



Patient Satisfaction with Hospital Dietary Services in Private Hospitals in Lebanon

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Abstract

Patient satisfaction is widely recognized as a key indicator of healthcare quality and is closely associated with clinical outcomes, nutritional status, and overall patient experience. Hospital dietary services play a central role in patient recovery, yet dissatisfaction with foodservice remains a persistent issue worldwide. This study aimed to evaluate patient satisfaction with dietary services in private hospitals in Lebanon and to identify the demographic and clinical factors influencing these perceptions.

A cross-sectional mixed-methods study was conducted among 775 hospitalized patients across multiple private hospitals. Quantitative data were collected using the validated Assessment of Consumer Healthcare Foodservice Patient Satisfaction Questionnaire (ACHFPSQ), while qualitative data were obtained through semi-structured interviews. Statistical analyses were performed to examine associations between satisfaction levels and independent variables, including age, gender, education, diet type, and length of hospital stay.

The results demonstrated that satisfaction was highest for meal temperature and timeliness of delivery, whereas meal variety, taste, and presentation were the most frequently reported sources of dissatisfaction. Significant associations were found between satisfaction and age, education level, and dietary restrictions. Older patients reported higher satisfaction, while younger and more educated individuals were more critical. Patients receiving therapeutic diets expressed lower satisfaction levels compared to those on regular diets.

The findings emphasize the importance of improving food quality, menu diversity, and personalization of dietary services. Enhancing communication between patients and dietary staff may further improve satisfaction and contribute to better nutritional intake and clinical outcomes.

Keywords: Patient satisfaction; hospital foodservice; dietary services; ACHFSPQ; Lebanon

1. Introduction

Patient satisfaction has emerged as a central component in evaluating healthcare quality and performance. It reflects not only the effectiveness of clinical care but also the extent to which healthcare services meet patient expectations and preferences. Among the various dimensions of hospital care, dietary services occupy a unique position, as they directly influence nutritional intake, recovery processes, and the overall patient experience.

Hospital malnutrition remains a significant global issue, with prevalence rates reported between 20% and 50% among hospitalized patients. Inadequate dietary intake is often linked to poor food quality, lack of variety, and limited patient engagement in meal planning. Studies have consistently demonstrated that patient satisfaction with hospital foodservices is influenced by multiple factors, including meal quality, temperature, portion

size, presentation, and staff interaction (Dall'Oglio et al., 2015; Messina et al., 2013).

The Assessment of Consumer Healthcare Foodservice Patient Satisfaction Questionnaire (ACHFPSQ) has been widely adopted as a standardized tool for evaluating patient perceptions of hospital foodservices. This instrument captures multiple dimensions of satisfaction, including food quality, service quality, and staff-related factors, allowing for comprehensive assessment and comparison across settings (Wright et al., 2006).

Previous research has identified several determinants of patient satisfaction. Demographic factors such as age and education level have been shown to influence expectations and perceptions, with older patients generally reporting higher satisfaction levels. Clinical factors, including diet type and length of hospital stay, also play a significant role. Patients receiving restrictive diets often report lower satisfaction due to limited food choices and reduced palatability (Rapo et al., 2021; Bansal, 2024).

In Lebanon, the healthcare system is predominantly private, accounting for the majority of hospital services. Despite this, limited research has been conducted on patient satisfaction with dietary services within this context. Understanding patient perceptions is essential for improving service quality and ensuring better health outcomes.

This study aims to assess patient satisfaction with hospital dietary services in private hospitals in Lebanon and to identify the key factors influencing these perceptions.

2. Methods

2.1 Study Design and Setting

A cross-sectional mixed-methods design was employed to provide a comprehensive evaluation of patient satisfaction. The study was conducted in several private hospitals across Lebanon, representing the dominant structure of the national healthcare system.

2.2 Study Population

The study included 775 adult patients who were hospitalized for at least 24 hours. Patients admitted to intensive care units or those with cognitive impairments were excluded to ensure the reliability of responses.

2.3 Data Collection Instruments

Quantitative data were collected using the ACHFPSQ, which assesses multiple dimensions of patient satisfaction with hospital foodservices. The questionnaire includes items related to food quality, meal service, and staff interaction, rated on a Likert scale. Qualitative data were obtained through semi-structured interviews with a subset of participants. These interviews explored patient experiences, perceptions of food quality, and suggestions for improvement.

2.4 Data Analysis

Quantitative data were analyzed using statistical software. Descriptive statistics were used to summarize patient characteristics and satisfaction levels. Inferential analyses, including chi-square tests and correlation analysis, were conducted to examine associations between satisfaction and independent variables.

Qualitative data were analyzed using thematic analysis to identify recurring patterns and themes.

3. Results

3.1 Sociodemographic Characteristics

Table 1: Sociodemographic characteristics of participants (n =

Variable	Category	n (%)
Age	18–35	210 (27.1)
	36–55	295 (38.1)
	>55	270 (34.8)
Gender	Male	380 (49.0)
	Female	395 (51.0)
Education	Secondary or less	290 (37.4)
	University	485 (62.6)

The study population included a balanced distribution of gender and a wide range of age groups, with a slight predominance of patients holding university-level education.

3.2 Overall Satisfaction

Table 2: Patient satisfaction scores by service dimension

Dimension	Mean Score (± SD)
Meal temperature	4.3 ± 0.6
Timeliness	4.5 ± 0.5
Taste	3.2 ± 0.8
Variety	3.0 ± 0.9
Presentation	3.3 ± 0.7
Staff interaction	4.0 ± 0.6

Patients reported the highest satisfaction with timeliness and meal temperature. In contrast, taste and variety received the lowest scores, indicating key areas for improvement.

3.3 Factors Associated with Satisfaction

Table 3: Association between patient characteristics and satisfaction

Variable	Association with Satisfaction	p-value
Age	Positive	<0.01
Education	Negative	<0.05
Diet type	Negative (restrictive diets)	<0.01
Length of stay	Negative	<0.05

Older patients were significantly more satisfied than younger patients, while higher education levels were associated with lower satisfaction. Patients on therapeutic diets and those with longer hospital stays reported reduced satisfaction.

3.4 Qualitative Findings

The qualitative analysis revealed several recurring themes. Patients frequently described meals as repetitive and lacking flavor. Many expressed a desire for more culturally appropriate options and greater flexibility in meal selection. Although staff behavior was generally perceived positively, patients indicated that increased communication and involvement in meal planning would enhance their experience.

4. Discussion

This study provides a comprehensive evaluation of patient satisfaction with hospital dietary services in private hospitals in Lebanon. The findings demonstrate that satisfaction is influenced by both operational and experiential factors.

Operational aspects such as meal temperature and delivery timing were highly rated, reflecting efficient service delivery. However, these strengths were not sufficient to ensure overall satisfaction, as experiential factors such as taste, variety, and presentation were

identified as major sources of dissatisfaction.

These findings are consistent with previous research, which has identified food quality as the most important determinant of patient satisfaction (Wright et al., 2006; Messina et al., 2013). The dissatisfaction reported by patients on restrictive diets highlights the need for innovative approaches to improve the palatability and diversity of therapeutic meals.

The influence of demographic factors, particularly age and education, suggests that patient expectations play a critical role in shaping satisfaction. Younger and more educated patients may have higher expectations, leading to more critical evaluations of food services.

5. Conclusion

Hospital dietary services in Lebanon demonstrate strengths in operational efficiency but require significant improvements in food quality and personalization. Enhancing menu diversity, improving taste and presentation, and increasing patient engagement are essential steps toward improving satisfaction.

These improvements may contribute not only to better patient experiences but also to improved nutritional intake and clinical outcomes.

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