

Patient Satisfaction Analysis of Infectious and Non-Infectious Tableware at RSUD dr. Mohamad Saleh, Probolinggo City

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ABSTRACT

This study aims to evaluate patient satisfaction with the use of infectious (disposable) and non-infectious (reusable) tableware in hospital foodservice at RSUD dr. Mohamad Saleh, Probolinggo City. A mixed-methods approach was employed, involving 46 inpatients who met specific inclusion criteria. Data were collected through structured questionnaires, in-depth interviews, and field observations. Quantitative analysis using Likert-scale scoring and Pearson correlation showed higher satisfaction scores for reusable stainless steel tableware, particularly in ergonomic design, food separation, and thermal retention. In contrast, disposable tableware was favored for perceived hygiene but received lower ratings in comfort and durability. The findings highlight the importance of integrating tableware evaluation into hospital service assessments and suggest that reusable tableware offers superior user experience. Improved design and material quality for both types of tableware are recommended to enhance patient satisfaction and support patient-centered care strategies.

INTRODUCTION

The quality of healthcare services is not solely determined by successful medical interventions but also by the completeness and comfort of supporting facilities, including the tableware used for hospital meals. Although often overlooked, patient tableware plays a crucial role in the healing process, hygiene perception, and overall satisfaction with hospital services. Several studies (Sholeha et al., 2020; Nafi'a, 2021; Rahmawati, 2022) have emphasized that tableware cleanliness and design significantly influence inpatient satisfaction with food services.

Hospitals generally use two types of tableware: infectious (disposable), intended for patients with contagious diseases or those in isolation, and non-infectious (reusable), used by general patients. Disposable tableware is seen as more hygienic but often criticized for being flimsy, uncomfortable, and unsuitable for hot food. Conversely, reusable tableware usually made of stainless steel or ceramic is preferred for comfort and appearance, though concerns persist regarding cleanliness if sterilization is inadequate.

Empirical findings suggest recurring issues with tableware management in hospitals, such as poor hygiene, unpleasant odors, and ergonomic design flaws that compromise patient comfort. Improper handling, such as reusing disposable utensils or drying clean tableware near waste disposal areas, further risks contamination. These observations underline the need for specific evaluation mechanisms focused on tableware as part of overall service quality.

Using the SERVQUAL model (Parasuraman et al., 1988), particularly the “tangibles” dimension, this research investigates how the physical aspects of tableware affect patient satisfaction. RSUD dr. Mohamad Saleh in Probolinggo, an accredited type-B regional hospital, presents an ideal setting for this study due to its high patient load and increasing logistical complexity. Despite achieving five-star hospital accreditation, the institution still faces challenges in supporting services, including overcapacity in inpatient units and limited human resources in non-medical divisions.

Previous surveys on patient satisfaction have largely focused on clinical services, neglecting auxiliary components such as tableware. Therefore, this study aims to fill the gap by providing a focused assessment of patient satisfaction toward both infectious and non-infectious tableware used in hospital food service.

This research aims to evaluate patient satisfaction with the two types of hospital tableware and to examine whether significant differences exist between them. The findings are expected to guide improvements in tableware management policies, enhance service quality, and contribute to hospital re-accreditation and patient-centered care strategies.

LITERATURE REVIEW

Patient Satisfaction

Patient satisfaction is a psychological response to healthcare services received, including hospital foodservice. Kotler (2009) defines satisfaction as the level of a person's feeling after comparing perceived performance to

expectations. In the context of hospital nutrition services, satisfaction is influenced not only by food quality and staff behavior but also by the physical attributes of food presentation, including tableware (Nafi'a, 2024).

Infectious vs. Non-Infectious Tableware

Infectious materials refer to any substance potentially contaminated with pathogens, requiring specialized disposal to prevent transmission (WHO, 2016; CDC, 2020). In hospital nutrition service, tableware is classified into:

- a. Infectious tableware: single-use (disposable), used by patients with infectious conditions, discarded as medical waste.
- b. Non-infectious tableware: reusable, used by patients without infection risk, requiring proper washing and sterilization through systems such as CSSD (Kemenkes RI, 2021).

Disposable vs. Reusable Tableware

Disposable tableware, typically made from plastic or bioplastics, is favored for infection control but criticized for being fragile and non-ergonomic (Girardi & Brambilla, 2022). Reusable tableware (e.g., stainless steel) offers better comfort, appearance, and long-term sustainability, although it demands rigorous sterilization (Genovesi et al., 2022).

SERVQUAL Model

The SERVQUAL framework (Parasuraman, Zeithaml, & Berry, 1988) evaluates service quality across five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. This study focuses on the “tangibles” dimension physical evidence of service such as cleanliness, design, and functionality of tableware used during hospitalization.

Previous Studies and Research Gap

No	Author(s)	Finding Summary	Method	Research Gap
1	Sholeha et al. (2020)	Significant correlation between tableware quality and inpatient satisfaction	Quantitative	Did not distinguish between infectious and non-infectious tableware
2	Nafi'a (2021)	Tableware is a key factor in foodservice satisfaction	Literature Review	Lacked empirical validation and comparison between tableware types Focused only on hygiene, not on comfort, ergonomics, or

				patient perceptions
3	Panjaitan et al. (2022)	Cleanliness of tableware impacts satisfaction level	Quantitative	Focused only on hygiene, not on comfort, ergonomics, or patient perceptions
4	Aprilia et al. (2025)	Sanitation of tableware affects satisfaction	Quantitative	No integration of qualitative insight or ergonomic assessment

These studies show that tangibles, especially clean and functional tableware, are crucial determinants of satisfaction. However, little research compares disposable and reusable hospital tableware, creating a gap this study aims to address. As shown in the table, although previous studies have established that tableware contributes to patient satisfaction, none has offered a comparative, ergonomic, and mixed-methods assessment of infectious and non-infectious tableware. This study seeks to fill that gap by integrating both quantitative and qualitative data to evaluate satisfaction dimensions beyond hygiene, such as comfort, functionality, and user perception.

Research Hypotheses

- a. H₁ (Alternative Hypothesis): There is a significant difference in patient satisfaction between the use of infectious and non-infectious tableware at RSUD dr. Mohamad Saleh.
- b. H₀ (Null Hypothesis): There is no significant difference in patient satisfaction between the two types of tableware.

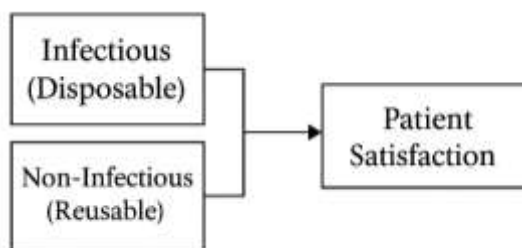


Figure 1. Conceptual Framework

METHODOLOGY

This research adopts a descriptive mixed-methods approach, combining quantitative surveys with qualitative interviews and field observations. The quantitative component measures patient satisfaction using a structured Likert-scale questionnaire, while qualitative data enrich the findings through open-ended responses and observation of tableware usage in real settings.

Population and Sampling

The study population comprised inpatients at RSUD dr. Mohamad Saleh, Probolinggo City, across VIP, Class I, II, and III wards. The sample consisted of 46 patients, determined using Slovin's formula with a 10% margin of error. Patients were selected via purposive sampling, with inclusion criteria as follows:

- a. Conscious and communicative
- b. Received meals from hospital foodservice
- c. Used hospital tableware for at least four meals

Variables and Indicators

This research investigates a single descriptive variable: patient satisfaction with hospital tableware. Indicators include:

- a. Cleanliness and physical condition (P1)
- b. Shape and design (P2)
- c. Size (P3)
- d. Aesthetic appearance (P4)
- e. Ease of use (P5)
- f. food compartment separation (P6)
- g. Temperature retention (P7)
- h. Overall comfort (P8)
- i. Overall satisfaction (P9)

Each indicator was scored on a Likert scale (1 = very dissatisfied to 4 = very satisfied).

Data Collection Instruments

- a. Closed-ended questionnaire with 9 items covering satisfaction indicators
- b. Interview guide with 5 open questions to explore patient perceptions
- c. Observation checklist assessing tableware condition, usage, and handling
- d. Photo documentation and hospital meal distribution data (secondary)

Data Collection Procedure

- a. Instrument testing on 12 patients for reliability and validity
- b. The primary data collection was conducted from April 18-30, 2025 focusing on non-infectious food tray, and from June 18-25, 2025 focusing on infectious food tray.
- c. Triangulation via questionnaire, interview, and observation

Data Analysis

- a. Quantitative data were analyzed using descriptive statistics and Pearson correlation tests.
- b. Qualitative responses were analyzed thematically to identify recurring patterns.
- c. Observation data validated patient perceptions and tableware conditions in use.

Validity and Reliability

Content validity was confirmed by academic supervisors and hospital ethics committee. Cronbach's Alpha = **0.852**, indicating strong internal consistency.

Ethical Considerations

This study received ethics approval from RSUD dr. Mohamad Saleh. All respondents provided informed consent. Data confidentiality was ensured through anonymous coding. The study adhered to principles of non-maleficence, academic integrity, and legal access to institutional data.

RESEARCH RESULT

In this section, you should describe each step taken to complete your research. You should not include too many descriptive statistical results here; on the other hand, it should be summarized in a more readable table or graph. You should never forget the numbers for each table and chart presented in your paper.

Instrument Reliability and Validity

The instrument underwent a reliability test with 12 patients. The Cronbach's Alpha value was 0.852, indicating high internal consistency. All 9 items in the closed questionnaire were considered valid and reliable for measuring patient satisfaction.

Quantitative Results

The mean satisfaction scores for both types of tableware are as follows:

- a. Non-Infectious Tableware (Reusable): Average scores ranged from 3.5 to 3.8 across all indicators, indicating "Satisfied to Very Satisfied."
- b. Infectious Tableware (Disposable): Scores ranged from 3.2 to 3.6, slightly lower, particularly on indicators related to ergonomics and usability.

The highest-rated indicators for non-infectious tableware were:

- a. P3: Compartment design ($r = 0.843$)
- b. P5: Ease of use ($r = 0.717$)
- c. P6: Prevention of mixing foods ($r = 0.797$)
- d. P7: Heat retention ($r = 0.746$)

For infectious tableware, the strongest correlations were:

- a. P5: Ease of use ($r = 0.724$)
- b. P4: Aesthetic appearance ($r = 0.425$)

Other indicators showed weak or insignificant correlations, especially cleanliness and size (P1 and P2).

Qualitative Results - Interview Summary

a. Infectious Tableware (Disposable)

- b. Patients appreciated hygiene and practicality.
- c. Complaints centered on fragility: spoons were too thin and easily bent.
- d. Some found the bento box too flimsy or poorly sealed.

b. Non-Infectious Tableware (Reusable)

- a. Patients preferred sturdier spoons and overall comfort.
- b. Issues included mixed food due to poor compartment design and rust on older units.
- c. Design suggestions included adjusting plate color based on patient category.

Field Observation Findings

a. Non-Infectious Tableware

- a. Generally clean and functional; however, some damaged items (e.g., chipped lids, minor rust) were observed.
- b. On April 30, soup was found mixed across plate compartments in Class I ward indicating ineffective separation.

b. Infectious Tableware

- a. Transparent bento boxes allowed patients to view food easily.
- b. Some lids were loose; spoons often fragile.
- c. No contamination was found.

Graphical Summary

The figure below illustrates the average Likert scores across all indicators (P1-P9) for each tableware type.

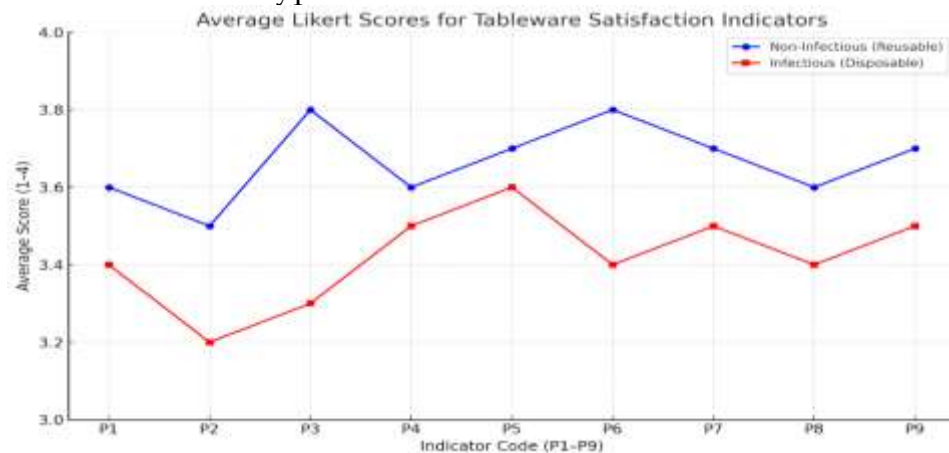


Figure 1. Average Likert Scores

Figure 1 presents a line chart illustrating the average Likert scores for nine satisfaction indicators (P1-P9) comparing non-infectious (reusable) and infectious (disposable) tableware. Each indicator reflects a specific dimension of patient satisfaction, including cleanliness, usability, design, and overall comfort.

The non-infectious tableware consistently received higher scores across nearly all indicators. Notably, P3 (compartment size and layout), P5 (ease of use), and P6 (separation of food) displayed the widest gaps, with non-infectious plates outperforming disposable alternatives. These findings suggest that reusable stainless steel plates offer superior ergonomic function and user experience during meals.

Meanwhile, infectious tableware showed marginally higher or comparable scores in P1 (initial cleanliness) and P7 (heat retention). This indicates that while patients perceive disposable items as more hygienic upon first use, the physical discomfort and design limitations lower their overall satisfaction.

The consistent advantage in P8 (comfort) and P9 (overall satisfaction) for non-infectious tableware reinforces the conclusion that tangible qualities of design and function have a direct and measurable impact on patient experience during hospitalization.

DISCUSSION

This study revealed a significant difference in patient satisfaction between non-infectious (reusable) and infectious (disposable) tableware at RSUD dr. Mohamad Saleh. Overall, non-infectious tableware consistently scored higher in key indicators such as ergonomic design, food compartmentalization, and ease of use. These findings suggest that beyond hygiene, functional design and user comfort play a critical role in shaping patient experience.

Non-Infectious Tableware: Higher Satisfaction in Comfort and Design

Patients consistently rated non-infectious tableware more favorably across multiple indicators. The strongest correlations to overall comfort (P8) and satisfaction (P9) were seen in:

- a. P3 (plate compartment design)
- b. P5 (ease of grip and use)
- c. P6 (ability to separate food items)

This supports earlier findings by Panjaitan et al. (2022) and Rahmawati et al. (2025), which emphasized the importance of tangible aspects – such as plate cleanliness, ergonomic features, and aesthetic appeal – in shaping patient satisfaction with hospital foodservice. Design elements like separated compartments and stainless steel materials enhanced the dining experience, aligning with the SERVQUAL model's “tangibles” dimension (Parasuraman et al., 1988).

Infectious Tableware: Hygienic but Functionally Limited

While infectious tableware received moderate scores for perceived cleanliness and safety, particularly due to its disposable nature, it was criticized for:

- a. Plastic spoons are thin and easily bent
- b. Bento box is thin and less sturdy
- c. The bento cover is less tightly, which compromises its thermal insulation and diminishes user comfort

These weaknesses explain the lower correlation of certain indicators (e.g., P1: cleanliness; P2: form factor) to overall satisfaction. Although disposables are often seen as safer, studies by Ira et al. (2024) and Wang et al. (2022) show that when properly sterilized, reusable tableware poses no additional infection risk and is more efficient both economically and environmentally.

Alignment with SERVQUAL Theory

The study confirms the relevance of tangible quality in the SERVQUAL model in influencing patient perception. Unlike traditional assumptions that emphasize hygiene alone, this study indicates that comfort, functionality, and user-friendly design play critical roles in patient satisfaction—even in institutional care contexts such as hospitals.

Support for Mixed Methods

The qualitative interviews and field observations enriched the quantitative findings. Respondents clearly articulated discomfort with disposable utensils and a preference for stainless steel plates with compartments. Observations also confirmed patient complaints about bento box leaks and inconsistent handling by staff. These insights validate the need for triangulated research designs in service quality studies (Creswell & Plano Clark, 2017).

Comparison with Previous Studies

The results align with Sholeha et al. (2020) and Panjaitan et al. (2022), who found that tableware quality and cleanliness significantly impact patient satisfaction. However, this study extends their findings by introducing a comparative perspective between two types of tableware and emphasizing not just hygiene, but also comfort, grip, and compartment design. Unlike Nafi'a (2021), which focused only on theoretical aspects through literature review, our mixed-methods design offers empirical evidence enriched with patient perspectives, giving a more nuanced understanding of the satisfaction dimensions. Similarly, while Aprilia et al. (2025) stressed the role of sanitation, our study demonstrates that even sanitized disposable tableware may result in lower satisfaction due to poor usability – a gap not addressed in prior studies. This suggests that hygiene alone is insufficient; design quality must be considered in foodservice policies.

CONCLUSIONS AND RECOMMENDATIONS

This study found that patient satisfaction toward non-infectious (reusable) tableware was significantly higher compared to infectious (disposable) tableware at RSUD dr. Mohamad Saleh, Probolinggo. Non-infectious tableware received stronger satisfaction scores in terms of ergonomic design, food separation functionality, and ease of use. Patients described it as more comfortable, visually pleasing, and functionally superior, despite occasional issues such as rust or damaged covers.

In contrast, infectious tableware, while perceived as hygienic and practical, was criticized for its fragility, discomfort in handling, and lack of thermal retention. These findings demonstrate that tangible aspects of tableware significantly influence patient experience, reinforcing the applicability of the SERVQUAL model, particularly the tangibles dimension, in evaluating foodservice satisfaction in hospitals.

Based on the results, several practical recommendations can be proposed:

1. Improve the design of reusable tableware by ensuring better compartmentalization, ergonomic handles, and rust-resistant materials. Enhancing aesthetic value has the potential to elevate patient satisfaction levels.
2. Review and improve the quality of disposable food tray for isolation patients by choosing sturdier materials and ensuring a tighter seal.
3. Implement routine evaluations of tableware quality, both reusable and disposable, as part of hospital quality assurance systems and foodservice audits.
4. Incorporate patient feedback on tableware into regular satisfaction surveys to capture insights on comfort, hygiene perception, and usability.
5. Train foodservice staff to improve the handling and presentation of meals, especially in communicating menu details and ensuring consistent delivery.
6. Explore cost-efficiency and sustainability studies, comparing long-term economic and environmental impacts of reusable vs. disposable tableware, especially for strategic procurement decisions.

ADVANCED RESEARCH

This study presents a number of limitations that open pathways for future research. Based on these limitations and the emerging findings, several directions are recommended for advanced inquiry:

1. **Quantitative Analysis Between Satisfaction and Nutritional Intake**
Future studies could investigate the correlation between patient satisfaction with tableware and actual food intake or nutritional adequacy. Understanding whether ergonomic and aesthetic improvements to tableware increase consumption could strengthen hospital nutrition strategies.
2. **Experimental Design for Tableware Innovation**
Research may explore new prototypes of reusable tableware with better insulation, spill control, or adaptive designs for different patient types (e.g., elderly, pediatric, post-operative). Comparative studies between designs can help inform procurement policy.
3. **Cost-Benefit and Environmental Impact Assessments**
Following studies such as Genovesi et al. (2022), further research is needed to evaluate the long-term cost-efficiency and ecological impact of reusable vs. disposable tableware in healthcare facilities. This is critical for strategic planning and sustainability integration.
4. **Cross-Hospital Comparative Research**
Conducting multi-center studies across various hospitals would improve the generalizability of findings. Regional or national comparisons could also examine how institutional culture and operational policy influence tableware quality and patient satisfaction.
5. **Sociodemographic-Based Satisfaction Analysis**

Advanced research may segment satisfaction analysis by age group, gender, length of stay, or cultural background. These variables can help identify more personalized tableware preferences and influence patient-centered care development.

6. Longitudinal Satisfaction Tracking

Implementing longitudinal designs to observe changes in satisfaction over time before, during, and after improvements to tableware can better measure intervention effectiveness and ensure continuous quality improvement.

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