In quantitative research this is easier to achieve because research controls many variables about the population and situation. However, since qualitative research is more a study of a small number of information rich cases, it can be almost impossible to replicate identically or to know if results would be the same for every population. Some naturalistic researchers believe that the data cannot be conventionally generalized since all observations and data collected are defined by the specific circumstances in which they occur. To handle this

aspect of trustworthiness, the researcher must explicitly convey the methods and boundaries of this study, which are described in this chapter (48,49). In this study an audit trail was kept including the notes collected during the interviews, the transcriptions and analysis by each researcher, and the final outcome.

Chapter 4: Results and Discussion

Results

In this qualitative study nine registered dietitians, recognized leaders in foodservice management and practicing at an advanced level, were interviewed. The interviews occurred from January 3, 2014 through February 27, 2014. To capture a variety of practice areas, the participants included: large medical centers (n=3), colleges/universities (n=2), K-12 schools (n=3), and a living care center (n=1). The majority of the foodservice directors were female (n=8) and have practiced as dietitians and in foodservice for at a minimum of 25 years (n=7). Descriptive information for participants can be found in Table 4.1 and 4.2.

Themes were identified for the interview thread and then overarching themes were identified. The five major overarching themes identified were: (1) foodservice directors forecast decreasing numbers of registered dietitians will be foodservice directors, (2) positive influence of being a registered dietitian when a foodservice director, (3) medical nutrition therapy and foodservice management are intertwined, (4) entry into the field of foodservice management by a dietitian often occurs due to early experiences, and (5) advocacy for dietitians in foodservice. Summary of the themes and related quotes are presented in Table 4.3.

Table 4.1 Participant Descriptive Information

Area of Practice	Number of Employees	Number of Sites	Budget	Degree
School Foodservice – Participant 1	150-175	40 schools	\$9 million	Bachelor's, MBA
School Foodservice – Participant 2	367-380	50 sites	\$18 million	Bachelor's in nutrition and business with a minor in communications, MS, MBA, PhD.
School Foodservice - Participant 3	400	55 schools	\$22 million	Bachelor's, Master in Human Nutrition
Large Health Center Participant 4	Not reported	830 bed acute care hospital	\$10 million (retail sales)	Bachelor's, MPH, Certified Executive Chef
Large Health Center - Participant 5	Not reported	1 site	Not reported	Bachelor's, Master's in institution management, PhD in foodservice and hospitality management
Large Health Center - Participant 6	256 FTEs (70% full-time, 30% part-time)	1 large medical system	\$20 million	Bachelor's, Master's of Science in Nutrition

Continued

Table 4.1: Continued

Area of Practice	Number of Employees	Number of Sites	Budget	Degree
College/University - Participant 7	Not reported	11 (3 dining centers, 5 convenience stores, 1 restaurant, 1 coffee shop bakery, and 1 retail sale bakery)	Not reported	Bachelor's, Master's in Food and Nutrition Institution Administration
College/University - Participant 8	40 salaried staff, 150 hourly employee, 1000-1200 student employees	12 sites (8 retail dining operations, 4 convenience stores, catering, training tables, catering in football stadium suites)	\$25 million	Bachelor's, Master in Nutrition Education, MBA

Continued

Table 4.1: Continued

Area of Practice	Number of Employees	Number of Sites	Budget	Degree
Living Care Center - Participant 9	42 (full-time, part-time & PRN)	1-285 resident facility	\$6.30 per resident	Bachelor's

Table 4.2 Participant Descriptive Information

Participant	Role/Job Description	Awards for the Site
Participant 1	Director of Nutrition and Wellness. "I supervise people who do menus and I supervise people who do pretty much all of the functions of the department, but at this stage I don't do much in the way of hands-on."	District of Excellence in Child Nutrition from the School Nutrition Association Judy Ford Stokes Award for Innovation in Administrative Dietetics or Foodservice Facility Design Silver Rising Star Award from Foodservice Achievement Management Excellence

Table 4.2: Continued

Participant	Role/Job Description	Awards for the Site
Participant 2	<p>Director of Food and Nutrition Services for County Schools.</p> <p>“We have our regular schools of the school district as well as charter schools that we serve...we have a very active farm-to-school program...we are considered a district of excellence with the School Nutrition Association...I have 8 RDs on staff.”</p>	<p>District of Excellence in Child Nutrition from the School Nutrition Association</p> <p>International Foodservice Manufacturers Association (IFMA): Silver Plate Award</p>
Participant 3	<p>Supervisor of School Foodservice. “I have total responsibility for the entire foodservice operation-hiring, firing, training, working with the menus, having a balanced budget, following federal and state regulations, USDA nutritional requirements, as far as procurement regulations.”</p>	<p>Gold Award of Distinction from the USDA HealthierUS School Challenge Program</p>

Continued

Table 4.2: Continued

Participant	Role/Job Description	Awards for the Site
Participant 4	Director of Food and Nutrition Services. "I'm responsible for the management team and ... our patient services, our retail service, our catering service program and then our clinical program. So those are the four buckets that I tend to put what I do into."	International Foodservice Manufacturers Association (IFMA): Silver Plate Award Association for Healthcare Foodservice: Spotlight Award
Participant 5	"Operationally I am the Director of Food and Nutrition Services, so I oversee all of any food-patient food, retail food, executive dining, catering, all food things, as well as the nutrition pieces, the dietitians, the diet techs, the work with the patients-inpatient and outpatient, so all of that is part of my operational role."	Kansas State University College of Human Ecology Distinguished Research Award

Continued

Table 4.2: Continued

Participant	Role/Job Description	Awards for the Site
Participant 6	<p>Director of Nutrition Services.</p> <p>"I do strategic development for nutrition services for the health system, college of medicine, whatever you want to call us, so I am not necessarily doing day-to-day activities I am doing more of the administrative functions of trying to understand the food, nutrition, and wellness requirements for the medical center."</p>	<p>Association for Healthcare Foodservice (AHF): Partnership in Leadership Award</p>
Participant 7	<p>"I am Associate Director of Housing and Dining Services and an Assistant Professor...in our dining services program many of us have teaching appointments in our hospitality management and dietetics academic program...so we have joint responsibilities for teaching and...running operations."</p>	<p>International Foodservice Manufacturers Association (IFMA): Silver Plate Award and Gold Plate Award.</p> <p>National Association of College and University Food Services (NACUFS): Theodore W. Minah Award</p> <p>Academy of Nutrition and Dietetics Foundation: Award for Excellence in Practice: Management</p>

Continued

Table 4.2: Continued

Participant	Role/Job Description	Awards for the Site
Participant 8	<p>Director of University Dining.</p> <p>"As the director of university dining my areas of responsibility are: the residential dining for students who are living on campus, retail dining spread all around campus."</p>	<p>National Association of College and University Food Services (NACUFS): Regional President's Award</p> <p>Judy Ford Stokes Award for Innovation in Administrative Dietetics of Foodservice Facility Design</p>
Participant 9	<p>Director of Nutrition Services.</p> <p>"My position here currently is as the dietitian, registered, licensed dietitian in the facility and also as the director of nutrition services, so I have a dual role. I do clinical as well as management. More of my clinical focus is as oversight and fill-in...the management role is managing clinical as well as foodservice."</p>	<p>Academy of Nutrition and Dietetics: Medallion Award</p>

Table 4.3 Summary of dietitians practicing in foodservice management perceptions toward their role.

Overarching Theme	Sub-Themes	Individual quotes
Foodservice Directors Forecast Decreasing Numbers of Dietitians will be Foodservice Directors	Greater Emphasis in Medical Nutrition Therapy (MNT) in Dietetics Education	<p>“I would say we put a lot more emphasis on the nutrition aspects of preparing [future professionals]...I think people who enter the profession are really more interested in the science side...you know which has been a shift, you know we actually started in the profession with the people that were running hospital foodservice departments...then you know [we] realized yes that there was nutrition involved...I think it’s really shifted to being much more nutrition focused than um than equally weighted.” P5</p> <p>“So much of the undergraduate curriculum is focused [on] the body and [the] science and the nutrition...that it’s really hard for people to think then about other potential job choices that are outside that focus.”P8</p> <p>“I see too many dietetic students [who] have been trained essentially as scientists [and]</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>that's not what their job is going to be, that will be the job of some, but that will not be the job of all and if we expect dietitians to be in higher level leadership positions, they have to get that training somewhere along the way and I don't know where it's to come from."P2</p> <p>"People who go into management tend to...be drawn to a management field by...characteristics of the field that are different than people who are drawn to very science based sorts of fields and so I think the challenge right now with dietetics is...the nutrition piece of it is continuing to grow and be emphasized."P5</p> <p>"I think the difference in [foodservice management] is there's not a defined dietetics curriculum that will necessarily [get] you there...you have to be more independent in seeking out some of your own opportunities."P6</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“I think there’s a lot of opportunities that we can investigate, but I think right now it’s all about our technical competence.”P6</p>
	<p>Other Professionals are Prepared to be Foodservice Directors</p>	<p>“I think there [are] much fewer dietitians who are going into foodservice management and I think that is creating a challenge for the field of foodservice management and so consequently I see more non-dietitians being hired as foodservice directors...I think we’re seeing some of those positions being taken by people with a little bit different credentials than what hospital foodservice directors might have traditionally had.”P5</p> <p>“We have lost a lot I think to the...chef’s and...the people that are running food services. We’ve got to pick up some of the food skills that they have. And it’s hard to find a person that’s going to be interested in all of it...at the very least even if we lose some of it we’ve got to have dietitians that can work with chefs to still be the one that</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>understands the whole science of food and understand the human piece of serving quality food.”P7</p> <p>“A DTR with an MBA would do very well in schools...If you want to work in management maybe go ahead and get that bachelor’s degree, [take] the DTR test and then [get] something that would be more aligned with business.”P1</p> <p>“I think as we have fewer hospital directors who are dietitians. I think we will have fewer clinical dietitians because I think there will be less value placed on the role that they play, but I am not sure quite where I think the next generation is necessarily going to come from.”P5</p> <p>“There’s other people that could [run foodservices] and have all over the country. I’m not sure that there are too many RDs running foodservice all over the country, there</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>are some.”P7</p> <p>“People with culinary backgrounds are coming in and they’re getting their master’s degree in business and they’re becoming foodservice directors. Well I would much prefer a DTR with an MBA or a master’s degree in business being a school foodservice director, than I would someone with a culinary background. ‘Cause I feel that they have [the] special diet knowledge.”P1</p> <p>“It’s not that I wouldn’t hire someone who didn’t have [a] registered dietitian credential actually I have had it in those positions someone who has a MBA and a foodservice management background and they did just as well as the registered dietitians.”P1</p> <p>“I am also a certified executive chef, so that kind of rounds my career out a little bit...So when administrators see my resume they like that because I’m a clinical dietitian but I also know how to make good food.”P4</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
	Students Attracted to Dietetics are not Interested in Foodservice	<p>“ I think the science piece of [dietetics] does not attract people who are much more interested in sort of you know service and kind of customer interaction and food and you know some of the kinds of human resources kinds of things that are much more part of management piece.”P5</p> <p>“[Foodservice management is] a hard sell, because [it is] a lot of work....it is a harder sell than clinical. It’s not a nine to five job and that sometimes is what’s hard to sell...I think that students perhaps aren’t exposed to that, the fun side of foodservice and how challenging it can be.”P9</p> <p>“Many people go into dietetics...to be able to deal with wellness and nutrition, [that’s] what attracted them that science behind it and working...with diet, disease states you all that sort of thing is really what interested people and the sort of managing and managing people, running an operation, dealing with</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>budget, you know all of those kind of things [are] typically not as much of interest to many of the students who go into the field right now.”P5</p> <p>“I felt like I didn’t know enough from dietetics about the science of food...I wanted to understand more about the science of food.”P4</p>
Positive Influence of Being a Dietitian when a Foodservice Director	<p>Registration Provides Credibility to Community, Administrators, and Staff within Unit</p> <ul style="list-style-type: none"> • Community 	<p>“ [The RD credential] affect[s] people's perception of me as a foodservice director...if [a] parent or some health care provider in the community wants to take us on from a nutritional standpoint, the minute they find out I'm an RD, the discussion changes. That's a huge benefit to me.”P2</p> <p>“When you work in a healthcare facility...a credential gives you instant credibility, you know they...can relate to there’s a credential behind my name because everybody else has some type of credential as well, so they think that’s important.”P6</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“If people understand what a dietitian is...what the background of a dietitian is [then] it...has a lot of impact...it has a lot of weight if somebody understands...who we are, what our education has been, what our purpose is, what our focus is, and it’s not just putting food on a plate”P9</p> <p>“[The RD credential] changes people’s perceptions of dietitians...people used to think that dietitians were only clinical. Well I think the fact that I’m in something that’s not clinical gives dietitians...I hope I help them realize there are other alternatives that are really, really fun...so you know what we’re doing to influence not only the dietitians in our department, but then all the way out to the kids and their families”P2</p> <p>“Someone in my position should have an RD credential behind their name...because I am an influencer in our school district and in our community and people expect to see a</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
	<ul style="list-style-type: none"> Administration and Staff 	<p>nutrition expert at the helm in a child nutrition directors role.”P2</p> <p>“I would have to say...having the RD behind my name, gives me a greater level of credibility.”P3</p> <p>“[Having the RD credential] provides direction to a department...having those credentials, gives then credibility to you in being able to address some of those issues.”P5</p> <p>“I think being a dietitian and directing a...food and nutrition services department...helps me better understand you know what does a dietitian do, what are they capable of doing, you know I have professionals on my staff with those credentials and I think being one myself I have...maybe a better understanding of you know sort of the preparation and what they know...what they can do...so...I value that.”P5</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“People don’t associate necessarily my job with being a...registered dietitian, but...in some of my meetings you’ll hear me say ‘I’ll put on my dietitian hat, I’m wearing my dietitian hat right now and this is what I would say’...and people will connect with that and understand that...what I hear from our dietitians is that they appreciate that because it’s the same credential that they hold.”P6</p> <p>“You make sure that you model the behavior you want from your employees...it also brings you a lot of credibility.”P1</p> <p>“I’d say it doesn’t do much for the cooperation of the foodservice workers being a dietitian; it does a lot for my dietitians. Because they understand that I went through what they went through.”P4</p>
Medical Nutrition Therapy and	Understanding Customer Needs	“I do deal with a lot of special diets, modified diets and I need my RD to be able to do that,

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
<p>Foodservice</p> <p>Management are</p> <p>Intertwined</p>		<p>because we do prepare special foods for students with medical needs in our schools.”P3</p> <p>“We’re dealing with patients and special diets...as well as on the retail side, dealing with you know food allergies, and food requests and...the background in dietetics...the nutrition aspects with the food aspects I think kind of provides then...that expertise to be able to address a lot of those or understand a lot of those different things.”P5</p> <p>“For the last couple decades there’s been a great interest in things like nutrient content, food allerg[ies], childhood obesity so as a registered dietitian I could utilize that background in discussions with parents, administrators...”P1</p> <p>“A registered dietitian and...licensed dietitian to be a director of foodservice is probably optimal, because they understand the marriage</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>between how food and nutrition meet.”P9</p> <p>“Nutrition is part of our name...ok in health care facilities...its usually food and nutrition departments, nutrition departments, so we are part of the healthcare mission. We are a core competency that is connected to the nutrition status.”P6</p> <p>“We’re about food and in a college/university environment we’ve got to have quality food we’ve got to have excitement about food...I think that dietitians have that jump start because of their education to be successful at the level that...in impacting quality food.”P7</p> <p>“With what we have to do its made it simpler to be a dietitian, [and] it allows us to create better integration in the services we offer...here absolutely ...we integrate from the patient side that has a clinical component, to our retail food side that had a clinical nutrition or nutrition component, to our health</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>and wellness events that have a nutrition component to our ambulatory events, we...connect those dots all the time.”P6</p> <p>“It’s not just about the science it’s also-it all starts with food, and I think there’s been a shift in recent years...back on food because that’s how you can communicate with clients best, that’s how you can communicate with the public best, because they don’t care about amino acids and enzymes and all that good stuff, they want to know what they’re supposed to eat.”P2</p> <p>“[Medical nutrition therapy] was good for me to have...because we are working with so many children with uh pretty serious disease issues and uh allergies and all that type of thing...we actually customize menus for children with uh allergies and uh chronic conditions.”P2</p> <p>“it’s food and I’ve watched so many times</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		that dietitians who don't want to be called the food people, who get frustrated by getting asked questions about food, who [have] never been in the kitchen."P4
Entry into the Field of Foodservice Management by a Dietitian Often Occurs Due to Early Experiences	Entrance to Practice comes from Job/Internship Rotation	<p>"As an undergraduate student I took a position as a tray-line person at the local...hospital...then I stayed on [and did] what they call a master's plus work experience as a route to registration...I then took a full time position as the production supervisor."P5</p> <p>"Throughout my undergraduate career I worked in a hospital about 30 hours a week and I worked in the...dish room then worked part time in the diet office and was functioning at the level of probably a diet technician when I graduated...on-the-job-training has been a huge factor."P1</p> <p>"I went to [college], graduated-did not get an internship...so I got a job in a hospital as a supervisor for 3 ½ years...the hospital...had</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>[a] traineeship...it was like a work study type of program, so I was...accepted into that.”P9</p> <p>“I was the student graduated from college who was told that I would never be a dietitian, and I was that worker, that foodservice worker, applying for that traineeship who was told I was not the right image for a dietitian, but I found a way you know, so...never give up, with whatever it is that you want to do.”P9</p> <p>“It’s really I think more where I fell...I graduated and then had to find a way to do the internship piece and in the meantime I got a job [in] dining services on campus, so it was the first job that I got and I wasn’t registered at the time and while I was there...I fulfilled all the requirements, took the exam and became registered...I’ve had job offers...but they just were never the right job and I just kind of stayed in collegiate dining.”P8</p> <p>“I decided to go into foodservice management to make it easier on dietitians, because if the</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		food is good then the dietitians can do their jobs.”P4
	Expertise Comes from Practice Over Time.	<p>“My experiences having worked at you know first the small hospital and then the large sort of nursing home facility then being...associate director...so all of those operational experiences helped also build the expertise that I needed.”P5</p> <p>“My first job I went back to a small community hospital...I was there two or three weeks when my boss left. And so I had worked in that hospital while I was in college...they asked me if I’d be willing to take on the director’s position...it was a great, great experience so from that I learned a lot about management, leadership and budgets, all the things you can’t really put your hands on in college. But I got a chance to experience it and that was probably a defining moment for me just because it gave me experience where people didn’t get that kind of experience.”P6</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“You know as you move up in management then you...generally end up with more and more responsibility for budgeting and financial oversight and that type of thing...I think I just kind of got [the skills that best prepared me for my current position]...as I progressed to each different university and took on additional responsibilities.”P8</p> <p>“[I] accepted a position with the State Department of Education...in their Child Nutrition Program...I worked for the state for 15 years...it was really with the state department when I went from district to district and saw best practices, but then also saw things that I would improve on [where I developed the skills that best prepared me for my current position].”P3</p> <p>“Just because you know the information doesn’t mean you have the skills to do it, so I didn’t know how to do [some management</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		things] till I got in the middle of doing it...and I think that would be true with anybody.”P8
Advocacy for Dietitians in Foodservice	Dietetic Internships	<p>“Because we have an internship we have huge, huge emphasis on professional development.”P2</p> <p>“Because of the [dietetic internship we have]...there are probably 15-20 of my former interns who are foodservice directors in school districts or directors at the department of education...child nutrition...my last class of six interns which finished up in November. Three of the six went to work either at the department of child nutrition or in child nutrition programs.”P1</p> <p>“When we have our foodservice management rotations-I’ll tell you one of my goals was to eliminate [the] lunch lady mentality to see it differently than that and to hopefully see the business side of what we do a lot more ‘cause I do believe there’s this great extension from our dietetics education to the analytical side of</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>what we have to do in foodservice management. It's just...getting people to see that connection and appreciate that connection."P6</p> <p>"I have a lot of interns...I think that by just continuing to be out there and accepting students, going and talking at job fairs...you know just anywhere to put out there and to share what I do, how I do it, answer questions...if you don't get the intern[ship] the first time, [don't] stop, if it's what you want to do...once you get there don't stop, continue to share and work with and there's lots to do with the Academy to continue to at...the local, state, and national level [to] help promote dietetics and promote the image, promote um who we are, what we do."P9</p> <p>"I have two sets of interns that are working with me...I am part of their required rotation and they are a great asset to our program...I am extremely impressed with the interns.</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>Really sharp, really hard working...very professional.”P3</p> <p>“I personally love internships and work experience and so forth, because that’s where you start to apply what you know and refine your skills.”P2</p> <p>“I think all of us [internship directors] feel pretty committed that we want to make sure that you have the skills to be successful in that job and we’re gonna help you try to get it.”P1</p> <p>“I can tell you when people come out of our internship...I don’t expect them to stop [at a] lower level position, I want them to go all the way as far as they can possibly go with their careers if that’s what they want.”P2</p> <p>“Whenever you’re a dietitian [you] lead for the organization, so you give back to the organization, people will follow [what] you do...every dietitian [is] a leader, so by</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>participating in professional organizations, by impacting the legislation that impacts uh dietetics, by um taking your work into the community and volunteering and giving back, those are all ways that we demonstrate to others and hopefully have others emulate...we all have someone ahead of us who led a path for us and I just feel very strongly that we need to do the same thing back.”P6</p>
	<p>Bridge Between Clinical and Foodservice</p>	<p>“I think it’s important even if you’re a dietitian in a hospital in [acute] care setting, if you’re giving diet instruction to somebody who’s just been diagnosed –needs a cardiac diet or a diabetic diet whatever you need to be able to talk to them...about how they go about preparing food that will meet the diet needs...and still end up with food they’re gonna want to eat.”P8</p> <p>“The field of foodservice management dietitians to some degree [is] a declining pool...so I see myself as a real spokesperson</p>

Continued

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>for the importance...that we are more than just nutrition you know in the profession and modeling what that looks like.”P5</p> <p>“I feel pretty strongly that to be successful, dietitians really need to understand food and not just the nutrients that are in them...there is really not...as much of an understanding and realization of having to work with patients and understand you know what are they eating, how are they preparing it, that all of those things enter into it.”P5</p> <p>“Here at the medical center we integrate the functions of food and nutrition very well, we don’t separate the functions, so that as a dietitian I can relate to what our clinical staff want and need-I’ve been there I’ve done that. But at the same time I can connect that back to our food side and our chefs and you know the variety of different staff that work with us um and its, its being able to see perspective of both sides of the street.”P6</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“I understand what has to happen at the bed side, I understand what the nutrition assessment process is, I understand what the outcomes are we are trying to achieve and I don’t see it as a task on a list...because I come from a clinical background I can definitely relate to that clinical background...when you talk to a lot of people I am also a firm believer that dietitians need to be aligned with the foodservice department.”P6</p> <p>“I probably you know, having a nutrition sort of a theme, a value, you know a major component of what we do, um probably shines through more than if I didn’t have that background. So you know the, the healthfulness of the things that we serve on the retail side as well as the patient side are of concern to us...and so I think having had that [] background probably has influenced why that piece...continues to be important in what we do.”P5</p>

Table 4.3: Continued

Overarching Theme	Sub-Themes	Individual quotes
		<p>“[Dietitians] think that they want to be at a seat with the clinicians and not with the food people. Food, the foodservice department is the ball and chain dragging them to the bottom of the ocean.”P4</p>

Discussion

The purpose of this study was to explore successful foodservice management dietitians’ perceptions regarding the benefits of being a registered dietitian in their professional role. This study is unique, in that, to the best of this researcher’s knowledge, it is the only research that has examined the perceptions of advanced practice dietitians in foodservice management on how being a dietitian has assisted them in their professional work role. While this study provides new information on the perspective of advanced practice dietitians in foodservice management, the story told through the participant interviews parallel the changes dietetics has seen through the years.

The major themes identified from the participant interviews included: foodservice directors forecast decreasing numbers of dietitians will be foodservice directors; the positive influence of being a dietitian when a foodservice director; medical nutrition therapy and foodservice management are intertwined; entry into the field of foodservice management by a dietitian often occurs due to early experiences; and the ability to

advocate for dietitians in foodservice. These overarching themes encompass the key findings of the interviews as well as reveal the results to the study's objective questions.

Nine subjects completed interviews for this study. Each participant varied in background and preparation. The vast majority (n=8) felt that having the RD credential was of some benefit to them.

THEMES

At the same time, one of the primary themes identified by participants was the forecasting of decreasing numbers of dietitians who will want to become foodservice directors. Participants identified the increased medical nutrition therapy focus in dietetics education and the attraction of students with a greater interest in medical nutrition therapy as possible causes for a decrease in the number of dietitians electing to pursue foodservice director positions.

Barber (1) and Payne-Palacio & Canter (20) both discuss the history of dietetics and how over the years the field has expanded clinically. In addition, the Academy of Nutrition and Dietetics' Visioning Report makes recommendations for dietetics education, credentialing, and practice. While the report recommends that the educational system needs to provide greater knowledge in clinical, management and community/public health areas, it acknowledges that the continuing expansion of food and nutrition science challenges the ability of dietetics education to cover all necessary content, and suggests that specialization in areas like management should occur through graduate education (10). This confirms that currently management is secondary to medical nutrition therapy.

The foodservice directors believe that students attracted to dietetics are not interested in foodservice. Students are attracted to dietetics because it is a science and many are interested in nutrition and wellness. Few students enter dietetics because they are interested in management and want to pursue a career in foodservice management. Those students, who do go into foodservice management have probably had previous experience working in foodservice and so the knowledge and interest may have grown from that experience.

Over the years, as dietitians were increasingly seen as a necessity in the field of healthcare, the training and preparation for dietitians shifted to be much more clinically focused (1). Halling & Hess (18) discussed how the Academy has decreased coursework in food and management, and the number of dietetic internships that offer a management emphasis has also decreased. According to the Academy's current list of accredited dietetics programs (coordinated programs in dietetics, didactic programs in dietetics, and dietetic internships), of the 304 programs 44 have an emphasis in management or leadership (4). These educational and training/preparation changes could explain why some participants felt students attracted to dietetics are not interested in foodservice; there is not enough exposure to foodservice during education and training. Many students have negative impressions of management in dietetics, which could be an explanation for why students attracted to dietetics are not interested in foodservice. This negative impression could be due to the misinformed association students between management and business. Students may assume that foodservice management relies only on business and management skills, when that is not the case (19,39).

Participants also forecasted decreasing numbers of dietitians being foodservice directors, because other professionals are prepared to be foodservice directors. People with credentials other than the registered dietitian credential are being hired as foodservice directors. A few of the participants mentioned that a DTR with some foodservice management background or a Master's in Business Administration would be a good fit for a foodservice director. In addition, chefs may be hired as foodservice directors. Someone with a culinary background and business training could step up and be a foodservice director; however, there was some concern with the lack of special diet/nutrition knowledge these professionals would have. This finding is consistent with several studies (11,12,17,50) that have found that around 50% or less of food and nutrition services departments are actually managed by dietitians. The main concern of participants was that fewer dietitians are going into foodservice management. Lower numbers of dietitians entering the field impacts the awareness people have of dietitians' skills. Gregorie, Sames, Dowling, & Lafferty (11) expressed similar concerns, saying as fewer registered dietitians work as foodservice directors, there will be fewer opportunities for administrators to work with dietitians. This could lead to decreased opportunities for administrators to become familiar with the skills and qualifications of a registered dietitian foodservice director (11). To promote awareness of dietitians' skills, it is recommended that leaders in foodservice management act as role models and promote a positive image of management dietetics, as well as share the benefits and opportunities available to dietitian foodservice directors (12,19).

The Dietetics Supply and Demand: 2010-2020, looked at the distribution of credentialed dietetics workforce by practice area and found that approximately 15% of dietitians worked in food and nutrition management (14). Similarly the 2013 Compensation and Benefits Survey found that 12 % of dietitians reported working in foodservice management. Foodservice Director magazine reports the anticipated changes in the number of foodservice directors over the years. According to a 2012 Foodservice Director article, 51% of foodservice directors are concerned that there will not be enough trained management professionals to take over for senior-level management professionals who will retire in the next five years. Looking at this information by type of work site, 59% of directors working in colleges/universities said they do not foresee a shortage of management professionals. However, 61% of school foodservice directors and 54% of healthcare foodservice directors reported that they do expect a shortage of possible successors (51).

As participants described their career path to their current role, most entered the practice of foodservice management due to jobs or work experience they had. There were three distinct paths that most participants took. Either they worked in foodservice while in school and stayed in the area of practice after graduating, because of a job or internship; or they worked in foodservice while in school, pursued a different area of dietetics (clinical), but returned to the area of practice because they had foodservice and/or management experience; or their first job out of school was in foodservice and they stayed in the area of practice. Seven of the participants have been in the field of dietetics and foodservice for 25 years or greater.

Many participants felt that they built the skills that best prepared them for their current roles, by working in the foodservice area. Operational experiences from different positions in foodservice management built expertise. Additionally, working in foodservice management overtime gave the participants real-world experience in areas that cannot be taught in a classroom. This observation is consistent with a previous study conducted by Nettles, Gregoire, & Partlow (43) that found graduates from several graduate programs in foodservice management gained much of their competence in foodservice management from sources other than their graduate program. The students that felt that they gained their competence outside of their graduate program were not asked to identify where they actually gained their competence (43).

Participants stated that the registered dietitian credential gave them credibility with multiple constituents including their community, administrators, and employees. In addition, being a foodservice director with the registered dietitian credential had a positive influence on understanding customer needs.

The participants reported that being a dietitian brought a level of credence and support in nutrition-related discussions with people (administrators, members of the community, etc.). When people understand the knowledge of a dietitian, it assists in furthering discussions regarding the relationship between nutrition and foodservice. The participants also reported that they were better advocates for their employees in the clinical area of practice because they understood their needs.

This is somewhat consistent with the existing literature (11), which found that registered dietitian foodservice directors are perceived as less competent in management-

related competencies, but as hospital executives started working with dietitians their perceptions of the competency of dietitians' increased. This could explain why all of the participants found being a dietitian assisted them in their professional work role it provided credibility. The participants know that they are competent and can use the registered dietitian credential to their benefit, there just needs to be increased awareness of what registered dietitians are capable of. Administrators may not be aware of the skills that a dietetics base adds to the foodservice director role, because the competencies they value (financial competencies) are not the competencies that are emphasized in dietetics education (medical nutrition therapy) (11,52). This could also explain why the registered dietitian credential is not required by hospital administrators; during hiring, the hospital administrators may be unfamiliar with the registered dietitian credential and what it can lend to the foodservice director position. Knowing this might make participants be greater advocates for the role of the dietitian and how the dietetic component of their knowledge assists them in their current role.

Most commonly, participants stated that the registered dietitian credential, no matter the area of practice in dietetics (school foodservice, college/university foodservice, large medical centers, or long-term care) provided them with the background they needed to consider nutrition issues including special diets and food allergies. Participants believe a background in dietetics was beneficial because they understand the 'marriage between food and nutrition', which allows them to better integrate the services they provide, whether that be school lunches, patient meals, or retail foodservice and it helps them communicate with clients/public the best.

This aligns with the official position of the Academy, which states that health care food and nutrition service departments are best managed by dietetics professionals, who are competent not only in foodservice management, but also nutrition (9). Foodservice directors need to be proficient in both of these areas, because in the health care arena the food and nutrition services department is crucial to customer satisfaction. Having a background in nutrition, but also understanding how to produce quality food, is how registered dietitian foodservice directors provide the customer with what they want. Similarly, the results from Gregoire & Greathouse (12) 78.7% of study participants identified customer satisfaction as an important and required skill set for future hospital foodservice directors to have. Halling & Hess (18) discuss how focusing on food, in addition to nutrition, allows dietitians to be more consumer-driven.

Many of the participants were either dietetic internship directors or were preceptors for dietetic students. The participants used the dietetic internship to advocate for dietitians and promote career opportunities and development. The participants also advocated for dietitians by acting as a bridge between clinical and foodservice in their respective organizations.

The dietetic internship is a great platform for the participants to advocate for dietitians. Many participants encouraged professional development; participants wanted to ensure that interns have the necessary skills to be successful in any job. Participants used dietetic internships/rotations as a place to change students' perceptions of foodservice management, by connecting dietetics' education with work experience. Additionally, participants promoted the image of dietitians, and what dietitians are

capable of doing, to students and encouraged students to advocate for the profession once they entered the workforce. Several previous studies (11,12,19) have also mentioned advocacy for dietitians. These studies suggest that registered dietitian foodservice directors have a responsibility to promote the foodservice management, and act as positive role models and mentors to students and young dietitians so that they have a positive image of management in dietetics.

One other way that registered dietitian foodservice directors can advocate for dietitians is by acting as a bridge between clinical and foodservice. Participants discussed integrating the functions of food and nutrition in their organizations. Integration allowed the participants to related not only to the dietitians on the clinical side but also to the chefs on the food side, because they could see the perspective of both sides. Specifically one participant felt “that dietitians need to be aligned with the foodservice department”.

Limitations

The results of this study are descriptive only and the perceptions of a small sample. Convenience sampling of foodservice directors who are have been noted to be exceptional through awards or other professional designations were selected to participate. Therefore, the thoughts and outcomes of this study cannot be generalized. The participants may have answered in an acceptable means so that they were not identified as non-supportive to the profession. Lastly, due to limited training for the interviewer, there may have been some interviewer inconsistency with which questions were asked and responses were probed.

Implications for Future Research

The results of this study demonstrate that being a registered dietitian is a beneficial credential to have for someone working as a foodservice director. Foodservice directors who are also dietitians rely on their credential to provide them with a level of credibility and help them understand their customers' needs. Having these credentials also allows foodservice directors to advocate for dietitians by acting as a bridge between clinical and foodservice, as well as by being involved with dietetic internships. While all participants had been in the field for many years and felt that they gained their expertise from practice over time, they predicted decreasing numbers of dietitians will be foodservice directors. This prediction was based on three main thoughts the students attracted to dietetics are not interested in foodservice, dietetics education is more medical nutrition therapy focused/based, and other professionals are prepared to be foodservice directors. Current foodservice directors with the registered dietitian credential need to be advocates for the profession, by championing the positive influence of dietitians as foodservice directors, serving as a bridge between clinical nutrition and foodservice, and interacting with students. The results of this study should empower dietitian leaders in the field of foodservice management to promote their experiences and expertise, with the hope of stopping the decline of dietitians as foodservice directors.

Chapter 5: The Perspectives of Advanced Practice Dietitians in Foodservice Director Roles: An Exploratory Investigation-Sample Article

Abstract

Over the years, as dietitians have had to take on a more prominent role in acute health care settings, the role of the dietitian has shifted away from foodservice and management towards a greater clinical focus. Despite this change, the Academy of Nutrition and Dietetics' official position is that registered dietitians are the most qualified professionals to be directors of healthcare food and nutrition services. However 50% or fewer of food and nutrition services departments are actually managed by dietitians. This qualitative research study used ethnographic interviews to determine the perceptions of successful dietitians in the foodservice management realm toward the benefits of being a registered dietitian. Nine foodservice directors who were registered dietitians were interviewed. Interview transcripts were coded and thematic analysis was manually conducted to discover naturally emerging themes. Participant responses resulted in five overarching themes: (a) positive influence of being a registered dietitian when a foodservice director, (b) medical nutrition therapy and foodservice management are intertwined, (c) entry into the field of foodservice management by a dietitian often occurs due to early experiences, (d) advocacy for dietitians in foodservice, and (e) foodservice directors forecast decreasing numbers of registered dietitians will be foodservice directors. Overall most participants (n=8) felt that having the RD credential was of

benefit to them. The results of this study should empower dietitian leaders in the field of foodservice management to promote their experiences and expertise, with the hope of stopping the decline of dietitians as foodservice directors.

Keywords: Foodservice Director, Registered Dietitian, Qualitative Research, Interviews

Introduction

The dietetics profession has evolved substantially since it started almost 100 years ago. In its infancy, dietitians were primarily administrators in the kitchen and the profession of dietetics focused on management related topics. As interest and knowledge regarding the effect of nutrition on health care outcomes increased, the role of the dietitian also changed to a greater clinical focus (Barber, 1959; Payne-Palacio & Canter, 2010) and dietitians prepared to take on more prominent roles in acute health care settings (Stein, 2012; The American Dietetic Association, 1985). While the role of the clinical dietitian expanded, management remained an important competency and expectation within the profession. The current *Scope of Practice for the Registered Dietitian* states that a successful dietitian spans multiple disciplines including management, education, business, research and policy (Academy Quality Management Committee and Scope of Practice Subcommittee of Quality Management Committee, 2013).

The Academy of Nutrition and Dietetics' (Academy) official position is that registered dietitians are the most qualified professionals to be directors of health care food and nutrition services: "effective management of health care food and nutrition services is best accomplished by dietetics professionals with competence in management;

foodservice systems, including food science, safety, and quality; and nutrition in health and disease, including medical nutrition therapy” (Lafferty & Dowling, 1997). The estimate of dietitians reported to be foodservice directors/managers in hospitals ranges from 38 to 51 percent (Edelstein & Gillis, n.d.; M. B. Gregoire, Sames, Dowling, & Lafferty, 2005; M. Gregoire & Greathouse, 2010; Silverman, Gregoire, Lafferty, & Dowling, 2000). In the 2013 Compensation and Benefits Survey of the Dietetics Profession, 44% of the registered dietitians either directly or indirectly supervise employees; 19% reported their responsibility level as a supervisor; 22% reported being an executive, director, or manager; and 4% were owners/partners (Rogers, 2014). The field of foodservice management holds some of the highest paying positions in dietetics. In the Foodservice Director’s 2013 annual report on compensation by segment, the average annual salary for foodservice directors in hospitals was \$71,000, schools was \$65,000, and rest home/senior level was \$58,000 (“Salaries still tied to experience—and gender”, 2013).

The education standards for dietetics programs requires business and management competencies in various areas including foodservice management be met by all graduating students. In addition, 37 of the 304 dietetics programs with supervised practice experience have an emphasis in management or leadership (“Accredited Education Programs for RDs and DTRs from the Academy of Nutrition and Dietetics,” n.d.). At the same time, 51% of foodservice directors estimate that there will not be enough trained management professionals to replace the senior-level management professionals who will retire in the next five years (“Operators differ about future

management talent,” 2012). Contemplating the small numbers of dietetics programs that are emphasizing management and leadership and the low numbers of dietetics students attracted to the foodservice practice area, it is important to better understand the professional needs of dietitians for this area of practice as well as what attracted experts of the field to the practice area.

The aim of this study was to determine the perceptions of successful dietitians in the foodservice management realm toward the benefits of being a registered dietitian. The overarching objectives of this study were to determine the perceptions of the participants’ (a) roles and practice activities, (b) their dietetics education and the dietetics competencies and/or skills they currently use, (c) and their personal beliefs on the value of a dietetics base for foodservice directors.

Methods

Design

This qualitative research project involved information collection through participant interviews (in-person and phone). A general interview guide was established, listing the standardized question thread that was used. The interview guide was developed after reviewing the literature, with questions aiming to answer the research objectives. The thread was developed by four research experts, two of whom were content experts and three were qualitative research experts. The question thread consisted of 10 major questions. Probing questions were developed to be used if clarification or further explanation of responses was needed.

The researcher field-tested the questions to determine understanding by the interviewee. This process also was an opportunity for the researcher to practice the interview process. In addition, the lead researcher accompanied the interviewer to one participant's interview to assist in assuring fidelity of the interview process.

All participants were contacted via e-mail to establish willingness to participate. Once the participant agreed to join the study, a convenient interview time was determined and written informed consent was obtained. Information was collected via an interview, either in-person or by phone. Each interview lasted between 30 to 60 minutes depending on the depth of the response from the participant. The same interviewer conducted all interviews.

A general interview thread with probing questions was used during each interview. The interviews were audio recorded using a LivescribeTM EchoTM Smartpen to guarantee accuracy of content. During the interview, the researcher took additional notes that were used to supplement the audio recordings. All interviews were transcribed verbatim in their entirety. In addition to the interviews, two voluntary demographic questions were asked after the interview was completed. The study protocol and interview question thread were approved by the university's institutional review board prior to information collection.

Sample

The sample for this study consisted of a convenience sample of registered dietitians practicing in foodservice management, identified as award winning and performing at an advanced level. A list of potential participants was generated. Potential

participants were included on the list based upon innovation and practice awards, recognized expertise, practice in foodservice, active involvement in foodservice organizations, and service as leaders in these organizations. The researchers whom were experts in the field identified potential participants, journals posting awards were scanned to further identify potential participants, and other leaders in the organization were requested to identify successful foodservice directors.

Nine foodservice directors were selected to represent varying types of work sites: large healthcare systems (n=3), school systems (n=2), colleges and/or universities (n=2), and living care centers (n=2). Eight of the nine were successfully contacted and agreed to participate. One participant in living care centers did not respond. However, during the interview process a ninth person in school foodservice was identified, contacted, and she agreed to participate.

Analysis

Interview transcriptions were reviewed and coded manually to identify common themes. To triangulate the trustworthiness of the data, two of the researchers analyzed the data separately and then met to come to consensus regarding the findings. All final codes and themes were mutually agreed upon. Once themes and patterns were recognized, they were supported with direct quotations from the subjects of the study. The final analysis was debriefed with the four researchers and consensus remained for the themes, subthemes and quotes representing the themes. An audit trail was kept including the notes collected during the interviews, the transcriptions and analysis by each researcher, and the final outcome.

Results and Discussion

The participants were female primarily (n=8) and practiced as dietitians and in foodservice for at a minimum of 25 years (n=7), and operated sites with budgets from 9 million to 22 million dollars. Descriptive information for participants can be found in Table 5.1. Overall most participants (n=8) felt that having the RD credential was of some benefit to them. However, one participant felt that his culinary background was used more than the dietetics background.

Five major overarching themes identified from participant interviews were: (a) positive influence of being a registered dietitian when a foodservice director, (b) medical nutrition therapy and foodservice management are intertwined, (c) entry into the field of foodservice management by a dietitian often occurs due to early experiences, (d) advocacy for dietitians in foodservice, and (e) foodservice directors forecast decreasing numbers of registered dietitians will be foodservice directors. A summary of the themes and representative quotes may be found in Table 5.2.

Positive Influence of being a Registered Dietitian when a Foodservice Director

The participants reported that the registered dietitian credential gave them credibility with multiple constituents including their community, administrators, and employees. In addition, being a foodservice director with the registered dietitian credential had a positive influence on understanding customer needs.

The participants reported that being a dietitian brought a level of credence and support in nutrition-related discussions with people (administrators, members of the community, etc.). When people understand the knowledge of a dietitian, it assists in

furthering discussions regarding the relationship between nutrition and foodservice. The participants also reported that they were better advocates for their employees in the clinical area of practice because they understood their needs. One participant did not agree and felt that being a dietitian didn't assist his foodservice employees.

Foodservice directors need to be proficient in food and nutrition because in the health care arena the food and nutrition services department is crucial to customer satisfaction. Having a background in nutrition, but also understanding how to produce quality food, is how registered dietitian foodservice directors provide the customer (patient or retail) with what they want. Similarly, the results from Gregoire & Greathouse (2010) noted that 78.7% of study participants identified customer satisfaction as an important and required skill set for future hospital foodservice directors to have (M. Gregoire & Greathouse, 2010). One participant did disagree and felt that having knowledge of food and how to make good food was more important than clinical nutrition knowledge.

Medical Nutrition Therapy and Foodservice Management are Intertwined

Most commonly, participants stated that the RD credential, regardless of the area of practice in dietetics (school foodservice, college/university foodservice, large medical centers, or long-term care) provided them with the background they needed to consider nutrition issues including special diets and food allergies. Participants believe a background in dietetics was beneficial because they understand the 'marriage between food and nutrition', which allows them to better integrate the services they provide, whether that be school lunches, patient meals, or retail foodservice and it helps them

communicate with clients/public the best. In school and university foodservice, having medical nutrition therapy knowledge is important in protecting students with food allergies, by providing the correct foods and ensuring proper food preparation. In the healthcare arena (large medical centers and long-term care) medical nutrition therapy knowledge is essential to be able to provide patients with special diets (heart healthy, diabetic, etc.).

Entry into the Field of Foodservice Management due to Early Experiences

As participants described their career path to their current role, most entered the practice of foodservice management due to jobs or work experience they had. There were three distinct paths that most participants took. Either they worked in foodservice while in school and stayed in the area of practice after graduating, because of a job or internship; or they worked in foodservice while in school, pursued a different area of dietetics (clinical), but returned to the area of practice because they had foodservice and/or management experience; or their first job out of school was in foodservice and they stayed in the area of practice. There was one participant who disagreed, and entered the practice of foodservice management “to make it easier on dietitians, because if the food is good then the dietitians can do their jobs”.

Many participants felt that they built the skills that best prepared them for their current roles, by working in the foodservice area. Operational experiences from different positions in foodservice management built expertise. Additionally, working in foodservice management overtime gave the participants real-world experience in areas that you just can’t get through school. This observation is consistent with a previous

study that found graduates from several graduate programs in foodservice management gained much of their competence in foodservice management from sources other than their graduate program (Nettles, Gregoire, & Partlow, 1993). There was one participant who did not align with the other participants and he felt that his preparation as a certified executive chef provided him with the expertise he needs to be a foodservice director.

Advocacy for Dietitians in Foodservice

Many of the participants were either dietetic internship directors or were preceptors for dietetic students. The participants used the dietetic internship to advocate for dietitians and promote career opportunities and development. The participants also advocated for dietitians by acting as a bridge between clinical and foodservice in their respective organizations.

Many of the participants worked with dietetic interns and their work with interns allowed them to advocate for dietitians. Most participants encouraged professional development; participants wanted to ensure that interns have the necessary skills to be successful in any job. Participants promoted the image of dietitians, and what dietitians are capable of doing, to students and encouraged students to advocate for the profession once they entered the workforce. Several previous studies suggest that registered dietitians who are foodservice directors have a responsibility to promote the foodservice management, and act as positive role models and mentors to students and young dietitians so that they have a positive image of management in dietetics (Cluskey, Gerald, & Gregoire, 2012; M. B. Gregoire et al., 2005; M. Gregoire & Greathouse, 2010).

The foodservice directors also advocated for dietitians by acting as a bridge between clinical and foodservice. Participants discussed integrating the functions of food and nutrition in their organizations. Integration allowed the participants to relate not only to the dietitians on the clinical side but also to the chefs on the food side, because they could see the perspective of both sides. Again, there was one participant who disagreed and noted that dietitians don't care about food and dietitians "want to be at a seat with the clinicians and not with the food people...the foodservice department is the ball and chain dragging them to the bottom of the ocean."

Forecast Decreasing Numbers of Dietitians who will want to Become Foodservice

Directors

Participants identified the increased medical nutrition therapy focus in dietetics education and the attraction of students with a greater interest in medical nutrition therapy as possible causes for a decrease in the numbers of dietitians electing to pursue foodservice director positions. Students are attracted to dietetics because many are interested in nutrition and wellness. Few students enter dietetics because they are interested in management and want to pursue a career in foodservice management. Those students who do go into foodservice management often have had previous experience working in foodservice and so the knowledge and interest may have grown from that experience. A few participants noted this shift towards medical nutrition therapy and how nutrition and foodservice are not equally weighted in the field anymore. This interest is reflected in the dietetics education programs with approximately ten percent of the programs having an emphasis in management and greater than 85 percent having an

emphasis in medical nutrition therapy, community, and wellness. As early as 1995, Halling and Hess discussed how the Academy has decreased coursework in food and management, and the number of dietetic internships that offer a management emphasis has also decreased (Halling & Hess, 1995).

Participants also forecasted decreasing numbers of dietitians being foodservice directors, because other professionals are prepared to be foodservice directors. People with credentials other than the registered dietitian credential are being hired as foodservice directors. A few of the participants noted that a dietetic technician with some foodservice management background or a Master's in Business Administration would be a good fit for a foodservice director. In addition, chefs may be hired as foodservice directors. Someone with culinary background and business training could also step up and be a foodservice director. This finding is consistent with several studies (Edelstein & Gillis, n.d.; M. B. Gregoire et al., 2005; M. Gregoire & Greathouse, 2010; Silverman et al., 2000) that have found that around 50% or less of food and nutrition services departments are actually managed by dietitians. The main concern of participants was that fewer dietitians are going into foodservice management. Lower numbers of dietitians entering the field, impacts the awareness people have of dietitians' skills and may further increase this problem. The Dietetics Supply and Demand: 2010-2020, noted the distribution of credentialed dietetics workforce by practice area and found that approximately 15% of dietitians worked in food and nutrition management (Hooker, Williams, Papneja, Sen, & Hogan, 2012).

Conclusions and Applications

All of these dietitians had an opportunity in the foodservice area of practice as a novice dietitian or student. Eight of the nine were very respectful of their dietetics background and appreciated having it. They felt it added credibility to their practice. Each of the practitioners assists young dietetics students and believe it is important to the future of foodservice management to do so. It would appear this may be the most important factor that they can do to have greater numbers of dietitians practice in foodservice management. All of these exceptional practitioners found a passion for the field early in their careers. The results of this study should empower dietitian leaders in the field of foodservice management to promote their experiences and expertise, with the hope of stopping the decline of dietitians as foodservice directors.

This study is unique, in that, to the best of this researcher's knowledge, it is the only research that has examined the perceptions of advanced practice dietitians in foodservice management on how being a dietitian has assisted them in their professional work role. This work is not without limitations. The results of this study are descriptive only and the perceptions of a small sample. Convenience sampling of foodservice directors who are noted to be exceptional through awards or other professional designations were selected to participate. Therefore, the thoughts and outcomes of this study cannot be generalized. The participants may have answered in an acceptable means so that they were not identified as non-supportive to the profession. Lastly, due to limited training for the interviewer, there may have been some interviewer inconsistency with which questions were asked and responses were probed.

Table 5.1: Participant Descriptive Information

	Number of Employees	Number of Sites	Budget	Degree	Role
Area of Practice					
School Foodservice – Participant 1	150-175	40 schools	\$9 million	Bachelor's, MBA	Director of Nutrition and Wellness.
School Foodservice – Participant 2	367-380	50 sites	\$18 million	Bachelor's in nutrition and business with a minor in communications, MS, MBA, PhD.	Director of Food and Nutrition Services for County Schools.
School Foodservice - Participant 3	400	55 schools	\$22 million	Bachelor's, Master in Human Nutrition	Supervisor of School Foodservice.
Large Health Center - Participant 4	Not reported	830 bed acute care hospital	\$10 million (retail sales)	Bachelor's, MPH, Certified Executive Chef	Director of Food and Nutrition Services.
Large Health Center - Participant 5	Not reported	1 site	Not reported	Bachelor's, Master's in institution management, PhD in foodservice and	Director of Food and Nutrition Services

Table 5.1: Continued

	Number of Employees	Number of Sites	Budget	Degree	Role
				hospitality management	
Large Health Center - Participant 6	256 FTEs (70% full- time, 30% part-time)	1 large medical system	\$20 million	Bachelor's, Master's of Science in Nutrition	Director of Nutrition Services.
College/University - Participant 7	Not reported	11 (3 dining centers, 5 convenience stores, 1 restaurant, 1 coffee shop bakery, and 1 retail sale bakery)	Not reported	Bachelor's, Master's in Food and Nutrition Institution Administration	Associate Director of Housing and Dining Services and an Assistant Professor
College/University - Participant 8	40 salaried staff, 150 hourly employee, 1000-1200 student employees	12 sites (8 retail dining operations, 4 convenience stores, catering, training tables,	\$25 million	Bachelor's, Master in Nutrition Education, MBA	Director of University Dining

Table 5.1: Continued

	Number of Employees	Number of Sites	Budget	Degree	Role
		catering in football stadium suites)			
Living Care Center - Participant 9	42 (full- time, part- time & PRN)	1-285 resident facility	\$6.30 per resident	Bachelor's	Director of Nutrition Services

Table 5.2: Summary of dietitians practicing in foodservice management perceptions
towards their role

Overarching Theme	Sub-Themes	Individual Quotes
Foodservice Directors Forecast Decreasing Numbers of Dietitians will be Foodservice Directors	Greater Emphasis in Medical Nutrition Therapy (MNT) in Dietetics Education	“I would say we put a lot more emphasis on the nutrition aspects of preparing [future professionals]...I think people who enter the profession are really more interested in the science side...you know which has been a shift, you know we actually started in the profession with the people that were running hospital foodservice departments...then you know [we] realized yes that there was nutrition involved...I think its really

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>shifted to being much more nutrition focused than um than equally weighted.” P5</p> <p>“I see too many dietetic students [who] have been trained essentially as scientists [and] that’s not what their job is going to be, that will be the job of some, but that will not be the job of all and if we expect dietitians to be in higher level leadership positions, they have to get that training somewhere along the way and I don’t know where it’s to come from.”P2</p>
	<p>Other Professionals are Prepared to be Foodservice Directors</p>	<p>“I think there [are] much fewer dietitians who are going into foodservice management and I think that is creating a challenge for the field of foodservice management and so consequently I see more non-dietitians being hired as foodservice directors...I think we’re seeing some of those positions being taken by people with a little bit different credentials than what hospital foodservice directors might have traditionally had.”P5</p> <p>“We have lost a lot I think to the...chef’s and...the people that are running food services. We’ve got to</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>pick up some of the food skills that they have. And it's hard to find a person that's going to be interested in all of it...at the very least even if we lose some of it we've got to have dietitians that can work with chefs to still be the one that understands the whole science of food and understand the human piece of serving quality food."P7</p> <p>"People with culinary backgrounds are coming in and they're getting their master's degree in business and they're becoming foodservice directors. Well I would much prefer a DTR with an MBA or a master's degree in business being a school foodservice director, than I would someone with a culinary background. 'Cause I feel that they have [the] special diet knowledge."P1</p>
	<p>Students</p> <p>Attracted to</p> <p>Dietetics are not</p> <p>Interested in</p> <p>Foodservice</p>	<p>"Many people go into dietetics...to be able to deal with wellness and nutrition, [that's] what attracted them that science behind it and working...with diet, disease states you all that sort of thing is really what interested people and the sort of managing and</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		managing people, running an operation, dealing with budget, you know all of those kind of things [are] typically not as much of interest to many of the students who go into the field right now.”P5
Positive Influence of Being a Dietitian when a Foodservice Director	Registration Provides Credibility to Community, Administrators, and Staff within Unit	<p>“ [The RD credential] affect[s] people's perception of me as a foodservice director...if [a] parent or some health care provider in the community wants to take us on from a nutritional standpoint, the minute they find out I'm an RD, the discussion changes. That's a huge benefit to me."P2</p> <p>“If people understand what a dietitian is...what the background of a dietitian is [then] it...has a lot of impact...it has a lot of weight if somebody understands...who we are, what our education has been, what our purpose is, what our focus is, and its not just putting food on a plate”P9</p> <p>“I would have to say...having the RD behind my name, gives me a greater level of credibility.”P3</p> <p>“I think being a dietitian and directing a...food and</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>nutrition services department...helps me better understand you know what does a dietitian do, what are they capable of doing, you know I have professionals on my staff with those credentials and I think being one myself I have...maybe a better understanding of you know sort of the preparation and what they know...what they can do...so...I value that.”P5</p>
<p>Medical Nutrition Therapy and Foodservice Management are Intertwined</p>	<p>Understanding Customer Needs</p>	<p>“We’re dealing with patients and special diets...as well as on the retail side, dealing with you know food allergies, and food requests and...the background in dietetics...the nutrition aspects with the food aspects I think kind of provides then...that expertise to be able to address a lot of those or understand a lot of those different things.”P5</p> <p>“A registered dietitian and...licensed dietitian to be a director of foodservice is probably optimal, because they understand the marriage between how food and nutrition meet.”P9</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>“With what we have to do its made it simpler to be a dietitian, [and] it allows us to create better integration in the services we offer...here absolutely ...we integrate from the patient side that has a clinical component, to our retail food side that had a clinical nutrition or nutrition component, to our health and wellness events that have a nutrition component to our ambulatory events, we...connect those dots all the time.”P6</p> <p>“It’s not just about the science it’s also-it all starts with food, and I think there’s been a shift in recent years...back on food because that’s how you can communicate with clients best, that’s how you can communicate with the public best, because they don’t care about amino acids and enzymes and all that good stuff, they want to know what they’re supposed to eat.”P2</p>
Entry into the Field of Foodservice Management by a	Entrance to Practice Comes from	“Throughout my undergraduate career I worked in a hospital about 30 hours a week and I worked in the...dish room then worked part time in the diet

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
Dietitian Often Occurs Due to Early Experiences	Job/Internship Rotation	<p>office and was functioning at the level of probably a diet technician when I graduated...on-the-job-training has been a huge factor.”P1</p> <p>“It’s really I think more where I fell...I graduated and then had to find a way to do the internship piece and in the meantime I got a job [in] dining services on campus, so it was the first job that I got and I wasn’t registered at the time and while I was there...I fulfilled all the requirements, took the exam and became registered...I’ve had job offers...but they just were never the right job and I just kind of stayed in collegiate dining.”P8</p>
	Expertise Comes from Practice Over Time	<p>“My experiences having worked at you know first the small hospital and then the large sort of nursing home facility then being...associate director...so all of those operational experiences helped also build the expertise that I needed.”P5</p> <p>“My first job I went back to a small community hospital...I was there two or three weeks when my boss left. And so I had worked in that hospital while</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>I was in college...they asked me if I'd be willing to take on the director's position...it was a great, great experience so from that I learned a lot about management, leadership and budgets, all the things you can't really put your hands on in college. But I got a chance to experience it and that was probably a defining moment for me just because it gave me experience where people didn't get that kind of experience."P6</p> <p>"You know as you move up in management then you...generally end up with more and more responsibility for budgeting and financial oversight and that type of thing...I think I just kind of got [the skills that best prepared me for my current position]...as I progressed to each different university and took on additional responsibilities."P8</p>
Advocacy for Dietitians in Foodservice	Dietetics Internships	<p>"When we have our foodservice management rotations-I'll tell you one of my goals was to eliminate [the] lunch lady mentality to see it differently than that and to hopefully see the</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>business side of what we do a lot more ‘cause I do believe there’s this great extension from our dietetics education to the analytical side of what we have to do in foodservice management. It’s just...getting people to see that connection and appreciate that connection.”P6</p> <p>“I have a lot of interns...I think that by just continuing to be out there and accepting students, going and talking at job fairs...you know just anywhere to put out there and to share what I do, how I do it, answer questions...if you don’t get the intern[ship] the first time, [don’t] stop, if its what you want to do...once you get there don’t stop, continue to share and work with and there’s lots to do with the Academy to continue to at...the local, state, and national level [to] help promote dietetics and promote the image, promote um who we are, what we do.”P9</p> <p>“Whenever you’re a dietitian [you] lead for the organization, so you give back to the organization,</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>people will follow [what] you do...every dietitian [is] a leader, so by participating in professional organizations, by impacting the legislation that impacts uh dietetics, by um taking your work into the community and volunteering and giving back, those are all ways that we demonstrate to others and hopefully have others emulate...we all have someone ahead of us who led a path for us and I just feel very strongly that we need to do the same thing back.”P6</p>
	Bridge Between Clinical and Foodservice	<p>“I think its important even if you’re a dietitian in a hospital in [acute] care setting, if you’re giving diet instruction to somebody who’s just been diagnosed –needs a cardiac diet or a diabetic diet whatever you need to be able to talk to them...about how they go about preparing food that will meet the diet needs...and still end up with food they’re gonna want to eat.”P8</p> <p>“Here at the medical center we integrate the functions of food and nutrition very well, we don’t separate the functions, so that as a dietitian I can</p>

Table 5.2: Continued

Overarching Theme	Sub-Themes	Individual Quotes
		<p>relate to what our clinical staff want and need-I've been there I've done that. But at the same time I can connect that back to our food side and our chefs and you know the variety of different staff that work with us um and its, its being able to see perspective of both sides of the street."P6</p>

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Appendix A: Letter to Participant

Hello:

My name is Lauren Kuhn and I am a dietetic intern and a graduate student in Medical Dietetics at Ohio State. I am calling to invite you to participate in my research, which is designed to explore the perspectives of advanced practice dietitians in foodservice director roles. As an expert in foodservice management, I would like to ask you to participate. You are recognized as one of the best in the nation and it would really assist us if we could have your opinion. As you know, dietetics has a breadth of positions and we wish to understand how you feel being a dietitian has assisted you in your professional work role.

I will be conducting interviews that will take approximately one to 1.5 hours. In general, the question thread is about your current role and the benefit of being a dietitian as well as your thoughts regarding the field of dietetics. We can conduct the interview face-to-face, via Skype, or by phone. Your participation is voluntary and you may withdraw at any time. You may decline to answer any question at any time without any penalty. If a question makes you uneasy or uncomfortable, please do not feel obligated to answer the question. If you request your answers not to be used, we will withdraw them from the summary of data.

I will be interviewing 8 to 10 dietitians. The interviews will be audio-recorded. All answers will then be summarized without names attached. I will do everything I can to make your specific answers confidential. You may read the summary prior to it being written to assure you that I have represented your answers correctly and that I have treated your answers confidentially. Please note that you will

It would be great if I could recognize you for your contributions to the study, so I will ask if you wish to have your name released as a participant. Even if you release your name, all information gathered will still be summarized without quotes to a specific name.

Please let my advisor, Kay Wolf, know if you have any questions. She may be contacted at Kay.Wolf@osumc.edu or 614-292-8131 (office phone).

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

FOR E_MAIL If you agree to participate, please reply to this e- mail. We will then send a consent document to you.

Appendix B: Consent Form

Informed Consent Form

Study Title:

The Perspectives of Advanced Practice Dietitians in Foodservice Director Roles: An Exploratory Investigation

Researcher: Dr. Kay N. Wolf

Sponsor:

The Foodservice Systems Management Education Council (FSMEC)

Purpose of the Study:

To determine the perceptions of successful dietitians in the foodservice management realm towards the benefits for being a registered dietitian.

Study Procedures:

After sampling to establish willingness to participate, participants for this study will be contacted in-person or via phone. The interview will last approximately one to 1 ½ hours. The interviews will be audio recorded using Livescribe™ Echo™ and Pulse™ Smartpens to guarantee accuracy of content. If you do not wish to be audio-recorded, the interviewer will write responses in a designated notebook. All interviews will be transcribed verbatim in their entirety. During the interview, the researcher will take additional field notes that will be used in data analysis. A voluntary descriptive questionnaire that will be distributed or asked after the interview is completed to determine years practiced as a dietitian and years in foodservice. You will be offered the opportunity to read all summaries of the materials to assure the information provided was summarized correctly. We would like to provide names of the contributors to the study to validate that we used

recognized experts in foodservice management. You may refuse to have your name published at any time during or after the study summary is made.

Subject Rights:

This study involves research (interviews). Participation is voluntary and participants may withdraw at any time without penalty. The questionnaire will be voluntary; any subject could chose to complete it or to leave questions unanswered. If participant refuses to be audio-recorded, the interview can occur without recording devices and the interviewer will write down responses.

Duration of Subject's Participation:

Subject will just be needed for about 1 hour (length of time to conduct the interview).

Confidentiality:

Each subject will be given an alias for data analysis and names will never be linked to data collected.

Contacts and Questions:

Principal Investigator: Dr. Kay N. Wolf (e-mail: Kay.Wolf@osumc.edu, phone: 614.292.8131) or

Research Staff: Lauren Kuhn (e-mail: kuhn.589@buckeyemail.osu.edu, phone number: 614.595.0116)

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research

team, you may contact Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.

I agree to be interviewed for the study. ☐ Agree ☐ Do not wish
to be in
study

I wish to read the final summary of the transcripts. ☐ Yes ☐ No

You may use my name as a participant to the study. I understand that it will not be used in the summary or with direct quotes.

☐ Do not report my name

☐ You may report my name as one of the participants in your study.

Signature

Print your name

Researcher's Signature

Kay N. Wolf, PhD RD LD

Appendix C: Objective Themes

Objective	Theme	Individual quotes
Role and Practice Activities	Supervise	<p data-bbox="898 306 1419 667">“I have total responsibility for the entire foodservice operation- hiring, firing, training, working with menus, having a balanced budget, following federal and state regulations, USDA nutritional requirements.” P3</p> <p data-bbox="898 772 1419 1134">“I supervise people who do the menus and I supervise people who do pretty much all of the functions of the department, but at this stage I don’t do much in the way of hands-on, I am mostly supervising other people.” P1</p> <p data-bbox="898 1239 1419 1600">“I oversee all of any food-patient food, retail food, executive dining, catering...all the nutrition pieces, the dietitians, the diet techs, the work with the patients-inpatient and outpatient, so all of that is part of my operational role.” P5</p> <p data-bbox="898 1705 1419 1749">“as the director of university dining my</p>

Objective	Theme	Individual quotes
		<p>areas of responsibility are: the residential dining for students who are living on campus, uh retail dining spread all around campus.” P8</p> <p>“I do strategic development for nutrition services for the health system...I am not necessarily doing day-to-day activities, I am doing more of the administrative functions of trying to understand the food, nutrition, and wellness requirements for the medical center...we have patient dining, so we have overall responsibility for all retail foodservice...the clinical nutrition care that we provide both in an inpatient and outpatient arena.” P6</p> <p>“[My] management role is managing clinical as well as foodservice.” P9</p> <p>“I am responsible for operations.” P7</p>
Dietetics Education and Dietetics Competencies/Skills	Logical and analytical skills	“I guess the whole study of dietetics and

Objective	Theme	Individual quotes
Currently Used		<p>my undergraduate or graduate work we were all taught to be very I guess logical and fact finding, and so that's critical in this job, that we approach things from that perspective." P3</p> <p>"When you are an RD because of the you know heavy focus on science in the curriculum, and uh kind of working through problems so I think it helps develop how you approach problems in a kind of very logical way. RDs, we tend to be very detail oriented, 'cause there are a lot of details we're trying to remember, so you approach a project and problem very logically...I think in many ways it just helps kinda frame the way you approach questions or problems." P8</p> <p>"The ability to work through problems in a logical manner, yes I got from education." P8</p>

Objective	Theme	Individual quotes
		<p>“The dietitian-side of what I do is the analytical side of you know what we do, so that because of this very core, you know, our strong science background and the strong analytical background, it allows me to really look at things from a critical standpoint, it allows us to look at evidence.” P6</p> <p>“We do have that scientific background that allows us to be critical thinkers without even probably realizing that we are in a sense. It’s that science which is...nutrition as well as food based and at the science level it sort of all fits together.” P7</p>
Personal Beliefs on the Value of Dietetics Base for Foodservice Directors	Give Credibility- Understand Both Food and Nutrition.	<p>“The fact that I am an RD...we’ve had this happen...if a uh parent or some health care provider in the community wants to take us on from a nutritional standpoint, the minute they find out I’m and RD, the discussion changes. That’s a huge benefit to me.” P2</p> <p>“Someone in my position should have an</p>

Objective	Theme	Individual quotes
		<p>RD credential behind their name...because I am an influencer in our school district and in our community.” P2</p> <p>“I see myself as what we might call an administrative dietitian or a foodservice dietitian...now the fact that I’ve had coursework in nutrition you know is important in some of the discussions...when we get into discussions about menus or you know special kinds of things, I need to have that understanding.” P5</p> <p>“Being a dietitian and directing a hospital foodservice...department, helps me better understand you know what does a dietitian do, what are they capable of doing, you know I have professionals on my staff with those credentials and I think being one myself I have a maybe better understanding of you know sort of preparation and what they you know, know, what they can do,</p>

Objective	Theme	Individual quotes
		<p>types of things, um so I think I value that.”</p> <p>P5</p> <p>“I think that because they know that I am an RD, so they know that I have a background in nutrition-related things, when I bring up an issue of concern that’s nutrition related, they’ll pay attention. They know that I’ve got the background knowledge to be able to support what I’m saying... So I think it just adds that level of credence and support to those issues that I bring up.” P8</p>
	Allows to be a Professional Leader	<p>“Whenever you’re a dietitian [you] lead for the organization, so you give back to the organization, people will follow [what] you do... every dietitian [is] a leader, so by participating in professional organizations, by impacting the legislation that impacts uh dietetics, by um taking your work into the community and volunteering and giving back, those are all ways that we demonstrate to others and hopefully have</p>

Objective	Theme	Individual quotes
		<p>others emulate...we all have someone ahead of us who led a path for us and I just feel very strongly that we need to do the same thing back.” P6</p> <p>“You know with what we have to do its made it simpler to be a dietitian, and it allows us to create better integration in the services we offer.” P6</p> <p>“I think that by just continuing to be out there and accepting students, going and talking at job fairs...you know just anywhere to put out there and to share what I do, how I do it, answer questions...if you don’t get the intern[ship] the first time, [don’t] stop, if it’s what you want to do...once you get there don’t stop, continue to share and work with and there’s lots to do with the Academy to continue to at...the local, state, and national level [to] help promote dietetics and promote the</p>

Objective	Theme	Individual quotes
		image, promote um who we are, what we do.” P9